



# PROVIDER RELIEF FUND (PRF): GENERAL AND TARGETED DISTRIBUTIONS

Updated September 11, 2020

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## Provider Relief Fund (PRF): General and Targeted Distributions

*Updated September 11, 2020*

PHASE 1 GENERAL DISTRIBUTION: MEDICARE PROVIDERS		
	Tranche One (Original)	Tranche Two
<b>Amount</b>	\$30B allocated April 10–17	\$20B allocated April 24
<b>Portal</b>	<a href="#">Payment Attestation Portal</a>	<a href="#">General Distribution Portal</a>
<b>Application / Submission Deadline(s)</b>	N/A	June 3: Deadline for providers to submit financial information to receive funding from the General Distribution second tranche.
<b>Terms &amp; Conditions</b>	<a href="#">Relief Fund Payment \$30B General Distribution</a>	<a href="#">Relief Fund Payment \$20B General Distribution</a>
<b>Permissible Uses<sup>1</sup></b>	<p>The recipient certifies that the payment will only be used to prevent, prepare for and respond to coronavirus, and that the payment shall reimburse the recipient only for healthcare-related expenses or lost revenues that are attributable to coronavirus.</p> <p>The recipient certifies that it will not use the payment to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse.</p>	<p>The recipient certifies that the payment will only be used to prevent, prepare for and respond to coronavirus, and that the payment shall reimburse the recipient only for healthcare-related expenses or lost revenues that are attributable to coronavirus.</p> <p>The recipient certifies that it will not use the payment to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse.</p>
<b>Eligibility<sup>2</sup></b>	Medicare Part A and B fee-for-service (FFS) providers	Medicare Part A and B FFS providers that received payments in the first tranche
<b>Payment Methodology</b>	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.
<b>Releases and Our Original Analysis</b>	<ul style="list-style-type: none"> <li>- <a href="#">Frequently Asked Questions</a></li> <li>- Distributions from first tranche by <a href="#">state</a> and <a href="#">congressional district</a></li> <li>- <a href="#">Application guide</a> for requesting or confirming funds</li> <li>- <a href="#">Providers</a> that attested to receipt of payment from the General Distribution</li> <li>- <a href="#">+Insight</a> on first tranche payment to FFS Medicare providers</li> <li>- <a href="#">CARES Act</a> resource center</li> <li>- <a href="#">COVID-19</a> resource center</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">Frequently Asked Questions</a></li> <li>- <a href="#">Announcement</a> of June 3 deadline to receive additional funding</li> <li>- <a href="#">Announcement</a> of second tranche General Distribution</li> <li>- <a href="#">+Insight</a> on second tranche distributions</li> <li>- <a href="#">CARES Act</a> resource center</li> <li>- <a href="#">COVID-19</a> resource center</li> </ul>

PHASE 2 GENERAL DISTRIBUTION: MEDICAID, MEDICAID MANAGED CARE, CHIP, DENTAL, CERTAIN MEDICARE PROVIDERS, AND ASSISTED LIVING FACILITIES					
	Medicaid and CHIP Providers	Dental Practices	Second Chance Medicare	Medicare Part A Change of Ownership	Assisted Living Facilities (ALF)
<b>Amount</b>	\$18B for all Phase 2 distributions	\$18B for all Phase 2 distributions	\$18B for all Phase 2 distributions	\$18B for all Phase 2 distributions	\$18B for all Phase 2 distributions
<b>Portal</b>	<a href="#">Provider Relief Fund Application and Attestation Portal</a>	<a href="#">Provider Relief Fund Application and Attestation Portal</a>	<a href="#">Provider Relief Fund Application and Attestation Portal</a>	<a href="#">Provider Relief Fund Application and Attestation Portal</a>	<a href="#">Provider Relief Fund Application and Attestation Portal</a>
<b>Application / Submission Deadline(s)</b>	September 13: Deadline for providers to apply for funding. The applicant must complete the TIN submission process for Step 2: TIN Validation by the deadline.  (The deadline to submit an application has been extended three times. The original deadline was July 20 and was subsequently extended to August 3 and August 28.)	September 13: Deadline for dentists to apply for funding. The applicant must complete the TIN submission process for Step 2: TIN Validation by the deadline.  (The deadline to submit an application has been extended twice. The original deadline was August 3 and was subsequently extended to August 28.)	September 13: Deadline for providers to apply for funding. The applicant must complete the TIN submission process for Step 2: TIN Validation by the deadline.  (The deadline to submit an application has been extended once. The original deadline was August 28.)	September 13: Deadline for providers to apply for funding. The applicant must submit revenue information along with documentation proving a change in ownership. The applicant must complete the TIN submission process for Step 2: TIN Validation by the deadline.  (The deadline to submit an application has been extended once. The original deadline was August 28.)	September 13: Deadline for providers to apply for funding. The applicant must submit revenue information along with documentation proving a change in ownership. The applicant must complete the TIN submission process for Step 2: TIN Validation by the deadline.
<b>Terms &amp; Conditions</b>	Phase 2 General Distribution Relief Fund Payment Terms and Conditions	Phase 2 General Distribution Relief Fund Payment Terms and Conditions	Phase 2 General Distribution Relief Fund Payment Terms and Conditions	Phase 2 General Distribution Relief Fund Payment Terms and Conditions	Phase 2 General Distribution Relief Fund Payment Terms and Conditions
<b>Permissible Uses<sup>3</sup></b>	The recipient certifies that the payment will only be used to prevent, prepare for and respond to coronavirus, and that the payment shall reimburse the recipient only for healthcare-related expenses or lost revenues that are attributable to coronavirus.  The recipient certifies that it will not use the payment to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse.	The recipient certifies that the payment will only be used to prevent, prepare for and respond to coronavirus, and that the payment shall reimburse the recipient only for healthcare-related expenses or lost revenues that are attributable to coronavirus.  The recipient certifies that it will not use the payment to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse.	The recipient certifies that the payment will only be used to prevent, prepare for and respond to coronavirus, and that the payment shall reimburse the recipient only for healthcare-related expenses or lost revenues that are attributable to coronavirus.  The recipient certifies that it will not use the payment to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse.	The recipient certifies that the payment will only be used to prevent, prepare for and respond to coronavirus, and that the payment shall reimburse the recipient only for healthcare-related expenses or lost revenues that are attributable to coronavirus.  The recipient certifies that it will not use the payment to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse.	The recipient certifies that the payment will only be used to prevent, prepare for and respond to coronavirus, and that the payment shall reimburse the recipient only for healthcare-related expenses or lost revenues that are attributable to coronavirus.  The recipient certifies that it will not use the payment to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse.

