From: Dawn Sabo
To: Dawn Sabo
Subject: COVID-19 Business Implications Bulletin for CFOs and CEOs - Bulletin #5
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Sent by Dawn Sabo on behalf of Georgia Maheras

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 attended our first CFO drop-in meeting last Friday, May 8th. We discussed the HHS Provider Relief funding in detail, and Mary Dowes, CPA (Senior Manager and BerryDunn) was on the line to provide some great analysis. Notes from that meeting are included at the bottom of this bulletin. One of the key points made during this call was that health centers should assume that each of these new funding streams will be audited and require significant supporting documentation. We plan to conduct regular CFO drop-in calls every other week for the foreseeable future. You will see an outlook invitation for a call on May 22rd.

Bi-State has developed a few resources to track the state and federal funding/business resources. This powerpoint is a summary of the federal funding released to-date. This summary and this table provide both federal and state-specific information. These are google docs and they will always have the most up-to-date information we can find.

Toplines include: Reopening (including staff testing protocols in VT), testing expansions in both states, and HHS' new extension for attesting to federal PHSS funding. Finally, things change, so we encourage you to click the links for updated guidance.
New Opportunity: Bi-State is pleased to be able to offer new telehealth billing strategic support to you. This new support augments the existing town halls and larger group office hours, but will be focused on your organization. It will be dedicated 1:1 time with telehealth experts from the New England Telehealth Resource Center and/or BerryDunn. We are excited to collaborate with our partners at NETRC and BerryDunn to be able to offer this to you at no cost!

Today's PSA: To help health care and government organizations with their supply shortage, Amazon has created a place on its website to get inventory of critical medical supplies as they become available. PPE that is restricted only to COVID-19 providers includes masks, gowns, gloves, thermometers, and probe covers. Click here to sign up with Amazon to be a COVID front-line worker.

Thanks for all that you do and please let us know if you have any questions or comments,
Georgia

GENERAL

Re-opening
Many employers have begun to think about when and how to bring employees back to work. Bi-State will be sharing some of the resources in the coming weeks. In this update we wanted to flag some of the policy-related implications of reopening, which vary state by state. The CDC continues to provide general recommendations to both health care professionals and businesses.

Cyber Threats
The Office of Civil Rights (OCR) notes that cyber-criminals may take advantage of the current COVID-19 global pandemic for their own financial gain or other malicious motives. Below are resources that the OCR has compiled that may be of interest to the health care community.

- Cyber Attack Quick Response Checklist<. With the increase in COVID-19 related malicious activity, HIPAA covered entities and business associates are encouraged to review this checklist and infographic for steps to take in the event it encounters a cyber-related security incident.
- The FBI issued a notice regarding email phishing attempts targeting healthcare providers.
- The Internet Crime Complaint Center (IC3) released an advisory regarding an increase in reports of online extortion scams.
- The National Security Agency (NSA) published a notice that includes criteria to consider when selecting an online collaboration tool as well as information on how to use online collaboration tools securely.
- The HHS Health Sector Cybersecurity Coordination Center (HC3) released a white paper outlining ways these tools could be exploited and recommendations to mitigate these issues. This brief includes details on the increase in COVID-19 related malicious activity as well as information on how COVID-19 themed phishing attacks and websites are used as lures to trick users into downloading malicious software or directing users to malicious websites.
- OCR's Cyber Security Guidance Material may be found here. For more information related to HIPAA and COVID-19, please visit this website.

Liability
It is very important the health centers ensure that their telehealth services are covered by FTCA or other malpractice coverage. HRSA's newly updated Telehealth PAL provides guidance on how to appropriately document telehealth services within health center scope of project. FTLF has been offering webinars on FTCA and Telehealth, including "FTCA Coverage for Virtual Services."

