Provider Relief Fund (PRF): General and Targeted Distributions *Updated August 11, 2020*

	Medicare Providers (General Distribution)			
	Tranche One (Original)	Tranche Two	Second Chance Medicare Portal	Change of Ownership Portal
Amount	\$30B allocated April 10 – 17	\$20B allocated April 24	*Funding from the original \$50B General Distribution allocation.	*Funding from the original \$50B General Distribution allocation.
Portal	Payment Attestation Portal	General Distribution Portal	Enhanced Provider Relief Fund Payment Portal	Enhanced Provider Relief Fund Payment Portal
Deadline(s)	N/A	June 3: Deadline for providers to submit financial information to receive funding from the General Distribution second tranche.	August 28: Deadline for providers to submit financial information to receive funding from the General Distribution reopening of the second tranche.	August 28: Deadline for providers to submit revenue information along with documentation proving a change in ownership.
Terms & Conditions	Relief Fund Payment \$30B General Distribution	Relief Fund Payment \$20B General Distribution	More information expected the week of August 10.	More information expected the week of August 10.
Eligibility	Medicare Part A and B fee-for-service (FFS) providers.	Medicare Part A and B FFS providers that received payments in the first tranche.	Medicare Part A and B FFS providers that received payments in the first tranche, but did not submit revenue information to the General Distribution portal to receive the balance of their 2 percent payment of General Distribution funds from tranche two.	Medicare Part A and B FFS providers, who were ineligible to receive Tranche One payments as a result of change in ownership in 2020. (HHS relied on 2019 CMS payment data on file to determine automatic payments for \$30 billion of the \$50 billion of Tranche One of the Medicare General Distribution. As a result, practices that had a change of ownership in 2020 did not receive Tranche One General Distribution payments. These changes seek to address this issue.)
Payment Methodology	Payments methodology generally conveyed 6.2% of an eligible recipient's 2019 Medicare FFS revenue.	Payments methodology will be the lesser of 2% of a Medicare FFS provider's 2018 (or most recent tax year) net patient revenue or the provider's incurred losses for March and April 2020.	Payments methodology will be the lesser of 2% of a Medicare FFS provider's 2018 (or most recent tax year) net patient revenue or the provider's incurred losses for March and April 2020.	More information expected the week of August 10.



	Medicare Providers (General Distribution)			
	Tranche One (Original)	Tranche Two	Second Chance Medicare Portal	Change of Ownership Portal
Releases and M+ Original Analysis	 Frequently Asked Questions Distributions from first tranche by state and congressional district Application guide for requesting or confirming funds Providers that attested to receipt of payment from the General Distribution Hnsight on first tranche payment to FFS Medicare providers 	 Frequently Asked Questions Announcement of June 3 deadline to receive additional funding Announcement of second tranche General Distribution +Insight on second tranche distributions 	 HHS Press Release July 31 HHS Press Release August 10 	 HHS Press Release July 31 HHS Press Release August 10



