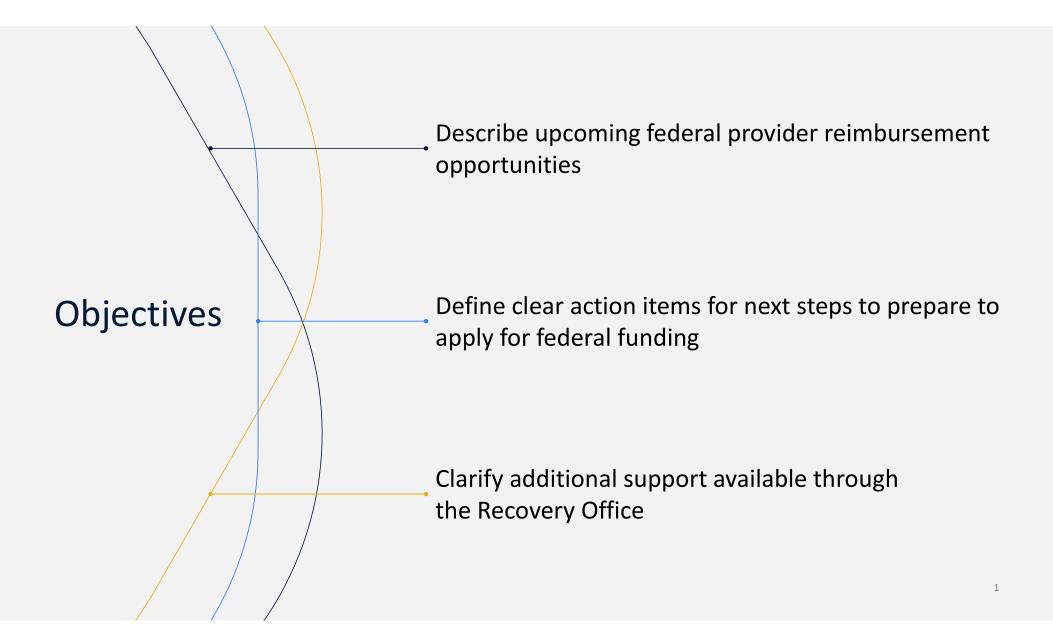
Office of Recovery Healthcare Reimbursement Programs March 2021



Today's hosts





Marci Nielsen, PhD/MPH

Chief Advisor for COVID-19, State of Kansas



Commissioner of Behavioral Health Services, KDADS



Ryan Lester, MPH

Director of the Bureau of Health Promotion, KDHE







Jen Kurien, MD

Consultant, Witt O'Brien's





Public Relations Specialist, Labette Center for Mental Health Services, Inc

Joan Duwve, MD/MPH

Public Health Specialist, KDHE Two federal programs that support healthcare providers with the challenges of the COVID-19 pandemic will re-open soon

Program

Description



COVID-19 Telehealth Program

Helping providers cover costsassociated with **deliveringconnected care** services to patients



Provider Relief Fund

Supporting healthcare providers with the **financial strains** of the COVID-19 pandemic Both the COVID-19 Telehealth Program and the Provider Relief Fund will be available to most medical providers in Kansas



Hospitals



Medical Schools



Behavioral Health Service Providers



Community Mental Health Centers



Skilled Nursing Facilities

The FCC's COVID-19 Telehealth Program: Helping providers cover costs associated with delivering connected care services to patients

- Through HR 133, the FCC was allocated an additional \$250 million in funding for the COVID-19 Telehealth Program
- The goal of the program is to aid health care providers to provide connected care services to patients at their homes or mobile locations in response to the COVID-19 pandemic
- The program fully funds providers' telecommunications services, information services, and devices necessary to provide critical connected care services

Source: FCC

FCC COVID Telehealth Program funding can be used for a variety of different synchronous and asynchronous connected care tools



Provider-facing tools and services

- Telehealth provider licenses
- Public WiFi
- Bandwidth upgrades
- Videoconferencing equipment
 - Web Cameras
 - Laptops and PCs
- Telehealth carts



Patient-facing tools and services

- Patient WiFi
- Cell Phones with Mobile Device Management system
- Remote monitoring devices
 - Bluetooth enabled glucometers
 - Blood pressure cuffs
 - Thermometers
 - Pulse oximeters
- Patient engagement platforms
- Remote patient monitoring

