

# 2022 COVID-19 Vaccine Administration FAQs

Below are a series of questions, and their corresponding answers, regarding Medi-Cal COVID-19 vaccine administration reimbursement. If a question you have is not answered via the FAQs below, please reach out to COVID19Apps@dhcs.ca.gov with any additional questions you may have.

## Overview

- 1. Previously, I was receiving reimbursement for COVID-19 services rendered to the uninsured and underinsured from the Health Resources and Services Administration (HRSA). Now that, effective April 5, 2022, the federal government will no longer pay for services rendered to this population, what recourse do I have to receive reimbursement?**

Medi-Cal providers may submit claims for covered services provided to individuals enrolled in the COVID-19 Uninsured Group (COVID-19 UIG) program for reimbursement. This program covers COVID-19 testing, testing-related, and COVID-19 treatment services, including vaccine administration, for the underinsured or uninsured. Please note the COVID-19 UIG program ends the last day of the calendar month in which the COVID-19 Public Health Emergency (PHE) ends.

- 2. Is COVID-19 vaccine administration a covered service under the COVID-19 Uninsured Group program?**

Yes, COVID-19 vaccine administration is a covered service under the COVID-19 Uninsured Group program. Please note the COVID-19 UIG program ends the last day of the calendar month in which the COVID-19 Public Health Emergency (PHE) ends.

- 3. How long will it take to be reimbursed by the COVID-19 Uninsured Group program?**

The Medi-Cal fee-for-service (FFS) Fiscal Intermediary has a weekly checkwrite (payment) process, the schedule for which is published in the [Checkwrite](#) section of the Medi-Cal Provider Manual. An otherwise reimbursable claim can take up to 45 days to fully process to payment. Other payors may be different.

**4. Do underinsured or uninsured individuals apply to COVID-19 UIG program directly, or do providers apply on behalf of the individual?**

In short, Qualified Providers (QPs) may assist underinsured or uninsured individuals with their application for the COVID-19 Uninsured Group (COVID-19 UIG) program at any time. Applicants do not have access to the COVID-19 Uninsured Group Application Web Portal to enroll in the COVID-19 UIG themselves. Applicants must work with a QP to successfully enroll.

Approved and trained QPs may assist the applicant by downloading a paper version of the application and after the applicant has completed the application, transcribe the individual's information directly into the COVID-19 Uninsured Group Application Web Portal, based on their answers to the paper application questions. Otherwise, the QP is required to enter all information in the COVID-19 Uninsured Group Application Web Portal, based on verbal answers from the applicant. Usually, providers take the application in the clinic or hospital with the applicant present.

Any Medi-Cal provider interested in becoming a QP to assist with enrolling applicants into COVID-19 UIG will need to enroll as a Medi-Cal qualified provider in any of the following Presumptive Eligibility programs:

- Hospital Presumptive Eligibility (HPE)
  - [Hospital Presumptive Eligibility \(HPE\): Provider Enrollment Instructions](#)
  - [Hospital Presumptive Eligibility \(HPE\) Program Provider Election Form and Agreement](#)
- Presumptive Eligibility for Pregnant Women (PE4PW)
  - [Presumptive Eligibility for Pregnant Women Provider Enrollment Instructions](#)
  - [Qualified Provider Application and Agreement for Participation in the Presumptive Eligibility for Pregnant Women \(PE4PW\) Program](#)
- Child Health and Disability Prevention (CHDP Gateway)
  - [CHDP](#)
- Breast and Cervical Cancer Treatment Program (BCCTP)
  - [BCCTP Overview](#)

All of these Presumptive Eligibility programs require providers to be a Medi-Cal provider, and sometimes a provider for a separate Health Access Program. Providers seeking instructions on how to sign up as a Medi-Cal provider should reference the [Provider Application and Validation for Enrollment](#) (PAVE) page on the DHCS website; providers interested in becoming a provider for a unique Health Access Program should see the following web pages on the DHCS website:

- [Becoming a CHDP Provider](#)
- [Family PACT Provider Enrollment](#)

**5. Are there any COVID-19 vaccine reimbursement options available for health care providers who are not currently enrolled as Medi-Cal providers?**

No, Medi-Cal is only able to reimburse Medi-Cal providers.