FEDERAL FUNDING RELATED:

Expanding Capacity for Coronavirus Testing (aka "ECT" or "H8E" for FQHCs and LALs)
Expanding Capacity for Coronavirus Testing funds were released to FQHCs on 5/7/2020 to support necessary expenses to purchase, administer, and expand capacity for testing to monitor and suppress COVID-19 through in-scope activities. The Activity Overview and Budget Narrative will be due 6/6/2020 ***(Yes, this is a Saturday!)***. There is no particular format required for the Activity Overview. If you will be purchasing equipment or using funding for minor alterations/renovations,

additional forms are needed. Costs retro to 1/20/2020 are allowable (note these in your budget narrative). To determine whether an expense is allowable, ask yourself, "Does this expense support coronavirus testing capacity with in-scope activities that align with my health center's coronavirus response plan?" Unallowable expenses include: activities not in scope, costs reimbursed by other federal programs, major A/R (total project cost > $500K), land purchase, installation of trailers/pre-fabs, etc., expenses already covered by H80, H8C, H8D (without changing those budgets), etc. HRSA has established a TA page for this funding stream, here.

At the Q&A call on 5/13/2020 (slides here), HRSA clarified that there is no particular HRSA target for how much additional testing the health center should perform with this funding. The expanded testing should be "reflective of community needs and your available resources." "You should determine your community's unmet needs and use funds to meet as much of that need as possible. If you intend to use this funding to support contact tracing efforts, please read the HRSA FAQ on Contact Tracing, as there is a limited interpretation to what HRSA would consider in a health center's scope. A second TA call will be held on 5/21/2020 at 3:30 PM.

LALs have not yet received ECT funding. They will be asked to respond to a streamlined NOFO using grants.gov. This will be released "soon, shortly."

HHS Provider Relief Fund

The CARES Act includes a $100 billion provider relief fund (and Stimulus #3.5 added $75B to this fund. HHS recently extended the time providers have to attest to these funds from 30 to 45 days. Also, not returning the funds is considered acceptance of the terms and conditions. More information can be found here.

Requirement to Post Cash Price of Testing

We previously told you that you needed to post the cash price of COVID-19 tests on your website under FFCRA (Stimulus #2). This requirement is addressed in FAQ #7 of ***recently-published Administration guidance on these provisions***. This obligation is in place to ensure that a patients' insurer fully reimburses the provider for the service even in they are an out-of-network provider. However, if a provider does not order a COVID-19 test, then the insurer is not required to cover the full visit (a good example of this is described on this podcast – note there are some colorful metaphors in this episode).

Finally, the Federal government provides no additional details on where or how these prices are to be listed on a provider's website. There is no requirement that this information needed to be located in a prominent place on your website.

FCC will reimburse costs of telehealth equipment and services- still open!

The FCC will provide $200 million to help eligible health care providers purchase telecommunications, broadband and devices to provide telehealth services to COVID-19 patients. The application can be found here. To date, the FCC has awarded $33 million.

FEDERAL- BUSINESS UPDATES:

CDC, DOL, and OSHA Guidance for Businesses and Employers

For the full list of employer and business guidelines from the U.S. Centers for Disease Control (CDC),

please click here. The U.S. Department of Labor also has some good resources here, including updated guidance on how the Fair Labor Standards Act intersects with COVID-19 business response. OSHA guidance for employers was recently posted here.

Consumer Assisters

Any organizations that have CMS-CDO agreements need to renew them in 2020 – renewals should occur 30 days prior to expiration (these agreements were executed in 2018). You should receive an email about this renewal if it impacts you. Additionally, CMS is announcing a new Consumer Assistance Counselor (CAC) roster and tracking each CAC and their ID number. Additionally, CMS is requesting that the title of Consumer Assister only be used for individuals who are on this roster and registered with CMS through these agreements.

NEW HAMPSHIRE- GENERAL RESOURCES:

General NH COVID-19 Business Resources:

COVID-19 NH business resources can be found **here**. Information about your insurance coverage, unemployment insurance, loans, etc. are all on this page. Things are changing quickly and we recommend you look here often.

