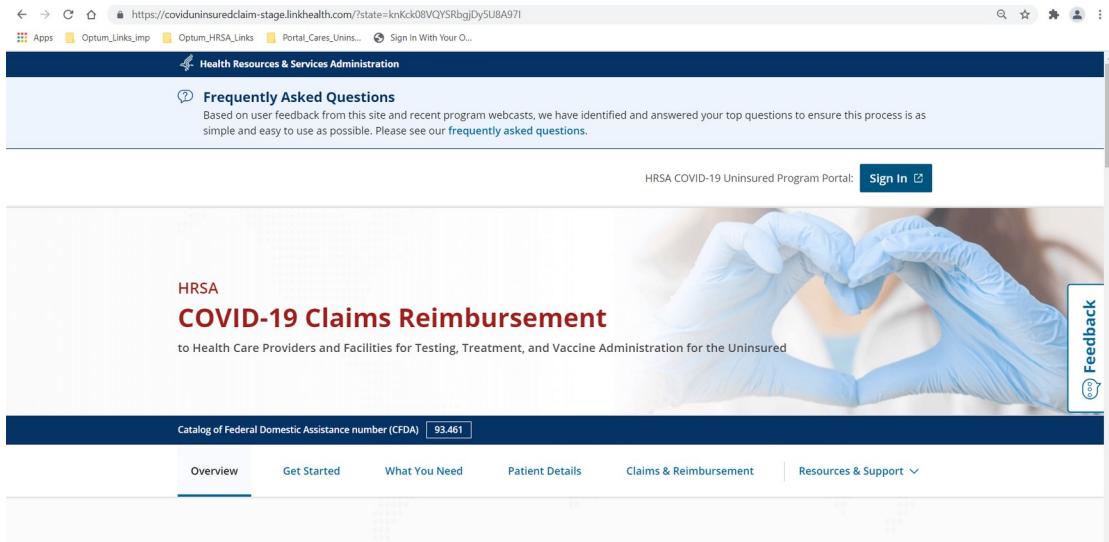


# DRAFT: Screenshots of Uninsured Program Portal

## 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

Sign In With Your One Healthcare ID

One Healthcare ID or email address  
charan\_testone

Password  
\*\*\*\*\*

Sign In

Additional options:

Create One Healthcare ID  
Manage your One Healthcare ID  
What is One Healthcare ID?

Forgot One Healthcare ID | Forgot Password

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

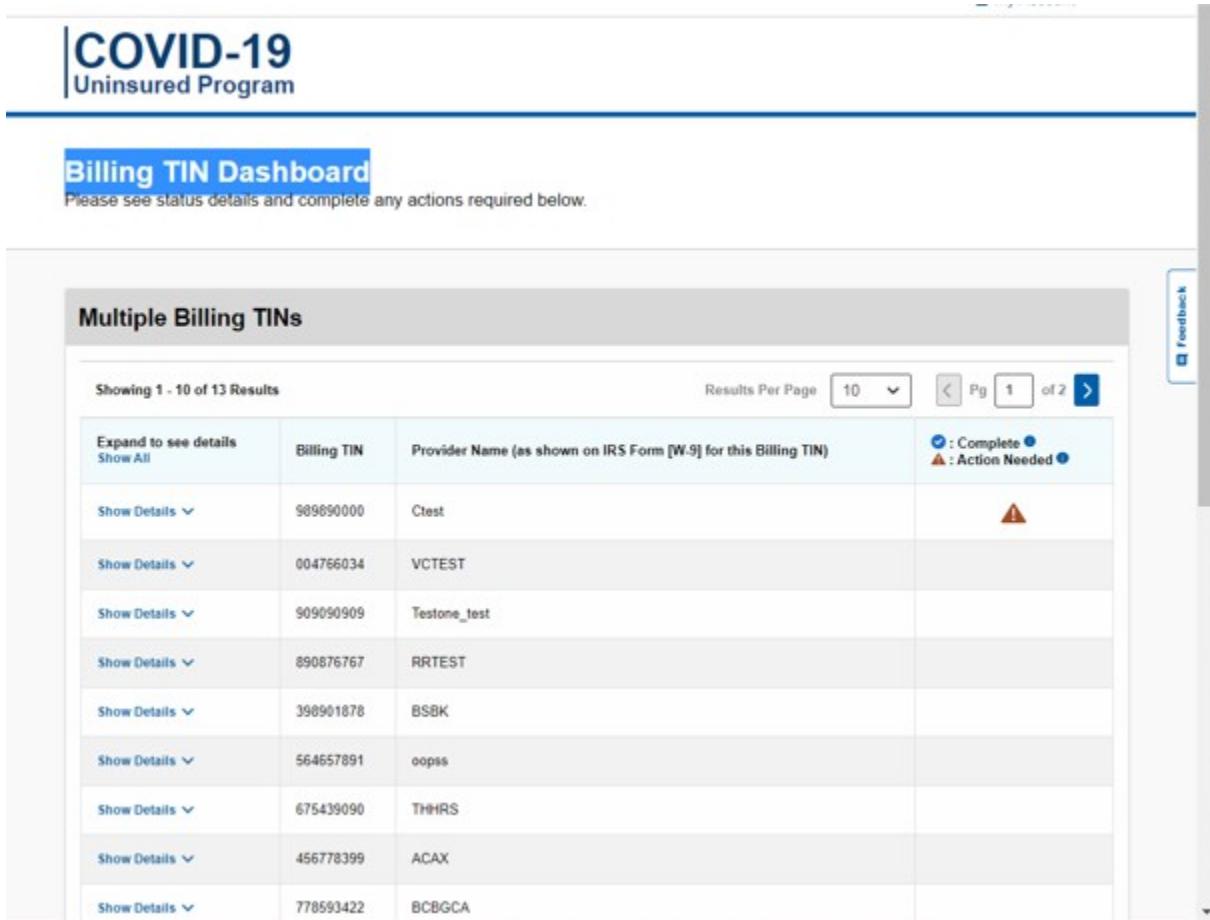
© 2021 Optum, Inc. All rights reserved. Privacy Policy | Terms of Use | Accessibility

One Healthcare ID

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

*All data displayed here is sample data for example purposes only*

# DRAFT: Screenshots of Uninsured Program Portal



The screenshot shows the 'Billing TIN Dashboard' section of the COVID-19 Uninsured Program portal. The title 'COVID-19' and 'Uninsured Program' are at the top. Below the title, a blue header bar contains the text 'Billing TIN Dashboard' and a sub-instruction 'Please see status details and complete any actions required below.' The main content area is titled 'Multiple Billing TINs' and displays a table of 13 results. The table has columns for 'Expand to see details' (with a 'Show All' link), 'Billing TIN', 'Provider Name (as shown on IRS Form [W-9] for this Billing TIN)', and status indicators ('Complete' with a blue checkmark and 'Action Needed' with a red exclamation mark). The table includes a header row with a 'Results Per Page' dropdown set to 10, a page number 'Pg 1 of 2', and navigation arrows. A vertical sidebar on the right has a 'Feedback' link. A large, semi-transparent 'DRAFT' watermark is overlaid on the bottom left of the page.

