



Provider Portal Companion Guide

HRSA COVID-19 Coverage Assistance Fund
Administered by The SSI Group

SSI Phone Support: (833) 967-0770 | TTY: (888) 970-2920
Hours: 8:00 AM to 8:00 PM, EST
Publish Date: May 2021

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Enrollment

To enroll in the program, visit covid19coverageassistance.ssigroup.com/enroll to start your enrollment. If you are already registered, select “Login Here” at the top right-hand side of the page to continue. If you have not registered, fill in the necessary information on the account creation form shown in Figure 1. Please use Billing Provider details during account creation and any other enrollment on this site.

PLEASE NOTE...ENROLLMENT MUST BE COMPLETED VIA THIS PORTAL FOR THE BILLING PROVIDER TIN/NPI. CLAIMS CAN BE SUBMITTED THROUGH ANY PARTICIPATING CLEARINGHOUSE ONCE ENROLLMENT IS APPROVED.

Figure 1 | Account Creation Form

The screenshot shows the 'Account Creation' page on the HRSA website. The HRSA logo is in the top right corner. Below the logo, there is a link: 'Already registered? Login here.' The main heading is 'Account Creation'. Below the heading, there is a support contact line: 'If you have any questions, you may contact support Mon-Fri 8:00am-8:00pm ET at CAFSupport@ssigroup.com or 833-967-0770.' The form itself is a large white box with a thin border, containing the following sections:


- Billing Provider Details**
 - Name
 - Tax Identification Number (TIN)
 - National Provider Identifier (NPI)
- Provider Contact Information**
 - First Name
 - Last Name
 - Street Address
 - City
 - State
 - Zip Code
 - Phone
 - Email
 - Re-enter Email
- Password**
 - Please create a password. It must include at least:
 - 12 characters
 - One uppercase letter
 - One lowercase letter
 - Two numbers
 - One special character
 - No repeating characters
 - Password
 - Re-enter Password

Read and select the “I attest to this statement” box at the bottom of the screen (Figure 2), then click “Submit.” Your enrollment form is submitted. You will receive an email confirmation within one business day with next steps, which include your user ID and instructions to create your login password.

Figure 2 | Account Creation Submission

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

Account Management

Once you complete your enrollment and receive an email confirmation, you can access the Account Management page (Figure 3) to check your enrollment status. Enrollment validation can take up to four business days, which includes confirming your tax ID, NPI and banking ACH information. When listed as approved, you will be able to submit claims through your clearinghouse or on this portal.

