



HRSA COVID-19 Coverage Assistance Fund

May 12, 2021

Vision: Healthy Communities, Healthy People



Today's Speakers



Diana Espinosa

Acting Administrator for the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA)



Kip Castner

Branch Chief, Policy Division of Policy and Program Operations Health Resources and Services Administration (HRSA)



Mark Blossom

Chief Data Operations Officer, The SSI Group



Jason Huff

Senior Vice President, Product Engineering, The SSI Group

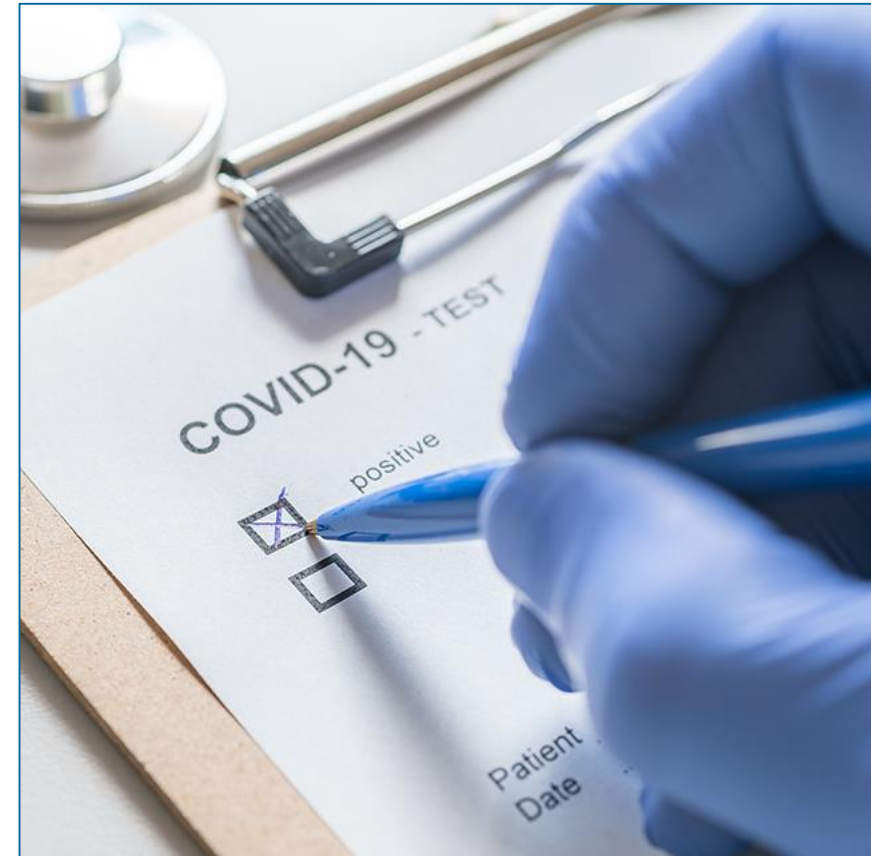


Tracey Tillman

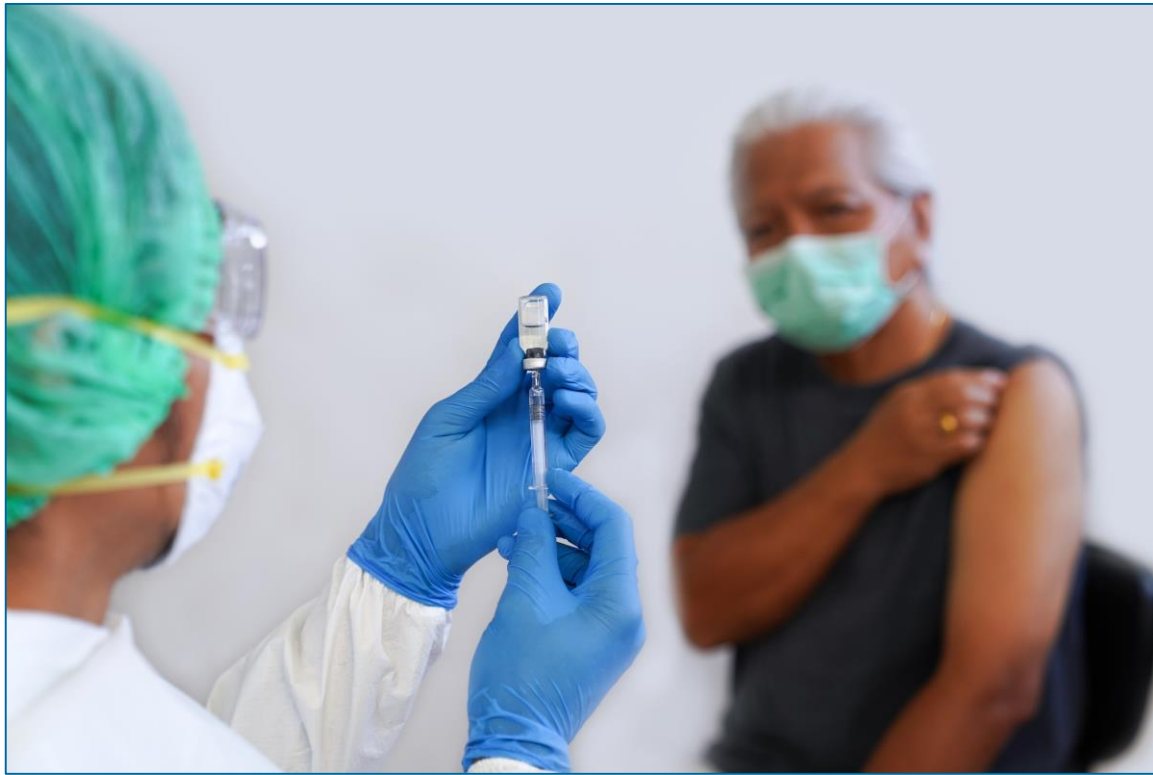
Director, Product Management, The SSI Group

Agenda

- Introduction to the Program
- How the Program Works
- Program Process Overview
- Timelines and Resources



Introduction



Expanding Access to COVID-19 Vaccines

“Fairly compensating providers,[...] for the costs of vaccine administration will be critical to expanding vaccination participation.”

Goal 2, National Strategy for the COVID-19 Response and Pandemic Preparedness

Centers for Disease Control and Prevention (CDC) COVID-19 Vaccination Program

All organizations and providers participating in the CDC COVID-19 Vaccination Program:

- **must** administer COVID-19 Vaccine at **no out-of-pocket cost** to the recipient
- may **not** deny anyone vaccination based on the vaccine recipient's coverage status or network status
- may **not** charge an office visit or other fee if COVID-19 vaccination is the sole medical service provided
- may **not** require additional medical services to receive COVID-19 vaccination
- **may** seek appropriate reimbursement from a program or plan that covers COVID-19 Vaccine administration fees for the vaccine recipient, such as:
 - vaccine recipient's private insurance company
 - Medicare or Medicaid reimbursement
 - HRSA COVID-19 Uninsured Program for non-insured vaccine recipients
 - HRSA COVID-19 Coverage Assistance Fund