PHASE 2 GENERAL DISTRIBUTION: MEDICAID, MEDICAID MANAGED CARE, CHIP, DENTAL, CERTAIN MEDICARE PROVIDERS, AND ASSISTED LIVING FACILITIES					
	Medicaid and CHIP Providers	Dental Practices	Second Chance Medicare	Medicare Part A Change of Ownership	Assisted Living Facilities (ALF)
<b>Eligibility<sup>4</sup></b>	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. (Note, however that Medicaid providers who previously received Phase 1 General Distribution allocation(s) may be eligible for the Phase 2 Second Chance Medicare distribution.)	Dentists who were not previously eligible to receive funding through the Medicare General Distribution or Medicaid PRF	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% payment of General Distribution funds from Phase 1, Tranche Two	Medicare Part A FFS providers that were ineligible to receive Phase 1, Tranche One payments as a result of change in ownership in 2019 or 2020.  The US Department of Health and Human Services (HHS) relied on 2019 CMS payment data on file to determine automatic payments for \$30B of the \$50B of tranche one of the Phase 1 (Medicare) General Distribution. As a result, practices that had a change of ownership in 2020 did not receive tranche one of Phase 1 General Distribution payments. These changes seek to address this issue.	All state-licensed/certified ALFs, including commercial and private pay-only ALFs.
<b>Payment Methodology</b>	Payment methodology will be 2% of patient care revenue based on FY 2017, 2018 or 2019 tax returns.	Payment methodology will be 2% of patient care revenue based on FY 2017, 2018 or 2019 tax returns.	Payment methodology will be 2% of patient care revenue based on FY 2017, 2018 or 2019 tax returns.	Payment methodology will be 2% of patient care revenue based on FY 2017, 2018 or 2019 tax returns.	Payment methodology will be 2% of patient care revenue based on FY 2017, 2018 or 2019 tax returns.
<b>Releases and Our Original Analysis</b>	<ul style="list-style-type: none"> <li>- <a href="#">Frequently Asked Questions</a></li> <li>- <a href="#">Announcement</a> of extended application deadline</li> <li>- <a href="#">Announcement</a> of Medicaid funds</li> <li>- <a href="#">Application form</a> and <a href="#">instructions</a></li> <li>- <a href="#">Recording</a> of June 25 Health Resources and Services Administration (HRSA) webinar</li> <li>- <a href="#">Fact sheet</a> on the Medicaid and CHIP distributions</li> <li>- <a href="#">+Insight</a> on Medicaid provider distribution</li> <li>- <a href="#">CARES Act</a> resource center</li> <li>- <a href="#">COVID-19</a> resource center</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">Frequently Asked Questions</a></li> <li>- <a href="#">Announcement</a> of PRF funding and application process</li> <li>- <a href="#">+Insight</a> on funding eligibility for dentists</li> <li>- <a href="#">HHS press release</a> extending deadline to August 28</li> <li>- <a href="#">CARES Act</a> resource center</li> <li>- <a href="#">COVID-19</a> resource center</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">HHS press release – August 10</a></li> <li>- <a href="#">HHS press release – July 31</a></li> <li>- <a href="#">CARES Act</a> resource center</li> <li>- <a href="#">COVID-19</a> resource center</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">HHS press release – August 10</a></li> <li>- <a href="#">HHS press release – July 31</a></li> <li>- <a href="#">CARES Act</a> resource center</li> <li>- <a href="#">COVID-19</a> resource center</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">HHS press release – September 1</a></li> <li>- <a href="#">CARES Act</a> resource center</li> <li>- <a href="#">COVID-19</a> resource center</li> </ul>

