



FEDERAL FUNDING OPPORTUNITIES FOR HOSPITALS

Updated: September 3, 2020 – **UPDATES SHADED**

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This document provides an overview of direct funding opportunities available to hospitals and health systems through the recently enacted CARES Act. **Hospitals must apply or take other action to access the funding** opportunities listed in this document. A companion resource document identifying automatic federal fiscal relief is available on GHA's dedicated [COVID-19 webpage](#).

Hospitals may apply for or receive funds from multiple sources, however, may not have multiple finance streams pay for the same expenses. GHA recommends hospitals closely track their COVID-19 expenses, and the finance stream used to pay for those expenses, using a tool like [this](#).

This document provides high-level information based on multiple sources and widely available information. This document is meant to help providers quickly identify potential funding sources, but it is not intended to replace source documents that may contain additional details, terms, and conditions. Further, this information is subject to interpretation as well as guidance issued to date, and such guidance is subject to change.

Public Health and Social Services Emergency Fund (PHSSEF) – Provider Relief Fund

- I. **Description:** \$100 billion in total funds available to hospitals, health systems, and other providers. (Established in the CARES Act, enacted 3.27.2020.)

1. **General Distribution**

In addition to the \$30 billion distributed on April 10, HHS distributed another \$20 billion to providers so that the whole \$50 billion general distribution was allocated proportional to providers' share of 2018 net patient revenue.

A. **TIMING:** Automatic beginning April 24

B. **PROVIDER ACTIONS REQUIRED:**

- Providers who have been allocated a payment must use this [portal](#) to sign an attestation confirming receipt of the funds and agree to the terms and conditions within 90 days of payment.
- All providers who automatically received funds prior to 5:00 pm, Friday, April 24th, must provide HHS with an accounting of their annual revenues by submitting tax forms or financial statements on this [portal](#). These providers must also agree to the program Terms and Conditions if they wish to keep the funds.

C. Providers were required to submit revenue information for consideration for additional payment from the Provider Relief Fund \$20 billion General Distribution by June 3, 2020. Only providers with complete submissions received prior to the June 3 deadline will be considered for an additional General Distribution payment. Providers who did not submit this revenue submission by the deadline may qualify for future provider relief funding.

D. **PAYMENT AMOUNTS**

- Expected General Distribution = Individual Provider 2018 Net Patient Revenue/(\$2.5 Trillion) X \$50 Billion

Go [here](#) for FAQs about the General Distribution Portal.

2. **Phase 2 General Distribution Funding for Medicaid/CHIP Providers**

\$15 billion will be distributed to Medicaid and CHIP providers that did not previously receive payments through the General Distribution fund. Starting August 10, 2020, providers who received a General Distribution payment in Phase I may now apply for additional funding; however, providers that already received 2% in Phase 1 General Distribution will not receive additional payments.

TIMING: Providers are required to submit their TIN, tax forms and revenue data for consideration for additional payment from the Provider Relief Fund General Distribution by **September 13, 2020** at 11:59 p.m.

PROVIDERS ELIGIBLE: There are [six requirements](#) that providers must meet to be eligible.

UPDATE: As of September 1, 2020, Assisted Living Facilities may apply for funding under Phase 2. To support payments to assisted living facilities who may not bill Medicare or Medicaid, HHS has developed a curated list of assisted living facility TINs from third party sources and HHS datasets. Providers with TINs on the curated list must meet other eligibility requirements including operating in good standing and not be excluded from receiving federal payments. As a next step, HHS will work with states and its partners to authenticate assisted living facilities not on the curated list.

PROVIDER ACTIONS REQUIRED: Submit an [application](#) via the Provider Relief Fund Application and Attestation [portal](#).

PAYMENT AMOUNTS: 2% of patient care revenue (all payers) from most recent federal income tax return (for CY 2017, 2018, or 2019); prior General Distribution payments will be considered in the payment amount

3. **Treatment of the Uninsured**

Providers treating uninsured patients for COVID-19 can request reimbursement through the program and will be reimbursed at Medicare rates, subject to available funding.

A. TERMS AND CONDITIONS: Link [here](#).

B. TIMING:

- Provider Registration will begin Monday April 27 [here](#)
- Submission of claims will begin May 6 for dates of service on or after February 4, 2020

C. PROVIDER ACTIONS REQUIRED:

- Register with HRSA [here](#)
- As United Health Group will be tasked with processing the claims, providers need an Optum ID (go [here](#) for a new ID. Select NEW USER on the top right then click “Create Optum ID”)
- Sign up for EFT [here](#). A provider does NOT have to be contracted or credentialed with UHC.
- Submit claims – go [here](#) for more information

View a list of providers who received reimbursement from the Allocation for the Uninsured individuals [here](#).