- may **not** seek any reimbursement, including through balance billing, from the vaccine recipient

Source: <https://www.cdc.gov/vaccines/covid-19/vaccination-provider-support.html>

HRSA's Provider Relief Programs

General and Targeted Distributions

General Distributions

- Phase 1: Medicare providers
- Phase 2: Included participants in state/territory Medicaid/CHIP programs, Medicaid managed care plans, commercial dentists, and assisted living facilities.
- Phase 3: Expanded eligibility to certain provider types who do not typically participate in Medicare/Medicaid.

Targeted Distributions

- Allocated to facilities and geographic areas that have been particularly susceptible to lost revenue or increased health care expenses as a result of the pandemic.

COVID-19 Uninsured Program

- The HRSA COVID-19 Uninsured Program reimburses providers for vaccine administration fees associated with uninsured individuals, as well as COVID-19 related testing and treatment for uninsured individuals, regardless of their immigration status.
- Dates of service or admittance must be on or after February 4, 2020.
- Claims subject to the same timely filing requirements required by Medicare and available funding
- As of April 28, 2021
 - Testing claims = \$3.38 Billion
 - Treatment claims = \$2.42 Billion
 - Vaccine Administration = \$47.4 Million
 - Total = \$5.84 Billion

HRSA COVID-19 Coverage Assistance Fund (CAF)

The U.S. Department of Health and Human Services, through the Health Resources and Services Administration (HRSA), is administering the COVID-19 Coverage Assistance Fund which is providing reimbursements on a rolling basis directly to eligible health care providers for claims for COVID-19 vaccine administration fees provided to beneficiaries whose health insurance does not cover vaccine administration fees, or does but typically has patient cost-sharing.

Who is eligible for reimbursement under CAF?

