Last Updated 11/18/21

montcalm care network

COVID19 Provider Benefit Stabilization Request Form

Cover Loss Revenue for March 16, 2020 – September 30, 2022

Please complete the following and submit to MCN:
Organization:
Request Date:
Dates covered:
Request Amount:
Requestor name:
Requestor title:
Requestor email:
Requestor phone number:
INTERNAL USE ONLY Finance Staff Recommendation (approve/deny):
Support reason (list claims review justification):
Denial reason:
MCN Finance Staff initials:
MCN CFO approval initials:
Funds Disbursement Date:

PROVIDER NETWORK STABILIZATION PLAN FOR

MID-STATE HEALTH NETWORK (REGION 5)

MID-STATE HEALTH NETWORK

MDHHS APPROVED JUNE 16. 2020

REVISED 11/18/2021 FOR IMMEDIATE REGIONAL IMPLEMENTATION

Revised 11/18/2021 to add parameters for provider support for compliance with OSHA Emergency Temporary Standard
Revised 09/30/20 to extend through 12/31/2020
Revised 01/04/2021 Based on BHDDA Memo Dated 11/30/20 to extend through 09/30/2021
Revised 09/30/2021 to extend through 09/30/2022
(All dates within this document, if in conflict, should be construed as effective through 09/30/2022
Minor updates to coincide with extension made 11/23/2020; 01/04/2021; 04/27/2021)

BACKGROUND

Mid-State Health Network (MSHN), as the Pre-Paid Inpatient Health Plan, and its regional Community Mental Health Services Participants (CMHSPs), initiated actions in March, 2020 which we finalized in April, 2020 to extend cost reimbursement, support and stabilization payments to the provider network as a part of our response to the COVID-19 pandemic. Previously issued guidance is available on the MSHN web site and is superseded and replaced by this regional provider network stabilization plan. MSHN and our CMHSP Participants concur on the following regional policy parameters for the financial support, financial stabilization, and reimbursement of providers for unusual costs incurred and circumstances encountered during the COVID-19 social distancing/isolation public health emergency. (Note: references to MSHN and CMHSPs collectively, hereinafter "the region").

The region recognizes the unique fiscal stresses and challenges of the current pandemic and the necessity to ensure regional and local provider networks remain viable in order for the region to ensure access to all specialty behavioral health benefits everywhere in the region. The region acknowledges the written reinforcement of these responsibilities from the Michigan Behavioral Health and Developmental Disabilities Administration (BHDDA) released May 30, 2020.

The region is committed to the payment of unusual provider expenses associated with the COVID-19 pandemic, financially stabilizing our network provider partners, ensuring that all services and supports are available to beneficiaries across the region, and related response as detailed in this regional guidance document.

MSHN values our provider partners and knows the importance our providers have in the lives of beneficiaries – the individuals and families we support – as well as the communities in which they live and work.

Our aim is to preserve access to high quality, cost effective services and supports through the pandemic response period and well into the future. We also recognize that local situations and circumstances warrant local solutions. Our plan demonstrates accountability as a public entity, transparency to our State and Provider partners and flexibility for our service purchasing partners while providing regional standardization.

MID-STATE HEALTH NETWORK:

Joseph P. Sedlock
Chief Executive Officer

Amanda L. Ittner
Deputy Director

MSHN
Mid-State Health Network

CONTENTS

BACKGROUND 1
CONTENTS 2
DEFINITIONS 2
UNUSUAL EXPENSES INCURRED AS A DIRECT RESULT OF CARE, SERVICES AND SUPPORTS TO BENEFICIARIES DUE TO COVID-19 (APPLICABLE TO ALL PROVIDERS, REGION-WIDE) 3
PROVIDER SUPPORT/STABILIZATION INITIATIVE 4
Universally Applicable Provider Criteria: 4
Effective Date 4
Discontinuation/End Date 4
Geographic Considerations 4
Provider Eligibility Criteria 4
Opt-In/Provider Request Approach: 5
Provider Type Specific Criteria and Financial Support Mechanism Options for Community Mental Health Contracted Service Providers: 6
Provider Type Specific Criteria and Financial Support Mechanism Options for Substance Abuse Prevention and Treatment Service Providers: 10
Method for Calculating Impact and Support/Stabilization Payment(s) 11
Upper Limits on Support/Stabilization Payments 12
Contractual Stipulations – Provider Contracts 12
Community Mental Health SERVICE Provider Instructions/Next Steps: 12
Substance Abuse Prevention and Treatment Provider-Specific Notes/next steps: 13
SUPPLEMENTAL INFORMATION THAT MAY BE USEFUL FOR ALL PROVIDERS: CARES ACT PROVIDER RELIEF FUND 14
MONTHLY REPORTING REQUIREMENTS FOR PURCHASING ENTITIES 14

