

# Implications of Health Care Provisions for States in the CARES Act

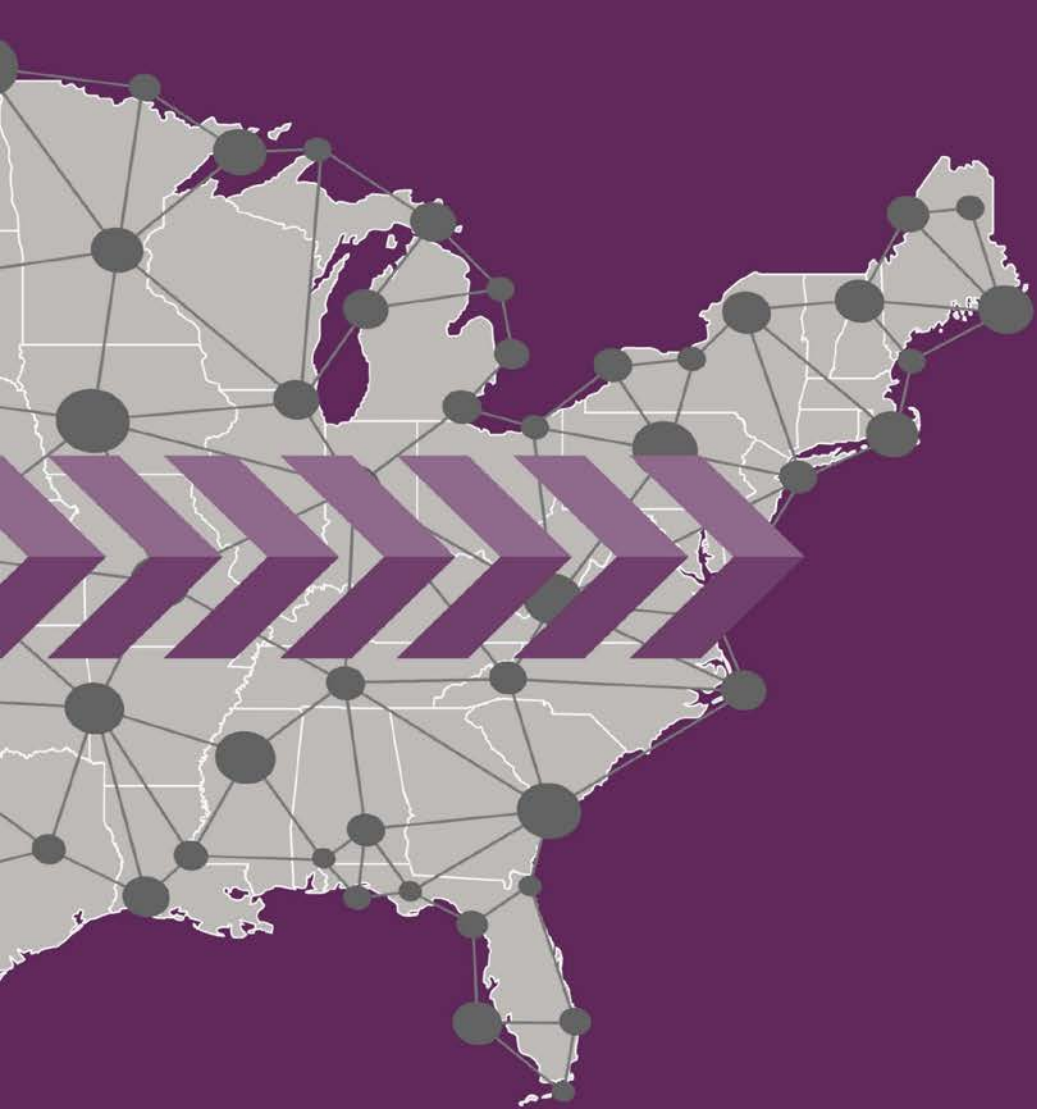
Thursday, April 16, 2020

12:00 to 1:00 p.m ET

*Please stand by, this webinar will begin shortly*

**STATE**  
Health & Value  
**STRATEGIES**  
**COVID-19**

*A grantee of the Robert Wood Johnson Foundation*



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[www.shvs.org](http://www.shvs.org)

# About State Health and Value Strategies

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State Health and Value Strategies (SHVS) assists states in their efforts to transform health and health care by providing targeted technical assistance to state officials and agencies. The program is a grantee of the Robert Wood Johnson Foundation, led by staff at Princeton University's Woodrow Wilson School of Public and International Affairs. The program connects states with experts and peers to undertake health care transformation initiatives. By engaging state officials, the program provides lessons learned, highlights successful strategies, and brings together states with experts in the field. Learn more at [www.shvs.org](http://www.shvs.org).