NH Dept of Business & Economic Affairs Surveys State Businesses

To assist with re-opening the state's economy, the Department of Business and Economic Affairs is conducting a confidential survey of New Hampshire businesses to see how they are meeting the challenges of the COVID-19 pandemic. The information provided will assist efforts to help businesses, and the state's economy, recover in the weeks and months to come.

NH Reopening

NH is on an "eight-week reopening plan", which is being led by the Reopening Task Force. The state has begun releasing guidance for health care providers (and others) about reopening. Information can be found here. Guidance to businesses about this plan is found here.

NEW HAMPSHIRE-FUNDING RESOURCES:

NH Non-Profit Response Fund

The NH Non-Profit Response Fund (a partnership of the Community Development Finance Authority, the Business Finance Authority, and the NH Center for Non-Profits) has opened up an opportunity for NH non-profits. Requests for funds should cover no more than 90 days of expenditures and may be used for working capital, equipment purchases, program expenses, etc. Eligible organizations may apply for $2,500 to $100,000 in loan funds. The loan term is up to 24 months, with the first payment due 6 months after closing. A portion of the request may be forgiven, the forgiven portion will be outlined in the commitment letter. Interest for loans will be 0% for the first 12 months and convert to 2.75% in the 13th month. Loans will accrue simple interest at a rate of 2.75% for months 13 through payoff of the loan. There will be no prepayment penalty. Applications may be submitted through CDFA's online application site (https://resources.nhcdfa.org). Funds will be released on a rolling basis as funds are raised, continuing throughout the outbreak and recovery phases of the crisis.

Stabilization Payment Request to NH DHHS
We expect additional stabilization funds to flow through the MCO contracts, which could be on the G&C agenda on 5/20.

NH Health Care System Relief Fund – still open
Organizations must make clear in your application the impact of the COVID-19 has had on your finances, how it affects your ability to provide services, and what the impact will be to your patients and your community if you do not receive financial assistance. Providers can download an application for the COVID-19 Emergency Healthcare System Relief Fund at https://www.dhhs.nh.gov/documents/covid19-relief-fund-app.docx. Applications should be submitted by email to healthcarereliefffund@dhhs.nh.gov.

GOFERR: NH's plans for federal stimulus money?
The GOFERR website has the latest updates on these plans.

Testing Opportunity
There is a new opportunity with Quest and New Hampshire Health Families. Centene has partnered with over 2 dozen FQHCs around the country in 20 states in a pilot program to support expanded sample collecting and testing. This is done in collaboration with Quest (they provide the full testing kits to the FQHCs). To support this collaboration, Centene ensures the FQHC has all of the PPE it needs to perform these tests. *They want to expand this to New Hampshire (DHHS is in strong support of this pilot) and we are looking for 1-2 FQHCs to participate. Please contact Georgia if you are interested!*

VERMONT-GENERAL BUSINESS:

Reopening
Vermont's plans for reopening include weekly updates to the phased reopening approach. ACCD includes the latest guidance on sector-specific reopening, including links that may be helpful to you. Also, DRM hosted a couple of webinars (you can view it here) in late April on "Strategies for a Successful Return to Work." The attached slides included information specific to both VT and NH.

Health Care Provider Reopening Testing Protocol Requirement
Vermont is requiring health care providers that are reopening procedures and other services to provide a staff testing protocol. While we have not seen a specific requirement in writing about primary care practices, Dr. Levine clearly stated on the 5/7 Bi-State/VDH call that he was expecting FQHCs to submit a staff testing protocol to the state for review. Bi-State is working with the State and other health care provider associations to get guidance on what these testing protocols should look like. Here is what we know:
Process for submitting plans:

- E-mail plan to Ena Backus, Director of Health Care Reform at ena.backus@vermont.gov and Laurie.Hurlburt@vermont.gov
- The plan will be reviewed by the testing task force and then sent to VDH. In the short term, health care providers may be asked to tweak plan. Once all the plans are

submitted, the testing task force and VDH may develop best practices to share.