Expand to see details Show All	Billing TIN	Provider Name (as shown on IRS Form [W-9] for this Billing TIN)	Status
Show Details	909090000	Ctest	⚠️ Action Needed
Show Details	004766034	VCTEST	
Show Details	909090909	Testone_test	
Show Details	890876767	RRTEST	
Show Details	398901878	BSBK	
Show Details	564657891	oops	
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 the Uninsured Program Portal interface. At the top, there is a navigation bar with links for Home, About, COVID-19, Program, TIN Validation, and Help. Below the navigation, a search bar is present with placeholder text 'Search TIN or Provider Name'. The main content area is divided into two sections: 'TIN Validation' and 'Program'. The 'TIN Validation' section shows a table of TINs with columns for 'Show Details', 'TIN', and 'Provider Name'. The table contains the following data:

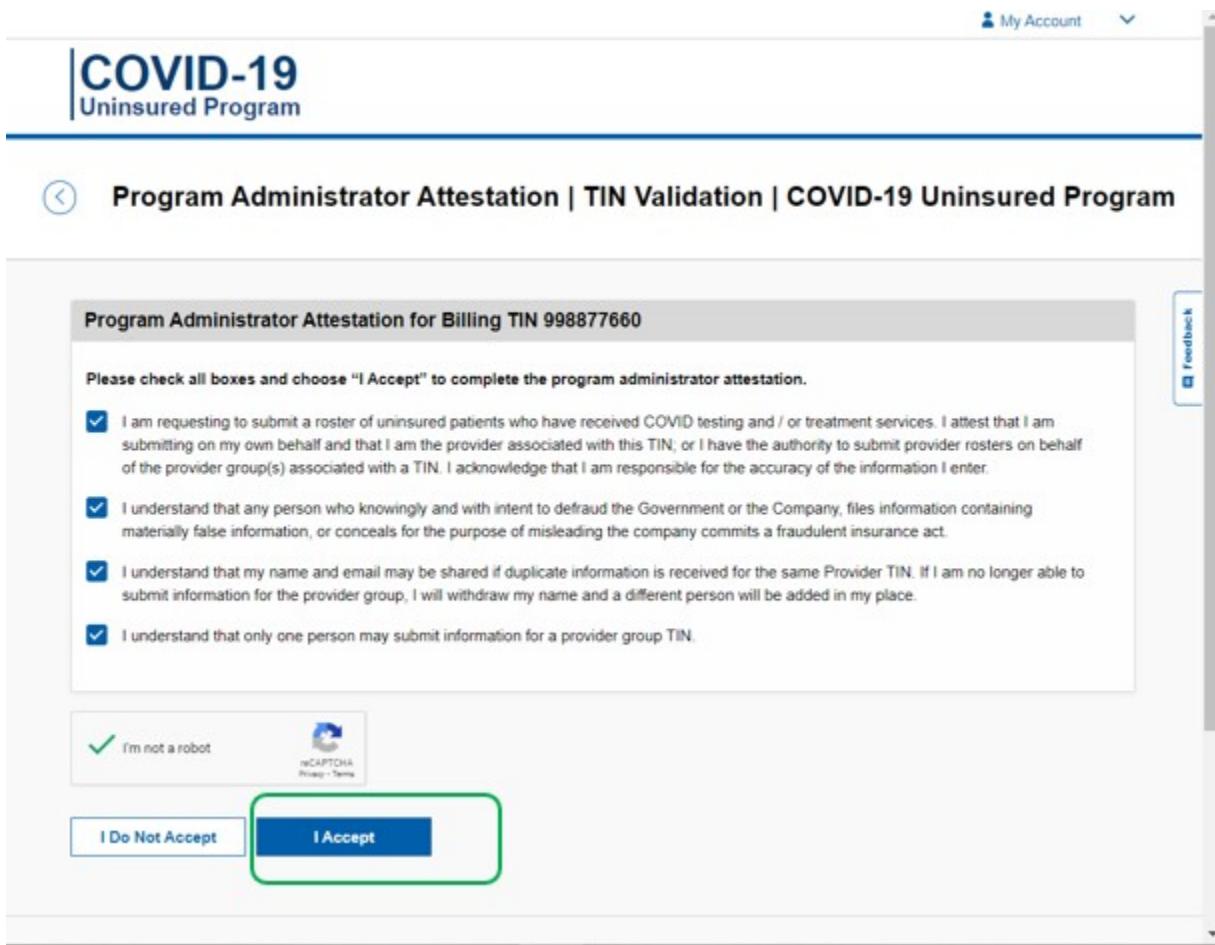
Show Details	TIN	Provider Name
Show Details	398901878	BSBK
Show Details	564657891	copass
Show Details	675439090	THHRS
Show Details	456778399	ACAX
Show Details	778593422	BCBGCA
Show Details	645634584	FDFFD

Below the table, there are navigation buttons: a left arrow, 'Pg 1 of 2', and a right arrow. To the right of the table, a vertical sidebar features a 'Feedback' button. The 'Program' section contains a form titled 'Add Billing TIN'. The form includes fields for 'Billing TIN\*' (containing '998877660') and 'Provider Name\*' (containing 'NEWTINADD'). A green rounded rectangle highlights these two fields. Below the form is a blue 'Add Billing TIN' button. At the bottom of the page, there is a footer with links for 'Important Information', 'Support', and 'Accessibility', along with links for 'COVID-19 Uninsured Program', 'Contact Us', 'Feedback', 'Accessibility Statement', 'Terms Of Use', and '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:



COVID-19  
Uninsured Program

My Account

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  
Privacy - Terms

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 [Feedback](#)

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

Medicare Supplier ID

**Tax Validation** \*Required Fields [Feedback](#)

Business Name\*

Federal Tax Classification\*

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

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)

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'

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

9988771166

**Tax Validation** \*Required Fields

Business Name\*  
NEWTINADD

Federal Tax Classification\*

S Corporation

Individual/sole proprietor or single-member LLC

C Corporation

**S Corporation**

Partnership

Trust/estate

Other

Instrumentalities

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

Feedback



All data displayed here is sample data for example purposes only

# DRAFT: Screenshots of Uninsured Program Portal

S Corporation

Exempt payee code [Clear](#)

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 [Clear](#)

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)

