![HRSA - Health Resources & Services Administration]

HRSA COVID-19 Coverage Assistance Fund
837P 5010A1 and 837I 5010A2

Health Care Claim Submission Companion Guide

May 2021

Table of Contents

Purpose of this Document

This guidance is specific to the X12 claim submission processes impacted by the HRSA COVID-19 Coverage Assistance Fund. This is not intended to encompass all the X12 TR3 transaction guide elements. This companion guide also does not provide guidance on claim billing and coding procedures. All X12 standards and requirements will apply to the HRSA COVID-19 Coverage Assistance Fund claim submission process unless otherwise noted below.

Intended Audience

The intended audience for this document is the provider's billing office to ensure the patient setup follows the suggested guidance to support the EDI Submission process for claims for patients whose health insurance doesn't cover vaccine administration fees, or does but typically has patient cost-sharing. Use the patient's address when provided. In the event the patient does not have a home address, enter the billing provider's address (Street, City, State and Zip Code) as the default.

Program Overview

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.

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.

Providers who have administered FDA authorized vaccines to individuals whose health plan does not cover or only partially covers the cost of vaccine administration,

on or after December 14, 2020 (the first date of vaccine distribution in the United States), can begin the process to file claims for reimbursement for vaccine administration.

Health care providers can request claims reimbursement, through the HRSA COVID-19 Coverage Assistance Fund electronically and will be reimbursed at Medicare rates for vaccine administration, and for patient charges related to COVID-19 vaccination, including co-payments for vaccine administration, deductibles for vaccine administration, and co-insurance, subject to available funding.

To be eligible for reimbursement, the provider must have first submitted the claim to the individual's health plan for payment and had the claim denied or only partially paid. Visit hrsa.gov/covid19-coverage-assistance for more information.

*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.*

Claims submitted to the HRSA COVID-19 Coverage Assistance Fund must have been previously adjudicated by the patient's insurer, and the claims must include the properly coded adjustment information from that insurer.

Payer ID 99999-0AQS has been established for the HRSA COVID-19 Coverage Assistance Fund, and claim submission to the Fund should be accomplished via providers' regular electronic claim submission methods.

Claims submitted to the HRSA COVID-19 Coverage Assistance Fund must be encoded with the patient as the subscriber. That is, for the purpose of coverage under this plan, claims should be submitted with the patient relation to subscriber as "self".

NO PAPER CLAIMS WILL BE ACCEPTED.

Providers without a solution to support electronic claims submission via X12 can utilize the provider portal at https://covid19coverageassistance.ssigroup.com/enroll to submit claims via direct data entry.

Click this link to for access to the self-serve claim status page. https://covid19coverageassistance.ssigroup.com/StatusPortal/

The claim "Transaction ID" will be needed for retrieval. A "Transaction ID" will be substituted for the Subscriber ID submitted in loop 2010BA NM109. This Transaction ID will be returned in loop 2100D NM109 in the 277CA, and this value should be used for support inquiries.

Inbound Transactions Supported

This section is intended to identify the type and version of the ASC X12 837 health care claim transactions that will be supported as part of the HRSA COVID-19 Coverage Assistance Fund.

X12 File Type	File Name	Purpose	Source
837P	837 Professional Health Care Claim ASC X12N 837 (005010X222A1)	Professional Health Care submission to HRSA COVID-19 Coverage Assistance Fund	
837I	837 Institutional Health Care Claim ASC X12N 837 (005010X223A2)	Institutional Health Care submission to HRSA COVID-19 Coverage Assistance Fund	

Response Transactions Supported

This section is intended to identify the response transactions supported by the HRSA COVID-19 Coverage Assistance Fund.