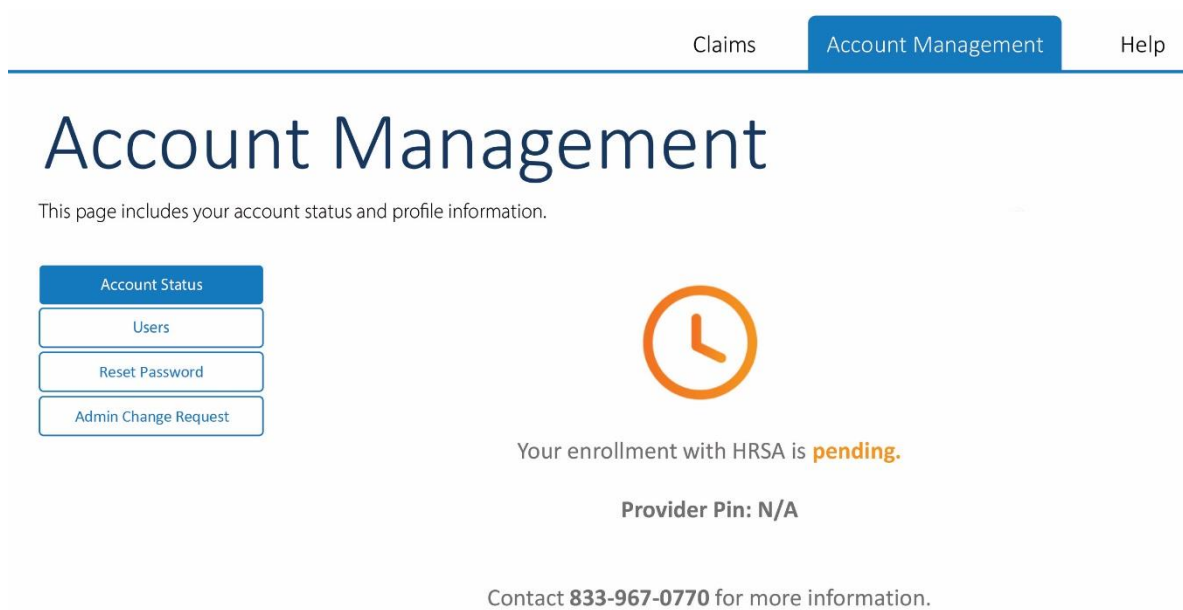
Figure 3 | Account Management

The screenshot shows the 'Account Management' page with navigation tabs for 'Claims', 'Account Management', and 'Help'. The main heading is 'Account Management' with a subtext: 'This page includes your account status and profile information.' On the left, there is a vertical menu with buttons for 'Account Status', 'Users', 'Reset Password', 'Admin Change Request', 'Multiple Tin Enrollment', and 'Multi-Factor Authentication'. On the right, there is a table with columns: Name, TIN, NPI, Provider PIN, and Status. The table contains four rows of test data with statuses: Approved, Approved, Denied, and Pending.

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

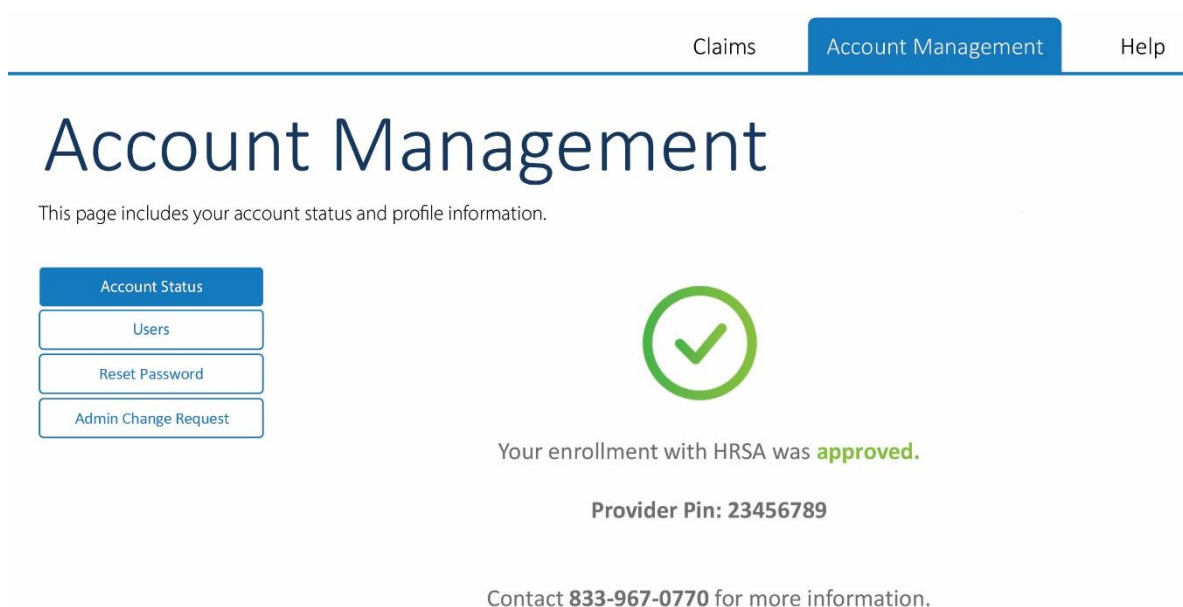
As your enrollment processes, the status will show as “Pending,” as shown in Figure 4 below. Enrollment validation can take up to four business days.