4. **COVID-19 High Impact Areas**

A. \$12 billion will be allocated for a targeted distribution to hospitals in areas that have been particularly impacted by the outbreak.

- **TIMING:** Eligible hospitals received funds via direct deposit beginning the week of May 4, 2020.
- **PROVIDER ACTIONS REQUIRED:**
 - The CARES Act requires that providers meet certain terms and conditions if a provider retains a Provider Relief Fund payment. If a provider chooses to retain the funds, it must attest that it meets these [terms and conditions](#) of the payment. The [CARES Act Provider Relief Fund Payment Attestation Portal](#) will guide you through the attestation process to accept or reject the funds.
- **ELIGIBILITY:** HHS distributed \$12 billion to 395 hospitals who provided inpatient care for 100 or more COVID-19 patients through April 10, 2020. Go [here](#) for state allocations.
- **PAYMENT AMOUNTS:** The distribution uses a simple formula to determine what each hospital receives: hospitals are paid a fixed amount per COVID-19 inpatient admission, with an additional amount taking into account their Medicare and Medicaid disproportionate share and uncompensated care payments.
- **\$10 billion** - The number of admissions encountered by eligible hospitals was used to determine the allocation of Relief Funds across the pool of eligible recipients. Each recipient received funding equal to \$76,975 per admission.
- **\$2 billion** - HHS distributed \$2 billion in additional funding to these facilities in proportion to each facility's share of Medicare Disproportionate Share funding. Additional Payment Allocation per Hospital = \$2 Billion x (Hospital Medicare Funding / Sum of Medicare Funding for 395 Hospitals)

View the first round state-by-state breakdown [here](#).

B. HHS made a second round of COVID-19 High Impact Area payments totaling \$10 billion.

- **TIMING:** Eligible hospitals received funds beginning the week of July 20, 2020.
- **ELIGIBILITY:** Hospitals with over 161 COVID-19 admissions between January 1 and June 10, 2020, or one admission per day, or that experienced a disproportionate intensity of COVID admissions (exceeding the average ratio of COVID admissions/bed).

- **PAYMENT AMOUNTS:** Hospitals will be paid \$50,000 per eligible admission. Go [here](#) for a list of payments by state and [here](#) by provider.

Go [here](#) for FAQs about the High Impact Area Targeted Distribution

5. Rural Providers

A. \$10 billion will be allocated for rural health clinics and hospitals based on operating expenses

- **TIMING:** Eligible providers began receiving funds the week of May 4, 2020 via direct deposit.
- **PROVIDERS ELIGIBLE:** Rural acute care general hospitals and Critical Access Hospitals (CAHs), Rural Health Clinics (RHCs), and Community Health Centers located in rural areas. Rural acute care general hospitals eligible for the targeted Rural Health Relief Fund distribution must be in a geography that meets one of the following rural definition:
 - All non-Metro counties.
 - All Census Tracts within a Metropolitan county that have a [Rural-Urban Commuting Area \(RUCA\) code](#) of 4-10.
 - 132 large area census tracts with RUCA codes 2 or 3. These tracts are at least 400 square miles in area with a population density of no more than 35 people per square mile.
- **PROVIDER ACTIONS REQUIRED:** The CARES Act requires that providers meet certain terms and conditions if a provider retains a Provider Relief Fund payment. If a provider chooses to retain the funds, it must attest that it meets these terms and conditions of the payment. The CARES Act Provider Relief Fund Payment Attestation Portal will guide you through the attestation process to accept or reject the funds
- **PAYMENT AMOUNTS:** Hospitals and RHCs will each receive a minimum base payment plus a percent of their annual operating expenses.
 - **Hospital base payment:** \$1,000,000
 - $\text{Payment Allocation per Hospital} = \text{Graduated Base Payment}^1 + 1.97\% \text{ of the Hospital's Operating Expenses}$
 - **Non-hospital base payment:** \$100,000
 - Independent RHCs will also receive 3.6% of the RHCs Operating Expenses

View state-by-state breakdown [here](#). View the formulae used to determine payment amounts [here](#).

B. \$1 billion will be allocated to specialty rural hospitals, urban hospitals with certain rural Medicare designations, and hospitals in small metropolitan areas

- **TIMING:** Allocations announced July 10

¹ Base payments ranged between \$1 million to \$3 million.

