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Access speaker bios here: <https://files.asprtracie.hhs.gov/documents/funding-sources-for-establishment-and-operationalization-of-ac-s-speaker-bios.pdf>

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T R A C I E
HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

Funding Sources for the Establishment and Operationalization of Alternate Care Sites

May 22, 2020

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Resources

- [ASPR TRACIE COVID-19 Page](#)
- [ASPR TRACIE COVID-19 Alternate Care Site Resources](#)
 - [ACS Funding Summary: Establishment and Operationalization](#)
 - [COVID-19 Alternate Care Strategies Short Webinar](#)
- [Alternate Care Site Toolkit](#)
- [ASPR COVID-19 Page](#)
- [CDC COVID-19 Page](#)
- [Coronavirus.gov](#)



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Alternate Care Site Framework

- Broad term for any building or structure of opportunity converted for healthcare use that provides additional healthcare capacity (e.g., beds) and capability (e.g., ventilators) for an affected community, outside the walls of a traditional, established healthcare institution
- Serves various patient types (e.g., COVID-19 or non-COVID-19) and purposes (e.g., non-acute, hospital, or acute care)
- Established in many types of buildings (e.g., hotel or arena)

Alternate Care Site Toolkit

Federal Healthcare Resilience Task Force
Alternate Care Site Toolkit
Third Edition

Product Purpose:

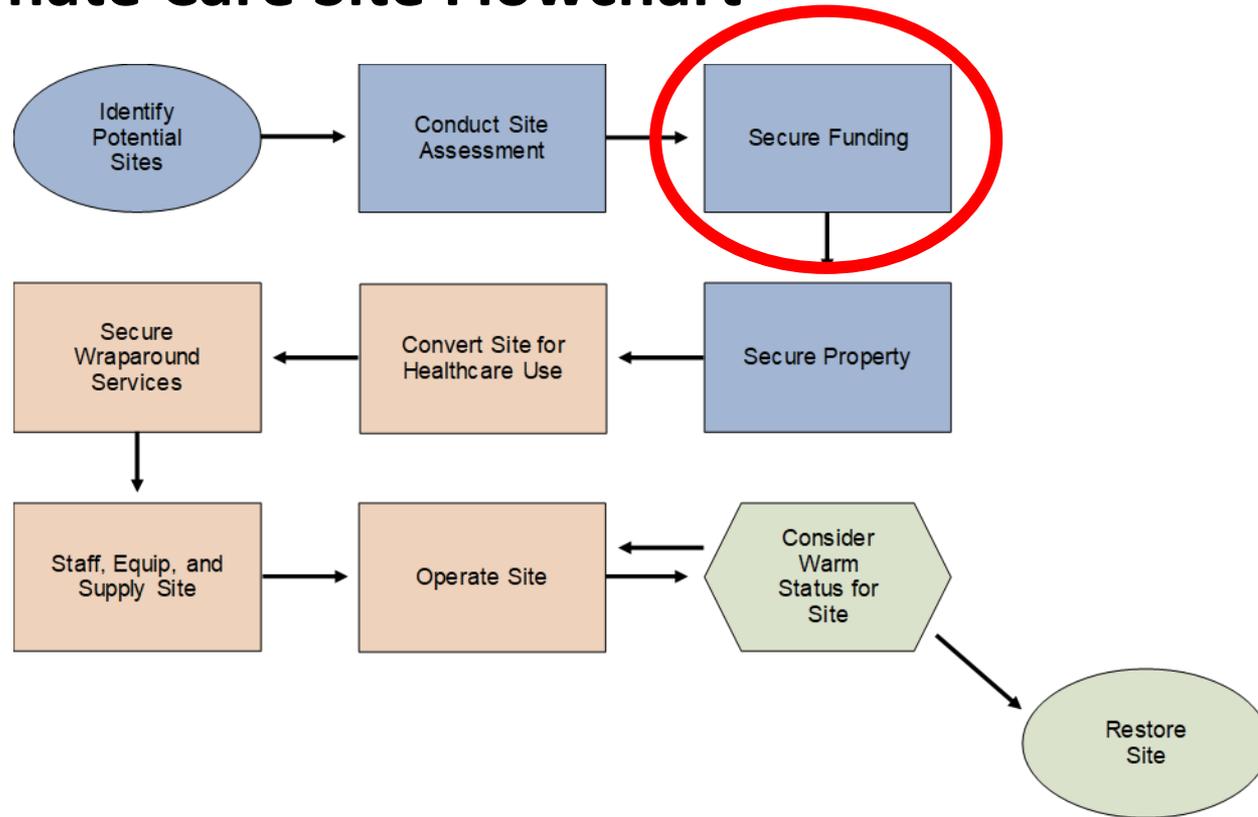
This Alternate Care Site (ACS) Toolkit is medical operations guidance and was developed to help state, local, tribal, and territorial (SLTT) entities address potential capacity and capability gaps in healthcare systems during the 2020 SARS-CoV-2 virus (COVID-19) pandemic. It is intended to provide medical operations guidance and technical assistance to SLTT entities in establishing and operationalizing an ACS used to care for COVID-19-positive or presumed positive patients. If an ACS is used to treat non-COVID-19 patients, additional considerations will apply.