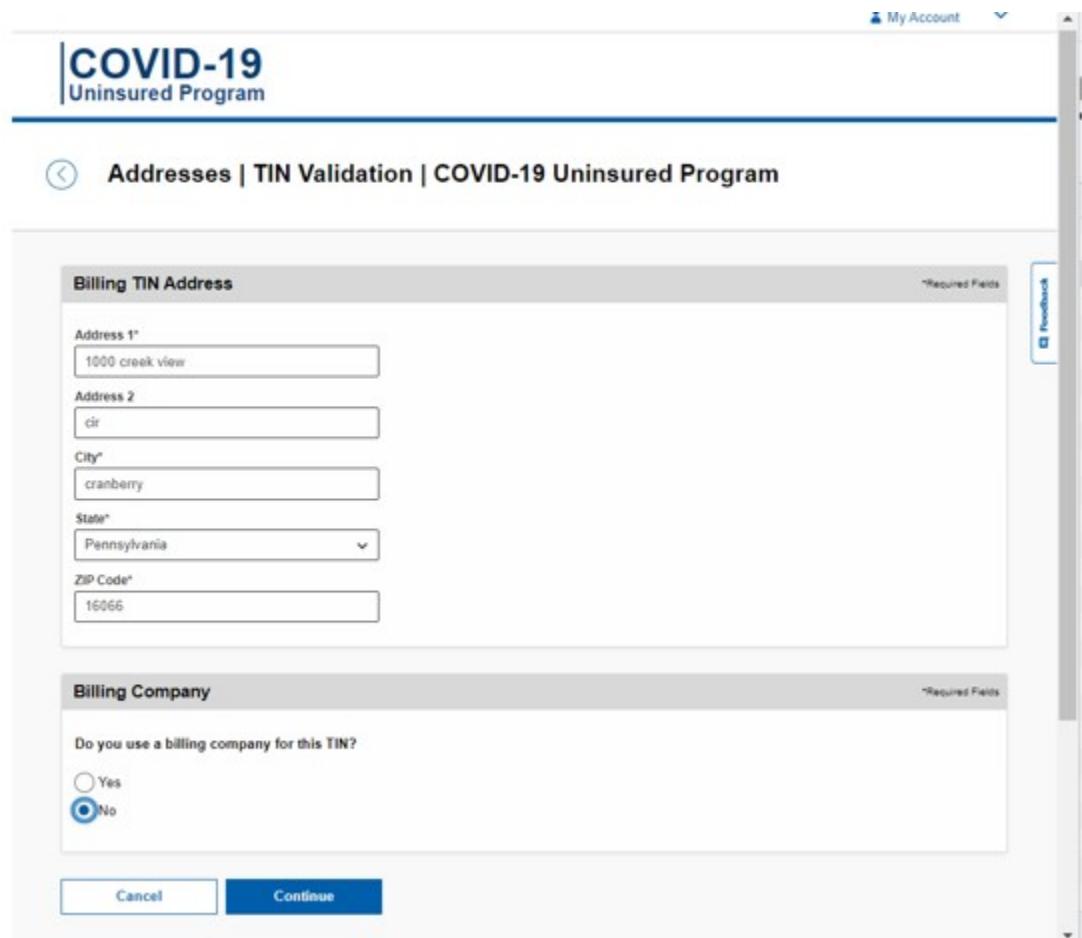
M - A tax exempt trust under a section 403(b) plan or section 457(g) plan

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

All data displayed here is sample data for example purposes only

# DRAFT: Screenshots of Uninsured Program Portal

Provide the Billing TIN Address then click on 'Continue'



COVID-19  
Uninsured Program

Addresses | TIN Validation | COVID-19 Uninsured Program

**Billing TIN Address**

Address 1\*  
1000 creek view

Address 2  
cir

City\*  
cranberry

State\*  
Pennsylvania

ZIP Code\*  
16066

**Billing Company**

Do you use a billing company for this TIN?

Yes

No

Cancel Continue

*All data displayed here is sample data for example purposes only*

# DRAFT: Screenshots of Uninsured Program Portal

Submit the TIN

The screenshot shows a web-based application for the COVID-19 Uninsured Program. At the top, a blue header bar contains the text "my.PLANQUOTE" and a small profile icon. Below the header, the title "COVID-19 Uninsured Program" is displayed in a large, bold, blue font. A navigation bar with a circular arrow icon and the text "Confirmation | TIN Validation | COVID-19 Uninsured Program" is visible. The main content area is titled "NEWTINADD". It contains several data fields: "Medicare Supplier Id" (9988771166), "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), and "Exempt from FATCA reporting code" (D - A foreign government or any of its political subdivisions, agencies, or instrumentalities). At the bottom of this section are two buttons: "Submit TIN" and "Cancel". Below this, a footer navigation bar includes links for "Important Information" (COVID-19 Uninsured Program, Contact Us, Feedback), "Support" (Contact Us, Accessibility Statement), and "Accessibility" (Accessibility Statement). The footer also features links for "Terms Of Use" and "Privacy Policy", and a "PlanQuote" logo.

*All data displayed here is sample data for example purposes only*

# DRAFT: Screenshots of Uninsured Program Portal

The TIN Validation will be in processing status.

The screenshot displays two main pages of the Uninsured Program Portal:

- Multiple Billing TINs Page:** Shows a list of 14 TINs. The first TIN, 565758590, is in "Processing" status. The status is indicated by a red circle with a white exclamation mark. Other TINs are in "Not Available Yet" status, indicated by a grey circle with a question mark. The page includes a "Feedback" button on the right.
- Add Billing TIN Page:** A form to add a new TIN. It requires "Billing TIN\*" and "Provider Name\*". The "Add Billing TIN" button is blue. A note at the bottom right says "\*Required Fields".

*All data displayed here is sample data for example purposes only*

# DRAFT: Screenshots of Uninsured Program Portal

After all TIN validations it will be in complete state.

The screenshot displays two main sections of the Uninsured Program Portal:

**Multiple Billing TINs**

This section shows a list of 14 TINs, with pages 1 and 2 of 2. The table includes columns for TIN, Provider Name, and status (Complete or Action Needed). The status for the last entry, TIN 998877660, is 'Action Needed' with a warning icon.

Expand to see details Show All	Billing TIN	Provider Name (as shown on IRS Form [W-9] for this Billing TIN)	Actions
Show Details	565758590	RaceEthnicityTestTIN	Complete
Show Details	756437848	fgdfdf	Action Needed
Show Details	546546545	fgf	Action Needed
Hide Details	998877660	NEWTINADD	Action Needed

Action Required For This TIN:

- Add provider roster
- Set Up Optum Pay

Buttons: 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).

**Add Billing TIN**

This section is a form for adding a new TIN. It requires 'Billing TIN\*' and 'Provider Name\*'. A 'Required Fields' label is present. A large blue 'Add Billing TIN' button is at the bottom.

