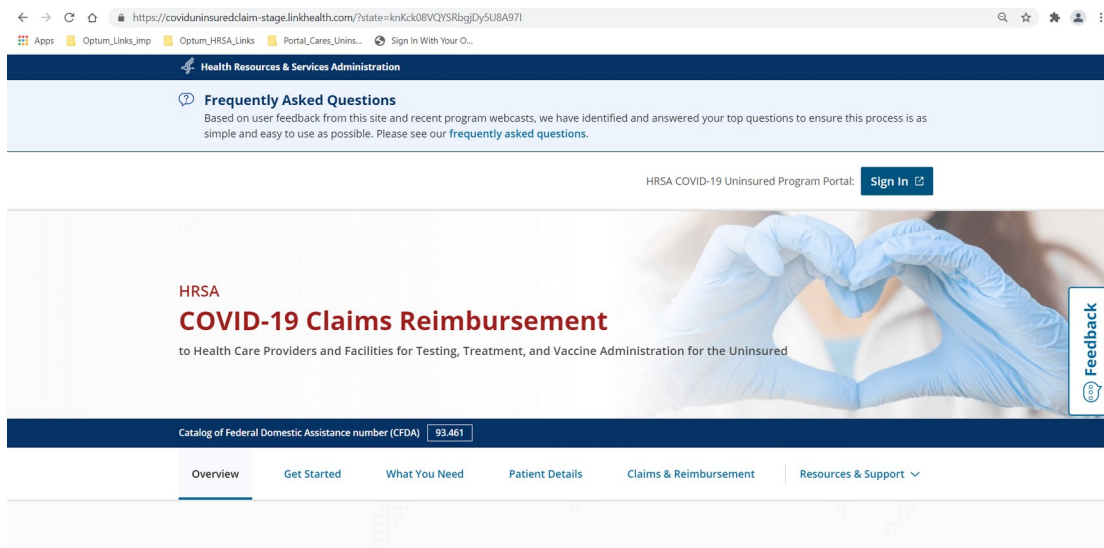


DRAFT: Screenshots of Uninsured Program Portal

STEP 1: Login with valid Optum ID or One Healthcare ID:



All data displayed here is sample data for example purposes only

DRAFT: Screenshots of Uninsured Program Portal

OPTUM

Sign In With Your One Healthcare ID

One Healthcare ID or email address
charan_testone

Password

Sign In

Forgot One Healthcare ID | Forgot Password

Additional options:
[Create One Healthcare ID](#)
[Manage your One Healthcare ID](#)
[What is One Healthcare ID?](#)

Welcome to One Healthcare ID (formerly known as Optum ID).
Please use your existing Optum ID username and password to log in.

© 2021 Optum, Inc. All rights reserved. [Privacy Policy](#) | [Terms of Use](#) | [Accessibility](#)

One Healthcare ID

User Logins successfully and Billing TIN Dashboard is displayed for Uninsured Program:

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DRAFT: Screenshots of Uninsured Program Portal

COVID-19
Uninsured Program

Billing TIN Dashboard

Please see status details and complete any actions required below.

Multiple Billing TINs

Showing 1 - 10 of 13 Results Results Per Page: 10 Pg 1 of 2

Expand to see details Show All	Billing TIN	Provider Name (as shown on IRS Form [W-9] for this Billing TIN)	Complete Action Needed
Show Details	909090000	Ctest	⚠
Show Details	004766034	VCTEST	
Show Details	909090909	Testone_test	
Show Details	890876767	RRTEST	
Show Details	390901878	BSBK	
Show Details	564657891	oopss	
Show Details	675439090	THHRS	
Show Details	456778399	ACAX	
Show Details	778593422	BCBGCA	

Add a new Billing TIN/ New Billing TIN with 9 digits unique one with Provide name.

All data displayed here is sample data for example purposes only

DRAFT: Screenshots of Uninsured Program Portal

The screenshot displays a web portal interface. At the top, there is a table with six rows of provider information. Each row includes a 'Show Details' dropdown, a TIN number, and a provider name. Below the table is a pagination control showing 'Pg 1 of 2'. Underneath is a section titled 'Add Billing TIN' with a '*Required Fields' label. This section contains two input fields: 'Billing TIN*' with the value '998877660' and 'Provider Name*' with the value 'NEWTINADD'. A blue 'Add Billing TIN' button is positioned below these fields. The footer contains three columns of links: 'Important Information' (COVID-19 Uninsured Program), 'Support' (Contact Us, Feedback), and 'Accessibility' (Accessibility Statement). There are also links for 'Terms Of Use' and 'Privacy Policy'.

Show Details ▾	398901878	BSBK	
Show Details ▾	564657891	oopss	
Show Details ▾	675439090	THRS	
Show Details ▾	456778399	ACAX	
Show Details ▾	778593422	BCBGCA	
Show Details ▾	645634584	FDFFD	

< Pg 1 of 2 >

Add Billing TIN *Required Fields

Billing TIN*

Provider Name*

Add Billing TIN

Important Information
[COVID-19 Uninsured Program](#)

Support
[Contact Us](#)
[Feedback](#)

Accessibility
[Accessibility Statement](#)

[Terms Of Use](#) | [Privacy Policy](#)

Attest the following: Program Administrator Attestation | TIN Validation | COVID-19 Uninsured Program
All data displayed here is sample data for example purposes only

DRAFT: Screenshots of Uninsured Program Portal

Program Administrator Attestation for Billing TIN XXXXXXXXX. Then Click on I Accept:

My Account

COVID-19 Uninsured Program

Program Administrator Attestation | TIN Validation | COVID-19 Uninsured Program

Program Administrator Attestation for Billing TIN 998877660

Please check all boxes and choose "I Accept" to complete the program administrator attestation.

- I am requesting to submit a roster of uninsured patients who have received COVID testing and / or treatment services. I attest that I am submitting on my own behalf and that I am the provider associated with this TIN, or I have the authority to submit provider rosters on behalf of the provider group(s) associated with a TIN. I acknowledge that I am responsible for the accuracy of the information I enter.
- I understand that any person who knowingly and with intent to defraud the Government or the Company, files information containing materially false information, or conceals for the purpose of misleading the company commits a fraudulent insurance act.
- I understand that my name and email may be shared if duplicate information is received for the same Provider TIN. If I am no longer able to submit information for the provider group, I will withdraw my name and a different person will be added in my place.
- I understand that only one person may submit information for a provider group TIN.

