

# UNDERSTANDING THE SHORT-TERM FINANCIAL SITUATIONS OF OREGON'S HEALTH CARE PROVIDERS SINCE COVID-19

A SUMMARY OF THE CROSS-AGENCY SHORT-TERM PROVIDER FINANCIAL SUSTAINABILITY WORKGROUP'S FINDINGS | **UPDATED: OCTOBER 9, 2020**

## THE SHORT-TERM PROVIDER FINANCIAL SUSTAINABILITY WORKGROUP

Health care providers, hospitals and health systems across Oregon may be at risk of closure due to lost revenue as a result of COVID-19 (social distancing, elective procedures halted, etc.), potentially jeopardizing access to services.

The Oregon Department of Consumer and Business Services (DCBS), Department of Human Services (DHS), and Oregon Health Authority (OHA) convened an internal, cross-agency staff working group in April to monitor the landscape of available state and federal financial resources for providers, identify provider needs and providers at risk of closure, and provide information to agency leadership.

This information may also be useful for Coordinated Care Organizations (CCOs) and other health plans who are making decisions about financial supports and strategies for their contracted provider networks as well as help to inform other health system partners and policymakers of the financial supports and expressed needs of providers.

## THIS DOCUMENT

This document summarizes the Short-Term Provider Financial Sustainability (STFS) Workgroup's findings on the current state of federal and state financial supports for providers and stakeholder perspectives on remaining needs.

This document is organized by provider type:

- Hospitals
- Medical providers
- Behavioral health providers
- Dental providers
- Other providers

Provider typology used to organize this document is not mutually exclusive.

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**Updated October 9, 2020.**

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This information is a snapshot in time and is not representative of all providers, hospitals and health systems in Oregon.

This information may not reflect the most current available financial resources for providers or provider needs.

This document does not provide analysis of health care providers' financial needs or solvency or provide a complete picture of provider finances.



## FOR MORE INFORMATION

Provider Financial Supports: CCO Strategies and Federal Funding Summaries  
<https://www.oregon.gov/oha/FOD/Pages/Provider-Financial-Supports.aspx>

## ADDITIONAL STRATEGIES

Agencies are pursuing additional strategies to gain federal funds in providing financial support for Oregon providers. These strategies are not included in the table below, although many would apply to multiple provider types if approved / implemented.

For more information about these strategies, please contact Lori Coyner, Medicaid Director

**Disaster Relief State Plan Amendment (SPA):** Approved on July 16,<sup>1</sup> the SPA authorizes OHA to:

- 1) Provide interim stability payments (reconciled for actual claims paid) for eligible fee for service (FFS) (Open Card) providers active contracts in good standing with OHA FFS as of March 1, 2020;
- 2) Provide “reserve service capacity” payments to adult and child behavioral health residential settings for reasons including vacancies created as a result of reconfiguring bed space for physical distancing and lower referrals due to COVID-19 concerns;
- 3) Provide enhanced rates and supplemental payments to Tribal and Urban Indian Health Programs; and
- 4) Increase rates for nursing facilities, assisted living facilities, residential care facilities, and private duty nurses.

OHA launched the Fee-For-Service Provider Stability Payment Program on July 31, 2020. As of October 7, OHA has received one application, representing six FFS providers.

<https://www.oregon.gov/oha/HSD/OHP/Tools/FFS-Provider-Stability-Payment-Instructions.pdf>

**Disaster Relief Fund (1115 waiver):** If approved by CMS, this waiver would authorize OHA to create a provider relief fund and provide flexibilities to financially support Oregon’s changing healthcare landscape.

Provider types called out in the waiver application include pediatricians, behavioral health, rural and safety-net hospitals, dentists, home and community-based care agencies, residential facilities, and tribal health facilities. Dependent on approval of 1115 waiver application and availability of general fund match.

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<sup>1</sup> <https://www.oregon.gov/oha/HSD/Medicaid-Policy/StatePlans/20-0010%20Temporary%20Changes%20to%20Eligibility,%20HPE,%20Payment%20Requirements%20-%20Approved%206-18-2020.pdf>

## Summary of short-term financial situations, by provider type

The table below summarizes funding for health care providers as of late July, organized by source (federal, state, and other) and by provider type. The table also includes information compiled from conversations with stakeholders, local and national survey data, public testimony and more that helps describe providers' financial situations. This table does not include strategies that are still under development (see page 2 for more details), nor does the table include the Paycheck Protection Program<sup>2</sup> or other state or federal small business relief that providers may be eligible for.

