

Medicaid Provider CFAC Stabilization Funding Opportunity

Instructions to complete the application:

Review the application in its entirety before completing the application to ensure you qualify and you have the information needed to fill out the application. Any required missing information may delay the review of your application.

Save the file to your computer with a new file name and open it with Excel. Applicants should follow instructions at each section. The Excel version of the application is password protected with sections for applicants to fill in. Do not copy and paste this application into a new Excel workbook. Any application that does not have a signature and the original password protections will not be reviewed for funding assistance. *See the end of the instructions if Excel application is stuck in 'read only' mode and how to sign this document in Excel.

If you do not have Excel, a PDF version is available. You must email the Department to obtain the PDF version of this application. Request the PDF version [here](#). If you use the PDF, you must save it to your computer and open it with a PDF application. Do not use it in a web browser as information may not be saved.

Section A. General Provider Information

1. Provider Name – Enter the provider name that is enrolled with Idaho Medicaid.
2. Business Name – If different from provider name, include any doing business as (DBA) name.
3. Provider Tax ID Number – Enter the Tax Identification Number (TIN) used for tax purposes in reporting with the Internal Revenue Services (IRS) and enrolled with Idaho Medicaid.
4. Provider NPI – Enter the provider's National Provider Identifier (NPI). If no NPI exists for the applicant, use Line 5 to enter unique Medicaid Provider ID number used to submit claims.
5. Medicaid Provider ID Number – Not required unless a Provider NPI does not exist. Enter the identification number that is enrolled with Idaho Medicaid. This will likely be the Atypical ID number used to submit claims.
- 5a. All applicants should enter either an NPI in Line 4 or Medicaid Provider ID Number in Line 5. Do not fill out both lines. Applicants should determine which line to fill out by reviewing what number they use to submit claims information.

The NPI is a 10-digit numeric identifier. Line 4 will only accept numbers in the field.

The Medicaid Provider ID Number is an alphanumeric identifier. Line 5 will accept both letters and numbers in the field.

6. Mailing Address – Enter the provider's mailing address (number, street, and suite no., or P.O. Box) where a check may be mailed.
 - a. City – Enter the provider's city.
 - b. State – Enter the provider's state.
 - c. ZIP code – Enter the provider's ZIP code.
7. Contact Person – Enter the name of the person the Department can contact for questions.
 - a. Phone Number – Enter the phone number for the provider's contact person.
 - b. Email – Enter the email for the provider's contact person. *This field is critical to receive communication regarding the application and potential funding.*

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Section B: Minimum Requirements – Idaho Medicaid Status

8. Is the provider in-state and actively enrolled in Idaho Medicaid? – ‘YES’ or ‘NO’ required.
9. Is the provider in good standing, meaning no current provider actions, sanctions, or debts owed to Idaho Medicaid? – ‘YES’ or ‘NO’ response required.
10. Does the provider owe any back taxes to the state of Idaho? – ‘YES’ or ‘NO’ required.
11. Is the provider currently suspended or debarred from receiving federal funds? – ‘YES’ or ‘NO’ required.
12. Informational Field Only – Calculated based on provider’s input.

If any answer in Line 8 or Line 9 is ‘NO,’ or any answer in Line 10 or Line 11 is ‘YES,’ the applicant should not continue with the application. Funding assistance is for Idaho Medicaid providers in in good standing with Idaho Medicaid, the state of Idaho, and federal government only.

Section C: Minimum Requirements – Provider Financial Information

13. Total Revenue – ALL sources – Enter the provider’s total revenue received from **all sources** for the period of calendar year 2019, January 1 through December 31. All revenue sources include, but are not limited to the following: Medicare, Medicaid, commercial insurance, group health plans, self-insured plans, self-pay individuals, managed care organizations, pharmacy benefit managers, long-term care insurance, settlements from a liability insurer, workers’ compensation, or any other state or Federal coverage programs.
14. Total Revenue – 2019 Medicaid – Enter the provider’s total revenue received from **Idaho Medicaid only** for the period of calendar year 2019, January 1 through December 31. This should include cost sharing and self-pay payments.
15. – 17. Informational Field Only – Calculated based on provider’s input. If using Excel version, the application will automatically calculate the percentage to determine qualifications of funding assistance.

To qualify for assistance, the applicant must have received 50% or more of its revenue from Idaho Medicaid during calendar year 2019. If Line 16 is 50% or more, continue filling out the next sections of the application.

If Line 16 is less than 50%, the applicant does not meet the minimum funding threshold during this time. The applicant should not continue filling out the application. Funding requirements may change in the future depending on availability of funds.

Section D: Idaho Medicaid Revenue 3/16/2020 – 9/13/2020

18. Total Revenue – 2020 Medicaid – Enter the provider’s total revenue received from **Idaho Medicaid only** for the period of March 16, 2020 through September 13, 2020. This should include cost sharing and self-pay payments.
19. Informational Field Only – Calculated based on provider’s input.

