



### **Resources for Hospitals**

Senator Daines has been leading the fight in Congress to ensure our hospitals and healthcare professionals have the resources necessary to respond to the ongoing COVID-19 pandemic. Daines fought to secure critical funding to provide unprecedented levels of support for our nation's hospitals during each phase of the federal governments COVID-19 response.

#### **Congressional Action:**

##### **The Coronavirus Preparedness and Response Supplemental Appropriations Act (Phase I)**

- Provides \$3.4 billion for the Assistant Secretary of Preparedness and Response (ASPR), which can be used for the Hospital Preparedness Program.

##### **The Families First Coronavirus Response Act (Phase II)**

- Provides a 6.2 percent Federal Medical Assistance Percentages (FMAP) increase for every state. This money will ensure states have the resources to reimburse hospitals and providers who will see increased expenditures due to COVID-19.
- Ensures coverage of the cost of testing for COVID-19 by commercial insurance, Medicare, Medicaid, CHIP, and provides a state option for the uninsured. Also includes the administration of tests and office visits, urgent care center visits, and emergency room (ER) visits related to testing for COVID-19.
- These are expenses that hospitals would have potentially had to cover under normal circumstances.

##### **The Coronavirus Economic Recovery Package (Phase III)**

- Provides over \$27 billion to the Assistant Secretary for Preparedness and Response (ASPR) for the development of medical countermeasures and vaccines, increasing medical surge capacity, and improving health infrastructure, \$275 million of which will be specifically allocated for the Hospital Preparedness Program.
- Provides \$100 billion for direct relief to hospitals and other frontline providers.
- Temporarily lifts the Medicare sequester, providing immediate economic assistance to health care providers on the front lines fighting COVID-19, boosting payments for hospital, physician, nursing home, home health, and other care. The sequester was due to reduce payments to providers by 2 percent, from May 1 through December 31, 2020.

- Provides a 20 percent increase in payments to hospitals for treating a patient admitted with COVID-19.
- This add-on payment would be available through the duration of the COVID-19 emergency period.
- Expands the Accelerated and Advance Payment Program to include Children's Hospitals, Cancer Centers, and Critical Access Hospitals. This expansion will permit hospitals to receive up to 100 percent of an accelerated three-month payment period and up to 125 percent for Critical Access Hospitals for up to six months. CMS has also created flexible recoupment period for repayment of accelerated and advanced payments, giving qualifying hospitals four months before being required to start paying down the advanced payment and allowing at least 12 months to complete repayment – without interest.
  - CMS Fact Sheet: [Expansion of the Accelerated and Advance Payments Program for Providers and Suppliers During Covid-19 Emergency](#)
  - CMS is authorized to provide accelerated or advance payments during the period of the public health emergency to any Medicare provider/supplier who submits a request to the appropriate Medicare Administrative Contractor (MAC) and meets the required qualifications (contact information for each MAC can be found at the end of this document).
- Allows flexibility for Long-Term Care Hospitals by waiving the 3-hour rule for inpatient rehabilitation facilities and providing the Secretary of HHS with enforcement discretion with respects to certain payment rules for discharges from Long-Term Care Hospitals for the duration of this emergency
- Ensures coverage of the cost of an eventual COVID-19 vaccine by commercial insurance, Medicare, Medicaid, CHIP, and provides a state option for the uninsured. These are expenses that hospitals would have potentially had to cover under normal circumstances.
- Provides \$350B in Small Business Administration loans, which hospitals with up to 500 employees would be eligible to apply. Loans can be used to pay certain expenses such as rent and employee payroll. If loan recipients retain their current staff levels or rehire furloughed workers by June 1st, some of the loan payments will be forgiven.
- Hospitals would also receive up to \$15B in payroll tax relief by permitting employers to defer remaining 2020 payroll taxes until 2021 and 2022. Certain hospitals with between 500 – 10,000 employees may also be eligible to participate in the \$500B loan program managed by the Federal Reserve.

## **Administration Actions:**

The Centers for Medicare & Medicaid (CMS) has responded to the emergency declaration with a series of waivers and administrative actions to give our hospitals the flexibility and freedom needed to respond to this dynamic challenge.

### **“Hospitals Without Walls”**

- Through a series of waivers, CMS is allowing hospitals to service patients outside of their current facilities. This will allow hospitals to scale to meet the demands of this emergency and to treat patients either in contracted facilities like ambulatory surgical centers or in-patient rehabilitation hospitals, or temporary non-traditional sites such as hotels.

### **Telehealth Expansion**

- In addition to the telehealth flexibilities passed by Congress, CMS has also taken actions to make sure as many patients as able can receive their care where they are- at home. CMS is now allowing more than 80 additional services to be provided over telehealth during this emergency.

### **Expanding the Workforce**

- CMS has taken steps to make it easier for providers to enroll in Medicare and to be added into the hospital workforce. These steps include easing the path for private practice doctors and staff to be temporarily employed by hospitals and empowering medical residents in teaching hospitals to do more for patients with more flexible supervision from teaching physicians.
- Additionally, CMS is allowing hospitals to provide their workforce with additional benefits such as childcare, daily meals, or laundry services so that our medical workers don't have to choose between caring for their patients or their families.

### **Regulatory Relief**

- The Administration is also expanding its “Patients Over Paperwork” agenda, and temporarily waiving a range of administrative requirements to maximize the time our medical professionals can spend caring for those in need. Notably, CMS has announced exceptions and extensions for data collection in both quality reporting and value-based payment programs for hospitals.

### **Up to Date Guidance**

- As this emergency has and continues to develop. CMS has issued new guidance for hospitals, SNFs, and all providers to try to keep everyone in our health care system up to date with the latest protocols recommendations. Continue to stay attuned to the CMS website for further updates.

## **Contacts for Medicare Administrative Contractors (MAC)**

### **CGS Administrators**

- The toll-free Hotline Telephone Number: 1-855-769-9920
- Hours of Operation: 7:00 am – 4:00 pm CT
- The toll-free Hotline Telephone Number for Home Health and Hospice Claims: 1-877-299-4500
- Hours of Operation: 8:00 am – 4:30 pm CT for main customer service and 7:00 am – 4:00 pm CT for the Electronic Data Interchange (EDI) Department

### **Noridian Healthcare Solutions**

- The toll-free Hotline Telephone Number: 1-866-575-4067
- Hours of Operation: 8:00 am – 6:00 pm CT

### **Noridian Healthcare Solutions, LLC – DME A & D**

- The toll-free Hotline Telephone Numbers: A: 1-866-419-9458; D: 1-877-320-0390
- Hours of Operation: 8:00 am – 6:00 pm CT