**6. Will billing the Medi-Cal COVID-19 Uninsured Group (COVID-19 UIG) program for COVID-19 services be similar to billing the Health Resources and Services Administration (HRSA) program?**

The COVID-19 UIG program is different than the HRSA program. However, it is similar in scope and covers uninsured and underinsured individuals. It is another pathway for provider reimbursement of COVID-19 testing, testing-related, and COVID-19 treatment services. Providers billing COVID-19 UIG must be a Medi-Cal Qualified Provider or QP under Medi-Cal Presumptive Eligibility program(s) in order to bill Medi-Cal for the COVID-19 UIG.

**7. Is there any possibility that Health Resources and Services Administration (HRSA) will be reinstated in the future? I am actively administering the vaccine to uninsured patients and am worried that I will not be reimbursed for these services.**

The Department of Health Care Services (DHCS) cannot comment on whether or not federal HRSA uninsured reimbursement will be reinstated in the future. However, providers with outstanding claims for vaccine administration for uninsured or underinsured individuals, may enroll as Medi-Cal providers to submit claims to the COVID-19 Uninsured Group (COVID-19 UIG) program for reimbursement of covered services provided to COVID-19 uninsured group beneficiaries. This program covers COVID-19 testing, testing-related, and COVID-19 treatment services for the underinsured or uninsured. Please note the COVID-19 UIG program ends the last day of the calendar month in which the COVID-19 Public Health Emergency (PHE) ends. Billing instructions are published to the [Medi-Cal website](#).

**8. Is the DHCS COVID-19 Uninsured Group (COVID-19 UIG) program mainly reserved for Medi-Cal providers such as Federally Qualified Health Centers (FQHCs)?**

COVID-19 UIG program providers must be Medi-Cal providers or select Health Access Program providers to participate.

To enroll individuals into the COVID-19 UIG program, a Medi-Cal provider must be a Qualified Provider (QP) participating in one of several Presumptive Eligibility (PE) programs. To provide covered services to a COVID-19 UIG beneficiary, the provider must be a Medi-Cal provider. The COVID-19 UIG program is not reserved for just FQHCs. Medi-Cal providers, including FQHCs, must first qualify as a QP to enroll individuals into the program.

Please refer to the provider manuals/descriptions for each Presumptive Eligibility programs as outlined in FAQ #4 above. Information regarding the COVID-19 UIG Application Portal for QPs can be found here:

[COVID-19 Uninsured Group Application Portal Qualified Provider Information.](#)

## **Emergency Provider Enrollment**

**9. How can I enroll as a Medi-Cal provider? Are emergency enrollment provisions available?**

Yes, in order to assist with the public health emergency (PHE) the Department of Health Care Services (DHCS) has established requirements and procedures for emergency provider enrollment. These provisions are effective for dates of services on or after March 1, 2020. Providers may apply for enrollment in the fee-for-service Medi-Cal program using the streamlined procedures outlined in this provider manual artifact: [Requirements and Procedures for Emergency Medi-Cal Provider Enrollment.](#)

## **Enrolling Uninsured or Underinsured Individuals**

**10. Will patients have to apply to a DHCS program, such as Medi-Cal, before receiving treatment or can they apply after receiving treatment?**

The COVID-19 Uninsured Group (COVID-19 UIG) program is available to uninsured or underinsured individuals deemed eligible by a Qualified Provider (QP) based on preliminary applicant information. This allows the QP to immediately proceed with COVID-19 diagnostic testing, testing-related services and treatment services, including all medically necessary care. This includes associated office, clinic, or emergency room visits related to COVID-19.

To avoid unnecessary delays in access to service, it is recommended that individuals who are already aware that they fall into these populations, apply to Medi-Cal or other applicable DHCS programs, prior to receiving treatment so they have confirmed eligibility when they are present for identified services. In most scenarios, enrollment into COVID-19 UIG can only be conducted while the individual in need of services is present in the office or clinic. Exceptions are described in the October 21, 2021, article: [COVID-19 Uninsured Group Program Off-Premise Flexibilities](#).

Instructions on how to enroll an uninsured or underinsured individual requiring immediate access to services in the COVID-19 UIG program may be found in the [Coronavirus \(COVID-19\) Uninsured Group Application Web Portal User Guide](#).