I'm not a robot

reCAPTCHA

I Do Not Accept

I Accept

Feedback

All data displayed here is sample data for example purposes only

DRAFT: Screenshots of Uninsured Program Portal

COVID-19 Uninsured Program

TIN Validation | COVID-19 Uninsured Program

Medicare ID *Required Fields

If the Tax ID Number you are representing has a Medicare ID, please enter it below.

Medicare Supplier ID

Tax Validation *Required Fields

Business Name*

Federal Tax Classification*

Exempt payee code ⓘ

<input type="radio"/> 1 - An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)	<input type="radio"/> 7 - A futures commission merchant registered with the Commodity Futures Trading Commission
<input type="radio"/> 2 - The United States or any of its agencies or instrumentalities	<input type="radio"/> 8 - A real estate investment trust
<input type="radio"/> 3 - A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions, agencies, or instrumentalities	<input type="radio"/> 9 - An entity registered at all times during the tax year under the investment Company Act of 1940
	<input type="radio"/> 10 - A common trust fund operated by a bank under section 58(a)

All data displayed here is sample data for example purposes only

DRAFT: Screenshots of Uninsured Program Portal

Provide the Required fields and click on 'Continue'

The screenshot displays a web form titled "TIN Validation | COVID-19 Uninsured Program". The form is divided into two main sections: "Medicare ID" and "Tax Validation".

Medicare ID Section: This section is marked as a "Required Field". It contains the instruction: "If the Tax ID Number you are representing has a Medicare ID, please enter it below." Below this instruction is a label "Medicare Supplier ID" and a text input field containing the value "9988771166".

Tax Validation Section: This section is also marked as a "Required Field". It contains the following fields:

- Business Name*:** A text input field containing the value "NEWTINADD".
- Federal Tax Classification*:** A dropdown menu with the following options:
 - S Corporation (selected with a checkmark)
 - Individual/sole proprietor or single-member LLC
 - C Corporation
 - Partnership
 - Trust/estate
 - Other

Below the dropdown menu, there are several radio button options for tax classification, each with a corresponding description:

- 4 - A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5 - A corporation
- 7 - A futures commission merchant registered with the Commodity Futures Trading Commission
- 8 - A real estate investment trust
- 9 - An entity registered at all times during the tax year under the investment Company Act of 1940
- 10 - A common trust fund operated by a bank under section 58(a)
- 11 - A financial institution
- 12 - A middleman known in the investment community as a nominee or custodian

All data displayed here is sample data for example purposes only

DRAFT: Screenshots of Uninsured Program Portal

S Corporation

Exempt payee code

- 1 - An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2 - The United States or any of its agencies or instrumentalities
- 3 - A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions, agencies, or instrumentalities
- 4 - A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5 - A corporation
- 6 - A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7 - A futures commission merchant registered with the Commodity Futures Trading Commission
- 8 - A real estate investment trust
- 9 - An entity registered at all times during the tax year under the investment Company Act of 1940
- 10 - A common trust fund operated by a bank under section 58(a)
- 11 - A financial institution
- 12 - A middleman known in the investment community as a nominee or custodian
- 13 - A trust exempt from tax under section 664 or described in section 4947

Exempt from FATCA reporting code

- A - An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B - The United States or any of its agencies or instrumentalities
- C - A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions, agencies, or instrumentalities
- D - A foreign government or any of its political subdivisions, agencies, or instrumentalities
- E - A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)
- F - A dealer in securities, commodities or derivative financial instruments (including notional principal contracts, futures, forwards and options) that is registered as such under the laws of the united states or any state
- G - A real estate investment trust
- H - A regulated investment company as defined in section 851 or any entity registered at all times during the tax year under the investment company Act of 1940
- I - A common trust fund as defined in section 584(a)
- J - A bank defined in section 581
- K - A broker
- L - A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M - A tax exempt trust under a section 403(b) plan or section 457(g) plan

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DRAFT: Screenshots of Uninsured Program Portal

Provide the Billing TIN Address then click on 'Continue'

The screenshot displays a web form for the COVID-19 Uninsured Program. At the top, there is a header with the text "COVID-19 Uninsured Program" and a "My Account" link. Below the header is a breadcrumb trail: "Addresses | TIN Validation | COVID-19 Uninsured Program". The form is divided into two main sections: "Billing TIN Address" and "Billing Company".

Billing TIN Address (Required Fields):

- Address 1*: 1000 creek view
- Address 2: ct
- City*: cranberry
- State*: Pennsylvania
- ZIP Code*: 16066

Billing Company (Required Fields):

Do you use a billing company for this TIN?

- Yes
- No

At the bottom of the form, there are two buttons: "Cancel" and "Continue".

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DRAFT: Screenshots of Uninsured Program Portal

Submit the TIN

The screenshot displays the 'Confirmation | TIN Validation | COVID-19 Uninsured Program' page. At the top left, the header reads 'COVID-19 Uninsured Program'. A breadcrumb trail shows a back arrow followed by 'Confirmation | TIN Validation | COVID-19 Uninsured Program'. The main content area is titled 'NEWTINADD' and contains the following details:

Medicare Supplier Id 9988771166	Billing TIN Address 1000 creek view cir cranberry, PA 16066
Business Name NEWTINADD	
Federal Tax Classification S Corporation	
Exempt Payee Code 3 -A state, the District of Columbia, a U.S commonwealth or possession, or any of their political subdivisions, agencies, or instrumentalities	
Exempt from FATCA reporting code D -A foreign government or any of its political subdivisions, agencies, or instrumentalities	

Below the information, there are two buttons: 'Submit TIN' (highlighted in blue) and 'Cancel'. On the right side of the form, there is a 'Feedback' button. At the bottom of the page, there are three columns of links: 'Important Information' (with a link to 'COVID-19 Uninsured Program'), 'Support' (with links to 'Contact Us' and 'Feedback'), and 'Accessibility' (with a link to 'Accessibility Statement'). In the bottom left corner, there are links for 'Terms Of Use' and 'Privacy Policy'. In the bottom right corner, there is a 'Help' icon.

