

COVID-19 Treatment & Testing for Uninsured Patients Federal and State Funded Resources

FAQs

Purpose

The Tennessee Department of Health instituted a state funded program to cover uninsured testing expenses while awaiting guidance from the federal government. The U.S. Department of Health & Human Services (HHS), Human Resources & Services Administration (HRSA) has since provided further guidance on how providers may seek federal reimbursement for COVID-19 treatment, testing and related expenses for uninsured patients using the [COVID-19 Claims Reimbursement to Health Care Providers and Facilities for Testing and Treatment of the Uninsured Program](#). This program is authorized through the Coronavirus, Aid, Relief and Economic Security (CARES) Act Provider Relief Fund and provides reimbursements on a rolling basis directly to eligible providers for claims submitted through the COVID-19 Uninsured Program Portal that are attributed to the testing and treatment of COVID-19 for uninsured individuals.

Update

The HRSA COVID-19 Uninsured Program Portal is Now OPEN.

Safety-Net providers who meet the criteria for participation and can enroll in the HRSA [COVID-19 Claims Reimbursement to Health Care Providers and Facilities for Testing and Treatment of the Uninsured Program](#) to sign-up and begin utilizing the HRSA [COVID-19 Uninsured Program Portal](#) to electronically request claims reimbursement for future COVID-19 treatment, testing and eligible service costs.

Safety-Net providers who do not qualify for participation in the HRSA COVID-19 Uninsured Program can continue to report in-person or virtual uninsured adult medical encounters for COVID-19 related treatment in their Uninsured Adult Health Care Safety-Net Quarterly Service Report for payment. Regarding testing, providers will continue to follow the current guidelines for the TDH COVID-19 Testing for Uninsured Patient mechanism and submit an invoice for tests administered. **This process is also an option for providers enrolled in the HRSA COVID-19 Uninsured Program for those uninsured patients who do not meet the eligibility requirements.**

Any Safety-Net provider **participating in a COVID-19 related community event** should coordinate with local event organizers concerning the protocol associated with billing or reimbursement for treatment or testing.

As allowable, providers are encouraged to prioritize the use of federal sources of funding related to the provisions of COVID-19 testing and treatment of uninsured patients. However, if state resources are utilized, providers cannot receive payment of resources from state and federal sources for the same service, treatment, testing or activity for a qualifying uninsured adult patient.

FAQs

What is the HRSA COVID-19 Uninsured Program Portal?

The Health Resources and Services Administration (HRSA) recently launched a [COVID-19 Uninsured Program Portal](#) where health care providers who have conducted COVID-19 testing of uninsured individuals for COVID-19 or provided treatment to uninsured individuals with a COVID-19 diagnosis on or after February 4, 2020 can request claims for reimbursement.

Providers will be reimbursed, generally at Medicare rates, subject to available funding. Steps will involve:

- Enrolling as a provider participant
- Checking patient eligibility
- Submitting patient information,
- Submitting claims,
- Receiving payment via direct deposit.

To learn more about the program, including the registration and claim submission process, go to [COVIDUninsuredClaim.HRSA.gov](#). HRSA also developed a [video overview](#) of the program.

View [Frequently Asked Questions](#) here.

In addition, providers can access real-time technical support, as well as service and payment support, by calling the Provider Support Line at [866-569-3522](#). The hours of operation are 8 a.m. to 8 p.m. Monday through Friday in your local time zone.

Can Uninsured Adult Health Care Safety-Net Providers report COVID-19 patient care and treatment as a medical encounter?

Uninsured Adult Health Care Safety-Net Providers who have a contract with the Tennessee Department of Health to provide primary care, oral health services or care coordination and specialist access for uninsured adult Tennesseans, ages 19-64 can continue to report COVID-19 related medical encounters in their Quarterly Service Report for payment. Providers **cannot** receive payment or reimbursement from both state and federal COVID-19 resources for the same patient care services, treatment or testing costs.

Is reimbursement for COVID-19 treatment for uninsured patients allowable for Uninsured Adult Health Care Safety-Net Providers?

Yes. However as a recipient of funding through the federal HRSA COVID-19 Uninsured Program, providers must certify under the *Testing or Treatment Acceptance of Terms and Conditions*, not to use payment to reimburse expenses or losses reimbursed from other sources, in an endeavor to avoid supplanting funds or collecting funding for the same services from multiple state or federal funding sources. ***This includes any funding or resources received through the CARES Act.***

What happens if a Community & Faith-Based (CFB) Safety-Net provider is not set-up to bill Medicare or does not meet the criteria to use the HRSA COVID-19 Uninsured Program Portal?

CFB Safety-Net providers who cannot use the COVID-19 Uninsured Portal because they do not bill Medicare or file insurance claims can continue to use the state funded program to cover uninsured testing expenses.

What about telehealth or telemedicine for uninsured patients? Is this covered?

Yes. Claims for both telehealth and telemedicine can either be filed through the HRSA COVID-19 Uninsured Program or reported as a medical encounter for payment by Uninsured Adult Health Care Safety-Net Providers who have a contract agreement with the Department of Health to provide primary care, oral health services or care coordination and specialist access for uninsured adult Tennesseans, ages 19-64. NOTE that providers cannot receive payment or reimbursement from both state and federal resources for the same patient care services or activities.

What specific patient information is required to file a claim through the HRSA COVID-19 Uninsured Program?

A SSN and state of residence, or state identification / driver's license is needed to verify patient eligibility. If a SSN and state of residence, or state identification / driver's license is not submitted, you will need to attest that you attempted to capture this information before submitting a claim and the patient did not have this information at the time of service. Claims submitted without a SSN and state of residence, or state identification / driver's license may take longer to verify for patient eligibility.. For more information refer to the Patient Details resource: <https://coviduninsuredclaim.linkhealth.com/patient-details.html>