- **PROVIDERS ELIGIBLE:** Hospitals in small cities and rural areas that had not previously received payment in the Rural Targeted Distribution.
 - “Small metropolitan” was defined as a metro area with less than 250,000 in population as identified by the county-level Rural-Urban Continuum Codes developed by the U.S. Department of Agriculture.
 - Eligible rural specialty hospitals included Inpatient Psychiatric Facilities (IPFs), Inpatient Rehabilitation Facilities (IRFs), and Long-Term Acute Care Hospitals (LTACHs) located in a geography that meets the following rural definition:
 1. All non-Metro counties.
 2. All Census Tracts 1 within a Metropolitan county that have a Rural-Urban Commuting Area (RUCA) code of 4-10. The RUCA codes allow the identification of rural Census Tracts in Metropolitan counties.
 3. 132 large area census tracts with RUCA codes 2 or 3. These tracts are at least 400 square miles in area with a population density of no more than 35 people per square mile.
- **PAYMENT AMOUNTS:** Find the formula for distribution [here](#).
- View state-by-state breakdown [here](#).

6. Skilled Nursing Facilities

A. \$4.9 billion will be allocated for skilled nursing facilities (SNFs).

- **TIMING:** Eligible providers began receiving May 22, 2020 via direct deposit.
- **PROVIDER ACTIONS REQUIRED:** The CARES Act requires that providers meet certain terms and conditions if a provider retains a Provider Relief Fund payment. If a provider chooses to retain the funds, it must attest that it meets these [terms and conditions](#) of the payment. The [CARES Act Provider Relief Fund Payment Attestation Portal](#) will guide you through the attestation process to accept or reject the funds
- **PAYMENT AMOUNTS:** Payment Allocation per Facility = Fixed Payment of \$50,000 + \$2,500 per Certified Bed²

View state-by-state breakdown [here](#).

B. \$2.5 billion was distributed to nursing homes August 7 to support increased testing, staffing, and PPE needs.

- **ELIGIBLE PROVIDERS:** A facility had to have at least 6 certified beds to be deemed as eligible for payment.
- **PAYMENT AMOUNTS:** Eligible facilities received a per-facility payment of \$10,000 plus a per-bed payment of \$1,450.

View state-by-state breakdown [here](#).

² Facilities must have six or more certified beds to be eligible for a payment.

7. **Safety Net Hospitals**

\$13 billion will be allocated for eligible safety net hospitals

- **TIMING:** Eligible providers began receiving the first round of funds (\$10 billion) the week of June 9, 2020. HHS announced a second round of payments (\$3 billion) on July 10.
- **PROVIDERS ELIGIBLE:** Qualifying hospitals will have:
 - A Medicare Disproportionate Payment Percentage (DPP) of 20.2 percent or greater; and
 - Average Uncompensated Care per bed of \$25,000 or more³; and
 - Profitability of 3 percent or less, as reported to CMS in its most recently filed Cost Report.
 - Certain acute care hospitals meeting the revised profitability threshold of less than of 3 percent averaged consecutively over two or more of the last five cost reporting periods, as reported to the Centers for Medicare and Medicaid Services (CMS) in its Cost Report filings, will now be eligible for payment. HHS expects to distribute the additional \$3 billion across 215 acute care facilities
- **PROVIDER ACTIONS REQUIRED:** The CARES Act requires that providers meet certain terms and conditions if a provider retains a Provider Relief Fund payment. If a provider chooses to retain the funds, it must attest that it meets these [terms and conditions](#) of the payment. The [CARES Act Provider Relief Fund Payment Attestation Portal](#) will guide you through the attestation process to accept or reject the funds
- **PAYMENT AMOUNTS:** Eligible hospitals will each receive a minimum of \$5 million and a maximum of \$50 million. View the formulae used to determine payment amounts [here](#).

View state-by-state breakdown of the first round of \$10 billion [here](#) and the second round of \$3 billion [here](#).

8. **Children's Hospitals**

TIMING: On August 14, 2020, HHS announced an additional \$1.4 billion in targeted distribution funding to almost 80 free-standing children's hospitals. Qualifying hospitals will be receiving funding the week of August 17, 2020.

PROVIDERS ELIGIBLE: Qualifying free-standing children's hospital must either be:

- an exempt hospital under the Centers for Medicare and Medicaid Services (CMS) inpatient prospective payment system (IPPS) or
- a HRSA defined Children's Hospital Graduate Medical Education facility.

PAYMENT AMOUNTS: Eligible hospitals will receive 2.5 percent of their net revenue from patient care.