TARGETED DISTRIBUTIONS							
	Safety Net Hospitals			Rural Providers		High-Impact Hospitals	
	First Distribution	Expansion	Children's Hospitals	First Distribution	Expansion	First Distribution	Expansion
<b>Amount</b>	\$10B distributed June 9	\$3B distributed July 10	\$1.4B to be distributed starting August 14	\$10B distributed May 6	\$1B distributed July 10	\$12B distributed May 7	\$10B distributed July 17
<b>Portal</b>	Payment Attestation Portal	Payment Attestation Portal	Payment Attestation Portal	Payment Attestation Portal	Payment Attestation Portal	Payment Attestation Portal	Payment Attestation Portal
<b>Application / Submission Deadline(s)</b>	N/A	N/A	N/A	N/A	N/A	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.
<b>Terms &amp; Conditions</b>	Safety Net Provider Relief Fund Payment Terms and 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 <sup>5</sup> 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	High-Impact Relief Fund Payment Terms and Conditions <sup>6</sup>	High-Impact Relief Fund Payment Terms and Conditions
<b>Permissible Uses<sup>7</sup></b>	The recipient certifies that the payment will only be used to prevent, prepare for and respond to coronavirus, and that the payment shall reimburse the recipient only for healthcare-related expenses or lost revenues that are attributable to coronavirus.  The recipient certifies that it will not use the payment to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse.	The recipient certifies that the payment will only be used to prevent, prepare for and respond to coronavirus, and that the payment shall reimburse the recipient only for healthcare-related expenses or lost revenues that are attributable to coronavirus.  The recipient certifies that it will not use the payment to reimburse expenses or losses that have been reimbursed from other sources or that other sources are	The recipient certifies that the payment will only be used to prevent, prepare for and respond to coronavirus, and that the payment shall reimburse the recipient only for healthcare-related expenses or lost revenues that are attributable to coronavirus.  The recipient certifies that it will not use the payment to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse.	The recipient certifies that the payment will only be used to reimburse the recipient for COVID-19 testing and COVID-19-related expenses. COVID-19 testing and related expenses are defined within the Rural Health Clinic Testing Payment Terms and Conditions  The recipient certifies that it will not use the payment to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse.	The recipient certifies that the Payment will only be used to reimburse the recipient for COVID-19 testing and COVID-19-related expenses. COVID-19 testing and related expenses are defined within the Rural Health Clinic Testing Payment Terms and Conditions  The recipient certifies that it will not use the payment to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse.	The recipient certifies that the payment will only be used to prevent, prepare for and respond to coronavirus, and that the payment shall reimburse the recipient only for healthcare-related expenses or lost revenues that are attributable to coronavirus.  The recipient certifies that it will not use the payment to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse.	The recipient certifies that the payment will only be used to prevent, prepare for and respond to coronavirus, and that the payment shall reimburse the recipient only for healthcare-related expenses or lost revenues that are attributable to coronavirus.  The recipient certifies that it will not use the payment to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse.

TARGETED DISTRIBUTIONS							
	Safety Net Hospitals			Rural Providers		High-Impact Hospitals	
		obligated to reimburse.					
<b>Eligibility*</b>	<p>Hospitals that had the following:</p> <ul style="list-style-type: none"> <li>– A Medicare disproportionate payment percentage (DPP) of 20.2% or greater</li> <li>– 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)</li> <li>– Profitability of 3% or less, as reported to the Centers for Medicare &amp; Medicaid Services (CMS) in the hospital's most recently filed Medicare cost report. Children's hospitals are eligible based on Medicare DPP and profitability criteria.</li> </ul>	<p>A broader range of acute care hospitals were eligible for this funding. Hospitals:</p> <ul style="list-style-type: none"> <li>– Met the same Medicare DPP and uncompensated care thresholds from the initial safety net distribution</li> <li>– Met a revised profitability margin threshold of less than 3% averaged consecutively over two or more of the last five cost reporting periods.</li> </ul>	<p>Qualifying free-standing children's hospital must either be an exempt hospital under the CMS inpatient prospective payment system (IPPS) or be a HRSA defined Children's Hospital Graduate Medical Education facility. Approximately 80 free standing children's hospitals will be eligible for the funding.</p>	<p>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</p>	<p>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</p>	<p>Hospitals that provided inpatient care for 100 or more COVID-19 patients through April 10</p>	<p>Hospitals with more than 161 COVID-19 admissions between January 1 and June 10, and hospitals whose ratio of COVID-19 admissions per bed exceeded the national average.</p>
<b>Payment Methodology</b>	<ul style="list-style-type: none"> <li>– 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.</li> </ul>	<p>Payment methodology was based on annual patient revenue reported via the portal. HHS reported that an additional 214 hospitals qualified for this distribution.</p>	<p>Eligible hospitals will receive 2.5 percent of their net revenue from patient care.</p>	<p>Payment methodology was based on facility type:</p> <ul style="list-style-type: none"> <li>– 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.</li> <li>– Independent rural health clinics received \$100,000 per clinic site, plus 3.6%</li> </ul>	<p>Payment methodology varied depending on hospital location and Medicare designation. For more information on payment for the rural provider expansion distribution, see our <a href="#">+Insight</a>.</p>	<p>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.</p>	<p>Payment methodology to each hospital will be \$50,000 per eligible admission.</p>

