# ASPR TRACIE Technical Assistance

On May 22, 2020, ASPR TRACIE hosted the webinar *Funding Sources for the Establishment and Operationalization of Alternate Care Sites* (ACS). This webinar featured interagency partners providing an overview and discussing the information contained in the resource ACS Funding Summary: Establishment and Operationalization. Access the presentation and link to the webinar now.

Due to the large number of questions received during the Question and Answer session, speakers were not able to respond to all the questions during the webinar. These questions were sent to panelists and their answers are provided in this document.

## General ACS Questions

**Question 1. What is the current turnaround time for an ACS to be established as a hospital? Is there an option to fast track this process?**

> **Answer:** The answer to this varies tremendously and depends on the type of facility being established and who is leading the build out. Please reach out to your local FEMA Regional Representative or your ASPR Regional Emergency Coordinator to discuss the specifics of establishing an ACS in your community. Additional information about the steps to enroll a new hospital in Centers for Medicare & Medicaid Services (CMS) programs is available in a fact sheet. This fact sheet also includes contact information for CMS regional offices, which can provide additional information about hospital enrollment.

**Question 2: Is conversion of adjacent or other internal institutional space included in the ACS guidelines?**

> **Answer:** Conversion of adjacent or internal space within or on the grounds of an existing healthcare facility is covered by the various funding sources described in the webinar and in the ACS Funding Summary: Establishment and Operationalization Tip Sheet.

**Question 3: Where would I start or apply if I have a facility that could be useful for an ACS?**

> **Answer:** Please reach out to your local FEMA Regional Representative or your ASPR Regional Emergency Coordinator to discuss the specifics of establishing an ACS in your community.

**Question 4: Can congregate ACS be utilized as an evacuation shelter in the event of evacuation orders being issued during this compounded disaster hurricane/pandemic season?**

> **Answers:**
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> - Yes, the physical structure and supplies could be used as a shelter, within the current CDC and FEMA guidelines for congregate sheltering during COVID-19, but the

funding options listed during this webinar would not necessarily be available, since they are limited to COVID-19 reimbursement scenarios.

- **CDC**: Regular Public Health Emergency Preparedness (PHEP) funding may be used for some costs associated with shelters regardless of COVID.

## General ACS Funding Questions

**Question 5. Is straight time reimbursable for command center activities?**

**Answer:** Yes, ASPR Hospital Preparedness Program (HPP), CDC Crisis Cooperative Agreement, and FEMA Public Assistance (PA) funding can all be used to reimburse straight time.

**Question 6: For eligible costs where multiple source of funding are available such as CDC, FEMA PA, etc., is there any hierarchy across the funding sources?**

**Answer:** There are exclusions and certain conditions where certain funding must be "payor of last resort," but those are very situation-specific ; reach out to your local FEMA Regional Representative or your ASPR Regional Emergency Coordinator to discuss the specifics of your program. Dedicated funds for COVID-19 have been made available through the CARES Act and in general, should be used first. However, for COVID-19, FEMA will not duplicate any assistance that is provided by another federal agency for the same cost.

**Question 7: Can ACS for correctional inmate populations be funded or reimbursed through any of these programs?**

**Answers:**

- **CDC:** If funding for an ACS at a correctional facility cannot be provided through normal channels, CDC funding could be used for set-up, supplies, equipment, and so forth. Clinical care could only be provided for patients under governmental quarantine or isolation orders.
- **CMS:** CMS generally does not pay for healthcare services furnished to beneficiaries that are incarcerated. For specific questions regarding Medicare's coverage of incarcerated beneficiaries, please contact CMS at COVID-19@cms.hhs.gov. For questions about Medicaid, please check with your state Medicaid agency.
- **FEMA:** As it relates to PA policy and eligibility, an ACS is considered a temporary medical facility, which are eligible under PA for COVID-19 declarations in accordance with Section C.2 of the policy titled "Coronavirus (COVID-19) Pandemic: Medical Care Costs Eligible for Public Assistance," located on the PA Disaster-Specific Guidance for COVID-19 webpage. This policy includes provisions for eligible costs for temporary medical facilities as well as other eligible requirements such as applicant-provided information to support the need for a temporary medical facility. This could include a temporary medical facility for correctional inmate populations affected by COVID-19 if it meets the eligibility requirements provided in the policy.