**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.

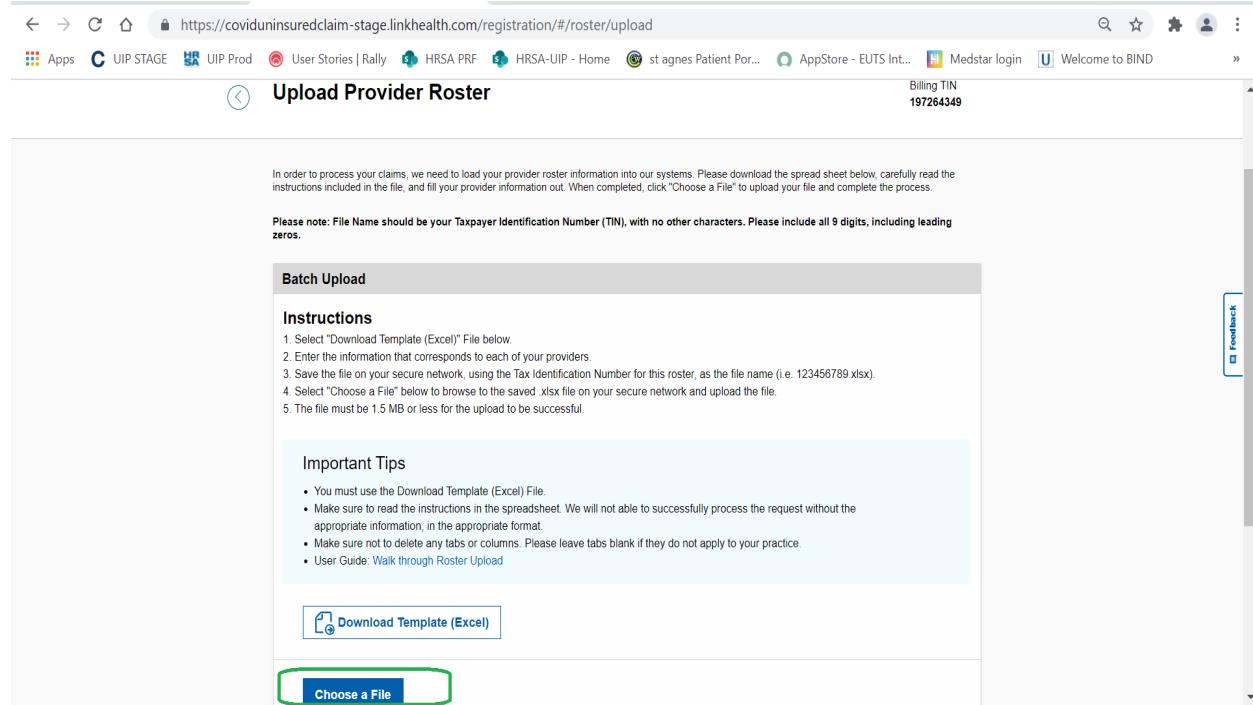


Group Information Enter as on W9											
1) ONLY Populate if you have individuals who belong to groups.											
2) Data in these columns must match data on "Group" tab to associate a Provider with a Group.											
1	Tax ID or EIN *Required for all entries (8 Digits, No Dashes)	Group/DBA and/or 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)
2	998877660	NEWTINADD		sdfdsfsdf	sdfdsfds	Middle name	123-45-6789	0000033239	1234567890	10/10/2005	1234554
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

All data displayed here is sample data for example purposes only

# DRAFT: Screenshots of Uninsured Program Portal

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



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

The screenshot shows a web page for the COVID-19 Uninsured Program. At the top, it displays the title 'COVID-19 Uninsured Program'. Below the title, the reference number '998877660-061020211502' is prominently shown. To the right of the reference number are links for 'Return Home' and 'Billing TIN 998877660'. A 'Print' button is located in the top right corner. A message box in the center of the page says 'You are almost complete.' and provides the reference number. It also includes a note about receiving a status email and a link to print. Below this message, there is a link to contact the support line. A 'Feedback' link is also present. The main content area is titled 'Roster Submission' and contains a table with the following data:

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

At the bottom of the page, there are links for 'Important Information', 'Support', and 'Accessibility'. The 'Important Information' section includes links for 'COVID-19 Uninsured Program', 'Contact Us', and 'Feedback'. The 'Support' section includes 'Accessibility Statement'. The 'Accessibility' section includes 'Accessibility Statement' and 'Feedback'.

*All data displayed here is sample data for example purposes only*

# DRAFT: Screenshots of Uninsured Program Portal

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

The image displays two screenshots of the Uninsured Program Portal. The top screenshot shows the 'Multiple Billing TINs' page, which lists 14 results. The bottom screenshot shows the 'Add Billing TIN' page, which is a form for entering a new TIN.

**Multiple Billing TINs**

Showing 11 - 14 of 14 Results

Expand to see details Show All	Billing TIN	Provider Name (as shown on IRS Form (W-9) for this Billing TIN)	Actions
Show Details	565758590	RaceEthnicityTestTIN	<span>✓ : Complete</span> <span>⚠ : Action Needed</span>
Show Details	756437848	fgfdgfd	
Show Details	546546546	fgf	
Slide Details	998877660	NEWTINADD	<span>⚠</span>

Action Required For This TIN:

- Set Up Optum Pay  ⓘ

Validate TIN Complete

Add Provider Roster Processing Upload

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.

**Add Billing TIN**

Billing TIN\*  ⓘ Provider Name\*  ⓘ

Add Billing TIN

\*Required Fields

**Important Information**

COVID-19 Uninsured Programs  ⓘ

**Support**

Contact Us  ⓘ

**Accessibility**

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 image displays two screenshots of the Uninsured Program Portal. The top screenshot, titled 'Multiple Billing TINs', shows a list of 14 results. The bottom screenshot, titled 'Add Billing TIN', shows a form for adding a new TIN.

**Multiple Billing TINs**

Showing 11 - 14 of 14 Results

Expand to see details Show All	Billing TIN	Provider Name (as shown on IRS Form [W-9] for this Billing TIN)	Status
Show Details	565758500	RaceEthnicityTestTIN	Complete
Show Details	756437848	fgfdgfd	Complete
Show Details	546546545	fgf	Complete
Hide Details	998877660	NEWTINAD0	Action Needed

Action Required For This TIN:

- Set Up Optum Pay (C) ✓ Complete
- 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.

**Add Billing TIN**

Billing TIN\*  Provider Name\*

**Required Fields**

**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 image displays two screenshots of the Uninsured Program Portal. The top screenshot, titled 'Multiple Billing TINs', shows a list of 14 results. The bottom screenshot, titled 'Add Billing TIN', shows a form to add a new TIN.

**Multiple Billing TINs**

Expand to see details Show All	Billing TIN	Provider Name (as shown on IRS Form [W-9] for this Billing TIN)	Actions
Show Details	565758590	RaceEthnicityTestTIN	Complete
Show Details	756437848	fgdfgd	
Show Details	548546545	fggf	
Show Details	998877660	NEWTINADD	Action Needed

Action Required For This TIN: None.

Buttons:

- Validate TIN: Complete
- Add Provider Roster: Successful Upload
- Set Up Optum Pay ACH: Complete
- Add and Attest to Patient Roster: Available Now

**Add Billing TIN**

Billing TIN\*  Provider Name\*

Add Billing TIN

\*Required Fields

**Important Information**  
COVID-19 Uninsured Program  Contact Us  Accessibility Statement  Feedback

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)

The image displays two screenshots of the Uninsured Program Portal. The top screenshot, titled 'Multiple Billing TINs', shows a list of 14 results. The bottom screenshot, titled 'Add Billing TIN', shows a form for adding a new TIN.

**Multiple Billing TINs**

Showing 11 - 14 of 14 Results

Expand to see details Show All	Billing TIN	Provider Name (as shown on IRS Form [W-9] for this Billing TIN)	Actions
Show Details	565758590	RaceEthnicityTestTIN	<span>Complete</span>
Show Details	756437848	fgfdgfd	
Show Details	546546546	fggf	
Hide Details	998877660	NEWTINADD	<span>Action Needed</span>

Action Required For This TIN:  
None.

Buttons:

- Validate TIN (Complete)
- Add Provider Roster (Successful Upload)
- Set Up Optum Pay ACH (Complete)
- Add and Attest to Patient Roster (Available Now)

**Add Billing TIN**

Billing TIN\*  Provider Name\*

Add Billing TIN

\*Required Fields

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

Return To Dashboard | My Account

**COVID-19**  
Uninsured Program

Billing TIN  
999877860

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.

**View Patient Roster**

Access temporary member IDs for patients you have already submitted.