TARGETED DISTRIBUTIONS							
	Safety Net Hospitals			Rural Providers		High-Impact Hospitals	
	<ul style="list-style-type: none"> <li>Recipients received between \$5M and \$50M.</li> <li>761 hospitals qualified for the first safety net distribution.</li> </ul>			<ul style="list-style-type: none"> <li>of the clinic's operating expenses.</li> <li>Community health centers received \$100,000 per rural clinic.</li> </ul>			
Releases and Our Original Analysis	<ul style="list-style-type: none"> <li>Frequently Asked Questions</li> <li>Data showing safety net hospital distributions by state</li> <li>+Insight on HHS funding distributions to safety net providers</li> <li>CARES Act resource center</li> <li>COVID-19 resource center</li> </ul>	<ul style="list-style-type: none"> <li>Frequently Asked Questions</li> <li>Announcement of funding</li> <li>Data on funding by state</li> <li>+Insight on additional \$3B distribution</li> <li>CARES Act resource center</li> <li>COVID-19 resource center</li> </ul>	<ul style="list-style-type: none"> <li>Press release</li> <li>State-by-state breakdown of \$1.4B distribution</li> <li>CARES Act resource center</li> <li>COVID-19 resource center</li> </ul>	<ul style="list-style-type: none"> <li>Frequently Asked Questions</li> <li>Data showing rural health provider distribution by state</li> <li>+Insight on rural provider distribution</li> <li>CARES Act resource center</li> <li>COVID-19 resource center</li> </ul>	<ul style="list-style-type: none"> <li>Frequently Asked Questions</li> <li>Announcement of funding</li> <li>Data on funding by state</li> <li>+Insight on additional \$1B distribution</li> <li>For more information on payment for the rural provider expansion distribution, see our +Insight.</li> <li>CARES Act resource center</li> <li>COVID-19 resource center</li> </ul>	<ul style="list-style-type: none"> <li>Frequently Asked Questions</li> <li>A state and county breakdown of the hotspot allocations</li> <li>Data on the 395 hospitals that received funding from the \$12B COVID-19 hotspot allocations</li> <li>+Insight on distributions to providers in hotspots</li> <li>+Insight on initial announcement of \$12B to hotspots</li> <li>CARES Act resource center</li> <li>COVID-19 resource center</li> </ul>	<ul style="list-style-type: none"> <li>Announcement that HHS will begin distributing \$10B in funding</li> <li>Breakdown of the second round of funding by state</li> <li>Press release announcing a future \$10B distribution for hotspot hospitals</li> <li>+Insight on additional hotspot funding</li> <li>CARES Act resource center</li> <li>COVID-19 resource center</li> </ul>

TARGETED DISTRIBUTIONS (CONTINUED)				Uninsured Reimbursement
	Skilled Nursing Facilities	Skilled Nursing Facilities and Nursing Homes	Indian Health Service (IHS) Facilities	
Amount	\$4.9B disbursed May 22	\$2.5B distributed August 27  \$2B will be distributed through quality incentive payments	\$500M disbursed May 29	<b>Ongoing:</b> \$851M disbursed as of August 27. There is no set allocation for uninsured. The total amount disbursed will increase as providers submit claims for reimbursement.

