Provider Portal Companion Guide

HRSA
Health Resources & Services Administration

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Enrollment

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

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

Figure 1 | Account Creation Form

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

Figure 2 | Account Creation Submission

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

☐ I attest to this statement

☐ I'm not a robot
reCAPTCHA
Privacy - Terms

SUBMIT

Account Management

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

Figure 3 | Account Management

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

Figure 4 | Enrollment Pending Status

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

Figure 5 | Enrollment Approval

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

Figure 6 | Enrollment Denial
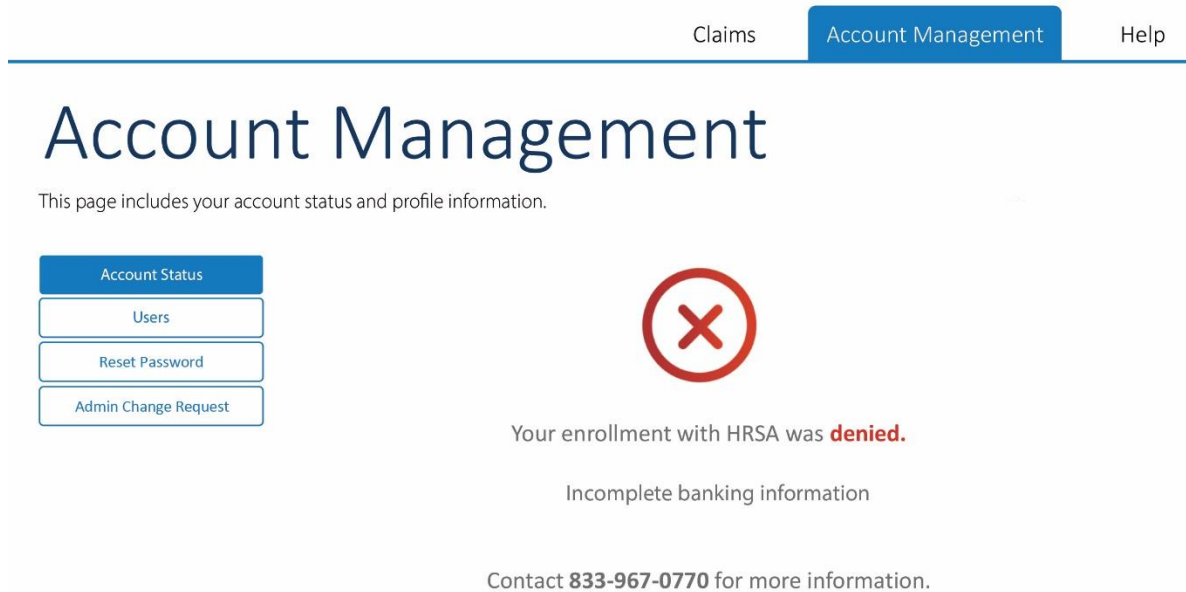
Your enrollment can be denied for numerous reasons, including incorrect banking information, as shown above, or incorrect/invalid NPI or tax ID. These errors can be corrected by updating the provider information in the Account Management profile (Figure 3), as well as by contacting Support at (833) 967-0770.

Bulk TIN/NPI Enrollment Option

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

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

Figure 7 | Account Management

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

Figure 8 | Upload Provider Enrollment File

Enrollment validation can take up to four business days.