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DRAFT: Screenshots of Uninsured Program Portal

The TIN Validation will be in processing status.

Multiple Billing TINs

Showing 11 - 14 of 14 Results Results Per Page: 10 Pg 2 of 2

Expand to see details Show All	Billing TIN	Provider Name (as shown on IRS Form [W-9] for this Billing TIN)	Complete Action Needed
Show Details	565758590	RaceEthnicityTestTIN	
Show Details	756437848	fgdfgd	
Show Details	540540546	fgdf	
Show Details	998877660	NEWTINADD	⚠️

Action Required For This TIN:

- Set Up Optum Pay

Remove TIN From List
Remove TIN

Validate TIN
Processing

Add Provider Roster
Not Available Yet
Provider Roster step will be available soon.

Set Up Optum Pay ACH
Available Now
Set Up Optum Pay

Add and Attest to Patient Roster
All Providers will need to add Patient Rosters once all prior steps are complete.

Pg 2 of 2

Add Billing TIN *Required Fields

Billing TIN* Provider Name*

Add Billing TIN

Important Information **Support** **Accessibility**

[COVID-19 Uninsured Program](#) [Contact Us](#) [Accessibility Statement](#)

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DRAFT: Screenshots of Uninsured Program Portal

After all TIN validations it will be in complete state.

The screenshot displays the 'Multiple Billing TINs' section of the portal. It features a table with columns for 'Billing TIN', 'Provider Name (as shown on IRS Form [W-9] for this Billing TIN)', and a status column. The status column includes icons for 'Complete' (blue checkmark) and 'Action Needed' (orange triangle). Below the table, there are four action cards: 'Validate TIN Complete' (green checkmark), 'Add Provider Roster Available Now Get Started' (orange triangle), 'Set Up Optum Pay ACH Available Now Set Up Optum Pay' (orange triangle), and 'Add and Attest to Patient Roster' (lock icon). A sidebar on the right contains a 'Feedback' button. Below the table is a pagination control showing 'Pg 2 of 2'. Below the table is an 'Add Billing TIN' form with fields for 'Billing TIN*' and 'Provider Name*', and an 'Add Billing TIN' button. The form is marked with '*Required Fields'. At the bottom of the page, there are links for 'Important Information', 'Support', and 'Accessibility'.

Expand to see details Show All	Billing TIN	Provider Name (as shown on IRS Form [W-9] for this Billing TIN)	Complete Action Needed
Show Details	565758590	RaceEthnicityTestTIN	
Show Details	756437848	fglglfd	
Show Details	546540546	fggf	
Hide Details	996877660	NEWTINADD	

Action Required For This TIN:

- Add provider roster
- Set Up Optum Pay

Remove TIN From List:
Remove TIN

Validate TIN Complete

Add Provider Roster Available Now Get Started

Set Up Optum Pay ACH Available Now Set Up Optum Pay

Add and Attest to Patient Roster
All Providers will need to add Patient Rosters once all prior steps are complete.

Feedback

Pg 2 of 2

Add Billing TIN

*Required Fields

Billing TIN*

Provider Name*

Add Billing TIN

Important Information Support Accessibility

All data displayed here is sample data for example purposes only

DRAFT: Screenshots of Uninsured Program Portal

STEP 2: Adding the Provider Roster or Uploading Provider Roster:

Download the Template and enter the data for “Group/Individual/ Hospital_Ancillary_Clinic” follow the instructions provided in the Template.

The screenshot shows an Excel spreadsheet with the following structure:

Group Information Enter as on W9 1) ONLY Populate if you have Individuals who belong to groups. 2) Data in these columns must match data on "Group" tab to associate a Provider with a Group.				Provider Identification Enter as on W9							
Tax ID or EIN *Required for all entries (9 Digits, No Dashes)	Group/DBA and/or Legal Name (Text)	Group NPI (10 Digits, No Dashes)	Last Name (Text)	First Name (Text)	*Middle Name (Text, Optional)	*SSN (000000000, Optional)	Date of Birth (mm/dd/yyyy)	National Provider Identification (NPI) (10 Digits, No Dashes)	National Provider Identification Effective Date (mm/dd/yyyy)	Medical/DOH/License # (Text)	*CAQH ID (Text, Optional)
998877660	NEWTINADD		sdfdsfdf	sdfdsf	Middle name	123-45-6789	0000033239	1234567890	10/10/2005	1234554	

A tooltip for the Middle Name field indicates: Middle Name Individual Middle Name (Text - Optional).

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DRAFT: Screenshots of Uninsured Program Portal

Fill the template and upload the file to submit the Roster:

https://coviduninsuredclaim-stage.linkhealth.com/registration/#/roster/upload

Apps UIP STAGE UIP Prod User Stories | Rally HRSA PRF HRSA-UIP - Home st agnes Patient Por... AppStore - EUTS Int... Medstar login Welcome to BIND

Upload Provider Roster

Billing TIN
197264349

In order to process your claims, we need to load your provider roster information into our systems. Please download the spread sheet below, carefully read the instructions included in the file, and fill your provider information out. When completed, click "Choose a File" to upload your file and complete the process.

Please note: File Name should be your Taxpayer Identification Number (TIN), with no other characters. Please include all 9 digits, including leading zeros.

Batch Upload

Instructions

1. Select "Download Template (Excel)" File below.
2. Enter the information that corresponds to each of your providers.
3. Save the file on your secure network, using the Tax Identification Number for this roster, as the file name (i.e. 123456789.xlsx).
4. Select "Choose a File" below to browse to the saved .xlsx file on your secure network and upload the file.
5. The file must be 1.5 MB or less for the upload to be successful.

Important Tips

- You must use the Download Template (Excel) File.
- Make sure to read the instructions in the spreadsheet. We will not be able to successfully process the request without the appropriate information, in the appropriate format.
- Make sure not to delete any tabs or columns. Please leave tabs blank if they do not apply to your practice.
- User Guide: [Walk through Roster Upload](#)

[Download Template \(Excel\)](#)

Choose a File

All data displayed here is sample data for example purposes only

DRAFT: Screenshots of Uninsured Program Portal

The Provider Roster is submitted successfully the reference number is generated with fsDocumentId

COVID-19 Uninsured Program

Reference Number: **998877660-061020211502** [Return Home >](#) Billing TIN: 998877660

[Print](#) [Feedback](#)

You are almost complete.
The Reference Number for your submission is 998877660-061020211502. You will receive a status email with Reference Number within 1 business day. You may print a copy or select Print at the top of this page.
If you have questions, please contact the HRSA COVID-19 Uninsured Program support line at 866-569-3522; for TTY dial 711.