TARGETED DISTRIBUTIONS (CONTINUED)				Uninsured Reimbursement
	Skilled Nursing Facilities	Skilled Nursing Facilities and Nursing Homes	Indian Health Service (IHS) Facilities	
<b>Portal</b>	<a href="#">Payment Attestation Portal</a>	N/A	<a href="#">Payment Attestation Portal</a>	<a href="#">COVID-19 Claims Reimbursement Portal</a>
<b>Application / Submission Deadline (s)</b>	N/A	N/A	N/A	No deadline identified as of September 11
<b>Terms &amp; Conditions</b>	<a href="#">Skilled Nursing Facility Relief Fund Payment Terms and Conditions</a>	<a href="#">\$2.5B Nursing Home Infection Control Relief Fund Payment Terms and Conditions</a>	<a href="#">Indian Health Service Relief Fund Payment Terms and Conditions</a>	Treatment: <a href="#">Uninsured Relief Fund Payment Terms and Conditions</a> Testing: <a href="#">Families First Coronavirus Response Act Relief Fund Payment Terms and Conditions</a>
<b>Permissible Uses<sup>9</sup></b>	The recipient certifies that the payment will only be used to prevent, prepare for and respond to coronavirus, and that the payment shall reimburse the recipient only for healthcare-related expenses or lost revenues that are attributable to coronavirus.  The recipient certifies that it will not use the payment to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse.	The recipient certifies that the payment will only be used to reimburse the recipient for costs associated with specifically defined “Infection Control Expenses.” (E.g., costs associated with administering COVID-19 testing, which means an in vitro diagnostic test; reporting test results; hiring staff to provide patient care or administrative support; expenses incurred to improve infection control; providing technology to residents to connect them to their families.)	The recipient certifies that the payment will only be used to prevent, prepare for and respond to coronavirus, and that the payment shall reimburse the recipient only for healthcare-related expenses or lost revenues that are attributable to coronavirus.  The recipient certifies that it will not use the payment to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse.	The recipient certifies that it will not use the payment to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse. If the recipient subsequently receives reimbursement for any items or services for which the recipient requested payment from the Relief Fund, the recipient will return to HHS that portion of the payment which duplicates payment or reimbursement from another source. The recipient will not include costs for which payment was received in cost reports or otherwise seek uncompensated care reimbursement through federal or state programs for items or services for which payment was received.
<b>Eligibility<sup>10</sup></b>	All certified skilled nursing facilities with six or more beds.	Nursing homes and long-term care facilities are eligible for payment.  For the initial \$2.5B distribution eligible facilities have at least six certified beds to be deemed as eligible for payment.  For the \$2B incentive payment facilities must also report to at least one of three data sources that will be used to establish eligibility and collect necessary provider data to inform payment: Certification and Survey Provider Enhanced Reports (CASPER), Nursing Home Compare (NHC) and Provider of Services (POS).	IHS and tribal hospitals, clinics and urban programs.	Entities that conducted testing or treatment for uninsured individuals with a COVID-19 diagnosis on or after February 4.



TARGETED DISTRIBUTIONS (CONTINUED)				Uninsured Reimbursement
	Skilled Nursing Facilities	Skilled Nursing Facilities and Nursing Homes	Indian Health Service (IHS) Facilities	
<b>Payment Methodology</b>	<p>Payment methodology to each skilled nursing facility was a fixed distribution of \$50,000, plus a distribution of \$2,500 per bed.</p>	<p>For the initial \$2.5B distribution, eligible facilities received a per-facility payment of \$10,000 plus a per-bed payment of \$1,450. HHS has identified that the second round of payments will be 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.”</p> <p>For the \$2B incentive payment, HHS will use data from the Centers for Disease Control and Prevention (CDC) to measure nursing homes against a baseline level of infection in the community where a given facility is located. CDC’s Community Profile Reports include county-level information on total confirmed and/or suspected COVID-19 infections per capita, as well as information on COVID-19 test positivity. Against this baseline, facilities will have their performance measured on two outcomes:</p> <ul style="list-style-type: none"> <li>– Ability to keep new COVID infection rates low among residents</li> <li>– Ability to keep COVID mortality low among residents</li> </ul> <p>To measure facility COVID-19 infection and mortality rates, the incentive program will utilize data from the National Healthcare Safety Network (NHSN) LTCF COVID-19 module. CMS issued guidance in early May requiring that certified nursing facilities submit data to the NHSN COVID-19 Module. Data from this module will be used to assess nursing home performance and determine incentive payments.</p>	<p>Payment methodology was based on facility type:</p> <ul style="list-style-type: none"> <li>– IHS hospitals received \$2.81M plus 3% of total operating expenses.</li> <li>– IHS clinics and programs received an \$187,000 base payment plus 5% of the estimated service population multiplied by the average cost per user.</li> <li>– IHS urban programs received an \$181,000 base payment plus 6% of the estimated service population multiplied by the average cost per user.</li> </ul>	<p>Payment methodology is generally the Medicare rate, subject to available funding.</p>

TARGETED DISTRIBUTIONS (CONTINUED)				Uninsured Reimbursement
	Skilled Nursing Facilities	Skilled Nursing Facilities and Nursing Homes	Indian Health Service (IHS) Facilities	
Releases and Our Original Analysis	<ul style="list-style-type: none"> <li>- <a href="#">Frequently Asked Questions</a></li> <li>- <a href="#">Announcement</a> of \$4.9B distribution to nursing facilities affected by COVID-19</li> <li>- A <a href="#">state-by-state breakdown</a> of the \$4.9B distribution</li> <li>- <a href="#">CARES Act</a> resource center</li> <li>- <a href="#">COVID-19</a> resource center</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">Frequently Asked Questions</a></li> <li>- A <a href="#">state-by-state breakdown</a> of the initial \$2.5B distribution</li> <li>- <a href="#">HHS press release</a> (September 3 \$2B Distribution)</li> <li>- <a href="#">HHS press release</a> (August 27 \$2.5B Distribution)</li> <li>- <a href="#">HHS press release</a></li> <li>- <a href="#">CMS press release</a></li> <li>- <a href="#">CARES Act</a> resource center</li> <li>- <a href="#">COVID-19</a> resource center</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">Frequently Asked Questions</a></li> <li>- <a href="#">Announcement</a> of \$500M distribution to IHS facilities affected by COVID-19</li> <li>- <a href="#">CARES Act</a> resource center</li> <li>- <a href="#">COVID-19</a> resource center</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">Frequently Asked Questions</a> for claims reimbursement</li> <li>- <a href="#">Data</a> on the healthcare entities that have received reimbursement</li> <li>- Details on <a href="#">which services</a> qualify for reimbursement</li> <li>- <a href="#">Testing and treatment codes</a> eligible for reimbursement</li> <li>- How to initiate the reimbursement <a href="#">process</a></li> <li>- <a href="#">Step-by-step video</a> on how to set up Optum Pay™ and receive direct deposits</li> <li>- <a href="#">Companion guide</a> on how to submit claims through the portal</li> <li>- <a href="#">Checklist</a> for providers on the documentation they will need to submit claims</li> <li>- <a href="#">CARES Act</a> resource center</li> <li>- <a href="#">COVID-19</a> resource center</li> </ul>