**11. I am a Medi-Cal Qualified Provider (QP), however, I rendered COVID-19 Uninsured Group (UIG) covered services prior to patient enrollment in the program. Is there a retro eligibility period for the beneficiary?**

Yes, per federal guidance, applications for the COVID-19 Uninsured Group can be retroactive to April 8, 2020. If a COVID-19 UIG program applicant requests retroactive coverage, Qualified Providers (QPs) can submit the request for retroactive coverage to COVID19Apps@dhcs.ca.gov for review and processing.

**12. If I was not a Qualified Provider (QP) in one of Medi-Cal's Presumptive Eligibility (PE) programs when I administered COVID-19 vaccines to uninsured or underinsured patients, can I still bill the COVID-19 Uninsured Group (UIG) and be reimbursed?**

You do not need to be a PE provider to **bill** for COVID-19 UIG services. However, you must be enrolled as a Medi-Cal provider at the time of service to bill the COVID-19 UIG program.

Medi-Cal providers must be a QP at the time of service to **enroll** applicants into the COVID-19 UIG program. Once enrolled, any Medi-Cal provider in good standing may render covered services.

**13. Once enrolled in the COVID-19 Uninsured Group (COVID-19 UIG), do individuals receive a card in the mail that they then bring to any testing or clinic/treatment facility in the State?**

The COVID-19 Uninsured Group Application Web Portal that Qualified Providers (QPs) use to enroll individuals into the COVID-19 UIG, provides a temporary Benefits Identification Card (BIC) at the end of a successful enrollment process (also called an "Immediate Need Eligibility Document"). QPs are instructed to print out the temporary BIC for the individual and have them sign it. The provider should print a copy for their own records as well. See the "COVID-19 Uninsured Group Eligibility Determination Response Messages" section of the [Coronavirus \(COVID-19\) Uninsured Group Application Web Portal User Guide](#), for more information.

**14. Does someone who has insurance that does not cover testing, qualify for the COVID-19 Uninsured Group (COVID-19 UIG) program?**

Yes, the COVID-19 UIG allows for the enrollment individuals who are underinsured. So someone whose current insurance does not cover COVID-19 testing, is potentially eligible to be enrolled into the COVID-19 UIG.

**15. How much time does it take to process a COVID-19 Uninsured Group (COVID-19 UIG) applications?**

The COVID-19 Uninsured Group Application Web Portal is a real-time application. Eligibility results are returned in real-time. If there is an issue with the portal that causes delays, a System Status will be shared on the [System Status](#) page of the Medi-Cal Providers website.

**16. Is there a website I can provide to an individual I am seeing, to help answer their questions about the COVID-19 UIG?**

Yes, individuals can be directed to the COVID-19 UIG program page for additional information: [COVID-19 Uninsured Group Program \(ca.gov\)](#).

**17. Where do I enroll an uninsured individual into the COVID-19 Uninsured Group (COVID-19 UIG) program?**

Qualified Providers (QPs) must use the Coronavirus (COVID-19) Uninsured Group Application Portal to enroll individuals into the COVID-19 Uninsured Group Program. For instructions on how to access the COVID-19 Uninsured Group Portal, please visit these links: [Coronavirus \(COVID-19\) Uninsured Group Application Web Portal User Guide \(COVID19 Uninsured Group\)](#) or [Medi-Cal NewsFlash: COVID-19 Uninsured Group Application Portal Qualified Provider Information](#)

QPs of the Presumptive Eligibility for Pregnant Women (PE4PW) program, Breast and Cervical Cancer Treatment Program (BCCTP), Hospital Presumptive Eligibility (HPE) program, or Child Health & Disability Prevention Program (CHDP) Gateway program will have access to the COVID-19 Uninsured Group Application Portal.

**18. Are individuals coming to the clinic/facility from out of the country, able to enroll in COVID-19 Uninsured Group (COVID-19 UIG) program? This question also includes undocumented individuals.**

Immigration status is not a factor in determining eligibility for the COVID-19 UIG program. To qualify for the COVID-19 Uninsured Group, individuals **must be a California resident** and meet one of the following criteria:

- Have no health insurance, or
- Have private health insurance that does not cover diagnostic testing, testing-related services, and treatment services, including all medically necessary care for COVID-19, or
- Not have Medicare, or
- Are not eligible under any of the other Medi-Cal programs (with the exception of individuals who have not met their Medi-Cal Share of Cost obligation).