- **HRSA:** No. Since federal and state prisons are obligated to provide healthcare to inmates, correctional inmate populations are not considered to be uninsured for our purposes .

**Question 8: If a hospital gets paid for inpatient care and then "decompresses" and transfers patients to an ACS, can the ACS bill for care rendered (assuming it is not being run by that hospital)?**

**Answer:**

- **CMS:** Generally speaking, CMS programs will pay for covered healthcare services (including inpatient and outpatient hospital care) that are furnished to enrolled beneficiaries by enrolled providers. An ACS that receives inpatient transfers from a Medicare-enrolled hospital would still be required to be enrolled, furnish covered healthcare services, and follow the applicable Medicare/Medicaid/CHIP billing and payment rules. Said differently, because the ACS receives a patient that is transferred from an enrolled facility does not mean it can automatically receive payments from CMS programs – the ACS must itself be enrolled and follow CMS rules to be paid. CMS has posted a fact sheet with additional information regarding payment options, enrollment and other information for ACSs.
- **FEMA:** As it relates to PA policy and eligibility, an ACS is considered a temporary medical facility. Section D.4 of the policy titled "Coronavirus (COVID-19) Pandemic: Medical Care Costs Eligible for Public Assistance," located on the PA Disaster-Specific Guidance for COVID-19 webpage, covers duplication of benefits issues as it relates to PA funding for medical care for COVID-19 declarations. Additional costs incurred for care provided at the ACS may be eligible if not covered by another funding source. This includes other sources of federal funding, insurance, Medicare, Medicaid, or any other funding source. PA funding for temporary medical facilities, including ACS, is provided in accordance with the aforementioned COVID-19 medical care policy; in particular for patient care costs, sections C.2 and D.4.
- **HRSA:** If a hospital receives claims reimbursement from HRSA's COVID-19 Claims Reimbursement to Health Care Providers and Facilities for Testing and Treatment of the Uninsured Program, then no other entity can submit those same claims for the same service(s) and dates of service(s). However, if the ACS is providing COVID-19 testing and/or treatment for uninsured individuals for different dates of service, the ACS can submit these claims as long as the service(s) provided meet the coverage and billing requirements established as part of the program.

**Question 9: Can ACS funding to states be used to house home-quarantined COVID-19 positive or contact exposed patients who are under an evacuation order during a hurricane in hotels? Short term or long term?**

**Answers:**

- **ASPR HPP**: HPP funds cannot be used for this purpose.
- **CDC:** Temporary housing for positive persons or persons under investigation would be appropriate for up to 14 days. Beyond that would fall outside the realm of a public health issue.

- **CMS:** Generally speaking, CMS programs will pay for covered healthcare services that are furnished to enrolled beneficiaries by enrolled providers. As a result, CMS could pay an enrolled provider (e.g., hospital or health system) for services furnished to enrolled beneficiaries at the hotel as an ACS if a: the hotel has been repurposed for use as a hospital or other healthcare facility by that provider and ensures that the care furnished meets basic operating requirements during the public health emergency, and b: the provider is furnishing covered healthcare services. As discussed more in CMS' fact sheet, Medicare will also make payments to enrolled physicians and non-physician practitioners that furnish covered professional services to enrolled beneficiaries by telehealth, including audio-only interaction, among other flexibilities. The Medicaid program may offer similar flexibilities and providers should check with their state Medicaid agency. Thus, CMS may pay in the event that physicians or other non-physician practitioners provide covered services to enrolled beneficiaries at the hotel/temporary quarantine location. CMS does not typically make payments for quarantining patients when no health care services are being furnished to enrolled beneficiaries.
- **FEMA** does not consider ACS to include sites used to house quarantined or exposed patients. FEMA can provide shelter in a non-congregate environment, such as hotel rooms, for individuals with health and medical-related needs, such as isolation and quarantine resulting from the public health emergency. For more on FEMA's COVID-10 Non-Congregate Sheltering policy, access www.fema.gov/news-release/2020/03/19/public-assistance-non-congregate-sheltering-delegation-authority and www.fema.gov/news-release/2020/03/31/coronavirus-covid-19-pandemic-non-congregate-sheltering.
- **HRSA's** COVID-19 Claims Reimbursement to Health Care Providers and Facilities for Testing and Treatment of the Uninsured Program provides reimbursements on a rolling basis directly to eligible healthcare providers for claims that are attributed to the testing and treatment of COVID-19 for uninsured individuals. Reimbursements are not provided for any other purpose under this program.