	Medicaid and CHIP Providers	Uninsured Reimbursement	Dental Practices	Nursing Homes
Amount	\$15B allocated June 9	Ongoing: \$486M disbursed as of August 10, 2020. (There is no set allocation for uninsured. The total amount disbursed will increase as providers submit claims for reimbursement.)	No set allocation amount.	\$5 billion (Distribution expected in mid-August.)
Portal	Enhanced Provider Relief Fund Payment Portal	COVID-19 Claims Reimbursement Portal	Enhanced Provider Relief Fund Payment Portal	No portal identified as of August 10, 2020.
Deadline(s)	August 28: Deadline for providers to submit an application to the Enhanced Provider Relief Fund Payment Portal to be eligible to receive payment from the Medicaid Provider Relief Fund (PRF). (The deadline to submit an application has been extended twice. The original deadline was July 20 th and was subsequently extended to August 3 rd .)	No deadline has been identified as of August 10, 2020.	August 28: Deadline for dentists to apply for funding. (The deadline to submit an application has been extended once already. The original deadline was August 3rd.)	No deadline has been identified as of August 10, 2020.
Terms & Conditions	Medicaid, Medicaid Managed Care, CHIP Provider Relief Fund Payment Terms and Conditions	Treatment: Uninsured Relief Fund Payment Terms and Conditions Testing: Families First Coronavirus Response Act Relief Fund Payment Terms and Conditions	Dentist Provider Relief Fund Payment Terms and Conditions	No terms and conditions have been identified as of August 10, 2020.
Eligibility	Medicaid providers that did not previously receive allocations from the PRF's \$50B General Distribution and directly billed either their state Medicaid and CHIP programs or their Medicaid managed care plans for healthcare-related services from January 1, 2018, to May 31, 2020.	Entities that conducted testing or treatment for uninsured individuals with a COVID-19 diagnosis on or after February 4, 2020.	Dentists who were not previously eligible to receive funding through the Medicare General Distribution or Medicaid PRF.	Nursing Homes and Long Term Care facilities are eligible. Specific eligibility criteria has not been identified as of August 10, 2020.



	Medicaid and CHIP Providers	Uninsured Reimbursement	Dental Practices	Nursing Homes
Payment Methodology	Payments methodology will be at least 2% of reported gross revenue.	Payment methodology is generally the Medicare rate, subject to available funding.	Payment methodology for eligible dentists will be 2% of their annual reported patient revenue.	Exact payment methodology has not been identified as of August 10, 2020. Payments will consist of an initial \$2.5 billion distribution. Followed by a second round of payments tied to individual facility performance. The press release states that "evaluation of performance will consider the prevalence of the virus in the nursing home's local geography, and will be based on the nursing home's ability within this context to minimize COVID spread and COVID-related fatalities among its residents."
Releases and M+ Original Analysis	 Frequently Asked Questions Announcement of extended application deadline Announcement of Medicaid funds Application form and instructions Recording of June 25 HRSA webinar Fact sheet on the Medicaid and CHIP distributions +Insight on Medicaid provider distribution 	 Frequently Asked Questions for claims reimbursement Data on the healthcare entities that have received reimbursement Details on which services qualify for reimbursement Testing and treatment codes eligible for reimbursement How to initiate the reimbursement process Step-by-step video on how to set up Optum PayTM and receive direct deposits Companion guide on how to submit claims through the portal Checklist for providers on the documentation they will need to submit claims 	 Frequently Asked Questions Announcement of PRF funding and application process +Insight on funding eligibility for dentists HHS press release extending deadline to August 28 	- HHS press release - CMS press release



	Safety Net Hospitals		Rural Providers	
	First Distribution	Expansion	First Distribution	Expansion
Funding Amount	\$10B distributed June 9	\$3B distributed July 10	\$10B distributed May 1	\$1B distributed July 10
Portal	Payment Attestation Portal	Payment Attestation Portal	Payment Attestation Portal	Payment Attestation Portal
Deadline(s)	N/A	N/A	N/A	N/A
Terms & Conditions	Safety Net Provider Relief Fund Payment Terms and Conditions	Safety Net Provider Relief Fund Payment Terms and Conditions	Rural Provider Relief Fund Payment Terms and Conditions Testing: Rural Health Clinic Testing Payment Terms and Conditions	Rural Provider Relief Fund Payment Terms and Conditions Testing: Rural Health Clinic Testing Payment Terms and Conditions
Eligibility	Hospitals that had the following: - A Medicare disproportionate payment percentage (DPP) of 20.2% or greater - Average uncompensated care per bed of \$25,000 or more (for example, a hospital with 100 beds would need to provide \$2.5M in uncompensated care in a year to meet this requirement) - Profitability of 3% or less, as reported to the Centers for Medicare & Medicaid Services in the hospital's most recently filed Medicare cost report. Children's hospitals are eligible based on Medicare DPP and profitability criteria.	A broader range of acute care hospitals were eligible for this funding. Hospitals: - Met the same Medicare DPP and uncompensated care thresholds from the initial safety net distribution - Met a revised profitability margin threshold of less than 3% averaged consecutively over two or more of the last five cost reporting periods.	Certain acute care hospitals and Critical Access Hospitals in rural areas, as well as freestanding (not provider-based) Rural Health Clinics and Community Health Centers.	An expanded group of special rural Medicare designated hospitals in urban areas, as well as others that provide care in smaller non-rural communities that did not receive payment from the first rural distribution.



