Private Essential Access
Community Hospitals
Essential to Access, Essential to Health

COVID Funding Relief Opportunity for PEACH Members

October 14, 2020

Presented by: Your PEACH Team

Thank You For Joining Us Today – Here is What We Will Cover and Who Will Present the Information

Provider Relief Funding

- Distributions
- Advocacy
- Phase 3
- Key Facts
- Eligibility
- Six Steps

Questions

Today's Presenters

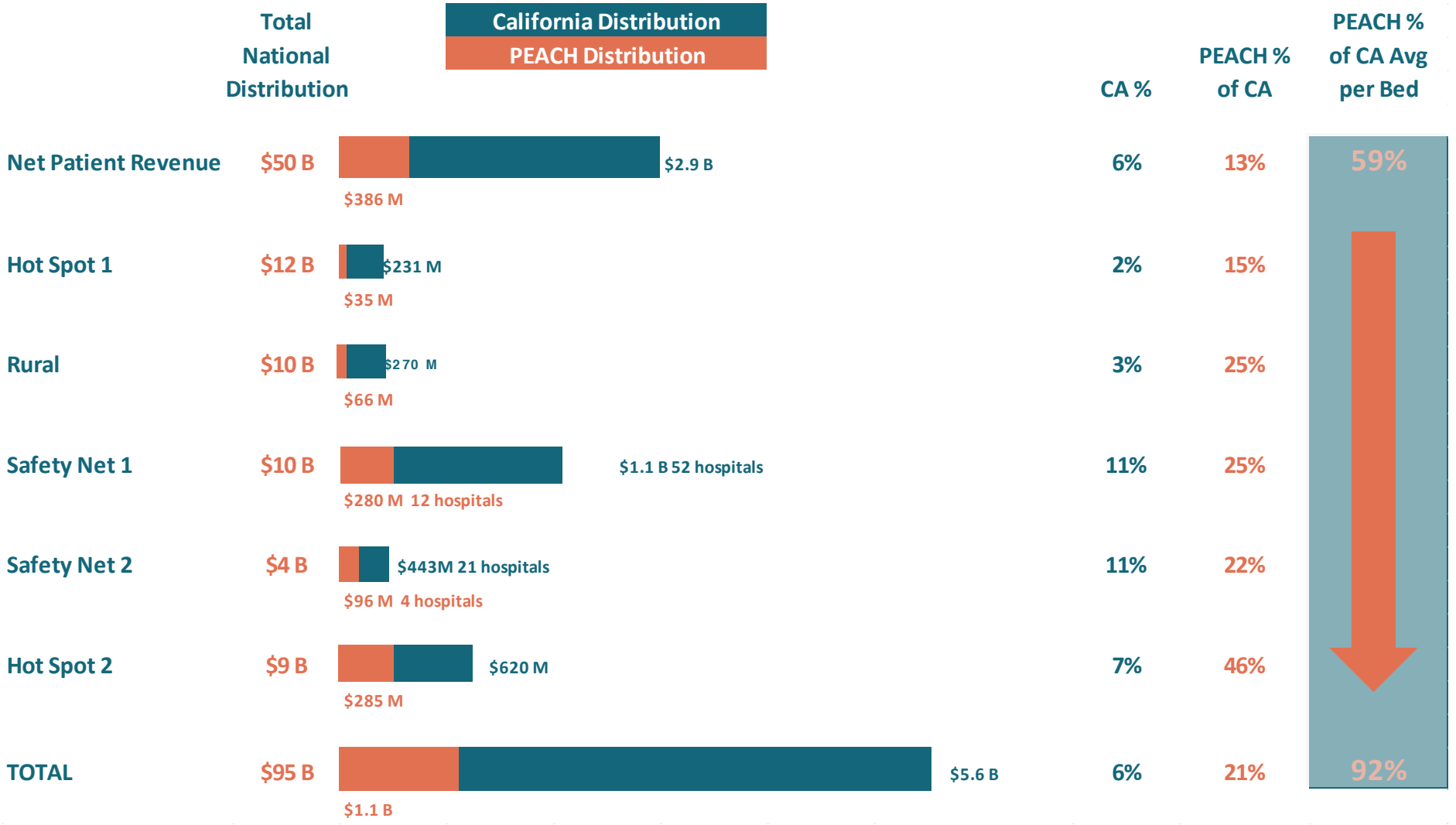
Anne McLeod is the president and CEO of Private Essential Access Community Hospitals (PEACH), an organization representing the unique interests of community safety net hospitals, including Medicaid DSH payments, the Medi-Cal Hospital Fee Program and other essential funding resources. She joined PEACH in January of 2020 after 13 years with the California Hospital Association and 12 years as a financial executive in several of California's hospitals.