X12 File Type	File Name	Purpose	Source
999	Implementation Acknowledgment For Health Care Insurance (ASC X12C/005010X231)	Acknowledgment to verify the syntactical accuracy of the file (accept, reject, or accepted with errors)	HRSA COVID-19 Coverage Assistance Fund Clearinghouse Partner
277CA*	Health Care Claim Acknowledgment (ASC X12N/005010X214)	Provides a claim level acknowledgment for all claims received	HRSA COVID-19 Coverage Assistance Fund Clearinghouse Partner
835**	Health Care Claim Payment/Advice (ASC X12N/005010X221A1)	Provides a claim level adjudication information for all claims received	HRSA COVID-19 Coverage Assistance Fund Clearinghouse Partner

*- For this program, a "Transaction ID" will be substituted for the Subscriber ID submitted in loop 2010BA NM109 of the 837. This Transaction ID will be returned in loop 2100D NM109 in the 277CA, and this value should be used for support inquiries.

**- For this program, a "Transaction ID" will be substituted for the Subscriber ID submitted in loop 2010BA NM109 of the 837. This Transaction ID will be returned in loop 2100 in both CLP07 and NM109 of the patient segment of the 835, and this value should be used for support inquiries.

Validation Specifications

Initial validation is conducted at a batch level. If the batch file is not syntactically valid, the submitter will need to resubmit the corrected batch in its entirety.

Secondary validation is conducted at a claim level. If claims are rejected on the claim level validation, the submitter will need to rebuild the corrected claims in a new batch and submit the new batch for validation.

Validation specific to the HRSA COVID-19 Coverage Assistance Fund will also be conducted at the claim level. Claims which are not coded with the appropriate COVID-19 codes will be rejected and cannot be submitted through this submission method.

Do not resubmit the same batch after making the claim level corrections as this will cause any claims that have passed validation from the previous submission to duplicate in the system.

Specific Business Rules and Limitations

Required fields, field properties (i.e., numeric, alpha numeric, length) and usage guidance research can be found below in the Claim Transaction Specifications sections. The 837P and 837I vary slightly in their required fields. Take note of the claim transaction types you will be submitting to the HRSA COVID-19 Coverage Assistance Fund submission process and account for the submission requirements respective to each claim type.

Because the underinsured individual is setup as the Subscriber, the specifications below include the 2000B and 2010BA Loops. DO NOT send the patient loops (2000C and 2010CA) within the Underinsured claim transaction.

Loops 2330B and 2430 payer id will be the payer id of the patient's actual health plan (i.e. the payer that previously adjudicated the claim), not the HRSA COVID-19 Coverage Assistance Fund payer ID.

The Benefit Assignment Certification Indicator must be set to Y (Yes) indicating the underinsured individual has assigned the benefits to the provider. Any other value will result in a rejected claim.

HRSA COVID-19 Coverage Assistance Fund covers COVID-19 vaccine administration fees. Therefore, claims submitted without at least one procedure code approved for COVID-19 vaccine administration will be rejected, and no payments will be made on any procedure other than those approved vaccine administration codes.
In order to determine a claim's eligibility for payment under this program, service line level adjudication from prior payer(s) must be included. Service line adjustments (Loop 2430 CAS segments) and the service line paid amount (Loop 2430 SVD02) are required on all claims.

837 Professional Claim Transaction Specifications

Seg	Data Element	Name	Usage	Min / Max Length	Alpha / Numeric	Comments
	LOOP 2000B - SUBSCRIBER HIERARCHICAL LEVEL					
HL	HL01	Hierarchical ID Number	R	1/12	AN	
	HL02	Hierarchical Parent ID Number	R	1/12	AN	
	HL03	Hierarchical Level Code	R	1/2	ID	**22** =Subscriber
	HL04	Hierarchical Child Code	R	1/1	ID	
SBR	SBR01	Payer Responsibility Sequence Number Code	R	1/1	ID	The sequence of payment this claim represents. All claims sent to the HRSA