A state-by-state breakdown can be found [here](#).

9. **Nursing Home Infection Control Distribution (NEW)**

HHS is distributing \$5 billion to nursing homes and skilled nursing facilities to build skills and enhance response to COVID-19, including enhanced infection control. Of this amount:

³ This criterion does not apply to children's hospitals.

- HHS will provide approximately \$2.5 billion in upfront funding to nursing homes to support increased testing, staffing, and personal protective equipment (PPE) needs.
- HHS plans on distributing another \$2 billion to nursing homes later this fall based on certain performance indicators that will be shared in the future.

PROVIDERS ELIGIBLE: Nursing homes and skilled nursing facilities that are not revoked, have an active CMS certification, and have at least 6 certified beds, were deemed eligible to receive payments.

PAYMENT AMOUNTS: Eligible nursing homes and skilled nursing facilities will receive a per-facility payment of \$10,000 plus a per-bed payment of \$1,450 in the first round of this distribution.

Find Terms and Conditions [here](#).

10. Eligible Expenses for Provider Relief Funds:

- Healthcare-related expenses or lost revenues not otherwise reimbursed and directly attributable to COVID-19.
- Examples include forgone revenue from cancelled procedures; building or construction of structures (including retrofitting); medical supplies and equipment, personal protective equipment (PPE); testing; and increased staffing or training.
- PHSSEF funds may not be used for expenses or losses that have been reimbursed from other sources, or that other sources are obligated to reimburse. Even if qualified expenses are eligible for reimbursement from another mechanism, an entity may still apply for funding from the PHSSEF fund while simultaneously applying for funding from other sources. However, should the entity subsequently receive reimbursement for expenses from any other source after receiving funding for the same expenses from the PHSSEF fund, the entity will be required to repay the funding it received from the PHSSEF funding.

GHA recommends: Hospitals are urged to maintain documentation of COVID-19 related expenses using a tool like [this](#). For example, hospitals should consider:

- Creating a specific pay code for employees, identifying hours spent to support the command center, COVID screening, and additional COVID-19-related shifts;
- Using Google sheets to track high-risk or backordered supplies;
- Tracking overtime for permanent employees associated with COVID-19;
- Tracking both regular and overtime hours spent associated with COVID-19 for unbudgeted employees;
- Tracking management costs and keeping detailed timesheets of employees performing grant management and other duties related to COVID-19; and
- Tracking any donated resources from volunteer organizations, which may be used to offset the non-federal share for your hospital or health system.

11. Provider Relief Fund Reporting Requirements:

On July 20, 2020, HHS issued a [public notice](#) about forthcoming reporting requirements for certain recipients that accepted one or more payments exceeding \$10,000 in the aggregate funding from the Provider Relief Fund program. The reporting notice initially advised recipients that additional details regarding data elements would be provided by August 17, 2020. HRSA is continuing to refine its data elements and will provide those additional details at a date later than August 17, 2020. Recipients will still be given the detailed PRF reporting instructions and a data collection template with the necessary data elements they will be asked to submit well in advance of the reporting system being made available – which is currently targeted for October 1, 2020. Providers should continue to check this [website](#) for the latest updates.

Find Auditing and Reporting Requirements FAQs [here](#).

12. Impact of Provider Relief Fund Payments on Medicare Cost Reports: **(NEW)**

CMS has updated its [COVID-19 FAQs on Medicare Fee-for-Service Billing](#) related to how Provider Relief Fund (PRF) payments should be reported on the Medicare cost-report. Importantly, CMS clarifies that hospitals' future Medicare payments will not be penalized for a hospital's receipt of PRF payments or PPP loan forgiveness. The CMS FAQs are updated regularly, and GHA recommends you check back frequently for new or revised guidance.

Main Street Lending Program

- **Description:**
 - The Federal Reserve [announced](#) the terms of both [expanded](#) and [new](#) “Main Street” lending facilities that would provide loans to a variety of eligible borrowers. A chart comparing the differences in the programs is [here](#).
- **Eligibility:**
 - Borrowers that obtain loans through the Paycheck Protection Program (PPP) administered by the Small Business Administration
 - Larger borrowers with up to 10,000 employees or \$2.5 billion in annual revenues.
- **Loan Terms:**
 - 4-year maturity, with amortization of principal and interest deferred for one year
 - Adjustable rate of Secured Overnight Financing Rate (SOFR) + 250-400 basis points
 - Loans from \$1 million up to \$25 million
 - No prepayment penalty
- **More information:**
 - Find the Federal Reserve term sheet [here](#) (bottom of page).
 - An AHA briefing is [here](#).