## Provider Relief Fund: Reporting Information

### Provider Responsibilities

- According to the CARES Act and Terms and Conditions for all PRF payments, **providers that received \$150,000 or more in total funds from COVID-19 relief appropriations** must submit quarterly reports to the HHS Secretary and the Pandemic Response Accountability Committee. The first of these reports would have been due on July 10. On June 13, HHS issued updated [guidance](#) indicating that payment recipients do not need to submit this quarterly report, and stated that HHS would develop a report containing all information necessary for recipients to comply with this provision. HHS is [posting](#) the names of recipients and their payment amounts on its public website, which meets the reporting requirements of the CARES Act. If separately required, the deadline for the next quarterly report would be October 10.
- HHS [has announced](#) that **providers that received one or more PRF payments exceeding \$10,000 in the aggregate** must submit reporting information via a system opening **October 1**. Recipients must report within 45 days of the end of calendar year 2020 on their expenditures through December 31, 2020.
  - Recipients that have expended funds in full prior to December 31, 2020, may submit a single final report after the system opens on October 1, but **no later than February 15, 2021**.
  - Recipients with funds unexpended after December 31, 2020, must submit a second and final report **no later than July 31, 2021**.
- **Providers that received PRF payments totaling less than \$10,000** may still be required to submit reports as requested by HHS per the Terms and Conditions. The content and due date(s) of such reports remain TBA.
- HHS maintains a [database](#) of providers that have received relief funds and, attested to the funds, and agreed to the Terms and Conditions.