Roster Submission

Submission Date	Billing TIN	Optum ID	Full Name	Contact Information	Uploaded Document
06/10/2021	998877660	charan_testone	Charan Bid	chalapathi.bidanpalli@optum.com	998877660.xlsx

Important Information **Support** **Accessibility**

[COVID-19 Uninsured Program](#) [Contact Us](#) [Accessibility Statement](#)

[Feedback](#)

[Terms Of Use](#) | [Privacy Policy](#)

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DRAFT: Screenshots of Uninsured Program Portal

The provider roster will be in 'Processing Upload' status.

Multiple Billing TINs

Showing 11 - 14 of 14 Results Results Per Page: 10 Pg 2 of 2

Expand to see details Show All	Billing TIN	Provider Name (as shown on IRS Form (W-9) for this Billing TIN)	Complete Action Needed
Show Details	565758590	RaceEthnicityTestTIN	
Show Details	756437848	fgtfgd	
Show Details	546546546	fggf	
Show Details	998677660	NEWTINADD	⚠️

Action Required For This TIN:
• Set Up Optum Pay

Remove TIN From List:
Remove TIN

Validate TIN Complete
Add Provider Roster Processing Upload View Prior Submission
Set Up Optum Pay ACH Available Now Set Up Optum Pay
Add and Attest to Patient Roster
All Providers will need to add Patient Rosters once all prior steps are complete.

Pg 2 of 2

Add Billing TIN *Required Fields

Billing TIN* Provider Name*

Add Billing TIN

Important Information Support Accessibility
COVID-19 Uninsured Program Contact Us Accessibility Statement

All data displayed here is sample data for example purposes only

DRAFT: Screenshots of Uninsured Program Portal

After uploading the correct Provider Roster, the status is changed to success

The screenshot displays the 'Multiple Billing TINs' section of the portal. It features a table with 11 results, showing Billing TIN, Provider Name, and status. The status column includes icons for 'Complete', 'Action Needed', and a lock icon. Below the table, there are four action cards: 'Validate TIN Complete', 'Add Provider Roster Successful Upload', 'Set Up Optum Pay ACH Available Now', and 'Add and Attest to Patient Roster'. The 'Add Billing TIN' form below has two input fields for 'Billing TIN*' and 'Provider Name*', and an 'Add Billing TIN' button. The footer contains links for 'Important Information', 'Support', and 'Accessibility'.

Expand to see details Show All	Billing TIN	Provider Name (as shown on IRS Form [W-9] for this Billing TIN)	Complete Action Needed
Show Details	565750590	RaceEthnicityTestTIN	
Show Details	756437848	fgfgfd	
Show Details	546546546	fggf	
Hide Details	996877660	NEWTINADD	

Action Required For This TIN:
• Set Up Optum Pay

Remove TIN From List:
Remove TIN

Validate TIN Complete

Add Provider Roster Successful Upload
View Prior Submission or Upload New Providers

Set Up Optum Pay ACH Available Now
Set Up Optum Pay

Add and Attest to Patient Roster
All Providers will need to add Patient Rosters once all prior steps are complete.

Important Information: COVID-19 Uninsured Program

Support: Contact Us

Accessibility: Accessibility Statement

All data displayed here is sample data for example purposes only

DRAFT: Screenshots of Uninsured Program Portal

Step 3 Click on the 'Set Up Optum Pay' and follow instructions on the 'Optum Pay' website.

The screenshot displays the 'Multiple Billing TINs' section of the portal. It features a table with columns for 'Expand to see details', 'Billing TIN', 'Provider Name (as shown on IRS Form [W-9] for this Billing TIN)', and a status column. The status column includes icons for 'Complete' (blue checkmark) and 'Action Needed' (red triangle). Below the table, there are four action cards: 'Validate TIN Complete', 'Add Provider Roster Successful Upload', 'Set Up Optum Pay ACH Complete', and 'Add and Attest to Patient Roster Available Now'. The 'Add Billing TIN' form below the table has two input fields: 'Billing TIN*' and 'Provider Name*', and an 'Add Billing TIN' button. The footer contains links for 'Important Information', 'Support', and 'Accessibility'.

Expand to see details Show All	Billing TIN	Provider Name (as shown on IRS Form [W-9] for this Billing TIN)	Complete Action Needed
Show Details	565756590	RaceEthnicityTestTIN	
Show Details	756437848	fyldgfd	
Show Details	548546546	fygf	
Show Details	998877660	NEWTINADD	

Action Required For This TIN: None.

- Validate TIN Complete
- Add Provider Roster Successful Upload
View Prior Submission or Upload New Providers
- Set Up Optum Pay ACH Complete
Visit Optum Pay
- Add and Attest to Patient Roster Available Now
Upload/View Patient Roster

Add Billing TIN *Required Fields

Billing TIN* Provider Name*

Add Billing TIN

Important Information
COVID-19 Uninsured Program

Support
Contact Us
Feedback

Accessibility
Accessibility Statement

All data displayed here is sample data for example purposes only

DRAFT: Screenshots of Uninsured Program Portal

Step 4: Add and Attest to Patient Roster (Click on Upload/View Patient Roster)

Multiple Billing TINs

Showing 11 - 14 of 14 Results Results Per Page: 10 Pg 2 of 2

Expand to see details Show All	Billing TIN	Provider Name (as shown on IRS Form [W-9] for this Billing TIN)	✔ : Complete ⚠ : Action Needed
Show Details ▼	565758590	RaceEthnicityTestTIN	
Show Details ▼	756437848	fgldgfd	
Show Details ▼	546546546	fggf	
Hide Details ▲	996877660	NEWTINADD	⚠

Action Required For This TIN: None.