- 19. How may we receive reimbursement for patients who have Medi-Cal but don't have their information with them? We have been marking them as uninsured in My Turn to continue to proceed with the appointment and their vaccination.**

All Medi-Cal beneficiaries are expected to bring their Benefits Identification Card or BIC to appointments and provide it to the service provider upon request. If the beneficiary no longer has their BIC or is unable to provide it upon request, the beneficiary should contact their local county office for BIC replacement. The local county office can also provide the beneficiary with their BIC, over the phone, to facilitate the immediate rendering of services, if needed. A list of each [County Office](#) can be found on the DHCS website.

## Services

- 20. Is COVID-19 vaccine administration and/or COVID-19 testing a covered benefit for restricted scope Medi-Cal beneficiaries?**

Yes. Due to the ongoing public health emergency, COVID-19 testing and related medically necessary treatment services are deemed to be emergency services necessary to treat an emergency medical condition, regardless of the beneficiary's scope of coverage under Medi-Cal.

- 21. Does the COVID-19 Uninsured Group (COVID-19 UIG) program pay for outbreak testing?**

Yes. The COVID-19 UIG covers COVID-19 testing, testing-related, and COVID-19 treatment services for the underinsured or uninsured. If a COVID-19 UIG eligible individual requires a COVID-19 test (whether or not it is required due to a suspected outbreak), it is a covered service under the COVID-19 UIG program.

- 22. Does the COVID-19 Uninsured Group (COVID-19 UIG) cover oral anti-COVID medication?**

Paxlovid and other oral COVID-19 therapeutics are currently reimbursable through [Medi-Cal Rx and are covered under the COVID-19 Uninsured Group Program](#).

- 23. Is funding for COVID vaccination for the uninsured different than the underinsured?**

The COVID-19 Uninsured Group covers COVID-19 vaccination administration for both uninsured and underinsured. There is no difference in funding source. Currently, the federal government is paying for the cost of each vaccine, as long as the provider signs an agreement with the U.S. government to receive free supplies of the COVID-19 vaccine(s).

**24. Will DHCS cover the vaccine administration fee for "uninsured" patients who are on restricted scope Medi-Cal or who are enrolled via the COVID-19 Uninsured Group Program?**

Yes, CMS recently approved a DHCS waiver, to allow DHCS to cover the COVID-19 vaccine administration fees for both:

- Individuals under restricted scope Medi-Cal
- Individuals enrolled into Medi-Cal via COVID-19 Uninsured Group program

Please see [DHCS COVID-19 FAQs](#) numbers 14 thru 20 relative to COVID-19 vaccine and treatment coverage policies, or the February 24, 2022, Medi-Cal article: [Providers Holding Submissions of Claims for COVID-19 Vaccine Administration May Now Submit.](#)

**25. I understand that Medi-Cal providers are not authorized to charge for COVID-19 therapeutics. Are they able to charge for the administration/dispensing cost?**

The Medi-Cal Rx program covers a number of COVID-19 therapeutics. Please refer to the [Medi-Cal Rx](#) Provider Manual and website for additional information. Other payors may be different.

**26. I understand that Medi-Cal providers are not authorized to charge for COVID-19 vaccines. Are they able to charge for the administration cost?**

Medi-Cal currently reimburses the administration of the vaccine. Medi-Cal is currently not reimbursing for the purchase of the vaccine itself since the Federal government is paying for each dose. For instructions on how to bill for the administration of the vaccine see the following COVID-19 vaccine web pages on the Medi-Cal Providers website:

- [Pfizer-BioNTech Vaccine Guidelines](#)
- [Moderna Vaccine Guidelines](#)
- [Janssen Vaccine Guidelines](#)
- [Novavax Vaccine Guidelines](#)

Providers may also receive reimbursement if administering the vaccine in a home setting, as described in the [Supplemental Rate for Administration of COVID-19 Vaccine in Home Setting](#) article, published September 21, 2021.

Lastly, providers who find themselves spending time counseling patients about the benefits of a vaccine (not just the COVID-19 vaccine), may bill for those counseling services using an appropriate Evaluation and Management or other Outpatient visit CPT code, as detailed in the [Vaccine Counseling Services are Reimbursable using E&M Office or Other Outpatient Visit CPT codes](#) article, published March 18, 2022. Other payors may be different.