						COVID-19 Coverage Assistance Fund must have been previously adjudicated by the patient's various insurances. Values can be S (secondary), T (tertiary), or any of letters A thru H to represent higher order responsibility. **Value cannot be P (primary).**
	SBR02	Individual Relationship Code	R	2/2	ID	**18** = Self
	SBR03	Group Number	O	1/50	AN	
	SBR04	Group Name	O	1/60	AN	
	SBR05	Insurance Type Code	O	1/3	ID	
	SBR09	Claim Filing Indicator	R	1/2	ID	**OF** = Other Federal Program
PAT	PAT05	Date Time Period Format Qualifier	S	2/3	ID	Required if patient is known to be deceased
	PAT06	Patient Death Date	S	1/35	AN	Required if patient is known to be deceased
	PAT09	Pregnancy Indicator	S	1/1	ID	Y (yes) or blank (no/not applicable)
	LOOP 2010BA - SUBSCRIBER NAME					
NM1	NM101	Entity Identifier Code	R	2/3	ID	**IL**
	NM102	Entity Type Qualifier	R	1/1	ID	**1**=Person
	NM103	Name Last Or Organization Name	R	1/60	AN	
	NM104	Name First	R	1/35	AN	Required for all Claims as Subscriber must always be a Person
	NM105	Name Middle	O	1/25	AN	
	NM107	Name Suffix	O	1/10	AN	
	NM108	Identification Code Qualifier	R	1/2	ID	**MI**= Member Identification Number
	NM109	Identification Code	R	2/80	AN	Required for all Underinsured Claims 9-nines, '**999999999**' Note: this value will be replaced with a Transaction ID in response transactions (277CA, 835). Use the returned Transaction ID for support inquiries.

N3	N301	Address Line 1	R	1/55	AN	Please provide Billing Provider Street Address as Default if the Patient does not have an address
	N302	Address Line 2	S	1/55	AN	
N4	N401	City Name	R	2/30	AN	Please provide Billing Provider City as Default if the Patient does not have an address
	N402	State Or Province Code	R	2/2	ID	Please provide Billing Provider State as Default if the Patient does not have an address
	N403	Postal Code	R	3/15	ID	Please provide Billing Provider Zip Code as Default if the Patient does not have an address
	N404	Country Code	S			
	N407	Country Subdivision Code	S			
DMG	DMG01	Date Time Format Qualifier	R	2/3	ID	**D8**
	DMG02	Date Time Period	R	1/35	AN	Subscriber Date of Birth
	DMG03	Gender Code	R	1/1	ID	**F**=FEMALE, **M**=Male, **U**=UNKNOWN
		LOOP 2010BB - PAYER NAME				
NM1	NM101	Entity Identifier Code	R	2/3	ID	**PR** = Payer
	NM102	Entity Type Qualifier	R	1/1	ID	**2** = Non-Person Entity
	NM103	Name Last Or Organization Name	R	1/60	AN	HRSA COVID-19 Coverage Assistance Fund
	NM108	Identification Code Qualifier	R	1/2	ID	**PI** = Payer Identification
	NM109	Identification Code	R	2/80	AN	Payer Identifier **99999-0AQS**
		LOOP 2400 – SERVICE LINE				
SV1	SV101-1	Product Or Service ID Qualifier	R	2/2	ID	**HC** = HCPCS/CPT4
	SV101-2	Procedure Code	R	5/5	ID	HRSA COVID-19 Coverage Assistance Fund Procedure Code pertaining to specific vaccine received by patient.
	SV103	Unit/Measurement Qualifier	R	2/2	ID	**UN**=Units
	SV104	Units Of Service	R	1/1	R	**1** (units must equal 1)

		LOOP 2430 – LINE ADJUDICATION INFORMATION				
SVD	SVD01	Identification Code	**R**	2/80	AN	Other Payer Primary Identifier
	SVD02	Monetary Amount	**R**	1/18	R	Service Line Paid Amount Zero "0" is an acceptable value for this element.
	SVD03	Composite Medical Procedure Identifier	**R**			
	SVD03-1	Product/Service Id Qualifier	**R**	2/2	ID	**HC**=HCPCS
	SVD03-2	Product/Service Id	**R**	1/48	AN	Procedure Code
		LOOP 2430 – LINE ADJUSTMENT				
CAS	CAS01	Claim Adjustment Group Code	**R**	1/2	R	Claim Adjustment Group Code
	CAS02	Claim Adjustment Reason Code	**R**	1/5	R	Adjustment Reason Code
	CAS03	Monetary Amount	**R**	1/18	R	Adjustment Amount