FEMA Public Assistance Funds

- **Description:**

- Pursuant to the declaration of COVID-19 as a national emergency, public assistance (PA) funding is available from the Federal Emergency Management Agency (FEMA) to eligible state, territorial, tribal, local government entities and certain private, non-profit organizations—including hospitals, clinics, long-term care facilities and outpatient facilities.
- Hospitals seeking a PA grant will be applying through the Georgia Emergency Management Agency (GEMA). See more information under [Application Information](#) below.
- Assistance is provided at a 75% federal cost share and 25% is covered by PA applicants. At this time, it is unknown whether hospitals can use money from the Public Health and Social Services Emergency Fund to cover their share.
- Only hospitals that are part of a government organization (hospital district) or are a federal or state private non-profit (PNP) organization are eligible for PA funding. See more [here](#) on eligibility. For-profit hospitals are not eligible currently.
- **Hospitals or other entities that do receive funds from the PA program are subject to rigorous audit, so it is imperative that appropriate tracking and documentation is completed and maintained.**

- **Eligible Costs:**

- Eligible costs include emergency work (e.g. overtime labor for budgeted employees and straight-time and overtime labor for unbudgeted employees), necessary equipment, and necessary supplies and materials.
- While some activities listed may be eligible for funding through the Department of Health and Human Services (HHS) or the Centers for Disease Control and Prevention (CDC), final reimbursement determinations will be coordinated by HHS and FEMA. FEMA will not duplicate any assistance provided by HHS or CDC.
- Statute, guidance, and regulations state that **organizations may not apply for funding for the same costs from multiple sources. Be sure to carefully consider which funding you are applying for and/or accessing and that you are not receiving funding for the same costs from multiple governmental sources, without an accounting mechanism to reimburse, as necessary.**
- Costs submitted under the PA program cannot be duplicated when seeking assistance under the \$100 billion appropriated to hospitals under the CARES Act.
- Click [here](#) for FEMA's policy that defines the framework, policy details, and requirements for determining the eligibility of medical care costs under the PA Program. **UPDATE: On September 1, FEMA released an interim policy to clarify eligible work under the Public Assistance program as part of the response to coronavirus (COVID-19) pandemic. The [interim policy](#) is applicable to eligible applicants only and is exclusive to emergency and major disaster declarations for the COVID-19 pandemic. This policy applies to work performed on or after September 15, 2020.**

- **Application Information:**

- For important data that constituents will need in order to apply for public assistance, visit www.gema.georgia.gov/guidance-and-fact-sheets.
- Click [here](#) to view the COVID-19 DR-4501 Applicant Briefing.

- For eligible applicants that do not have an account in the FEMA Grants Portal, register [here](#).

Employee Retention Credit

In March 2020, the Treasury Department and the Internal Revenue Service launched the Employee Retention Credit, designed to encourage businesses to keep employees on their payroll.

- **Eligibility** – The credit is available to all employers regardless of size, including tax-exempt organizations. There are only two exceptions: State and local governments and their instrumentalities and small businesses who take small business loans. Qualifying employers must fall into one of two categories:
 - The employer's business is fully or partially suspended by government order due to COVID-19 during the calendar quarter. (*Note: To date, the State of Georgia has not issued a government order suspending business.*)
 - The employer's gross receipts are below 50% of the comparable quarter in 2019. Once the employer's gross receipts go above 80% of a comparable quarter in 2019, they no longer qualify after the end of that quarter.These measures are calculated each calendar quarter.
- **Payment Amount** - The amount of the credit is 50% of qualifying wages paid up to \$10,000 in total. Wages paid after March 12, 2020, and before Jan. 1, 2021, are eligible for the credit. Wages considered are not limited to cash payments, but also include a portion of the cost of employer provided health care.
- **Provider Actions Required** - Employers can be immediately reimbursed for the credit by reducing their required deposits of payroll taxes that have been withheld from employees' wages by the amount of the credit.
 - Eligible employers will report their total qualified wages and the related health insurance costs for each quarter on their quarterly employment tax returns or Form 941 beginning with the second quarter. If the employer's employment tax deposits are not sufficient to cover the credit, the employer may receive an advance payment from the IRS by submitting [Form 7200](#), Advance Payment of Employer Credits Due to COVID-19.
 - Eligible employers can also request an advance of the Employee Retention Credit by submitting [Form 7200](#).

Go [here](#) for more information from the IRS.

