TRACIE
HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

ACS Funding Summary: Establishment and Operationalization

Alternate Care Sites (ACSs) are one of many Alternate Care Strategies intended to provide additional hospital surge capacity and capability for communities overwhelmed by patients from COVID-19. ACSs can be established (owned and operated) by an individual hospital, a group or partnership of hospitals or health systems, a local community (such as the local health department), a state (such as a state Health Department), or the federal government. ACSs can also be established by any of these entities and then have ownership and operational responsibility transferred or changed during its operation. The different operating models and ownership options can affect funding availability/eligibility and sources, so understanding options before making ACS ownership decisions is a critical step. It is recommended for SLTTs to reach out to the Regional Federal Emergency Management Agency (FEMA) or HHS regional emergency coordinators for the most recent guidance.

Funding is available through various sources for: establishing an ACS, operation and ongoing administration of an ACS, and for direct patient care costs. For additional information on ACS funding sources review the ASPR TRACIE webinar - Funding Sources for the Establishment and Operationalization of Alternate Care Sites.

Possible sources of funding include:

- Health and Human Services
  - Cooperative agreements, specifically the Hospital Preparedness Program (HPP) COVID-19 Funding and the CDC Crisis Response Cooperative Agreement. Other CDC mechanisms that may support these activities include the Epidemiology and Laboratory Capacity (ELC) Cooperative Agreement and the grant for Supporting Tribal Public Health Capacity in Coronavirus Preparedness and Response (Tribal COVID-19).
  - Payment through Centers for Medicare and Medicaid Services (CMS) programs to health care facilities and practitioners for covered services furnished to enrolled beneficiaries
- Federal Emergency Management Agency
  - Public Assistance Funding and Direct Federal Assistance
- COVID-19 Uninsured Program
  - Funding through the Health Resources and Services Administration (HRSA) (COVID-19 Uninsured Program)

SPECIFIC PROGRAM COVERAGE

Hospital Preparedness Program – COVID-19 Emergency Supplemental Funding

As part of COVID-19 emergency supplemental funding that was released beginning in March 2020, the Assistant Secretary for Preparedness and Response's (ASPR) Hospital Preparedness Program (HPP) cooperative agreement recipients and subrecipients (e.g., health care coalitions, state and jurisdiction special pathogen treatment centers, and regional Ebola and other special pathogen treatment centers) may identify and operate ACSs to expand health care surge capacity for COVID-19, as these are allowable activities within HPP's COVID-19 emergency administrative supplement. Funding may be used for staff to set up and/or operate ACSs; however, funding may not be used for clinical care or for staffing to provide clinical care. Hospital association recipients and subrecipients (hospitals and other health care entities) of a new HPP cooperative agreement established for COVID-19 through emergency supplemental funding may create and operate ACSs to provide surge capacity for patient care or to increase the numbers of patient care beds at a facility. Again, funding may be used for staff to set up and/or operate ACSs; however, funding may not be used for clinical care or for staffing to provide clinical care. For more information about these cooperative agreements, see ASPR web page on HPP and Health Care System Preparedness and Response.

CDC Crisis Response Cooperative Agreement: COVID-19

The CDC Division of State and Local Readiness (DSLR) is administering supplemental funding to SLTT entities to prevent, prepare for, and respond to COVID-19 through the CDC Crisis Response Cooperative Agreement (Crisis COAG). Funding is intended to support surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities. Generally, funding is not intended to support clinical care except in limited cases regarding quarantine and isolation support. CDC COVID-19 funding may also support the provision of care in ACSs by paying for beds, equipment, and supplies, but cannot be used for personnel to provide clinical care in that setting. All Crisis Response Cooperative Agreement recipients currently have access to program funds. See CDC COVID-19 Funding.

Supporting Tribal Public Health Capacity in Coronavirus Preparedness and Response

This grant is intended to support tribes and tribal organizations in carrying out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities for COVID-19.

Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)

The ELC cooperative agreement exists to detect, respond to, control, and prevent infectious diseases. CDC has used this cooperative agreement to support specific activities at state, local and territorial health departments in their response to COVID-19.

Payments for Covered Services Furnished to Beneficiaries Enrolled in CMS Programs

Medicare is a federal health insurance program designed to assist the nation's elderly to meet hospital, medical, and other health costs. Medicare is available to most individuals 65 years of age and older, as well as persons under age 65 who are receiving disability benefits from Social Security or the Railroad Retirement Board, and those with End Stage Renal Disease (ESRD). CMS is the federal agency that manages Medicare. Note that facilities and practitioners that wish to be paid by Medicare must be enrolled in the program and meet certain requirements. See Coverage and Payment Related to COVID-19 Medicare.

Medicaid and the Children's Health Insurance Program (CHIP) provide health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults and people with disabilities. Medicaid and CHIP are funded jointly by states and the federal government, and the programs are administered by states, according to federal requirements. Medicaid and CHIP provide comprehensive benefits to people who are determined eligible by states. Some benefits are required and some are optional. See Coverage and Benefits Related to COVID-19 Medicaid and CHIP.

