Health Care Provider Stabilization Grant Program

Webinar Topic: Completing The Revenue Section

July 21, 2020

Presenter: Nicole DiStasio, Senior Policy Advisor (DVHA)

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Webinar Series

The Agency of Human Services and the Department of Vermont Health Access will be hosting a series of webinars this week on the Health Care Provider Stabilization Grant Program. Applicants are welcome to join for the live call, or they may access the recording of the event and review the presentation slides at their convenience; recordings and slides will be posted to https://dvha.vermont.gov/covid-19 within 24 hours of the scheduled webinar.

Webinar Schedule
- Monday, July 20th from 6-7PM, General Overview of the Program
- Tuesday, July 21st from 6-7PM, Completing the Revenue Expenses (focus on providers that bill insurance for revenue)
- Wednesday, July 22nd from 6-7PM, Completing the Revenue Expenses (focus on providers that mainly take out of pocket, grants, and other non-insurance revenue)
- Thursday, July 23rd from 6-7PM, Claiming COVID19-related Expenses
- Friday, July 24th, Time TBD and by invitation only, Designated Agency and Specialized Service Agency Applicants

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Meeting Logistics

- This meeting is being recorded

- All callers will be muted, but you can submit your questions in the chat box.

- Submitted questions will be compiled and added to the Frequently Asked Questions (FAQs) as appropriate.

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Overview

1. Eligibility Pre-Screening Questions

2. Registration

3. All Payer Revenue Changes

4. Documenting Revenue Changes

5. Questions & Next Steps

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Eligibility Pre-Screening Questions

- Applicants must answer the eligibility pre-screening questions accurately and honestly.

- The ⓘ are information bubbles that contain "help text." Applicants can hover over the icon to reveal additional information about the question being asked.

Who is a "Billing Provider"?

```
                    ┌─────────────────┐
                    │    Physician    │
                    │    Practice     │
                    └─────────────────┘
           ┌──────────────┼──────────────┐
   ┌───────────┐   ┌───────────┐   ┌───────────┐
   │ Physician │   │ Physician │   │ Front Desk│
   │           │   │           │   │   Staff   │
   └───────────┘   └───────────┘   └───────────┘
```
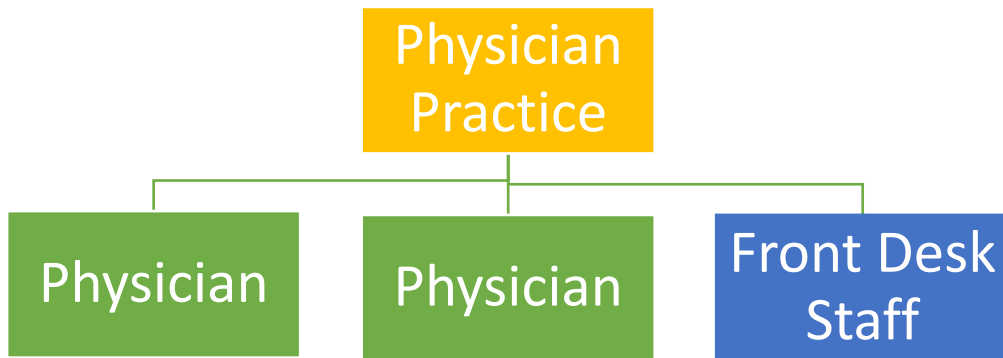
🟨 Billing Provider **(Eligible Applicant)**
🟩 Rendering Provider
🟦 Other staff

The **Billing Provider** is the provider with which a health plan has contract with /or the provider that bills the individual who receives the services. The **Rendering Provider,** or non-billing provider, is the provider who performs the service.

In order to ensure there is no duplication of payments, this grant program is only open to the Billing Providers.

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Registration: Vermont EIN

Search Vermont Employer ID Number

Company

Can't find your EIN? Add Company

- Applicants will be asked for their Vermont Employee Identification Number, or Vermont EIN. This is a 7-digit number used for Vermont Department of Labor filings. Providing this number is not required but helps populate some of the application required fields.

- If your Vermont EIN is not listed, you must "Add Company." This information will later be used to issue the award amount.