**Questions?** Email Heather Howard at [heatherh@Princeton.edu](mailto:heatherh@Princeton.edu).

*Support for this webinar was provided by the Robert Wood Johnson Foundation.  
The views expressed here do not necessarily reflect the views of the Foundation.*

# Housekeeping Details

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All participant lines are muted. If at any time you would like to submit a question, please use the Q&A box at the bottom right of your screen.

After the webinar, the slides and a recording will be available at **[www.shvs.org](http://www.shvs.org)**.

# COVID-19 Resources for States

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State Health and Value Strategies has created an accessible one-stop source of COVID-19 information for states at [www.shvs.org/covid19/](http://www.shvs.org/covid19/). The webpage is designed to support states seeking to make coverage and essential services available to all of their residents, especially high-risk and vulnerable people, during the COVID-19 pandemic.

# About Manatt Health

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Manatt Health, a division of Manatt, Phelps & Phillips, LLP, is an integrated legal and consulting practice with over 90 professionals in nine locations across the country. Manatt Health supports states, providers, and insurers with understanding and navigating the complex and rapidly evolving health care policy and regulatory landscape. Manatt Health brings deep subject matter expertise to its clients, helping them expand coverage, increase access, and create new ways of organizing, paying for, and delivering care. For more information, visit [www.manatt.com/ManattHealth.aspx](http://www.manatt.com/ManattHealth.aspx)

# About Georgetown's Center on Health Insurance Reforms (CHIR)

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- A team of experts on private health insurance and health reform.
- Conduct research and policy analysis, provide technical assistance to federal and state policymakers, regulators, and consumer advocates.
- Based at Georgetown University's McCourt School of Public Policy.
- Learn more at <https://chir.georgetown.edu/>

