

## 2020 Coronavirus Relief & Budget Omnibus Agreement: Summary of Most Impactful Provisions

- I) **Provider Support Relief Fund Payments.**
  - A) \$3 billion in new resources for the Provider Relief Fund.
  - B) Dedicating 85% of remaining current funds to applications showing financial losses.
  - C) Clarifies that health care providers who receive support may transfer all or any portion of such payments among the subsidiary eligible health care providers of the parent organization.
  
- II) Paycheck Protection Program Updates
  - A) Businesses will be **eligible for loan forgiveness** equal to the sum of their payroll costs, covered mortgage, rent, utility payments, operations expenditures, property damage costs, supplier costs, and worker protection expenditures incurred during the covered period. 60/40 allocation requirement to payroll and non-payroll costs remains (to receive full forgiveness).
    - 1) **PPP loans are tax-free** (as Congress originally intended)
    - 2) **Additional eligible expenses** for PPP Funds: Software, cloud computing, and other human resources and accounting needs. Also, personal protective equipment and adaptive investments to comply with federal, state, or local COVID-19 health and safety guidelines.
    - 3) One-page form for PPP loan forgiveness under \$150,000.
  - B) **2<sup>nd</sup> Round of PPP** loans for organizations with less than 300 employees that demonstrate a 25%+ reduction in revenue from any quarter from 2019 to 2020
  
- III) Evaluation and Management Code Updates in the **Physician Fee Schedule** are on track for implementation on January 1, 2021.
  - A) **2% Medicare sequester payment reductions suspended** through March 31, 2021.
  - B) \$3 billion to **increase Medicare Fee Schedule payments across-the-board by 3.75%** in CY 2021.
    - 1) One-time, one-year increase in the Medicare physician fee schedule of 3.75% to support providers adjusting to changes in the Medicare physician fee schedule during 2021, and to provide relief during the COVID-19 public health emergency.
  - C) G2211 visit add-on code is delayed for 3 calendar years. Medicare funds saved from this delay will be applied to increasing the conversion factor for all services during the 3 years.
  - D) Advanced Alternative Payment Model (**APM**) **thresholds remain at current level for two years.**
  
- IV) Workforce Investments: Adds **1,000 new Medicare-funded graduate medical education (GME) full-time equivalent (FTE) residency positions**, beginning in fiscal year 2023.
  
- V) Public Health Investments to Control COVID-19.
  - 1) \$22.4 billion for testing, contact tracing, surveillance, containment, and mitigation.
  - 2) \$19 billion to build the nation's supply of COVID-19 vaccines and therapeutics.
  - 3) \$8.75 billion for vaccine distribution and administration.
  - 4) \$3.25 billion to reinforce our Strategic National Stockpile.
  - 5) \$4.25 billion for mental health and substance use disorder services.
  
- VI) Consumer Protections against Surprise Medical Bills. **Holds patients harmless** from surprise medical and air ambulance medical bills.
  - A) Where there is a reimbursement dispute, program establishes a system of negotiation between payer and provider then **independent dispute resolution (IDR) where necessary to resolve payment.**