



Health Care Reform in Indian Country

Self-Governance Communication & Education

Self-Governance Tribes Striving Towards Excellence in Health Care

COVID-19 Funding:
Open Discussion with Self-Governance Tribes
on Funding Opportunities

April 23, 2020

Today's Agenda

- **Review of select HHS Resources for COVID-19**
- **Open Discussion:**
 - Current Challenges
 - Best Practices (helpful tips, tricks and ideas to assist in the application process)
- **Opportunity for further communication**
 - New Tribal forum sponsored by Self-Governance Communication and Education Tribal Consortium

Links to Select HHS Resources

- **CARES Act Provider Relief Fund**
 - Department of Health and Human Services listing of programs under the CARES Act Provider Relief Fund
 - <https://www.hhs.gov/provider-relief/index.html>
- **COVID-19 Claims Reimbursement for Testing and Treatment to Health Care Providers and Facilities Serving the Uninsured**
 - Health Resources and Services Administration program
 - <https://www.hrsa.gov/coviduninsuredclaim>



COVID-19 Funding for Indian Country

KEY:	Likely no action needed	TBD: Stay tuned for more information	Apply for funding now
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HEALTHCARE AND RELATED EMERGENCY RESPONSE FUNDING					
Agency	Amount	\$ Comes From	Must be used for	Eligibility/Distribution Criteria	How to Access
IHS	\$64 million	Families First Coronavirus Response Act (FFCA), H.R. 6201	COVID-19 testing and diagnostic supplies and services (including PPE for testing staff)	\$3M to Urban Indian Organizations (UIOs) \$61M to federal and Tribal health programs (THPs)	No action needed. Funds distributed through existing FAs using methodology for H&C program increases.
	\$70 million	FFCA	Prevent, prepare for, and respond to COVID-19 (may include medical supplies, treatment costs, patient transport, etc.)	\$40M to purchase PPE and medical supplies \$30M to direct service tribes (DST)	No action needed. PPE/supplies provided to IHS facilities, UIOs, and THPs at no cost Funds distributed using existing methodology
	\$1.032 billion	Coronavirus Aid, Relief and Economic Security Act (CARES Act)	COVID-19 response efforts May include treatment, supplies, education, electronic health records improvement, telehealth, etc.	\$30M to UIOs \$570M to federal health programs and THPs \$65M for electronic health record support \$367M TBD	No action needed Funds allocated using existing distribution methodologies
HRSA	\$15 million	CARES Act	Telehealth, rural health services	TBD	TBD (tribal consultation session held April 14)
SAMHSA	\$15 million	CARES Act	Health Surveillance Program	TBD	TBD (held listening session April 1)
	*\$110 million ¹		Emergency Grants to Address Mental and Substance Use Disorders During COVID-19	Tribes, tribal organizations, UIOs, tribal consortia	Apply here by April 10: https://www.grants.gov/web/grants/view-opportunity.html?oppId=325993

¹ * Indicates that funding is not tribal-specific, but also includes funding available for states, territories, or other eligible recipients.

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	*\$50 million	CARES Act	Suicide prevention programs		TBD, updates will likely be posted here: https://www.samhsa.gov/coronavirus General program info: https://www.samhsa.gov/grants/grant-announcements/sm-20-011
	*\$250 million	CARES Act	Certified Community Behavioral Health Clinics (CCBHCs) to increase access to mental healthcare services		TBD, updates will likely be posted here: https://www.samhsa.gov/coronavirus General program info: https://www.samhsa.gov/grants/grant-announcements/sm-20-012
CDC	\$80 million	Coronavirus Preparedness & Response Supplemental Appropriations Act (CPRSA), H.R. 6074	Surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, etc.	\$40M in grants to Title I and Title V Tribes Supplements to existing awards: <ul style="list-style-type: none">• \$30M to CDC Cooperative Agreement• \$8M to National Council of Urban Indian Health• \$2M to NIHB	Apply for non-competitive grant by May 31: https://www.grants.gov/web/grants/search-grants.html?keywords=CDC-RFA-Ot20-2004 Expenses reimbursed dating back to Jan. 20
	> \$125 million	CARES Act	CDC cooperative agreements	Tribes, tribal organizations, and UIOs	TBD, may be same mechanism used to distribute \$40M in non-competitive grants
PHS	\$15 million	CARES Act	Essential medical services	TBD (unclear whether funding available will be to Tribes)	TBD
USDA	*\$25 million	CARES Act	Telemedicine and distance learning services in rural areas https://www.rd.usda.gov/pro	Tribes, tribal organizations, nonprofits, businesses	Round 1 – April 10 application deadline: https://www.grants.gov/web/grants/view-opportunity.html?oppId=324339 Round 2 – Applications accepted beginning April 14, due no later than July 13 at grants.gov

