

May 4, 2020

AHA Urges HRSA to Issue Further Guidance on COVID-19 Uninsured Program

The AHA May 2 asked the Health Resources and Services Administration (HRSA) to provide further guidance in a number of areas related to its COVID-19 Uninsured Program. AHA said responses to issues outlined below will be essential for health care providers to successfully use the program beginning this week.

Download the [letter](#) for specific details. Highlights of the letter follow.

Operationalizing Claims Reimbursement to Health Care Providers and Facilities for Testing and Treatment of the Uninsured. In order to direct payments accurately and efficiently, AHA urged HRSA to state that providers may use the COVID-19 diagnosis codes in both the primary and secondary diagnosis fields on the hospital claim. Providers should identify claims for COVID-19 testing and treatment using the correct ICD-10-CM diagnosis codes in any diagnosis field following the ICD-10-CM Official Guidelines for Coding and Reporting issued for the coding of COVID-19; otherwise, providers will be faced with the dilemma of having to violate HIPAA code set rules if they want to be reimbursed for the care of the uninsured. We believe the HRSA guidance and frequently asked questions misstate the appropriate diagnosis code by stating that reimbursement will be made for testing and services “with a primary COVID-19 diagnosis.”

Confirming Patients’ Uninsured Status. Providers must check for both enrollment in and eligibility for other forms of coverage. However, Medicaid eligibility checks can often take longer than 30 days. We sought clarification on what providers must do with respect to Medicaid eligibility prior to submitting claims to HRSA.

Clarifying the COVID-19 Reimbursement Rate. HRSA has stated that it will reimburse claims at Medicare rates. The Coronavirus Aid, Relief, and Economic Security (CARES) Act included a 20% add-on to the Medicare diagnosis-related group (DRG) payment for COVID-19 treatment. In our letter, we asked for clarification on whether HRSA will use the DRG rate with or without the 20% add-on. HRSA has subsequently [confirmed](#) that it will reimbursement claims without the 20% add on payment.

Clarifying 30-Day Temporary ID Window for Claims Prior to May 6. According to HRSA guidance, the COVID-19 Uninsured Program will reimburse for testing and treatment for uninsured individuals on or after Feb. 4, 2020. However, the program portal will only assign patients temporary IDs, necessary for submitting claims, for 30 days from the date of service or date of discharge for facility inpatient services. Unless

addressed, this inconsistency will preclude most claims prior to the opening of the portal from being submitted. We urged HRSA to clarify that claims incurred prior to the portal opening can be given temporary IDs for 30 days following the portal opening.

Further Questions

If you have questions, please contact AHA at 800-424-4301.