**Question 10: Can a long-term care or hospital apply for ACS site funding or does this go through local public health?**

**Answer:**

- There is no specific "Alternate Care Site funding." There are several funding programs available to cover the costs of ACS establishment and operations.
- ASPR HPP and CDC Crisis Cooperative Agreement funding for COVID-19 is primarily administered through state public health programs, state or jurisdictional hospital associations, and several directly funded partners and is not specifically "Alternate Care Site funding."
- HRSA COVID-19 uninsured program funding is available to healthcare providers caring for COVID-19 through a reimbursement program after they have cared for the patients.
- FEMA Public Assistance funding is administered through State Emergency Management Agencies.
- Generally speaking, CMS programs will pay for covered healthcare services that are furnished to enrolled beneficiaries by enrolled providers. This includes payment for

hospital inpatient and outpatient services furnished at new alternate care sites, such as repurposed convention centers and erected tents. While Medicare, Medicaid, and CHIP have some common health care services that they all cover (e.g., inpatient and outpatient hospital care), coverage of other services, such as long-term services and supports, may vary across the programs. For example, Medicare covers certain post-acute services provided by long-term care hospitals and skilled nursing facilities (among other post-acute care providers) but does not cover long term services and supports. Medicaid, however, may cover long term services and supports provided by nursing homes for certain beneficiaries. If there are specific coverage and payment questions related to CMS payments for long-term care and alternate care sites, please reach out to the CMS COVID-19 mailbox (COVID-19@cms.hhs.gov) or your state Medicaid agency for more information.

## Questions for ASPR HPP

**Question 11: How do hospitals apply for HPP funding?**

**Answer:** Hospitals should contact their state or jurisdictional hospital associations, their local healthcare coalitions, or their state health department emergency preparedness office for information about HPP funding administered at the state/jurisdictional, association, or coalition-level.

**Question 12: When we talk about HPP funds, are those annual or "new" funds award for an ACS?**

**Answer:** HPP funds were awarded specific to COVID-19, but "annual" HPP cooperative agreement and Ebola supplemental funds were also allowed to be redirected to certain COVID-19 specific activities. Please contact your HPP Field Project Officers regarding specific funds available and eligible expenses.

**Question 13: Are Ebola Assessment Hospitals eligible for any support through CDC's public health crisis dollars? Are there any plans to extend or repurpose that designation?**

**Answer:** The Ebola assessment hospital designation is not applicable to HPP's COVID-19 funding. All hospitals should contact their state or jurisdictional hospital association, their local health care coalition or their State Health Department emergency preparedness office for information about HPP funding administered at the state/jurisdiction, association, or coalition-level.

## Questions for CMS

**Question 14: What is meant by the statement that ACS should be aligned with healthcare systems especially when they may or may not be run by a healthcare facility?**

**Answer:** Generally speaking, CMS programs will pay for covered healthcare services that are furnished to enrolled beneficiaries by enrolled providers. It is typically easier to meet these criteria when an existing health care system or hospital (that is already enrolled in CMS programs) assumes operating responsibility for the ACS. In these circumstances, the health

system or hospital would treat the ACS as an extension of their 'brick and mortar' location. Additional information about the options for ACS to be paid by CMS for furnishing hospital services is available here.

