

ORDINANCE 71547

BOARD BILL NUMBER 38 INTRODUCED BY ALDERMAN JOSEPH VACCARO/ALDERWOMAN SHAMEEM CLARK-HUBBARD/ALDERWOMAN SHARON TYUS/ ALDERWOMAN MARLENE DAVIS

1 An Ordinance recommended by the Board of Estimate and Apportionment authorizing the Fire
2 Commissioner, on behalf of the City of St. Louis, to enter into a grant agreement with the U.S.
3 Department of Health and Human Services and to contract to expend such funds, and containing
4 an emergency clause.

5 **BE IT ORDAINED BY THE CITY OF ST. LOUIS AS FOLLOWS:**

6 **SECTION ONE.** The City hereby accepts Twenty Thousand One Hundred Forty-One and
7 23/100ths Dollars (\$20,141.23) in funding under the American Rescue Plan Act of 2021-ARP
8 Rural program. The Fire Commissioner hereby is authorized, on behalf of the City of St. Louis,
9 to enter into a grant agreement or other terms for such funding (including the terms and conditions
10 attached hereto as **Exhibit A** with the United States Department of Health and Human Services.
11 The Fire Commissioner is authorized to make, negotiate, and execute any and all contracts or other
12 documents on behalf of the City to expend such funds, and to expend such funds for allowed
13 purposes. The Comptroller is authorized to issue warrants upon the City Treasury for payment of
14 all expenditures authorized in this Section provided that such warrants do not exceed the total
15 amount of funds appropriated by this Section.

16 **SECTION TWO.** This being an Ordinance for the immediate preservation of public peace, health
17 and safety, it is hereby declared to be an immediate measure within the meaning of Sections 19
18 and 20 of Article IV of the Charter of the City of St. Louis, and, therefore, this Ordinance shall
19 become effective immediately upon its passage and approval by the Mayor.

Exhibit A - Payment Notification Letter

Health Resources and Service Administration
Processed by United Health Group
PO Box 31376 Salt Lake City UT 84131-0376
HCH-LTR



328ADHOCPRC2Adhoc2SC010011001-14618-01

The City of St Louis Missouri
Attention: Billing Department
City Hall
1200 Market St RM 311
Saint Louis MO 63103-2806



November 24, 2021

Subject: IMPORTANT: You Will Be Receiving an ARP Rural Payment - Parent Company TIN (Last 3 digits): 231

Dear Valued Provider:

Thank you for applying for an American Rescue Plan (ARP) Rural payment through the Provider Relief Fund Application and Attestation Portal.

Following the application review process, we are pleased to inform you that one or more billing/subsidiary Taxpayer Identification Number(s) (TINs) from your organization will be receiving an ARP Rural payment as indicated in the table below. We are sending these payments to you via an Automated Clearinghouse (ACH) electronic payment.

Subsidiary TIN (Last 3 digits)	Payment Amount
XXXXXX231	\$20141.23

Why are some of my billing/subsidiary TINs missing or showing \$0 in payments?

There are a few reasons why this may have occurred:

- Billing/subsidiary TINs that do not have Medicare, Medicaid, or Children’s Health Insurance Program (CHIP) claims for rural beneficiaries between January 1, 2019 and September 30, 2020 will show a payment of \$0.
- Billing/subsidiary TINs that appear on one of the exclusions lists that preclude payment.

Why am I receiving funds now?

In September 2021, the U.S. Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), announced an application for new funding available for health care providers affected by the COVID-19 pandemic. This funding included \$8.5 billion provided in the American Rescue Plan Act for providers who serve rural Medicaid, CHIP, or Medicare patients. Following the close of the application period, HHS/HRSA has announced the distribution of ARP Rural payments, beginning on November 23, 2021.

Who are the electronic payments from?

The funds are from HHS/HRSA. UnitedHealth Group, HRSA's contractor, will deliver the funds via Automated Clearing House (ACH). The automated payments will be sent via Optum Bank to the group's central billing office. All payments are made to provider filing organizations based on their TINs.

What action should I take?

Within 90 days of receiving this payment, you must sign an attestation confirming receipt of the funds and agreeing to the Terms and Conditions of payment. Should you choose to reject the funds, you must also complete the attestation to indicate this and return the funds within 15 calendar days. The Provider Relief Fund Payment Attestation Portal, accessible from hrsa.gov/provider-relief, will guide you through the attestation process to accept or reject the funds. Not returning the payment within 90 days of receipt will be deemed as acceptance of the Terms and Conditions.

Are there any requirements associated with this payment?

As the parent organization, it is your responsibility to make sure each subsidiary follows the Terms and Conditions and reporting guidelines for their respective payment. If you believe a subsidiary was included or excluded in error, please contact the Provider Support Line listed below.