Figure 4 | Enrollment Pending Status



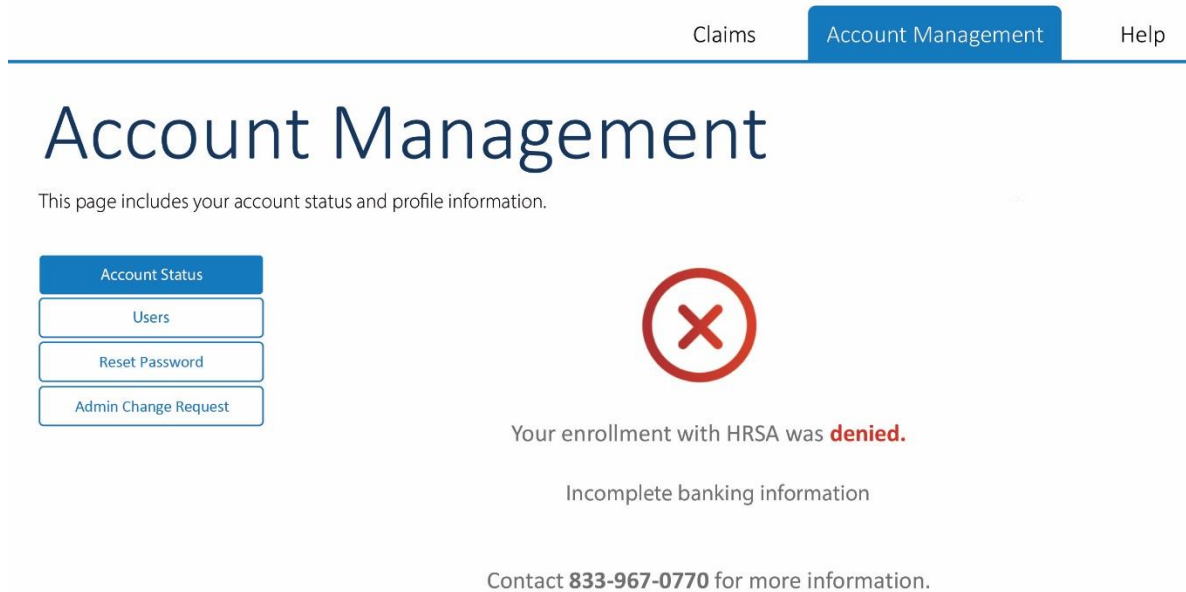
Once approved, your enrollment completion is marked with a green checkmark as shown in Figure 5, along with your provider PIN which is a unique provider number assigned to you for this program.

Figure 5 | Enrollment Approval



If denied, you will see the enrollment denial screen below (Figure 6) with a red “X” and a message indicating the reason for denial.

Figure 6 | Enrollment Denial



Your enrollment can be denied for numerous reasons, including incorrect banking information, as shown above, or incorrect/invalid NPI or tax ID. These errors can be corrected by updating the provider information in the Account Management profile (Figure 3), as well as by contacting Support at (833) 967-0770.

Bulk TIN/NPI Enrollment Option

The bulk enrollment option will allow you to upload a CSV file that contains enrollment data for up to 200 billing providers. Each line will need to include the TIN, NPI, and Provider Name for the Billing Providers only.

Select “Account Management” and the following screen will appear as shown in Figure 7.

Figure 7 | Account Management

Account Management

The screenshot shows the 'Account Management' interface. On the left is a sidebar menu with the following options: Account Status (highlighted in blue), Users, Reset Password, Admin Change Request, Multiple Tin Enrollment, Bulk TIN/NPI Enrollment, and Multi-Factor Authentication. On the right is a table with the following data:

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

Select “Bulk TIN/NPI Enrollment” and the following screen will appear as shown in Figure 8.