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			grams-services/distance-learning-telemedicine-grants)		
FEMA		COVID-19 National Emergency Declaration	Emergency protective measures, such as medical care, medical sheltering, operations costs, etc.	Tribal governments	<p>Details on how to apply: https://www.fema.gov/news-release/2020/03/23/coronavirus-covid-19-pandemic-public-assistance-simplified-application</p> <p>Tribal specific info: https://www.fema.gov/news-release/2020/03/26/coronavirus-covid-19-fema-assistance-tribal-governments</p>

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COMMUNITY SUPPORT SERVICES (food, childcare, affordable housing, etc.)²					
Agency	Amount	\$ Comes From	Must be used for	Eligibility/Distribution Criteria	How to Access
ACF, FYSB	\$4.5 million	CARES Act	Family Violence and Prevention Services formula grants to provide temporary housing and in-person assistance to victims of family, domestic, and dating violence.	Existing FVPSA Tribal Formula grantees No matching requirement	Should be automatically awarded via existing formula grant; timeline TBD (contact your assigned Grants Management Specialist and FVPSA Project Officer) More info: https://www.acf.hhs.gov/sites/default/files/fysb/fypsafaq_use_of_funds_questions_shelter_supportiveservices_03_30_20.pdf
ACF, OCS	*\$900 million	CARES Act	Low Income Home Energy Assistance	Tribes and Tribal organizations	TBD
	*\$1 billion	CARES Act	Supplemental Community Services Block Grant (CSBG) funding for wide range of social services and emergency assistance to serve individuals up to 200% of the federal poverty line	Supplemental funding to existing block grant recipients	Should be automatically awarded via statutory formula; timeline TBD More info: https://www.acf.hhs.gov/ocs/resource/csbg-fact-sheet and https://www.acf.hhs.gov/ocs/resource/state-officials-and-program-contacts

² The CARES Act also extended current mandatory authorizations and appropriations through November 30, 2020 for continuing activities under the following programs: the Special Diabetes Program for Indians, the Temporary Assistance for Needy Families Program, Child Care Entitlement, Health Profession Opportunity Grants, Personal Responsibility Education Program, and Sexual Risk Avoidance Education. This means that these programs will continue to be funded at current funding levels through November 30.

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ACF, OCC	*\$3.5 billion total \$96.25 million for Tribes	CARES Act	Supplemental Child Care and Development Block Grant (CCDBG) funding to provide immediate assistance to child care providers to prevent them from going out of business and to otherwise support child care for families, including for healthcare workers, first responders, and other essential workers.	Existing Tribal Child Care and Development Fund (CCDF) Lead Agencies Allocation will most likely be based on current percentage share of funding with some adjustments	Should be automatically awarded; timeline TBD More info: https://www.acf.hhs.gov/occ/resource/summary-of-child-care-provisions-of-cares-act and https://bipartisanpolicy.org/explainer/ccdbg-funds-in-the-cares-act/
ACF, OHS	*\$750 million	CARES Act	Head Start funding to meet emergency staffing needs, address added operational costs, and provide summer learning opportunities (up to \$500M for summer Head Start programs)	Existing Head Start programs	Funds should be distributed to existing programs based on the ratio of enrolled children; timeline and more info TBD Non-competitive grant supplements will be awarded to some existing grantees to operate supplemental summer programs General Head Start COVID-19 info: https://eclkc.ohs.acf.hhs.gov/physical-health/article/coronavirus-prevention-response
ACF, CB	*\$45 million	CARES Act	Supplemental Title IV-B Child Welfare Services Grant funding to support the child welfare needs of families during this crisis, and to help keep families together	Existing tribal grantees No matching requirement	Should be automatically awarded via existing formula grant; timeline and more info TBD
ACL	\$10 million \$20 million	FFCA CARES Act	Supplemental funding for nutrition and related services for Native American Programs under Title VI of the Older Americans Act	Existing tribal grantees	\$10M already distributed: https://acl.gov/about-acl/older-americans-act-oaa \$20M likely distributed in same manner
	*\$20 million	CARES Act	Supplemental funding for the Ombudsman Program under Title	States	Funds will likely be distributed according to existing allocation formula:

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			VII of the Older Americans Act to resolve problems related to the health, safety, welfare, and rights of individuals who live in long-term care facilities		https://acl.gov/sites/default/files/about-acl/2020-02/TitleVII-2020.pdf Updates will be posted here: https://acl.gov/about-acl/older-americans-act-oaa and https://acl.gov/COVID-19
USDA, FNS	\$100 million	CARES Act	Food Distribution Program on Indian Reservations (FDPIR)	\$50M facility improvements \$50M food purchase costs	TBD
	*\$500 million	FFCA	Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	Indian tribal organizations	No action needed Intended to cover increases in program participation
	*400 million	FFCA	The Emergency Food Assistance Program (TEFAP)	Supplemental funding to State Distributing Agencies Up to \$100M for distribution costs	No action needed States can request approval to operate a Disaster Household Distribution (DHD) program through their FNS regional office
HUD	\$300 million	CARES Act	Prevent, prepare for, and respond to COVID-19	\$200M Indian Housing Block Grants (IHBG) \$100M Indian Community Development Block Grants (ICDBG)	IHBG distributed to Tribes and Tribally Designated Housing Entities via same formula for FY 2020 awards Implementation Notice to apply for ICDBG will published soon

