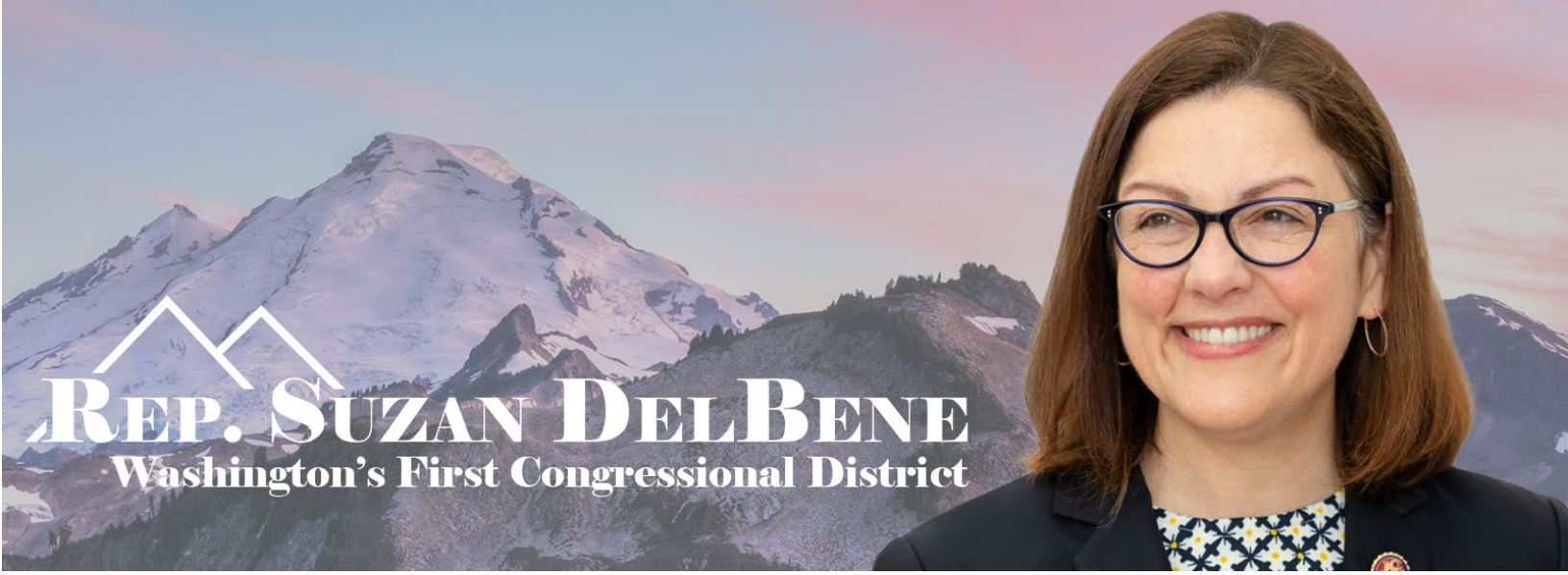

April 1, 2020

COVID-19 Resource Guide

Health Care Sector

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@RepDelBene

••• A NOTE FROM CONGRESSWOMAN SUZAN DELBENE •••

The COVID-19 pandemic is the largest public health and economic crisis our state and county have faced in a lifetime. Many people have lost their jobs, kids are out of school, and businesses have closed their doors. This situation requires bold action to provide relief to the most affected and provide a strong recovery.

I want you to know that I'm fighting for you in Congress. Since the beginning of this outbreak, my priorities at the federal level are protecting families, workers, and small businesses, and getting our health care system the resources it needs to save lives.

Congress has now passed three emergency bipartisan funding bills to address this pandemic and provide relief to our communities.
This guide contains information about the resources available to health providers and systems impacted by the COVID-19 pandemic. This guide is meant to be reference tool and the information within is not exhaustive. Inside you will find a compilation of existing federal and state resources.

Because the situation is constantly evolving, check my website (delbene.house.gov) or call my office in Bothell at 425-485-0085 for additional assistance.

Please know that my staff and I are here to help. Stay safe and healthy.

Sincerely,

Suzan DelBene
U.S. Representative

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QUICK GUIDE

Congresswoman DelBene's COVID-19 Resource Page
My page on COVID-19 resources is continually updated, and includes information for businesses, workers, nonprofits, and more.

Washington State: A comprehensive list of state resources is available on the governor's coronavirus page: coronavirus.wa.gov

Washington State Employment Security Department (ESD)

- Visit http://esd.wa.gov
- Sign in through eServices
- Call 800-318-6022*

Washington State Health Benefit Exchange: Information on the WA Exchange's response to COVID-19 can be found here: https://www.wahbexchange.org/coronavirus-faqs/

IRS information on COVID-19 and Tax Filing:
https://www.irs.gov/coronavirus

Washington State Department of Health: DOH's website is the place to go for the best local information about COVID-19 in Washington state

- If you have questions or concerns related to your health, call the state Department of Health at 800-525-0127, and press #.