Figure 8 | Upload Provider Enrollment File

Account Management

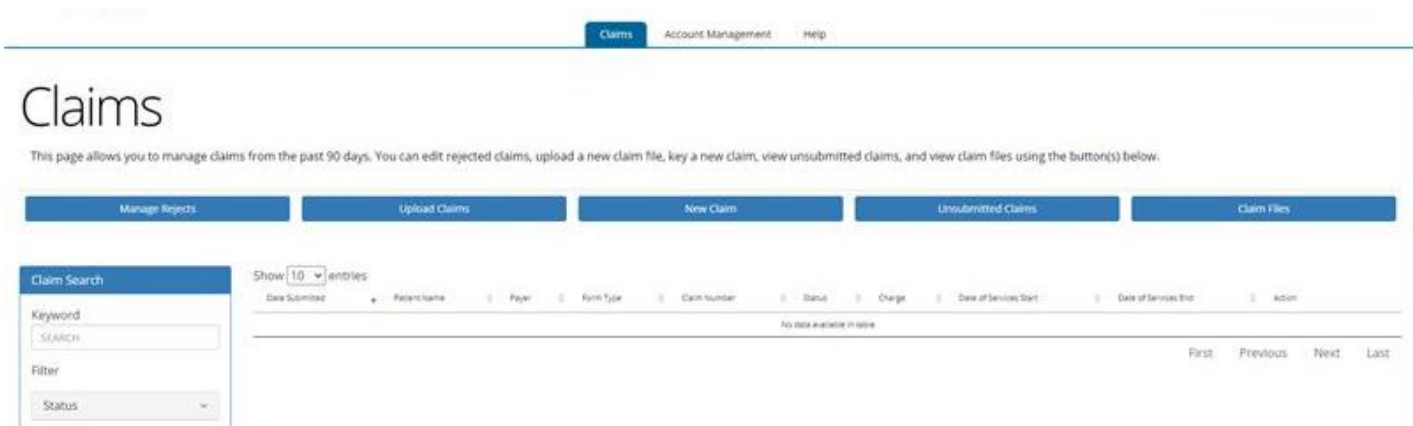
The screenshot shows the 'Bulk TIN/NPI Enrollment' interface. On the left is a sidebar menu with the following options: Account Status, Users, Reset Password, Admin Change Request, Multiple Tin Enrollment, Bulk TIN/NPI Enrollment (highlighted in blue), and Multi-Factor Authentication. On the right is the 'Upload Billing Provider Enrollment File' section. It contains the following text: 'Use this interface to bulk enroll up to 200 billing providers. Files must be comma-delimited (.csv) files and of the format: BILLING PROVIDER TIN, BILLING PROVIDER NPI, BILLING PROVIDER NAME. Any formatting errors with the file may cause the file not to load properly. Please contact CAFSupport@ssigroup.com or give us a call at 833-967-0770 if you have any questions.' Below this text is a file upload area with a dashed border and the text 'Please drop your file here or'. At the bottom of the upload area is a blue button with the text 'Choose File NO FILE CHOSEN'.

Enrollment validation can take up to four business days.

Submitting a Claim

Please note, while all providers are required to register and receive approval via this portal prior to claim submission, the two claim submission options described below are offered only as an alternative for providers that do not have the ability to submit claims via a participating clearinghouse. There are two options to submit a claim through the provider portal: 1.) You can upload a claim file into the portal or 2.) You can do Direct Data Entry and manually enter a new claim. Navigate to the “Claim Status” page shown in Figure 9. To upload a claim, click on the “Upload Claims” button shown below.