Intended Audience:

State, Local, Tribal, and Territorial Entities
FEMA Regional Administrators
HHS Regional Administrators
Healthcare Systems

- Best practices reference to support state, local, tribal, and territorial entities in establishing and operationalizing ACSs
- Provides “one good approach” that can be leveraged in total or in part

Alternate Care Site Flowchart





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ASPR HPP: COVID-19 Supplemental Funding

- ASPR has awarded **\$350M in COVID-19 emergency supplemental funding** through the Hospital Preparedness Program (HPP) for health care preparedness and response activities through a nationwide systems-based network approach.



Supported Activities

The emergency supplemental funding will support activities to address the urgent preparedness and response needs of hospitals, health systems, and health care workers, including but not limited to:

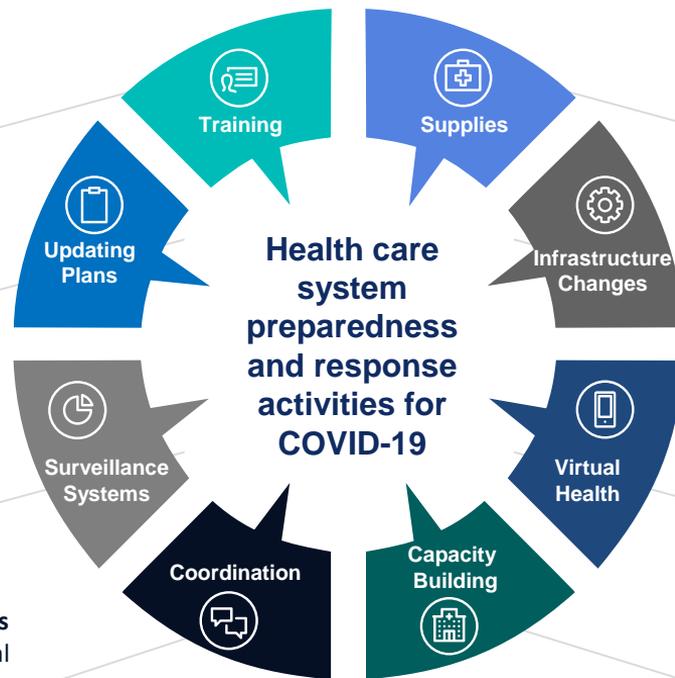
Expanding or enhancing **infection control practices, health care worker safety, and training and educational opportunities**

Updating and implementing **pandemic and other emergency preparedness plans**

Augmenting **surveillance systems** to provide expanded capacity or capabilities

Coordinating with other health care entities including long term care, emergency medical services (EMS), and 9-1-1/PSAPs*

* *Public Safety Answering Points*



Procuring **supplies and equipment** (with attention to supply chain shortages)

Addressing physical **infrastructure needs**** (retrofitting separate areas to screen COVID-19 patients, etc.)

** *Funds may not be used for construction, but may be used for minor renovations.*

Expanding **telemedicine and other virtual health solutions**

Enhancing **hospital or health care capacity**

HPP Funding and Alternate Care Sites



As part of this supplemental funding, recipients and sub-recipients, (e.g., health care coalitions, state and jurisdiction special pathogen treatment centers, regional Ebola and other special pathogen treatment centers, and hospitals) may identify and operate alternate care sites (ACSs) to expand health care surge capacity for COVID-19.

- ✓ **Supplies** (e.g., PPE)
- ✓ **Temporary structures***
- ✓ **Retrofitting/alterations*** (e.g., screening, treatment, and isolation rooms)
- ✓ **Beds**
- ✓ **Staffing** to set up and/or operate the ACS, **not to provide clinical care**
- ✓ **Durable medical equipment**
- ✗ **Tests and diagnosis**
- ✗ **Patient treatment**

** Restrictions apply*



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CDC's Public Health Crisis Response Funding

- Enables CDC to more quickly award funds to state, local, tribal, and territorial public health agencies in the event of a public health emergency
- Previously used for opioid and hurricane responses.
- CDC has awarded ~\$750 million for COVID-19 to 65 recipients with broad latitude to meet response needs
- Other funding awarded through Epidemiology & Laboratory Capacity and CSTLTS Tribal Support programs

Crisis Response Funding for Alternate Care Sites

- Funding is intended to support surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, etc.
- Generally not intended to support clinical care except in limited cases regarding quarantine and isolation support.
- Funding may support the provision of care in ACS by paying for beds, equipment, and supplies but cannot be used for personnel to provide clinical care in that setting.