**Feedback**

**Important Information**

[COVID-19 Uninsured Program Details](#)

**Support**

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

**Accessibility**

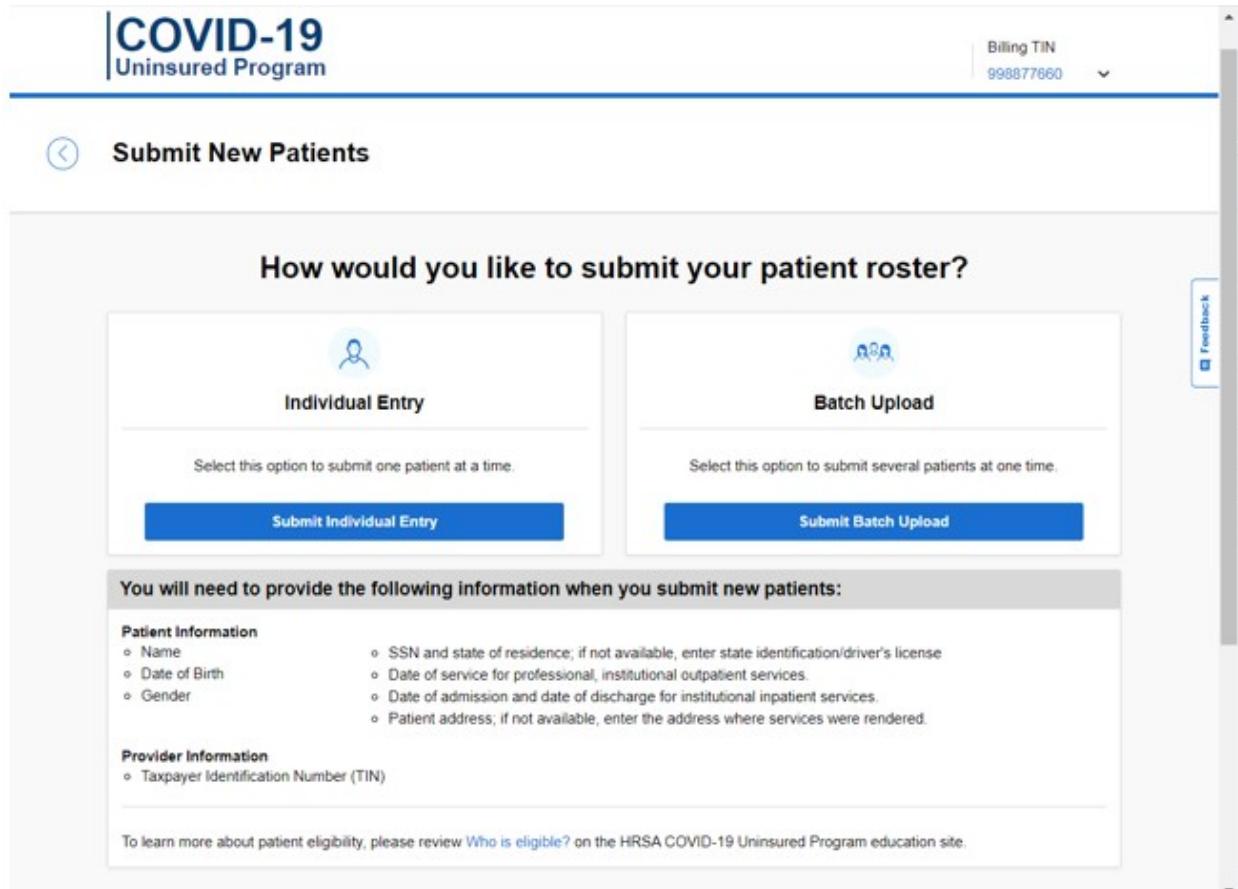
[Accessibility Statement](#)

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

*All data displayed here is sample data for example purposes only*

# 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**

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

**Provider Information**

- o 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**

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.**

\*Required Fields

First Name*	dsfsdf	Patient Account Number*	
Middle Initial	d	Taxpayer Identification Number (TIN)*	998877660
Last Name*	dsfsdf	Street Line 1*	1000ckreak view
Date of Birth*	01/01/1981	Street Line 2	123 dr
Identification Type*	SSN	City*	columbia
Identification Number*	XXX-XX-3475	State*	Maryland
Gender*	Prefer not to answer	Zip*	21044
Race	Asian	Service Type*	Professional
Ethnicity	Not Hispanic or Latino	Date of Service* (Must be on or after February 4, 2020)	06/10/2021

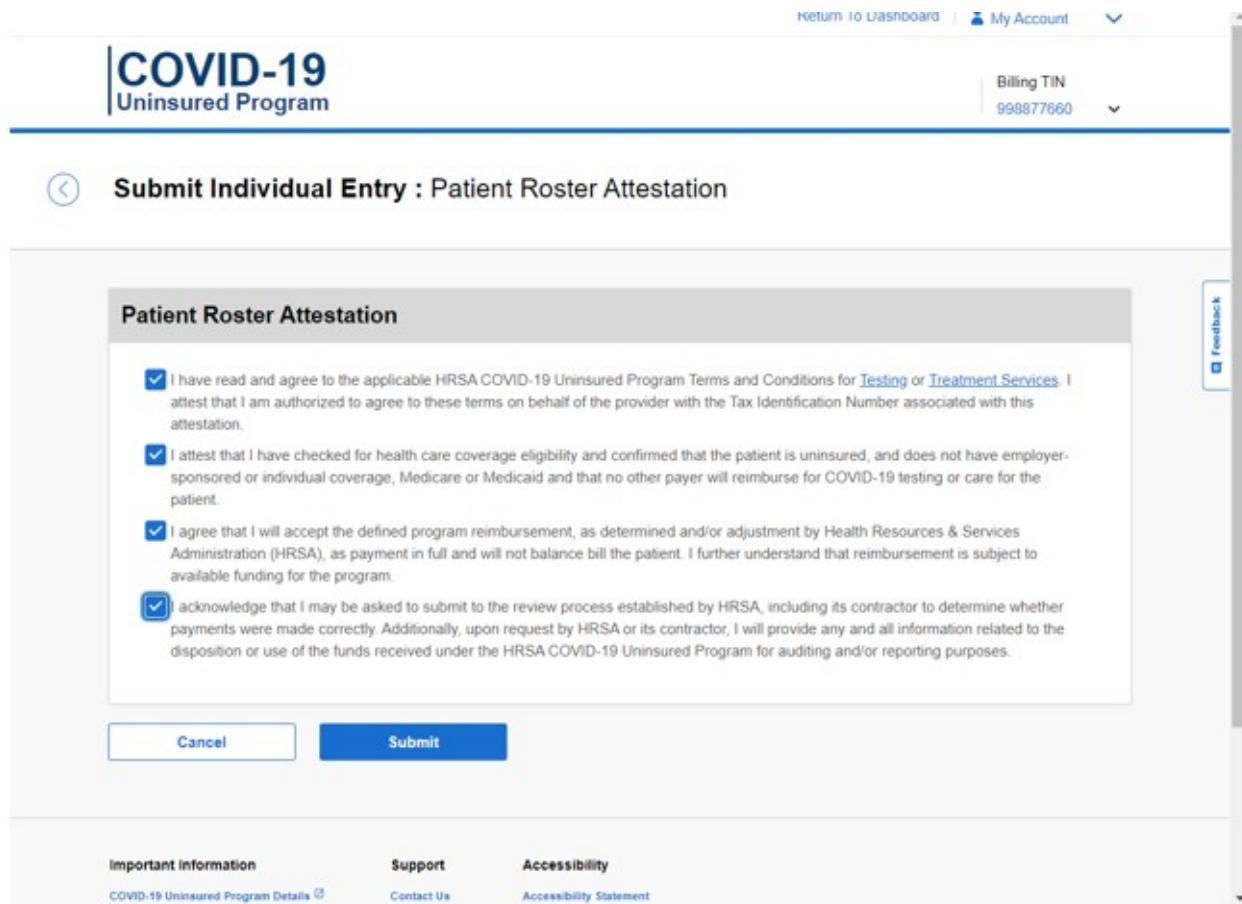
**Feedback**

**Cancel** **Continue**

*All data displayed here is sample data for example purposes only*

# DRAFT: Screenshots of Uninsured Program Portal

Then the Submit the Patient Roster Attestation



COVID-19  
Uninsured Program

Return to Dashboard | My Account

Billing TIN  
999877660

Submit Individual Entry : Patient Roster Attestation

Patient Roster Attestation

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.