- ✓ Health care providers that have administered Food and Drug Administration (FDA) authorized COVID-19 vaccines under an Emergency Use Authorization (EUA) or FDA-licensed COVID-19 vaccines under a Biologics License Application (BLA) to underinsured individuals can request claims reimbursement through the program.
- ✓ Reimbursement may be requested electronically and, subject to available funding, will be reimbursed at the national Medicare rate for the vaccine administration fee or for patient cost-sharing related to COVID-19 vaccination, including co-payments for vaccine administration, deductibles for vaccine administration, and co-insurance.

Overview: Submitting a Claim

At the time of enrollment, providers must attest to the following:

- They have submitted a claim to the patient's primary health insurance plan and there is a remaining balance from that health insurance plan that either does not include COVID-19 vaccination as a covered benefit or covers COVID-19 vaccine administration, but with cost-sharing.
- They have verified that no other third party payer will reimburse them for COVID-19 vaccine administration fees for that patient encounter, or other patient charges related to that COVID-19 vaccination, including co-pays for vaccine administration, deductibles for vaccine administration, and co-insurance.
- They will accept defined program reimbursement as payment in full.
- They agree not to balance bill the patient.
- They agree to program terms and conditions and may be subject to post-reimbursement audit review.

The Role of The SSI Group

- Program administrator only. All program funding, coverage, and reimbursement policies are set forth by HRSA.
- The SSI Group technology and expertise quickly enabled claims processing and reimbursement for COVID-19 vaccine administration, as directed by HRSA.
- The process will not involve credentialing or contracting with The SSI Group, and the information you submit will be used to administer the HRSA COVID-19 Coverage Assistance Fund. All terms and conditions are set forth by HRSA.

Overview of CAF

Program Participation Acknowledgement



Checked for health care coverage

Confirm health insurance plan does not include COVID-19 vaccination as a covered benefit or covers COVID-19 vaccine administration but with cost-sharing.



Accept reimbursement

Accept defined program payment as payment in full.



Agree to not balance bill

If the patient was billed and paid, refund the patient.



Accept terms and conditions

May be subject to post-reimbursement audit review.

Reimbursement Rates and Effective Dates

Providers who administered FDA authorized COVID-19 vaccines **on or after December 14, 2020**, are eligible for claims reimbursement through the program as long as the service(s) provided meet the coverage and billing requirements.

For dates of service through March 14, 2021:

- Administration of a single-dose COVID-19 vaccine - \$28.39
- Administration of the first dose of a COVID-19 vaccine requiring a series of two or more doses - \$16.94
- Administration of the final dose of a COVID-19 vaccine requiring a series of two or more doses - \$28.39

For dates of service on or after March 15, 2021:

- Administration (per dose) of a COVID-19 vaccine - \$40.00

Publication of new codes and updates to existing codes will be made in accordance with published CMS guidance.

For any new codes where a CMS published rate does not exist, claims will be held until CMS publishes corresponding reimbursement information.

What's Covered – Vaccine Administration



Administration fees related to FDA-licensed or authorized vaccines are covered under the program.

Claims submitted for the administration of an FDA-licensed or authorized vaccine must be submitted as single line-item claims, and must include one of the following codes to be eligible for reimbursement:

- Pfizer: **0001A, 0002A**
- Moderna: **0011A, 0012A**
- Janssen: **0031A**

In addition to the fee for COVID-19 vaccine administration, patient cost-sharing requirements, such as a copayment for vaccine administration, co-insurance, or deductible for vaccine administration, are eligible for reimbursement.

Verifying Patient Eligibility

- Providers may submit claims for individuals in the U.S. whose health insurance doesn't cover vaccine administration fees, or does but typically has patient cost-sharing.
- Providers must verify:
 - There is a remaining balance from patient's health insurance plan that either does not include COVID-19 vaccination as a covered benefit or covers COVID-19 vaccine administration but with cost-sharing.
 - And no other payer will provide reimbursement for COVID-19 vaccine administration.

Ineligible Claims – Appeals?

- **Reminder:** Only those COVID-19 vaccine administration claims denied or not fully paid by a patient's health insurance plan, including those insurance plans with patient cost-sharing are eligible for this program
- Ineligible claims:
 - Claims for uninsured patients (these must be submitted to the HRSA COVID-19 Uninsured Program)
 - Claims reimbursed by another source (for example FEMA, state sponsored vaccination site – check that there is no duplication of claims or payment)
- If a claim submission is deemed ineligible for CAF reimbursement, **there is no appeals process.** Providers are encouraged to follow the verification steps carefully before submitting claims.