Washington State Department of Social and Health Services: The DSHS website has information about community programs and eligibility.

Washington Department of Financial Institutions: DFI has a list of financial resources for consumers impacted by COVID-19.

For assistance please contact any of my offices, or visit my website at www.delbene.house.gov

Bothell Office:
22121 17th Ave. SE,
Ste 220
Bothell, WA 98021
(425) 485-0085

Mount Vernon Office:
204 W. Montgomery St.
Mount Vernon, WA 98273
(360) 416-7879

Washington, DC Office:
2330 Rayburn HOB
Washington, DC 20515
(202) 225-6311

CORONAVIRUS RELIEF FUND

Section 5001: Coronavirus Relief Fund
Provides $150 billion to States, Territories, and Tribal governments to use for expenditures incurred due to the public health emergency with respect to COVID-19 in the face of revenue declines, allocated by population proportions, with a minimum of $1.25 billion for states with relatively small populations.

ADDRESSING SUPPLY SHORTAGES

Medical Product Supplies

Section 3101: National Academies report on America's medical product supply chain security
Directs the National Academies to study the manufacturing supply chain of drugs and medical devices and provide Congress with recommendations to strengthen the U.S. manufacturing supply chain.

Section 3102: Requiring the strategic national stockpile to include certain types of medical supplies
Clarifies that the Strategic National Stockpile can stockpile medical supplies, such as the swabs necessary for diagnostic testing for COVID-19.

Section 3103: Treatment of respiratory protective devices as covered countermeasures Provides permanent liability protection for manufacturers of personal respiratory protective equipment, such as masks and respirators, in the event of a public health emergency, to incentivize production and distribution.

Mitigating Emergency Drug Shortages

Section 3111: Prioritize reviews of drug applications; incentives
Requires the Food and Drug Administration (FDA) to prioritize and expedite the review of drug applications and inspections to prevent or mitigate a drug shortage.

Section 3112: Additional manufacturer reporting requirements in response to drug shortages Requires drug manufacturers to submit more information when there is an interruption in supply, including information about active pharmaceutical ingredients, when active pharmaceutical ingredients are the cause of the interruption. Requires manufacturers to maintain contingency plans to ensure back up supply of products. Requires manufacturers to provide information about drug volume.

Section 3121: Discontinuance or interruption in the production of medical devices

Clarifies that during a public health emergency, a medical device manufacturer is required to submit information about a device shortage or device component shortage upon request of the FDA.

ADDRESSING ACCESS TO HEALTH CARE FOR COVID-19 PATIENTS

Coverage of Testing and Preventative Services

Section 3201: Coverage of diagnostic testing for COVID-19
Clarifies that all testing for COVID-19 is to be covered by private insurance plans without cost sharing, including those tests without an EUA by the FDA.

Section 3202: Pricing of diagnostic testing
For COVID-19 testing covered with no cost to patients, requires an insurer to pay either the rate specified in a contract between the provider and the insurer, or, if there is no contract, a cash price posted by the provider.

Section 3203: Rapid coverage of preventive services and vaccines for coronavirus
Provides free coverage without cost-sharing of a vaccine within 15 days for COVID-19 that has in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force or a recommendation from the Advisory Committee on Immunization Practices (ACIP).

Expanding Health Care Access

Section 3701: Health Savings Accounts for Telehealth Services
This section would allow a high-deductible health plan (HDHP) with a health savings account (HSA) to cover telehealth services prior to a patient reaching the deductible, increasing access for patients who may have the COVID-19 virus and protecting other patients from potential exposure.

Section 3702: Over-the-Counter Medical Products without Prescription
This section would allow patients to use funds in HSAs and Flexible Spending Accounts for the purchase of over-the-counter medical products, including those needed in quarantine and social distancing, without a prescription from a physician.

Section 3703: Expanding Medicare Telehealth Flexibilities
This section would eliminate the requirement in Coronavirus Preparedness and Response Supplemental Appropriations Act of 2020 (Public Law 116-

123) that limits the Medicare telehealth expansion authority during the COVID-19 emergency period to situations where the physician or other professional has treated the patient in the past three years. This would enable beneficiaries to access telehealth, including in their home, from a broader range of providers, reducing COVID-19 exposure.

Section 3704: Allowing Federally Qualified Health Centers and Rural Health Clinics to Furnish Telehealth in Medicare
This section would allow, during the COVID-19 emergency period, Federally Qualified Health Centers and Rural Health Clinics to serve as a distant site for telehealth consultations. A distant site is where the practitioner is located during the time of the telehealth service. This section would allow FQHCs and RHCs to furnish telehealth services to beneficiaries in their home. Medicare would reimburse for these telehealth services based on payment rates similar to the national average payment rates for comparable telehealth services under the Medicare Physician Fee Schedule. It would also exclude the costs associated with these services from both the FQHC prospective payment system and the RHC all-inclusive rate calculation.

