

New York City COVID Resource Center:
Federal Funding Opportunity Checklist for Hospitals

Multiple funding sources are available to hospitals to support the COVID-19 response, with some funding being directly provided to hospitals without an application process. This checklist, while not all encompassing, is designed to support hospitals in navigating and managing current and future funding opportunities.

Obtaining Direct Federal Funding Relief

- Consider applying for the [Medicare Advance Payment Program](#)** to request six months of typical Medicare reimbursement (note: payments must be paid back)
- Monitor for HHS guidance on coding for COVID-19 related services** to realize 20% increase in Medicare DRG weights
- Request [FEMA Disaster Relief Funding](#) to support emergency expenses**, such as medical supplies, retrofitting facilities, and supporting surge capacity
- Consider [Small Business Administration](#) or [Main Street Loan Programs](#)** and determine eligibility of affiliated entities, including physician practices and social service provider partners
- Assess additional federal grant programs** to support emergency expenses of hospitals and supporting providers, including the [Hospital Preparedness Program](#), [FCC funding for telehealth](#) and [FQHC funding](#)

Engaging New York State and Other Stakeholders on Future Funding

- Monitor for State and local guidance on optimizing Medicaid funds**, including realizing benefits of 6.2% FMAP enhancement and 1115 waivers
- Engage with the State and local associations (e.g., Greater New York Hospital Association) to influence distribution of future funding for hospitals**, including the remaining \$70B from the CARES Act Provider Relief Fund

Managing and Tracking Federal Funding

- Complete attestation form and review the terms and conditions for initial tranche of [Provider Relief Funding](#)**, which detail funding use and reporting requirements
- Diligently track and document COVID-19 related incremental expenses and lost hospital and professional fee revenue**, including:
 - o New services (e.g. drive-thru testing);
 - o Overtime, agency, and locums tenens staffing;
 - o Closed services and reduced revenues for all sites and services, including hospital inpatient/outpatient services, physician practices, and ambulatory centers;
 - o Use of federal funds, including Provider Relief Funding; and,
 - o Unexpected city morgue related costs.
- Plan for sufficient cash flow to ensure [repayment](#) of received funding through the Medicare Advance Payment Program**, beginning 120 days after the date payment is issued
- Provide guidance to front line staff and providers on billing (e.g., e-consults)** to fully leverage new federal flexibilities