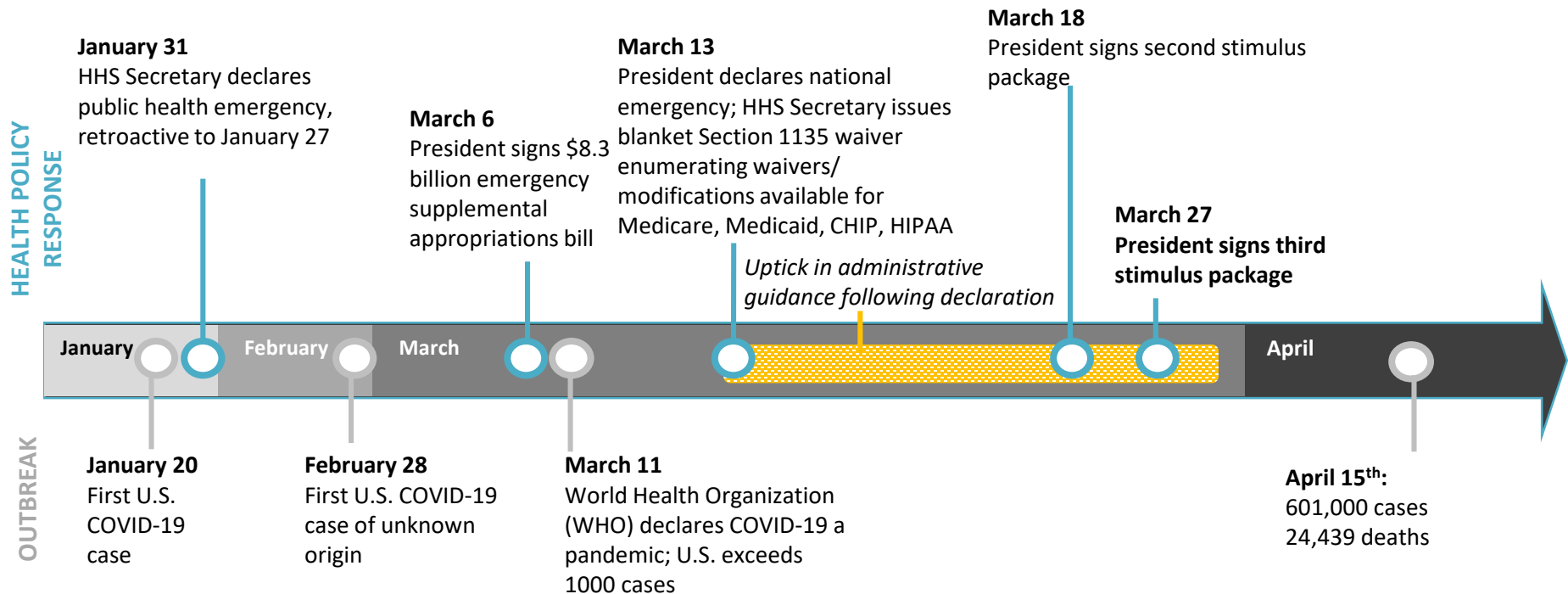
# Agenda

- Timeline of the Federal Response to the COVID-19 Public Health Emergency
- Overview of the Coronavirus Aid, Relief and Economic Security (CARES) Act
  - Health Care Related Funding
  - Medicaid/CHIP Policy Changes
  - Implementing the Private Coverage Mandates in the “Families First Coronavirus Response” and CARES Acts
- Questions



# **Timeline of the Federal Response to the COVID-19 Public Health Emergency**

# Federal Health Policy Actions in Response to COVID-19



**HHS, CMS, CDC, FDA and other agencies are issuing a flurry of rules and guidance to health care stakeholders on the COVID-19 response. Notable guidance with implications for states includes:**

- Interim Final Rule: Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency
- Blanket 1135 waivers, including those related to the Stark self-referral provisions
- Guidance on priority topics including: long-term care, telehealth services and claims process modifications
- Disaster relief SPA and 1115 Waiver templates
- CARES Act and FFCRA COVID-19 Frequently Asked Questions
- COVID FAQs from DoL, Treasury and HHS
- Initial Treasury guidance on the disbursement of the Coronavirus Relief Fund



# **The Coronavirus Aid, Relief and Economic Security (CARES) Act**

## Enactment of the Third COVID-19 Stimulus Package

On March 27, the Coronavirus Aid, Relief and Economic Security (CARES) Act, **H.R. 748 / P.L. 116-136** was signed into law

This sweeping, \$2 trillion legislation includes several health care provisions, along with increased unemployment benefits, aid to industries (e.g., airlines), loans and tax credits for businesses, emergency assistance for schools, and stimulus checks to many Americans.

On health care, the CARES Act appropriates substantial funding to provide relief to providers, state, tribal governments, and local governments, and makes several policy changes to the Medicaid and Medicare programs to facilitate COVID-19 response efforts.



# **New Health Care-Related Funding Made Available by the CARES Act**

# Key Challenges Related to COVID-19

## Four distinct challenges for states related to the COVID-19 response



### Stabilize Provider Finances

Address short and long term **revenue declines** due to canceled procedures (e.g., outpatient visits, elective surgeries)



### Support Investments for COVID-19 Care

Finance **unanticipated investments**, including:

- Telemedicine platforms
- Bed reconfiguration
- New sites of care
- Ventilators
- Personal protective equipment (PPE)



### Address COVID-19 Health & Social Needs

- **Coverage** for COVID-19 testing, prevention, and treatment
- **Safe housing** for homeless
- **Food insecurity**
- **Child care** for health care and essential workforce and vulnerable populations