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EDUCATION, LAW ENFORCEMENT, OTHER GOVERNMENT SERVICES					
Agency	Amount	\$ Comes From	Must be used for	Eligibility/Distribution Criteria	How to Access
BIE	> \$200 million	CARES Act	Education-related	<p>\$153.75M BIE programs</p> <p>\$69M operation of Indian Education Programs (\$23M for Tribal Colleges and Universities, \$46M for tribal school needs)</p> <p>*\$50M for technical support services</p> <p>Other education-related funding:</p> <ul style="list-style-type: none"> \$1.046B for Minority Serving Institutions \$78k for IAIA 	<p>Re the \$69M:</p> <p>\$23M will go to Tribal Colleges pro-rata across institutions based on “weighted student units.”</p> <p>The \$46M for tribal schools will be used to increase distance learning, IT capacity and Wi-Fi, and to support unexpected services delivery. Distribution is based on the needs of each school.</p> <p>Matching funds requirements for Tribes are waived for grants</p>
BIA	\$453 million	CARES Act	Aid to tribal governments; welfare assistance and social service programs; public safety and emergency response	<p>BIA chose to distribute as follows:</p> <ul style="list-style-type: none"> \$380M for Aid to Tribal Governments (ATG/OATG) \$20M to welfare assistance \$20M held until end of April for unexpected needs \$33M for purchasing PPE for law enforcement/detention center staff, overtime for law enforcement and essential workers, inmate quarantine, cleaning facilities, and telework 	<p>Payments go out automatically under existing FAs (no tribal action needed) if they contain the ATG/OATG or Welfare Assistance line items.</p> <p>If lines are not included, an FA amendment is needed.</p> <p>Title I Tribes can spend funds now but will have to work with BIA on a budget later.</p>
DOJ	*\$850 million	CARES Act	PPE, inmates’ medical needs, hire personnel, overtime costs, distribution of resources	Byrne-Justice Assistance Grant Program eligible agencies; see eligible jurisdictions here:	<p>Apply here by May 29:</p> <p>https://bja.ojp.gov/sites/g/files/xyckuh186/files/media/document/bja-2020-</p>

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				https://bja.ojp.gov/program/fy20-cesf-allocations	18553.pdf?utm_medium=email&utm_source=govdelivery
USDA	*\$25 million	CARES Act	Telemedicine and distance learning services in rural areas (https://www.rd.usda.gov/v/programs-services/distance-learning-telemedicine-grants)	Tribes, tribal organizations, nonprofits, businesses	Round 1 – April 10 application deadline: https://www.grants.gov/web/grants/view-opportunity.html?oppId=324339 Round 2 – Applications accepted beginning April 14, due no later than July 13 at grants.gov
DOE	*\$30.75 billion	CARES Act	Education Stabilization Fund for states, school districts and institutions of higher education for wide-range of costs related to addressing the coronavirus pandemic	\$13.5B formula grants to States for elementary and secondary education (90% distributed to local educational agencies) \$3B to governors for discretionary emergency support grants to local educational agencies \$14.25B for higher education emergency relief (at least 50% must be reserved for emergency financial aid grants to students)	Allocated to states and local agencies based on Title I aid formula; see <i>estimated</i> allocations here: https://www.cbpp.org/research/state-budget-and-tax/how-much-will-states-receive-through-the-education-stabilization-fund and other resources here: https://www.ed.gov/coronavirus Allocated to institutions of higher education via formula based on student enrollment; more info on allocations and accessing funds here: https://www2.ed.gov/about/offices/list/ope/cares-act.html

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ECONOMIC DEVELOPMENT AND EMPLOYMENT					
Agency	Amount	\$ Comes From	Must be used for	Eligibility/Distribution Criteria	How to Access
Commerce	*\$300 million	CARES Act	Assist fishery participants	Tribes, persons, communities, fishery-related businesses impacted by pandemic (>35% revenue loss or impact to subsistence fisheries)	TBD
SBA		CARES Act	100% federal loan guarantees up to \$10M for Paycheck Protection Program May forgive loans if all employees kept on payroll for 8 weeks & money used for payroll, rent, mortgage interest, or utilities	Tribal Business Concerns (< 500 employees)	Apply by June 30 via an SBA 7(a) lender or through any federally insured depository institution, federally insured credit union, and Farm Credit System institution that is participating. More info: https://www.sba.gov/funding-programs/loans/coronavirus-relief-options/paycheck-protection-program-ppp
		FFCA	Disaster assistance loans up to \$2M for certain working capital needs	Small businesses and nonprofits	Apply through SBA (ongoing): https://www.sba.gov/disaster-assistance/coronavirus-covid-19
Treasury	*\$454 billion	CARES Act	Loans, guarantees, investments for impacted industries	Tribes, large businesses	TBD
		CARES Act	50% reimbursement of unemployment compensation	Tribes that are reimbursement-option employers	TBD; document unemployment insurance costs from March 13 to Dec. 31, 2020
	\$8 billion	CARES Act	General relief fund for expenditures incurred due to COVID-19 that not	Tribal governments and Tribally-owned entities	TBD Tribal consultation: April 9 at 1:00pm EDT (Call in number: 888-950-5924; Participant code:

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			accounted for in most recently approved budget		1682452). Comments due by April 13: consultation@bia.gov Tribal.consult@treasury.gov
IRS		CARES Act	Refundable payroll tax credit of 50% of qualifying wages paid by employers	Tribes and other employers whose operations were suspended due to shutdown order or whose gross receipts declined by >50%	Request an advance via Form 7200: https://www.irs.gov/forms-pubs/about-form-7200 . More details: https://www.irs.gov/newsroom/irs-employee-retention-credit-available-for-many-businesses-financially-impacted-by-covid-19
DOL, ETA	*\$345 million	CARES Act	Grants to provide employment-related services for dislocated workers, including funding to create temporary employment opportunities and funding to meet the increased demand for employment and training services.	Eligible applicants for Disaster Recovery grants include Indian tribal governments. Eligible applicants for Employment Recovery grants are entities eligible for funding through the Indian and Native American program in WIOA Section 166(c)	Apply here (ongoing): https://www.grants.gov/web/grants/view-opportunity.html?oppId=325616 Guidance on how to apply: https://www.dol.gov/sites/dolgov/files/ETA/grants/pdfs/DWG-App-and-Mod-Instructions.pdf and https://wdr.doleta.gov/directives/attach/TEGL/TEGL_12-19.pdf
EDA	*\$1.5 billion	CARES Act	Economic Adjustment Assistance (EAA) program grants to plan and implement economic recovery strategies in response to the coronavirus pandemic	Tribes and tribal organizations	Apply here (ongoing): https://www.grants.gov/web/grants/view-opportunity.html?oppId=321695 More info: https://crsreports.congress.gov/product/pdf/IN/IN11303 and https://www.eda.gov/pdf/about/Economic-Adjustment-Assistance-Program-1-Pager.pdf



COVID-19 EMERGENCY FUNDING SOURCES FOR HOSPITALS

Name	How to Apply	Key Dates	Description	Forms & Resources
Federal Supplemental Payments & Other Financial Relief				
Hospital Preparedness Program (the Department of Health and Human Services [HHS] and the Office of the Assistant Secretary for Preparedness and Response)	\$50 million to be distributed by state/regional hospital associations	Initial amount to be distributed to hospitals by early May	<p>At least \$550 million will be appropriated nationwide—\$50 million of which will be made available to hospitals in the next 30 days—to reimburse providers for health care-related expenses related to COVID-19, including training staff to implement pandemic or emergency preparedness plans, procuring supplies and equipment, ramping up infection control and triage training, retrofitting separate areas to screen/treat persons with suspected COVID-19 infections, including isolation areas in or around hospital emergency departments to assess persons under investigation, implement expanded telemedicine/telehealth capabilities, and increase beds to provide surge capacity using alternate care sites.</p> <p>The remainder will help hospitals prepare for other, future novel disease outbreaks. Amounts were appropriated by the Coronavirus Preparedness and Response Supplemental Appropriations Act and the Coronavirus Aid, Relief, and Economic Security (CARES) Act.</p> <p>Of the \$50 million—which will be allocated through state/regional hospital associations—\$996,986 will be distributed to New York City hospitals, and the Healthcare Association of New York State will distribute \$1,375,936 to hospitals in the rest of New York State. Connecticut will receive \$557,396, and New Jersey will receive \$1,232,698.</p>	<p>GNYHA Member Letter (ML) on first COVID-19 Supplemental</p> <p>GNYHA ML on CARES Act</p>