Deferral of Employee Social Security Tax **(NEW)**

An August 8, 2020 [Executive Order](#) by President Trump authorized the Secretary of the Treasury to defer the withholding, deposit, and payment of the 6.2% Social Security tax on wages or compensation paid

during the period of September 1, 2020, through December 31, 2020, subject to the following conditions:

- a. The deferral shall be made available to any employee the amount of whose wages or compensation payable during any bi-weekly pay period generally is less than \$4,000, calculated on a pre-tax basis.
- b. Amounts deferred shall be deferred without any penalties, interest, additional amount, or addition to the tax.

Employer's Decision – Voluntary Deferral:

The announcement says that the Notice “allows” employers to defer withholding and payment of the tax, which is consistent with informal comments from Treasury Secretary Mnuchin that employers cannot be forced to implement this deferral program.⁴

Employer Responsibility for Collecting the Deferred Taxes from Employees:

Employers will be responsible for collecting the deferred taxes from employees' wages during the period January 1, 2021, to April 30, 2021.

Employer's Deposit Obligation:

The deposit obligation for employee Social Security tax does not arise until the tax is withheld. Accordingly, the guidance does not specifically postpone the employers' deposit obligation for deferrals made between September 1, 2020, and December 31, 2020.

However, employers are responsible for collecting the deferred taxes from employees during the period January 1, 2021, and April 30, 2021. Accordingly, the guidance states that interest, penalties, and additions to tax will begin to accrue on May 1, 2021, for any portion of the deferred taxes that is left unpaid.

The guidance does not specifically confirm that employers are also liable for the underlying deferred taxes that are not collected from employees, but this is implied within the framework of IRC Section 3102.⁵

IRS Guidance:

- IRS Announcement: <https://www.irs.gov/newsroom/guidance-issued-to-implement-presidential-memorandum-deferring-certain-employee-social-security-tax-withholding>
- IRS Notice 2020-65: <https://www.irs.gov/pub/irs-drop/n-20-65.pdf>

Accelerated Medicare Payments (CLOSED)

- **Description:** Under an expanded option through the Medicare Hospital Accelerated Payment Program, eligible providers can request accelerated payments for inpatient

⁴ SOURCE: Hall, Render, Killian, Heath & Lyman, P.C. (8/31/2020)

⁵ SOURCE: Ernst & Young LLP, Exempt Organization Tax Services (8/30/2020)

services that cover a period of up to six months. (Established in the CARES Act, enacted 3.27.2020.)

- **Eligibility:**
 - Acute-care hospitals, critical access hospitals (CAHs), children's hospitals and prospective payment system exempt cancer hospitals.
 - It is GHA's interpretation that outpatient services are eligible for inclusion in each hospital's application.
- **Payment details:**
 - Up to 100% (up to 125% for Critical Access Hospitals) of what the hospital would otherwise have expected to receive.
 - Medicare will work with hospitals to estimate upcoming payments and provide funds in advance. Hospitals may request a lump sum payment or periodic payments.
- **Repayment:**
 - Hospitals will have up to 120 days before claims offset begins to recoup the accelerated payment. Hospitals will have up to 12 months from the date of the first accelerated payment before any outstanding balance must be paid in full. Hospitals will be charged interest on any outstanding balance beyond 12 months from the date of the first accelerated payment.
- **Application Information:**
 - **As of April 27, 2020, CMS will not be accepting any new applications for the Advance Payment Program**, and CMS will be reevaluating all pending and new applications for Accelerated Payments in light of historical direct payments made available through the Department of Health & Human Services' (HHS) Provider Relief Fund.
 - Frequently asked questions and answers are [here](#).
 - A CMS Fact Sheet is available [here](#).

Paycheck Protection Program (CLOSED)

- **Description:**
 - The Paycheck Protection Program resumed accepting applications July 6, 2020, at 9:00 AM EDT in response to President signing the program's extension legislation. **The Paycheck Protection Program loan closed August 8, 2020.**
 - Initial loan opportunities totaling \$349 million were available through the Small Business Administration's (SBA) [Paycheck Protection Program](#) and intended to help businesses keep their workforce employed during the COVID-19 crisis. An additional \$310 billion in new funding was added by the Paycheck Protection Program and Health Care Enhancement Act, signed by President Trump on April 24, 2020.