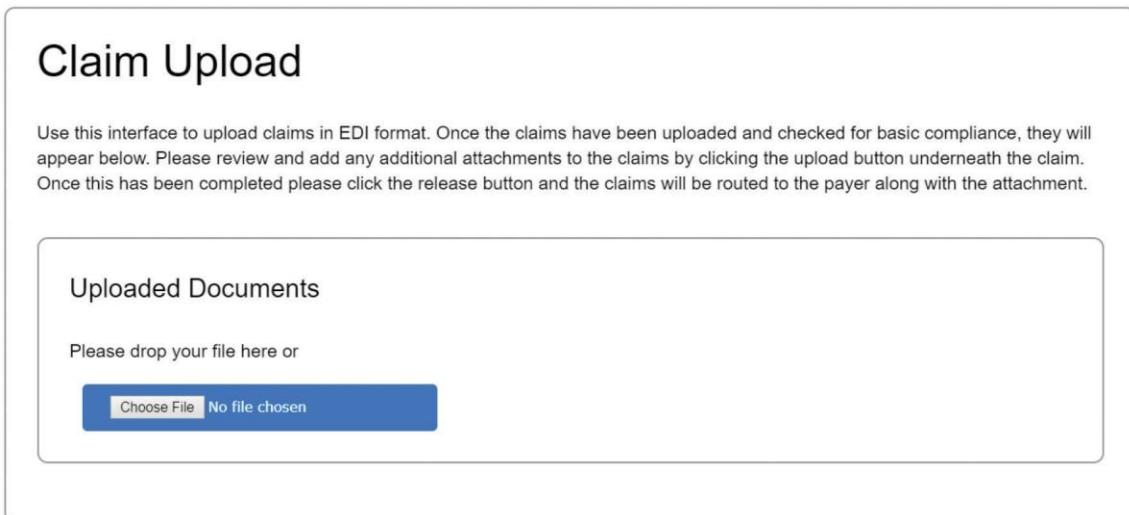
Figure 9 | Submitting a Claim



Upload Claim

Select “Upload Claims” and the following screen will appear as shown in Figure 10.

Figure 10 | Uploading a Claim



Providers who submit electronically through a clearinghouse can continue to send claims through their clearinghouse or can upload claims in batches to the portal. If files are submitted in a valid HIPAA 837 claim format and have a payer ID in the REF02 segment, your claims will successfully be processed. If you do not have an 837 file, follow the claim submission instructions below.

New Claim

If you selected “New Claim”, the following screen will appear as shown in Figure 11. From here, you can select a Professional/CMS1500 claim form for providers submitting outpatient vaccine administration claims.

Figure 11 | Entering a Manual Claim

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

HRSA COVID-19 Coverage Assistance Fund ▼

Claim Type

Select a Type ▼

Once the appropriate claim type is selected, a template will display into which claim information can be entered. An example of a professional claim form is displayed on the following page in Figure 12.

Figure 12 | Completing a Claim Form Manually

Example of a professional claim form

1. Type Other		1a. INSURED'S I.D. NUMBER 999999999	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Last [0] first Middle		3. PATIENT'S BIRTH DATE YYYY/MM/DD Sex	
4. INSURED'S NAME (Last Name, First Name, Middle Initial) Last First Middle		5. PATIENT'S ADDRESS (No. Street) CITY STATE ZIP CODE TELEPHONE	
6. PATIENT RELATIONSHIP TO INSURED Self		7. INSURED'S ADDRESS (No. Street) CITY STATE ZIP CODE TELEPHONE	
8. RESERVED FOR NUCC USE		11. INSURED'S POLICY GROUP OR FECA NUMBER	
10. IS PATIENT'S CONDITION RELATED TO: Employment? <input type="checkbox"/> N Auto Accident? <input type="checkbox"/> N Other Accident? <input type="checkbox"/> N		a. INSURED'S BIRTH DATE Sex	
10d. CLAIM CODES (Designated by NUCC)		b. OTHER CLAIM ID (Designated by NUCC)	
		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? Y	

Other Subscriber						
A. Payer Responsibility Code	B. Payer Relationship Code	C. Claim Filing Indicator Code	D. Payer Name	E. Payer ID	F. Insured Name	G. Insured ID
1. Primary	Spouse	Other or Unknown	Payer Name	Payer ID	Last First M	Subscriber ID
Payer Paid Amount:						

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE Signed Signature on File		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE Signed Signature on File	
14. DATE OF CURRENT ILLNESS, INJURY, PREGNANCY (LMP) YYYY/MM/DD QUAL		15. OTHER DATE QUAL	
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION TO		17. NAME OF REFERRING PROVIDER OR OTHER SOURCE Last First 17a. NPI	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE Last First 17a. NPI		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES TO	
19. RESERVED FOR LOCAL USE		20. OUTSIDE LAB? \$ CHARGES	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY A. B. C. D. ICD-10 E. F. G. H. I. J. K. L.		22. RESUBMISSION CODE ORIGINAL REF. NO. 1	
		23. PRIOR AUTHORIZATION NUMBER	