GNYHA | COVID-19 EMERGENCY FUNDING SOURCES FOR HOSPITALS

Name	How to Apply	Key Dates	Description	Forms & Resources
Public Health and Social Services Emergency Fund (HHS)	TBD	Providers must sign an attestation confirming receipt of the funds within 30 days of receiving the funds and agree to the terms and conditions of payment.	<p>The CARES Act appropriated \$100 billion for hospitals and other providers nationwide to prevent, prepare for, and respond to COVID-19 to be distributed through grants and other payment mechanisms; eligible expenses include lost revenues from cancelled procedures, building new structures or retrofitting existing buildings, purchasing supplies, training staff, and other COVID-19-related costs.</p> <p>HHS has released an initial \$30B distribution. Every Medicare provider will receive a distribution based on its proportionate share of 2019 Medicare FFS payments nationally. Payments will be released within two weeks (by late April) via an Automated Clearing House (ACH) to providers based on their TIN. Providers must sign an attestation confirming receipt of the funds within 30 days of receiving the funds and agree to the terms and conditions of payment.</p> <p>The Administration announced that a portion of the funds will be used to reimburse providers treating uninsured patients at Medicare rates. In order to receive this funding, providers are obligated to not “balance bill” any patient for COVID-19 related treatment services. The Administration announced that it has secured commitments from several health plans to waive cost-sharing payments for treatment related to COVID-19.</p> <p>HHS states that it is working on additional distributions to target providers in “hot spot” areas, rural providers, and those serving primarily a Medicaid population, and those serving uninsured COVID-19 patients. GNYHA has advocated that funding be targeted to providers located in COVID-19 “hot spots.”</p>	GNYHA ML on CARES Act Relief Fund Payment Terms and Conditions
Suspension of Medicare Sequester (the Centers for Medicare & Medicaid Services [CMS])	N/A; will apply automatically to claims	May-December 2020	The CARES Act suspended the Medicare sequester (2% of all Medicare fee-for-service payments) from May 1-December 2020; the Medicare sequester was extended from 2029 to 2030. Applicability to Medicare Advantage will depend on a hospital’s contract terms.	GNYHA ML on CARES Act

GNYHA | COVID-19 EMERGENCY FUNDING SOURCES FOR HOSPITALS

Name	How to Apply	Key Dates	Description	Forms & Resources
20% Medicare Add-On Payment for COVID-19 Cases (CMS)	N/A; will apply automatically to claims	During public health emergency declared by HHS on 1/31/2020	The CARES Act provided a 20% add-on to the otherwise applicable diagnosis-related group payment rate for patients with a COVID-19 diagnosis. Applies to patients treated at inpatient prospective payment system (IPPS) hospitals. Details on implementation are forthcoming.	GNYHA ML on CARES Act
Cooperative Agreement for Emergency Response: Public Health Crisis Response (the Centers for Disease Control and Prevention [CDC])	HHS allocated funds to eligible states. States may fund providers directly for allowable expenses.	Funding was awarded to localities on 3/16. Funding to be distributed 10 days after President's signature.	CDC is awarding \$569,822,380 to eligible jurisdictions to prevent, prepare for, and respond to COVID-19. This funding is intended for state, local, territorial, and tribal health departments to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities. States can fund hospitals and other health care providers directly if funds are used for certain allowable activities (e.g., quarantine without treatment in a hospital facility) and are identified in revised budgets and work plans.	CDC COVID-19 Supplemental Funding Webpage COVID-19 Cooperative Agreement: Supplemental Funding Interim Guidance
Capital Payments for Extraordinary Circumstances (CMS)	IPPS hospitals must apply in writing with an explanation of the circumstances that led to the unanticipated capital expense (with supporting documentation), estimated expenditure, and any expected reimbursement directly related to the expenditure (e.g., insurance payments)	Hospitals must apply to the CMS Regional Office within 180 days of the extraordinary circumstance for an eligibility determination	Hospitals may request additional payment for unanticipated capital expenditures in excess of \$5 million (net of proceeds from other payment sources, such as insurance and other government programs) due to extraordinary circumstances (e.g., an earthquake). The payment varies by hospital type: Sole Community Hospitals are reimbursed 100% of Medicare's share of allowable capital-related costs attributable to the extraordinary circumstances, but all other hospitals are reimbursed based on a minimum amount of 85% for Medicare's share of allowable capital-related costs attributable to the extraordinary circumstances. Total exception payments are capped at 10% of total capital prospective payments. Note: Total exception payments include exception payments outside of those for extraordinary circumstance (i.e., payments made if capital payments would have been less than their minimum payment limit, or through the special exceptions process).	42 CFR 412.348: Regulation Pertaining to Capital Exception Payments CMS FAQ on Emergency-related Policies and Procedures that Do not Require 1135 Waivers