Section 3705. Expanding Medicare Telehealth for Home Dialysis Patients
This section would eliminate a requirement during the COVID-19 emergency period that a nephrologist conduct some of the required periodic evaluations of a patient on home dialysis face-to-face, allowing these vulnerable beneficiaries to get more care in the safety of their home.

Section 3706: Allowing for the Use of Telehealth during the Hospice Care Recertification Process in Medicare
Under current law, hospice physicians and nurse practitioners cannot conduct recertification encounters using telehealth. This section would allow, during the COVID-19 emergency period, qualified providers to use telehealth technologies in order to fulfill the hospice face-to-face recertification requirement.

Section 3707: Encouraging the Use of Telecommunications Systems for Home Health Services in Medicare
This section would require the Health and Human Services (HHS) to issue clarifying guidance encouraging the use of telecommunications systems, including remote patient monitoring, to furnish home health services

consistent with the beneficiary care plan during the COVID-19 emergency period.

Section 3708: Enabling Physician Assistants and Nurse Practitioners to Order Medicare Home Health Services
This section would allow physician assistants, nurse practitioners, and other professionals to order home health services for beneficiaries, reducing delays and increasing beneficiary access to care in the safety of their home.

Section 3709: Increasing Provider Funding through Immediate Medicare Sequester Relief This section would provide prompt economic assistance to health care providers on the front lines fighting the COVID-19 virus, helping them to furnish needed care to affected patients. Specifically, this section would temporarily lift the Medicare sequester, which reduces payments to providers by 2 percent, from May 1 through December 31, 2020, boosting payments for hospital, physician, nursing home, home health, and other care. The Medicare sequester would be extended by one-year beyond current law to provide immediate relief without worsening Medicare's long-term financial outlook.

Section 3710: Medicare Add-on for Inpatient Hospital COVID-19 Patients
This section would increase the payment that would otherwise be made to a hospital for treating a patient admitted with COVID-19 by 20 percent. It would build on the Centers for Disease Control and Prevention (CDC) decision to expedite use of a COVID-19 diagnosis to enable better surveillance as well as trigger appropriate payment for these complex patients. This add-on payment would be available through the duration of the COVID-19 emergency period.

Section 3711: Increasing Medicare Access to Post-Acute Care
This section would provide acute care hospitals flexibility, during the COVID-19 emergency period, to transfer patients out of their facilities and into alternative care settings in order to prioritize resources needed to treat COVID-19 cases. Specifically, this section would waive the Inpatient Rehabilitation Facility (IRF) 3-hour rule, which requires that a beneficiary be expected to participate in at least 3 hours of intensive rehabilitation at least 5 days per week to be admitted to an IRF. It would allow a Long Term

Care Hospital (LTCH) to maintain its designation even if more than 50 percent of its cases are less intensive. It would also temporarily pause the current LTCH site-neutral payment methodology.

Section 3712: Preventing Medicare Durable Medical Equipment Payment Reduction
This section would prevent scheduled reductions in Medicare payments for durable medical equipment, which helps patients transition from hospital to home and remain in their home, through the length of COVID-19 emergency period.

Section 3713: Eliminating Medicare Part B Cost-Sharing for the COVID-19 Vaccine
This section would enable beneficiaries to receive a COVID-19 vaccine in Medicare Part B with no cost-sharing.

Section 3714: Allowing Up to 3-Month Fills and Refills of Covered Medicare Part D Drugs
This section would require that Medicare Part D plans provide up to a 90-day supply of a prescription medication if requested by a beneficiary during the COVID-19 emergency period.

Section 3715: Providing Home and Community-based Support Services during Hospital Stays
This section would allow state Medicaid programs to pay for direct support professionals, caregivers trained to help with activities of daily living, to assist disabled individuals in the hospital to reduce length of stay and free up beds.

Section 3716: Clarification Regarding Uninsured Individuals
This section would clarify a section of the Families First Coronavirus Response Act of 2020 (Public Law 116-127) by ensuring that uninsured individuals can receive a COVID-19 test and related service with no cost-sharing in any state Medicaid program that elects to offer such enrollment option.

Section 3717: Clarification Regarding Coverage of Tests
This section would clarify a section of the Families First Coronavirus Response Act of 2020 (Public Law 116-127) by ensuring that beneficiaries can receive all tests for COVID-19 in Medicare Part B with no cost-sharing.