Fact Sheets

May 2021

HRSA COVID-19 Coverage Assistance Fund

The Biden-Harris Administration is providing free access to COVID-19 vaccines for every adult living in the United States. Accordingly, the Health Resources and Services Administration's (HRSA) COVID-19 Coverage Assistance Fund (CAF) will cover the costs of administering COVID-19 vaccines to patients whose health insurance doesn't cover vaccine administration fees, or does but typically has patient cost-sharing. While patients cannot be billed directly for COVID-19 vaccine fees, costs to health care providers on the front lines for administering COVID-19 vaccines to underinsured patients will now be fully covered through CAF, subject to available funding. As vaccination efforts accelerate, patients will increasingly gain access to COVID-19 vaccines at locations near where they live with providers they trust.



WHO IS ELIGIBLE?

Providers are eligible for claims reimbursement if they have administered Food and Drug Administration (FDA) authorized COVID-19 vaccines under an Emergency Use Authorization (EUA) or FDA-licensed COVID-19 vaccines under a Biologics License Application (BLA) to individuals whose health plan does not cover vaccine administration fees, or does but typically has patient cost-sharing.

PAYMENT

Eligible providers will be reimbursed at national Medicare rates for vaccine administration fees, and for any patient cost sharing related to vaccination, including:

- co-pays
- deductibles, and
- co-insurance

Vaccine administration fees for **uninsured** individuals may be eligible for reimbursement through the HRSA COVID-19 Uninsured Program. For more information visit: <https://www.hrsa.gov/coviduninsuredclaim>.

TAKE ACTION

1. Providers may enroll in the program through the HRSA COVID-19 Coverage Assistance Fund (CAF) Portal <https://bit.ly/3aSyjiU> and agree to the Terms and Conditions, including accepting defined program reimbursement as payment in full and agreeing not to balance bill the patient.
2. After submitting a claim(s) for COVID-19 vaccine administration fees to patients' health plan carrier for payment, if the claim is either denied by that insurer or only partially paid, providers may then submit a claim(s) to the CAF Portal for payment consideration. Providers must also verify no other third party payer will reimburse them for vaccine administration fees for that patient encounter.
3. Claims are accepted via clearinghouses or through electronic or manual submissions via the CAF Portal.

For additional information, visit <https://covid19coverageassistance.ssiigroup.com/>



May 2021

HRSA COVID-19 Coverage Assistance Fund

Clearinghouse Fact Sheet

The Biden-Harris Administration is providing free access to COVID-19 vaccines for every adult living in the United States. Accordingly, the Health Resources and Services Administration's (HRSA) COVID-19 Coverage Assistance Fund (CAF) will cover the costs of administering COVID-19 vaccines to patients whose health insurance doesn't cover vaccine administration fees, or does but typically has patient cost-sharing. While patients cannot be billed directly for COVID-19 vaccine fees, costs to health care providers on the front lines for administering COVID-19 vaccines to underinsured patients will now be fully covered through CAF, subject to available funding. As vaccination efforts accelerate, patients will increasingly gain access to COVID-19 vaccines at locations near where they live with providers they trust.

Definition of Individual

Providers are eligible for claims reimbursement if they have administered Food and Drug Administration (FDA) authorized COVID-19 vaccines under an Emergency Use Authorization (EUA) or FDA-licensed COVID-19 vaccines under a Biologics License Application (BLA) to individuals whose health plan does not cover vaccine administration fees, or does but typically has patient cost-sharing.

Electronic Claims Submission

For EDI claim submissions to CAF, claims need to be submitted with the individual identified as Subscriber to include primary payer information, including prior payments.

Individual as Subscriber— when the individual has received the COVID-19 vaccine, the claim is submitted with the individual represented as the Subscriber.

This guidance is specific to the X12 claim submission processes impacted by the Fund. This is not intended to encompass all the X12 TR3 transactional guide elements. This Fact Sheet also does not provide guidance on claim billing and coding procedures. All X12 standards and requirements will apply to the Fund's claim submission process unless otherwise noted below.

Clearinghouse Payer Setup

For setup of the program new payer, please use "COVID-19 Coverage Assistance Fund" as the payer name and EDI Payer ID **99999-0AQS**. **NO PAPER CLAIMS WILL BE ACCEPTED**. For a complete Clearinghouse EDI setup guide and a complete listing of connectivity with clearinghouses/vendors visit: [CAF Claim Submission Companion Guide](#).