24. A. DATES OF SERVICE B. POS C. EMG D. PROC MODIFIERS E. DIAG F. CHARGE G. D U H. EPSDT I. QUAL J. PROVIDER ID									
1 [Clear] YYYY/MM/DD YYYY/MM/DD 0001A XX.XX 1 NPI									
Adjudications:									
ID Code: Other Payer ID		Date: YYYY/MM/DD		Procedure Code: 0001A		Units: 1		Paid Amount: Adjudication Paid Am	
Group Code Reason Code Amount		Group Code Reason Code Amount		Group Code Reason Code Amount		Group Code Reason Code Amount		Group Code Reason Code Amount	
Rendering Provider (if different from Box 31):									
Last Name: First Name		Service Description: Service Description							
Add Additional Line									

25. FEDERAL TAX I.D. NUMBER		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? N		28. TOTAL CHARGE \$		29. AMOUNT PAID		30. RSVD for NUCC Use	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER Last First Middle Credential		32. SERVICE FACILITY LOCATION INFORMATION Name Address City Zip Phone a. NPI b.				33. BILLING PROVIDER INFORMATION Name Address City Zip Phone a. NPI b.					

Save Progress Save As Template Save Billing Information Submit Document

Once populated, you can submit the form or save your progress for later completion by clicking one of the buttons at the bottom of the page (highlighted in Figure 13 below).

Figure 13 | Form Completion



Claims Account Management Help

Documents (837) [x]

- New
- Upload
- History
- Reject Queue

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY				ICD Ind: ICD-10		22. RESUBMISSION CODE ORIGINAL REF. NO.	
A.	B.	C.	D.	E.	F.	G.	H.
I.	J.	K.	L.	23. PRIOR AUTHORIZATION NUMBER			

24. A. DATES OF SERVICE	B. POS	C. EMG	D. PROC	MODIFIERS	E. DIAG	F. CHARGE	G. D.U	H. EPSDT	I. QUAL	J. PROVIDER ID
1 [Clear]										
YYYY/MM/DD	YYYY/MM/DD			0001A		XX,XX	1		NPI	
Adjudications:										
ID Code:		Date: YYYY/MM/DD		Procedure Code:		Units:		Paid Amount:		
Other Payer Id				0001A		1		Adjudication Paid Am		
Group Code		Reason Code		Amount						
Group Code		Reason Code		Amount						
Group Code		Reason Code		Amount						
Rendering Provider (if different from Box 31):										
Last Name:			First Name:			Service Description:				
Last Name			First Name			Service Description				
Add Additional Line										
25. FEDERAL TAX I.D. NUMBER			26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT?		28. TOTAL CHARGE		30. RSVD for NUCC Use	
					99		\$			
29. AMOUNT PAID										
\$										
31. SIGNATURE OF PHYSICIAN OR SUPPLIER			32. SERVICE FACILITY LOCATION INFORMATION				33. BILLING PROVIDER INFORMATION			
Last			Name				Name			
First			Address				Address			
Middle			City				City			
Credential			Zip				Zip			
			Phone				Phone			
			a. NPI		b.		a. NPI		b.	
Save Progress			Save As Template				Save Billing Information		Submit Document	

If there are any errors with your claim, the errors will be displayed on the submission page. Claims status will be shown on the Claims tab in the "Status" column.

Claim Payment

Once a claim has been submitted and successfully processed, you can expect to receive an electronic remittance advice (ERA) along with ACH payment in five (5) business days. If you receive an ERA with a denial of payment, you can correct the claim error and resubmit.

Figure 14 | Status of Claims

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 RejectsUpload ClaimsNew ClaimUnsubmitted ClaimsClaim FilesUpdate 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	»