VDH has released guidance on staff testing protocol guidelines for hospitals and ambulatory surgery centers:

- Testing all health care workers who encounter patients (including, nurses, physicians, emergency medical personnel, medical and nursing students, laboratory technicians, pharmacists, administrative staff, or any other employee who may come into contact with a patient) within a reasonable time period;
- Ongoing periodic monthly testing of all health care workers who encounter patients;
- Testing symptomatic health care workers and managing any follow up required including participation in contact tracing activity as relevant. Contact tracing will continue to be conducted by the Department of Health; and
- Participating in contact tracing for employees who come in contact with patients who are COVID+.

Bi-State is happy to work with your on your protocol development and would appreciate you cc'ing our team when you submit your plan to the State.

Testing expansions

VDH is expanding testing throughout the state to include asymptomatic individuals. They are currently doing this through pop-up sites, but would like to transition this to health care providers in the coming weeks. If you are interested in expanding your testing (or starting up!), please let Helen or Georgia know.

VT Essential Workers Grant Program

At the end of April the VT Senate passed S.346, a $60 million program to provide an extra $600-$1000 per month for workers providing essential services that may expose them to COVID-19. The program applies to all nursing home and home health employees and any other essential employees who earn less than $25 per hour. The House has begun to review the bill. VAHHS has prepared a summary of the bill, here.

DVHA Enrollment and Eligibility: Special Enrollment Period Extended through 6/15/2020

Due to the COVID-19 Emergency, Vermont is facilitating initial and continuous health care enrollment by:

- Temporarily waiving financial verifications required for those seeking to enroll in health insurance;
- Extending Medicaid coverage periods (meaning DVHA is not processing the annual "reviews" that could result in loss of Medicaid) until after the emergency ends;
- Not ending Medicaid coverage during the Emergency period unless the customer requests it;
- Temporarily waiving Dr. Dynasaur premiums, beginning with the April bills for the premium due in May;
- Offering a Special Enrollment Period for those who do not currently have health insurance to enroll in a qualified health plan and receive premium and cost-sharing assistance, if eligible. (Eligible Vermonters can continue to apply for, and enroll in, Medicaid at any

time). This Special Enrollment Period is currently open through June 15, 2020.

VERMONT-FUNDING:

DVHA's COVID-19 Sustained Monthly Retainer Program – Opt-in for June by 5/19/2020 Deadline

Effective 4/27/2020, DVHA has implemented an optional, temporary payment model for VT Medicaid that combines FFS reimbursement with prospective monthly payments. The prospective payments are intended to reimburse eligible participating providers for the difference between their long-term average monthly Medicaid FFS revenues and the actual amount of Medicaid FFS claims payments issued to them for services they continue to provide. This program will remain in effect for the months of May and June of 2020, after which AHS will determine whether to extend it based on the status of the COVID-19 State of Emergency. Sustained Monthly Retainer Program payments are neither grants nor loans. They are prospective monthly payments which may be subject to recoupment of a maximum of 10% of the total amount paid to a provider through the Sustained Monthly Retainer Payment Program. This program is different from the Medicaid Retainer Program offered in early April (and since discontinued) and requires a separate opt-in. Details on the May/June program can be found here. The next deadline for program enrollment is 5/19/2020.

At our CEO call on 5/12/2020, DVHA's Medicaid Director of Payment Reform, Alicia Cooper, answered CEO questions about the program. Notes from this Q&A follow.

Q: Is it really only 10% at risk?

A: Yes, 10% of total monthly payments. If out-of-compliance with program terms, there might be a more comprehensive recoupment.

Q: Will it last beyond June?

A: We don't know yet, discussing with AHS, legislature, administration. We will make this determination during the month of June.

Q: Can it be retro? To when?

A: It is not retro.

Q: How is money labelled when it shows up?

A: Alicia needs to check with DVHA business office. One CFO notes that it is labeled clearly as "May Retainer".

Q: When is June opt-in deadline?

A: 5/19.

Q: If we got in for May, do we have to reapply for June?

A: Once you're in, you're in.

Q: When will we know if we have to pay back the at-risk portion?

A: You'll have at least 6 months after the end of the program (so no earlier than December, if program ends in June).