Matt Absher is president of Absher Healthcare Consulting where he consults with California hospitals on complex financing issues including Medi-Cal payments and the Hospital Fee Program. Prior to starting Absher Healthcare Consulting in 2012, Matt worked as the Vice President of Finance at the California Hospital Association (CHA) and before his time at CHA, he worked for Triage Consulting Group.

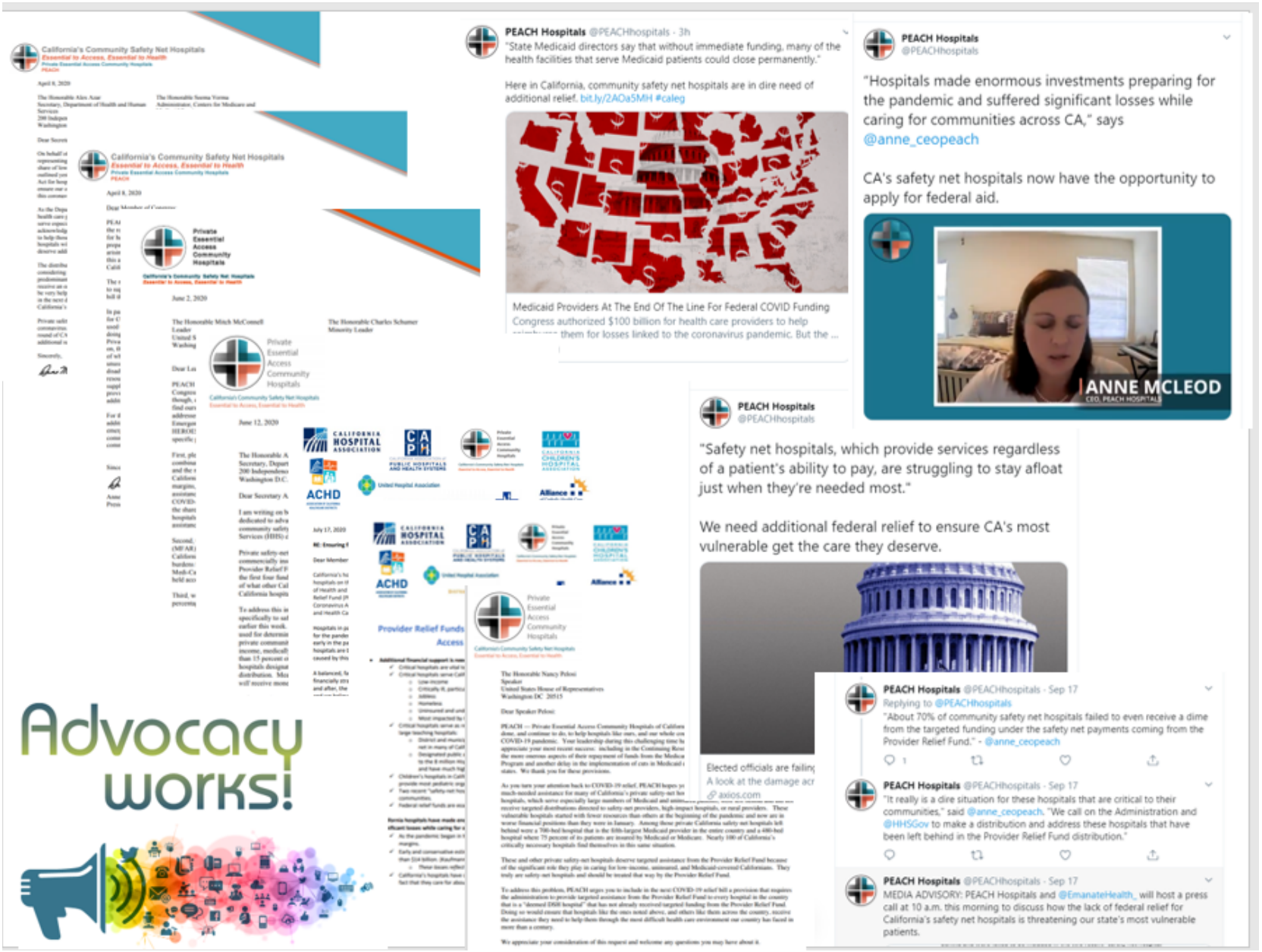
Ellen Kugler is a partner and the managing director of DeBrunner & Associates' federal health policy consulting practice in Washington, D.C. She is an expert in government health care policy, especially Medicare and Medicaid, and represents a broad range of health care clients on a variety of issues before Congress and the administration.