	Safety Net Hospitals		Rural Providers		
	First Distribution	Expansion	First Distribution	Expansion	
Payment Methodology	 Payment methodology was the proportion of the individual facility score (number of facility beds multiplied by DPP for an acute care facility or number of facility beds multiplied by Medicaid-only ratio for a children's hospital) to the cumulative facility scores for all safety net hospitals, times the \$10B safety net distribution. Recipients received between \$5M and \$50M. 761 hospitals qualified for the first safety net distribution. 	Payments methodology was based on annual patient revenue reported via the portal. The US Department of Health and Human Services (HHS) reported that an additional 214 hospitals qualified for this distribution.	Payments methodology was based on facility type: Rural acute care hospitals and critical access hospitals received a graduated base payment plus 1.97% of the hospital's operating expenses. Base payments ranged between \$1M and \$3M. Independent rural health clinics received \$100,000 per clinic site, plus 3.6% of the clinic's operating expenses. Community health centers received \$100,000 per rural clinic.	Payment methodology varied depending on hospital location and Medicare designation. For more information on payment for the rural provider expansion distribution, see our <u>+Insight</u> .	
Releases and M+ Original Analysis	 Frequently Asked Questions Data showing safety net hospital distributions by state Hnsight on HHS funding distributions to safety net providers 	 Frequently Asked Questions Announcement of funding Data on funding by state +Insight on additional \$3B distribution 	 Frequently Asked Questions Data showing rural health provider distribution by state <u>+Insight</u> on rural provider distribution 	 Frequently Asked Questions Announcement of funding Data on funding by state +Insight on additional \$1B distribution 	