✔ Validate TIN Complete	✔ Add Provider Roster Successful Upload View Prior Submission or Upload New Providers	✔ Set Up Optum Pay ACH Complete Visit Optum Pay	⚠ Add and Attest to Patient Roster Available Now Upload/View Patient Roster
---	--	--	--

⏪ Pg 2 of 2 ⏩

Add Billing TIN *Required Fields

Billing TIN* Provider Name*

[Add Billing TIN](#)

All data displayed here is sample data for example purposes only

DRAFT: Screenshots of Uninsured Program Portal

The screen will redirect to Patient Member Portal

The screenshot shows the user interface of the COVID-19 Uninsured Program Portal. At the top right, there are links for "Return To Dashboard" and "My Account". The main header includes the program name "COVID-19 Uninsured Program" and a "Billing TIN" field with the value "998877860". The user is greeted with "Hello, Charan." and a paragraph explaining the portal's purpose: submitting rosters for uninsured patients to create temporary member IDs for claims. Below this are two main action cards: "Submit Patient Roster" with a "Submit New Patients" button, and "View Patient Roster" with an "Access Member IDs" button. A footer section contains "Important Information", "Support", and "Accessibility" links, along with copyright information for UnitedHealth Group, Inc. (© 2020) and links for "Terms Of Use" and "Privacy Policy". A vertical "Feedback" button is located on the right side of the page.

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DRAFT: Screenshots of Uninsured Program Portal

Click on Submit Patient Roster. The user can submit the Individual or Batch Upload

COVID-19
Uninsured Program

Billing TIN
998877660

Submit New Patients

How would you like to submit your patient roster?

Individual Entry

Select this option to submit one patient at a time.

Submit Individual Entry

Batch Upload

Select this option to submit several patients at one time.

Submit Batch Upload

You will need to provide the following information when you submit new patients:

Patient Information

- Name
- Date of Birth
- Gender
- SSN and state of residence; if not available, enter state identification/driver's license
- Date of service for professional, institutional outpatient services.
- Date of admission and date of discharge for institutional inpatient services.
- Patient address; if not available, enter the address where services were rendered.

Provider Information

- Taxpayer Identification Number (TIN)

To learn more about patient eligibility, please review [Who is eligible?](#) on the HRSA COVID-19 Uninsured Program education site.

Feedback

All data displayed here is sample data for example purposes only

DRAFT: Screenshots of Uninsured Program Portal

Enter all the required Fields

Patient and Provider Practice Information *Required Fields

Please complete the form below to add a new patient. Use the information provided by the patient at the time of care. **If the patient's address is not available, please use the address where services were rendered.**

First Name* <input type="text" value="dofdfs"/>	Patient Account Number* <input type="text"/>
Middle Initial <input type="text" value="d"/>	Taxpayer Identification Number (TIN)* <input type="text" value="998877660"/>
Last Name* <input type="text" value="dofsd"/>	Street Line 1* <input type="text" value="1090cbreak view"/>
Date of Birth* <input type="text" value="01/01/1981"/>	Street Line 2 <input type="text" value="123 dr"/>
Identification Type* <input type="text" value="SSN"/>	City* <input type="text" value="columbia"/>
Identification Number* <input type="text" value="XXX-XX-3475"/>	State* <input type="text" value="Maryland"/>
Gender* <input type="text" value="Prefer not to answer"/>	Zip* <input type="text" value="21044"/>
Race <input type="text" value="Asian"/>	Service Type* <input type="text" value="Professional"/>
Ethnicity <input type="text" value="Not Hispanic or Latino"/>	Date of Service* (Must be on or after February 4, 2020) <input type="text" value="06/10/2021"/>

[Important Information](#) [Support](#) [Accessibility](#)

[Feedback](#)

All data displayed here is sample data for example purposes only

DRAFT: Screenshots of Uninsured Program Portal

Then the Submit the Patient Roster Attestation

The screenshot displays the 'COVID-19 Uninsured Program' portal. At the top right, there are links for 'Return to Dashboard' and 'My Account'. The main header includes the program name and a 'Billing TIN' of 998877660. The page title is 'Submit Individual Entry : Patient Roster Attestation'. The central form, titled 'Patient Roster Attestation', contains four checked checkboxes with the following text:

- I have read and agree to the applicable HRSA COVID-19 Uninsured Program Terms and Conditions for [Testing](#) or [Treatment Services](#). I attest that I am authorized to agree to these terms on behalf of the provider with the Tax Identification Number associated with this attestation.
- I attest that I have checked for health care coverage eligibility and confirmed that the patient is uninsured, and does not have employer-sponsored or individual coverage, Medicare or Medicaid and that no other payer will reimburse for COVID-19 testing or care for the patient.
- I agree that I will accept the defined program reimbursement, as determined and/or adjustment by Health Resources & Services Administration (HRSA), as payment in full and will not balance bill the patient. I further understand that reimbursement is subject to available funding for the program.
- I acknowledge that I may be asked to submit to the review process established by HRSA, including its contractor to determine whether payments were made correctly. Additionally, upon request by HRSA or its contractor, I will provide any and all information related to the disposition or use of the funds received under the HRSA COVID-19 Uninsured Program for auditing and/or reporting purposes.

At the bottom of the form are 'Cancel' and 'Submit' buttons. A 'Feedback' button is located on the right side of the form. The footer contains links for 'Important Information' (COVID-19 Uninsured Program Details), 'Support' (Contact Us), and 'Accessibility' (Accessibility Statement).

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DRAFT: Screenshots of Uninsured Program Portal

The Bundle Id will be created and the submitted patient data can be viewed from View Patient Roster

The screenshot displays a web browser window with the URL <https://coviduninsuredclaim-stage.linkhealth.com/member/#/confirmation/BL000003467347>. The page header includes navigation links such as "Return To Dashboard" and "My Account". The main content area features the "COVID-19 Uninsured Program" logo and a "Billing TIN" of 197264349. A prominent message states: "You have successfully submitted a patient roster." Below this, a section titled "What happens next?" provides instructions on member ID creation and claim submission. A "Patient and Provider Practice Information" table is also visible.

Reference Number
BL000003467347

[View/Add a New Patient](#)

✓ You have successfully submitted a patient roster.
The Reference Number for your submission is [BL000003467347](#). You will receive a status email with this Reference Number within 1 business day. You may [print a copy](#) of this page.

What happens next?

