Dear CFOs and CEOs,

This email contains financial/business-focused information. As you know, Bi-State has also been sending COVID-19 bulletins to CEOs and Medical Directors for the past couple months (archive of past bulletins can be found [here](#)).

Thank you to all the CFOs and CEOs who have been attending our CFO drop-in meetings. We met again on 4/15/2021 at 1:30.

This is just a brief Business Implications Bulletin including some timely updates that came out at the end of last week. (Thank you to Colleen Meiman, National Policy Advisor for State & Regional Associations of Community Health Centers at the Florida Association of Community Health Centers.)

Today’s PSA: *While we all think Winter is nearing the end for the year, we suggest keeping your snow tires on just a little bit longer...*

Thanks,
The Bi-State Team

**GENERAL**

**ACA Insurance Subsidies**

**FEDERAL FUNDING RELATED**

**H8F**

**NHSC Opportunities**

**CMS Provides Guidance to MACs on Interim Vaccine Payments**

**VERMONT FUNDING RELATED**

**AHS Retainer Program (aka Sustained Monthly Retainer Program)**

**CFO CALL NOTES**

**GENERAL**

**Larger Subsidies Available for ACA Plans starting 4/1/2021**

New Hampshire consumers can start applying on 4/1/2021 to receive the [larger premium subsidies established under ARPA](#). As background, the ARPA significantly expanded the premium subsidies that consumers can receive on plans purchased through an ACA Marketplace (both [www.healthcare.gov](http://www.healthcare.gov) and state-specific Marketplaces) for 2021 and 2022. The increased subsidies will impact consumers at every income level. For example:

- People up to 150% FPL will be able to get silver plans for zero premium with vastly reduced deductibles, through the end of 2022.
- For the first time, premium tax credits will be available for persons with incomes over 400% FPL. Through the end of 2022, these persons will be required to contribute no more than...
8.5% of household income toward the benchmark plan.

- People who receive Unemployment Insurance at any time in 2021 will be eligible for a zero-premium benchmark silver plan with comprehensive cost sharing subsidies this year (but not in 2022).
- For current Marketplace enrollees, subsidies are retroactive to the beginning of this calendar year.

Also note that:

- People who paid too little for their Marketplace coverage in 2020 will not be required to repay the difference to the IRS. However, the IRS had already printed the 2020 tax forms before this policy was enacted, so consumer education is needed.
- Persons who lost their jobs due to the pandemic, and have not yet found new jobs that offer health insurance, can get 100% of their COBRA costs covered for the period April 1, 2021 through September 30, 2021.
- Current enrollees whose state uses healthcare.gov can chose to change their plan during the Special Enrollment Period.

NH consumers who are already enrolled in healthcare.gov plans are encouraged to update their enrollments on or after April 1, so they can start receiving the higher subsidies right away. However, if current enrollees don’t update their enrollments during 2021, they will be reimbursed for the value of the premium subsidies when they file their 2021 Federal taxes.

Vermont, which has state-specific Marketplace, has not published information on how and when these subsidies will be available through VT Health Connect.

FEDERAL FUNDING

H8F Awards – Q&A Webinar on 4/8/2021 – 1 PM

The BPHC webpage contains extensive information re: ARPA awards to Health Center Program grantees. Following the White House announcement about the more than $6 billion in ARPA funds being provided to CHC grantees, BPHC published extensive information on its BPHC ARPA funding webpage. Highlights include:

- Links to the exact amount that each CHC grantee will receive under ARPA.
- The formula used to calculate ARPA grant award amounts:
  - $500,000 base plus
  - $125 for each patient in 2019 UDS plus
  - $250 for each uninsured patient in 2019 UDS.
- A list of the six general purposes for which funding can be used.
- A list ineligible expenses. (Examples include: EHRs that are not ONC-certified; A/R work that totals more than $500,000 per grantee; significant site work such as new parking lots or storm water structures; facility or land purchases.)
- Log-in information for Q&A webinar to be held on Thursday April 8 from 1:00 – 2:00 Eastern.
- Slides for the April 8 webinar.
- Details on the information that health centers must submit to BPHC within 60 days of receiving the ARPA funds.
It is expected that these funds will arrive in health center bank accounts in early April, so the submission will be due in early July.

**Application Windows Open for Various NHSC Programs**

HRSA seeking applications for “the largest class of clinicians in program history for both the NHSC and Nurse Corps.” The ARPA provided HRSA’s Bureau of Health Workforce with $800 million in one-time funding for the National Health Service Corps, and $100 million for the Nurse Corps. This funding more than doubles the programs’ annual budgets, so BHW is seeking to recruit “the largest class of clinicians in program history”.

BHW just opened the application window for each of the following programs:

- **The NHSC Loan Repayment Program (NHSC LRP)** awards up to $50,000 in exchange for a two-year commitment to provide primary medical, dental or mental/behavioral health care at approved sites in high-need, underserved areas. NHSC LRP recipients are also eligible to extend their service and potentially pay off all of their educational debt with continuation contracts.