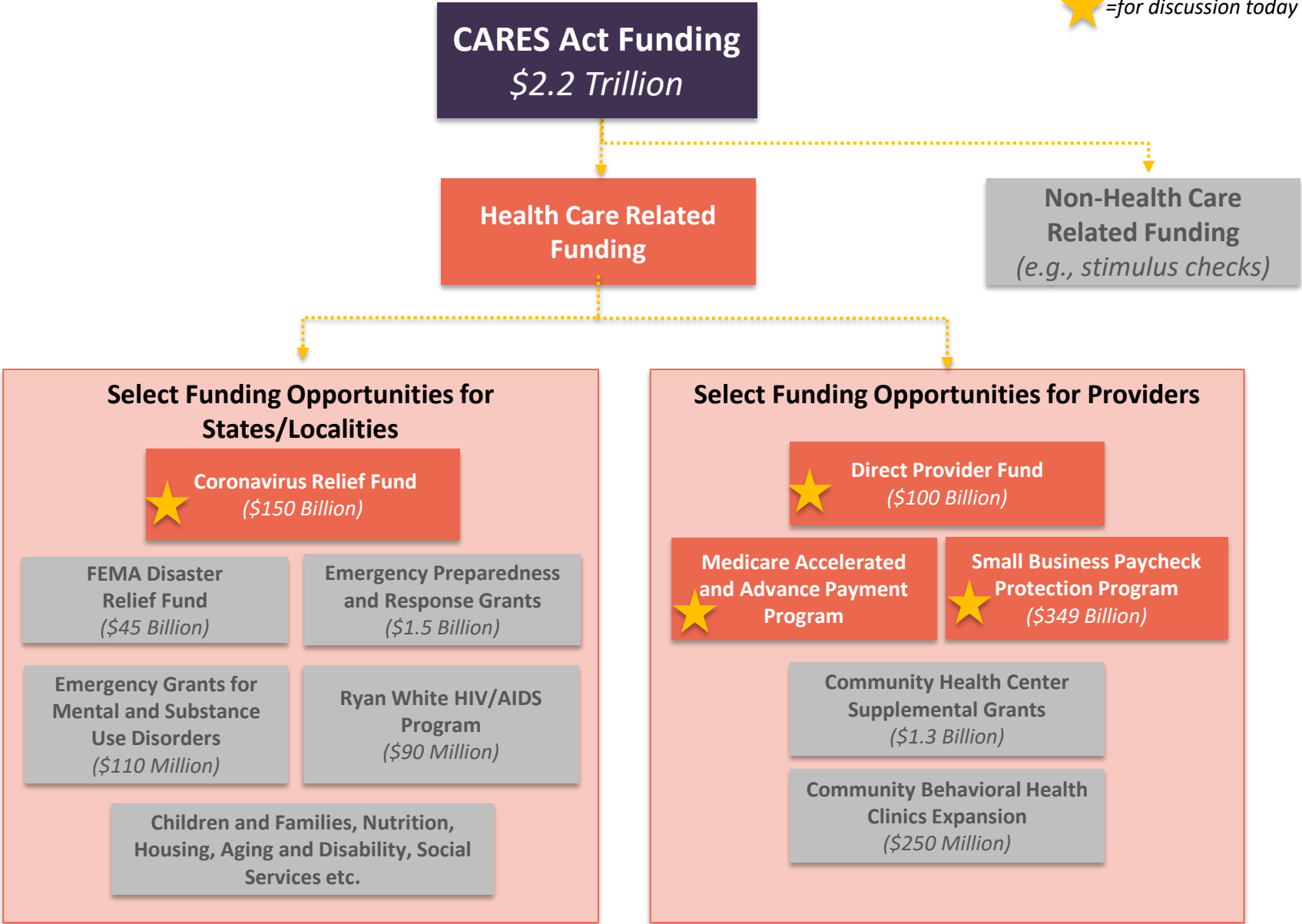
### Fortify Health-Related Infrastructure

- Enhance capabilities around **public health surveillance and analytics**
- Upgrade **Medicaid E&E systems** to address new COVID-19 eligibility group and Medicaid enrollment increases

*Health care investments are likely to compete with other state priorities related to COVID, including public safety and education. It is therefore critical to both maximize funding opportunities and clearly prioritize investments*

# High-Level Summary of Priority CARES Act Funding

★ =for discussion today



# Deep Dive: Coronavirus Relief Fund

## Summary of Key Provisions

- **\$150 B fund** to states, tribal governments and local governments with populations of 500,000 or more. Key features include:
  - \$8 B reserved for tribal governments, \$3 B reserved for DC and the territories
  - Funding is distributed by the Treasury in proportion to state population, with a floor of \$1.25 B per state; local governments may receive up to 45% of state allocation
  - Few restrictions on use of funds but statute directs funds may only be used for necessary expenditures: incurred due to COVID-19, not accounted for in state budget, and incurred between March through December 2020
  - Funds must be paid out within 30 days of CARES Act passage on March 27, 2020



### Key Insights for States

To initiate payments governments must submit to the Treasury a certification that their proposed uses of the funding are within certain guardrails.

**Treasury guidance was released this week and requires localities and states to register and submit payment information by 11:59 pm ET on 4/17.**

# Deep Dive: Direct Funding for Providers

## Summary of Key Provisions

- **\$100 billion** for a grant program (or another mechanism) to reimburse eligible health care providers for expenses or lost revenues attributable to COVID-19 and not reimbursable by other sources
  - ✓ **Potential Recipients:** Medicare or Medicaid enrolled suppliers and providers, and for-profit and not-for-profit entities within the United States that provide diagnosis, treatment, and care for possible or expected cases of COVID-19
  - ✓ **Potential Uses:** Building or construction of temporary structures, leasing of properties, medical supplies and equipment, increased workforce and trainings, emergency operation centers, retrofitting facilities, and surge capacity
- **Status:** **\$30 billion** was disbursed to Medicare providers on April 10<sup>th</sup> based on Medicare FFS revenues in 2019

### Key Insights for States

HHS is working to develop targeted distributions that focus on providers in hotspot areas, rural providers, and providers with lower shares of Medicare reimbursement or who predominantly serve Medicaid patients. States will want to be engaged to ensure funds are targeted to neediest providers.

