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COVID-19 – HEALTH CARE PROVIDERS

Doctors, nurses and other health care professionals are on the frontlines of the fight against the Coronavirus. Through the CARES Act and other legislative and administrative responses, Congress and the Administration have provided financial support to health hospitals, clinics, and other providers to ensure the stability of the system, as well as regulatory flexibility to respond to this unprecedented challenge.

The CARES Act also invests billions to restock our Strategic National Stockpile with Personal Protective Equipment (PPE), ventilators, and other vital supplies.

For more information, please contact our Individual Assistance Rapid Response Team:
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Summary of Assistance for Hospitals

- Increasing the Medicaid Federal Medical Assistance Percentages (FMAP) by 6.2 percent. This money will ensure states have the resources to reimburse hospitals and providers who will see increased expenditures due to COVID-19.
- Ensuring coverage of the cost of testing for COVID-19 by commercial insurance, Medicare, Medicaid, CHIP, and provides a state option for the uninsured.
    - Also includes the administration of tests and office visits, urgent care center visits, and emergency room (ER) visits related to testing for COVID-19. These are expenses that hospitals would have potentially had to cover under normal circumstances.
- More than $27 billion for the development of treatments and vaccines, increasing medical surge capacity, and improving health infrastructure, $275 million of which will be specifically allocated for the Hospital Preparedness Program.
- $100 billion for direct relief to hospitals and other frontline providers.
- Removing the Medicare sequester temporarily, which boosts payments for hospital, physician, nursing home, home health, and other care.
- 20 percent increase in payments to hospitals for treating a patient admitted with COVID-19. This add-on payment would be available through the duration of the COVID-19 emergency period.
- Expands the Accelerated and Advance Payment Program to include Children's Hospitals, Cancer Centers, and Critical Access Hospitals. This expansion will permit hospitals to receive up to 100 percent of an accelerated three-month payment period and up to 125 percent for Critical Access Hospitals for up to six months.
- Provides $350B in Small Business Administration loans, which hospitals with up to 500 employees would be eligible to apply. Loans can be used to pay certain expenses such as rent and employee payroll. If loan recipients retain their current staff levels or rehire furloughed workers by June 1st, some of the loan payments will be forgiven.
- Telehealth Expansion: In addition to the telehealth flexibilities passed by Congress, CMS has also taken actions to make sure as many patients as able can receive their care where they are- at home.

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- Expanding the Workforce: CMS has taken steps to make it easier for providers to enroll in Medicare and to be added into the hospital workforce. These steps include easing the path for private practice doctors and staff to be temporarily employed by hospitals and empowering medical residents in teaching hospitals to do more for patients.

Additional Information and Resources:

Expansion of the Medicare Accelerated and Advanced Payments Program for Providers And Suppliers During Covid-19 Emergency

In order to increase cash flow to providers of services and suppliers impacted by the 2019 Novel Coronavirus (COVID-19) pandemic, the Centers for Medicare & Medicaid Services (CMS) has expanded their current Accelerated and Advance Payment Program to a broader group of Medicare Part A providers and Part B suppliers. The expansion of this program is **only** for the duration of the public health emergency. Details on the eligibility, and the request process are outlined below. The information below reflects the passage of the CARES Act.

Accelerated/Advance Payments: An accelerated/advance payment is a payment intended to provide necessary funds when there is a disruption in claims submission and/or claims processing. These expedited payments can also be offered in circumstances such as national emergencies, or natural disasters in order to accelerate cash flow to the impacted health care providers and suppliers. CMS is authorized to provide accelerated or advance payments during the period of the public health emergency to any Medicare provider/supplier who submits a request to the appropriate Medicare Administrative Contractor (MAC) and meets the required qualifications.

Eligibility & Process

Eligibility: To qualify for advance/accelerated payments the provider/supplier must:

1. Have billed Medicare for claims within 180 days immediately prior to the date of signature on the provider's/supplier's request form,
2. Not be in bankruptcy,
3. Not be under active medical review or program integrity investigation, and
4. Not have any outstanding delinquent Medicare overpayments.

Amount of Payment: Qualified providers/suppliers will be asked to request a specific amount using an Accelerated or Advance Payment Request form provided on each MAC's website. Most providers and suppliers will be able to request up to 100% of the Medicare payment amount for a three-month period. Inpatient acute care hospitals, children's hospitals, and certain cancer hospitals are able to request up to 100% of the Medicare payment amount for a six-month period. Critical access hospitals (CAH) can request up to 125% of their payment amount for a six-month period.

Processing Time: Each MAC will work to review and issue payments within seven (7) calendar days of receiving the request.