Section 3718: Preventing Medicare Clinical Laboratory Test Payment Reduction
This section would prevent scheduled reductions in Medicare payments for clinical diagnostic laboratory tests furnished to beneficiaries in 2021. It would also delay by one year the upcoming reporting period during which laboratories are required to report private payer data.

Section 3719: Providing Hospitals Medicare Advance Payments
This section would expand, for the duration of the COVID-19 emergency period, an existing Medicare accelerated payment program. Hospitals, especially those facilities in rural and frontier areas, need reliable and stable cash flow to help them maintain an adequate workforce, buy essential supplies, create additional infrastructure, and keep their doors open to care for patients. Specifically, qualified facilities would be able to request up to a six month advanced lump sum or periodic payment. This advanced payment would be based on net reimbursement represented by unbilled discharges or unpaid bills. Most hospital types could elect to receive up to 100 percent of the prior period payments, with Critical Access Hospitals able to receive up to 125 percent. Finally, a qualifying hospital would not be required to start paying down the loan for four months, and would also have at least 12 months to complete repayment without a requirement to pay interest.

Section 3720: Providing State Access to Enhanced Medicaid FMAP
This section would amend a section of the Families First Coronavirus Response Act of 2020 (Public Law 116-127) to ensure that states are able to receive the Medicaid 6.2 percent FMAP increase.

SUPPORT FOR HEALTH CARE PROVIDERS

Section 3211: Supplemental awards for health centers
Provides $1.32 billion in supplemental funding to community health centers on the front lines of testing and treating patients for COVID-19.

Section 3212: Telehealth network and telehealth resource centers grant programs
Reauthorizes Health Resources and Services Administration (HRSA) grant programs that promote the use of telehealth technologies for health care delivery, education, and health information services. Telehealth offers flexibility for patients with, or at risk of contracting, COVID-19 to access screening or monitoring care while avoiding exposure to others.

Section 3213: Rural health care services outreach, rural health network development, and small health care provider quality improvement grant programs
Reauthorizes HRSA grant programs to strengthen rural community health by focusing on quality improvement, increasing health care access, coordination of care, and integration of services. Rural residents are disproportionately older and more likely to have a chronic disease, which could increase their risk for more severe illness if they contract COVID19.

Section 3214: United States Public Health Service Modernization
Establishes a Ready Reserve Corps to ensure we have enough trained doctors and nurses to respond to COVID-19 and other public health emergencies.

Section 3215: Limitation on liability for volunteer health care professionals during COVID-19 emergency response
Makes clear that doctors who provide volunteer medical services during the public health emergency related to COVID-19 have liability protections.

Section 3216: Flexibility for members of National Health Service Corps during emergency period
Allows the Secretary of Health and Human Services (HHS) to reassign members of the National Health Service Corps to sites close to the one to which they were originally assigned, with the member's agreement, in order to respond to the COVID-19 public health emergency.

MEDICARE ENHANCEMENTS

Section 3801: Extension of Physician Work Geographic Index Floor

This section would increase payments for the work component of physician fees in areas where labor cost is determined to be lower than the national average through December 1, 2020.

Section 3802: Extension of Funding for Quality Measure Endorsement and Selection

This section would provide funding for HHS to contract with a consensus-based entity, e.g., the National Quality Forum (NQF), to carry out duties related to quality measurement and performance improvement through November 30, 2020.

Section 3803: Extension of Funding Outreach and Assistance for Low-Income Programs

This section would extend funding for beneficiary outreach and counseling related to low-income programs through November 30, 2020.

MEDICAID ENHANCEMENTS

Section 3811: Extension of Money Follows the Person Demonstration Program

This section would extend the Medicaid Money Follows the Person demonstration that helps patients transition from the nursing home to the home setting through November 30, 2020.

Section 3812: Extension of Spousal Impoverishment Protections

This section would extend the Medicaid spousal impoverishment protections program through November 30, 2020 to help a spouse of an individual who qualifies for nursing home care to live at home in the community.

Section 3813: Delay of Disproportionate Share Hospital Reductions

The section would delay scheduled reductions in Medicaid disproportionate share hospital payments through November 30, 2020.

Section 3814: Extension and Expansion of Community Mental Health Services Demonstration

This section would extend the Medicaid Community Mental Health Services demonstration that provides coordinated care to patients with mental health and substance use disorders, through November 30, 2020. It would also expand the demonstration to two additional states.

MISCELLANEOUS HEALTH CARE PROVISIONS

Section 3221: Confidentiality and disclosure of records relating to substance use disorder
Allows for additional care coordination by aligning the 42 CFR Part 2 regulations, which govern the confidentiality and sharing of substance use disorder treatment records, with Health Insurance Portability and Accountability Act (HIPAA), with initial patient consent.

Section 3222: Nutrition services
Waives nutrition requirements for Older Americans Act (OAA) meal programs during the public health emergency related to COVID-19 to ensure seniors can get meals in case certain food options are not available.