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Registration: User Registration

* First Name

* Last Name

* Title

* Role

Select Role

* Email

* Phone

* User Name ⓘ

* Password ⓘ

* Confirm Password

- If you completed another application (for ACCD, Women-owned business, etc.) you will be told you already have an account. You need to log in using that same account and create a "New Application."

- For new users, please carefully enter your email address.

- If you are told you "already have an existing account" and you do not – you may need to use a new email address. (This is a known bug and we are working on it!)

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All-Payer Revenue

The Health Care Stabilization Grant Program includes "all payer" revenue changes as eligible for coverage. To determine an applicant's coverage-eligible revenue changes, AHS requires information on three areas:

1. All Payer Revenue
2. Gross Staff Wages
3. Total Operating Costs

"All payer" revenue considers both traditional claims-based revenue (often referred to as "Fee For Service"), non-traditional types of claims based revenue (such as, bundled rates, episodic payments, tier-based payments, case rates using "shadow claims," etc.), and non-claims-based revenues (such as, OneCare Vermont ACO Payments, Success Beyond Six contracts, and other types of AHS Departmental grants).

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Revenue: Collecting the Baseline Data

* Has your entity been providing services and/or supports since on or before January 1, 2019? (Please note the date in the question: we are asking about the last calendar year.)

● Yes   ○ No

- Applicants will be asked if they have been providing services since on/before January 1, 2019 to determine if they have one full year of baseline data available.

- For applicants that select "No" to this question, the application will gather an alternative baseline. (The following slides will use the main path, but the alternative baseline path asks the same questions but for different dates.)

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Claims-Based Revenue: Billed & Paid Amounts

Claims-Based Revenue (include all services)	Billed	Paid
Medicaid	$0.00	$0.00
Medicare	$0.00	$0.00
Commercial Insurance	$0.00	$0.00
Tricare	$0.00	$0.00
Self Pays (including co-insurance and co-pays)	$0.00	$0.00
Other	$0.00	$0.00
Other	$0.00	$0.00

The Revenue grid is collecting your baseline data. The baseline being collected for most providers will be for Calendar Year 2019, including all categories of service with a date of service between January 1, 2019 and December 31, 2019.

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Claims-Based Revenue: Billed & Paid Amounts

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Medicaid	$0.00	$0.00
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Commercial Insurance	$0.00	$0.00
Tricare	$0.00	$0.00
Self Pays (including co-insurance and co-pays)	$0.00	$0.00
Other	$0.00	$0.00
Other	$0.00	$0.00

You *must* enter both the **Billed** and the **Paid** Amounts.   The application will calculate an estimate (what % of your billed amount is, on average, paid) and apply that same percentage to the March 1 – June 15, 2020 data.

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Claims-Based Revenue: Payers & Services

Claims-Based Revenue (include all services)

Medicaid

Medicare

Commercial Insurance

Tricare

Self Pays (including co-insurance and co-pays)

Other

Other

- Applicants must include all the same revenue types in the baseline data as you will include in the March 1 – June 15 application period.

- Applicants should include all categories of service for which they are applying (E&M, Dental, Surgery, etc.)

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Claims-Based Revenue: Payers & Services

Claims-Based Revenue (include all services)

Medicaid

Medicare

Commercial Insurance

Tricare

Self Pays (including co-insurance and co-pays)

Other

Other

- Applicants should include all out of pocket revenues collected from clients as "Self Pays." Be sure to enter the Billed and Paid amount (even if it is the same).

- Applicants should overwrite the "Other" rows with any additional lines of claims-based revenue. Do not leave it as "Other" and complete the data, we need to be able to determine if it is an eligible revenue type.

Non-Claims-Based Revenue: Paid Amounts

Non-claims-Based Revenue	Paid
AHS Grants (including all departments: DAIL, DVHA, DMH, VDH, DCF)	$0.00
ACO Payments	$0.00
Success Beyond 6 and/or School-based contracts	$0.00
Other	$0.00
Other	$0.00
Other	$0.00
Other	$0.00
Other	$0.00
Other	$0.00

- You may include all non-claims-based revenue in which you were the direct care provider.

- Applicants should overwrite the "Other" rows with any additional lines of claims-based revenue. Do not leave it as "Other" and complete the data, we need to be able to determine if it is an eligible revenue type.