Kate Finkelstein is a senior associate in DeBrunner & Associates' federal health care consulting practice in Washington, D.C. In this role she monitors health policy and legislative developments of potential importance to the firm's federal clients and plays a key role in helping those clients shape and implement their response to those developments.

Distributions to Date



PEACH Leads Advocacy Efforts



Phase 3 General Distribution

Learn about the **Provider Relief Fund**

HRSA
Health Resources & Services Administration

COVID-19 financial assistance for providers of health care services and support in a medical setting, at home, or in the community

October 5, 2020

Provider Relief Fund:
Key facts for providers

Qualified providers of health care, services, and support may receive Provider Relief Fund payments for healthcare-related expenses or lost revenue due to COVID-19. Separately, the COVID-19 Uninsured Program reimburses providers for testing and treating uninsured individuals with COVID-19.

Through the Coronavirus Aid, Relief, and Economic Security (CARES) Act and the Paycheck Protection Program and Health Care Enhancement Act (PPPCHE), the federal government has allocated

$175 billion

in payments to be distributed through the Provider Relief Fund (PRF).

These distributions do not need to be repaid to the US government, as long as providers comply with the terms and conditions

Click here to apply!

HRSA Health Resources & Services Administration

Provider Relief Fund website

Who is eligible

Any provider of health care, services, and support in a medical setting, at home, or in the community is eligible to apply for Provider Relief Fund distributions, including:

- Acute care hospitals
- Ambulatory surgical centers
- Assisted Living Facilities
- Behavioral health providers (e.g., substance use, counseling, psychiatric)
- Dental services
- Diagnostic services (e.g., independent imaging, radiology, labs)
- DME / suppliers
- Eye and vision services
- Home and community-based support
- Home health agencies
- Inpatient behavioral health facilities
- Multi-specialty practices
- Nursing homes, skilled nursing facilities
- Other ancillary services (e.g., speech and language, chiropractor, physical or occupational therapy)
- Other inpatient facilities
- Other outpatient clinics (e.g., urgent care, dialysis)
- Other services (e.g., foster care, developmental disability services)
- Other single-specialty practices
- Pediatrics practices
- Primary care practices

- Providers that accept funds **must attest to the terms and conditions** of payments through the Provider Relief Fund Application and Attestation Portal.
- Providers have **90 days to attest or reject funds** through the portal. Not actively attesting within 90 days will be viewed as acceptance of the terms and conditions.
- The Department of Health and Human Services (HHS) will **post the names of payment recipients and amounts received** on its public website for all providers that attest to PRF distributions.
- Recipients of greater than $10,000 will be required to **submit reports about the use of their PRF distributions**.

Provider Relief Fund website

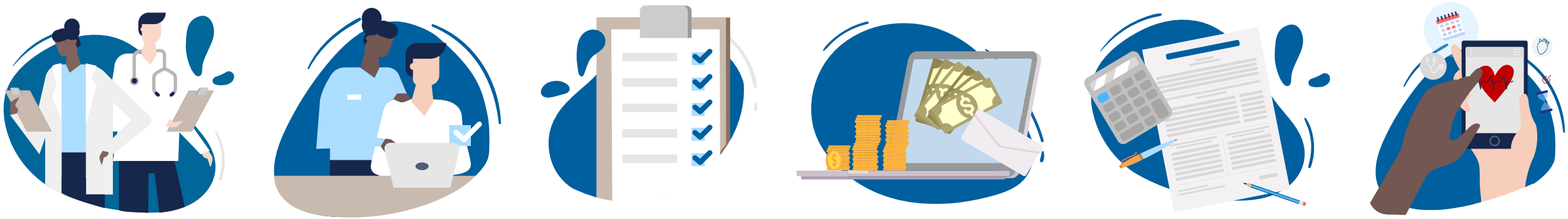
HRSA Health Resources & Services Administration

Phase 3 General Distribution

The Provider Relief Fund is currently allocating Phase 3 General Distribution funding