To ensure that funds reach providers serving rural communities, the program Terms and Conditions require that control and use of ARP Rural payments must be delegated to the entity that was eligible for and received the payment. ARP Rural payment recipients must certify that they will allocate the ARP Rural payment to the provider(s) associated with the applicable subsidiary or billing TIN. To ensure transparency, in addition to providing direct communications to providers, HHS/HRSA is also publishing a public dataset with the names, locations (by city, state, and ZIP code), and payment amount of all ARP Rural payment recipients at the applicable subsidiary or billing TIN level. This dataset is posted online at <https://data.cdc.gov/dataset/American-Rescue-Plan-ARP-Rural-Payments/8v6a-z6zq>.

Where can I find more information?

For additional information, visit hrsa.gov/provider-relief or call the Provider Support Line at (866) 569-3522; for TTY, dial 711. Hours of operation are 8 a.m. to 10 p.m. Central Time, Monday through Friday. Service staff members are available to provide real-time technical assistance and payment support.

Thank you for serving your communities. We appreciate your contributions during this time.

Provider Relief Bureau
Health Resources and Services Administration
United States Department of Health and Human Services

Program eligibility and allocation of funds is determined by HHS/HRSA, subject to adjustment (as may be necessary) and available funding; see details at <https://www.hrsa.gov/provider-relief>. Terms and conditions will apply.

This communication was sent by United HealthCare Services, 9700 Health Care Lane, Minnetonka, MN 55343 USA on behalf of the U.S. Department of Health & Human Services, Health Resources and Services Administration, 5600 Fishers Lane Rockville MD 20857.

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This email was sent to: scottj@stlouis-mo.gov

Please do not reply to this email address; this mailbox is used for outbound email only.

BOARD BILL NUMBER 38

FISCAL NOTE

Preparer's Name Christina Bruening

Phone Number or Email Address (will be available publicly) brueningc@stlouis-mo.gov

Bill Sponsor Alderman Vaccaro

Bill Synopsis:	Appropriation of The American Rescue Plan Act-Rural
Type of Impact:	Recover Funds Spent
Agencies Affected:	Fire Department/EMS

SECTION A

Does this bill authorize:

- An expansion of services which entails additional costs beyond that approved in the current adopted city budget? ___Yes XNo
- An undertaking of a new service for which no funding is provided in the current adopted city budget? ___Yes XNo
- A commitment of city funding in the future under certain specified conditions? ___Yes XNo
- An issuance of bonds, notes and lease-purchase agreements which may require additional funding beyond that approved in the current adopted city budget? ___Yes XNo
- An execution or initiation of an activity as a result of federal or state mandates or requirements? ___Yes XNo
- A capital improvement project that increases operating costs over the current adopted city budget? ___Yes XNo
- A capital improvement project that requires funding not approved in the current adopted city budget or that will require funding in future years? ___Yes XNo

If the answer is yes to any of the above questions, then a fiscal note must be attached to the board bill. Complete Section B of the form below.

SECTION B

- Does the bill require the construction of any new physical facilities? ____ Yes X No

- If yes, describe the facilities and provide the estimated cost:

- Is the bill estimated to have a direct fiscal impact on any city department or office? ____ Yes X No

- If yes, explain the impact and the estimated cost:

- Does the bill create a program or administrative subdivision? ____ Yes X No

- If yes, then is there a similar existing program or administrative subdivision?

- ____ Yes ____ No

- If yes, explain the how the proposed programs or administrative subdivisions may overlap:

- Describe the annual operating, equipment, and maintenance costs that would result from the proposed bill, as well as any funding sources:

N/A

Complete the chart below to list the total estimated expenditures required of the City resulting from the proposed board bill and any estimated savings or additional revenue.

Financial Estimate of Impact on General Fund			
Fiscal Impact	<u>Year 1 (current)</u>	<u>Year 2</u>	<u>Year 3</u>
Additional Expenditures	NA	NA	NA
Additional Revenue	NA	NA	NA
Net	NA	NA	NA
Financial Estimate of Impact on Special Funds			
Fiscal Impact	<u>Year 1 (current)</u>	<u>Year 2</u>	<u>Year 3</u>
Additional Expenditures	NA	NA	NA
Additional Revenue	NA	NA	NA
Net	NA	NA	NA

- Describe any assumptions used in preparing this fiscal note:
Payment will be used to prevent, prepare for, and respond to the COVID-19 pandemic. Recipient will only be reimbursed for health care related expenses or lost revenues due to Covid-19.

- List any sources of information (including any City officials, agencies, or departments) used in preparing this fiscal note:

- Have the financial estimates of this bill been verified by the City Budget Division?
 _____ Yes _____ No
 ○ If yes, by whom? _____ .