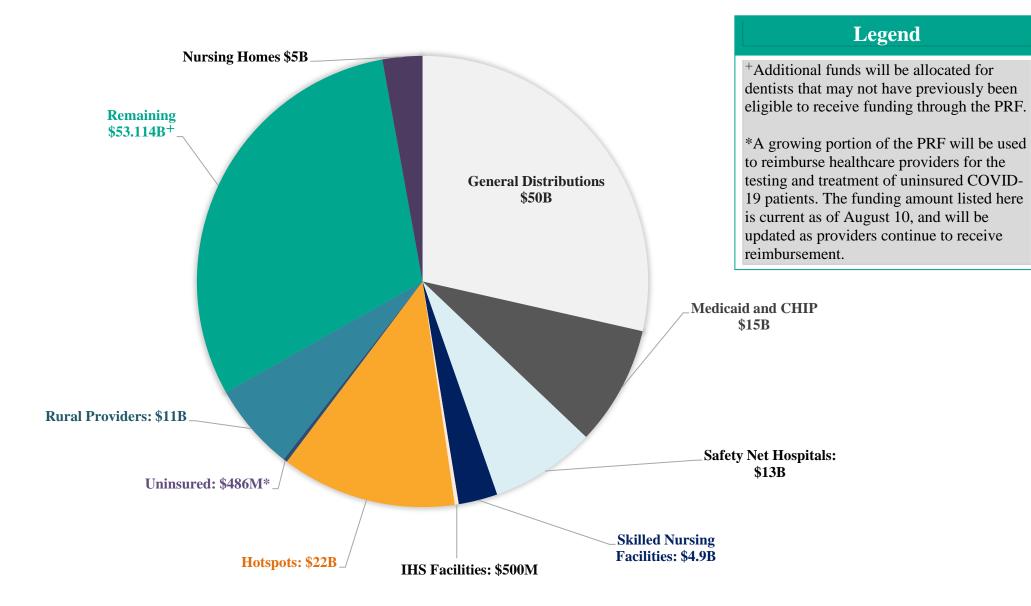
	Hotspot Hospitals		NI COLOR DE 1977 CO	The Head of the think
	First Distribution	Expansion	Nursing Facilities	Indian Health Service (IHS) Facilities
Amount	\$12B disbursed May 1	\$10B announced June 9	\$4.9B disbursed May 22	\$500M disbursed May 29
Portal	Payment Attestation Portal	Payment Attestation Portal	Payment Attestation Portal	Payment Attestation Portal
Deadline(s)	April 25: Deadline for hospitals to provide information through an authentication portal.	June 15: Deadline for hospitals to submit updated COVID-19 case numbers to be eligible for additional funding.	N/A	N/A
Terms & Conditions	High Impact Relief Fund Payment Terms and Conditions	High Impact Relief Fund Payment Terms and Conditions	Skilled Nursing Facility Relief Fund Payment Terms and Conditions	Indian Health Service Relief Fund Payment Terms and Conditions
Eligibility	Hospitals that provided inpatient care for 100 or more COVID-19 patients through April 10.	Hospitals with more than 161 COVID-19 admissions between January 1 and June 10, and hospitals whose ratio of COVID admissions per bed exceeded the national average.	All certified skilled nursing facilities with six or more beds.	IHS and tribal hospitals, clinics and urban programs.
Payment Methodology	Payment methodology was based on a fixed amount per COVID-19 inpatient admission, with an additional distribution based on each hospital's portion of Medicare Disproportionate Share Hospital (DSH) payments and Medicare Uncompensated Care Payments.	Payment methodology to each hospital will be \$50,000 per eligible admission.	Payment methodology to each skilled nursing facility was a fixed distribution of \$50,000, plus a distribution of \$2,500 per bed.	Payment methodology was based on facility type: - IHS hospitals received \$2.81M plus 3% of total operating expenses. - IHS clinics and programs received an \$187,000 base payment plus 5% of the estimated service population multiplied by the average cost per user. - IHS urban programs received an \$181,000 base payment plus 6% of the estimated service population multiplied by the average cost per user.



	Hotspot Hospitals		Nuncing Equilities	I. 1: II . 141 C (IIIC) E
	First Distribution	Expansion	Nursing Facilities	Indian Health Service (IHS) Facilities
Releases and M+ Original Analysis	 Frequently Asked Questions A state and county <u>breakdown</u> of the hotspot allocations Data on the <u>395 hospitals</u> that received funding from the \$12B COVID-19 hotspot allocations <u>Hnsight</u> on distributions to providers in hotspots <u>Hnsight</u> on initial announcement of \$12B to hotspots 	 Announcement that HHS will begin distributing \$10B in funding Breakdown of the second round of funding by state Press release announcing a future \$10B distribution for hotspot hospitals +Insight on additional hotspot funding 	 Frequently Asked Questions Announcement of \$4.9B distribution to nursing facilities affected by COVID-19 A state-by-state breakdown of the \$4.9B distribution 	 Frequently Asked Questions Announcement of \$500M distribution to IHS facilities affected by COVID-19



Provider Relief Fund: General and Targeted Distributions





Provider Relief Fund: Background Information

Responsible Agencies: US Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Office of the Assistant Secretary for Preparedness and Response (ASPR)

Purpose: According to the <u>CARES Act</u>, payments from the Provider Relief Fund (PRF) may be used to prevent, prepare for, and respond to COVID-19 domestically or internationally, and for the reimbursement of necessary expenses or lost revenues that are attributable to COVID-19. HHS <u>announced</u> that it will also use a portion of the funding to reimburse providers for the costs of delivering COVID-19 care to uninsured patients.