- **Nov. 6, 2020 at 11:59pm ET** is the deadline to submit both Tax Identification Number (TIN) and all financial information. Please submit applications quickly to expedite the calculation and distribution of payments
- Phase 3 supports providers who have experienced **expenses and/or lost revenues attributable to COVID-19** that have not been reimbursed by other sources
- HHS has allocated **up to $20 billion**, making Phase 3 one of the largest PRF distributions to date

6 actions for providers interested in receiving Phase 3 General Distribution funding



Pre-payment process

1. **Determine eligibility**
2. **Validate Tax ID Number (TIN)**
3. **Apply for funding**

Post-payment process

4. **Receive payment**
5. **Attest to payment**
6. **Report on use of funds**

[Provider Relief Fund website]

Actions for providers

Phase 3 General Distribution 1 of 6

1 Determine eligibility 1 of 2

All providers eligible for a previous PRF distribution plus new 2020 providers and behavioral health providers may apply.

Providers are eligible to apply regardless of whether they were eligible for, applied for, received, accepted, or rejected payment from prior PRF distributions.

To be eligible to apply, the applicant must meet at least one of the following criteria:

- **Billed Medicaid / CHIP programs** or Medicaid managed care plans for health-related services between Jan. 1, 2018-Mar. 31, 2020; or
- Be a **licensed dental service provider** as of Mar. 31, 2020 who has billed a health insurance company or who does not accept insurance and has billed patients for oral healthcare-related services; or
- **Billed Medicare fee-for-service** during the period of Jan. 1, 2019-Mar. 31, 2020; or
- Be a Medicare Part A provider that **experienced a CMS approved change in ownership** prior to Aug. 10, 2020; or
- Be a state-licensed / certified **assisted living facility** as of Mar. 31, 2020; or
- Be a **behavioral health provider** as of Mar. 31, 2020 who has billed a health insurance company or who does not accept insurance and has billed patients for healthcare-related services as of Mar. 31, 2020
- Received a prior **targeted distribution**

Provider Relief Fund website

Actions for providers

Phase 3 General Distribution 1 of 6

1 Determine eligibility 2 of 2

Additionally, to be eligible to apply, the applicant must meet all of the following requirements:

- Filed a **federal income tax return** for fiscal years 2017, 2018, 2019 if in operation before Jan. 1, 2020 or quarterly tax returns for fiscal year 2020 if operations began on or after Jan. 1, 2020; or be exempt from filing a return; and
- **Provided patient care** after Jan. 31, 2020 (Note: patient care includes health care, services, and support, as provided in a medical setting, at home, or in the community); and
- **Did not permanently cease** providing patient care directly or indirectly; and
- For individuals providing care before Jan. 1, 2020, have gross receipts or sales from patient care reported on **Form 1040** (or other tax form)

Please note: Receipt of funds from SBA and FEMA for coronavirus recovery or of Medicaid HCBS retainer payments does not preclude a healthcare provider from being eligible

For more detailed eligibility requirements, please see FAQs.

Provider Relief Fund website

Actions for providers

Phase 3 General Distribution 2 of 6

2 Validate Tax ID Number (TIN)

Provider registers in portal and enters TIN

Recognized TINs will be automatically validated and provider may re-enter portal to complete application. This includes:

- TINs from a state-provided 3rd party list
- TINs that were previously verified in prior PRF distributions

Unrecognized TINs will go through a three-step validation process

1. HHS shares unrecognized TINs with 3rd party validators, including Medicaid/ CHIP agencies, dental organizations, national provider organizations, etc. **(7-10 business days)**
2. Validator reviews provider information for eligibility (e.g. actively in practice, in good standing, etc.) and shares results with HRSA **(7-10 business days*)**
3. HRSA accepts determination, updates portal, and notifies provider they can re-enter portal to apply **(3-5 business days)**

For more information on TIN validation, please see FAQs.

*Assumes validator responds within requested timeframe; please allow 4 weeks for TIN validation

Provider Relief Fund website

Actions for providers

Phase 3 General Distribution 3 of 6

3 Apply for funding

- Deadline to submit TIN and financial information is **Nov. 6, 2020 at 11:59 p.m. ET**
- Providers are encouraged to **submit their application as soon as possible** to expedite the payment process and avoid unnecessary delays
- Providers should apply for financial support if they have **lost revenues and/or expenses attributable to COVID-19** that have not reimbursed by other sources
- **Providers must apply** through the Provider Relief Fund Application and Attestation Portal
- Documentation required to submit the application includes:
  - Most recent **federal income tax return** for 2017, 2018, or 2019 if in operation before Jan. 1, 2020 or quarterly tax returns for fiscal year 2020 if operations began on or after Jan. 1, 2020, unless exempt from filing a return
  - **Revenue worksheet** (if required by Field 15)
  - **Operating revenues and expenses** from patient care for Q1-Q2 in 2019-2020