Repayment: CMS has extended the repayment of these accelerated/advance payments to begin 120 days after the date of issuance of the payment. The repayment timeline is broken out by provider type below:

- Inpatient acute care hospitals, children's hospitals, certain cancer hospitals, and Critical Access Hospitals (CAH) have up to one year from the date the accelerated payment was made to repay the balance.
- All other Part A providers and Part B suppliers will have 210 days from the date of the accelerated or advance payment was made to repay the balance.
- The payments will be recovered according to the process described in number 7 below.

Recoupment and Reconciliation:
The provider/supplier can continue to submit claims as usual after the issuance of the accelerated or advance payment; however, recoupment will not begin for 120 days. Providers/ suppliers will receive full payments for their claims during the 120-day delay period. At the end of the 120-day period, the recoupment process will begin, and every claim submitted by the provider/supplier will be offset from the new claims to repay the accelerated/advanced payment. Thus, instead of receiving payment for newly submitted claims, the provider's/supplier's outstanding accelerated/advance payment balance is reduced by the claim payment amount. This process is automatic.

Most hospitals including inpatient acute care hospitals, children's hospitals, certain cancer hospitals, and critical access hospitals will have up to one year from the date the accelerated payment was made to repay the balance. That means after one year from the accelerated payment, the MACs will perform a manual check to determine if there is a balance remaining, and if so, the MACs will send a request for repayment of the remaining balance, which is collected by direct payment. All other Part A providers not listed above and Part B suppliers will have up to 210 days for the reconciliation process to begin.

For the small subset of Part A providers who receive Period Interim Payment (PIP), the accelerated payment reconciliation process will happen at the final cost report process (180 days after the fiscal year closes).

A step by step application guide can be found in the appendix. More information on this process will also be available on your MAC's website.

CMS Regulatory Changes to Help U.S. Healthcare System Address COVID-19 Patient Surge

- Increased Hospital Capacity
- Expansion of the Healthcare Workforce
- Paperwork Requirements
- Telehealth in Medicare

For more information on the COVID-19 waivers and guidance, and the Interim Final Rule, please see the appendix and go to the CMS COVID-19 flexibilities webpage: https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers

Grants for Mental Health and Substance Abuse

- SAMHSA Treatment, Recovery, and Workforce Support Grant
- Emergency Grants to Address Mental and Substance Use Disorders During COVID-19

For information on Grants please see the Appendix.

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$100 Billion in Grants for Hospitals

The Department of Health and Human Services (HHS) is developing a plan to distribute $100 billion in grants to hospitals. What we know so far is that **HOSPITALS AND HEALTHCARE PROVIDERS NEED TO METICULOUSLY DOCUMENT ALL LOSSES**.

Specifications for grants:

- $100 billion for the Public Health and Social Services Emergency Fund:
  - For necessary expenses to reimburse, through grants or other mechanisms, eligible health care providers for health care related expenses or lost revenues that are attributable to Coronavirus
  - To be available for building or construction of temporary structures, leasing of properties, medical supplies and equipment including personal protective equipment and testing supplies, increased workforce and trainings, emergency operation centers, retrofitting facilities, and surge capacity
  - **Funds may NOT be used to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse
- Eligible health care providers:
  - Public entities
  - Medicare or Medicaid enrolled suppliers and providers
  - For-profit and not-for-profit entities not otherwise described in this provision as the Secretary may specify, within the United States (including territories), that provide diagnoses, testing, or care for individuals with possible or actual cases of COVID–19
- To be eligible for a payment, an eligible health care provider shall:
  - Have a valid tax identification number
  - Submit to the Secretary of Health and Human Services an application that includes a statement justifying the need of the provider for the payment
- Recipients of payments shall submit reports and maintain documentation as the Secretary determines are needed to ensure compliance with conditions for receiving such payments
- The reports and documentation shall be in such form, with such content, and in such time as the Secretary may prescribe for such purpose
- That the Secretary of Health and Human Services shall, on a rolling basis, review applications and make payments. Payments (as determined appropriate by the Secretary) can be:
  - Pre-payment
  - Prospective payment
  - Retrospective payment
  - Payments shall be made in consideration of the most efficient payment systems practicable to provide emergency payment

Vendors for PPE

Vendors interested in selling PPE to the federal government should contact the Federal Emergency Management Agency at https://www.fema.gov/coronavirus/how-to-help. Anyone who learns of hoarding or price gouging of PPE should report it to the National Center for Disaster Fraud by dialing 1-866-720-5721 or emailing disaster@leo.gov.

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