DEFINITIONS

As used in this document, the italicized terms have the associated definition.

Base Period: Defined in separate sections below.

Enhanced Fee-For-Service: If currently financed on a Fee-For-Service basis, enhancement to the established contractual rate calculated to restore funding to the base period level.

Cost Reimbursement: means a financing arrangement that all costs are reimbursed typically billed after the cost(s) are incurred via a Financial Status Report. Cost reimbursement activities typically occur monthly. (Example: Provider incurs costs and pays them; cost documentation is assembled, other offsetting revenues are subtracted, and a financial status report is sent to the purchaser. The provider's documented, approved costs are paid per contract/amendment terms and conditions).

Cost settlement: means a financing arrangement where a monthly (or other agreeable periodic) prospective payment is made to the provider in anticipation of costs (usually based on an approved budget), and then costs are reconciled with revenue at specific intervals in the fiscal cycle (or at the end of the fiscal year) to ensure that all costs are reimbursed and remaining revenue provided is

returned to the purchasing entity or excess expense is paid to the provider. (Example: Provider financed on 1/12th payment of an approved budget).

Full or Partial (in reference to Cost Reimbursement or Cost Settlement): Full cost arrangements are payments calculated to support the full operational costs of the provider whereas partial cost arrangements are calculated to support either partial costs of operations due to other financial support availability or the costs of a specific organizational sub-unit that may have been differentially affected by the pandemic/response.

Grant: An amount calculated to make funds available up to the Base Period level during the Stabilization Payment Period. Cost settlement is not a typical component, but could be a component, of a grant arrangement.

Lump Sum Payment: A lump sum payment is typically a single payment covering the anticipated lost revenue amount. A lump sum payment is calculated to make funds available up to the Base Period level during the Stabilization Payment Period. These arrangements are typically cost settled arrangements.

Purchasing Entity: The holder of the provider contract, either the specific CMHSP(s) or the Mid-State Health Network Regional Entity.

Support/Stabilization Period: Defined in separate sections below

UNUSUAL EXPENSES INCURRED AS A DIRECT RESULT OF CARE, SERVICES AND SUPPORTS TO BENEFICIARIES DUE TO COVID-19 (APPLICABLE TO ALL PROVIDERS, REGION-WIDE)

(Originally released region-wide April 17, 2020; Revised 11/18/2021)

MSHN and its CMHSP Participants collaboratively developed and released to the provider networks in the region on April 17, 2020 (and revised on 11/18/2021) the following commitments to cover extraordinary costs incurred as a result of the COVID-19 pandemic response. The region reiterates its commitment to the following. This "Unusual Expenses" section applies to all contracted providers situated in the geographic area covered by the region, with no other eligibility criteria.

- Payment of documented overtime necessary to deliver supports and services to beneficiaries with the advance approval of the purchaser (CMHSP or MSHN, depending on which entity contracts for the service[s]).
- Payment of provider actual costs of personal protective equipment (PPE) and supplies related to sanitation of PPE and workplace environments.
- Payment of higher than average costs of food for beneficiaries.
- Payment of higher than average costs of supplies needed for handwashing, hygiene, sanitation, sterilization or other products intended/used for the prevention of virus transmission.

  (Note 1) Providers should retain receipts for PPE, PPE sanitation supplies, food costs and supplies costs and submit to the CMHSP for reasonableness review, compliance with criteria and subsequent payment.

  (Note 2) All reimbursement or additional compensation under this protocol is subject to acceptable documentation that supports the cost claimed by the provider.