**27. Can the COVID-19 Uninsured Group (COVID-19 UIG) be used to reimburse COVID-19 testing for uninsured or underinsured staff?**

The COVID-19 UIG program is available for the underinsured or uninsured. If employees do not have insurance coverage through their employer, or the coverage does not include COVID-19 testing, testing related and/or treatment services, they may apply for the COVID-19 UIG program for coverage of testing and other covered services.

**28. What is the billing and reimbursement process when an incorrect dose is inadvertently given, such as, in the wrong time frame, the wrong dose, a duplicate dose, or a necessary repeat dose?**

Providers are required to report all COVID-19 vaccine administration errors—even those not associated with an adverse event—to [VAERS](#). Determine how the error occurred and implement strategies to prevent it from happening again. Refer to the [CDC](#) site for additional information.

Medi-Cal providers are expected to adhere to existing billing and claim submission requirements and accurately reflect the service, dose, etc. rendered. Instructions for other payors may vary.

## **Billing**

**29. What charge amount should we submit when billing for COVID-19 vaccine administration?**

As indicated in the applicable Medi-Cal claim form completion provider manual sections (UB-04 Completion: Outpatient Services, CMS-1500 Completion etc.), providers are expected to submit their usual and customary charges to receive reimbursement for their services at the maximum allowable payment provided by state/federal law and policy. If no usual and customary charge has been submitted, claims will be paid at the lesser of the billed amount or Medi-Cal fee schedule rate established by DHCS. Additionally, submitting claims with the usual and customary charges may enable claims paid at a prior rate to be eligible for inclusion in automated reprocessing efforts (Erroneous Payment Corrections or EPCs). Providers are prohibited from submitting claims for reimbursement for services rendered to any Medi-Cal recipient in amounts greater than the usual and customary fees charged to the general public.

**30. How does Medi-Cal determine the reimbursement amount for submitted COVID-19 vaccine administration claims?**

Medi-Cal vaccine administration claim reimbursement is based on the amount billed or the Medi-Cal fee schedule rates for covered procedures, whichever is less. Providers are expected to submit claims to the Medi-Cal program that reflect the usual and customary rates charged to the general public for the covered services.

**31. What billing code will be used for vaccine administration of the 2nd booster?**

For purposes of completing claims for the Medi-Cal program, the administration for a second booster dose does not have a unique billing code. Providers are advised to use previously identified administration codes for each booster, regardless of the sequential order in which the booster is being administered (first booster, second booster, etc.)

A new package for the Moderna vaccine was recently announced. A dose from this alternative package will be billable with CPT code 0094A soon. Providers should continue to check the [Medi-Cal website](#) for details. Pharmacy billing is following the same general principles. For details, please refer to the [Medi-Cal Rx website](#). Billing requirements for other payors may be different.

**32. How can we set up electronic claims sending with Medi-Cal? Where do we register?**

Medi-Cal providers can set up electronic submissions by completing a Medi-Cal Point of Service (POS) Network/Internet Agreement, either:

- Electronically, via a [DocuSign PowerForm](#), or
- Via hard copy submission, by downloading, printing, and signing the [Medi-Cal Point of Service \(POS\) Network/Internet Agreement](#), then mailing the completed form to Medi-Cal

Providers must also complete a [Medi-Cal Telecommunications Provider and Biller Application/Agreement](#) form. This form may only be completed via hard copy and must be mailed in.

For both the Medi-Cal Point of Service (POS) Network/Internet Agreement, and Medi-Cal Telecommunications Provider and Biller Application/Agreement, providers will need their Medi-Cal provider number and PIN, which would have been delivered as a part of their Welcome Packet to Medi-Cal.

Providers who are interested in becoming a Medi-Cal provider, should see the [Provider Application and Validation for Enrollment](#) (PAVE) portal.

Lastly, for additional enrollment requirements for specific transactions, providers should review the [Transaction Enrollment Requirements](#) page of the Medi-Cal Providers website for more information.

For details on pharmacy claims submission to Medi-Cal Rx, please refer to the [Medi-Cal Rx](#) website. Other payors will have their own requirements.

**33. Is there a mass-vaccination billing option available to bill Medi-Cal? Or must we submit individual claims?**

Due to technical limitations and program policy, Medi-Cal cannot support a spreadsheet style mass-vaccination billing option. However, Medi-Cal supports batch claim submission via the ASC X12N 837 (v.5010). Other payors may be different.