**Question 15: Can the ACS be used for long-term care and have it reimbursed at LTC rates?**

**Answers:**

- **CMS:** As noted in one of the prior questions and responses, coverage of long-term health care services varies across CMS programs. Typically, Medicare does not cover long-term care, but Medicaid does under certain circumstances. In Medicaid, if the ACS is licensed and credentialed to deliver long term care services, the operating entity can bill for covered services, for eligible populations, following existing rules and regulations. For additional information regarding this issue please contact your state Medicaid agency
- **HRSA's** COVID-19 Claims Reimbursement to Health Care Providers and Facilities for Testing and Treatment of the Uninsured Program will provide reimbursement for qualifying COVID-19 treatment services for uninsured individuals with a primary COVID-19 diagnosis in a long-term acute care setting as long as the service(s) provided meet the coverage and billing requirements established as part of the program. Claims submitted electronically for facility services will generally price according to traditional Medicare reimbursement.

**Questions for FEMA**

**Question 16: Can reassigned staff (for example, an orthopedic surgeon reassigned to COVID ER) be reimbursed for all labor costs?**

**Answer**: Version 3.1 of the Public Assistance Program and Policy Guide (PAPPG) is the applicable guidance document for COVID-19 declarations, except for disaster-specific guidance for COVID-19, which is located on the FEMA website. Unless otherwise stated in disaster-specific guidance, PA funding is subject to the PAPPG. Chapter 2:V.A. of the PAPPG (V3.1) covers labor costs. Reassigned staff are considered budgeted employees. PA cannot cover all labor costs for reassigned employees performing eligible emergency work. Only overtime is eligible for reassigned employees performing eligible emergency work, and in accordance with the applicant's labor policy (i.e., the labor policy in effect prior to the declared event), provided the policy:

- Does not include a contingency clause that payment is subject to federal funding;
- Is applied uniformly regardless of a Presidential declaration; and
- Has set non-discretionary criteria for when the Applicant activates various pay types.

If these requirements are not met, FEMA limits PA funding to the applicant's non-discretionary, uniformly applied pay rates. All costs must also be reasonable and equitable for the type of work being performed. FEMA will determine whether the number of hours claimed are reasonable and necessary by evaluating:

- The severity of the incident;

- Whether the work was performed at a time when it was necessary to work; extraordinary hours based on the circumstances of the incident;
- The function of the employee for which the hours are claimed; and
- The number of consecutive hours the employee worked.

**Question 17: FEMA PA covers overtime (OT) for budgeted staff. Does it cover this for salaried staff who don't normally get paid OT given they are salaried?**

**Answer**: As previously stated, PA provides assistance for overtime for eligible emergency work in accordance with the applicant's pre-disaster labor policy. If the applicant does not pay overtime wages in non-disaster, normal operations, then overtime would not be eligible for the declared event. (Access PAPPG (V3.1), Chapter 2:V.A.1 for more information.)

**Question 18: If we have an ACS that is not being operated by a Medicare/Medicaid provider, and due to low utilization, it would not be cost-effective to enroll and develop a billing process, how will this need to be considered when claiming FEMA PA for the overhead ACS costs that are covered? I understand that FEMA PA would not cover patient care and, therefore, we may just absorb those costs because utilization is low.**

**Answer**: FEMA PA, HPP and CDC programs could cover parts of overhead, non-patient care costs in this situation (i.e., cost share). As it relates to PA policy and eligibility, an ACS is considered a temporary medical facility. Section C.2 of the policy titled "Coronavirus (COVID-19) Pandemic: Medical Care Costs Eligible for Public Assistance," located on the PA Disaster-Specific Guidance for COVID-19 webpage, provides a list of eligible costs for temporary medical facilities for COVID-19 declarations subject to cost share. This includes overhead and administrative costs, labor costs, and patient care, though any costs covered by insurance, Medicare, Medicaid, or any other funding source is not eligible for PA. Facilities may also be eligible for the COVID-19 Uninsured Program.

**Question for HRSA**

**Question 19: For uninsured patients in the HRSA program, [does this funding] only [apply] if patient is COVID-19 positive?**

**Answer**: Healthcare providers who have conducted COVID-19 testing of any uninsured individual (whether the test is positive or negative) or provided treatment to any uninsured individual with a COVID-19 diagnosis for dates of service or admittance on or after February 4, 2020 may be eligible for claims reimbursement through the program as long as the service(s) provided meet the coverage and billing requirements established as part of the program.