- If you did not see any revenue losses in an area, you do not need to include it here if you also do not include it in the 2020 data.

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Revenue Changes: Total Operating Costs & Gross Staff Wages

* What were your total operating costs for 2019? ⓘ

$0.00

* What was the total amount of gross staff wages for 2019? ⓘ

$0.00

- You must include your Total Operating Costs (including gross Staff Wages) in the first question.

- The Gross Staff Wages is asked separately to determine what % of your Total Operating Costs are made up of staff wages.

- The application has completed the baseline data capture at this point.

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Capturing the COVID19-related Revenue Changes

What was the total amount of gross staff wages for the time period including: ⓘ

March of 2020 ⓘ	April of 2020 ⓘ
$0.00	$0.00

May of 2020 ⓘ	June 1-15 of 2020 ⓘ
$0.00	$0.00

What was the total amount of gross staff wages for the time period including: ⓘ

March of 2020 ⓘ	April of 2020 ⓘ
$0.00	$0.00

May of 2020 ⓘ	June 1-15 of 2020 ⓘ
$0.00	$0.00

The next two questions ask about the March 1 – June 15th time period.

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All Payer Revenue Changes

What was the total amount billed to all claims-based payers for: ⓘ

* March of 2020 ⓘ

$0.00

* April of 2020 ⓘ

$0.00

* May of 2020 ⓘ

$0.00

* June 1-15 of 2020 ⓘ

$0.00

What is total paid amount from all non-claims based payers and contractors for the time period including: ⓘ

* March of 2020 ⓘ

$0.00

* April of 2020 ⓘ

$0.00

* May of 2020 ⓘ

$0.00

* June 1-15 of 2020 ⓘ

$0.00

Applicants are asked to provide the aggregated data here but must include all the same categories and payers that they included in the baseline data.

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All Payer Revenue Changes

What was the total amount billed to all claims-based payers for: ℹ

* March of 2020 ℹ

$0.00

* April of 2020 ℹ

$0.00

* May of 2020 ℹ

$0.00

* June 1-15 of 2020 ℹ

$0.00

What is total paid amount from all non-claims based payers and contractors for the time period including: ℹ

* March of 2020 ℹ

$0.00

* April of 2020 ℹ

$0.00

* May of 2020 ℹ

$0.00

* June 1-15 of 2020 ℹ

$0.00

You only need to use the billed amount for the claims-based revenue.

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General Documentation Requirements

- Must be formatted as a PDF. Applicants will receive an error message if they attempt to upload any other type of document format.

- Applicants have wide discretion on the type of software accounting they provide.

- Applicants must include all the documentation required and in must be provided in accordance with the guidance.

- If you are unsure about the upload, please submit a question on the submission form and someone will advise.

- Up to 100% of applications will be reviewed in detail at the close of the application period.

- AHS reserves the right to request additional information if the uploads do not sufficiently validate the requests. Failure to include the required documentation may result in the reduction of your grant award amount.

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Documentation Required for Registration Through Revenue Changes

Organizations should prepare the following information before beginning the application:

1. Vermont Employer Identification Number (7-digit number used for Vermont Department of Labor filings). Providing this number is not required but helps populate some of the application required fields.
2. Federal Employer Identification Number (FEIN).
3. Contact information for the individual responsible for the application.
4. All Payer Revenue
5. Gross Staff Wages
6. Total Operating Expenses
7. COVID19-related Eligible Expenses
8. Federal and State Tax Returns for 2019
9. All NPIs/Medicaid Billing Provider IDs you are applying for OR your approved certification letter.

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Resources Available to Assist

- The DVHA Covid-19 Website where you can find regular updates, as well as guidance on the Health Care Provider Stabilization Grant Program:
  - Program Overview
  - Frequently Asked Questions (this is an early release, more to come)
  - Application Readiness and Document Uploads Guidance
  - Expenditures Guidance
  - Peer Support & Program Pre-Approval Certification
  - *Coming Soon!* Revenue Changes Guide
  - *Coming Soon!* Financial Assistance to Date Guide
  - *Coming Soon!* Payment Disbursement & Auditing Guide
- Submit a question using the Online Questions Submission Form
- Sign Up for the Listserv to stay up to date on important changes and announcements

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