- On April 15, the Department of Treasury (Treasury) released an [interim final rule](#) (IFR), which made several material changes to previously published information as well as other guidance. Among other changes, the IFR:
 - Increased the interest rate from 0.5% to 1%;
 - Limited the maximum loan term to two years;
 - Required that 75% of the loan be used for payroll costs; and
 - Deferred payment of principle for 6 months.
- Additional overview information from the Treasury is available [here](#) and [here](#). Loans may be used to pay for, among other things, salaries and benefits, rent, utilities, interest on mortgages, and interest on existing debt.
 - Borrowers may be eligible for at least partial loan forgiveness if they either retain all their employees on payroll, or by June 1, 2020, rehire employees to reach prior staffing levels. (The amount eligible to be forgiven is equal to eight weeks of payroll costs, mortgage interest, rent and utility payments.)
 - An April 13 FAQ document from Treasury is available [here](#).
- **Eligibility:**
 - Small businesses and 501(c)(3) non-profit organizations, including hospitals, health systems and healthcare providers with fewer than 500 employees (full-time and part-time).
 - Affiliation rules apply and are intended to determine, using the “totality of circumstances,” whether an organization is operating as part of a larger organization and therefore not considered a small business.
 - On April 15, the SBA published an [interim final rule](#) regarding the application of certain affiliate rules.
 - On April 28, the SBA published an [interim final rule](#) with additional guidance.
 - A hospital that is otherwise eligible to receive a PPP loan as a business concern or nonprofit organization is ineligible for a PPP loan due to ownership by a state or local government if the hospital receives less than 50% of its funding from state or local government sources, exclusive of Medicaid.
 - The guidance also clarifies that an organization or business involved in a bankruptcy proceeding “at the time it submits the application or at any time before the loan is disbursed” would be ineligible to receive a PPP loan.
 - On May 3, 2020, the Small Business Administration (SBA) and the United States Department of the Treasury provided additional [guidance](#) and clarified that non-profit 501(a) hospitals that have not reclassified as a 501(c)3 are eligible for loan consideration under the PPP.
- **Application information:**
 - Eligible hospitals should apply as soon as possible as there is a funding cap.
 - Applicants must submit [SBA Form 2483](#).
 - A list of participating lenders and additional information is available at [here](#).

- Applicants may request loans up to the lesser of:
 - 2.5 times the amount of average monthly payroll costs, excluding any compensation above an annual salary of \$100,000; and
 - \$10 million.
- Hospitals must be able to demonstrate they were harmed by COVID-19 between February 15 and June 30.

IMPACT OF PAYBACK PROTECTION PROGRAM LOANS ON MEDICARE COST REPORTS:

CMS has updated its [COVID-19 FAQs on Medicare Fee-for-Service Billing](#) related to how Paycheck Protection Program (PPP) loans should be reported on the Medicare cost-report. Importantly, CMS clarifies that hospitals' future Medicare payments will not be penalized for a hospital's receipt of PRF payments or PPP loan forgiveness. The CMS FAQs are updated regularly, and GHA recommends you check back frequently for new or revised guidance.

FCC Telehealth Program (CLOSED)

- **Description:**
 - **On June 25, 2020, the FCC's COVID-19 Telehealth Program stopped accepting new applications.**
 - The Federal Communications Commission released a [Report and Order](#) on April 2, establishing the \$200 million emergency COVID-19 Telehealth Program to promote access to connected care services and devices. (Funds were appropriated in the CARES Act.)
 - Up to \$1 million per applicant may be available. Support will be based on the estimated costs of the services and connected devices eligible providers intend to purchase. Applicants who exhaust initially awarded funding may request additional support.
 - For detailed information, including examples of services and devices that the Telehealth Program may cover, please see pages 3-4 of an April 8 Public Notice announcement, available [here](#).
 - Through the program, eligible providers responding to the pandemic may apply for full funding of telecommunications services, information services, and devices necessary to provide critical connected care services in response to the pandemic.
 - The program will only fund monitoring devices (e.g. pulse-ox, BP monitoring devices), that are themselves connected. According to the FCC order, "unconnected devices that patients use at home and then share the results with their provider remotely" will not be funded.
 - Applicants may use funds to purchase any necessary eligible services and connected devices; purchases are not limited to those specifically stated in the application (please see the FCC [order](#), page 12).
 - While the goal of the program is to select applications that target areas hardest hit by COVID-19 and where support will have the most impact on addressing healthcare needs, funds are not required to be used to directly treat COVID-19 patients. Treating other types of conditions or patient groups may free up resources (including space and equipment), to allow practitioners to remotely treat patients with other conditions who

could risk contracting the coronavirus by visiting a facility and reduce healthcare professionals' unnecessary exposure.