GNYHA | COVID-19 EMERGENCY FUNDING SOURCES FOR HOSPITALS

Name	How to Apply	Key Dates	Description	Forms & Resources
Loan Opportunities				
Accelerated and Advance Medicare Payments (CMS)	Providers must submit a form to their Medicare Administrative Contractor	Available immediately; payments expected to be issued within seven days	The CARES Act expanded the existing program to allow acute, cancer, and children's hospitals to request an advance payment of up to 100% of their Medicare payments for a six-month period, while critical access hospitals may request up to 125%. Other Medicare providers and suppliers (including physicians) may request up to three months advance payment. Repayment will not begin for 120 days and will be interest-free for 12 months, after which time interest will accrue at 10.25% (tied to Treasury rates and can change quarterly). Providers that currently receive periodic interim payments will be required to reconcile payments at cost report settlement. All other providers will have amounts withheld from claims payments after 120 days and will owe the balance after 12 months (+ a 30-day grace period).	CMS Fact Sheet Information from National Government Services (NGS) NGS hotline: (888) 802-3898 GNYHA ML on Accelerated and Advance Medicare Payments
Employer Payroll Tax Delay (the Internal Revenue Service [IRS])	No need to notify the IRS	March 27-December 21, 2020	Under the CARES Act, employers can defer payment of the 6.2% FICA tax on wages paid between March 27 and December 21, 2020. Fifty percent of the deferred payment is due by December 31, 2021, and the remaining 50% is due by December 31, 2022. All employers are eligible unless they have had a loan forgiven through the Paycheck Protection Program.	IRS Notice GNYHA ML on CARES Act
Paycheck Protection Program (the Small Business Administration [SBA])	Small businesses with <500 employees	February 15, 2020-June 30, 2020	The CARES Act expands eligibility for and provides \$349 billion to fund special new loans, loan forgiveness, and other relief to small businesses affected by COVID-19. While hospitals with over 500 employees are not eligible currently, the American Hospital Association is advocating to include larger hospitals in the program. SBA can provide a maximum loan of 250% of the last 12 months' average monthly payroll costs over the February 15-June 30, 2020 period, capped at \$10 million. The amounts by which individual employee salaries exceed \$100,000 annually will be excluded from the loan calculation. Forgivable amounts are prorated based on a reduction in employees or wages in excess of 25%, unless rehired by June 30. While some hospitals may not qualify due to size restrictions, this program may benefit physician practices.	SBA Interim Final Rule National Law Review Summary Tax Foundation Summary

GNYHA | COVID-19 EMERGENCY FUNDING SOURCES FOR HOSPITALS

Name	How to Apply	Key Dates	Description	Forms & Resources
Economic Injury Disaster Loan (EIDL) (SBA)	Small businesses with <500 employees and non-profits of all sizes	N/A; CARES Act moves requirement for being operational for one year to as of January 31. Applications are available now.	The CARES Act waives certain requirements and expands eligibility for an EIDL. An EIDL is a working capital loan of up to \$2 million (12-month deferral and then 2.75% interest for most private non-profits) that can be used to pay fixed debts, payroll, accounts payable, and other bills that could have been paid had the disaster not occurred. There is no loan forgiveness associated with this program, but EIDL applicants may receive a \$10k emergency grant that does not have to be repaid and is available within three days of application. Emergency grants are available from January 31, 2020, to December 31, 2020. Layoffs and salary reductions do not impact eligibility.	SBA EIDL Information EIDL Application
Main Street Lending Program (Assistance for Mid-sized Businesses) (Treasury/ Federal Reserve)	Midsized businesses with less than 10,000 employees	N/A; awaiting details from Treasury Secretary soon	<p>The CARES Act provides \$454 billion for financial assistance to eligible businesses. The Secretary of Treasury has authority to implement a program for assistance to midsized businesses. Under the CARES Act, loans to midsized businesses will have annualized interest rates $\leq 2\%$.</p> <p>The Federal Reserve released details of the Main Street Lending Program which will provide 4-year loans for small and mid-size businesses with up to 10,000 employees or with 2019 revenues under \$2.5 billion. The program announcement does not specify a minimum number of employees, despite the CARES Act originally targeting companies with a minimum of 500 employees. Loan payments will be deferred for one year. The term sheet did not specify if these businesses include non-profits, although the CARES Act referenced that non-profits would be eligible for assistance under a program that targets mid-size businesses.</p> <p>According to the Federal Reserve, businesses applying for loans must make efforts to maintain workforce and payroll, and follow compensation, stock repurchase, and dividend restrictions that apply to direct loan programs under the Coronavirus Aid, Relief, and Economic Security (CARES)</p>	Senate Banking CARES Act Title IV Summary Federal Reserve: Main Street Lending Program New Loan Facility Term Sheet Expanded Loan Facility Term Sheet