	FEDERAL FUNDING	STATE FUNDING	OTHER FUNDING	FINANCIAL SITUATION
<b>Hospitals</b>				
All Hospitals	<p>CARES Act Provider Relief Fund (PRF) general distribution (Medicare) payments to hospitals<sup>3</sup></p> <p>CARES Act PRF COVID-19 High Impact Allocations round 1: no \$ for Oregon hospitals<sup>4</sup></p> <p>CARES Act PRF COVID-19 High Impact Allocations round 2: \$20.1M to 2 Oregon hospitals<sup>5</sup></p> <p>CARES Act PRF Allocations for Safety Net Hospitals – \$69M for AK/OR/WA; few, if any, Oregon hospitals expected to qualify<sup>6,7</sup></p> <p>Hospital Preparedness Program distributions: \$1.8M to OHA and \$2.2M to Oregon Association of Hospitals and Health Systems (OAHHS)<sup>8</sup></p>	<p>\$51M in accelerated Disproportionate Share Hospital (DSH) funds - three program payments to 16 qualifying hospitals</p>		<ul style="list-style-type: none"> <li>Statewide total margin for Oregon hospitals decreased 19.4 percentage points between Q1 2019 and Q1 2020. Statewide net patient revenue declined slightly in Q1 2020, decreasing by \$22.8 million (-0.6%) compared to Q1 2019. Total operating expenses increased by 6.3% compared to the start of 2019, jumping from \$3.36 billion to \$3.58 billion.<sup>11</sup></li> <li>OAHHS requested \$200M from the state legislature to cover COVID-19 revenue loss<sup>12</sup></li> <li>Over \$600M in operating losses in March and April; 41% reduction inpatient revenue (aggregate); CARES Act funding to date covered approximately one month's revenue loss – Oregon was disadvantaged because of its high percentage of Medicare Advantage enrollees.<sup>13</sup></li> </ul>

<sup>2</sup> A summary of Paycheck Protection Program loans to Oregon healthcare businesses is available on OHA's Provider Financial Supports webpage: <https://www.oregon.gov/oha/FOD/Documents/PPP-Distribution-Summary.pdf>

<sup>3</sup> \$291M went to 3,454 providers in Oregon, including hospitals in the first distribution, and \$103M for 141 providers in the second distribution <https://data.cdc.gov/Administrative/HHS-Provider-Relief-Fund/kh8y-3es6> and

<https://www.oregon.gov/oha/FOD/Documents/Hospital-PRF-Allocations-051420.pdf>

<sup>4</sup> <https://www.hhs.gov/sites/default/files/covid-19-high-impact-allocation.pdf>

<sup>5</sup> <https://www.hhs.gov/sites/default/files/covid-19-high-impact-allocation-2.pdf>

<sup>6</sup> Approximately \$10 B available nationally for hospitals that qualify. <https://www.hhs.gov/about/news/2020/06/09/hhs-announces-enhanced-provider-portal-relief-fund-payments-for-safety-net-hospitals-medicare-chip-providers.html>

<sup>7</sup> <https://www.hhs.gov/sites/default/files/safety-net-hospital-provider-relief-payment-state-breakdown-adult-acute-care-hospitals.pdf>

<sup>8</sup> <https://www.phe.gov/emergency/events/COVID19/HPP/Pages/overview.aspx>

<sup>11</sup> OHA Hospital Financial & Utilization Dashboard, Q1 2020. <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Hospital-Reporting.aspx>

<sup>12</sup> <https://www.oahhs.org/press-releases/hospitals-need-federal-state-help-to-cover-covid-19-revenue-loss/>

<sup>13</sup> OAHHS presentation to House Health Care Committee on May 22, 2020: <https://olis.oregonlegislature.gov/liz/201911/Downloads/CommitteeMeetingDocument/221928>