Cancel Submit

Important Information  
COVID-19 Uninsured Program Details

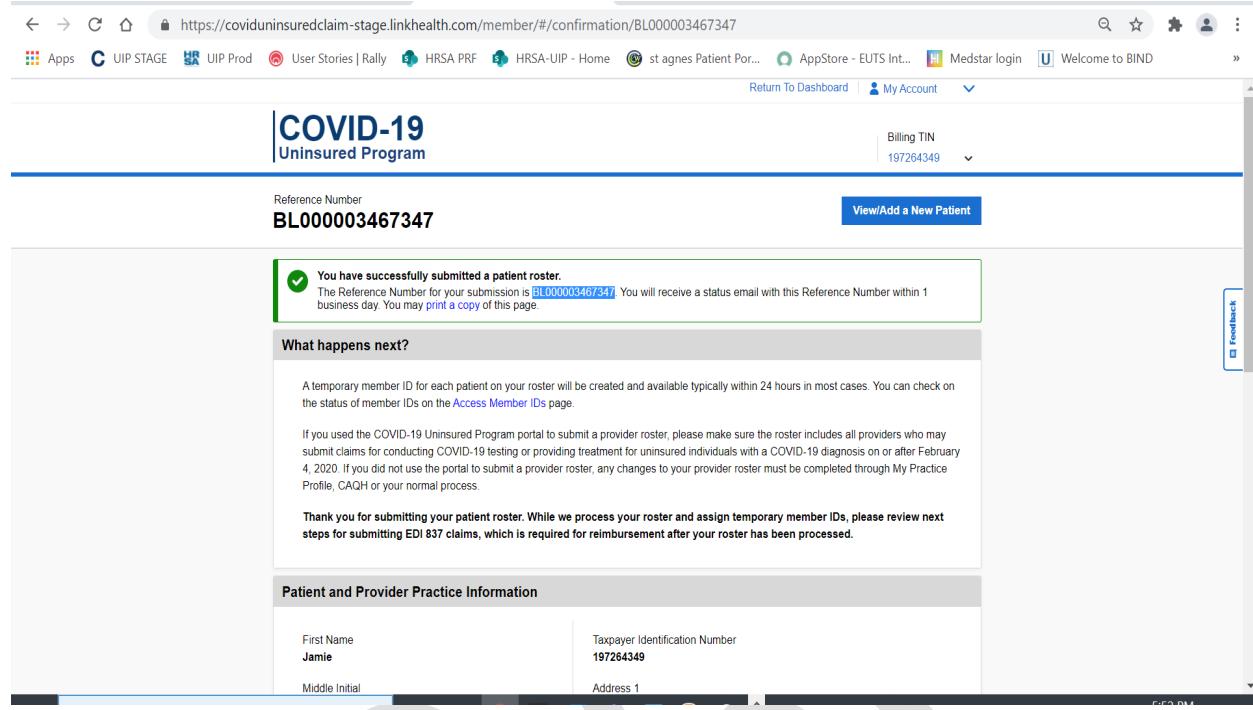
Support  
Contact Us

Accessibility  
Accessibility Statement

All data displayed here is sample data for example purposes only

# DRAFT: Screenshots of Uninsured Program Portal

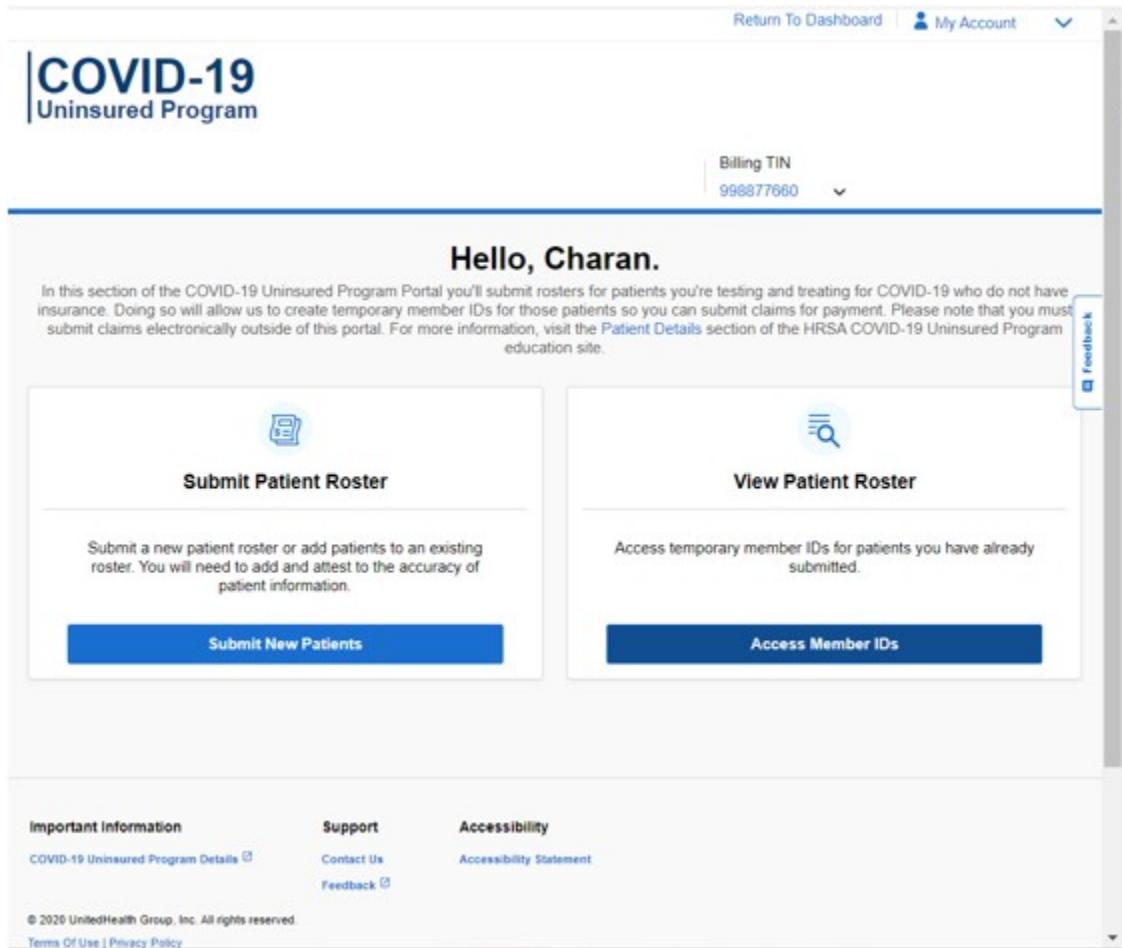
The Bundle Id will be created and the submitted patient data can be viewed from View Patient Roster



The screenshot shows a web browser window for the COVID-19 Uninsured Program. The URL is <https://coviduninsuredclaim-stage.linkhealth.com/member/#/confirmation/BL000003467347>. The page title is "COVID-19 Uninsured Program". At the top, there are links for "Apps", "UIP STAGE", "UIP Prod", "User Stories | Rally", "HRSA PRF", "HRSA-UIP - Home", "st agnes Patient Por...", "AppStore - EUTS Int...", "Medstar login", and "Welcome to BIND". Below the title, it says "Billing TIN 197264349". A "Return To Dashboard" link and a "My Account" dropdown are also present. A "View/Add a New Patient" button is on the right. The main content area shows a success message: "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." Below this, a "What happens next?" section provides instructions for temporary member IDs and processing EDI 837 claims. At the bottom, "Patient and Provider Practice Information" is listed with fields for First Name (Jamie), Middle Initial (M), Taxpayer Identification Number (197264349), and Address 1. A large "DRY" watermark is overlaid on the bottom left of the screenshot.