837 Institutional Claim Transaction Specifications

Seg	Data Element	Name	Usage	Min / Max Length	Alpha / Numeric	Comments
		LOOP 2000B - SUBSCRIBER HIERARCHICAL LEVEL				
HL	HL01	Hierarchical Id Number	R	1/12	AN	
	HL02	Hierarchical Parent Id Number	R	1/12	AN	
	HL03	Hierarchical Level Code	R	1/2	ID	**22** =Subscriber
	HL04	Hierarchical Child Code	R	1/1	ID	
SBR	SBR01	Payer Responsibility Sequence Number Code	R	1/1	ID	The sequence of payment this claim represents. All claims sent to the HRSA COVID-19 Coverage Assistance Fund must have been previously adjudicated by the patient's various insurances. Values can be S (secondary), T (tertiary), or any of letters A thru H to represent higher order responsibility. **Value cannot be P (primary).**
	SBR02	Individual Relationship Code	R	2/2	ID	**18** = Self
	SBR03	Group Number	O	1/50	AN	
	SBR04	Group Name	O	1/60	AN	
	SBR09	Claim Filing Indicator	R	1/2	ID	**OF** = Other Federal Program
		LOOP 2010BA - SUBSCRIBER NAME				
NM1	NM101	Entity Identifier Code	R	2/3	ID	**IL**
	NM102	Entity Type Qualifier	R	1/1	ID	**1**=Person
	NM103	Name Last Or Organization Name	R	1/60	AN	
	NM104	Name First	R	1/35	AN	Required for all Coverage Assistance Claims as Subscriber must always be a Person
	NM105	Name Middle	O	1/25	AN	
	NM107	Name Suffix	O	1/10	AN	
	NM108	Identification Code Qualifier	R	1/2	ID	**MI**=Member Identification Number

	NM109	Identification Code	R	2/80	AN	Required for all Coverage Assistance Claims 9-nines, '**999999999**' Note: this value will be replaced with a Transaction ID in response transactions (277CA, 835). Use the returned Transaction ID for support inquiries.
N3	N301	Address Line 1	R	1/55	AN	Please provide Billing Provider Street Address as Default if the Patient does not have an address
	N302	Address Line 2	S	1/55	AN	
N4	N401	City Name	R	2/30	AN	Please provide Billing Provider City as Default if the Patient does not have an address
	N402	State Or Province Code	R	2/2	ID	Please provide Billing Provider State as Default if the Patient does not have an address
	N403	Postal Code	R	3/15	ID	Please provide Billing Provider Zip Code as Default if the Patient does not have an address
	N404	Country Code	S			
	N407	Country Subdivision Code	S			
DMG	DMG01	Date Time Format Qualifier	R	2/3	ID	**D8**
	DMG02	Date Time Period	R	1/35	AN	Subscriber Date of Birth
	DMG03	Gender Code	R	1/1	ID	**F** = FEMALE, **M** = Male, **U** = UNKNOWN
		LOOP 2010BB - PAYER NAME				
NM1	NM101	Entity Identifier Code	R	2/3	ID	**PR** = Payer
	NM102	Entity Type Qualifier	R	1/1	ID	**2** = Non-Person Entity
	NM103	Name Last or Organization Name	R	1/60	AN	HRSA COVID-19 Coverage Assistance Fund
	NM108	Identification Code Qualifier	R	1/2	ID	**PI** = Payer Identification
	NM109	Identification Code	R	2/80	AN	Payer Identifier **99999-0AQS**

		LOOP 2400 – SERVICE LINE				
SV2	SV202-1	Product or Service ID Qualifier	R	2/2	ID	**HC** = HCPCS/CPT4
	SV202-2	Procedure Code	R	5/5	ID	HRSA COVID-19 Coverage Assistance Fund Procedure Code pertaining to specific vaccine received by patient.
	SV204	Unit/Measurement Qualifier	R	2/2	ID	**UN**=Units
	SV205	Units of service	R	1/1	R	**1** (units must equal 1)