- **The NHSC Substance Use Disorder Workforce Loan Repayment Program** provides up to $75,000 in exchange for a three-year commitment to health care professionals who provide substance use disorder (SUD) treatment services at NHSC-approved SUD treatment facilities. Clinicians with DATA 2000 waivers can receive award preference.

- **Providers in rural communities may apply to the NHSC Rural Community Loan Repayment Program**, which awards up to $100,000 for three years of service. Clinicians employed at an NHSC-approved Rural Communities Opioid Response Program Consortium member facility are eligible for award preference.

- **The NHSC Scholarship Program** provides funding for health professional students studying to become physicians, dentists, nurse practitioners, nurse midwives or physician assistants who are dedicated to practicing in underserved communities. In exchange, they commit to serve a minimum of two years in high-need, underserved communities. Scholars receive one year of financial support for each year of service at an NHSC-approved site (up to four years).

- **The Nurse Corps Scholarship Program** provides financial support to students enrolled in nursing degree programs. In exchange, participants commit to serve in high-need areas across the country.

To learn more about HRSA's Bureau of Health Workforce Programs, visit [https://bhw.hrsa.gov](https://bhw.hrsa.gov).

**CMS Provides Guidance to MACs on Interim Vaccine Payments**

Previously, we had shared that reimbursement from Medicare for vaccine administration would be through the cost report process. In good news, Medicare has provided guidance to the MACs to provide interim, lump sum, payments. More information can be found [here](https://bhw.hrsa.gov).

**VERMONT FUNDING**

**AHS Retainer Program (aka Sustained Monthly Retainer Program)**
AHS posted new guidance on the webpage to address some of the questions we were discussing during the last CFO call. This guidance clarifies the 10% holdback and the source of funds. There is an FAQ focused on reporting (spoiler: no information yet on that one).

Bi-State CFO Call Notes – March 18, 2021

Three (4) Things To Know:

1. American Recovery Act – Stimulus Bill
   a. $7.6B for community health centers (to be available in 3-4 weeks)
   b. Paycheck Protection Program (PPP) expanded in stimulus bill (round 2)
      i. Now up to 500 employees; round 2 deadline is May 31st
      ii. SBA Website – PPP prioritizing new applications
2. Medicare Vaccine Reimbursement
   a. Was $42 for the vaccine (whether 1 dose or two); now $40 per dose (i.e., $80 for two doses)
   b. Other payors likely to follow
3. Provider Relief Fund Update- new FAQs are out
   a. Lost revenue formula has been updated
   b. Use of alternate method for lost revenue calculation may increase audit potential
   c. Additional detail on cost-based reimbursement
4. Vermont Medicaid Retainer Program (see updated information above with the new VT guidance)
   a. Berry Dunn has been meeting with State of Vermont to get clarification
   b. State will provide written summary and update FAQs
   c. Sustained Monthly Payment Program
      i. Initial focus on Medicaid dollars (not required to repay)
      ii. As of December the grant agreement shifted to federal dollars, which triggered new rules
      iii. Intent to replace revenue (Medicaid) has not changed but can now add COVID-related expenses
      iv. If new agreement is signed can waive the 10% recoupment
         1. With sufficient lost revenue and assuming no double dip from other funding
         2. May have to repay if there is not enough lost revenue (all revenue and not just Medicaid)
      v. If you don’t sign the grant agreement, you can keep 90% of the funding in support of lost revenue (and the money is definitely CARES Act Funding).
      vi. If you don’t sign the agreement, you also can’t use the funding for COVID-related needs or expenses (other than lost revenues).
      vii. Extension is a possibility on case-by-case basis (not across the board)
      viii. Definition of lost revenue – Net Revenue of Actual Cash Payment (seeking clarity –
varyaing answers)

- Provider Relief Fund
  - More FAQs coming
  - New funding available in stimulus package
  - HRSA is hoping providers go with expenses and not lost revenue
  - But it can be difficult to generate enough expenses
    - 2/24 FAQs open the door to using existing organizational expenses. Used to be new/incremental expenses only

- H8C, H8D, H8E draw down
  - Deadlines for no-cost extensions are happening soon
    - Information on NCE in EHB under EHB grants management
    - Due date is a minimum of 30 days prior to the end of the period

- Non-taxable disaster relief payment to staff
  - To offset home office expenses, etc.
  - Organization can determine amount of payments to staff
  - This is under FEMA framework
  - Berry Dunn has a blog on this topic here

- Paycheck Protection Program (PPP)
  - Application for Forgiveness timing
    - A challenge raised was that the lender portal has not been available for application submission. This is because the lenders are prioritizing new applications. Borrowers may submit this application for any time before the maturity date of the loan.
    - PPP Eligibility Rules (Round 2)
      - Must have 25% revenue loss in in any quarter; and
      - Have spent all round 1 funding

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Mask Up!

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