	FEDERAL FUNDING	STATE FUNDING	OTHER FUNDING	FINANCIAL SITUATION
<b>Hospitals</b>				
	<p>\$1.1B in Medicare Accelerated and Advance Payment loans to Oregon hospitals and skilled nursing facilities as of May 2.<sup>9</sup></p> <p>CARES Act PRF Allocations for Children’s Hospitals. No Oregon hospitals qualified as of August 14<sup>th</sup>.<sup>10</sup></p>			
Rural Hospitals	<p>CARES Act PRF Allocations for Rural Providers round 1 includes \$172M for Oregon, including critical access hospitals and sole community hospitals in rural areas<sup>14</sup></p> <p>CARES Act PRF Allocations for Rural Providers round 2 (small city and rural specialty hospitals) includes \$20.6M for 7 hospitals<sup>15</sup></p>	<p>OHA released \$1.84M Rural Hospital Sustainability &amp; Transformation COVID-19 Grant</p> <p>\$50 million from the state Coronavirus Relief Fund for the Oregon Rural Hospital Stabilization Grant program. 20 rural hospitals applied and received funds.<sup>16</sup></p>	<p>Moda Health advanced payment of \$3.8M to participating hospitals<sup>17</sup></p>	<p>Rural hospitals have been disproportionately impacted<sup>18</sup></p>

<sup>9</sup> <https://www.cms.gov/files/document/covid-accelerated-and-advance-payments-state.pdf#:~:text=Medicare%20Accelerated%20and%20Advance%20Payments%20State-by-State%20and%20by,used%20to%20pay%20out%20Medicare%20claims%20each%20day.>

<sup>10</sup> <https://www.hhs.gov/sites/default/files/safety-net-hospital-provider-relief-payment-state-breakdown-childrens-hospitals.pdf>

<sup>14</sup> <https://www.hhs.gov/sites/default/files/covid-19-high-impact-allocation.pdf#page=5>

<sup>15</sup> <https://www.hhs.gov/sites/default/files/targeted-distribution-small-city-rural-specialty-hospitals-state-breakdown.pdf>

<sup>16</sup> June 5 Joint Emergency Board allocation: <http://www.oregon4biz.com/assets/apps/HospitalStabilizationGrantApp-CV19.pdf> and <http://www.oregon4biz.com/News-&-Media/index.php?a=235>

<sup>17</sup> [https://www.oregon.gov/OHA/FOD/CCO%20Spending%20Plans/Financing\\_Information\\_Request\\_EOCCO.pdf](https://www.oregon.gov/OHA/FOD/CCO%20Spending%20Plans/Financing_Information_Request_EOCCO.pdf)

<sup>18</sup> <https://www.opb.org/news/article/oregon-hospitals-response-coronavirus-covid-19/> and <https://www.kgw.com/article/news/health/coronavirus/oregons-rural-hospitals-hurting-during-coronavirus-pandemic/>

	FEDERAL FUNDING	STATE FUNDING	OTHER FUNDING	FINANCIAL SITUATION
<b>Medical Providers</b>				
All providers, including primary care and pediatrics	<p>CARES Act Provider Relief Fund (PRF) distributions to Medicare<sup>19</sup> and Medicaid<sup>20</sup> providers (three General Distributions to date) \$72.4M in Medicare Accelerated and Advance Payment loans to physicians, DME suppliers, and others as of May 2<sup>21</sup></p> <p>\$3.4M for Oregon providers for investment in telehealth from \$200M CARES Act COVID-19 Telehealth Program <sup>22</sup></p> <p>\$105M CDC funding to support COVID-19 testing capacity<sup>23</sup></p> <p>\$643K direct reimbursement to providers for COVID-19 testing and treatment of uninsured individuals<sup>24</sup></p>	<p>Early release of \$98M for CCO Quality Pool</p> <p>Suspended 2020 CCO withhold April – December (\$18.8M/month to CCOs)</p>	<p>Many CCO activities to support providers<sup>26</sup></p> <p>M.T. Murdock Charitable Trust COVID-19 Support grants by invitation<sup>27</sup></p>	<p>Over 50% of Oregon respondents (national physician survey) report financial stress at an all-time high and more than 70% of Oregon respondents report high to severe strain in their practice related to COVID-19<sup>28</sup></p> <p>More than one third of Oregon respondents indicated they are not likely to have cash on hand to stay open for the next four weeks, and more than 70% reported they are not likely to receive prospective payments from any payer<sup>29</sup></p> <p>Pediatricians have experienced sharp decrease in utilization/ revenue at the onset of the pandemic in Oregon<sup>30</sup></p> <p>In an Oregon Pediatric Improvement Partnership (OPIP) survey of practices that serve children (n=37), 57% of practices reported extreme strain on their practices, with all respondents reporting a large decrease in patient volume<sup>31</sup></p>

<sup>19</sup> \$291M went to 3,454 providers in Oregon, and \$103M for 141 providers in the second distribution <https://data.cdc.gov/Administrative/HHS-Provider-Relief-Fund/kh8y-3es6>. A third distribution from another \$20 billion was announced in early October; previously eligible providers can apply for additional funds. <https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/general-information/index.html#phase3>

<sup>20</sup> Approximately \$15 B available nationally, pending provider applications. <https://www.hhs.gov/about/news/2020/06/09/hhs-announces-enhanced-provider-portal-relief-fund-payments-for-safety-net-hospitals-medicare-chip-providers.html>.