# Deep Dive: Medicare Accelerated and Advance Payments

## Summary of Key Provisions

- **Advance Medicare payments based on historical payment** when there is a disruption in claims submission and/or processing, for the duration of the public health emergency period.
- Conditional partial payment, requires repayment

Eligible Recipients	Advance Payment Level
Inpatient acute care hospitals, children's hospitals, and certain cancer hospitals	100% of Medicare payments based on 6-month lookback
Critical access hospitals	125% of Medicare payments based on 6-month lookback
Medicare Part A and Part B providers and suppliers	100% of Medicare payments based on 3 month lookback

- **\$54 billion** distributed as of April 9

# Deep Dive: Small Business Administration's (SBA) Paycheck Protection Program

## Summary of Key Provisions

- **\$349 billion Paycheck Protection Program (PPP)** in order for businesses with fewer than 500 employees to pay workers, and keep them on payroll during the current COVID-19 crisis. The PPP provides for loan forgiveness, with certain limits
  - Applicants are eligible to apply for loans under the Program until June 30, 2020
- **Current Status:**
  - SBA issued **interim final rules** providing further detail regarding the PPP
  - SBA also published updated affiliation guidance on April 3 but it did not adequately address questions related to how physician practices and MSO services interrelate with regards to qualifying for these loans
  - Treasury Secretary Mnuchin has indicated more money beyond the original \$349 billion will be added to the program and Congress is currently discussing the inclusion of additional funds

# Multiple Funding Sources Available to States

## CARES Act and Other Federal and State Funding for Stabilizing Providers and Supporting Health Care Needs



Medicare Payments



Coronavirus Relief Fund



Direct Funding for Providers



SBA Payment Protection



FEMA Disaster Payments



Medicaid Payments

## Additional CARES Act and other Stimulus Bills' Funding for Health and Social Needs



Children and Families



Nutrition



Aging and Disability



Social Services



Housing

*See Appendix for additional details on these funds*

**Note:** List is not exhaustive

# Strategic Considerations in Deploying Available Funding

## Key Principles

- Act quickly, but prepare for the long haul
- Stay focused on needs, including needs related to addressing health equity/addressing disparities
- Consider the whole care continuum
- Prioritize federal funding (e.g., CARES Act) to the extent possible, but develop Medicaid strategies concurrently
- Coordinate across government and providers to maximize impact of federal funding, including by obtaining and analyzing data
- Ensure accountability

### Potential Template to Strategize Funding Streams:

Topics to Consider	Key Challenges		
	Stabilize Providers	Support Provider Investments in COVID-19 Patient Care	Address Health and Social Needs
Provider Types Impacted			
Specific Needs			
Estimated Resources required			
Timing			



# Medicaid and CHIP Policy Changes

## Key Medicaid Provisions Related to COVID-19



**Updates to Key Families First Act Provisions**



**Delays DSH Allotment Reductions**



**Temporarily Extends Expiring Medicaid Authorities**



**Creates New Telehealth Policies**



**Provides Flexibility for Home Health and Post-Acute Care**



**Updates Privacy and Confidentiality Rules**



**Maintains Workforce Development Programs**

# Updates to Families First Act Provisions on Medicaid FMAP and COVID-19 Testing and Treatment

## Overview

Topic Area	Families First Act Provision	CARES Act Clarification
<b>Enhanced FMAP</b>	Temporary 6.2% point increase in the FMAP (match rate) for states and territories	<ul style="list-style-type: none"> <li>Includes change related to the limitation on premiums, allowing a state that increased premiums between January 1 and March 18 to be eligible for the increased FMAP during the 30-day period after the act, giving the state time to restore premiums to January levels.</li> </ul>
<b>Uninsured COVID-19 Patients</b>	States have the option to <b>extend Medicaid eligibility to uninsured individuals for COVID-19 diagnostic testing and testing-related services</b> with 100% federal funding for medical and administrative costs	<ul style="list-style-type: none"> <li>Corrects an error that excluded low-income adults in states that have not yet expanded Medicaid from coverage of COVID-19 testing/testing-related services</li> <li>Expands the definition of “uninsured” to include individuals that do not have minimum essential coverage through Medicaid (e.g., individuals enrolled for treatment of tuberculosis or breast and cervical cancer)</li> </ul>
<b>Coverage of COVID-19 Testing and Treatment</b>	<b>Coverage of testing and treatment of COVID-19</b> – including vaccines, equipment and therapies for Medicaid beneficiaries – without cost-sharing through end of emergency period	<ul style="list-style-type: none"> <li>Amends language to allow COVID-19 diagnostic products to be covered services even if they have not been approved under specified sections of the FDA</li> </ul>