Medicare and Medicaid/CHIP-enrolled facilities and practitioners may bill for covered health care services furnished to enrolled beneficiaries. Covered health care services include COVID-19 testing, diagnostics, and treatment. For the purposes of responding to COVID-19, CMS has issued 1135 Waivers that make it easier for existing hospitals and other facilities to expand capacity and furnish and bill for care in ACSs. Further, these waivers allow existing Medicare-enrolled hospitals and other facilities that assume operations of an ACS from a state or local government to bill Medicare for covered services furnished to enrolled beneficiaries. These waivers do not, however, eliminate enrollment, survey, and billing requirements for brand new facilities (including ACSs). State and local governments operating ACSs should contact their applicable CMS Regional Office for additional information regarding participation in CMS programs. Centers for Medicare and Medicaid Services (CMS) Regional Offices will also have information regarding the implications of different options for CMS payment for health care services furnished at an ACS; State, local, tribal, or territorial (SLTT) entities wanting to operate the ACS should contact CMS if they wish to seek payments for care delivered.

FEMA Public Assistance

The establishment and operation of ACSs by SLTT entities and certain private non-profit organizations (eligible applicants) to expand capacity for COVID-19 are eligible emergency protective measures under the FEMA Public Assistance (PA) Program. Eligible applicants may perform or contract for the work directly and seek reimbursement through PA or submit a resource request for Direct Federal Assistance (DFA) to FEMA through the state, tribe (if direct recipient) or territory. Both options are cost shared. For more information, FEMA issued the Public Assistance medical care policy for COVID-19 (Policy FP 104-010-04, May 9, 2020). 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, absent another payor or funding source. Refer to the FEMA policy for additional information.

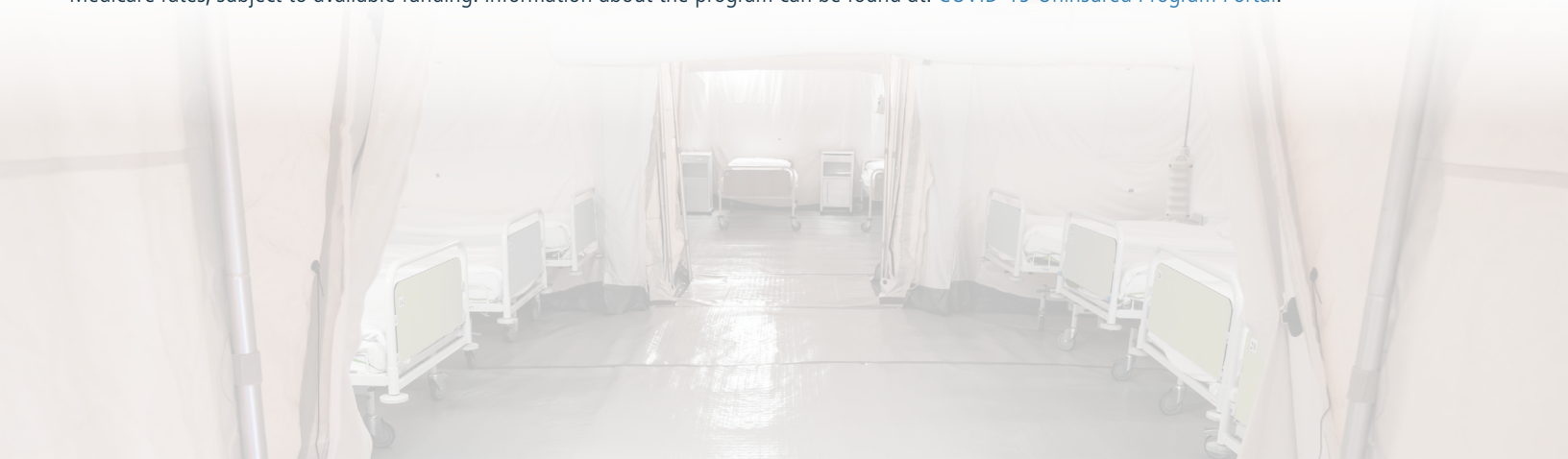
COVID-19 Claims Reimbursement to Health Care Providers and Facilities for Testing and Treatment of the Uninsured Program

The 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 providers for claims that are attributed to the testing and treatment of COVID-19 for uninsured individuals. The program is authorized via the:

- Families First Coronavirus Response Act (P.L. 116-127) and the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139), which each appropriated $1 billion to reimburse providers for conducting COVID-19 testing for the uninsured; and the
- CARES Act (P.L. 116-136), which provides $100 billion in relief funds, including to hospitals and other health care providers on the front lines of the COVID-19 response. Within the Provider Relief Fund, a portion of the funding will be used to support healthcare-related expenses attributable to the treatment of uninsured individuals with COVID-19. Funding is provided from the Public Health and Social Services Emergency Fund.

The program is being administered by UnitedHealth Group through a contract with the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA).

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 electronically and will be reimbursed generally at Medicare rates, subject to available funding. Information about the program can be found at: COVID-19 Uninsured Program Portal.