(Note 3) Excludes hospitals and health systems

- Revised 11/18/2021 and effective immediately: Reimbursement for employer/provider direct and documented reasonable costs associated with compliance with the Occupational Safety and Health Administration Emergency Temporary Standards (29 CFR 1910.502; www.osha.gov/coronavirus/ets)

PROVIDER SUPPORT/STABILIZATION INITIATIVE

Pursuant to written MDHHS reinforcement of the legal and contractual responsibilities of the PIHP to establish and maintain an adequate provider network, regardless of the degree to which that responsibility is delegated, Mid-State Health Network and its partners, as purchasers of specialty behavioral health supports and services covered by this guidance, will implement Provider Support and Stabilization Activities for its specialty community mental health network consistent with this regional plan once approved by the Michigan Department of Health and Human Services (MDHHS), BHDDA.

Universally Applicable Provider Criteria:

Effective Date

Retroactive to April 1, 2020

Discontinuation/End Date

Assuming continuing eligibility throughout the stabilization payment period and continuing until ~~09/30/2021~~ 09/30/2022.

- Note: Hereafter, the period between the Effective Date and the End Date is referred to as the "Stabilization Payment Period".

Geographic Considerations

- Provider must have a service site or sites located within the geographic area covered by Region 5, Mid-State Health Network with the exception of psychiatric inpatient, withdrawal management, SUD residential, specialized residential or crisis residential service contractors.
- Providers that operate on a multi-regional (not multi-county within the region) basis will be eligible for stabilization proportionally to the 'book of business' represented by their MSHN regional contract value.

Provider Eligibility Criteria

IMPORTANT NOTE: While the region has specified the following eligibility criteria, providers are encouraged to make their needs for financial support/stabilization known and should be assured they will be considered, regardless of these provisions.

- *Need Based:* Provider must document/demonstrate need for the financial support/stabilization funding. Financial need will be determined by the purchasing entity after consideration of the provider's written request and justification, circumstances in the local area covered by the purchasing entity, and this guidance.

- For most provider types, the qualifying level of financial impact must be greater than or equal to 10% less revenue than the average five-month (October 2019 through February 2020) revenue provided by the purchaser. Hereafter, this five-month period will be referred to as the "base period." Also see the "important note" above.
  - NOTE: MSHN is using this base period to smooth cyclicality due to traditionally high volume of paid time off for employees during the month of November/December. This should result in a calculation more favorable to the provider.
  - Exceptions or additional requirements to these criteria may be listed by the specific provider type below.

- *Currently Providing Services:* Except as listed by specific provider type below, the provider must be currently providing services and supports to beneficiaries either in-person, via telehealth, or other approved methods or be subject to an exception in the table below.

- *Exclusions:* Providers already financed on a cost-reimbursement/cost reconciliation basis are exempt from additional provider stabilization or support payments unless specific, additional considerations must be taken into account. The rationale for this exclusion is that the current financing arrangement should be sufficient to cover the costs of the provider.

Opt-In/Provider Request Approach:

The MSHN region will use an "opt in" approach to provider support and stabilization. This means that the contracted provider must request, in writing, on forms or in the manner specified by the purchasing entity, financial support/stabilization. The purchasing entities invite providers to state a preferred method of transmitting the support from among the purchasing entity acceptable methods depicted in the chart below, but the purchasing entity will make the final determination as to which method is to be used to distribute the stabilization/support payment. It is the purchasing entity's responsibility to calculate the provider stabilization payment.

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PROVIDER TYPE SPECIFIC CRITERIA AND FINANCIAL SUPPORT MECHANISM OPTIONS FOR COMMUNITY MENTAL HEALTH CONTRACTED SERVICE PROVIDERS:

The following table shows the various types of provider services contractors in the left-most column. Any exceptions or clarifications of the Universally Applicable Provider Criteria above are detailed under the provider type in the left-most column. The remaining columns depict the method of financing acceptable to the purchasing entity for delivering a support/stabilization payment made under this plan. If there is a diamond in the cell, the method of financing the support/stabilization payment is acceptable to the purchasing entity. Conversely, if there is no diamond in the cell, the purchasing entity would not use that financing method unless extenuating circumstances exist, and such an action was deemed necessary. Note that the purchasing entity will determine the method for transmitting the support depending on applicable implications of each method to the provider's operations, purchaser obligations and applicable regulatory considerations, but in most cases the purchasing entity will attempt to honor provider requested methods (or will negotiate the most appropriate method) for providing the support/stabilization payment with the provider. Hybrid (meaning a mix of two ore more delivery options) methods are also possible at the discretion of the purchasing entity.