Section 3223: Continuity of service and opportunities for participants in community service activities under title V of the Older Americans Act of 1965
Allows the Secretary of Labor to extend older adults' participation in community service projects under OAA and make administrative adjustments to facilitate their continued employment under the program.

Section 3224: Guidance on protected health information
Requires the Department of Health and Human Services (HHS) to issue guidance on what is allowed to be shared of patient record during the public health emergency related to COVID-19.

Section 3225: Reauthorization of healthy start program
Reauthorizes Healthy Start, which is a program that provides grants to improve access to services for women and their families, who may need additional support during the public health emergency related to COVID-19. Section 3226. Importance of the blood supply. Directs the Secretary of HHS to carry out an initiative to improve awareness of the importance and safety of blood donation and the continued need for blood donations during the COVID-19 public health emergency.

Section 3824: Extension of the Temporary Assistance for Needy Families Program and Related Programs
This section extends TANF and related programs through November 30, 2020.

PUBLIC HEALTH PROVISIONS

Section 3831: Extension for community health centers, the National Health Services Corps, and teaching health centers that operate GME programs

Extends mandatory funding for community health centers, the National Health Service Corps, and the Teaching Health Center Graduate Medical Education Program at current levels through November 30, 2020.

Section 3832: Diabetes programs

Extends mandatory funding for the Special Diabetes Program for Type I Diabetes and the Special Diabetes Program for Indians at current levels through November 30, 2020.

INNOVATION

Section 3301: Removing the cap on OTA for public health emergencies

Allows the Biomedical Advanced Research and Development Authority (BARDA) to more easily partner with private sector on research and development, which includes helping to scale up manufacturing as appropriate, by removing the cap on other transaction authority (OTA) during a public health emergency.

Section 3302: Priority zoonotic animal drugs

Provides Breakthrough Therapy designations for animal drugs that can prevent human diseases – i.e. speed up the development of drugs to treat animals to help prevent animal to-human transmission, which is suspected to have occurred with outbreak of novel coronavirus, leading to the SARS-CoV-2 pandemic.

HEALTH CAR WORKFORCE PROVISIONS

Section 3401: Reauthorization of health professions workforce programs
Reauthorizes and updates Title VII of the Public Health Service Act (PHSA), which pertains to programs to support clinician training and faculty development, including the training of practitioners in family medicine, general internal medicine, geriatrics, pediatrics, and other medical specialties.

Section 3402: Health workforce coordination
Directs the Secretary of HHS to develop a comprehensive and coordinated plan for health workforce programs, which may include performance measures and the identification of gaps between the outcomes of such programs and relevant workforce projection needs.

Section 3403: Education and training relating to geriatrics
Reauthorizes and updates Title VII of the Public Health Service Act (PHSA), which pertains to programs to support clinician training and faculty development, including the training of practitioners in family medicine, general internal medicine, geriatrics, pediatrics, and other medical specialties.

Directs the Secretary of HHS to develop a comprehensive and coordinated plan for health workforce programs, which may include performance measures and the identification of gaps between the outcomes of such programs and relevant workforce projection needs.

Title VII programs strengthen the health professions workforce to better meet the health care needs of certain populations, such as older individuals and those with chronic diseases, who could be at increased risk of contracting COVID-19.

Section 3404: Nursing workforce development
Reauthorizes and updates Title VIII of the PHSA, which pertains to nurse workforce training programs. Updates reporting requirements to include information on the extent to which Title VIII programs meet the goals and performance measures for such activities, and the extent to which HHS coordinates with other Federal departments on related programs. Permits Nurse Corps loan repayment beneficiaries to serve at private institutions

under certain circumstances. Title VIII programs help to address current and emerging health care challenges by supporting the development of a robust nursing workforce, as nurses are critical in responding to the COVID-19 pandemic and future public health emergencies.

Section 2103: Emergency Unemployment Relief for Governmental Entities and Nonprofit Organizations
This section provides payment to states to reimburse nonprofits, government agencies, and Indian tribes for half of the costs they incur through December 31, 2020 to pay unemployment benefits.

Section 2201: 2020 recovery rebates for individuals
All U.S. residents with adjusted gross income up to $75,000 ($150,000 married), who are not a dependent of another taxpayer and have a work eligible social security number, are eligible for the full $1,200 ($2,400 married) rebate. In addition, they are eligible for an additional $500 per child. This is true even for those who have no income, as well as those whose income comes entirely from non-taxable means-tested benefit programs, such as SSI benefits.

