HHS Announces How it Will Distribute Additional Funds to Providers Under CARES Act

WHA Calendar	
WHA Golf Tournament Casper	**9/1**
Annual Meeting & Convention Casper	**9/2-9/3**

2020 PAC Contributions

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The Department of Health and Human Services (HHS) announced that it is distributing additional funds from the Public Health and Social Services Emergency Fund, beginning April 24. The Coronavirus Aid, Relief, and Economic Security (CARES) Act added $100 billion to this fund to reimburse health care providers for health care-related expenses or lost revenues not otherwise reimbursed that are attributable to COVID-19. HHS previously distributed $30 billion from this fund based on providers' proportions of Medicare fee-for-service (FFS) payments.

General $20 Billion Distribution

According to the HHS announcement, $20 billion will be allocated to providers generally. The payment made to each provider will take into account what they previously received under the $30 billion distribution, so that their total allocation under both waves ($50 billion total) is proportional to their share of 2018 total net patient revenue. This methodology appears to account for the fact that providers with lower shares of Medicare FFS payments, such as hospitals with high-Medicaid or Medicare Advantage populations, received proportionally less funds under the first distribution of $30 billion.

HHS stated that on April 24, a portion of providers will automatically be sent a payment based on the revenue data they submit in their Medicare cost reports. Providers without adequate cost report data will need to submit this information to a portal opening this week.

As with the $30 billion distribution, providers receiving funds will have to sign an attestation confirming receipt and agreeing to the terms and conditions of payment. The terms appear to be the same as they were previously, including agreeing not to seek collection of out-of-pocket payments from a presumptive or actual COVID-19 patient that are greater than what the patient would have otherwise been required to pay if the care had been provided by an in-network provider. Providers also will have to confirm the revenue data from the Medicare cost report.

High-impact Area Distribution

HHS stated that $10 billion will be allocated to hospitals in areas that have been particularly impacted by COVID-19. HHS also states that this distribution will take into account a hospital's share of low-income patients, as reflected by their Medicare Disproportionate Share Hospital (DSH) Adjustment.

Distribution for Treatment of the Uninsured

HHS announced that providers that have treated uninsured patients with COVID-19 on or after Feb. 4, 2020, can request reimbursement at Medicare rates, subject to available funding. Steps will involve: enrolling as a provider participant, checking patient eligibility and benefits, submitting patient information, submitting claims, and receiving payment via direct deposit. HHS stated that providers can register for the program on April 27, 2020, and begin submitting claims in early May 2020, with more information available online.

Distribution to Rural Providers

HHS is allocating $10 billion to rural hospitals and health clinics. This money will be distributed as early as next week on the basis of operating expenses, using a methodology that distributes payments proportionately to each facility and clinic.

Distribution to the Indian Health Service

HHS is allocating $400 million to Indian Health Service facilities, distributed on the basis of operating expenses, to be distributed as early as next week.

Additional Distributions

HHS stated that certain providers will receive further, separate funding, including skilled-nursing facilities, dentists and providers that solely take Medicaid.

SBA Clarifies that Certain Public Hospitals are Eligible for Paycheck Protection Program

The U.S. Small Business Administration (SBA) issued an interim final rule clarifying certain provisions implementing the Paycheck Protection Program (PPP), including whether public hospitals are eligible for a PPP loan. This program makes loan opportunities of up to $10 million available for organizations with fewer than 500 total employees. These loans may be forgiven if at least 75% of the loan is used for payroll costs, among other terms.

According to the guidance, "a hospital that is otherwise eligible to receive a PPP loan as a business concern or nonprofit organization (described in section 501(c)(3) of the Internal Revenue Code of 1986 and exempt from taxation under section 501(a) of such Code) shall not be rendered ineligible for a PPP loan due to ownership by a state or local government if the hospital receives less than 50% of its funding from state or local government sources, exclusive of Medicaid."

The guidance also clarifies that an organization or business involved in a bankruptcy proceeding "at the time it submits the application or at any time before the loan is disbursed" would be ineligible to receive a PPP loan.

The President today signed the Paycheck Protection Program and Health Care Enhancement Act, which includes an additional $310 billion for the PPP.

WDH Guidance on Resuming Elective and Non-emergency Procedures

The Wyoming Department of Health is recommending that hospitals and providers follow the current CMS guidelines with respect to resuming elective procedures. The guidelines below are meant to assist in these decisions. Healthcare providers seeking to resume elective procedures should use the following guidelines:

- Hospitals and providers should follow the most recent guidance and regulations from CMS and the CDC.
- Hospitals and providers and providers should consult with their County Health Officers on decisions to resume non-emergent care.

- Hospitals and providers should work with their County Health Officer and the State Health Officer in determining if the "gating criteria" outlined in the CMS recommendations have been met in the region, before resuming non-emergent and elective procedures.
- Hospitals and providers resuming elective procedures should proceed cautiously and in a step-wise fashion.
- Steps should be taken to ensure that appropriate referrals can be made if a procedure results in complications that require a higher level of care.

- Before resuming elective procedures, hospitals and providers should ensure they have adequate PPE, staffing, and capacity to care for a potential surge of COVID-19 patients.
- Hospitals and providers should ensure there is adequate COVID-19 testing capacity in the region to test symptomatic patients.
- PPE provided by the State of Wyoming shall not be used for non-emergent care or elective procedures.

For more information and access to other resources, please visit: covid19.wyo.gov | health.wyo.gov | cdc.gov

HealthEquip

HealthEquip™ is a smart app available as a web portal as well as a mobile app available on App Store and Play Store. The app is a matching platform that tracks donations, manages shipping of donated supplies through UPS, and ensures shipping is paid for by the receiving hospital.

It matches donations with the hospitals in the area based solely on demand – not preferential treatment. It also ensures that the

individual or organization donating PPE will receive a donation receipt.

HealthEquip is available to all hospitals in the United States treating COVID-19 patients. It is also available to any organization or individual that has unadulterated personal protective equipment (PPE) to donate to hospitals treating COVID-19 patients.

The app is free. The only cost you will incur is the shipping

through UPS of donations being sent to you. By providing your UPS account information into the app it becomes an automated solution to accelerate receipt of donations.

For more information visit www.healthequiphelp.com

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