

Funding and Resources for Hospitals and Health Care Providers



*As of 4/10/20. Document will be updated as new program details and opportunities become available. See website for the most current document.

Access to Capital and Public Health Response

- **\$100 Billion for Public Health and Social Services Emergency Fund:** Provides funding for hospitals and health care providers to support expenses and lost revenue directly related to the COVID-19 outbreak. Funds may not be used to reimburse expenses that have been reimbursed from other sources (i.e. SBA loans). Available to public entities (government-owned hospitals), Medicare/Medicaid enrolled suppliers and providers. Also includes non-profit and for-profit entities that are providing care for COVID-19 patients. *The first round of payments - totaling \$30 billion - will be released on April 10. Payments will be issued via direct deposit and tax ID number. Distribution will target health care providers based on 2019 Medicare fee-for-service claims data. Additional details to follow on remaining funding.*
- **\$350 Billion in Small Business Administration Paycheck Protection Program:** New loan opportunity with limit of \$10 million to pay for salaries, benefits, rent, retirement obligations and more. Available to non-profit and for-profit hospitals and health care providers with fewer than 500 employees (part time and full time). *To learn more and apply for an SBA loan, [click here](#). You are also encouraged to contact your local bank. Congressman Marshall co-signed a letter on April 9 requesting that county-owned and critical access hospitals be made eligible for PPP loans.*
- **\$150 Billion for Coronavirus Relief Fund:** Available to states and units of local government for expenses related to the outbreak. Kansas expected to receive \$1.25 billion. May be available to government-owned hospitals via the local government applying for one or through state directed allocation. *The Treasury Secretary is required to issue this out no later than 30 days after enactment. Governor Kelly will have discretion on disbursement within the state. Updates pending.*
- **\$1 Billion for USDA Rural Business and Industry Loan Guarantee Program:** Provides USDA with lending authority to help rural businesses seek financial relief including loans to maintain business operations, debt refinancing, purchasing equipment, and more. Available to non-profit, for-profit, cooperatives, and public entities in communities with less than 50,000 people. *To learn more, [click here](#). You can also contact your local USDA office to apply.*

- **\$275 Million for Rural Hospitals and Federal Grantees:** Expands grant programs aimed to improve quality, increase health care access, coordination of care, and integration of services. Available to rural hospitals, community health centers, and other federally-qualified entities under HRSA. *To learn more on the grants as they become available, [click here](#).*
- **\$250 Million for Hospital Preparedness Program:** Improves capacity and response directly attributed to the outbreak, including building capacity for more beds, training, individual facility purchase of ventilators, and more. Available to hospitals, local health departments, emergency management organizations, and EMS. *There are [7 health care coalitions in Kansas](#) overseen by KDHE.*
- **\$16 Billion for Strategic National Stockpile:** Increases federal government ability to procure personal protective equipment (PPE), ventilators, and other medical supplies for federal and state response efforts. Will be made available to hospitals, health care providers, and other critical infrastructure personnel. *To request PPE and other necessary medical supplies, contact your county emergency management department.*
- **\$1.32 Billion Additional Health Center Funding Extensions:** Supplemental funding for community health centers and extends mandatory spending for certain health center programs. Assists hospitals with associated health centers.
- **\$454 Billion for New Treasury Exchange Stabilization Fund (Main Street Fund):** Gives Treasury authority to establish a new program for loans, loan guarantees and other investments in support of the Federal Reserve's lending facilities that support organizations. May be available to non-profit and for-profit hospitals and health care providers of 500 - 10,000 employees, states and municipalities. *The Treasury estimates it will be open by mid- to-late April. The latest information is posted [here](#).*