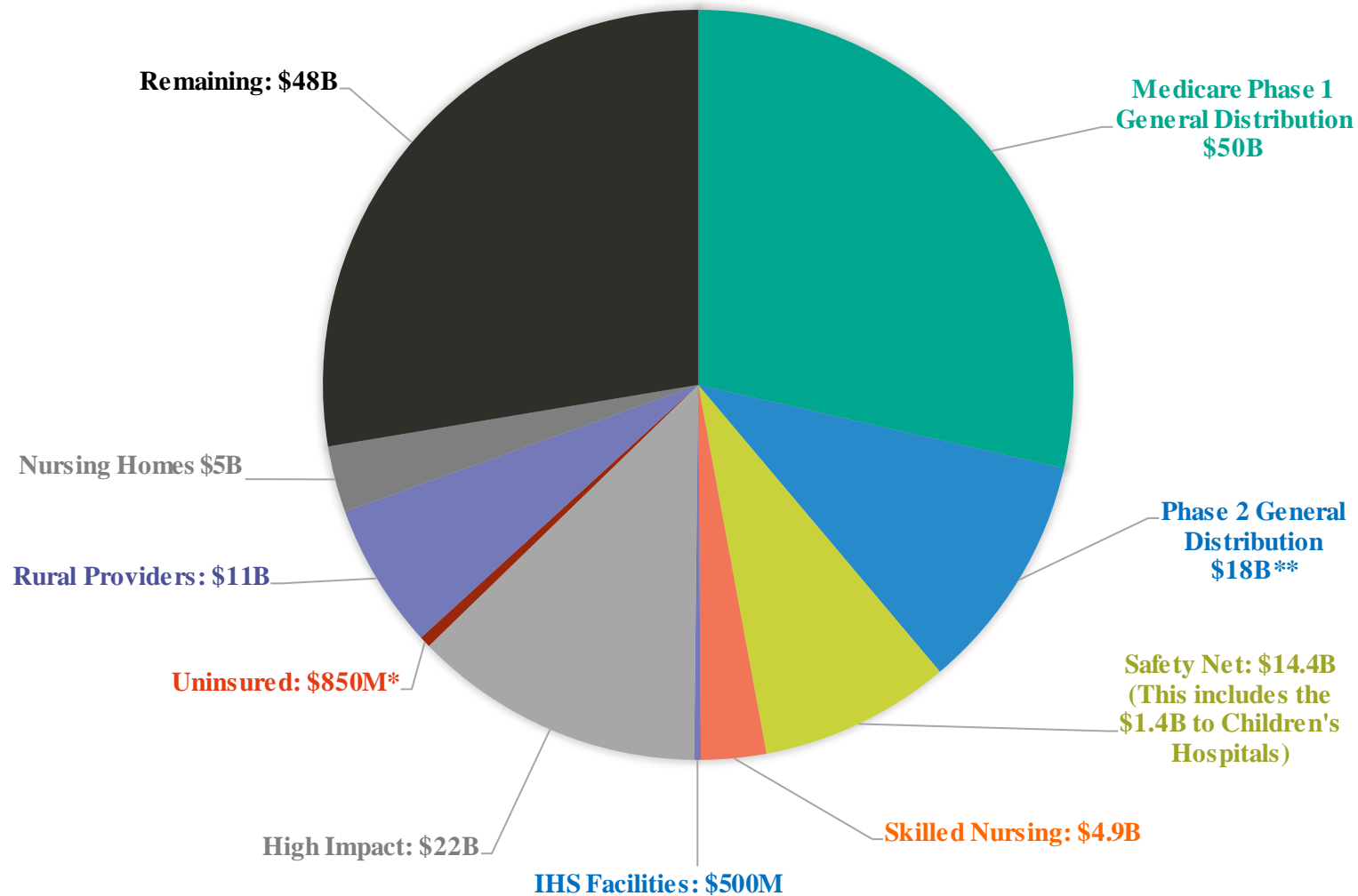
### HHS and OIG Responsibilities

- 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 [strategic plan](#) for this oversight, which will involve auditing PRF recipients to assess whether they met use and reporting requirements, and recommending recovery of misspent funds.

## Provider Relief Fund: Auditing Information

- **Non-Federal Entities (States, Local Governments, Indian Tribes, Institutions of Higher Education and Nonprofit Organizations)**
  - PRF General and Targeted Distribution payments (CFDA 93.498) and Uninsured Testing and Treatment reimbursement payments (CFDA 93.461) to non-federal entities are federal awards and must be included in determining whether an audit in accordance with 45 CFR Part 75, Subpart F is required (*i.e.*, annual *total federal awards expended* are \$750,000 or more).
  - These audit reports must be submitted to the [Federal Audit Clearinghouse](#).
  - The Office of Management and Budget (OMB), in [OMB M-20-26](#), “Extension of Administrative Relief for Recipients and Applicants of Federal Financial Assistance Directly Impacted by the Novel Coronavirus (COVID-19) due to Loss of Operations,” dated June 18, 2020, provided non-federal entities extensions beyond the normal due date to submit audit reports.
- **Commercial (For Profit) Organizations**
  - PRF General and Targeted Distribution payments (CFDA 93.498) and Uninsured Testing and Treatment reimbursement payments (CFDA 93.461) must be included in determining whether an audit in accordance with 45 CFR Subpart F is required (*i.e.*, annual *total awards received* are \$750,000 or more).
  - Commercial organizations that receive \$750,000 or more in annual awards **have two options** under 45 CFR 75.216(d) and 75.501(i):
    - 1) A financial related audit of the award or awards conducted in accordance with Government Auditing Standards
    - 2) An audit in conformance with the requirements of 45 CFR 75 Subpart F.
  - Audit reports of commercial entities must be submitted directly to the HHS Audit Resolution Division at [AuditResolution@hhs.gov](mailto:AuditResolution@hhs.gov).
  - Commercial organizations with questions about their ability to obtain audit deadline extensions should email HRSA’s Division of Financial Integrity at [SARFollowup@hrsa.gov](mailto:SARFollowup@hrsa.gov).

**Provider Relief Fund: General and Targeted Distributions**



**Legend**

\*A growing portion of the PRF will be used to reimburse healthcare providers for the testing and treatment of uninsured COVID-19 patients. The funding amount listed here is current as of August 27 and will be updated as providers continue to receive reimbursement.

\*\*This field includes the Medicaid, dental, second chance, change of ownership and ALF pathways. This amount may continue to grow if HHS adds additional pathways to Phase 2.

## **Provider Relief Fund: Background Information**

**Responsible Agencies:** HHS, HRSA, Office of the Assistant Secretary for Preparedness and Response (ASPR)

**Purpose:** According to the [CARES Act](#), payments from the 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 [announced](#) 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 Distribution and Targeted Distribution). Additional information is available in the Terms and Conditions for each distribution stream, as well as the [Provider Relief Fund FAQs](#).

**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.<sup>11</sup> 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.