Collection of Race and Ethnicity Data

As a part of the effort to understand the vaccination rates among various communities, HRSA is requesting that patient race and ethnicity data be included, when available, with claims submitted for payment to the CAF. Accordingly, HRSA has defined guidelines for the submission as follows:

Race/ethnicity data should be placed in a loop 2300 K3 segment with the following structure used for data element K301. An example of properly coded K3 segment with race/ethnicity data using code R9 (OTHER RACE):

K3*B1R9

For more details in the K301 character position visit: [CAF Claim Submission Companion Guide](#).



CAF Portal Demo

Program Participation – Enroll in CAF Portal

Account Creation

Already registered? [Login here.](#)

If you have any questions, you may contact support Mon-Fri 7-7 CST at cafsupport@ssigroup.com or 833-967-0770.

Provider Details		
Name		
<input type="text"/>		
TIN		
<input type="text"/>		
NPI		
<input type="text"/>		
Provider Contact Information		
First Name	Last Name	
<input type="text"/>	<input type="text"/>	
Street Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone		
<input type="text"/>		

Account creation can take 3-5 business days to process, including ACH setup.

Provider Information Continued



The email entered will receive the confirmation of the enrollment status.

Email _____
Re-enter Email _____
Password Please create a password. It must include at least: <ul style="list-style-type: none">• 12 characters• One uppercase letter• One lowercase letter• Two numbers• One special character• No repeating characters
Password _____
Re-enter Password _____

Provider Attestation


The U.S. Department of Health and Human Services will provide reimbursements directly to eligible health care providers for FDA licensed or authorized COVID-19 claim vaccine administration provided to individuals whose health care coverage does not include the vaccination administration as a covered benefit or only provides partial reimbursement. As part of this step, you should make best efforts that claims submitted to the HRSA COVID-19 Coverage Assistance Fund are for insured individuals for whom all insurance benefits have been exhausted. The claims you will file will only be for balances remaining for COVID-19 vaccine administration fees after remittance has been received from all other known healthcare coverage for each patient at time of service.

I attest to this statement

Provider Enrollment

The U.S. Department of Health and Human Services will provide reimbursements directly to eligible health care providers for FDA licensed or authorized COVID-19 claim vaccine administration provided to individuals whose health care coverage does not include the vaccination administration as a covered benefit or only provides partial reimbursement. As part of this step, you should make best efforts that claims submitted to the HRSA COVID-19 Coverage Assistance Fund are for insured individuals for whom all insurance benefits have been exhausted. The claims you will file will only be for balances remaining for COVID-19 vaccine administration fees after remittance has been received from all other known healthcare coverage for each patient at time of service.

I attest to this statement

I'm not a robot  reCAPTCHA
Privacy - Terms

Submit



Click Submit and expect an email within a hour confirming receipt of your enrollment.

Enrollment Confirmation Email

Email Notification Example:

Hello,

Thank you for enrolling in CAF. Your account has been set up, however may require additional set up before you can begin sending or receiving transactions.

*You have enrolled for the following: COVID-19 Coverage Assistance Fund
To complete your enrollment, please follow the steps below:*

LINK

- 1. Log in to the portal using the credentials provided below.*
- 2. You will be required to login with the password entered upon enrollment.*
- 3. You will not be able to submit claims until your account is approved by HRSA.*

User Name: xxxxx

Account Management

Claims **Account Management** Help

Account Management

This page includes your account status and profile information.

Account Status

Users

Reset Password

Admin Change Request

Multiple Tin Enrollment

Multi-Factor Authentication

Name	TIN	NPI	Provider PIN	Status
Test 1	123123133	1760859516	54372	Approved
Test 2	123123122	1234567893	54470	Approved
Test 3	123123144	1234567894	54471	Denied
Test 4	123123155	1234567895	54472	Pending


Enrollment Status

Claims **Account Management** Help

Account Management

This page includes your account status and profile information.

- Account Status
- Users
- Reset Password
- Admin Change Request



Your enrollment with HRSA is **pending**.

Provider Pin: N/A

Contact **833-967-0770** for more information.


Account Approval and Provider PIN Number

Claims **Account Management** Help

Account Management

This page includes your account status and profile information.

- Account Status
- Users
- Reset Password
- Admin Change Request



Your enrollment with HRSA was **approved**.

Provider Pin: 23456789

Contact **833-967-0770** for more information.