# Delays to Medicaid Disproportionate Share Hospital (DSH) Allotment Reductions

## Overview

- Elimination of FY 2020 Medicaid DSH allotment reductions and delays FY 2021 allotment reductions from taking effect until December 1, 2020 and lowers them to \$4 billion

## Scope of Applicability

- Hospitals that serve a large number of Medicaid and uninsured individuals, and are currently receiving DSH payments

Change in DSH Allotment Reductions

	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
<b>Previous Reduction Amounts</b>	\$4 billion <sup>6</sup>	\$8 billion	\$8 billion	\$8 billion	\$8 billion	\$8 billion
<b>Reduction Amounts Under Section 3813</b>	-	\$4 billion <sup>7</sup>	\$8 billion	\$8 billion	\$8 billion	\$8 billion



## Implications

This provision would effectively delay and reduce DSH cuts in the short-term, but maintain the previously scheduled reduction of \$8 billion for FY 2022-2025

# Temporarily Extends Expiring Medicaid Authorities

## Overview

- **Extends and expands several Medicaid programs and provisions through November 2020**
  - **Money Follows the Person Demonstration**
  - **Community Mental Health Services Demonstration Program** (currently underway in eight states) and directs the HHS secretary to **expand** it in two additional states
  - **Spousal Impoverishment Protections** that allow states to disregard spousal income and assets when determining Medicaid eligibility for HCBS

## Timeline

- Programs are effective through November 30, 2020 when funding will expire



### Implications

A health “extenders” package was previously seen as a possible vehicle for advancing surprise medical billing legislation and other priorities this spring. With a new deadline of November, it is likely that a larger health vehicle will not move until the fall

# New Telehealth Policies

## Overview

- **Increasing Medicare Telehealth Flexibilities under 1135 Waivers.** Gives HHS authority to apply flexibilities granted under Section 1135 waivers, and use of new telehealth codes, to providers of telehealth services.
- **Enhancing Medicare Telehealth Services for Federally Qualified Health Centers and Rural Health Clinics During Emergency Periods.** Permits payment for telehealth services delivered by FQHCs and RHCs to beneficiaries outside their clinics during emergency periods.
- **Home Health.** Directs HHS to enact policies that allow for and encourage expanded use of telehealth for home health services, including for remote patient monitoring.



### Implications

States are evaluating to what extent they wish to offer similar flexibilities to Medicaid providers.

States could consider updating their Medicaid telehealth policies to align with these Medicare changes if they have not already.

States requesting Medicaid authority for such flexibility can align asks with this new authority under the CARES Act.

# Provides Flexibility for Home Health and Acute Care in Medicare and Medicaid

## Overview

- Authorizes home and community-based services (under 1915 (c),(d),(i) or 1115 waivers and under 1915(j) and 1915(k)) to be performed in acute care hospitals
- Authorizes a nurse practitioner/clinical nurse specialist to certify eligibility for home health services and establish a plan for furnishing such services (in accordance with state law)



### Implications

These provisions increase flexibility on where, and by whom, HCBS care planning and post-acute care services are provided, and can help ensure a smoother transition between acute care and HCBS settings.

# Updates Privacy and Confidentiality Rules

## Overview

- **Sharing of Substance Use Disorder Information:** Changes confidentiality and disclosure of records for patients with substance use disorder (SUD) by broadly allowing redisclosures of Part 2 information once the patient had given consent (rather than requiring new consent each time) to offer more flexibility in information sharing
  - Redisclosures of SUD data after a patient has given consent once are permitted if disclosure is for purposes of treatment, payment, or health care operations.
  - Penalties for violating the statute are now imposed by HHS rather than under the criminal code. This may lead to more active federal enforcement of SUD confidentiality law.
- **Guidance on Protected Health Information:** Obligates the HHS secretary to issue guidance on sharing protected health information under HIPAA during the COVID-19 emergency



### Implications

Changes could make it easier for Medicaid agencies to encourage care coordination for beneficiaries with SUDs; requiring Part 2 programs to use broader consent forms may be critical