## **Provider Relief Fund: Resources and Materials**

*Provider Relief Fund [website](#) | CARES Provider Relief line: +1 866 569 3522*

### **Federal Statutes**

- Paycheck Protection Program and Health Care Enhancement Act ([H.R. 266](#))
- CARES Act ([S. 3548](#))
- Families First Coronavirus Response Act ([H.R. 6201](#))

### **Administration Resources**

#### *HHS*

- [Announcement](#) and state-by-state [breakdown](#) of initial \$2.5B distribution to skilled nursing facilities and nursing homes
- [Announcement](#) and state-by-state [breakdown](#) of \$1.4B to children's hospitals
- [Announcement](#) and state-by-state [breakdown](#) of additional \$10B to hospitals in COVID-19 hotspots
- [Data](#) 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 [breakdown](#) of additional \$3B distribution for safety net hospitals
- [Announcement](#) and state-by-state [breakdown](#) of additional \$1B to special rural-designation Medicare hospitals
- [Data](#) showing safety net hospital distributions by state
- [Timeline](#) 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 [instructions](#) 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
- [Data](#) on how funds from the initial \$30B were distributed, broken down by state
- [Data](#) on how funds from the initial \$30B were distributed, broken down by congressional district
- [Announcement](#) 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
- [Details](#) on distributions to hospitals in hotspots and rural communities
- HHS announcement [extending the deadline](#) 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

- [Terms and Conditions](#) 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
- [HHS press release](#) extending the application deadline for certain Medicaid providers and reopening of the Phase 1 General Distribution Portal to certain Medicare providers
- [HHS press release](#) on providing \$1.4B to children's hospitals
- [State-by-state breakdown](#) of \$1.4B distribution to children's hospitals

#### *HRSA*

- [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 [step-by-step video](#) on how set up Optum Pay™ 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
- [FAQs](#) 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 [dataset](#) 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 \$12B 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 [uninsured patients](#)
- Relief funds to [hotspot hospitals](#)
- Testing funding for [rural health clinics](#)
- Relief funds for [rural providers](#)
- Relief funds to [skilled nursing facilities](#)
- Relief funds to [Indian Health Service](#) facilities
- Relief funds to [Medicaid, Medicaid Managed care, CHIP and dentist](#) providers, and potentially Medicare second chance and change of ownership Medicare distribution
- Relief funds to [safety net](#) providers

### Frequently Asked Questions

- **Updated frequently:** [FAQs](#) on the General Distribution Portal
- [FAQs](#) for the COVID-19 Claims Reimbursement Portal

### Original Analysis from McDermott+Consulting and McDermott Will & Emery

- [CARES Act](#) resource center
- [COVID-19](#) resource center
- 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 – [House Approves HEROES Act](#)
- 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 – [HHS Distributes \\$30B to FFS Medicare Providers](#)
- March 27 – [CARES Act Offers Relief, Support for US Healthcare Sector During COVID-19 Response](#)
- March 19 – [The Families First Coronavirus Response Act: What You Need to Know](#)

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<sup>1</sup> The permissible uses indicated are a partial listing and may not reflect the entirety of the permissible uses for the distribution. Applicants must follow all permissible use terms and conditions.

<sup>2</sup> The eligibility criteria indicated are a partial listing and do not reflect the entirety of the eligibility criteria for the distribution. Applicants must meet all eligibility criteria to receive payment.

<sup>3</sup> The permissible uses indicated are a partial listing and may not reflect the entirety of the permissible uses for the distribution. Applicants must follow all permissible use terms and conditions.

<sup>4</sup> The eligibility criteria indicated are a partial listing and do not reflect the entirety of the eligibility criteria for the distribution. Applicants must meet all eligibility criteria to receive payment.

<sup>5</sup> These T&Cs were removed from the Provider Relief Fund website on September 1, 2020. It is unclear if this was an intentional removal, but as of September 11, 2020, they have not been re-uploaded.

<sup>6</sup> These T&Cs were removed from the Provider Relief Fund website on September 1, 2020. It is unclear if this was an intentional removal, but as of September 11, 2020, they have not been re-uploaded.

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<sup>7</sup> The permissible uses indicated are a partial listing and may not reflect the entirety of the permissible uses for the distribution. Applicants must follow all permissible use terms and conditions.

<sup>8</sup> The eligibility criteria indicated are a partial listing and do not reflect the entirety of the eligibility criteria for the distribution. Applicants must meet all eligibility criteria to receive payment.

<sup>9</sup> The permissible uses indicated are a partial listing and may not reflect the entirety of the permissible uses for the distribution. Applicants must follow all permissible use terms and conditions.

<sup>10</sup> The eligibility criteria indicated are a partial listing and do not reflect the entirety of the eligibility criteria for the distribution. Applicants must meet all eligibility criteria to receive payment.

<sup>11</sup> There is a discrepancy between the information on the Provider Relief Fund website, the FAQ document, and the Terms and Conditions for Rural Testing and Skilled Nursing Facilities. While the website and FAQ document indicate that all PRF recipients must sign an attestation within 90 days of the payment, the Terms and Conditions for the Rural Testing and Skilled Nursing Facilities indicate that attestation is required within 45 days. We note further that the Skilled Nursing Facilities attestation period was previously 90 days, and may have been changed in error when HHS made revisions at the time of announcing the Skilled Nursing Facility / Nursing Home Infection Control distribution.