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Centers for Medicare & Medicaid Services



- Medicare: Federal health insurance program for people over 65, as well as certain young people with disabilities and those with End Stage Renal Disease (ESRD). Medicare is operated by CMS.
- Medicaid & Children's Health Insurance Program (CHIP): Provide health coverage to eligible low-income adults, children, pregnant women, elderly adults and people with disabilities. Medicaid & CHIP are funded jointly by states and the federal government, and the programs are administered by states, according to federal requirements.
- Together programs cover more than 130m beneficiaries (~62m in Medicare and ~70m in Medicaid / CHIP)

Payments for Covered Services



- CMS programs make payments to enrolled health care providers for furnishing covered health care services (including COVID-19 testing, diagnostics, and treatment) to enrolled beneficiaries.
- CMS programs can pay for covered health care services furnished in ACSs, but ACS operators must be enrolled, follow billing rules, and submit claims.
- Simplest approach: hand over operations and billing for care delivered in ACS to existing hospital or health system.
- Alternate approaches: enroll the ACS as a new hospital, or enable clinicians to bill for professional services.

CMS Regional Offices

CMS Region	States Served	Contact
1	Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont	ROBOSORA@cms.hhs.gov
2	New Jersey, New York	RONYCORA@cms.hhs.gov
3	Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia	ROPHIORA@cms.hhs.gov
4	Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee	ROATLORA@cms.hhs.gov
5	Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin	ROCHIORA@cms.hhs.gov
6	Arkansas, Louisiana, New Mexico, Oklahoma, Texas	RODALORA@cms.hhs.gov
7	Iowa, Kansas, Missouri, Nebraska	ROKCMORA@cms.hhs.gov
8	Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming	ROREAORA@cms.hhs.gov
9	Arizona, California, Hawaii, Nevada, Pacific Territories	ROSFOORA@cms.hhs.gov
10	Alaska, Idaho, Oregon, Washington	ROSEA_ORA2@cms.hhs.gov
11	Puerto Rico and the US Virgin Islands	prfo@cms.hhs.gov



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Public Assistance

- On May 9, FEMA issued *FEMA Policy FP 104-010-04, Coronavirus (COVID-19) Pandemic: Medical Care Costs Eligible for Public Assistance*
 - FEMA may approve work and costs associated with temporary medical facilities or expanded medical facilities when necessary in response to the COVID-19 Public Health Emergency.
 - These facilities may be used to treat COVID-19 patients, non-COVID-19 patients, or both, as necessary.
- On May 12, FEMA issued the *Coronavirus (COVID-19) Pandemic: Alternate Care Site (ACS) “Warm Sites” Fact Sheet*
 - Provides support for ACS warm sites to either suspend medical care activities while maintaining minimal operational readiness for future rapid activation, or to demobilize the ACS and store necessary medical equipment and supplies for future rapid activation



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COVID-19 Uninsured Program: Overview



Quickly reimburse providers for COVID -19 testing and treatment of the uninsured
More information available at: <https://www.hrsa.gov/coviduninsuredclaim>



Payment Methodology

- Claims reimbursement to health care providers
- Generally at Medicare rates
- For testing uninsured individuals for COVID-19 and treating uninsured individuals with a COVID-19 diagnosis, on or after Feb 4, 2020



Payment Mechanism

- HRSA awarded a contract to UnitedHealth Group to process claims from eligible health care providers for covered services.
- Payment is subject to available funding.



Key Milestones

April

- April 22 – Program details launched
- April 27 – Providers began signing up for the program at coviduninsuredclaim.linkhealth.com.
- April 29 – On Demand training began

May

- May 6 – Providers began submitting claims electronically
- Mid-May – Providers began receiving reimbursement



COVID-19 Uninsured Program: Allowable Expenses and Eligible Recipients



Allowable Expenses

- Specimen collection, diagnostic and antibody testing
- Testing-related visits including in the following settings: office, urgent care or emergency room or telehealth
- Treatment, including office visit (including telehealth), emergency room, inpatient, outpatient/observation, skilled nursing facility, long-term acute care (LTAC), acute inpatient rehab, home health, DME (e.g., oxygen, ventilator), emergency ambulance transportation, non-emergent patient transfers via ambulance, and FDA-approved drugs as they become available for COVID-19 treatment and administered as part of an inpatient stay
- FDA-approved vaccine, when available



Eligible Recipients

- Health care providers who have conducted COVID-19 testing of uninsured individuals or provided treatment to uninsured individuals with a COVID-19 diagnosis on or after February 4, 2020, can request claims reimbursement through the program.
- Eligibility is not based on profit/non-profit status



Question & Answer



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