Section E and F. Funding Calculations: Ceiling and Gross Reduction

20. – 24. Informational Field Only – Calculated based on provider’s input.

If there is a zero (0) or negative amount in Line 24, the applicant does not meet the minimum funding threshold during this time. The applicant should not continue filling out the application. Funding requirements may change in the future depending on availability of funds.

If there is a positive amount in Line 24, continue filling out the next sections of the application.

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Section G. COVID-19 Related Increase in Provider Costs

25. Total Increased Costs Directly Attributed to COVID-19 – Enter the total increased costs directly attributable to COVID-19 for the period of March 16, 2020 to September 13, 2020.
26. – 27. Informational Field Only – Calculated based on provider’s input.

Section H. Other COVID-19 Assistance Payment Received

28. Other Assistance Received – Enter the total amount received and enter the provider’s Payee Name as listed by the relief agency providing the funding.
29. – 30. Informational Field Only – Calculated based on provider’s input.

Section I. COVID-19 Related Reductions in Costs

31. Instructions for provider for filling out lines 32 – 41. These represent cost savings. Any amounts should be entered as a positive number.
32. Wages for employees that were laid off. Enter savings for the time period of March 16, 2020 through September 13, 2020.
33. Wages for employees that resigned, and positions were not replaced. Enter savings for the time period of March 16, 2020 through September 13, 2020.
34. Enter the payroll taxes and employee benefits related to workforce reductions from lines 32 and 33.
35. Enter the contracted labor savings due to workforce need reductions for the time period of March 16, 2020 through September 13, 2020.
36. – 41. Additional Provider Input Field
42. – 43. Informational Field Only – Calculated based on provider’s input.

Section J. Estimated Assistance Payment

44. – 50. Informational Field Only – Calculated based on provider’s input.
51. Informational Field Only – Estimated Funding Assistance Amount.

Section K. Provider Attestation and Perjury Statements

52. Impacts on Medicaid Business – Describe the impacts of COVID-19 on your Idaho Medicaid business and why this support is necessary to maintain ongoing services for Idaho Medicaid participants.
53. Attestation and Perjury Statement – Medicaid – check the box attesting to the information and reading through this application and statement. This application will not be accepted without the attestation.
54. Attestation and Perjury Statement – State of Idaho – check the box attesting to the information and reading through this statement. This application will not be accepted without the attestation.
55. Attestation and Perjury Statement – Debarment/Suspension – check the box attesting to the information and reading through this statement. This application will not be accepted without the attestation.
56. Signature – Printed name, position, authorized representative status, date, and signature. For authorized representative, mark ‘SELF’ if provider is completing application. Mark ‘AUTHORIZED REPRESENTATIVE,’ if person completing application is a provider’s authorized representative.

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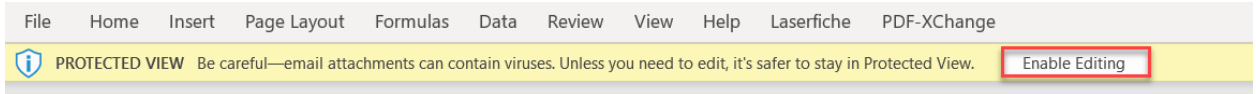
How to Sign the Excel Version of the Medicaid Provider CFAC Application

Applicants **must** save the Excel spreadsheet to their computer. Make sure the file does not say ‘Read Only’ or ‘Protected View’ at the top where the file name is before proceeding.

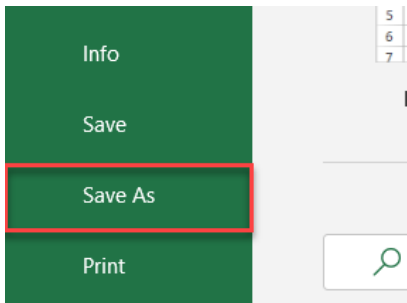
If the file contains ‘Read Only’ or ‘Protected View’ in the file name (see below for visual), complete the following steps:



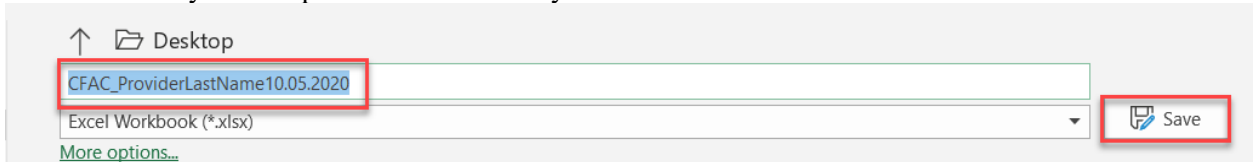
1. Click ‘Enable Editing’ on the yellow banner within the Excel spreadsheet.