Please note: Providers will need to submit financial information to the new Portal, even if they previously submitted revenue details for a prior PRF distribution

For more information on how to apply, please see application instructions

Provider Relief Fund website

HRSA Health Resources & Services Administration

Actions for providers

Phase 3 General Distribution 4 of 6

4 Receive payment

- Phase 3 General Distribution supports providers who have been most significantly impacted by COVID-19, as measured by **changes in their revenues and expenses from patient care**
- If a provider did not previously receive approximately **2% of annual revenues from patient care**, they will receive this amount consistent with prior general distributions, plus their Phase 3 allocation
- Payments **received in prior PRF distributions** will be considered when calculating a provider's Phase 3 payment
- All PRF distributions will be **paid to the Filing or Organizational TIN**, and not directly to subsidiary TINs
- Providers receiving **>$100,000 must sign up for Optum Pay** in order to improve program integrity

For more information on receiving payment, please see FAQs

Provider Relief Fund website

Actions for providers

Phase 3 General Distribution 5 of 6

5 Attest to payment

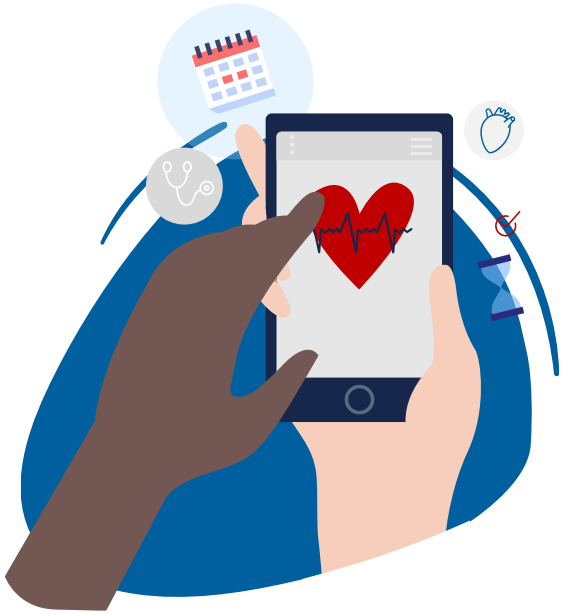
- Providers that receive distributions must choose to accept or reject funds through the Provider Relief Fund Application and Attestation Portal **within 90 days of receipt**
- Providers must **attest to meeting the terms and conditions of payment**; if they do not actively attest within 90 days, they are assumed to have accepted the payment and terms and conditions
- **If a provider rejects payment, they must return funds** within 15 calendar days
- Requirements from the PRF terms and conditions include (not exhaustive):
  - To be eligible, must have provided diagnosis, testing, or care for **actual or possible COVID-19 patients** on or after Jan. 31, 2020 (Note: HHS broadly views every patient as a possible case of COVID-19 for purposes of eligibility)
  - Payment will be **used to prevent, prepare for, and respond to coronavirus**, and reimburse health care related expenses or lost revenues attributable to coronavirus
  - Payment will not be used for expenses or losses that have been or will be **reimbursed from other sources**
  - Recipient **consents to public disclosure** of payment

For more information, please see terms and conditions

Provider Relief Fund website

Actions for providers

Phase 3 General Distribution 6 of 6



6 Report on use of funds

- HHS will **require recipients of >$10,000 to submit reports** relating to the use of their PRF distribution
- PRF payments may be used to **cover lost revenue attributable to COVID-19 or health-related expenses** purchased to prevent, prepare for, and respond to coronavirus, including but not limited to:
  - **Supplies**
  - **Equipment**
  - **Workforce training**
  - Reporting COVID-19 **test results** to federal, state, or local governments
  - **Building or constructing temporary structures** for COVID-19 patient care or non-COVID-19 patients in a separate area
  - Acquiring **additional resources**, including facilities, supplies, or staffing to expand or preserve care delivery
  - Developing and staffing **emergency operation centers**

For more detailed information, please see reporting and auditing webpage and FAQs

Provider Relief Fund website

HRSA Health Resources & Services Administration

Are you ready to apply?

Click here

For more information, please visit the [Provider Relief Fund website]