While waiting for the telehealth application to re-open, providers can take three steps to prepare

1. Obtain eligibility determination from USAC

- Request an eligibility determination from USAC by filing an FCC Form 460

2. Obtain an FCC Registration Number

- Set up an account in <u>CORES</u> by creating a username and password.
- Once account is activated, log in to CORES, and select "Register New FRN"

3. Register with SAM

- Providers must be registered with the federal <u>System for Award Management</u> to receive COVID-19 Telehealth Program funding

Provider Relief Fund:

Supporting healthcare providers with the financial strains of the COVID-19 pandemic

- Through HR 133, HHS was allocated an **additional \$3 billion** to be distributed through the Provider Relief Fund (PRF)
- Qualified providers of health care, services, and support may receive PRF payments for healthcare-related expenses or lost revenue due to COVID-19
- These distributions do not need to be repaid to the US government, assuming providers report on use of funds for healthcare-related expenses or lost revenue
- Disbursed funds do not need to be applied to treating COVID, and can be applied for by medical providers that do not treat COVID
 - Funds do not need to be applied in a specific timeline
- HR 133 eased the PRF definition of lost revenue and allowed parent organizations to transfer funds to any subsidiary

Source: HHS

Provider Relief Fund funding can be used for healthcare-related expenses and lost revenue



- Supplies
- Equipment
- Workforce training
- Additional costs associated with:
 - Reporting COVID-19 test results
 - Building or constructing **temporary** structures
 - Acquiring additional resources
 - Developing and staffing emergency operation centers



Lost revenue due to COVID-19

- Decreases in:
 - Patient visits
 - Elective procedures/services
- Increases in:
 - **Payroll** for employees/contractors
 - Benefits for employees
 - Uncompensated care
- In addition to above, funds can be applied to:
 - Rent/mortgage payments
 - Equipment needs
 - Licensing fees

6

While we wait for the application to re-open, there are several steps providers can take to prepare

1. Determine Eligibility

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

2. Validate Tax ID Number (TIN)

- Register in PRF portal and enter TIN
- 3. Compile costs associated with COVID-19
 - Historic revenue and tax documentation
 - Lost revenue documentation
 - New costs associated with treatment (e.g. masks, face shields, etc.)

The process of applying to and receiving funding will be straightforward and supported by the Recovery Office



Predictable process

- Clear eligibility guidelines
- Straight-forward application portals
- Standard reporting templates



Support from the Recovery Office

- Ongoing Q&A support
 - Email <u>KansasCOVIDSupport@ks.gov</u> for detailed questions
- Future webinars throughout the grant processes:
 - Application process, including compliance
 - Implementation support for successful applicants
 - Quarterly reporting and close-out support



Appendix

COVID-19 Telehealth Program

Eligibility How to apply Application components

Provider Relief Fund Eligibility How to apply Application components **Eligibility:** The program is open to nonprofit and public eligible health care providers in both rural and non-rural areas



- Post-secondary educational institutions offering health care instruction, teaching hospitals, and medical schools;
- Community health centers or health centers providing health care to migrants;
- **3** Local health departments or agencies;
- 4 Community mental health centers;
- S Not-for-profit hospitals;
- 6 Rural health clinics;
- Skilled nursing facilities; or
- 8 Consortia of health care providers consisting of one or more entities falling into the first seven categories.

What do I need to do for my eligibility determination?

- Eligibility is by site, not by applicant (applicants can have multiple sites)
- Applicants must file an FCC Form 460 for each health care provider site for which they intend to purchase eligible services/connected devices
- You can file the form <u>here</u>. It must be completed in one session, so you can see all the required questions <u>here</u>.
- The form will reference a rural or consortium requirement; this does not apply to the COVID-19 Telehealth program
- For additional help on determining eligibility, you can email <u>RHC-Assist@usac.org</u> or call (800) 453-1546 (Monday-Friday 8:00 a.m. to 8:00 p.m. ET)

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How to apply: The COVID-19 Telehealth Program

Determine Eligibility

1

- Request an eligibility determination from USAC by filing an FCC Form 460
- For additional help on determining eligibility, you can email <u>RHC-</u> <u>Assist@usac.org</u> or call (800) 453-1546 (Monday-Friday 8:00 a.m. to 8:00 p.m. ET)