For the vast majority of Americans, no action on their part will be required in order to receive a rebate check as IRS will use a taxpayer's 2019 tax return if filed, or in the alternative their 2018 return. This includes many low-income individuals who file a tax return in order to take advantage of the refundable Earned Income Tax Credit and Child Tax Credit. The rebate amount is reduced by $5 for each $100 that a taxpayer's income exceeds the phase-out threshold. The amount is completely phased-out for single filers with incomes exceeding $99,000, $146,500 for head of household filers with one child, and $198,000 for joint filers with no children.

Section 2202. Special rules for use of retirement funds Consistent with previous disaster-related relief, the provision waives the 10-percent early withdrawal penalty for distributions up to $100,000 from qualified retirement accounts for coronavirus-related purposes made on or after January 1, 2020. In addition, income attributable to such distributions would be subject to tax over three years, and the taxpayer may recontribute the funds to an eligible retirement plan within three years without regard to that year's cap on contributions. Further, the provision provides flexibility for loans from certain retirement plans for coronavirus-related relief.

A coronavirus-related distribution is a one made to an individual: (1) who is diagnosed with COVID-19, (2) whose spouse or dependent is diagnosed with COVID-19, or (3)

who experiences adverse financial consequences as a result of being quarantined, furloughed, laid off, having work hours reduced, being unable to work due to lack of child care due to COVID-19, closing or reducing hours of a business owned or operated by the individual due to COVID-19, or other factors as determined by the Treasury Secretary.

Section 2203: Temporary waiver of required minimum distribution rules for certain retirement plans and accounts
The provision waives the required minimum distribution rules for certain defined contribution plans and IRAs for calendar year 2020. This provision provides relief to individuals who would otherwise be required to withdraw funds from such retirement accounts during the economic slowdown due to COVID-19.

FREQUENTLY ASKED QUESTONS

Q: What financial assistance is available for hospitals, health systems and health care providers in the bill?

A: One of the primary ways the bill supports our health system is a $100 billion fund, run through the Public Health and Social Services Emergency Fund (PHSSEF), to cover non-reimbursable expenses attributable to Covid-19. All health care entities that provide health care, diagnoses or testing are eligible for funding. Additional funding mechanisms, such as Medicare payment boosts, support for community health centers and additional appropriated funding, are discussed in more detail below.

Q: What is the process and criteria for hospitals, health systems and health care providers to receive the PHSSEF funding?

A: The $100 billion PHSSEF fund is designed to be immediately responsive to needs. HHS is instructed to review applications and make payments on a rolling basis, in order to get money into the health system as quickly as possible. This is in contrast to a more traditional competitive grant process, under which HHS would solicit applications by a certain deadline and review all applications together – a process that would take considerably more time. HHS will instead release the funds to health care entities on a rolling basis as qualified applications are received. As such, HHS is given significant flexibility in determining how the funds are allocated, as opposed to operating under a mandated formula or process for awarding the funds. This is to ensure that the funding is nimble enough to meet all needs and that the fund disperses money fast enough to help struggling entities. The Secretary is expected to release guidance on the application process shortly, and Congress will continue to work with the Administration to ensure that the funding and application process works as intended.

Q: What expenses qualify for funding?

A: All non-reimbursable expenses attributable to Covid-19 qualify for funding. Examples include building or retrofitting new ICUs, increased staffing or training, personal protective equipment, the building of temporary structures and more. Forgone revenue from cancelled procedures, which has put significant strain on the health care system, is also a qualified expense. It is important to note that this fund can only be used for non-reimbursable expenses. Any expenses reimbursed or

obligated to be reimbursed by insurance or other mechanisms are not eligible. The bill instructs the Secretary to establish a reconciliation process under which payments will have to be returned to the fund if other sources provide reimbursement for expenses.

Q: Can health care entities access funds under the PHSSEF if they are also eligible for funding from another government program?

A: Yes. The language states that the 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 re-pay the funding it received from the PHSSEF fund. This same principal also applies to the new SBA7(a) loans Paycheck Protection Program forgivable loans, the SBA's Economic Injury Disaster Loan (EIDL) Program, and the new EIDL Emergency Grant Program..

Q: What is the process for hospitals, health systems and health care providers to apply for and receive funding under the 7(a) SBA Paycheck Protection Program?

A: Small businesses and 501(c)(3) non-profit organizations, including hospitals, health systems, and health care providers, are eligible to apply for the Small Business Administration's Paycheck Protection Program. Through this program, a small business or organization can apply to an SBA-approved lender for a loan of up to 250% of your average monthly payroll costs to cover eight weeks of payroll as well as help with other expenses like rent, mortgage payments, and utilities. This loan can be forgiven based on maintaining employee and salary levels. For any portion of the loan that is not forgiven, the terms include a maximum term of 10 years, a maximum interest rate of 4 percent. Small businesses and organizations will be able to apply if they were harmed by COVID-19 between February 15, 2020 and June 30, 2020. To be eligible, small businesses and 501(c)(3) non-profit organizations must have fewer than 500 employees, or more if SBA's size standards for the non-profit allows. This program is retroactive to February 15,

2020, in order to help bring workers who may have already been laid off back onto payrolls. Loans are available through June 30, 2020.

