

Health Care Provider Stabilization Grant Program¹

Revenue Changes Guidance

General Overview: The Health Care Provider Stabilization (HCS) Grant Program covers COVID-19-related eligible lost revenue. This guide will help you determine the information you will need to complete the application process. See also the [Application Readiness & Document Uploads Guide](#).

Identifying Eligible Lost Revenue

"Lost revenue" refers to revenue a health care and human services provider applicant lost due to COVID-19. This may include revenue losses associated with fewer visits, cancelled procedures/services, or state-directed shutdowns. Providers may apply for coverage for eligible lost revenue and use HCS grant awards to cover any costs that the lost revenue otherwise would have covered.

To be eligible for coverage under the HCS grant, the lost revenue must be for medical procedures, supplies, products, and/or services that are recognized by the American Medical Association and rendered by a provider who is licensed to render, order, refer, or prescribe those services in Vermont. Costs in connection with retail sales and other types of services are not eligible for coverage under this grant program. Do not include those costs on your application.

AHS estimates the lost revenue from March 1, 2020 through September 15, 2020 by comparing estimated revenue in that period to an "average" month from the applicant's historical baseline. To create the historical baseline, applicants are required to provide data going back to January 1, 2019, or the first full month the provider began delivering services.

Documenting Revenue Losses for the HCS application

Applicants must include both the "Billed" and "Paid" amounts for the HCS grant application. They are defined as:

- Billed: What was the total amount your entity *billed* for all eligible services (to both insurers and directly to patients) during the specified dates of services?
- Paid: What was the total amount your entity was *paid* for all eligible services (from both insurers and patients) during the specified dates of service?

The application review team will be using your uploaded documentation to validate your application inputs. If the review team is unable to determine how your application inputs relate to your supporting documentation, or if there are discrepancies, you may be asked to provide clarifying information. If this information is not supplied, your application may not be processed.

Examples of Documentation Types used to support application information:

- Profit & Loss Statements by month, so that the review team can understand amounts paid for services.
- Production Summaries by month, so that the review team can understand the amounts billed for services.
- Date of Service printouts by month from Electronic Health Records, so the review team can understand amounts billed and paid for services.
- QuickBooks printouts summarizing monthly billed and paid amounts, if the formats above are unavailable.
- Excel sheets summarizing monthly billed and paid amounts, if the formats above are unavailable.

¹ Version One, Round Two: October 12, 2020.