Guidance for Self-insured Providers
Submitting Invoices for COVID Testing Reimbursement

The enhanced submission portal is now available to submit COVID-19 testing documentation for reimbursement through April 1. Enhancements include the ability for facilities AND third-party administrators to submit, submission of multiple claims with a single request, availability to download a claim template if needed, and a status check feature to show where requests are in the review/approval process.

Below you will find detailed instructions on use as well as Frequently Asked Questions (FAQs) and answers. If inquires cannot be addressed by the FAQs, please email FacilityInvoiceRequestRefund@age.ohio.gov and the team will be glad to further assist on an individual basis.

Frequently Asked Questions and Answers

What information is needed to submit invoices for reimbursement?

SUPPLIER ID Number

Any individual or organization receiving payment from the State of Ohio needs to be registered as a supplier and have a Supplier ID number. If you do not already have an ID, please visit supplier.ohio.gov to get set up in the state's system. Payment can only be made to the business (DBA name and address) listed as the payor on the proof of payment submitted.

- If a single entity (such as the operating company) paid for testing at multiple facilities, only one ID is needed.
- If each facility is part of an organization which paid for their own testing, each facility will need its own ID.
- You do not need a Supplier ID at the time you submit a claim; it is needed before payment can be issued. You can submit your claim and work on obtaining an ID simultaneously.

Completed Invoice Spreadsheet

The reimbursement portal contains a link to an invoice spreadsheet. Filling out and then uploading this spreadsheet will auto populate information on your reimbursement request and eliminate the need to create multiple submissions. All reports are to be de-identified but contain enough information to validate the claim (e.g. name but no birthdate/other information). If you would like to complete the spreadsheet even before logging onto the reimbursement portal, click here: https://test.refundrequest.age.ohio.gov/assets/Invoice%20Refund%20Portal%20Data%20Upload%20Form.xlsx

Invoice

You will need to submit the payment supporting documentation and the testing information. The invoice amount is the total amount paid for the state-supported testing after the residents' portion is deducted. The term "invoice" refers to the submitters invoice and not the state's invoice nor the lab's invoice. When a facility/TPA reconciles its state-supported testing costs from March 2020 through January 2021 for which it is seeking reimbursement, the facility/TPA can submit a single invoice with the required documentation which includes proof of payment, a list of individuals who received the test, and an authorization statement if invoice submitted by the TPA.

Authorization Statement

In order to process a reimbursement request, the facility/TPA must submit an Authorization Statement, which is proof of retainment to administer the facility's self-insurance program.

Proof of Payment

Proof of Payment can include but is not limited to: check stub, endorsed checks, bank statement, credit card statement, ACH statement. There is an upload limit of 10 files with a maximum size of 10 MB per file.

How do I submit a claim for reimbursement?

1. Go to refundrequest.age.ohio.gov. Chrome is the preferred browser for optimum performance on this portal.
2. Review the acknowledgement which outlines who should be utilizing the portal.

Acknowledgement

I acknowledge that the Refund Request Portal is limited to claims that have been paid through self-insurance for state-supported COVID-19 testing for nursing home staff. I am not seeking a refund for resident COVID-19 testing or tests that were paid by insurance other than self-insurance. I am not seeking a refund for COVID-19 tests performed outside of state-supported COVID-19 testing.

I acknowledge that the entity seeking reimbursement will be required to obtain an Supplier ID through the Ohio Office of Budget and Management site (supplier.ohio.gov), and sign an agreement prior to reimbursement being provided.

[I Acknowledge] [Cancel]

3. Both individual facilities and third-party administrators may submit claims. Choose the correct option for your organization.

Please choose the type of claim?

I am claiming as TPA   I am claiming as Facility

4. Complete the Submitter Information.

TPA Claim
Please fill in the details below

Submitter Information

Name *		Email Address *		Phone Number *	
Maximum 60 characters	0 / 60	Maximum 60 characters	0 / 60	10 digit Phone number	Format ###-###-####

5. Start typing the name in the Search Facility field. Once selected from the list, the rest of the fields will auto-populate.