Q: What support is included for community health centers?

A: The Coronavirus Aid, Relief, and Economic Security Act provides $1.32 billion in supplemental funding for community health centers (CHCS), which are on the front lines in addressing COVID-19 in underserved communities across the country. This funding is in addition to the $100 million distributed by the Health Resources and Services Administration (HRSA) to CHCs on March 24th. Community Health Centers can also access the PHSEFF fund.

Q: If I have private insurance, will I have to pay for a coronavirus test?

A: The Families First Coronavirus Act required that all private insurance plans cover coronavirus testing without deductibles, coinsurance, or co-pays. That bill also prohibited plans from using tools like prior authorization to limit access to testing. The CARES Act makes a technical correction to ensure that the policy covers all tests that meet the appropriate standards. Insurers also have to cover fees for visits to the ER, an urgent care center, or a doctor's office associated with getting a test without cost sharing.

Q: If I have private insurance, how does this bill affect the cost of a vaccine when one becomes available?

A: The Affordable Care Act required that preventive services and vaccines be covered by private insurance without cost-sharing. Normally, these services and vaccines are covered starting on the first day of the plan year beginning after they get a favorable rating or recommendation from the United States Preventive Services Task Force or the Advisory Committee on Immunization Practices. This section requires that coverage without cost sharing begin fifteen days after getting a favorable rating or recommendation.

Medicare

Q: How does this bill increase access to telehealth services for seniors and other Medicare beneficiaries?

A: The CARES Act gives the Secretary of Health and Human Services (HHS) broad authority to allow more health care providers to provide telehealth services to Medicare beneficiaries, including in the beneficiaries' homes to avoid potential exposure to COVID-19, and provide more flexibility in terms of how those telehealth services can be provided. Once enacted into law, the HHS Secretary must put out guidance explaining how this expanded waiver authority will be used to increase access to telehealth services for seniors and other Medicare beneficiaries.

Q: I've heard from Federally Qualified Health Centers (FQHCs) (including Community Health Centers (CHCs)) and Rural Health Clinics (RHCs) that the Administration won't allow them to use telehealth and get paid. Does this bill help those providers deliver care via telehealth?

A: Yes. The CARES Act requires the HHS Secretary to provide Medicare payment to FQHCs (including CHCs) and RHCs for telehealth services provided to seniors and other Medicare beneficiaries, including in the beneficiaries' homes to avoid potential exposure to COVID-19, during the COVID-19 public health emergency. Medicare would be required to pay the FQHC or RHC at rates similar to those for telehealth services provided from a doctor's office. Costs associated with those telehealth services would not affect the prospective payment system for FQHCs or the all-inclusive rates for RHCs.

Q: How does this bill help clinical laboratories when it comes to Medicare?

A: The CARES Act prevents scheduled Medicare payment cuts for clinical diagnostic laboratory tests furnished to Medicare beneficiaries in 2021. It also delays by one year—until 2022—the upcoming reporting period during which laboratories are required to report private payor data.

Q: How much will patients have to pay for the COVID-19 vaccine once it becomes available?

A: The CARES Act ensures that the vaccine itself and its administration is free to beneficiaries with Medicare Part B and those with Medicare Advantage who receive the vaccine from an in-network provider.

Additionally, the Families First Coronavirus Act required that all private insurance plans cover coronavirus testing without deductibles, coinsurance, or co-pays. That bill also prohibited plans from using tools like prior authorization to limit access to testing. The CARES Act makes a technical correction to ensure that the policy covers all tests that meet the appropriate standards. Insurers also have to cover fees for visits to the ER, an urgent care center, or a doctor's office associated with getting a test without cost sharing.

The Affordable Care Act required that preventive services and vaccines be covered by private insurance without cost-sharing. Normally, these services and vaccines are covered starting on the first day of the plan year beginning after they get a favorable rating or recommendation from the United States Preventive Services Task Force or the Advisory Committee on Immunization Practices. This section requires that coverage without cost sharing begin fifteen days after getting a favorable rating or recommendation.

Q: How will seniors access the medications they need while also being told it's better to stay at home?

A: In the past, Medicare drug plans only let beneficiaries receive a 30 day supply of their prescription. Under the CARES Act, during the COVID-19 Public Health Emergency (PHE) a senior on Medicare can get up to 90 days of a prescription if that is what the doctor prescribed, as long as there are no safety concerns. Medicare drug plans will also allow beneficiaries to fill prescription early for refills up to 90 days, depending on the prescription.