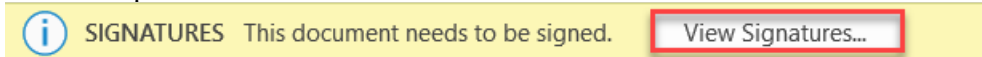
2. Select ‘File’ and then ‘Save As.’



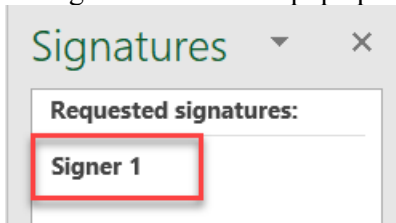
3. Save the file to your computer where it is easily accessible. File name should include ‘CFAC.’



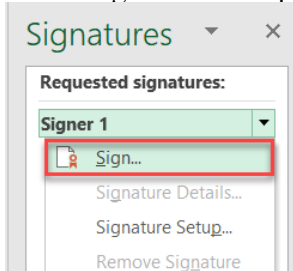
4. Fill out the application. Be sure to follow all instructions in the sections.
5. When it is time to sign the application, click the ‘View Signature...’ on the yellow banner within the Excel spreadsheet.



6. A ‘Signatures’ box will pop up on the right side of the screen. Right click ‘Signer 1.’

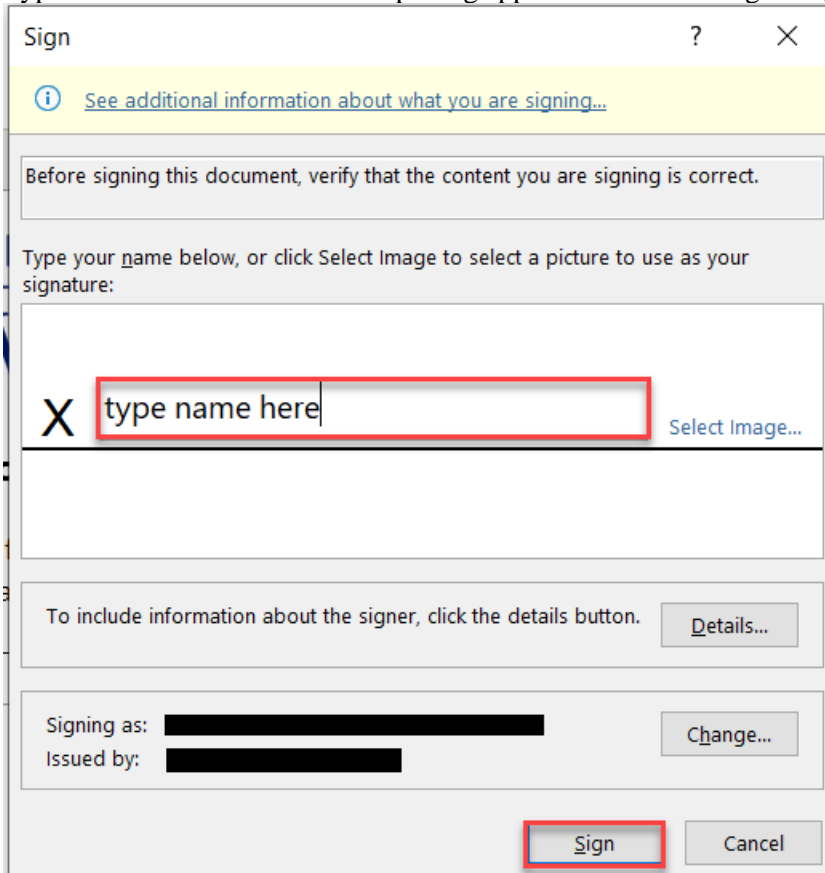


7. Click ‘Sign’ on the dropdown menu.



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8. Type the name of individual completing application to add a digital signature.



The screenshot shows a 'Sign' dialog box with the following elements:

- Window title: Sign
- Information icon and link: [See additional information about what you are signing...](#)
- Warning: Before signing this document, verify that the content you are signing is correct.
- Instruction: Type your name below, or click Select Image to select a picture to use as your signature:
- Text input field: Contains 'X type name here' with a red box around the text.
- Link: [Select Image...](#)
- Details button: [Details...](#)
- Signing as: [Redacted] with a [Change...](#) button.
- Issued by: [Redacted]
- Buttons: [Sign](#) (highlighted with a red box) and [Cancel](#).

9. The file locks once it is signed. If an edit needs to be made, the document will need to be signed again since unlocking it deletes the current signature.

If your Excel will not allow this feature, email the Department to request a separate attestation and signature page. This will require a PDF reader and digital signature. Request the document [here](#). Do not submit your application until you have both the application and the signature page ready to submit.