Alternative Care Site Funding Sources

✓ Allowable ✗ Unallowable – Sometimes Allowable/Unspecified

		ASPR HPP COVID-19	CDC	FEMA PA	CMS	COVID-19 Uninsured Program
Allowable Expenses	Supplies	✓ Includes PPE	✓	✓ Includes medications and diapers	✗ Except as included in facility payments	✗ Except as included in bundled payments
	Temporary Structures (actual physical structures)	✓ With restrictions	–	✓ Such as tents or portable buidlings	✗	✗
	Retrofitting/ Alterations	✓ Includes screening, treatment, and isolation rooms (with restrictions)	✓ Includes renovation and alteration	✓ Included in temproary relocation and facility funding	✗	✗
	Beds	✓	✓	✓ Defined as durable medical equipment	✗ Except as included in facility payments	✗ Except as included in bundled payments
	Staffing	✓ To set up and/or operate ACS, not to provide clinical care	✓ Surge Staffing, not to provide clinical care	✓ For eligible entities	✗ Except as included in facility payments	✗ Except as included in bundled payments
	Tests and Diagnosis	✗	✓ Public Health Lab testing	✓ Triage and medically necessary tests and diagnosis	✓ Enrolled facilities and practitioners can bill for covered health care services	✓
	Patient Treatment	✗	– Only under federal or state isolation or quanrantine orders (absent another payor)	✓ ACS-based care may be eligible (absent another payor).	✓ Enrolled facilities and practitioners can bill for covered health care services	✓ Eligible providers can seek reimbursement for uninsured patients
	Durable Medical Equipment	✓	✓	✓ Includes walkers, wheelchairs, oxygen equipment, etc.	✓ Enrolled facilities and DME suppliers can bill for covered health care services and supplies	✓
	Contact	HPP Program Office	Your SLLT's CDC Grant POC	Your Regional FEMA Representative	CMS Regional Office	HRSA
	Additional Information	HPP COVID-19 Emergency Supplemental Funding	Crisis COAG ELC Tribal COVID-19	COVID-19 Public Assistance	Medicare and Medicaid COVID-19 Reimbursement Information	COVID-19 Uninsured Program Portal

✓ Allowable ✗ Unallowable – Sometimes Allowable/Unspecified

Eligible Recipients (General)

	ASPR HPP COVID-19	CDC	FEMA PA	CMS	COVID-19 Uninsured Program
Hospital Associations	✓ Distribute funding to hospitals and other healthcare entities	✗	– Private non-profits with eligible expenses	✗	✗
Public Health Departments	✓ Distribute funding to healthcare coalitions, state/jurisdiction special pathogen treatment centers, & other healthcare entities	✓	✓	✗ Unless the health department operates a facility that is enrolled in CMS programs	✗ Unless the health department provides clinical care
STTL Jurisdictions	✓ Via Public Health Departments	✓	✓	✗ Unless the jurisdiction operates a facility that is enrolled in CMS programs	✗
Non profits (non-healthcare)	✓ Some subrecipients may be non profits	✗	✓ Certain provate non profits	✗	✗
Non profit Healthcare Facilities	✓	✓	✓	✓ If the facility is enrolled in CMS programs	✓ Subject to the terms and conditions of the program
Private for Profit Healthcare Facilities	✓	✓	✗	✓ If the facility is enrolled in CMS programs	✓ Subject to the terms and conditions of the program
Contact	HPP Program Office	Your SLLT's CDC Grant POC	Your Regional FEMA Representative	CMS Regional Office	HRSA
Additional Information	HPP COVID-19 Emergency Supplemental Funding	Crisis COAG ELC Tribal COVID-19	COVID-19 Public Assistance	Medicare and Medicaid COVID-19 Reimbursement Information	COVID-19 Uninsured Program Portal

✓ Allowable ✗ Unallowable – Sometimes Allowable/Unspecified

Eligible Recipients (ACS Types)

	ASPR HPP COVID-19	CDC	FEMA PA	CMS	COVID-19 Uninsured Program
Hospital or CAH operated ACS	✓	✓	– Ineligible if for-profit entity	✓	✓ Subject to the terms and conditions of the program
Hospital or CAH as fiduciary for a jointly operated ACS	✓	✓	– Ineligible if for-profit entity	✓ Hospitals must be able to identify which resources and patients are theirs	✓ Subject to the terms and conditions of the program
Public Health Department or SLTT operated ACS	✓	✓	✓	✗ Unless the health department or SLTT operated ACS is enrolled in CMS programs	✗ Unless the health department provides clinical care
Federally owned and operated ACS	✗	✗	✓	✗ Unless the federally owned ACS is enrolled in CMS Programs	✗
Contact	HPP Program Office	Your SLLT's CDC Grant POC	Your Regional FEMA Representative	CMS Regional Office	HRSA
Additional Information	HPP COVID-19 Emergency Supplemental Funding	Crisis COAG ELC Tribal COVID-19	COVID-19 Public Assistance	Medicare and Medicaid COVID-19 Reimbursement Information	COVID-19 Uninsured Program Portal