GNYHA | COVID-19 EMERGENCY FUNDING SOURCES FOR HOSPITALS

Name	How to Apply	Key Dates	Description	Forms & Resources
Main Street Lending Program (continued)			<p>Act. However, the CARES Act specifies that applicants must certify that they will retain 90% of the workforce at full compensation until September 30, 2020, or that they intend to restore 90% of the workforce as of February 1, 2020, at full compensation within four months of the end of the public health emergency. During the period of the loan through one-year post-repayment, no employee whose compensation exceeds \$425K in 2019 may receive a pay raise over the 2019 amount or severance that exceeds twice the 2019 amount. Additionally, an employee whose total annual compensation exceeds \$3 million will be capped at \$3 million plus 50% of any compensation in excess of \$3 million during this period.</p> <p>Businesses that have received loans through the Paycheck Protection Program are also eligible for Main Street loans, although the term sheet does not specify whether the same affiliation rules apply.</p>	
Federal Emergency Management Administration (FEMA) Assistance				
Public Assistance (PA) Program (FEMA)	<p>Hospitals, outpatient facilities, rehabilitation facilities, and long-term care facilities should attend a New York Division of Homeland Security and Emergency</p> <p>Services (DHSES) virtual briefing and must submit a request for public assistance (RPA) form through the FEMA grants portal or directly through DHSES</p>	Recommended to apply ASAP, but deadline is waived	<p>President Trump's March 13, 2020, national emergency declaration and subsequent March 20 major disaster declaration for New York unlocked FEMA PA funds for "Category B" reimbursement for emergency protective measures. This includes management, control, and reduction of immediate threats to public safety, emergency medical care, and medical sheltering. It does not include additional categories such as infrastructure repair and replacement.</p> <p>Eligible hospital costs include but are not limited to administrative costs such as overtime pay and purchases such as personal protective equipment used directly for medical care. Business-related costs such as revenue loss are not eligible. The PA program includes a 75% Federal cost share; the remaining 25% cannot be covered with other Federal grants/loans. Although FEMA grant programs are subject</p>	<p>GNYHA ML on FEMA Grants for Hospitals</p> <p>GNYHA/Witt O'Briens webinar (4/2/20)</p> <p>DHSES information on FEMA PA program for COVID-19</p> <p>DHSES briefing schedule</p>

GNYHA | COVID-19 EMERGENCY FUNDING SOURCES FOR HOSPITALS

Name	How to Apply	Key Dates	Description	Forms & Resources
PA Program (FEMA) (continued)			<p>to Federal procurement standards, "exigent or emergency circumstances" permit the use of non-competitive procurements.</p> <p>FEMA is involved in other COVID-19 response projects in the New York City area including the construction of temporary hospital sites at the Javits Center and the USS Comfort as part of a "mission assignment." These costs are covered by the Federal government.</p> <p>The CARES Act provided \$45 billion for the FEMA Disaster Relief Fund (DRF) to fund the PA program on top of \$42 billion in existing DRF funds. Otherwise, there are no caps on the funding an applicant may receive for eligible expenses.</p>	<p>RPA form</p> <p>DHSES procurement standards guidance for the COVID-19 crisis</p>

Summary of Congressional COVID-19 Legislation Tribal Health Funding Provisions

April 3, 2020

COVID-19 Relief #1 Coronavirus Preparedness and Response Act March 6, 2020	
\$70 million to Indian Health Services (IHS) from the HHS Public Health & Social Services Emergency Fund.	\$30 million provided to IHS Federal health programs.
	\$40 million used to purchase personnel protective equipment (PPE) and medical supplies through IHS National Supply Service Center and available for all IHS programs.
\$80 million provided by the Centers for Disease Control & Prevention (CDC) to tribes, tribal organizations, and urban Indian health programs.	\$30 million to fund existing CDC Cooperative Agreements for Tribal Public Health Capacity Building.
	\$8 million to the National Council of Urban Indian Health to make sub-awards to 41 IHS urban Indian health programs.
	\$2 million to the National Indian Health Board to coordinate national communications on COVID-19 activities.
	\$40 million for a new non-competitive grant Notice of Funding Opportunity to reach all 574 Title I and Title V tribes.
COVID-19 Relief #2 Families First Coronavirus Response Act March 18, 2020	
\$64 million provided to the Indian Health Service for SARS-CoV-2 or COVID-19 related items or services for diagnostic testing for Alaska Native and American Indians.	\$3 million to support urban Indian health programs and to complement the funding previously provided by CDC.
	\$61 million to IHS Federal and tribally-operated health programs using established distribution methods for program increases in Hospitals & Health Centers sub-account.
COVID-19 Relief #3 Coronavirus Aid, Relief, and Economic Security Act (CARES) March 25, 2020	
The CARES Act provides \$1.032 billion to the Indian Health Service to address critical response to COVID-19 planning, preparedness, health services, medical equipment and supplies, transportation, and facility needs.	\$570 million to IHS Federal and tribally-operated health programs using existing distribution methodologies for program increases in Hospitals & Health Centers, Purchased & Referred Care (PRC) Program, Alcohol & Substance Abuse, and Mental Health sub-accounts.
	\$65 million for electronic health record stabilization and support.
	\$30 million to support urban Indian health programs.
	The balance of \$367 million will be distributed after the IHS considers the tribal consultation comments and recommendations.
Centers for Disease Control & Prevention (CDC) \$125 million.	Available for grants or cooperative agreements with tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities.