Q: Can organizations that participated in the first DVHA Retainer Program also participate in this second program?

A: Yes, but it is two separate processes.

Q: Can you convert the lump sum to the second program? Can the terms of the second program be applied to what was received in April?

A: We are thinking about the maximum level of recoupment the same way. We would be looking at it like a package. [Bi-State note: we are working on getting greater clarity on this question/answer].

Q: Is there a limit to the number of providers that can participate?

A: There is a limit to the types of providers, detailed in the application.
Q: Is there a dollar limit to individual providers?
A: The calculations are based on a provider's pre-COVID-19 monthly average Medicaid payments.
Q: How does this work with the dental cost report settlement?
A: Alicia will research.
Q: If this is continued beyond June, will we have to reapply?
A: If continued, you will be rolled into it.

CFO Meeting Call Notes (5/8/2020)

Georgia Maheras (abbreviated GJM) began the call by calling attention to a few key points:

1. All of the funding you are receiving requires lots of compliance. The funding streams have different terms and conditions. We recommend you talk with your auditors and other financial advisors.
2. It is hard to find the terms and conditions. Some of these notifications are being sent to random people within your organization.
3. Charitable fundraising is on the rise right now: many hospitals are doubling down on this, and this may be the right time for you to push for more charitable donations.

Mary Dowes (abbreviated MD) also provided a few key points:

1. We haven't gotten 100% confirmation that every funding stream will be audited, but this is highly likely. They will be audited by different people. Some may roll up into uniform guidance.
2. Remember that if COVID comes back in future, there might not be a federal funding appetite for more big grants.
3. Re: The Provider Relief Funds: They won't claw back the initial round of funding (this had been a worry at the end of April). There is potential take back at audit, if you don't have proper documentation. This is NEW: For documentation, you can use the Provider Relief funds to supplant lost revenues (this doesn't compete with PPP, 330) – so this is what Mary Dowes is recommending. You cannot recognize HHS as revenue now; you need to have documentation to support the use of the funds in order to recognize the funds.
4. If you got overpaid in the first round of funding of the $50B general allocation, you would not have received a second round. Also, if CMS couldn't locate your cost report, you would not have received a second round. HHS requires you submit 990 info and attest before releasing your final allocation from this $50B general allocation. We are now recommending you attest to any and all Provider Relief Fund attestations. We have tried to get timeline for when these later distributions will be made.
5. For the PPP program, there are some concerns that health centers with upcoming 330 project period end dates may struggle to fully utilize both PPP and 330 appropriately. The PPP is a limited funding source for a short period of time and it is capped at a $100K annual salary. You may utilize the difference between the $100K and $197K to draw on your 330. You can also reallocate other employees to the 330. You can also delay the start

of your CARES H8D funding until your PPP ends (b/c CARES funding has 12 months).

Q&A
Q: Do you have a calculation for determining lost revenue?
MD: Utilize the average revenue of January and February, then figure out what March was compared to that average, and what April was compared to that average.
GJM: For the DVHA Retainer Program (described above), VT does a comparison to 2019.

Q: Can we claim the difference between PPS and telehealth rate for those services?
MD: Yes. It's important to have your systems documented.

Q: How do you factor in the VT Medicaid gap?
GJM: The DVHA money is short term; the other funds give you 12 months. You will have ample opportunity to demonstrate lost revenues for many months to come.
MD: However, you can't doubledip.

Q: Can you count the difference between $92 and PPS as lost revenue?
MD: Yes, but if you are billing Medicare now, you are getting your PPS as an advance payment (this will be reconciled in July, however). Your grant money is to cover expenses. The HHS money can be used to cover lost revenues.

Q: Do we track loss of revenue by payer and use HHS for Medicare revenue?
MD: The HHS money is not just to cover Medicare, it is to support all your revenue streams. That said, it is good practice to track lost revenue by payer.