<sup>21</sup> <https://www.cms.gov/files/document/covid-accelerated-and-advance-payments-state.pdf#:~:text=Medicare%20Accelerated%20and%20Advance%20Payments%20State-by-State%20and%20by,used%20to%20pay%20out%20Medicare%20claims%20each%20day>.

<sup>22</sup> \$3,391,616 went to ten OR providers as of 7/8/20. Providers must be non-profit/public. <https://www.fcc.gov/covid-19-telehealth-program>; <https://www.healthcaredive.com/news/as-fcc-taps-out-its-coronavirus-telehealth-program-major-nonprofits-like-p/581240/>

<sup>23</sup> <https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/funding-update.pdf>

<sup>24</sup> <https://data.cdc.gov/Administrative/Claims-Reimbursement-to-Health-Care-Providers-and-/rksx-33p3>

<sup>26</sup> For more information about CCO activities to support providers: <https://www.oregon.gov/oha/FOD/Pages/Provider-Financial-Supports.aspx>

<sup>27</sup> <https://murdocktrust.org/>

<sup>28</sup> Impacts of COVID-19 on Oregon Primary Care Providers: Survey Highlights <https://www.oregon.gov/oha/FOD/Documents/PCP-Survey-Summary.pdf>

<sup>29</sup> Impacts of COVID-19 on Oregon Primary Care Providers: Survey Highlights <https://www.oregon.gov/oha/FOD/Documents/PCP-Survey-Summary.pdf>

<sup>30</sup> 70% decrease in revenue measured at some clinics in early weeks of COVID-19: Children’s Health Alliance testimony at March 19<sup>th</sup> Metrics & Scoring Committee <https://www.oregon.gov/oha/HPA/ANALYTICS/MetricsScoringMeetingDocuments/2020-03-public-comment-CHA.pdf>

<sup>31</sup> OPIP Partner Meeting June 23, 2020.

	FEDERAL FUNDING	STATE FUNDING	OTHER FUNDING	FINANCIAL SITUATION
<b>Medical Providers</b>				
	Rural Health Care Program carryover funds for telecommunications and broadband <sup>25</sup>			More recent national data and anecdotal information from local health systems indicate utilization has recovered to close to 90% of pre-pandemic baselines, although utilization recovery varies by specialty. <sup>32</sup>
FQHCs and RHCs	\$23M for 30 health centers <sup>33</sup> \$1.9M for 30 health centers <sup>34</sup> \$172M allocated for rural providers including RHCs	21 clinics receive monthly capitation payments from Medicaid Alternate Payment Model program, and may be better positioned than those relying on fee for service \$	Oregon Community Recovery Fund (Oregon Community Foundation) small grants (\$10-50k) <sup>35</sup> \$300K Cambia Health Foundation funds to Oregon Primary Care Association to support COVID-19 response <sup>36</sup>	\$23M in supplemental funding does not go very far, especially given need for infrastructure (e.g. telehealth) <sup>37</sup> Health center weekly visits are down by ~66% and 43 health center sites temporarily closed due to COVID-19. <sup>38</sup>
Tribal Clinics	\$600M for IHS (nationally) <sup>39</sup>			On April 15 <sup>th</sup> , tribal health directors submitted to OHA Leadership a letter requesting stability payments to address severe financial shortfalls as a result of the public health emergency.

<sup>25</sup> <https://connectednation.org/texas/2020/06/30/fcc-announces-funding-increase-in-rural-health-care-program-for-funding-year-2020/#:~:text=WASHINGTON%2C%20June%2030%2C%202020%E2%80%94%20The%20Federal%20Communications%20Commission%E2%80%99s,satisfy%20funding%20year%202020%20demand%20for%20the%20Program.>

<sup>32</sup> <https://www.commonwealthfund.org/publications/2020/aug/impact-covid-19-pandemic-outpatient-visits-changing-patterns-care-newest>

<sup>33</sup> <https://bphc.hrsa.gov/emergency-response/coronavirus-cares-FY2020-awards/or>

<sup>34</sup> <https://bphc.hrsa.gov/emergency-response/coronavirus-covid19-FY2020-awards/or>