# Maintains and Expands Workforce Development Programs

## Overview

- Extends and authorizes for the first time several workforce development programs in primary care and geriatrics. Programs include:
  - **Health Professions Workforce Program:** Updates terms of several workforce programs, including training programs for primary care physicians
  - **Health Workforce Coordination:** Authorizes the development of a coordinated plan with respect to HHS health care workforce development programs
  - **Education and Training Relating to Geriatrics:** Authorizes geriatric training programs
  - **Use of Supplemental Educational Opportunity Grants for Emergency Aid:** Authorizes the development of Nurse Managed Health Clinics



### Implications

These programs will allow for the development of additional workforce for critically necessary specialties

The programs are intended to be implemented or maintained over a period of years and are unlikely to have a direct effect on COVID-19 workforce availability



**Implementing the Private Coverage Mandates in the  
“Families First Coronavirus Response” and  
“Coronavirus Aid, Relief, and Economic Security” Acts**

# Recap: Federal Requirements for Coverage of Testing for COVID-19 (FFCRA Sec. 6001 as amended by CARES Act Secs. 3201, 3202)

- Requires group health plans & issuers, including grandfathered plans to cover and waive cost-sharing for diagnostic testing for COVID-19
- Plans & issuers must also cover
  - Items and services delivered during provider office, urgent care, and ER visits “that result in an order for or administration of” a COVID-19 test
  - Such items and services must relate to determining the individual’s need for a test
  - Visit may be in-person or via telehealth
- Prohibits use of prior authorization or other medical management requirements
- Requires plans & issuers to reimburse testing providers either the negotiated rate or the full cash price listed by the provider on a public website

# New Federal, Tri-Agency Guidance Clarifies Some Questions, Leaves Others Unanswered

- Scope of “items and services”?
  - Plans/issuers must cover diagnostic tests/services ordered to rule out other, respiratory conditions, i.e., influenza, blood tests (but COVID-19 test must be included)
  - Covered tests also include serological tests
- Requirements do not apply to short-term plans or excepted benefit products
- Coverage of out-of-network services?
  - Plans/issuers must cover and pay for out-of-network testing
  - Plans/issuers must cover testing services provided in “non-traditional settings”
  - Note: balance billing by out-of-network providers is not prohibited *unless*:
    - Provider receives funds from the CARES Act Provider Relief Fund and
    - Treatment is for COVID-related services
- States may impose additional requirements unless they “prevent the application of a federal requirement”
  - Impact on state balance billing protections?

**FAQs About Families First Coronavirus Response Act and Coronavirus Aid, Relief, and Economic Security Act Implementation Part 42**, April 11, 2020, <https://www.cms.gov/files/document/FFCRA-Part-42-FAQs.pdf>

# Looking Ahead at Commercial Insurance Issues

- **Are grace periods the best way to protect current coverage?**
  - States have varied in requirements on carriers to extend grace periods and in defining carrier obligations to pay claims during grace periods
  - Alternative solutions include COBRA subsidies and ACA coverage options (State-based Marketplace states using Marketplaces for uninsured, CMS using Medicare solution)
- **What is the outlook for the 2021 ACA rate review process?**
  - Regulators and insurers face considerable uncertainty on COVID costs and pent up demand both as to timing and magnitude
  - Rates are set annually with (in theory) no carry-over from prior year, but separating 2020 v. 2021 costs makes job even more challenging
  - Past accommodations to uncertainty include 3Rs for 2014 and late adjustments (silver loading) for 2018
- **Will insurers get federal relief from future Congressional package?**

# Questions?

The slides and a recording of the webinar will be available at  
[www.shvs.org](http://www.shvs.org) after the webinar

# Thank You

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# Appendix

# Reference Legislation and Guidance

## Enacted Legislation

- **H.R. 748 / P.L. 116-136:** Coronavirus Aid, Relief and Economic Security (CARES) Act. **Available:** <https://www.congress.gov/116/bills/hr748/BILLS-116hr748enr.pdf>

## HHS Guidance

- Medicare and Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency. CMS Interim Final Rule. **Available:** <https://www.cms.gov/files/document/covid-final-ifc.pdf>
- CMCS--Families First Coronavirus Response Act (FFCRA), Public Law No. 116-127 Coronavirus Aid, Relief, and Economic Security (CARES) Act, Public Law No. 116-136 Frequently Asked Questions (FAQs). Available: <https://www.medicaid.gov/state-resource-center/downloads/covid-19-section-6008-CARES-faqs.pdf>
- FAQs About Families First Coronavirus Response Act and Coronavirus Aid, Relief and Economic Security Act Implementation Part 42. Department of Labor, HHS and the Treasury. Available: <https://www.cms.gov/files/document/FFCRA-Part-42-FAQs.pdf>