Claim Submission

Claims can be submitted electronically through your EDI vendor or uploaded on the CAF Portal.

Claims

View and manage claims from the past 90 days. Upload or key in a new claim file, view submitted and unsubmitted claims, or edit rejected claims by using the button(s) below.

Manage Rejects Upload Claims New Claim Unsubmitted Claims Claim Files

Claim Search

Keyword
SEARCH

Filter
Status

Show 10 entries

Date Submitted Patient Name Payer Form Type Claim Number Status Charge Date of Services Start Date of Services End Action

All claims submitted must be complete and final. Interim bills, corrected claims, late charges, voided claim transactions and appeals will not be accepted.

Uploading Claims

Claim Upload

Use this interface to upload claims in EDI format. Once the claims have been uploaded and checked for basic compliance, they will appear below. Please review and add any additional attachments to the claims by clicking the upload button underneath the claim. Once this has been completed please click the release button and the claims will be routed to the payer along with the attachment.

Uploaded Documents

Please drop your file here or

Choose File No file chosen

Manual Claim Submission

New Document

This data entry page will allow you to key an empty form for processing. To begin entering information, please select a destination and a form to key. Once a form is selected you will be automatically redirected to the appropriate page to enter any data. Note that no data is saved until the submit button at the bottom of the page is selected. Once the entry has been completed, there may be a short delay before the entry appears on the history page while the system is processing it.

Please select the appropriate route and form type to begin.

- [+ Manage Templates](#)
- [+ Incomplete Documents](#)

Destination

Claim Type

Claim Status

Claims

This page allows you to manage claims from the past 90 days. You can edit rejected claims, upload a new claim file, key a new claim, view unsubmitted claims, and view claim files using the button(s) below.

- Manage Rejects
- Upload Claims
- New Claim
- Unsubmitted Claims
- Claim Files
- Update Payers

Claim Search

Keyword

Filter

Show 10 entries

Date Submitted	Patient Name	Payer	Form Type	Claim Number	Status	Charge	Date of Services Start	Date of Services End	Action
2/5/2021, 8:48:00 AM	Test,patient	Premier Eye Care	PROFESSIONAL	SDS48788000000597	Rejected - Invalid document loaded and rejected	386.01	2021-01-20	2021-01-20	»
2/5/2021, 8:48:00 AM	Test, Patient	Premier Eye Care	PROFESSIONAL	SDS48788000000592	Rejected - Invalid document loaded and rejected	384.01	2021-01-20	2021-01-20	»

Receive Timely Reimbursement



Once a TIN is validated and set up for direct ACH payment, claims that are eligible for reimbursement are typically processed and paid within 15 business days.

Program Process Steps



Program Participation (One Time)

- ✓ CAF Portal Registration
- ✓ Taxpayer Identification Number (TIN) & National Provider Identifier Validation
- ✓ Attestation
- ✓ PaySpan Direct Deposit/ACH Enrollment

Patient Information

- ✓ Primary Payer and payment Information in the 837 loop

Claims and Reimbursement

- ✓ Payer ID 99999-0AQS
- ✓ Payer Name: COVID-19 Coverage Assistance Fund
- ✓ Claim Status and Payment

Resources

- **HRSA COVID-19 Coverage Assistance Fund website:** hrsa.gov/covid19-coverage-assistance
- **Coverage Assistance Fund Portal:** covid19coverageassistance.ssigroup.com
- **FAQs:** hrsa.gov/covid19-coverage-assistance/frequently-asked-questions
- **Program fact sheet:** hrsa.gov/sites/default/files/hrsa/coronavirus/caf-program-fact-sheet.pdf
- **CAF portal guide:** hrsa.gov/sites/default/files/hrsa/coronavirus/caf-provider-portal-guide.pdf
- **Provider Call Center Support:**
 - ✓ 833-967-0770
 - ✓ TTY Number: 888-970-2920
 - ✓ Email: CAFSupport@ssigroup.com

Questions and Answers

Connect with HRSA

Learn more about our agency at:

www.HRSA.gov



Sign up for the [HRSA eNews](#)

FOLLOW US:



Thank You.

Reimbursement applies to eligible claims, as determined by HRSA (subject to adjustment as may be necessary), for dates of service or admittance delivered on or after December 14, 2020, subject to available funding; see details at [hrsa.gov/covid19-coverage-assistance](https://www.hrsa.gov/covid19-coverage-assistance). Terms and conditions will apply. Content subject to change.