A temporary member ID for each patient on your roster will be created and available typically within 24 hours in most cases. You can check on the status of member IDs on the [Access Member IDs](#) page.

If you used the COVID-19 Uninsured Program portal to submit a provider roster, please make sure the roster includes all providers who may submit claims for conducting COVID-19 testing or providing treatment for uninsured individuals with a COVID-19 diagnosis on or after February 4, 2020. If you did not use the portal to submit a provider roster, any changes to your provider roster must be completed through My Practice Profile, CAQH or your normal process.

Thank you for submitting your patient roster. While we process your roster and assign temporary member IDs, please review next steps for submitting EDI 837 claims, which is required for reimbursement after your roster has been processed.

Patient and Provider Practice Information

First Name Jamie	Taxpayer Identification Number 197264349
Middle Initial	Address 1

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DRAFT: Screenshots of Uninsured Program Portal

The screenshot shows the user interface of the COVID-19 Uninsured Program Portal. At the top right, there are links for "Return To Dashboard" and "My Account". The main header displays "COVID-19 Uninsured Program" and a "Billing TIN" of 996877660. A personalized greeting "Hello, Charan." is followed by a paragraph explaining the portal's purpose: submitting rosters for COVID-19 testing and treatment for uninsured patients to create temporary member IDs for claims submission. Below this, two main action cards are visible: "Submit Patient Roster" with a "Submit New Patients" button, and "View Patient Roster" with an "Access Member IDs" button. A footer section contains links for "Important Information", "Support", and "Accessibility".

Return To Dashboard | My Account

COVID-19 Uninsured Program

Billing TIN
996877660

Hello, Charan.

In this section of the COVID-19 Uninsured Program Portal you'll submit rosters for patients you're testing and treating for COVID-19 who do not have insurance. Doing so will allow us to create temporary member IDs for those patients so you can submit claims for payment. Please note that you must submit claims electronically outside of this portal. For more information, visit the [Patient Details](#) section of the HRSA COVID-19 Uninsured Program education site.

Submit Patient Roster

Submit a new patient roster or add patients to an existing roster. You will need to add and attest to the accuracy of patient information.

[Submit New Patients](#)

View Patient Roster

Access temporary member IDs for patients you have already submitted.

[Access Member IDs](#)

Important Information
[COVID-19 Uninsured Program Details](#)

Support
[Contact Us](#)
[Feedback](#)

Accessibility
[Accessibility Statement](#)

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DRAFT: Screenshots of Uninsured Program Portal

COVID-19 Uninsured Program

Billing TIN: 998877660

Patient Roster

Use the column to sort the table

[Export Patient Data](#) [Print](#) [Add a New Patient](#)

The roster below is based on what was provided when you submitted your patient information. It also includes temporary member IDs that we've created for your patients. Temporary member IDs are typically posted in less than twenty-four hours. Please check this page often for updates. Remember that these temporary member IDs are for the COVID-19 Uninsured Program and are not affiliated with any private payer.

Patient Roster

Search on Page [Show Filters](#)

Showing 1 - 1 of 1 Results Results Per Page : 500 Pg 1 of 1

Expand to See Details Close All	Submission Date	Reference Number	First Name	Middle Initial	Last Name	Date of Birth	Gender	Temporary Member ID	Date of Service	Coverage Timeline
	06/11/2021	BL000003467151	dsfdfs	d	dsfdfs	01/01/1981	Prefer not to answer	In Progress	06/10/2021	-

Patient Account Number Address: 1000ckreak view City: columbia State: MD Zip: 21044 Group TIN: 998877660

Pg 1 of 1

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DRAFT: Screenshots of Uninsured Program Portal

The User can submit the Batch upload by downloading the template and entering the details.

[←](#) **Batch Upload: Upload CSV**

Batch Upload

Instructions

1. Select Download Template .CSV File below.
2. Enter the information that corresponds to each of your patients.
3. Save the file on your secure network as a .CSV file.
4. Select Choose a File below and browse to the saved .CSV file on your secure network and upload the file.

Important Tips

- Please submit ONE request per patient using the earliest date of service or date of admission.
- If the patient's address is not available, please use the address where services were rendered.
- You must use the Download Template .CSV File.
- In the .CSV File, you must provide the information marked with an *. That information is required. The file upload will fail if a required field is left empty.
- User Guide: [Walk through Roster Upload](#)
- Acceptable ID types are SSN, State ID/Driver's License, or No ID
- Acceptable values for Race are 'AmericanIndian or Alaska Native', 'Asian', 'Black or African American', 'Native Hawaiian or Other Pacific Islander', 'White' and 'Undisclosed'
- Acceptable values for Ethnicity are 'Hispanic or Latino', 'Not Hispanic or Latino' and 'Undisclosed'
- Service type of Professional or Institutional Outpatient should input ONLY Date of Service
- Service type Institutional Inpatient should input Date of admission and Date of Discharge
- All dates should be entered in MM/DD/YYYY format
- Billing TIN number must be one of the user provisioned TINs (refer to the ones in upper right hand corner)

[Download Template .CSV File](#)

[Choose a File](#)

[Cancel](#) [Continue](#)

[Feedback](#)

All data displayed here is sample data for example purposes only

DRAFT: Screenshots of Uninsured Program Portal

Instructions

1. Select Download Template .CSV File below
2. Enter the information that corresponds to each of your patients.
3. Save the file on your secure network as a .CSV file
4. Select Choose a File below and browse to the saved .CSV file on your secure network and

Important Tips

- Please submit ONE request per patient using the earliest date of service or date of
- If the patient's address is not available, please use the address where services were
- You must use the Download Template .CSV File.
- In the .CSV File, you must provide the information marked with an *. That information is
- User Guide: Walk through Roster Upload
- Acceptable ID types are SSN, State ID/Driver's License, or No ID
- Acceptable values for Race are 'AmericanIndian or Alaska Native', 'Asian', 'Black or African
- Undisclosed'
- Acceptable values for Ethnicity are 'Hispanic or Latino', 'Not Hispanic or Latino' and 'Un
- Service type of Professional or Institutional Outpatient should input ONLY Date of Serv
- Service type Institutional Inpatient should input Date of admission and Date of Discharg
- All dates should be entered in MM/DD/YYYY format
- Billing TIN number must be one of the user provisioned TINs (refer to the ones in upper

[Download Template .CSV File](#)

Disclaimer
By choosing No ID I attest that I have asked for an official form of identification such as a Driver's License or State ID and that identification was provided to me.