Eligible Entities: Eligibility criteria vary for each type of payment distribution (general distributions and targeted distributions). Additional information is available in the terms and conditions for each distribution stream, as well as the Provider Relief Fund FAOs.

Balance Billing: Currently, providers that accept PRF terms and conditions are prohibited from balance billing for patients with "presumptive or actual" cases of COVID-19.

Attestation: According to HHS, providers that accept funds must sign an attestation agreeing to the terms and conditions—specific to the distribution type—within 90 days of payment. The terms and conditions include significant provisions around provider eligibility, how funds can be used, reporting requirements and restrictions on balance billing. Providers should read the conditions closely before signing and keep careful record of their COVID-19 expenses and revenue losses, and how they use these funds.

Audits/Reporting:

- The terms and conditions for all PRF payments require recipients of allocations greater than \$150,000 to submit quarterly reports to HHS and the Pandemic Response Accountability Committee. The first of these reports would have been due on July 10. On June 13, however, HHS issued updated <u>guidance</u> indicating that providers do not have to comply with this requirement. Instead, HHS will <u>post</u> information on payment recipients and total amounts to meet this requirement. HHS indicated that it will provide additional guidance to providers regarding their reporting obligations.
- HHS <u>has indicated</u> that recipients of one or more payments greater than \$10,000 will be subject to future reporting requirements, with additional instruction set to be released by August 17, 2020.
- HHS maintains a <u>database</u> of providers that have received relief funds, attested, and agreed to the terms and conditions.
- HHS must submit a report to the Appropriations Committees of both the US House of Representatives and the US Senate every 60 days until the PRF is expended. This report must detail state-level totals of how funds have been distributed.
- The HHS Office of Inspector General (OIG) is required to complete an audit three years after the PRF is exhausted. The OIG released a <u>strategic plan</u> for this oversight, which will involve auditing PRF recipients to assess whether they met use and reporting requirements and recommending recovery of misspent funds where appropriate.



Provider Relief Fund: Resources and Materials

Provider Relief Fund website | CARES Provider Relief line: +1 866 569 3522

Statutes

- Paycheck Protection Program and Health Care Enhancement Act (<u>H.R. 266</u>)
- CARES Act (S. 3548)
- Families First Coronavirus Response Act (H.R. 6201)

Administration Resources

Department of Health and Human Services

- Announcement and state-by-state <u>breakdown</u> of additional \$10B to hospitals in COVID-19 hotspots.
- <u>Data</u> on the providers that received and attested to a payment from the General, hotspot, rural, or skilled nursing distributions of the PRF.
- Announcement and state-by-state <u>breakdown</u> of additional \$3B distribution for safety net hospitals.
- Announcement and state-by-state breakdown of additional \$1B to special rural-designation Medicare hospitals.
- <u>Data</u> showing safety net hospital distributions by state.
- <u>Timeline</u> of general and targeted distributions from the PRF, along with eligibility and formulas for each distribution stream.
- Application form for the Medicaid and CHIP relief funds, as well as <u>instructions</u> on how to apply.
- Announcement of enhanced provider portal and relief fund payments for safety net hospitals, Medicaid and CHIP providers.
- OIG strategic plan to conduct oversight of relief fund distribution and use.
- Announcement of almost \$4.9B distribution to nursing facilities affected by COVID-19.
- State-by-state breakdown of the \$4.9B distribution to nursing facilities.
- Details on the \$500M distribution to tribal hospitals, clinics and urban health centers.
- Extension of the compliance deadline by an additional 45 days, bringing the total window to 90 days.
- <u>Data</u> on how funds from the initial \$30B were distributed, broken down by state.
- <u>Data</u> on how funds from the initial \$30B were distributed, broken down by congressional district.
- <u>Announcement</u> of the release of an additional \$40.4B to Medicare providers based on their share of 2018 net patient revenue and to providers in hotspots and rural. providers, and allocations to reimburse providers for treatment of uninsured patients.
- <u>Details</u> on distributions to hospitals in hotspots and rural communities.
- HHS announcement <u>extending the deadline</u> for attestation and acceptance of terms and conditions for funds from 30 to 45 days, a deadline that has since been extended for an additional 45 days.
- <u>Terms and conditions</u> for each of the distribution streams, including general distributions, funding for testing, relief for rural providers and providers in hotspots, and compensation for care to uninsured COVID-19 patients.