Select Facility
Begin by selecting Facility

Search Facility
hills

AUTUMN HILLS CARE CENTER - 1847N
2565 NILES VIENNA RD, NILES, TRUMBULL, OH - 44446

BETHANY VILLAGE - 0632R
6445 FAR HILLS AVENUE, CENTERVILLE, MONTGOMERY, OH - 45459

BETHANY VILLAGE - 0632N
6451 FAR HILLS AVENUE, DAYTON, MONTGOMERY, OH - 45459

BOWERSTON HILLS NURSING & REHABILITATION - 0457N
9076 CUMBERLAND ROAD, BOWERSTON, CARROLL, OH - 44695

License
Address
County
+ Select Facility

6. Once fields are populated, click on + Select Facility.

Select Facility
Begin by selecting Facility

Search Facility		License	Address
Care Facility		12345	678 Main St.
search facility by Name, Address, County, License			
City	State	County	
City	OH	County	+ Select Facility

Continue adding facilities if you are requesting reimbursement for more than one location.

7. Under the Selected Facilities header, click on down arrow on the right to expand the box for the first location.

Selected Facilities

Name and L-12345
Address, City, County, OH-ZIP

8. Upload Authorization proof.

Authorization Proof : Proof of retainment to administer the Facility's self-insurance program

Upload up to 10 files of maximum size 10 MB

No authorization files attached!

🔗 Attach Authorization File(s)   ✕ Clear All Files

9. You have the option of utilizing the ODA Invoice Template (a spreadsheet that when uploaded, will auto-populate all fields) or attaching your own files and manually completing the fields. Click the circle indicating your preference.

Itemized Claims : Create claims either by using ODA provided template or attach your own file(s)

Proof of Payment : including but not limited to: check stub, endorsed checks, bank statement, credit card statement, ACH statement
Upload upto 10 files of maximum size 10 MB

⦿ Create claims using ODA provided template   ◯ Create claims by attaching own files

   a. If you choose "Create claims using ODA provided template"
      i. Download the invoice template.

Itemized Claims : Create claims either by using ODA provided template or attach your own file(s)

Proof of Payment : including but not limited to: check stub, endorsed checks, bank statement, credit card statement, ACH statement
Upload upto 10 files of maximum size 10 MB

⦿ Create claims using ODA provided template   ◯ Create claims by attaching own files

No claims loaded from ODA template file!

⬇ DOWNLOAD INVOICE TEMPLATE   🔗 UPLOAD YOUR COMPLETED INVOICE TEMPLATE   ✕ CLEAR ALL CLAIMS

      ii. Complete the spreadsheet that pops open.

      iii. Save the completed Excel file to your computer.

iv. Back on the Refund Request Portal, click Create Claim Using ODA Template and this will allow you to upload your completed Invoice Template Excel file.

Itemized Claims : Create claims either by using ODA provided template or attach your own file(s)

Proof of Payment : including but not limited to: check stub, endorsed checks, bank statement, credit card statement, ACH statement
Upload upto 10 files of maximum size 10 MB

⦿ Create claims using ODA provided template ◯ Create claims by attaching own files

No claims loaded from ODA template file!

⬇ DOWNLOAD INVOICE TEMPLATE   🔗 UPLOAD YOUR COMPLETED INVOICE TEMPLATE   ✕ CLEAR ALL CLAIMS

v. Attach Proof of Payments.

Itemized Claims : Create claims either by using ODA provided template or attach your own file(s)

Proof of Payment : including but not limited to: check stub, endorsed checks, bank statement, credit card statement, ACH statement
Upload upto 10 files of maximum size 10 MB

⦿ Create claims using ODA provided template ◯ Create claims by attaching own files

Claim #	123	Laboratory	ABCC	Person	test
Tested Date	12/31/2020	Date Paid	12/31/2020	Amount Paid	$ 1

Verification that they were Self-Insured Nursing Facility staff (Y/N)   yes
Name of employer on whose behalf claim is paid   me
Attestation that the claim is for Ohio state-supported testing (Y/N)   Yes, I attest that the claim is for Ohio state-supported testing

Please attach Proof of Payment: Proof that your health plan paid the lab or insurance claim

🔗 Attach Proof of Payments   ✕ Clear All Files

b. You also have the option to attach your own files. If that is the case, select the corresponding circle.

Itemized Claims : Create claims either by using ODA provided template or attach your own file(s)

Proof of Payment : including but not limited to: check stub, endorsed checks, bank statement, credit card statement, ACH statement
Upload upto 10 files of maximum size 10 MB

◯ Create claims using ODA provided template ⦿ Create claims by attaching own files

10. Complete the Authorization Proof step for each facility.

Selected Facilities

Name and L-12345
Address, City, County, OH-ZIP   🗑   ⌄

11. Review the Attestation and tick all three boxes if you agree.

┌─ Attestation ───

The Refund Request Portal may be accessed and used by authorized users only for the purpose of submitting a request for refund for nursing home test invoices that have been paid. Unauthorized access or use of this Portal may subject violators to criminal, civil, and/or administrative action.

