

Interim Access Assurance Fund (IAAF) for Safety Net Hospitals

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**IAAF Applicant Information Webinar
Safety Net Hospitals
May 5, 2014
2:00 – 4:00 p. m.**

Agenda

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| I. | Welcome, Introductions and Procedures | Christopher Delker |
| II. | IAAF, DSRIP and Health Services Integration | Charles Abel |
| III. | IAAF Phases | Christopher Delker, John Gahan, Charles Abel |
| IV. | IAAF Eligible Applicants | Charles Abel, John Gahan |
| V. | IAAF Eligible Costs | Charles Abel, John Gahan |
| VI. | Reporting, Monitoring and Payments | Charles Abel, John Gahan, John Valitutto, Philip Mossman |
| VII. | Walk-through of Application | Christopher Delker
Charles Abel
Jeffrey Rothman |
| VIII. | Questions and Comments | Participants |
| IX. | Wrap-Up and Adjournment | Christopher Delker |

DSRIP Phases

- IAAF Awards
- Design Grant Awards
- DSRIP Awards

What is IAAF?

- Funding made available through the \$8 billion MRT Waiver.
- Interim financial opportunity to meet cash needs for facilities at risk of closing by 3/31/15.
- Sustain operations through 4/1/15 until a Delivery System Reform Incentive Payment (DSRIP) transformation application can be submitted, approved and funded.

Opportunity to Assess Applicant's

- Financial situation
- Current mix of services
- Potential for participation in an integrated delivery system.

Eligible Applicants

- Public Hospitals
- Critical Access Hospitals
- Sole Community Hospitals
- Safety Net Hospitals

Safety Net Hospitals

- Medicaid, Uninsured or Medicaid Dual patients comprise at least 35% of all outpatient visits

And

- Medicaid, Uninsured or Medicaid Dual patients comprise at least 30% of all inpatient discharges.

Or

- Provided services to at least 30% of the Medicaid, Uninsured or Medicaid Dual population residing in the target county or counties in the last 12-month reporting period.

Medicaid Duals

Clients who are on Medicaid but who also receive other health insurance, such as Medicare or commercial coverage.

Financial Situation

- Less than 15 days' cash and equivalents
- No assets to monetize
- No resources available from affiliates, foundations, etc.

IAAF Eligible Costs

Must be directly related to the operation of the facility, including but not limited to:

- Personnel (salaries, wages, benefits)
- Supplies and non-capital equipment
- Utilities
- Administrative services
- Communications
- Record keeping, data collection and information processing

What IAAF Cannot Pay For

- Capital expenditures, including but not limited to:
 - Construction
 - Renovation
 - Acquisition of capital equipment, including major medical equipment.
- Consultant Fees
- Retirement of long term debt.

Payments

- Payments to awardees will be made on a monthly basis through the payment mechanism for payment of Medicaid adjustments.
- Monthly payments will depend on the recipient's monthly financial and activity reports, which include actual revenues and expenses for the prior month, projected cash need for the current and the coming month, and progress achieved toward reaching goals agreed upon with the Department.
- Therefore, ultimate payments may differ from the initial award.

Budget Submission With Your Application

- An Excel budget spreadsheet is to be submitted as part of the IAAF application. It will include the following:
 - Projected Income
 - Projected Operating Costs
 - Balance Sheet
 - Amount of State Assistance Needed

Applicant Information

Applicant: Name of Operator _____			
Facility Address	_____	City	_____ NY Zip _____
Operating Certificate Number _____ Federal Employer ID Number (FEIN) _____ NYS Charities Registration Number _____			
Authorized Contact Person First Name _____ Last Name _____			
Contact Title _____			
Facility Address	_____	City	_____ NY Zip _____
Phone	_____	Fax	_____ Email _____

Eligibility Category

Indicate for which of the following categories the applicant qualifies:

- Public Hospital defined as a general hospital operated by a county or municipality, but not by a public benefit corporation**
- Federally Designated Critical Access Hospital (CAH)**
- Federally Designated Sole Community Provider (SCP) Hospital**
- Safety Net Hospital defined as meeting at least one of the following two (2) requirements:**
 - Medicaid, Uninsured or Medicaid Dual patients comprise at least 35% of all outpatient visits **and** Medicaid, Uninsured or Medicaid Dual patients comprise at least 30% of all inpatient discharges.
 - Provided services to at least 30% of the Medicaid, Uninsured or Medicaid Dual population residing in the target county or counties for the 12 month reporting period indicated below.

Fill in the end date for the most recent reporting year for which you submitted cost reporting data to the New York State Department of Health and on which your eligibility statement and application are based:

Month	Year
_____	2012 _____
_____	2013 _____
_____	2014 _____

Financial Information and Justification

Amount of funding requested, and supported by attached budget, to maintain operations through March 31, 2015. Funding may not be used for capital projects, retirement of debt, consultants or program expansion. \$ _____

Submit *all* of the following:

- Project Narrative (see below)
- Latest Full Audited Financial Statements
- Latest Internal Balance Sheet, Income Statement, and Statement of Cash Flow
- 2013 Breakdown of Utilization (Inpatient and Outpatient by payer and service line, as applicable)
- April 1, 2014 – March 31, 2015 Budget by Month (form attached)
- April 1, 2014 – March 31, 2015 Monthly Utilization Projections

Project Narrative

- Hospital's Scope of Services and Service model
- Financial Status, and Justification for Award
- Geographic Area and Population Served
- Need for Services
- Affiliations

Limit to no more than 5 pages.

Notarized Signatures

- Hospital Board Chair or Secretary
- Chief Financial Officer or Equivalent

Dates to Remember

Comments due on IAAF solicitation May 14, 2014

Final solicitation release May 16, 2014

Applications due May 30, 2014

Awards announced as soon after June 2 as possible.

Questions Submitted in Advance

1. If a hospital meets the requirements for IAAF funding, and we need assistance in keeping it open now, but some or all of its beds may end up being closed as part of the DSRIP transformation, can it still qualify for IAAF funding?
2. Will there be a typical grant amount or range of amounts?
3. Would IT infrastructure (for example, a telecommunications system, nurse call system, or infrastructure in order to be able to migrate to EMR) be considered eligible costs?
4. The IAAF solicitation requires eligible applicants to commit to participate with other entities in the development of a proposal for DSRIP funds that would require that they become participants in a system of integrated services delivery. Could a hospital receiving IAAF funds be a **lead** applicant for DSRIP funds, or does the word “participant” imply that they can’t be the lead?