<sup>35</sup> <https://oregoncf.org/covid/grants-loans/>

<sup>36</sup> <https://www.cambiahealthfoundation.org/posts/news/2020-05-05/cambia-health-foundation-commits-3-million-to-address-c.html>

<sup>37</sup> Oregon Primary Care Association communication with OHA, April and May 2020

<sup>38</sup> ORPCA presentation to House Health Care Committee on May 22, 2020: <https://olis.oregonlegislature.gov/liz/201911/Downloads/CommitteeMeetingDocument/221947>

<sup>39</sup> Unclear how much of this is directed to tribal clinics in Oregon; As of 5/1/2020, no IHS, Tribal 638 or Urban Indian Health Program in Oregon had received federal funding. [https://www.ihs.gov/sites/newsroom/themes/responsive2017/display\\_objects/documents/2020\\_Letters/DULL\\_DUIOLL\\_04032020.pdf](https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/2020_Letters/DULL_DUIOLL_04032020.pdf)

	FEDERAL FUNDING	STATE FUNDING	OTHER FUNDING	FINANCIAL SITUATION
<b>Behavioral Health Providers</b>				
All behavioral health providers	SAMHSA BH supplemental for Tribes (\$0.39M) <sup>40</sup> SAMHSA Emergency Response (\$1M) <sup>41</sup> FEMA Crisis Counseling grant (pending Oregon application) <sup>42</sup> SAMHSA Suicide Prevention grant to OHA (\$0.8M) <sup>43</sup> CDC Suicide Prevention grant (pending Oregon application) <sup>44</sup> CARES Act Provider Relief Fund (PRF) distributions to Medicare <sup>45</sup> and Medicaid providers. The 3 <sup>rd</sup> General Distribution expanded eligibility for behavioral health providers. <sup>46</sup>	Early release of \$98M for CCO Quality Pool Suspended 2020 CCO withhold April – Dec. (\$18.8M/month to CCOs) \$2.1M from the state Coronavirus Relief Funds allocated for one-time investments in community-based supports, recovery supports, and peer-delivered services to increase capacity to address behavioral health needs. <sup>47</sup>	Many CCO activities to support providers <sup>48</sup>	Residential providers have expressed that they are experiencing decreases in utilization based on low referrals, staffing shortages, physical distancing. We have had a couple of providers close or temporarily halt operations due to COVID-19. Some were in financial distress prior to COVID-19.  Several facilities have indicated that staff retention is a concern and they have had to provide financial incentives to ensure staff retention.  70% of Oregon respondents to a survey conducted by the National Council for Behavioral Health indicated they didn't think they could survive past three months.
County behavioral health	SAMHSA CCBHC Expansion Grants (\$7.2M for three Oregon sites) <sup>49</sup>	OHA advanced payments through County Financial Assistance	National Council for Behavioral Health COVID-	Counties have expressed concern about reduced utilization due to reductions in non-essential services and physical distancing. Much support for telehealth.

<sup>40</sup> <https://www.samhsa.gov/sites/default/files/covid19-programs-funded-samhsa.pdf>

<sup>41</sup> Four Tribes recipients to date <https://www.samhsa.gov/sites/default/files/covid19-programs-funded-samhsa.pdf>

<sup>42</sup> <https://www.fema.gov/news-release/2020/05/02/fema-administrator-authority-approve-crisis-counseling-during-coronavirus>

<sup>43</sup> <https://www.samhsa.gov/grants/grant-announcements/fg-20-007>

<sup>44</sup> <https://www.cdc.gov/injury/fundedprograms/comprehensive-suicide-prevention/index.html>

<sup>45</sup> \$291M went to 3,454 providers in Oregon, and \$103M for 141 providers in the second distribution <https://data.cdc.gov/Administrative/HHS-Provider-Relief-Fund/kh8y-3es6>

<sup>46</sup> Approximately \$15 B available nationally, pending provider applications. <https://www.hhs.gov/about/news/2020/06/09/hhs-announces-enhanced-provider-portal-relief-fund-payments-for-safety-net-hospitals-medicare-chip-providers.html>

<sup>47</sup> <https://www.oregon.gov/oha/HSD/AMH/docs/COVID-19%20Funding%20Opportunity%20-%20Applications%20due%208-17-2020.pdf>

<sup>48</sup> For more information about CCO activities to support providers: <https://www.oregon.gov/oha/FOD/Pages/Provider-Financial-Supports.aspx>