- **Eligibility:**

- Eligible healthcare providers include nonprofit or public healthcare providers that fall within the following categories (as identified in the April 2 FCC [Report and Order](#), pages 13-14):
 - Not-for-profit hospitals;
 - Post-secondary educational institutions offering healthcare instruction, teaching hospitals and medical schools;
 - Rural health clinics;
 - Skilled nursing facilities;
 - Community health centers or health centers providing care to migrants;
 - Local health departments or agencies;
 - Community mental health centers; or
 - Consortia of healthcare providers consisting of one or more entities falling into the first seven categories.
- Eligible entities may be in rural or non-rural areas.
- Temporary or mobile locations operated by an eligible healthcare provider using connected care services may be included.
- Interested providers must obtain an eligibility determination from the Universal Service Administrative Service Company (USAC) for each site included in the application by completing [FCC Form 460](#). (Applicants that do not yet have an eligibility determination from USAC may still file an application with the FCC for program funds while their Form 460 is pending).
 - Provider sites USAC has already deemed eligible to participate in the FCC's existing Rural Health Care (RHC) Program may rely on this eligibility determination for the Telehealth Program.

- **Application:**

- A list of required information to be included in the application is available on pages 4-6 of the April 8 Public Notice, available [here](#).
- Applications are accepted through an online portal. Please see information on the portal and other details [here](#).
- The April 8, FCC [Public Notice](#) identifies three actions applicants should take in advance of filing an application. These are:
 - Submit an eligibility determination request from the Universal Services Administrative Company (USAC) by completing [FCC Form 460](#);
 - Obtain an FCC Registration Number (FRN) through this [link](#); and
 - Register with System for Award Management through this [link](#).

Small Rural Hospital Improvement Program (CLOSED)

- **Description:**

- HRSA's Federal Office of Rural Health Policy (FORHP) received \$150 million through the Coronavirus Aid, Relief, and Economic Security (CARES) Act to assist hospitals funded

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through the Small Rural Hospital Improvement Program (SHIP) respond to this public health emergency.

- In Georgia, [SHIP](#) is administered by the Department of Community Health's, State Office of Rural Health.
- The SHIP Program focuses on four core areas: Value Based Purchasing; Accountable Care Organizations; Payment Bundling (building accountability across the continuum of care) and the Prospective Payment System. The SHIP Program encourages eligible hospitals to form networks and pool grant funds to maximize purchasing power through economies of scale.
- This funding can be used for [these](#) items.
- **Payment Amount:** Georgia's share of funding is \$4,890,386. Georgia's 58 SHIP hospitals will receive \$84,317 each.
- **TIMING:** Contracts from the State Office of Rural Health were sent out on Friday, May 1, 2020 and Monday, May 4, 2020. Upon receipt of the executed contract, the Department of Community Health will make immediate payment.
- **PROVIDER ACTIONS REQUIRED:** Find reporting requirements [here](#).

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Sources:

CARES Act: <https://www.congress.gov/116/bills/hr748/BILLS-116hr748enr.pdf>

AHA Special Bulletin on CARES Act: <https://www.aha.org/special-bulletin/2020-03-27-special-bulletin-house-passes-coronavirus-aid-relief-and-economic>

CMS Fact Sheet on Accelerated Payments: <https://www.cms.gov/files/document/Accelerated-and-Advanced-Payments-Fact-Sheet.pdf>

AHA Briefing on Federal Reserve Business Loans: <https://www.aha.org/system/files/media/file/2020/03/cares-act-federal-reserve-emergency-lending-program-bulletin-3-31-2020.pdf>

CARES ACT Provider Relief Fund: <https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/index.html>

CARES Act Provider Relief Fund FAQ: <https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/faqs/index.html>

Paycheck Protection Program: <https://www.sba.gov/funding-programs/loans/paycheck-protection-program-ppp>

AHA Briefing on Main Street Lending Program: <https://www.aha.org/system/files/media/file/2020/04/federal-reserve-announces-new-main-street-lending-program-enhance-support-small-mid-sized-businesses-bulletin-4-9-2020.pdf>

FCC Telehealth Program: <https://www.fcc.gov/covid-19-telehealth-program>

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FEMA Public Assistance: <https://www.fema.gov/news-release/2020/03/19/coronavirus-covid-19-pandemic-eligible-emergency-protective-measures>

HRSA Awards for Rural Communities: <https://www.hhs.gov/about/news/2020/04/22/hhs-awards-nearly-165-million-to-combat-covid19-pandemic-in-rural-communities.html>