☑ I understand this information may be used to obtain payment of claims from Federal and State funds, and that any willful falsification or concealment of a material fact may be prosecuted under Federal and State laws. *
☑ I certify to the best of my knowledge the foregoing information is true, accurate and complete. *
☑ I certify that application for a Supplier ID through the Supplier Portal has been made. *

12. Submit.

Who is eligible for reimbursement?

A facility must meet **ALL** of the following criteria to be eligible for reimbursement:

  a. Be self-insured for its health plan. Self-insured means that a facility does not pay traditional insurance premiums to a health insurance company. The facility acts as the insurance company and self-funds its health plan. The facility may hire a Third-Party Administrator (TPA) to administer the health plan and to process the insurance claims.)
  b. Participated in the state-supported testing program and utilized the lab assigned to the facility by the state according to testing schedule:
      a. The facility was _assigned_ a specific state-supported testing laboratory:
          i. CURRENT State-Supported Testing Laboratories (via assignment)
              1. Ohio State University
              2. Dayton Children's Hospital
              3. Ohio Department of Health
              4. Quest Laboratories
              5. University of Cincinnati Health
              6. Battelle Laboratories
          ii. PRIOR TO September 1, 2020 there were additional laboratories:
              1. Cleveland Clinic Health System
              2. University Hospitals Health System
              3. MetroHealth
              4. University of Toledo Medical Center
  c. Conducted PCR tests (does not include confirmatory PCR tests as a result of testing with antigen) on its nursing facility staff.
  d. Paid for the nursing facility staff PCR tests either directly to the laboratory or indirectly through the TPA.

Is this program for the laboratory or the self-insured facilities?

This program is for self-insured facilities. Labs that participated in the state-supported testing already have state contractual agreements and are reimbursed per the term of those agreements.

Can a TPA submit a reimbursement claim on behalf of one or more facilities?

Yes. Each facility and TPA may submit a reimbursement claim on behalf of one or more facilities. However, each facility should be identified on the spreadsheet and proof of payment must be submitted for each facility. The same applies for a corporation requesting reimbursement for state-supported testing at numerous facilities- it can be bundled and submitted as a single claim.

How should a facility request reimbursement if the lab sent the invoices directly to our TPA?

A facility may combine invoices and submit one invoice if the supporting documentation shows that the facility paid the lab and repaid the TPA.

Do multiple invoices need to be uploaded individually in the portal?

No, the facility/TPA may combine all invoices into one and create your own invoice to request a reimbursement for the total amount. The attachments will have to be broken down if the file size is greater than 10 MB.

If the TPA sent a list of all the state-supported testing payments for our facility in a spreadsheet. Is that enough?

This information will be okay for submitting a claim; however, in order to be approved for reimbursement, the state will require supporting documentation of payment either to the TPA or to the lab. Please note that the state may only reimburse the paying entity on the supporting documentation.

The portal indicates that future claims a laboratory submits to the TPA should be returned, and the lab should bill the state directly. Does this apply to testing done before the portal opened, but billed afterward, and to claims the TPA already has received but not yet paid?

Starting in the fall of 2020, most invoices from state-supported testing laboratories are billed directly to the state for reimbursement. The portal is designed to reimburse you for **payments made before that established protocol**. Any unpaid invoices may be sent back to the lab to bill the state instead as these are state-supported testing.

When I subtract resident tests from the original invoice, will that be the amount I enter rather than the original invoice amount?

Yes. The invoice amount is the total amount you paid for the state supported testing after you deduct the residents' portion. You will need to submit the payment supporting documentation and the testing information.

May the facility request reimbursement for contracted employees if we paid for their tests?

Yes, a facility may request reimbursement for contracted employees.

How do I determine which employees had testing if our TPA only provides a weekly claims spreadsheet with no provider information due to HIPAA restrictions?

Ask your TPA to provide you the information for claims filed by the assigned lab(s); a name alone is not considered protected information.

Is the "Testing Reimbursement for Self-Insured Providers" available for employees of the county?

Reimbursement is only applicable for testing of self-insured nursing facility staff.

Who can labs be directed to if they have questions regarding directly invoicing the state for staff testing?

Labs may contact the Ohio Department of Health with any inquiries at: Customer.Invoices@odh.ohio.gov.