



Frequently Asked Questions

Medicaid Provider CFAC Stabilization Funding Opportunity

What is the Medicaid Provider Stabilization Funding Opportunity?

An opportunity for providers that are enrolled with Idaho Medicaid to access a [portion](#) of the federal funds Idaho received to fight the COVID-19 pandemic.

Who should apply?

Idaho Medicaid providers who are:

- In-state providers; and
- Actively enrolled; and
- In good standing, meaning no current provider actions, sanctions, or debts owed; and
- In good standing with the state of Idaho, meaning applicants do not owe any back taxes; and
- In good standing with the local, state, and federal government, meaning applicant is not suspended or debarred from receiving federal funds; and
- Medicaid revenue is greater than or equal to 20% of total annual revenues for calendar year 2019.

How to apply?

Idaho Medicaid providers may apply to access this funding by filling out the Medicaid Provider CFAC Stabilization Funding Application.

Applicants will fill out and submit the Excel spreadsheet. Applicants must submit the application in Excel format. **Do not convert the Excel file into a PDF or any other file format when submitting it.**

When will applications be accepted?

November 16, 2020 through December 18, 2020

The application is due by 5 p.m. Mountain Time (MT) on December 18, 2020.

Where should completed applications be sent for processing?

Email: MedicaidCFAC@dhw.idaho.gov

Fax: 208-334-0431

Where should questions be sent?

The Department will answer questions through email at MedicaidCFAC@dhw.idaho.gov

How will I know if my application was accepted and if I qualified for any funding?

When you submit the application, an email will be sent informing you the Department has received it. Do not email Medicaid CFAC to determine your application status after submission. Emails with this request will go unanswered.

Your application will be reviewed by the Department of Health and Welfare Division of Medicaid for verification of the application information. Applications are processed by Medicaid CFAC staff on a weekly basis.

Any other activities regarding application minimum requirements, qualification, and funding are determined by the Coronavirus Financial Advisory Committee (CFAC). [See more about CFAC.](#)



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What if I applied in the original October 2020 round of this funding assistance?

If you qualified for assistance during the first round, a check was issued to the applicant. If the applicant would like to apply for the amended stabilization funding, please email Medicaid CFAC. Applicants can request an amendment to their approved application and give permission to the Medicaid CFAC staff to amend their submitted application. Medicaid CFAC staff will amend the application to match new requirements and send it to the applicant for attestation, signature, and re-submission. If permission is not granted to Medicaid CFAC staff to amend the application, the applicant should submit a new application. Previously qualified applicants, please email Medicaid CFAC [here](#).

If you did not receive a check during the first round, you did not qualify for assistance. If the applicant would like to apply for the amended stabilization funding, please email Medicaid CFAC. Applicants can request an amendment to their previously submitted application and give permission to the Medicaid CFAC staff to amend their submitted application. Medicaid CFAC staff will amend the application to match new requirements and send it to the applicant for attestation, signature, and re-submission. If permission is not granted to Medicaid CFAC staff to amend the application, the applicant should submit a new application. Previous applicants who did not qualify, please email Medicaid CFAC [here](#).

If Medicaid CFAC staff emailed you or your contact person with questions about your application, you did not qualify for assistance and must resubmit a new application. Outstanding questions from Medicaid CFAC staff must be addressed prior to review of any application.

If you applied the last week of the October 2020 funding assistance, [email](#) Medicaid CFAC to determine whether or not you qualified for assistance and if a check was issued.

I do not know how to sign the application. Is typing my name in the signature box okay?

All applicants should read through the instructions and FAQ prior to filling out the application. The last part of the instructions shows applicants how to digitally sign the Excel spreadsheet.

Typing a name into the signature box is not a valid signature. Please see the instructions for how to digitally sign the application.

If the digital signature still does not work after going through the instructions, the applicant can convert the application into a PDF and sign. However, when submitting the application to Medicaid CFAC, the applicant **MUST** attach the signed application and the Excel spreadsheet. Any submission without the Excel spreadsheet will be responded to with a request for the filled-out Excel spreadsheet.

I have tried calling the Department of Health and Welfare to talk about this funding or application, but they send me to an email address. Why?

The Department of Health and Welfare Division of Medicaid's role in the process is verifying the information provided in the application. The Division of Medicaid does not issue the CFAC Stabilization Funding Assistance checks.

Questions the Department of Health and Welfare receives by email will be routed to the appropriate individual, agency, or committee. Additionally, questions benefitting all applicants will be posted to the FAQ once they are answered.



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I reviewed the application and I do not have a National Provider Identifier (NPI) or a Medicaid Provider ID Number. Is this required?

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.

I have one taxpayer identification number but multiple facilities or providers with their own, unique identification number. How does that work?

Applicants from the same organization are able to apply with their unique provider identification number or Medicaid ID number. Keep in mind that costs reported on the application should be allocated by organization, facility, or provider to allocate the costs properly.

Each unique ID number requires a separate application.

My organization uses a group NPI. Do I use the group NPI information in the application?

If an organization is applying for funding as the single organization and it uses a group NPI for claims, then the group NPI amounts should be reported.

If an individual provider is applying as an individual within an organization that uses a group NPI, then the provider's individual NPI should be used for reporting any rendered services.

I do not have all this information in the application available or on hand. Can I apply and submit an amendment?

The Department of Health and Welfare asks all applicants to read through the instructions and the application in its entirety before applying. Not all Medicaid providers will qualify for assistance. Applicants have until December 18, 2020 at 5 pm MT to complete the application and apply. If your application is missing information, this will delay the review of your application.