Create a CORES Account and FRN

- Set up an account in <u>CORES</u> by creating a username and password.
- Once account is activated, log in to CORES, and select "Register New FRN" for those without an FCC Registration Number

2

Complete Application

• Apply for funding using CORES account and FRN

3

- Include information on the eligible devices and services planned to be purchased with program funding
- Commission staff will reach out to applicants for follow-up information if they have questions

Submit Invoicing Forms

4

- Providers must first pay the vendor for the costs of the eligible services and/or connected devices received before requesting reimbursement
- After receiving the eligible services and/or devices, providers will submit <u>invoicing</u> <u>forms</u> and supporting documentation on a monthly basis

Receive Reimbursement

 After the reimbursement request is approved, payment will be issued electronically to the health care provider

5

 Providers must be registered with the federal <u>System for Award</u> <u>Management</u> to receive COVID-19 Telehealth Program funding

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Application Components: The COVID-19 Telehealth Program¹



Background Information

- Applicant details
 - Organization information
- Contact information
 - Individual responsible for the application
- Healthcare provider details
 - Contact information for provider who will be using equipment



Medical Details

- Services to be provided
- Conditions to be treated
- Additional information concerning services and devices
 - Goals/objectives/timeline
 - Factors/metrics for success
 - Additional information about geographic area and population
- Requested funding items
 - Total amount of funding requested
 - How items are integral to care
 - How items will be used



Supporting Documentation

- Summary of the expected costs of the eligible services and devices requested
 - May include documentation such as an invoice or quote from a vendor or service provider (or similar information).
- Information should be specific enough to identify line-items to facilitate swift review of the application

Appendix

COVID-19 Telehealth Eligibility How to apply Application components

Provider Relief Fund

Eligibility How to apply Application components

Eligibility (1 of 2): PRF is open to eight categories of medical providers

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

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

Source: HHS

Eligibility (2 of 2): In addition, the provider must meet four other criteria

To be eligible to apply, the applicant must meet all the following requirements

- Filed a federal income tax return for fiscal years 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; or be exempt from filing a return; and
- 2. 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
- 3. Provider did not permanently cease providing patient care directly or indirectly; and
- 4. For individuals providing care before Jan. 1, 2020, have gross receipts or sales from patient care reported on Form 1040 (or other tax form)

Source: HHS

6

How to apply: Provider Relief Fund



Determine Eligibility

- All providers eligible for a previous PRF distribution, plus new 2020 providers and behavioral health providers may apply
 - More information on eligibility is available <u>here</u>

Validate Tax ID Number (TIN)

 Register in <u>portal</u> and enter TIN

 Recognized

2

- TINs will be automatically validated
- Unrecognized TINs will go through a three-step
- validation process. Please allow four weeks for TIN validation

- Apply for Funding
 - All applicants must submit their financial information to the <u>Portal</u>

3

- Required documentation:
 Federal income
 - tax returns - <u>Revenue</u> <u>worksheet</u> (if required by
 - Field 15) Operating

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revenues and expenses from patient care

Receive Payment

 All PRF distributions will be paid to the Filing or Organizational TIN, and not directly to subsidiary TINs

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Providers
 receiving >\$100,000
 must sign up for
 Optum Pay in order
 to support program
 integrity

Attest to Payment

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Recipients who receive Provider Relief Fund payments must accept or reject funds within 90 days through the <u>Provider Relief</u> <u>Fund Application and</u> Attestation Portal

5

Report on Use of Funds

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- HHS will require recipients to submit future reports relating to the recipient's use of Provider Relief Fund money
- Provider Relief Fund 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

Source: HHS

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Application Components: Provider Relief Fund¹



Background Information

- Applicant details
 - Organization information
- Contact information
 - Individual responsible for the application
- Revenues
 - Total revenue
 - Fiscal year of revenues
 - Percentage of revenue from patient care
- Banking Information



Supporting Documentation

- Tax Returns
 - Most recent federal income tax returns for 2017, 2018, or 2019 if in operation before Jan. 1, 2020
 - Quarterly tax returns for fiscal year 2020 if operations began on or after Jan. 1, 2020, unless exempt from filing a return
- Revenue worksheet
 - Any applicant with revenue adjustments must upload
- Operating revenues and expenses from patient care
 - Supporting documents to substantiate background information
 - Could include internally-generated financial information

1. Based upon 2020 Provider Relief Fund application, subject to change