	Support/Stabilization Payment Delivery Options (NOTE: Provider is invited to state a preference and the purchasing entity is responsible for the final method)							
Provider Type (Exceptions from Universal Criteria Noted)	**Grants**	**Enhanced Fee for Service**	**Full/Partial Cost Reimbursement**	**Full/Partial Cost Settlement**	**Lump Sum Payment**	**DCW Premium Pay Increase**	**Individually Negotiated Rate/Fee**	**Note**
Community Mental Health Services Programs (CMHSPs)	Sub-Capitation, cost settled basis, per established regional Medicaid Sub-Contracting Agreement, Operating Agreement and financial clarifications released by MDHHS/BHDDA							
Applied Behavior Analysis		◆	◆	◆		◆		
Assertive Community Treatment		◆	◆	◆	◆			
Clubhouse/Psycho-Social Rehab	◆	◆	◆	◆	◆			
Community Living Supports		◆	◆	◆		◆		
Crisis Intervention		◆	◆	◆	◆			
Crisis Residential		◆	◆	◆	◆	◆		
ECT							◆	
Family Training/Support	◆	◆	◆	◆				
Fiscal Intermediary Services							◆	

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	Support/Stabilization Payment Delivery Options (NOTE: Provider is invited to state a preference and the purchasing entity is responsible for the final method)							
Provider Type (Exceptions from Universal Criteria Noted)	**Grants**	**Enhanced Fee for Service**	**Full/Partial Cost Reimbursement**	**Full/Partial Cost Settlement**	**Lump Sum Payment**	**DCW Premium Pay Increase**	**Individually Negotiated Rate/Fee**	**Note**
Health Services							◆	
Home Based Services		◆	◆	◆	◆			
Intensive Crisis Stabilization		◆	◆	◆	◆			
Mental Health Outpatient Individual or Group Therapy		◆	◆	◆	◆			
Nursing Facility Mental Health Monitoring		◆					◆	
Occupational Therapy		◆	◆	◆				
Outpatient Observation/Partial Hospitalization							◆	
Peer Directed and Operated Services	◆	◆	◆	◆	◆			
Personal Care		◆	◆	◆	◆	◆		
Personal Emergency Response Systems		◆	◆	◆	◆			
Physical Therapy		◆	◆	◆				
Prevention Services Exemption from service provision universal criteria: Population-based, school-based or community-based services may have been disrupted or not possible.	◆		◆	◆	◆			
Private Duty Nursing							◆	
Psychiatric Inpatient (Local/Acute) Must be admitting individuals meeting medical necessity criteria without advance COVID-19 testing requirements and/or COVID-19 affected or infected individuals							◆	If State of Michigan HRA adjustment is insufficient, up to 15% - if admissions

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Provider Type (Exceptions from Universal Criteria Noted)	Support/Stabilization Payment Delivery Options (NOTE: Provider is invited to state a preference and the purchasing entity is responsible for the final method)							
	Grants	Enhanced Fee for Service	Full/Partial Cost Reimbursement	Full/Partial Cost Settlement	Lump Sum Payment	DCW Premium Pay Increase	Individually Negotiated Rate/Fee	Note
								meets criteria
Psychiatric Services		◆						
Respite Care	◆	◆	◆	◆	◆	◆		
Skill Building Exemption from service provision universal criteria: Supported Employment Settings, including workplaces, Center/Facility based services may have been disrupted.	◆	◆	◆	◆	◆	◆		
Speech and Language Therapy		◆	◆	◆				
Supported Employment Exemption from service provision universal criteria: Supported Employment Settings, including workplaces, Center/Facility based services may have been disrupted.	◆	◆	◆	◆	◆			
Supports Coordination		◆	◆	◆	◆			
Targeted Case Management		◆	◆	◆	◆			
Transportation		◆						