Q: Hospitals are facing cash flow challenges due to canceling elective services. Is there anything in this bill to help hospitals stay afloat, even temporarily?

A: The COVID-19 emergency has created significant cash flow concerns for many hospitals. Hospitals need reliable and stable cash flow to help them maintain and support their workforce, buy essential supplies,

create additional infrastructure, and keep their doors open to care for patients. During the COVID-19 public health emergency (PHE), the CARES Act creates the opportunity for hospitals to receive accelerated payments. Specifically, acute care hospitals, critical access hospitals (CAHs), children's hospitals, and prospective payment system-exempt cancer hospitals (PCHs) will be able to request accelerated Medicare payments for inpatient hospital services. This is an expanded set of hospitals compared with the existing accelerated payment program.

Rather than waiting until claims have been processed to issue payment, Medicare will work with qualified and interested hospitals to estimate their upcoming payments and give that money to the hospital in advance. Qualified facilities can request a lump sum or periodic payment reflecting up to six months of Medicare services. Accelerated payments must be repaid to Medicare, however a qualifying hospital would not be required to start paying Medicare back for four months after receiving the first payment. Hospitals would have at least 12 months to complete repayment without paying interest.

Hospitals interested in receiving accelerated payments should contact their Medicare Administrative Contractor (MAC).

Q: Does the bill give additional flexibility for hospice providers?

A: Yes. In order for a qualified beneficiary to receive hospice benefits, a hospice physician or nurse practitioner must certify their eligibility. Typically, a recertification must be done in person. The CARES Act allows hospice physicians and nurse practitioners to conduct these visits via telehealth for the duration of the PHE.

Many hospitals are concerned that there aren't enough ICU beds to take care of those with COVID-19, and inpatient rehabilitation hospitals (IRF) and long-term care hospitals (LTCH) are trying to help build capacity. However, current rules and regulations won't allow them to take certain patients.

Q: What does The CARES Act do to help?

A: The CARES Act makes changes to both IRFs and LTCHs to provide hospitals with more flexibility when discharging patients in order to maximize bed capacity. It also opens up existing beds at IRFs and LTCHs to increase the availability of post-acute services.

Currently, in order to be admitted to an IRF, Medicare patients must be expected to participate in at least three hours of intensive rehabilitation at least five days per week (also known as the "three-hour rule"). The CARES Act waives this requirement so that IRFs have the ability to accept more patients who may otherwise be sent to other post-acute facilities, such as nursing homes.

Patients who are admitted to LTCHs usually must meet certain clinical criteria for an LTCH to receive a higher Medicare payment. If less than half of an LTCH's patients meet these criteria, they are no longer eligible to receive any LTCH payments. The CARES Act waives both of these policies for the duration of the PHE so that LTCHs may accept as many patients as necessary at their LTCH rate, without regard to the clinical criteria. By waiving these criteria, an LTCH will be able to take more patients from an acute care hospital and still get paid.

Q: With more patients needing to stay at home, and a growing concern over health care workforce shortages due to COVID-19, how does The CARES Act help those who depend on the home health benefit?

A: Under current law, only physicians are able to certify the need for home health services. The CARES Act makes a permanent, statutory change to allow physician assistants, nurse practitioners, and clinical nurse specialists to order home health services for beneficiaries, reducing delays and increasing beneficiary access to care in the safety of their home.

The CARES Act also directs the Secretary of Health and Human Services (HHS) to encourage the use of telecommunications systems, including remote patient monitoring, to deliver home health services consistent with the beneficiary care plan during the COVID-19 emergency period. This allows patients to receive certain home health services without a provider entering their home.

Q: Treating patients with COVID-19 is very resource intensive for hospitals. How will Medicare ensure that hospitals are adequately reimbursed for treating COVID-19 patients?

A: The CARES Act increases Medicare reimbursement to care for a COVID-19 patient by 20 percent (specifically, the Act increases the

weighting factor of DRGs for inpatients diagnosed with COVID-19 by 20 percent). This add-on payment for inpatient hospital services recognizes the increased costs incurred by providers and will be applied for the duration of the COVID-19 emergency.

Q: If a hospital has not treated any cases of COVID-19, are there other ways it can benefit from the Medicare policies in the bill?

A: Yes. The CARES Act temporarily lifts the Medicare sequester, effectively adding an additional two percent for services provided from May 1 through December 31, 2020. This will boost payments for hospital, physician, nursing home, home health, and other care, giving prompt economic assistance to health care providers that treat Medicare patients.

If a patient has COVID-19 and has to enter the hospital, can their regular personal care attendant, who they depend on at home, still help while the patient is in the hospital? Under the CARES Act, state Medicaid programs now have the ability, should they choose to pick up the option, to allow direct support professionals to continue to provide care and services for patients they are supporting in the hospital, including seniors and individuals with disabilities.