		LOOP 2430 – LINE ADJUDICATION INFORMATION				
SVD	SVD01	Identification Code	R	2/80	R	Other Payer Primary Identifier
	SVD02	Monetary Amount	R	1/18	R	Service Line Paid Amount Zero "0" is an acceptable value for this element.
	SVD03	Composite Medical Procedure Identifier	R			
	SVD03-1	Product/Service Id Qualifier	R	2/2	ID	**HC**=HCPCS
	SVD03-2	Product/Service Id	R	1/48	AN	Procedure Code
		LOOP 2430 – LINE ADJUSTMENT				
CAS	CAS01	Claim Adjustment Group Code	R	1/2	ID	Claim Adjustment Group Code
	CAS02	Claim Adjustment Reason Code	R	1/5	ID	Adjustment Reason Code
	CAS03	Monetary Amount	R	1/18	R	Adjustment Amount

X12 Examples

-- Professional Example

```
ISA*00*          *00*          *ZZ*SENDERID      *ZZ*RECEIVERID     *210103*1414*^*00501*000000001*1*P*:~
LGS*HC*SENDERCODE*RECEIVERCODE*20210103*1414*1*X*005010X223A2~
ST*837*000000001*005010X222A1~
BHT*0019*00*1*20210103*141420*CH~
NM1*41*2*SUBMITTER NAME*****46*88888888~
PER*IC*SUBMITTER CONTACT*TE*2515551212
NM1*40*2*RECEIVER NAME*****46*999999999~
HL*1**20*1~
PRV*BI*PXC*202C00000X~
NM1*85*2*PROVIDER NAME*****XX*1234567893~
N3*2910 JEFFERSON ST*STE 100~
N4*SMALLVILLE*KS*920082357~
REF*EI*999999999~
NM1*87*2~
N3*PO BOX 12345~
N4*SMALLVILLE*KS*900844842~
HL*2*1*22*0~
SBR*S*18*H880070******OF~
NM1*IL*1*DOE*JOHN*L***MI*999999999~
N3*1218 MAIN ST~
N4*HOMETOWN*ZZ*99999999~
DMG*D8*19801119*M~
NM1*PR*2*HRSA COVID19 COVERAGE ASSISTANCE FUND*****PI*99999-0AQS~
CLM*151749*40***11:B:1*Y*A*Y*Y~
DTP*431*D8*20200430~
HI*ABK:Z23~
NM1*82*1*SMITH*SALLY*D***XX*1234567893~
PRV*PE*PXC*363AM0700X~
NM1*77*2*FACILITY ABC*****XX*1234567893~
N3*2910 JEFFERSON ST*STE 100~
N4*BIG CITY*WI*530332357~
SBR*P*18*******CI~
AMT*D*16.88~
OI***Y***I~
NM1*IL*1*DOE*JOHN*L***MI*123456789~
N3*1218 MAIN ST~
N4*HOMETOWN*ZZ*999999999~
NM1*PR*2*PAYER NAME*****PI*12345~
N3*P O BOX 12345~
N4*HOMETOWN*ZZ*99999~
LX*1~
SV1*HC:0001A*40*UN*1***1~
DTP*472*RD8*20210101-20210101~
SVD*12345*16.88*HC:0001A**1~
CAS*CO*45*13.12~
CAS*PR*2*10~
DTP*573*D8*20210102~
SE*47*000000001~
GE*1*1~
IEA*1*000000001~
```