<sup>49</sup> <https://www.samhsa.gov/sites/default/files/covid19-programs-funded-samhsa.pdf>

	FEDERAL FUNDING	STATE FUNDING	OTHER FUNDING	FINANCIAL SITUATION
<b>Behavioral Health Providers</b>				
	CDC Core State Injury and Violence Prevention (SVIPP) COVID-19 Supplemental Funds – \$173K administered by the Association of Community Mental Health Programs (AOCMHP) in mini-grants to health systems and CBOs	Agreements in two distributions, totaling \$37.2M. \$11M for community mental health programs from the state Coronavirus Relief Fund (federal CARES Act funding) <sup>50</sup>	19 Relief Fund for members <sup>51</sup>	Concern about access to CCO health-related services funding or other resources for things like phones, services plans, temporary lodging, hotel vouchers, etc.  Concern about getting reimbursements for unlicensed clinicians/peers providing COVID-related counseling and mental wellness checkups, especially from commercial insurers.  Concerns about lawsuits as result of lack of access to PPE, inability to meet physical distancing guidelines, OSHA complaints from local staff

<sup>50</sup> <https://pamplinmedia.com/pt/9-news/469367-379903-oregon-lawmakers-approve-280-million-for-pandemic-recovery>

<sup>51</sup> <https://www.thenationalcouncil.org/member-relief-application/>

	FEDERAL FUNDING	STATE FUNDING	OTHER FUNDING	FINANCIAL SITUATION
<b>Dental Health Providers</b>				
All dental providers	As of July 10, dentists eligible to apply for CARES Act Provider Relief Fund (PRF) distributions through PRF portal <sup>52</sup>		ADA Foundation Charitable Assistance Fund Grant Program for dentists  Many Dental Care Organization (DCO) activities to support dental providers <sup>53</sup>	Nationally, 74% of dentists applied for an SBA 7(a) PPP loan. Among those, 50% had their application approved, 34% were waiting on a decision and 15% were not approved. Of the dentists whose applications were approved, 58% had received funds <sup>54</sup>  As of April 20: 71.6% of Oregon respondents report volume of collections at 5% or less what is typical and 39.4% are not paying any staff (56% paying partially) <sup>55</sup>  As of May 18 <sup>th</sup> : 32.1% of Oregon respondents report volume of collections at 5% or less what is typical, and 15.4% are not paying any staff (26.5% paying staff partially) <sup>56</sup>  As of July 13, 96% of Oregon respondents report being open, but two-thirds of those that are open report lower patient volume than usual. Only 4.4% report volume of collections at 5% or less what is typical, and 3% are not paying any staff (8% paying staff partially) <sup>57</sup>
DCOs / oral health subcontractors			Many CCO activities to support oral health subcontractors <sup>58</sup>	

<sup>52</sup> Approximately \$15 B available nationally, pending provider applications. <https://www.hhs.gov/about/news/2020/07/10/hhs-announces-over-4-billion-in-additional-relief-payments-to-providers-impacted-by-coronavirus-pandemic.html>

<sup>53</sup> DCO survey summary available on OHA's Provider Financial Supports webpage: <https://www.oregon.gov/OHA/FOD/Pages/Provider-Financial-Supports.aspx>

<sup>54</sup> <https://www.ada.org/en/publications/ada-news/2020-archive/april/third-wave-of-hpi-polling-shows-dentists-response-to-covid-19>

<sup>55</sup> <https://www.ada.org/en/science-research/health-policy-institute/covid-19-dentists-economic-impact/survey-results>

<sup>56</sup> *ibid*

<sup>57</sup> <https://surveys.ada.org/reports/RC/public/YWRhc3VydmV5cy01ZjBjNzZlNTQ1MDE1YzAwMGZlMjQ4ZiUtVjVfNWIJWDFFU01ldmNDUjV0>

<sup>58</sup> For more information about CCO and DCO activities to support providers: <https://www.oregon.gov/oha/FOD/Pages/Provider-Financial-Supports.aspx>