• <u>HHS press release</u> extending the application deadline for certain Medicaid providers and reopening of the Phase 1 General Distribution Portal to certain Medicare providers.

Health Resources & Services Administration

- Fact sheet on the Medicaid and CHIP distributions.
- Recording of a June 25 HRSA webinar on the Medicaid and CHIP distributions.
- Application form and instructions for the Medicaid and CHIP distributions.
- Details on which services qualify for reimbursement through the COVID-19 Claims Reimbursement Portal.
- Information on which testing and treatment codes are eligible for reimbursement through the COVID-19 Claims Reimbursement Portal.
- Information on how to initiate the reimbursement process.
- A <u>step-by-step video</u> on how set up Optum PayTM and receive direct deposits.
- A companion guide on how to submit claims through the portal.
- A checklist for providers on the documentation they will need to submit claims.
- FAOs for the COVID-19 Claims Reimbursement Portal.

Centers for Disease Control and Prevention

- Updated frequently: A list of providers that received a payment from the PRF General Distribution, attested payments and agreed to the terms and conditions.
- **Updated frequently:** A <u>dataset</u> of the healthcare entities that agreed to the terms and conditions and received claims reimbursement for testing or treatment of uninsured COVID-19 patients.
- Updated frequently: A dataset of the 395 hospitals that received payments from the \$12 billion COVID-19 hotspot allocations.

Portals

- Enhanced Provider Relief Fund Payment Portal for Medicaid and CHIP providers and dentists.
- CARES Act Provider Relief Fund Payment Attestation Portal
- General Distribution Portal
- COVID-19 Uninsured Program Portal

Terms and Conditions

- Relief funds from the \$20B General Distribution for Medicare FFS providers.
- Relief funds from the \$30B General Distribution for Medicare FFS providers.
- Payments for testing from the Families First Coronavirus Response Act.
- Reimbursement for COVID-19 care for <u>uninsured patients</u>.
- Relief funds to hotspot hospitals.



- Testing funding for <u>rural health clinics</u>.
- Relief funds for rural providers.
- Relief funds to skilled nursing facilities.
- Relief funds to **Indian Health Service** facilities.
- Relief funds to Medicaid and CHIP providers, as well as dentists.
- Relief funds to <u>safety net</u> providers.

Frequently Asked Questions

- Updated frequently: FAOs on the General Distribution Portal
- FAQs for the COVID-19 Claims Reimbursement Portal

Original Analysis from McDermott+Consulting

- July 17 New Provider Relief Fund Distributions: Safety Net Hospitals, Certain Rural Hospitals and Dentists
- June 9 HHS Announces Funding Distributions to Medicaid Providers and Safety Net Hospitals, and Additional Hotspot Funding
- May 19 <u>House Approves HEROES Act</u>
- May 4 HHS Distributes \$22B to Hotspots and Rural Providers
- April 25 HHS Announces Additional Distributions from Emergency Fund
- April 23 Congress Supplements the Paycheck Protection Program and Emergency Fund
- April 6 <u>HHS Distributes \$30B to FFS Medicare Providers</u>
- March 27 <u>CARES Act Offers Relief, Support for US Healthcare Sector During COVID-19 Response</u>
- March 19 The Families First Coronavirus Response Act: What You Need to Know