If the applicant is an Idaho Medicaid fee for service provider, they can access prior year information by logging into their Trading Partner Account and accessing their historical Remittance Advice (RA). This will have all the financial information required for any Idaho Medicaid revenue received by providers or organizations. Information should be detailed using the 'Other' line items within the subsection. If applicant runs out of 'Other' line items in the section, the applicant should detail this information in the body of the email when they submit their application so Medicaid CFAC staff can add this information since the application is password protected.

Providers can also use their 2019 Form 1099 information sent to them by DXC Technology or one of the managed care organizations making payments on behalf of Idaho Medicaid.

I am trying to fill out the application but the application telling me I need a password. What is the password?

Applicants should only be filling out information in the yellow highlighted boxes. If you are prompted for a password, you are not in the correct line to fill out the information. Do not email Medicaid CFAC for the password.



What revenues do I report?

In the TOTAL REVENUE line, applicants must report all revenue sources. This includes, but is not limited to, Medicare, Medicaid, commercial insurance, group health plans, subcontracts, 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.

In the IDAHO MEDICAID lines, applicants must report revenues for calendar year 2019 and CFAC required reporting period of 2020, this should be only Idaho Medicaid revenue. Do not include any revenue not associated with Idaho Medicaid. Idaho Medicaid revenue will generally be from DXC Technologies (fee-for-service claims) or its managed care contracted entities (Optum, Blue Cross of Idaho, Molina, MCNA Dental, etc., claims). Other Idaho Medicaid revenues reported in the 'other' section might include, but is not limited to the items not listed in the application, like Medicaid share of cost sharing or self-pay payments, Healthy Connections case management fees, supplemental revenues, etc.

For Idaho Medicaid 2020 revenue (Question 18), it is not the entire calendar year of 2020 Idaho Medicaid revenue you are reporting. It is from March 16, 2020 to September 13, 2020. Please review your revenue and claims information using these specific dates.

If the organization does not break out the cost of Blue Cross and Molina for Idaho Medicaid, include this item as an 'Other' within the Idaho Medicaid sections of the application and detail this is for both payers.

What happens if I am a managed care organization or I am not a typical vendor with the Department of Health and Welfare?

The applicant must submit an [IRS Form W-9](#) with the Medicaid Provider CFAC Stabilization Funding Assistance Application to the Department of Health and Welfare. If the applicant does not submit a W-9, the Department will not review the application until a W-9 is submitted for review. This is required for any provider or organization that does not have an NPI or Medicaid Provider ID number used to submit claims to Idaho Medicaid on a regular basis.

After a review and verification of W-9 information, Medicaid CFAC staff will review the application to determine if applicant meets criteria for funding. If applicant qualifies for funding, there may be a delay of 1-2 business days for disbursement of funds. Funds will be distributed in the form of a paper check.

Is my Small Business Administration (SBA) Paycheck Protection Program (PPP) loan considered assistance?

For purposes of the SBA Paycheck Protection Program (PPP) Loan, it is considered assistance if the provider reasonably expects that the loan will be forgiven. It is not assistance received if the provider does not expect that the loan will be forgiven given the current guidance available.

If the applicant has applied for and received assistance, like the PPP, CARES Act, etc., and the assistance has not been forgiven or returned by the date of the application, the total dollar amount received by the applicant should be listed in the application. The funding calculation is based on costs or awards incurred to date.



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How do I report increased administrative or other costs as a result of COVID-19?

Section G of the Medicaid Provider CFAC Stabilization Funding Assistance Application is the appropriate place to report all increased costs attributable to COVID-19 for the reporting period. Several examples of areas of increased cost are listed and several blank lines are available to use, as necessary.

What if I am a Medicaid Participant? I do not have all this information and do not know where to find it.

Medicaid participants do not qualify for this assistance. The stabilization funding is for Idaho Medicaid providers only.

I do not have Excel but want to apply for this funding. What do I do?

There are free community resources, like libraries, that may assist in providing access to Excel or a printer to complete this application.

If you do not have access to any personal or community resources to assist in completing this application, you can request a PDF version. 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.

I made a mistake on my application. What do I do?

When you submit your application, you should receive an automatic reply informing you that the Department of Health and Welfare received your application. If you need to make changes, send a reply to that email as soon as possible.

I did not meet the funding criteria for this timeframe. Will I be notified of a change in criteria?

Any change in criteria will need to be reviewed and approved by [CFAC](#). An information release will be posted for any revisions to the criteria.

Do I need to keep anything related to this application or funding?

The Department advises you keep any application materials, information, and the application. The funding is 1099 reportable. Any information provided in the application or to Medicaid CFAC staff and the funding payments are subject to auditing.

When can I expect my check?

The application process has a few steps for verification of information and review before a check is issued to a qualifying provider. At times, there may be a high volume of applications for review.

Medicaid CFAC staff will review applications on a weekly basis. The Department of Health and Welfare then sends verified information to the Idaho State Controller's Office and checks will be issued.

By receiving this funding, am I bound by any terms and conditions?

If an applicant is awarded funding, it may be subject to any federal and state laws, rules, regulation, guidance, or reporting requirements. This may include, but not be limited to, any current and future Department of Health and Human Services terms and conditions, The Coronavirus Aid, Relief, and Economic Security (CARES) Act (P.L. 116-136) terms and conditions, and or state of Idaho terms and conditions for this funding. No exceptions to any federal or state terms and conditions, laws, rules, regulation, guidance, or reporting requirements will be permitted.