	FEDERAL FUNDING	STATE FUNDING	OTHER FUNDING	FINANCIAL SITUATION
<b>Other Providers</b>				
Developmental Disabilities	Enhanced federal match rate in CARES Act	Contingency/retainer funding for 100% average revenue (1 month), plus 75% of average revenue (two weeks) for congregate adult day program and employment providers <sup>59</sup>  Temporary 10% rate increase for 24-hour residential service providers <sup>60</sup>  Temporary suspension of service rate reductions in 24-hour residential setting, foster care, employment, and DSA service rates <sup>61</sup>		Most adult day service and employment providers participated in the financial support plan (approximately 40+ providers). CMS determined that additional funding beyond the six weeks would not be possible <sup>62</sup>
Aging & People with Disabilities	Enhanced federal match rate in CARES Act. \$13.6M for Area Agencies on Aging for meals, Family Caregiver Support, supportive services, and information and assistance  \$32.9M for CARES Act funding for Oregon Skilled Nursing Facilities; <sup>63</sup> additional \$5B allocated nationally as of July 22 <sup>64</sup>	Sustainability payments of 75% of average revenue for 3 months for Adult Day Service (ADS) providers who were shut down <sup>67</sup>  \$3.35M for Long-Term Care facility COVID-19 testing and training  Temporary 10% rate increase for Rates for nursing facilities, assisted		Approximately 80% of ADS providers (<20) are participating in the financial support program.

<sup>59</sup> <http://www.dhs.state.or.us/policy/spd/transmit/ar/2020/ar20057.pdf>

<sup>60</sup> <http://www.dhs.state.or.us/policy/spd/transmit/pt/2020/pt20057.pdf>

<sup>61</sup> <http://www.dhs.state.or.us/policy/spd/transmit/pt/2020/pt20059.pdf>

<sup>62</sup> <https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/ODDS%20Resource%20Library/FAQ-Employment-DSA-Billing-Webinar.pdf>

<sup>63</sup> <https://www.hhs.gov/sites/default/files/skilled-nursing-facility-provider-relief-payment-state-breakdown.pdf>

<sup>64</sup> <https://skillednursingnews.com/2020/07/hhs-to-send-additional-5-billion-from-provider-relief-fund-to-all-nursing-homes-in-u-s/>

<sup>67</sup> <https://www.leadingageoregon.org/assets/Adult%20Day%20Services%20Providers%20Letter%20re%20Payment%20During%20Suspension-032520.pdf>

	FEDERAL FUNDING	STATE FUNDING	OTHER FUNDING	FINANCIAL SITUATION
<b>Other Providers</b>				
	<p>CARES Act Provider Relief Fund (PRF) distributions to Medicaid providers<sup>65</sup></p> <p>\$1.1B in Medicare Accelerated and Advance Payment loans to Oregon hospitals and skilled nursing facilities as of May 2<sup>66</sup></p> <p>\$0.76M for Aging and Disability Resource Connection (ADRC) COVID-19 Rapid Assessment and Services</p>	<p>living facilities, residential care facilities<sup>68</sup></p>		
Behavioral Rehabilitative Services (BRS)		<p>Supplemental 3-month payment to cover maintenance costs associated with COVID related to housing and providing basic education and support to BRS clients who would normally be in school (OHA, DHS, OYA joint effort)</p>		

<sup>65</sup> Approximately \$15 B available nationally, pending provider applications. <https://www.hhs.gov/about/news/2020/06/09/hhs-announces-enhanced-provider-portal-relief-fund-payments-for-safety-net-hospitals-medicaid-chip-providers.html>

<sup>66</sup> <https://www.cms.gov/files/document/covid-accelerated-and-advance-payments-state.pdf#:~:text=Medicare%20Accelerated%20and%20Advance%20Payments%20State-by-State%20and%20by,used%20to%20pay%20out%20Medicare%20claims%20each%20day>.

<sup>68</sup> <http://www.dhs.state.or.us/policy/spd/transmit/pt/2020/pt20078.pdf>