# Potential Funding Sources to Respond to COVID-19



## FEMA Disaster Payments

- Public and individual assistance available based on emergency and major disaster declarations under the Stafford Act. Includes emergency protective work, restoration of facilities, case management and supplemental nutrition services, among other services.
- Services authorized under major disaster declaration depend on State request.
- CARES Act provided additional \$45 billion to FEMA



## Medicaid Payments

- Potential to pursue payment flexibility under disaster relief state plan amendment, managed care directed payments, and/or emergency 1115 waiver requests.
- Additionally, 6.2 percentage point Medicaid FMAP increase included in the Families First Coronavirus Relief Act will provide states with some fiscal relief (i.e. maintain Medicaid payment levels with less state share).

**Note:** List is not exhaustive

# Potential Funding Sources to Respond to COVID-19



## Children and Families

- **\$3.5 B** to states for **immediate assistance to child care providers**. Funds are administered through the Child Care and Development Block Grant (CCDBG) through the Office of Child Care at HHS
- **\$750 M** for **Head Start programs**, including up to \$500 M for summer Head Start programs, through the Administration for Children & Families (ACF) at HHS.
- **\$45 M** to states, territories and tribes to support the **child welfare needs** of families, and to help keep families together, through ACF.
- **\$45 M** to states through the **Family Violence Prevention and Services Program (FVPSP)** under ACF to provide additional support to family violence shelters amid the coronavirus crisis. 70% of FVPSP grants run through states/territories.



## Nutrition

- **\$15.5 B** is to be placed in a **contingency reserve for additional SNAP funding \$100 M** in **SNAP funding for low-income households on Indian reservations** and participating Indian Tribal Organizations.
- **\$8.8 B** in additional funding for **food purchases and demonstration projects to increase flexibility for schools**, available through the USDA Food and Nutrition Service (FNS) and Child Nutrition Programs.
- **\$850 M** to states and tribal communities in additional **Commodity Assistance Program** funding through The Emergency Food Assistance Program (TEFAP), which funds commodities and the distribution of emergency food assistance through local community partners, including food banks and other food agencies.
- **\$500 M** in additional funding through FNS for the **Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)**



## Aging and Disability

- **\$1.2 B** for **Administration for Community Living programs** (distributed through ACL grants), including:
  - **\$740 M** for nutrition programs and services
  - **\$200 M** for Home and Community Based Services (HCBS)
  - **\$100 M** for the National Family Caregiver Support Program
  - **\$85 M** for centers for independent living
  - **\$50 M** for aging and disability resource center, and
  - **\$20 M** for Ombudsman program

Note: List is not exhaustive

# Potential Funding Sources to Respond to COVID-19



## Social Services

- **\$1 B** in direct **Community Services Block Grant** funding to local CBOs to provide a wide-range of social services and emergency assistance, including funds for housing, child care, and food, for low-income families and communities. Block grant funding is allocated to community organizations (selected through an annual application) by state, US territory, and tribal governments. Funding will move through existing grants from ACF.



## Housing

- **\$5 B** in **Community Development Block Grant** funding through HUD for programs ranging from redeveloping underused facilities, to safe and sanitary housing, to loans for economic development, among other projects, distributed to states and government entities already receiving CDBG grants
- **\$4 B** in **Emergency Solutions Grants** through HUD to assist homeless shelters and outreach workers who keep people who are homeless safer from COVID-19, which can go to states, territories, cities and counties.
- **\$2.2 B** in **tenant and project based rental assistance** through HUD, through Public Housing Agencies and continuation of housing assistance contracts with private landlords who participate in Section 8.
- **\$900 M** in additional grant funding to states through the **Low Income Home Energy Assistance program**.
- **\$300 M** in additional grant funding to two **Office of Native American Programs (ONAP)** to prevent homelessness and contain the spread of coronavirus on tribal lands.
- **\$200 M** in funding to the **Emergency Food & Shelter Program (EFSP)** through FEMA to provide shelter, food, and supportive services to those in sudden economic crisis. Funds are allocated from the EFSP National Board to EFSP local boards based on population.
- **\$685 M** for the **Public Housing Operating Fund**, which goes to public housing agencies and allows flexibility in using the funds to address the COVID crisis.
- **\$130 M** for **housing for special populations** (those with AIDS, the elderly, persons with disabilities) through HUD.

**Note:** List is not exhaustive