*All data displayed here is sample data for example purposes only*

# DRAFT: Screenshots of Uninsured Program Portal



The screenshot shows the homepage of the COVID-19 Uninsured Program Portal. At the top, there are navigation links: "Return To Dashboard" and "My Account". Below that, the "Billing TIN" is listed as "998877660". The main heading is "COVID-19 Uninsured Program". A greeting message "Hello, Charan." is displayed. A descriptive text block explains the purpose of this section: "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." On the right side, there is a "Feedback" link. The main content area is divided into two sections: "Submit Patient Roster" and "View Patient Roster". The "Submit Patient Roster" section contains a "Submit New Patients" button. The "View Patient Roster" section contains an "Access Member IDs" button. At the bottom, there are links for "Important Information", "Support", and "Accessibility", along with copyright and terms of use information.

*All data displayed here is sample data for example purposes only*

# DRAFT: Screenshots of Uninsured Program Portal

**Patient Roster**  
Use the column to sort the table

Billing TIN  
998877660

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	dsfsdfs	d	dsfsdf	01/01/1981	Prefer not to answer	In Progress	06/10/2021	-

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

Pg 1 of 1

All data displayed here is sample data for example purposes only

# DRAFT: Screenshots of Uninsured Program Portal

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

**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)

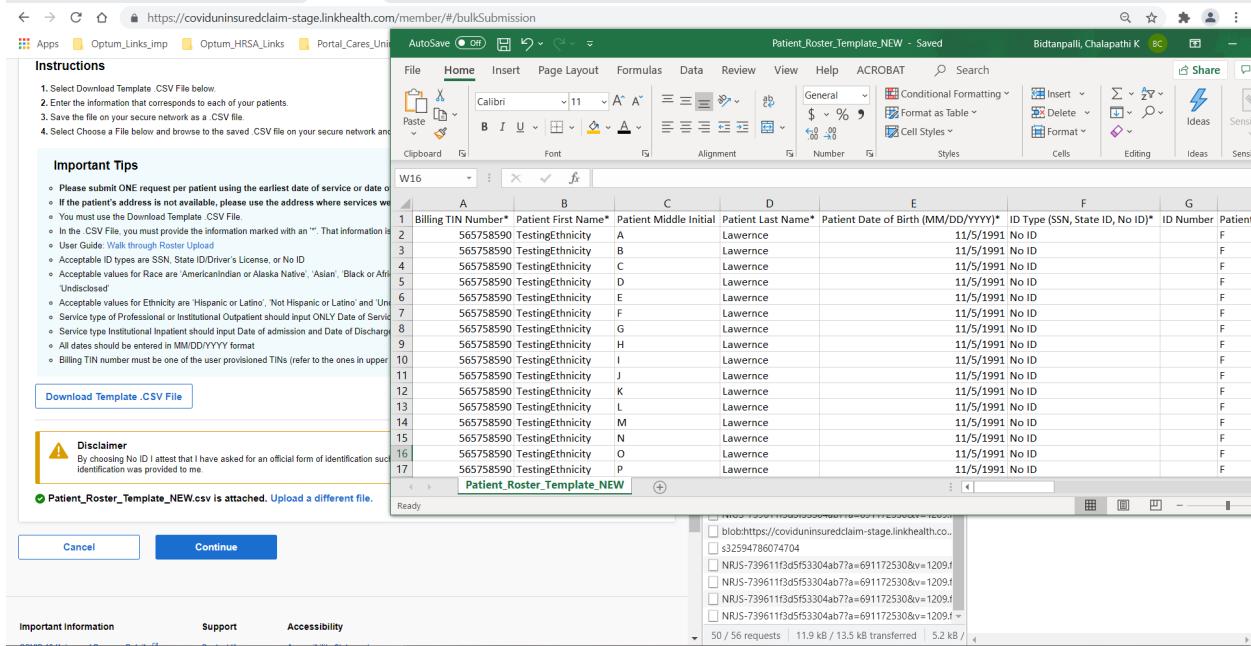
[Download Template .CSV File](#)

**Choose a File**

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

*All data displayed here is sample data for example purposes only*

# DRAFT: Screenshots of Uninsured Program Portal



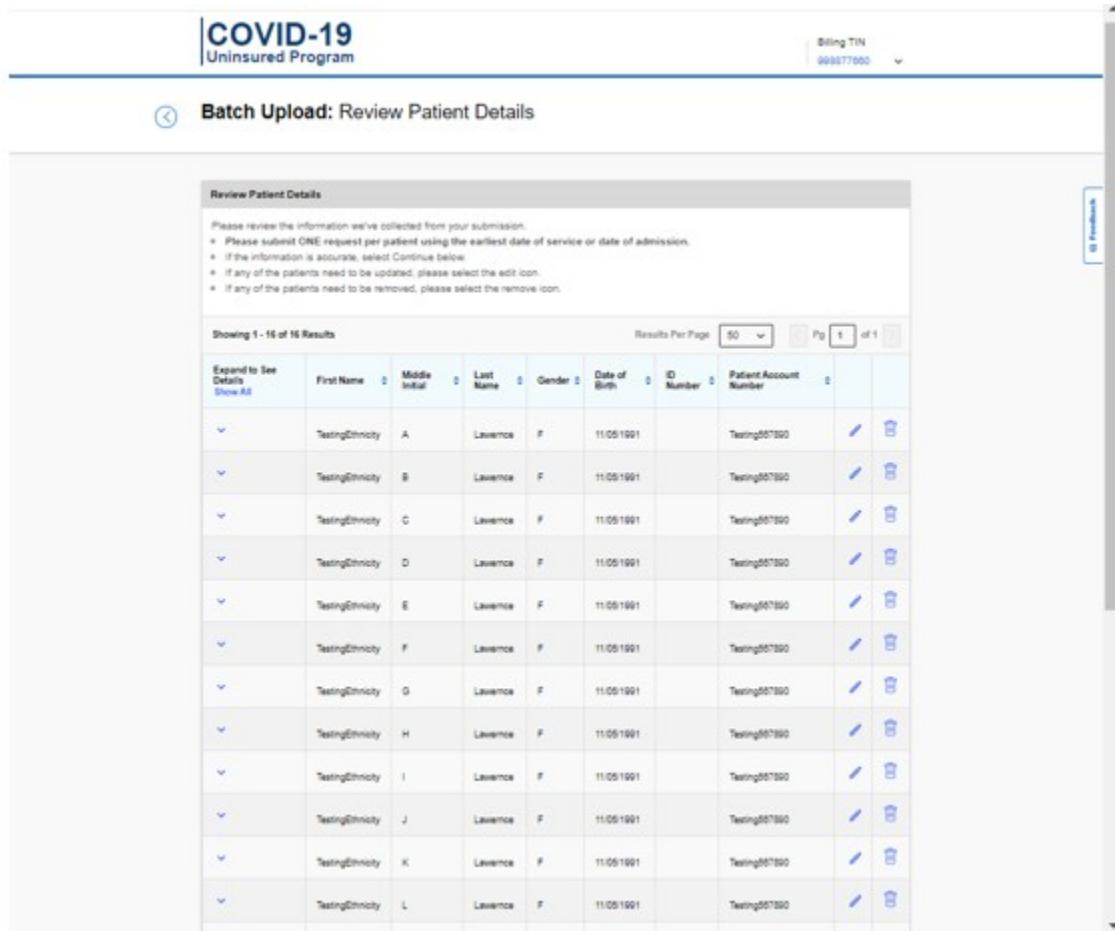
The screenshot shows a Microsoft Excel spreadsheet titled "Patient\_Roster\_Template\_NEW - Saved" with the URL <https://coviduninsuredclaim-stage.linkhealth.com/member/#/bulkSubmission>. The spreadsheet contains a table with columns: Billing TIN Number\*, Patient First Name\*, Patient Middle Initial, Patient Last Name\*, Patient Date of Birth (MM/DD/YYYY)\*, ID Type (SSN, State ID, No ID)\*, and ID Number. The data consists of 17 rows of test data. The first row is a header. The table is set against a background of a patient roster template with instructions, important tips, and a disclaimer. At the bottom, there are "Cancel" and "Continue" buttons, and a status bar showing network activity.