Patient_Roster_Template_NEW.csv is attached. [Upload a different file.](#)

[Cancel](#) [Continue](#)

	A	B	C	D	E	F	G	
	Billing TIN Number*	Patient First Name*	Patient Middle Initial	Patient Last Name*	Patient Date of Birth (MM/DD/YYYY)*	ID Type (SSN, State ID, No ID)*	ID Number	Patient
1	565758590	TestingEthnicity	A	Lawrence	11/5/1991	No ID		F
2	565758590	TestingEthnicity	B	Lawrence	11/5/1991	No ID		F
3	565758590	TestingEthnicity	C	Lawrence	11/5/1991	No ID		F
4	565758590	TestingEthnicity	D	Lawrence	11/5/1991	No ID		F
5	565758590	TestingEthnicity	E	Lawrence	11/5/1991	No ID		F
6	565758590	TestingEthnicity	F	Lawrence	11/5/1991	No ID		F
7	565758590	TestingEthnicity	G	Lawrence	11/5/1991	No ID		F
8	565758590	TestingEthnicity	H	Lawrence	11/5/1991	No ID		F
9	565758590	TestingEthnicity	I	Lawrence	11/5/1991	No ID		F
10	565758590	TestingEthnicity	J	Lawrence	11/5/1991	No ID		F
11	565758590	TestingEthnicity	K	Lawrence	11/5/1991	No ID		F
12	565758590	TestingEthnicity	L	Lawrence	11/5/1991	No ID		F
13	565758590	TestingEthnicity	M	Lawrence	11/5/1991	No ID		F
14	565758590	TestingEthnicity	N	Lawrence	11/5/1991	No ID		F
15	565758590	TestingEthnicity	O	Lawrence	11/5/1991	No ID		F
16	565758590	TestingEthnicity	P	Lawrence	11/5/1991	No ID		F
17	565758590	TestingEthnicity	P	Lawrence	11/5/1991	No ID		F

50 / 56 requests | 11.9 kB / 13.5 kB transferred | 5.2 kB /

Click on Continue. The user can modify or delete the record before submitting the attestation.

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DRAFT: Screenshots of Uninsured Program Portal

COVID-19
Uninsured Program

Billing TIN
99977690

Batch Upload: Review Patient Details

Review Patient Details

Please review the information we've collected from your submission.

- Please submit ONE request per patient using the earliest date of service or date of admission.
- If the information is accurate, select Continue below.
- If any of the patients need to be updated, please select the edit icon.
- If any of the patients need to be removed, please select the remove icon.

Showing 1 - 14 of 14 Results Results Per Page: 50 Pg 1 of 1

Expand to See Details Show All	First Name	Middle Initial	Last Name	Gender	Date of Birth	ID Number	Patient Account Number		
▼	Testing	Ethnicity A	Lawrence	F	11/05/1991		Testing557890	✎	🗑
▼	Testing	Ethnicity B	Lawrence	F	11/05/1991		Testing557890	✎	🗑
▼	Testing	Ethnicity C	Lawrence	F	11/05/1991		Testing557890	✎	🗑
▼	Testing	Ethnicity D	Lawrence	F	11/05/1991		Testing557890	✎	🗑
▼	Testing	Ethnicity E	Lawrence	F	11/05/1991		Testing557890	✎	🗑
▼	Testing	Ethnicity F	Lawrence	F	11/05/1991		Testing557890	✎	🗑
▼	Testing	Ethnicity G	Lawrence	F	11/05/1991		Testing557890	✎	🗑
▼	Testing	Ethnicity H	Lawrence	F	11/05/1991		Testing557890	✎	🗑
▼	Testing	Ethnicity I	Lawrence	F	11/05/1991		Testing557890	✎	🗑
▼	Testing	Ethnicity J	Lawrence	F	11/05/1991		Testing557890	✎	🗑
▼	Testing	Ethnicity K	Lawrence	F	11/05/1991		Testing557890	✎	🗑
▼	Testing	Ethnicity L	Lawrence	F	11/05/1991		Testing557890	✎	🗑

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DRAFT: Screenshots of Uninsured Program Portal

The screenshot displays the 'COVID-19 Uninsured Program' portal. At the top right, there are links for 'Return to Dashboard' and 'My Account'. The main header includes the program name and a 'Billing TIN' of 998877660. The current page is titled 'Batch Upload: Patient Roster Attestation'. The main content area is a 'Patient Roster Attestation' form with four checked checkboxes:

- I have read and agree to the applicable HRSA COVID-19 Uninsured Program Terms and Conditions for [Testing](#) or [Treatment Services](#). I attest that I am authorized to agree to these terms on behalf of the provider with the Tax Identification Number associated with this attestation.
- I attest that I have checked for health care coverage eligibility and confirmed that the patient is uninsured, and does not have employer-sponsored or individual coverage, Medicare or Medicaid and that no other payer will reimburse for COVID-19 testing or care for the patient.
- I agree that I will accept the defined program reimbursement, as determined and/or adjustment by Health Resources & Services Administration (HRSA), as payment in full and will not balance bill the patient. I further understand that reimbursement is subject to available funding for the program.
- I acknowledge that I may be asked to submit to the review process established by HRSA, including its contractor to determine whether payments were made correctly. Additionally, upon request by HRSA or its contractor, I will provide any and all information related to the disposition or use of the funds received under the HRSA COVID-19 Uninsured Program for auditing and/or reporting purposes.


At the bottom of the form are 'Cancel' and 'Submit' buttons. A 'Feedback' button is located on the right side of the form. Below the form, there are links for 'Important Information', 'Support', and 'Accessibility'. The footer contains copyright information for UnitedHealth Group, Inc. and links for 'Terms Of Use' and 'Privacy Policy'.

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DRAFT: Screenshots of Uninsured Program Portal

The Bundle Id is generated for Bulk upload

Reference Number
BL000003467154 View/Add a New Patient

 **You have successfully submitted a patient roster.**
The Reference Number for your submission is BL000003467154. You will receive a status email with this Reference Number within 1 business day. You may [print a copy](#) of this page.