Provider Type (Exceptions from Universal Criteria Noted)	Support/Stabilization Payment Delivery Options (NOTE: Provider is invited to state a preference and the purchasing entity is responsible for the final method)							
	Grants	**Enhanced Fee for Service**	**Full/Partial Cost Reimbursement**	**Full/Partial Cost Settlement**	**Lump Sum Payment**	**DCW Premium Pay Increase**	**Individually Negotiated Rate/Fee**	**Note**
Vocational Exemption from service provision universal criteria: Vocational, pre-vocational service settings including workplaces, Center/Facility based services may have been disrupted.	◆	◆	◆	◆	◆	◆		
Wraparound		◆	◆	◆	◆			

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PROVIDER TYPE SPECIFIC CRITERIA AND FINANCIAL SUPPORT MECHANISM OPTIONS FOR SUBSTANCE ABUSE PREVENTION AND TREATMENT SERVICE PROVIDERS:

Substance Abuse Prevention and Treatment Provider Type (Exceptions from Universal Criteria Noted)	Grants	Enhanced Fee for Service	Full/Partial Cost Reimbursement	Full/Partial Cost Settlement	Lump Sum Payment	DCW Premium Pay Increase	Individually Negotiated Rate/Fee	Note
Substance Abuse: Medication Assisted Treatment		◆			◆			
Substance Abuse: Methadone		◆			◆			
Substance Abuse: Outpatient		◆			◆			
Substance Abuse: Peer Directed and Operated Support Services		◆			◆			
Substance Abuse: Recovery Support Services		◆			◆			
Substance Abuse: Residential Services		◆	◆	◆	◆	◆		
Substance Abuse: Subacute Detoxification		◆	◆	◆	◆	◆		
Substance Abuse Prevention Services		◆	◆	◆	◆			

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Method for Calculating Impact and Support/Stabilization Payment(s)

- **BASE REVENUE:** Purchasing Entities will calculate the average monthly revenue paid to the provider during the base period using the total revenue paid to (or if not paid, claimed by) divided by the number of months in the base period. Provider and purchaser calculations should be in reasonable agreement.

  Total Monthly Revenue During Base Period/Number of Months in Base Period
  = Base Revenue Average Monthly Revenue

- **IMPACT CALCULATION:** Purchasing Entities will calculate the lost revenue due to the COVID-19 pandemic response by totaling revenue paid to (or if not paid, claimed by) the provider during the impact period. For the purposes of this calculation, the impact period is March 1, 2020 through ~~September 30, 2021~~ September 30, 2022.

  Total Revenue for Impact Period/Number of Months in Impact Period (3) = Impact Calculation

  - Impact Confirmation: The difference between the impact calculation and the base revenue calculation must be 10% lower than the Base Period revenue calculation.

  ((Base Revenue Average – Impact Calculation Average)/Base Revenue Average)
  =Impact Period Lost Revenue %

- **SUPPORT/STABILIZATION PAYMENT CALCULATION:**
  - The difference between the Base Revenue Average and the Impact Calculation Average indicates the provider's potential lost revenue per month. Purchasing entities should disburse funds to the provider with offsets for previous claims payments and other stabilization dollars given prior to this guidance.
  - Negotiate/Determine method of distribution of the Total Provider Stabilization Payment, and calculate payment consistent with the method(s) and frequency of distribution selected.

- **EXCEPTIONS:**

  It is possible that, in some cases, these methods may not work or may not be favorable to a provider experiencing financial hardship or need for stabilization support. In those cases, or whenever an unfulfilled need for financial support exists, providers must contact their purchasing entity to request/discuss reasonable solutions to these issues.

  Because regional consistency is a goal, purchasing entities are required to use these standard calculations in the MSHN region. However, if the proposed payment does not meet the stabilization need(s) of the provider, the region is committed to working out a solution outside of this standard guidance. However, if the purchasing entity significantly varies from this regional guidance, the purchasing entity is required to contact MSHN, which will determine the level of regional dialog necessary to consider the solution proposed by the purchasing entity for implementation.