	A	B	C	D	E	F	G
1	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)*	Patient
2	565758590	TestingEthnicity	A	Lawernce	11/5/1991	No ID	F
3	565758590	TestingEthnicity	B	Lawernce	11/5/1991	No ID	F
4	565758590	TestingEthnicity	C	Lawernce	11/5/1991	No ID	F
5	565758590	TestingEthnicity	D	Lawernce	11/5/1991	No ID	F
6	565758590	TestingEthnicity	E	Lawernce	11/5/1991	No ID	F
7	565758590	TestingEthnicity	F	Lawernce	11/5/1991	No ID	F
8	565758590	TestingEthnicity	G	Lawernce	11/5/1991	No ID	F
9	565758590	TestingEthnicity	H	Lawernce	11/5/1991	No ID	F
10	565758590	TestingEthnicity	I	Lawernce	11/5/1991	No ID	F
11	565758590	TestingEthnicity	J	Lawernce	11/5/1991	No ID	F
12	565758590	TestingEthnicity	K	Lawernce	11/5/1991	No ID	F
13	565758590	TestingEthnicity	L	Lawernce	11/5/1991	No ID	F
14	565758590	TestingEthnicity	M	Lawernce	11/5/1991	No ID	F
15	565758590	TestingEthnicity	N	Lawernce	11/5/1991	No ID	F
16	565758590	TestingEthnicity	O	Lawernce	11/5/1991	No ID	F
17	565758590	TestingEthnicity	P	Lawernce	11/5/1991	No ID	F

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

All data displayed here is sample data for example purposes only

# DRAFT: Screenshots of Uninsured Program Portal



The screenshot shows a web-based application interface for the COVID-19 Uninsured Program. At the top, there is a header with the text "COVID-19" and "Uninsured Program". To the right of the header, there is a "Billing TIN" field containing "999877888" with a dropdown arrow. Below the header, a navigation bar includes a back arrow and the text "Batch Upload: Review Patient Details".

The main content area is titled "Review Patient Details" and contains a message: "Please review the information we've collected from your submission." It provides instructions for submission: "Please submit CNE 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.", and "If any of the patients need to be removed, please select the remove icon.".

Below the message, there is a table titled "Showing 1 - 16 of 16 Results". The table has columns for "Expand to See Details" (with a "Show All" link), "First Name", "Middle Initial", "Last Name", "Gender", "Date of Birth", "ID Number", and "Patient Account Number". Each row in the table contains a "Edit" icon (pencil) and a "Remove" icon (trash can). The data in the table is as follows:

Expand to See Details <a href="#">Show All</a>	First Name	Middle Initial	Last Name	Gender	Date of Birth	ID Number	Patient Account Number	Edit	Remove
▼	TestingEthnicity	A	Lawrence	F	11/05/1991		Testing887890		
▼	TestingEthnicity	B	Lawrence	F	11/05/1991		Testing887890		
▼	TestingEthnicity	C	Lawrence	F	11/05/1991		Testing887890		
▼	TestingEthnicity	D	Lawrence	F	11/05/1991		Testing887890		
▼	TestingEthnicity	E	Lawrence	F	11/05/1991		Testing887890		
▼	TestingEthnicity	F	Lawrence	F	11/05/1991		Testing887890		
▼	TestingEthnicity	G	Lawrence	F	11/05/1991		Testing887890		
▼	TestingEthnicity	H	Lawrence	F	11/05/1991		Testing887890		
▼	TestingEthnicity	I	Lawrence	F	11/05/1991		Testing887890		
▼	TestingEthnicity	J	Lawrence	F	11/05/1991		Testing887890		
▼	TestingEthnicity	K	Lawrence	F	11/05/1991		Testing887890		
▼	TestingEthnicity	L	Lawrence	F	11/05/1991		Testing887890		

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# DRAFT: Screenshots of Uninsured Program Portal

The screenshot shows a web-based application for the COVID-19 Uninsured Program. At the top, there is a navigation bar with links to 'Return To Dashboard' and 'My Account'. A dropdown menu shows a 'Billing TIN' of '998877660'. The main content area is titled 'Batch Upload: Patient Roster Attestation'. Below this, a box is titled 'Patient Roster Attestation' and contains four 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 this box are 'Cancel' and 'Submit' buttons. The footer of the page includes links for 'Important Information', 'Support', and 'Accessibility', along with copyright and terms of use information.

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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'

**COVID-19**  
Uninsured Program

Billing TIN  
998877660

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 these 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.

**View Patient Roster**

Access temporary member IDs for patients you have already submitted.

**Submit New Patients**

**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

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	dsfsdf	d	dsfsdf	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			
^	06/11/2021	BL000003467154	TestingEthnicity	C	Lawernce	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	Lawernce	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	A	Lawernce	11/05/1991	Female	In Progress	01/01/2021 - 04/12/2021	-				
^	06/11/2021	BL000003467154	TestingEthnicity	B	Lawernce	11/05/1991	Female	In Progress	01/01/2021 - 04/12/2021	-				
^	06/11/2021	BL000003467154	TestingEthnicity	P	Lawernce	11/05/1991	Female	In Progress	01/01/2021 - 04/12/2021	-				
^	06/11/2021	BL000003467154	TestingEthnicity	I	Lawernce	11/05/1991	Female	In Progress	01/01/2021 - 04/12/2021	-				
^	06/11/2021	BL000003467154	TestingEthnicity	K	Lawernce	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.

**Patient Roster**

  Hide Filters

**Status Options** **Submission Date Range**

Status **First Submission Date** **Last Submission Date**

Select Status     

**Service Date Range** **Reference Number [BL]**

First Service Date **Last Service Date** **Enter Reference Number [BL]**

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

<b>Expand to See Details Show All</b>	<b>Submission Date</b>	<b>Reference Number</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>Last Name</b>	<b>Date of Birth</b>	<b>Gender</b>	<b>Temporary Member ID</b>	<b>Date of Service</b>	<b>Coverage Timeline</b>
	06/11/2021	BL000003467151	dsfsdfs	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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