Q: Can we use these funding streams to cover health insurance (if health insurance covers abortion).
MD: You cannot for H8C, H8D, HHS… for this purpose. PPP is a little murkier. This is an outstanding question on the process for PPP loan forgiveness. If you can avoid charging health insurance to PPP, that is probably best.

Q: Can you also count losses to 340B revenue?
MD: That all calculates into your lost revenue.

Q: Earlier Bi-State recommended avoiding attestation of HHS payments.
GJM: This has changed – attest to everything you can. Before, HHS was slow to get information out, but that has changed. There are 30 day attestation deadlines. Please attest and take note of your obligations. [Update: HHS has modified these deadlines-link is above].

Q: If you need to pay retention or hazard pay to workforce, can you use federal funds?
MD: Be cautious with terminology of "bonus." There is no reason you can't do hazard pay for employees. Just make sure your personnel policies support this. Anytime you change your practice (work from home, etc.) you want to make sure your policies get revised to support.

Q: The HHS terms say that recipients of $150K need to submit quarterly reports. What do you know

about that?
MD: We don't know much about this or what the reports look like. We are guessing the first submission date will be 7/10/2020.

Q: Can you track lost revenues based on your proposed budget for this year?
GJM: It would be prudent for everyone to work with their auditors to figure out this formula for tracking lost revenues. I am personally concerned with comparing to budget because budget in 2020 is a a projection, so you might get pushback.
MD: HRSA has explicitly said you can't base 330 on budget, so don't do this for other sources unless you can document the heck out of it.

Q: Changes for cost report?
MD: The only change I'm aware of is telehealth and determining an appropriate allocation for the providers' time related to telehealth. This needs to be carved out and reported as a non-FQHC service.
GJM: We have heard that there is the significant time spent on telehealth, not just during the virtual visit. Should they count the prep time, the time with the patient, and the post time when they carve out time?
MD: That's a good question. I would lean more towards the direct time (maybe with some post time). Moving too much cost out of FQHC services to other services may impact future PPS calculations.

Q: Please confirm: even our current telehealth under this emergency is not considered a FQHC service for the cost report?
MD: Correct.
GJM: We are getting more telehealth resources out there for you. There is a telehealth google doc. VT has 2x/week office hours; starting that up in NH too. [Update: and now 1:1s!].
MD: If you hire a consultant to help with any of this, it is an allowable cost.

Q: We will have to have telehealth be part of the mix for the next year. Will this negatively impact our PPS rate?
MD: It may not. Medicare uses cost report data to set trends. It will probably depend on how much cost shifts nationwide. This will depend on the future of telehealth. This is a CMS-driven thing (not a HRSA thing).
Helen Labun: CMS' 4/30 MLN (here) includes the following: "Cost Reporting: Costs for furnishing distant site telehealth services will not be used to determine the RHC AIR or the FQHC PPS rate but must be reported on the appropriate cost report form. RHCs must report both originating and distant site telehealth costs on Form CMS-222-17 on line 79 of the Worksheet A, in the section titled "Cost Other Than RHC Services." FQHCs must report both originating and distant site telehealth costs on Form CMS-224-14, the Federally Qualified Health Center Cost Report, on line 66 of the Worksheet A, in the section titled "Other FQHC Services"."

Q: So we should also be pushing to not have it carved out in our cost report?
GJM: We are pushing to have the Medicare $92 be raised to your PPS rate. We will also raise to NACHC this protection to ensure PPS isn't driven down inadvertently.

Q: Under PPP, should payroll be prorated to maximize full forgiveness?
MD: PPP starts the date that the funds are received. Yes, you'd want to prorate to maximize utilization in that very first pay period.

Mary Dowes and Georgia Maheras ended the call with some final advice:

MD: For tracking of your costs, we really recommend that you generate an excel spreadsheet that shows each person by pay period and how that is charged to the various funding streams. Time and effort reports are best practice, but for the PPP, it is a little tricky.
GJM: Bi-State staff are available for any 1-on-1 support. We will likely do another one of these calls. Also, please talk to your banks and auditors about all of this funding. This will be scrutinized very heavily.

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