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Provider Relief Fund

Distribution Summary*



MAY 6

Rural Distribution

\$10B to almost 4,000 rural healthcare providers including hospitals, health clinics and health centers

APRIL 10 - 17 1st General Distribution (Phase 1)

\$30B distributed to nearly 320,000 MFFS billing providers based on their portion of 2019 MFFS payments

MAY 7 1st High-Impact Distribution

\$12B to nearly 400 hospitals with 100 or more COVID-19 admissions between Jan 1 and Apr 10

JUNE 9

1st Safety Net Hospital Distribution

\$10.3B to almost 800 facilities that disproportionately serve Medicaid recipients and the uninsured

hospitals in small metro areas

JULY 10 2nd Safety Net Distribution

JULY 10 Certain Specialty Rural Providers

Distribution

rural hospitals,

\$1B to 506 specialty

urban hospitals with

designations and

certain rural Medicare

\$3B to 214 hospitals operating on thin margins and serving a large vulnerable population percentage

JUL

AUGUST 10

Phase 2 General Distribution Expanded

\$18B provided for Phase 2 GD expanded to additional providers that may submit applications to true-up PRF payments equal to 2% of total patient care revenue; applications due Aug 28

SEPTEMBER 3 Nursing Home Incentive Payment Plans

\$2B for performancebased incentive payment distribution to nursing homes

SEP

OCTOBER1

Phase 3 General Distribution Announced

\$20B provided for Phase 3 GD

DECEMBER 7 Second Round

Second Round of Nursing Home Incentive Payments

\$523M to over 9,000 nursing homes

APR

APRIL 24

2nd General Distribution (Phase 1)

\$9.1B to almost 15,000 MFFS billing providers based on revenues from CMS cost report data

\$10.9B available to MFFS billing providers based on revenue submissions to the provider portal

MAY

MAY 22 Skilled Nursing

Facility Distribution \$7.4B to over 13,000 certified SNFs

MAY 29 Indian Health Service Distribution

\$500M to approximately 300 IHS programs

JUNE 10 Medicaid & CHIP Distribution (Phase 2)

NUL

\$15B available to providers participating in state Medicaid and CHIP programs

JULY 20

2nd High-Impact Distribution

\$10B to over 1,000 hospitals with 160 or more COVID-19 admissions between Jan 1 and Jun 10

JULY 22 Nursing Home Distribution

\$5B announced for Medicare-certified long-term care facilities and state veterans' homes

AUGUST 14

Children's Hospital Distribution

AUG

\$1.4B announced for free-standing children's hospitals

AUGUST 27 Distribution to Nursing Homes

\$2.5B to nursing homes to support increased testing, staffing and PPE

ОСТ

OCTOBER 28

First Round of Nursing Home Incentive Payments

\$333M paid to over 10,000 nursing homes

ing nome

DEC

DECEMBER 15

HHS Begins Distributing Phase 3 GD

\$24.5B distributed to providers, including hospitals

A portion of the PRF is distributed to healthcare providers treating uninsured COVID-19 patients on or after Feb. 4, 2020.