Payment Improvements and Flexibilities

- **Expand Option for Medicare Advance Payments:** Expands existing Medicare accelerated payment program for Part A and Part B suppliers. Qualified facilities would be able to request up to a six-month advanced lump sum or periodic payment. Most hospital types could elect to receive up to 100 percent of the prior period payments, with CAHs able to receive up to 125 percent. A qualifying hospital would not be required to start paying down the loan for four months, and would also have at least 12 months to complete repayment without requirement to pay interest. *Details on eligibility and the request process can be found [here](#).*
- **Temporary Lift on Medicare Sequester:** Temporarily lifts the Medicare sequester, which reduces payments to providers by 2 percent, from May 1 through December 31, 2020.
- **MS-DRG Add-On for COVID-19 Inpatient Care:** Increases payment to hospital for treating a patient admitted with COVID-19 by 20 percent. Applies to rural and urban IPPS hospitals.
- **Delays Medicaid DSH Cuts:** Eliminates \$4 billion in DSH cuts in FY2020. Reduces FY2021 DSH cuts from \$8 billion to \$4 billion.
- **State Access to Enhanced Medicaid FMAP:** Ensures that states are able to receive the Medicaid 6.2 percent FMAP increase.

- **Premium MOE Requirement for Temporary Increase:** Delays the application of MOE requirement that restricted states from increasing premiums as a condition of receiving the temporary FMAP increase.

Telehealth Expansion and Increased Access to Care

- **\$200 Million for FCC Rural Health Care Program:** Provides funding to the Federal Communications Commission for telehealth services and devices. *To learn more, [click here](#).*
- **HRSA Telehealth Network Grant Program:** Funds to enhance telehealth networks to deliver 24-hour Emergency Department consultation services via telehealth to rural providers without emergency care specialists. *To learn more and apply, [click here](#).*
- **\$25 Million for USDA Distance Learning and Telemedicine Grants:** USDA is re-opening the application window from 4/14 through 7/13 with an additional \$25 million in funding. Eligible applicants include most state and local governmental entities, nonprofits, for-profit businesses, and federally recognized tribes. *To learn more and apply, [click here](#).*
- **Expand Medicare Telehealth Flexibilities:** Eliminates the requirement that limits the Medicare telehealth expansion authority during the COVID-19 emergency period to situations where the physician or other professional has treated the patient in the past three years. This would enable beneficiaries to access telehealth, including in their home, from a broader range of providers, reducing COVID-19 exposure.
- **Telehealth and HRSA Federally-Qualified Entities:** Allows FQHCs and RHCs to serve as distant site providers. This allows clinics to continue seeing patients from their homes.
- **Telehealth and Home Dialysis:** Eliminates requirement that a nephrologist conduct some of the periodic evaluations in-person.
- **Encouraging Use of Telecommunications Systems for Home Health Services:** HHS will clarify guidance on use of telecommunications, including remote patient monitoring, to furnish home health services consistent with beneficiary care plans.

Select Waivers and Flexibilities

- **Rapid Coverage of Preventive Services:** Ensures patients are covered without cost sharing for COVID-19 related expenses, including testing.
- **3-Hour Rule for Inpatient Rehabilitation:** Waives 3- hour rule for inpatient rehabilitation facilities, and provides flexibility on payment rules for discharges from long-term care hospitals.
- **Flexibility for Post-Acute Care:** Provides temporary flexibility for post-acute care providers to increase capacity of the health system without penalty.

- **Health Savings Accounts for Telehealth Services:** Allows a HDHP with a HSA to cover telehealth services prior to a patient reaching the deductible, increasing access for patients who may have the COVID-19 virus and protecting other patients from potential exposure.
- **Health Savings Accounts for Over-the Counter Medical Products:** Allows patients to use funds in HSAs and FSAs to purchase OTC medical products, including those needed in quarantine and social distancing, without a prescription from a physician.
- **Home Based Services:** Expands ability of PAs and NPs to order home health services for beneficiaries, reducing delays and increasing beneficiary access to care in the safety of their home.

Other Community Funding

- **\$3.5 Billion in Child Care Development Block Grant:** Helps support child care programs to maintain critical operations and staffing needs. Ensures health care providers and other critical infrastructure workers have access to child care while serving the front lines. *To find a child care provider in your area, [click here](#).*
- **\$1.5 Billion for Economic Development Administration:** Increases economic development grants for states and communities suffering economic injury as a result of the outbreak. Investments can support rural regions to become more diversified and resilient, improve accessibility, and competitiveness.