-- Institutional Example

```
ISA*00*          *00*          *ZZ*SENDERID      *ZZ*RECEIVERID     *210103*1515*^*00501*000000002*1*P*:~
GS*HC*SENDERCODE*RECEIVERCODE*20210103*1414*2*X*005010X223A2~
ST*837*000000002*005010X223A2~
BHT*0019*00*2*20210103*141424*CH~
NM1*41*2*SUBMITTER NAME*****46*88888888~
PER*IC*SUBMITTER CONTACT*TE*2515551212
NM1*40*2*RECEIVER NAME*****46*999999999~
HL*1**20*1~
PRV*BI*PXC*282N00000X~
NM1*85*2*HOSPITAL NAME*****XX*1234567893~
N3*1234 MEDICAL ST~
N4*MOBILE*AL*366090001~
REF*EI*123456789~
NM1*87*2~
N3*PO BOX 951220~
N4*DALLAS*TX*753951220~
HL*2*1*22*1~
SBR*S*18*******OF~
NM1*IL*1*DOE*JANE*E***MI*999999999~
N3*100 MAIN ST~
N4*MOBILE*AL*36601~
DMG*D8*19431230*M~
NM1*PR*2*HRSA COVID19 COVERAGE ASSISTANCE FUND*****PI*99999-0AQS~
CLM*000000002*16.94***13:A:1**A*Y*Y~
DTP*434*RD8*20201231-20201231~
CL1*3*1*01~
REF*EA*M123456~
HI*ABK:Z23~
NM1*71*1*SMYTHE*JOHN*L***XX*1234567893~
SBR*P*18*******CI~
AMT*D*6.94~
OI***Y***Y~
NM1*IL*1*DOE*JOHN*L***MI*OS1ID1~
N3*100 MAIN ST~
N4*MOBILE*AL*36601~
NM1*PR*2*OTHER PAYER NAME*****PI*OPA01~
LX*1~
SV2*0771*HC:0001A*16.94*UN*1~
DTP*472*D8*20201231~
SVD*OPA01*6.94*HC:0001A**1~
CAS*PR*2*10~
SE*43*000000002~
GE*1*2~
IEA*1*000000002~
```

Collection of Race and Ethnicity Data

As a part of the effort to understand the vaccination rates among various American communities, the Government is requesting that patient race and ethnicity data be included, when available, with claims submitted for payment to the HRSA CAF Program.

Race/ethnicity data should be placed in a loop 2300 K3 segment with the following structure used for data element K301:

K301 character position	Expected Value	Usage Note
1-2	B1	This fixed value is an indicator that the data that follows is a race/ethnicity code
3-4	Race/ethnicity code	These are the allowed code values and their meaning: **R1** - AMERICAN INDIAN OR ALASKA NATIVE **R2** - ASIAN **R3** - BLACK OR AFRICAN AMERICAN R4 - NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER R5 - WHITE R9 - OTHER RACE E1 - HISPANIC OR LATINO

Example of properly coded K3 segment with race/ethnicity data using code R9 (OTHER RACE):

K3*B1R9

While this data is not required for providers to receive payment via CAF, claim clearinghouses are requested to encourage the collection and submission of this data from their provider submitters.

List of Clearinghouses/Vendors

The SSI Group has existing connectivity with the clearinghouses/vendors listed below. While it is expected that most of these entities will participate in the delivery of professional claims for the HRSA COVID-19 Coverage Assistance Fund, providers are encouraged to verify participation with their clearinghouse or connectivity with a participating clearinghouse.

ABILITY / MD ONLINE
ALLSCRIPTS / PAYERPATH
AVAILITY
CHANGE HEALTHCARE / CAPARIO
CHANGE HEALTHCARE / EMDEON
CHANGE HEALTHCARE / RELAY HEALTH
CLAIM MD
CLAIMLYNX
COGNIZANT/ TRIZETTO / CLAIMLOGIC
COGNIZANT/ TRIZETTO/ GATEWAY EDI
EPROVIDER SOLUTIONS
ESOLUTIONS / CLAIMREMEDI / PRACTICEINSIGHT
EXPERIAN / PASSPORT HEALTH
IDX / GE
GREENWAY / GHN
INSTAMED
NTHRIVE / MEDASSETS
OFFICE ALLY
OPTUMINSIGHT / OPTUM
 QUADAX
SMARTDATA SOLUTIONS
THE SSI GROUP
TRANSACTION METHODS / POST-N-TRACK
WAYSTAR / ZIRMED