What happens next?

A temporary member ID for each patient on your roster will be created and available typically within 24 hours in most cases. You can check on the status of member IDs on the [Access Member IDs](#) page.

If you used the COVID-19 Uninsured Program portal to submit a provider roster, please make sure the roster includes all providers who may submit claims for conducting COVID-19 testing or providing treatment for uninsured individuals with a COVID-19 diagnosis on or after February 4, 2020. If you did not use the portal to submit a provider roster, any changes to your provider roster must be completed through My Practice Profile, CAQH or your normal process.

Thank you for submitting your patient roster. While we process your roster and assign temporary member IDs, please review next steps for submitting EDI 837 claims, which is required for reimbursement after your roster has been processed.

Patient Roster

Showing 1 - 16 of 16 Results Results Per Page 50 Pg 1 of 1

Expand to See Details Show All	First Name	Middle Initial	Last Name	Gender	Date of Birth	ID Number	Patient Account Number
▼	TestingEthnicity	A	Lawrence	F	11/05/1991		Testing567890
▼	TestingEthnicity	B	Lawrence	F	11/05/1991		Testing567890
▼	TestingEthnicity	C	Lawrence	F	11/05/1991		Testing567890
▼	TestingEthnicity	D	Lawrence	F	11/05/1991		Testing567890

All data displayed here is sample data for example purposes only

DRAFT: Screenshots of Uninsured Program Portal

To View Patient Roster, Click on 'Access Member IDs'

The screenshot displays the COVID-19 Uninsured Program Portal interface. At the top left, the text reads "COVID-19 Uninsured Program". On the top right, there is a "Billing TIN" dropdown menu showing "998877660". The main content area is titled "Hello, Charan." and includes a paragraph of instructions: "In this section of the COVID-19 Uninsured Program Portal you'll submit rosters for patients you're testing and treating for COVID-19 who do not have insurance. Doing so will allow us to create temporary member IDs for those patients so you can submit claims for payment. Please note that you must submit claims electronically outside of this portal. For more information, visit the Patient Details section of the HRSA COVID-19 Uninsured Program education site." Below this text are two primary action cards. The first card, "Submit Patient Roster", features a document icon and a blue button labeled "Submit New Patients". The second card, "View Patient Roster", features a magnifying glass icon and a blue button labeled "Access Member IDs". A vertical "Feedback" button is located on the right side of the main content area. The footer contains three sections: "Important Information" with a link to "COVID-19 Uninsured Program Details", "Support" with links for "Contact Us" and "Feedback", and "Accessibility" with a link to "Accessibility Statement". At the bottom left, it states "© 2020 UnitedHealth Group, Inc. All rights reserved. Terms Of Use | Privacy Policy". A large, light gray "DRAFT" watermark is overlaid diagonally across the lower half of the page.

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DRAFT: Screenshots of Uninsured Program Portal

Records are displayed for the specific Billing TIN

Showing 1 - 17 of 17 Results Results Per Page : 500 Pg 1 of 1

Expand to See Details Close All	Submission Date	Reference Number	First Name	Middle Initial	Last Name	Date of Birth	Gender	Temporary Member ID	Date of Service	Coverage Timeline
^	06/11/2021	BL000003467151	dsfdsl	d	dsfdf	01/01/1961	Prefer not to answer	In Progress	06/10/2021	-
Patient Account Number		Address 1000creek view		City columbia		State MD		Zip 21044		Group TIN 998877660
^	06/11/2021	BL000003467154	TestingEthnicity	C	Lawrence	11/05/1991	Female	In Progress	01/01/2021 - 04/12/2021	-
Patient Account Number Testing567890		Address 8858 Hart Ln		City NewYork		State AL		Zip 01545		Group TIN 998877660
^	06/11/2021	BL000003467154	TestingEthnicity	H	Lawrence	11/05/1991	Female	In Progress	01/01/2021 - 04/12/2021	-
Patient Account Number Testing567890		Address 8858 Hart Ln		City NewYork		State AL		Zip 01545		Group TIN 998877660
v	06/11/2021	BL000003467154	TestingEthnicity	A	Lawrence	11/05/1991	Female	In Progress	01/01/2021 - 04/12/2021	-
v	06/11/2021	BL000003467154	TestingEthnicity	B	Lawrence	11/05/1991	Female	In Progress	01/01/2021 - 04/12/2021	-
v	06/11/2021	BL000003467154	TestingEthnicity	P	Lawrence	11/05/1991	Female	In Progress	01/01/2021 - 04/12/2021	-
v	06/11/2021	BL000003467154	TestingEthnicity	I	Lawrence	11/05/1991	Female	In Progress	01/01/2021 - 04/12/2021	-
v	06/11/2021	BL000003467154	TestingEthnicity	K	Lawrence	11/05/1991	Female	In Progress	01/01/2021 - 04/12/2021	-

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DRAFT: Screenshots of Uninsured Program Portal

Patient Roster records can be Filtered based on the below options

⏪ **Patient Roster**
Use the column to sort the table
Add a New Patient

The roster below is based on what was provided when you submitted your patient information. It also includes temporary member IDs that we've created for your patients. Temporary member IDs are typically posted in less than twenty-four hours. Please check this page often for updates. Remember that these temporary member IDs are for the COVID-19 Uninsured Program and are not affiliated with any private payer.

Hide Filters

Status Options

Status

Select Status
⌵

Submission Date Range

First Submission Date

Last Submission Date

Service Date Range

First Service Date

Last Service Date

Reference Number [BL]

Enter Reference Number [BL]

Filter Results
Clear Filters

Showing 1 - 17 of 17 Results Results Per Page : 500 Pg 1 of 1

Expand to See Details Show All	Submission Date	Reference Number	First Name	Middle Initial	Last Name	Date of Birth	Gender	Temporary Member ID	Date of Service	Coverage Timeline
⌵	06/11/2021	BL000003467151	dsdsds	d	dsfsdf	01/01/1981	Prefer not to answer	In Progress	06/10/2021	-
⌵	06/11/2021	BL000003467154	TestingEthnicity	C	Lawrence	11/05/1991	Female	In Progress	01/01/2021 - 04/12/2021	-

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