Submitting a Claim

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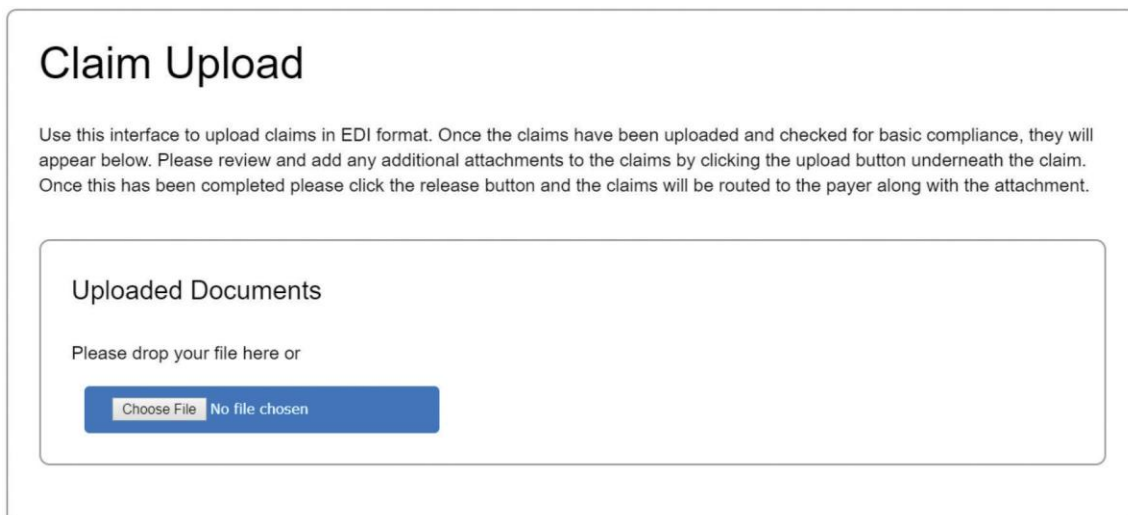
Figure 9 | Submitting a Claim
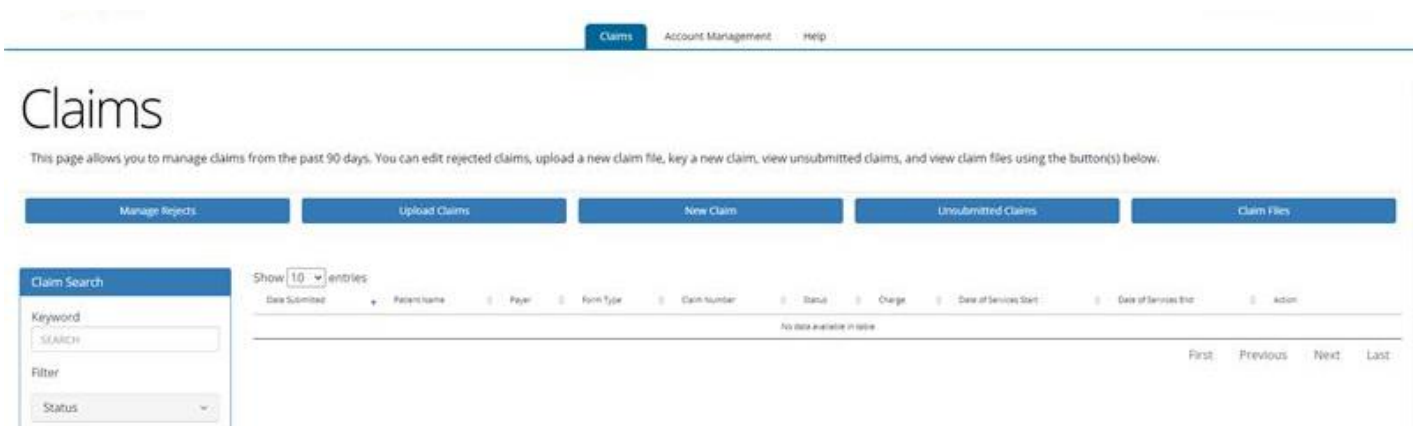
Upload Claim

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

Figure 10 | Uploading a Claim

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

New Claim

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

Figure 11 | Entering a Manual Claim

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

Figure 12 | Completing a Claim Form Manually

Example of a professional claim form

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

Figure 13 | Form Completion

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

Claim Payment

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

Figure 14 | Status of Claims

Claims

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

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

Claim Search

Keyword

SEARCH

Filter

Status

Show 10 entries

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