Upper Limits on Support/Stabilization Payments

- While we have not established a true upper limit on any support/stabilization payment made under this regional guidance, it is generally expected that it will be no greater than the level of support provided during the base period monthly average times the 4/1/20 to 9/30/20 stabilization/support period. (EXTENDED TO ~~12/31/20~~ ~~09/30/2021~~ 09/30/2022)
- Exceptions will be considered for unusual, complex, or other circumstances, significant caseload changes or other pertinent factors at the request of the provider but require MSHN approval.
- The purchasing entity has final discretion on any aspect, including maximum amounts, of stabilization payments to their contracted providers.

CONTRACTUAL STIPULATIONS – PROVIDER CONTRACTS

Providers must agree to the following contractual stipulations:

- Providers must use resources provided by the purchasing entity to support capacity for and actual delivery of services and supports to beneficiaries and for no other purpose, including prohibitions on fund retention for future periods.
- Provider must agree to maintain adequate financial records for the purchaser to confirm financial support/stabilization funds provided were used for the purposes intended.
- Providers must continue encounter/claims reporting
- Provider must agree that any regional financial support/stabilization payments received from the purchasing entity be netted against any/all other State or Federal or any other assistance received for the same purpose for the same period of time.
- To the extent that the documentation, or confirmation activity isn't clear based on the methods of provider support/stabilization transmittal, the contract will specify audit documentation expectations.

COMMUNITY MENTAL HEALTH SERVICE PROVIDER INSTRUCTIONS/NEXT STEPS:

Providers must "opt in" and make their financial support/stabilization needs known as soon as possible:

- If the purchasing entity has provided a form or other instructions for submitting a stabilization/support request, refer to those instructions.
- If the purchasing entity has not provided a form or other instructions for submitting a stabilization/support request, follow the instructions below:
    - Prepare and submit a written request for financial support/stabilization, on agency letterhead, and submit as an attachment to an email to the CMHSP provider network liaison.
        - The request should indicate reasons why you are requesting support but need not be excessively detailed.
        - Include any pertinent facts (staff have not been [have been] laid off; services have continued, but there is less utilization, etc.) to support your request.
        - Providers do not need to calculate eligibility or need, but should include a dollar amount of support needed (if known) and a provider preferred method

for receiving the support/stabilization payment (from the list of acceptable methods in the table above).

- The purchasing entity will respond to the provider request within seven business days indicating either the need for more information or with tentative approval.
    - NOTE: Changes to contracts, methods and amounts of financing provided may require action by local boards of directors, which could delay payments.
- Assuming governing board approval, contract amendments and related payments to providers will be made as soon as practical, typically within two-to-four weeks from approval.

SUBSTANCE ABUSE PREVENTION AND TREATMENT PROVIDER-SPECIFIC NOTES/NEXT STEPS:

MSHN has issued previous guidance to providers, that implemented interim steps for stabilization/support fund requests and should continue to utilize that process for provider stabilization request (see pertinent section in our FAQ at this link). Those procedures and forms will be utilized for the remainder of the MSHN SAPT provider network and have been listed below.

- As soon as possible, the provider should complete and submit a Cash Advance Request (download the form here) to MSHNs Chief Financial Officer Leslie Thomas at leslie.thomas@midstatehealthnetwork.org. For providers that do not automatically meet all eligibility criteria specified, a statement of need/justification should accompany the Cash Advance Request Form.
    - Note: For consistency with prior guidance, and for lack of another useful term, MSHN utilized the term "cash advance" to refer to provider stabilization payments. These are not cash advances (which require repayment) but are more akin to lump sum payments intended to financially support/stabilize the provider.
- The form should cover the provider's anticipated lost revenue from the base period through the stabilization payment period. This information will be reviewed by MSHN for reasonableness based on encounters, utilization data or other services/supports documentation for the base period.
    - Additional documentation such as Income Statements, Statement of Activities, and Bank Statements may be requested if the cash advance request exceeds the reasonableness threshold as defined by MSHN. In such cases, MSHNs CFO will work with the provider's representative until a funding agreement amount can be reached.
- MSHN may downward adjust payments to providers reflecting increases in provider utilization being claimed through the Fee-for-Service claims system. This will ensure adequate stabilization payments that do not result in subsequent recoveries after the provider stabilization payment period ends ~~on 9/30/20~~. (EXTENDED TO ~~12/31/20~~ ~~09/30/2021~~ 09/30/2022)
- Payments will be made on agreeable dates and at an agreeable frequency (one time, multiple periodic, or monthly).