COVID-19 Claims Reimbursement for Testing and Treatment to Health Care Providers and Facilities Serving the Uninsured

President Trump is providing support to healthcare providers fighting the COVID-19 pandemic. The President signed the bipartisan Families First Coronavirus Response Act or FFCRA (P.L. 116-127), which appropriates \$1 billion to reimburse providers for conducting coronavirus testing for the uninsured, and the Coronavirus Aid, Relief, and Economic Security (CARES) Act (P.L. 116-136), which provides \$100 billion in relief funds, including to hospitals and other healthcare providers on the front lines of the coronavirus response. Within the Provider Relief Fund, a portion of the funding will be used to support healthcare-related expenses attributable to the treatment of uninsured patients with COVID-19.

About the program

As part of the FFCRA and [CARES Act](#), the U.S. Department of Health and Human Services (HHS), will provide claims reimbursement to health care providers generally at Medicare rates for testing uninsured patients for COVID-19 and treating uninsured patients with a COVID-19 diagnosis.

Physicians and other health care providers are true heroes – especially during the COVID-19 outbreak – and HHS is grateful for their continued dedication.

How it works

Health care providers who have conducted COVID-19 testing or provided treatment for uninsured COVID-19 patients on or after February 4 can request claims reimbursement through the program electronically and will be reimbursed generally at Medicare rates, subject to available funding. Steps will involve: enrolling as a provider participant, checking patient eligibility, submitting patient information, submitting claims, and receiving payment via direct deposit.

To participate, providers must attest to the following:

- You have checked for health care coverage eligibility and confirmed that the patient is uninsured. You have verified that the patient does not have individual, employer-sponsored, Medicare or Medicaid coverage, and no other payer will reimburse you for COVID-19 testing and/or care for that patient.
- You will accept defined program reimbursement as payment in full.
- You agree not to balance bill the patient.
- You agree to program terms and conditions and may be subject to post-reimbursement audit review.

Program timeline

- April 22 – Program Details launch
- April 27 – Sign up period begins for the program
- April 29 – On Demand training starts
- May 6 – Begin submitting claims electronically
- Mid-May – Begin receiving reimbursement

For whom can claims be submitted

Providers may submit claims for patients in the U.S. without health care coverage.

What's covered

For dates of service or admittance on or after February 4, 2020, providers will be eligible to seek reimbursement for COVID-19 testing and testing-related visits for uninsured patients, as well as treatment for uninsured patients with a COVID-19 diagnosis. All claims will be subject to the same timely filing requirements required by Medicare.

Reimbursement will be made for: qualifying testing for COVID-19 and treatment services with a primary COVID-19 diagnosis, including the following:

- Specimen collection, diagnostic and antibody testing.
- Testing-related visits including in the following settings: office, urgent care or emergency room or via telehealth.
- Treatment: office visit (including via telehealth), emergency room, inpatient, outpatient/observation, skilled nursing facility, long-term acute care (LTAC), acute inpatient rehab, home health, DME (e.g., oxygen, ventilator), emergency ground ambulance transportation, non-emergent patient transfers via ground ambulance, and FDA approved drugs as they become available for COVID-19 treatment and administered as part of an inpatient stay.
- When an FDA-approved vaccine becomes available, it will also be covered.
- For inpatient claims, date of admittance must be on or after February 4, 2020.

Services not covered by traditional Medicare will also not be covered under this program. In addition, the following services are excluded:

- Air and water ambulance.
- Any treatment without a COVID-19 primary diagnosis, except for pregnancy when the COVID-19 code may be listed as secondary.
- Hospice services.
- Outpatient prescription drugs covered under Medicare Part D.

All claims submitted must be complete and final.

Claims Submission




This content will be available by Monday, April 27, so please check back for more information.

Claims Reimbursement

Claims for reimbursement will be priced as described below for eligible services (see coverage details above).

- Reimbursement will be based on current year Medicare fee schedule rates except where otherwise noted.
- Reimbursement will be based on incurred date of service.
- Publication of new codes and updates to existing codes will be made in accordance with CMS.
- For any new codes where a CMS published rate does not exist, claims will be held until CMS publishes corresponding reimbursement information.

When can I learn more?

We will update this site with much more information starting April 27. Please check back often for the latest updates and stay connected with us on [Twitter](#) , [Facebook](#)  and [LinkedIn](#) .

Date Last Reviewed: April 2020

Opportunity for further Communication



Tribal Governance Community Forum www.tgwcommunity.org



TribalGovWorks is an online community forum intended to be a place for collaboration and ongoing conversations among Tribal leaders, employees, and technical advisors in a Tribal-only forum.

- Find support and seek answers from colleagues throughout Indian Country.
- Share and discuss key information you receive with others.
- Share knowledge, ideas, best practices, and documents in order to create a dynamic repository of knowledge for Tribes to access.
- All discussions & information that take place in the forum can only be accessed by members with approved accounts.

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