	FEDERAL FUNDING	STATE FUNDING	OTHER FUNDING	FINANCIAL SITUATION
<b>Other Providers</b>				
Complementary and Alternative Medicine (CAM)				<p>Oregon Association of Acupuncturists (OAA) surveyed their members and ~25% of the 1,500 OAA licensed acupuncturists in Oregon responded</p> <ul style="list-style-type: none"> <li>• Estimated \$12,000 - \$24,000 loss in income per acupuncturist from mid-March through mid-July considering two months of closure and an estimated and optimistic 50% capacity for the following two months.</li> <li>• As of May 27, 2020 the last day to complete the survey, almost 90% of respondents were at 50% or less capacity, with nearly 50% of respondents at 20-30% capacity.</li> <li>• Many clinics are still not open due to difficulty obtaining PPE and other necessities.</li> </ul>
Non-emergent medical transportation (NEMT)		<p>Early release of \$98M for CCO Quality Pool</p> <p>Suspended 2020 CCO withhold April – December (\$18.8M/month)</p>	CCO activities to support providers <sup>69</sup>	National information about the impact of COVID-19 on transportation industry <sup>70</sup>
Traditional Health Workers (THWs)		<p>\$25M community-based organization state coronavirus Relief Fund (federal CARES Act funding) for outreach, contract tracing, and connecting individuals to social services to support isolation and quarantine;<sup>71</sup> \$9.8M awarded to 180 organizations as of July 31 for first quarter funding.<sup>72</sup></p>	CCO and foundation grants to community-based organizations (that employ THWs)	<p>Clinics participating in a recent HRS webinar hosted by OHA and ORPRN noted a need for more support of CHWs and other traditional health workers and community paramedics (via HRS) due to the pandemic.</p> <p>Community Health Workers are advocating at the national level</p> <ul style="list-style-type: none"> <li>• For CMS to include guidance for states to reimburse CHWs for the full range of services provided in interim guidance for states (<a href="https://chw.upenn.edu/2020/04/17/callstoaction/">https://chw.upenn.edu/2020/04/17/callstoaction/</a>)</li> <li>• To include CHW workforce in a future stimulus bill</li> </ul>

<sup>69</sup> For more information about CCO activities to support providers: <https://www.oregon.gov/oha/FOD/Pages/Provider-Financial-Supports.aspx>

<sup>70</sup> <https://www.blackcarnews.com/article/how-transportation-providers-can-survive-the-covid-19-pandemic-prepare-for-economic-recovery>

<sup>71</sup> <https://www.oregon.gov/oha/ERD/Pages/COVID-19-Funding-Opportunity.aspx>

<sup>72</sup> <https://www.oregon.gov/oha/ERD/Pages/OHA-funds-170-community-groups-support-contact-tracing-outreach-combat-COVID-19.aspx>

	FEDERAL FUNDING	STATE FUNDING	OTHER FUNDING	FINANCIAL SITUATION
<b>Other Providers</b>				
		Funding is through December 30,2020.		
Health Care Interpreters (HCIs)		OHA included interpreters in temporary telehealth rules and applies payment parity to interpreting appointments <sup>73,74</sup>	Deploying HCIs as contact tracers to replace part of their income loss <sup>75</sup>  AllCare Health extended payment parity for onsite HCI services provided through telehealth modalities <sup>76</sup>	COVID-19 has compounded the financial stress on the Interpreting industry and is “decimating” the state’s interpreter workforce. The transition to telehealth and shortage of PPE have displaced in-person interpreting services and payments, made communication more difficult, and impacted service quality across interpreting modalities.  Income for interpreters (the majority of whom practice as independent contractors) has dropped by about 75%(average) <sup>77</sup>  A top ten interpreting service company in Oregon confirmed that the volume of in-person appointments has dropped by 75%, telephonic appointments have increased by about 10%, but pay significantly less per appointment <sup>78</sup>  Since interpreters are not classified as essential workers, a drastic reduction in procedures has resulted in reduced work appointments and layoffs <sup>79</sup>

<sup>73</sup> OAR 410-141-3566 [https://secure.sos.state.or.us/oard/viewSingleRule.action;JSESSIONID\\_OARD=LhvJ5fy2kvZupiCvaJvgtDN1G52nH2IK-LwJJdB64Q-VTZdXmIR8!-701024274?ruleVrsnRsn=269023](https://secure.sos.state.or.us/oard/viewSingleRule.action;JSESSIONID_OARD=LhvJ5fy2kvZupiCvaJvgtDN1G52nH2IK-LwJJdB64Q-VTZdXmIR8!-701024274?ruleVrsnRsn=269023)

<sup>74</sup> Memo to CCOs on Providing culturally and linguistically appropriate services during the COVID-19 emergency <https://www.oregon.gov/oha/HSD/OHP/Announcements/Providing%20Culturally%20and%20Linguistically%20Appropriate%20Services%20During%20the%20COVID-19%20Emergency.pdf>

<sup>75</sup> AllCare and some communities in Central Oregon.

<sup>76</sup> <https://www.oregon.gov/oha/OHPB/MtgDocs/August%204,%202020%20OHPB%20Meeting%20Materials.pdf>

<sup>77</sup> A flash poll of a random sample of interpreters on the state’s HCI Registry

<sup>78</sup> Phone interview with David Brackett, President of Linguava.

<sup>79</sup> <https://www.opb.org/news/article/oregon-coronavirus-medical-health-interpreters/>