SAPT providers that have already received support/stabilization (cash advance) payments from MSHN continue to be eligible, but the payment may be affected by amounts previously paid by MSHN to the provider, current state of operations and other considerations.

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SUPPLEMENTAL INFORMATION THAT MAY BE USEFUL FOR ALL PROVIDERS: CARES ACT PROVIDER RELIEF FUND

CARES Act Provider Relief Fund
The Department of Health and Human Services (HHS) has announced $175 billion in relief funds to hospitals and other healthcare providers on the front lines of the coronavirus response as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act and the Paycheck Protection Program and Health Care Enhancement Act. This funding, along with additional relief funding outside of the CARES Act*, supports healthcare-related expenses or lost revenue attributable to COVID-19 and ensures uninsured Americans can get treatment for COVID-19. Providers who have already received payments from the Provider Relief Fund may be eligible to receive additional funds.

Medicaid/CHIP Provider Relief Fund Payment Forms and Guidance - Application deadlines have been established by the federal government – THERE HAVE BEEN NUMEROUS FEDERAL EXTENSIONS – SEE LINKS FOR CURRENT DEADLINES
HHS expects to distribute $15 billion to eligible Medicaid and CHIP providers. The payment to each provider will be at least 2 percent of reported gross revenue from patient care; the final amount each provider receives will be determined after the data is submitted, including information about the number of Medicaid patients providers serve. The Enhanced Provider Relief portal is currently open to Medicaid/CHIP Providers. Before applying through the enhanced provider relief portal, applicants should:

- Read the Medicaid Provider Distribution Instructions - PDF*
- Download the Medicaid Provider Distribution Application Form - PDF

For more information, visit the Enhanced Provider Relief Portal User Guide.

For complete information about the CARES Act Provider Relief fund, visit https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/for-providers/index.html.

MONTHLY REPORTING REQUIREMENTS FOR PURCHASING ENTITIES

MDHHS requires that MSHN submit a monthly status report by 5:00 p.m. on the last business day of the month for the remainder of the calendar year. MDHHS reserves the right to have these reports continue beyond this timeframe should concerns about the stability of providers persist.

Purchasing entities in the region are required to submit a monthly report to MSHN (Leslie Thomas and Amy Keinath) by the twentieth (20th) of the month covering the prior month per the schedule below.

CMHSP Activity Through	MSHN Due Date	MDHHS Due Date
June 30, 2020	July 20, 2020	July 31, 2020
July 31, 2020	August 20, 2020	August 31, 2020
August 31, 2020	September 20, 2020	September 30, 2020
September 30, 2020	October 20, 2020	October 31, 2020
October 31, 2020	November 20, 2020	November 30, 2020
November 30, 2020	December 20, 2020	December 31, 2020
December 31, 2020	January 20, 2021	January 31, 2021
January 31, 2021	February 20, 2021	February 28, 2021

CMHSP Activity Through	MSHN Due Date	MDHHS Due Date
February 28, 2021	March 20, 2021	March 31, 2021
March 31, 2021	April 20, 2021	April 20, 2021
April 30, 2021	May 20, 2021	May 30, 2021
May 30, 2021	June 20, 2021	June 30, 2021
June 30, 2021	July 20, 2021	July 30, 2021
July 30, 2021	August 15, 2021	August 30, 2021
August 30, 2021	September 20, 2021	September 30, 2021
September 30, 2021	October 20, 2021	October 30, 2021

Effective for activities on or after 10/01/2021, CMHSPs must track, but are not required to report unless requested by MSHN, provider stabilization activities including the following information:

~~MSHN will compile and submit a regional report to MDHHS by COB on the last business day of the month. MSHN is providing a reporting template inclusive of MDHHS required reporting elements, which are:~~

- Number and type of providers receiving stability support
- Type of stability support being provided
- Amount of funding support provided to date
- Number and type of providers that are considered at risk of closure or downsizing
- Number and type of providers who indicate current support is not adequate
- Number and type of providers that have closed to date
- Any changes to the initial support plan
- Other information relevant to your network

-//-