NOV

DISTRIBUTION & WHO IS ELIGIBLE	HOW FUNDS WERE ALLOCATED		
General Distribution 1: \$30 Billion—Providers that billed MFFS in 2019	(2019 MFFS Payments / \$453 Billion (Total MFFS 2019)) x \$30 Billion		
General Distribution 2: \$20 Billion—Providers that billed MFFS in 2019	(((Most Recent Tax Year Annual Gross Receipts) Equates to approximately 2% of net patient revenues x \$50 Billion) / \$2.5 Trillion) - GD 1 Payment per each eligible provider		
General Distribution 3: \$24.5 Billion—All Providers	Providers receive up to 88% of reported losses (both lost revenue and healthcare-related expenses attributable to coronavirus incurred during the first half of 2020; or 2% of annual revenue from patient care, whichever is greater		
argeted - Rural: \$10 Billion — Rural hospitals, health clinics and health centers	Rural acute care hospitals and Critical Access Hospitals—Graduated Base Payment + 1.97% of the Hospital's Operating Expenses (base payments were between \$1 Million and \$3 Million)	Independent Rural Health Clinics — \$100,000 per Clinic Site + 3.6% of the RHC's Operating Expenses	Community Health Centers —\$100,000 per Rural Clinic Site
argeted - High-Impact Areas (1st Distribution): \$12 Billion—Hospitals that treated 100 or more COVID-19 batients between Jan 1 and Apr 10	\$10 Billion to 395 High-Impact Hospitals— # COVID-19 Admissions (100 or More) x \$76,975	\$2 Billion to 395 High-Impact Hospitals with Medicare Disproportionate Share —\$2 Billion x (Hospital Medicare Funding/Sum of Medicare Funding for 395 Hospitals)	
Targeted - Skilled Nursing Facilities: \$7.4 Billion — Certified SNFs with six or more certified beds	\$4.9 Billion —Fixed distribution per facility of \$50,000 plus distribution of \$2,500 per bed	\$2.5 Billion —Fixed distribution of \$10,000 plus \$1,450 per bed	
argeted – Indian Health Service: \$500 Million	IHS and Tribal Hospital—\$2.81 Million + 3% Total Operating Expenses	IHS and Tribal Clinics and Programs — \$187,000 + 5% (Estimated Service Population x Average Cost per User)	IHS Urban Programs—\$181,000 + 6% (Estimated Service Population x Average Cost per User)
rargeted - Safety Net Hospitals (1 st Distribution): \$10 Billion—Hospitals and Medicare DPP of 20.2% or preater, average uncompensated care per bed of \$25,000 or more and profitability of 3% or less	(Hospital's Facility Score / Cumulative Facility Score across All Safety Net Hospitals) x \$10 Billion	Facility Score = Number of Facility Beds x DPP	Recipients received a minimum distribution of \$5 Million and a maximum distribution of \$50 Million
'argeted - Medicaid and CHIP (Phase 2): \$15 Billion—Phase 2 initially opened for providers that did not eceive funds from the GD and billed Medicaid or CHIP programs for healthcare-related services between an 1 and May 31	2% (Gross Revenues x Percent of Gross Revenues from Patient Care) for CY 2017, CY 2018 or CY 2019 as selected by applicant	For CY 2017, CY 2018 or CY 2019 as selected by the applicant	
Targeted - Safety Net Hospitals (2 nd Distribution): \$3 Billion—Certain acute care hospitals serving a large bercentage of vulnerable populations on thin margins that meet a revised profitability threshold of less than 3% averaged consecutively over two or more of the last five cost reporting periods	(Hospital's Facility Score / Cumulative Facility Score across All Safety Net Hospitals) x \$10 Billion	Facility Score = Number of Facility Beds x DPP	
Targeted - Rural/Small Metropolitan Areas: \$1 Billion—Certain hospitals with a special Medicare payment designation of Sole Community Hospitals or Medicare Dependent Hospitals, hospitals in small metro areas with a designation of Rural Referral Center, and 10 isolated urban hospitals that are 40 or more miles from another hospital open to the public	SCHs, MDHs and RRCs in Small Metro Areas—1% of Operating Expenses	Small City Hospitals without Special Medicare Designation—1% of Operating Expenses	Rural Specialty Hospitals (Psych, Rehab or Long- Term Acute Care)—Graduated Base Payment +
	Minimum payment of \$100,000, supplement of \$50 for each rural inpatient day and maximum payment of \$4.5 Million 10 Isolated Urban Hospitals—\$1 Million	Based on most recent Medicare cost report with minimum payment of \$100,000 and maximum payment of \$2 Million	Approximately 2% Operating Expenses Adjusted for rural patient share with a minimum payment of \$100,000 and a maximum payment of \$4.5 Million
Targeted - High-Impact Areas (2 nd Distribution): \$10 Billion—Hospitals with more than 160 COVID-19 apatient admissions between Jan 1 and June 10 2020 or an above average intensity of COVID admissions per ped (at least 0.54864)	\$50,000 per eligible inpatient admission between Jan 1 and June 10	HHS took previous High-Impact payments into account when determining this payment	
'argeted - Nursing Homes: \$5 Billion — Medicare-certified long-term care facilities and state veterans' omes that participate in the Nursing Home COVID-19 Training	\$2.5 Billion distributed in mid-August to support increased testing, staffing and PPE needs with the balance linked to outcomes-based performance in the coming months		
argeted - Nursing Home Incentive Payments: \$2 Billion—Eligible providers must demonstrate a rate of OVID infections below the rate of infection in the county in which they are located and have a COVID death ate that falls below a nationally established performance threshold for mortality among COVID-infected ursing home residents	For each performance period, 80% of bonus payments are available to providers that have positive performance on the infection measure; 20% of bonus payments are available to providers that have positive performance on the mortality measure		
eneral Distribution - Phase 2 (continued): \$18 Billion—Providers that participate in state Medicaid/ HIP programs, Medicaid managed care plans or provide dental care, as well as certain Medicare providers, acluding those who missed Phase 1 GD payment equal to 2% of their total patient care revenue or had a hange in ownership in 2019 or 2020	2% (Net Revenue from Patient Care)	Payment based on most recent tax filings (CY 2017, CY 2018 or CY 2019)	
argeted - Children's Hospitals: \$1.4 Billion — Qualifying free-standing children's hospitals that are either xempt under CMS IPPS or are an HRSA-defined Children's Hospital Graduate Medical Education facility	2.5% Net Patient Revenue		

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