COVID-19 Response:
Provider Relief Fund
Testing and Treatment for the Uninsured

Health Resources and Services Administration

Vision: Healthy Communities, Healthy People
The Provider Relief Fund supports payments to providers for healthcare-related expenses or lost revenue attributable to coronavirus and provides claims reimbursement to health care providers for COVID-19 testing and treatments for uninsured individuals.

- $2 billion from the Families First Coronavirus Response Act and the Paycheck Protection Program and Health Care Enhancement Act
- $175 billion from CARES Act and the Paycheck Protection Program and Health Care Enhancement Act

Claims Reimbursement Payments allocated to providers and facilities
Provider Relief Fund Timeline

Phase 1: General Distributions ($50 B)
- Medicare providers

Targeted Distributions
- COVID-19 High Impact Area Hospitals
- Rural and Small Metro Area Providers
- Indian Health Service Programs
- Skilled Nursing Facilities
- Safety Net Providers

Phase 2: General Distribution ($18B)
- Medicaid/CHIP providers
- Dental providers
- Medicare providers who didn’t receive full payment in Phase 1

Phase 3
- Broadly available
- Considers actual lost revenue and expenses

Uninsured Testing and Treatment Fund

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Faster, Targeted to Categories of Providers
More Deliberate, Individualized
General Distribution – Phase 1 ($50B)

Quickly distribute funds across providers to address lost revenue due to COVID-19.

**Payment Methodology**

- $30 billion was distributed starting April 10, proportionate to providers' share of Medicare fee-for-service reimbursements in 2019.
  - Billing Tax IDs Paid = Approx. 319,000
- On April 24, HHS began distributing an additional $20 billion to a portion of providers automatically based off the revenue data they submit in CMS cost reports.
- For those who did not receive a 2nd automatic payment, providers were required to submit their revenue information to HHS to assess the adequacy of the initial payment and determine possible additional General Distribution payment.

**Key Milestones**

- **April 10** – first $26 billion in payments
- **April 17** – $3.9 billion in payments
- **April 21** – $105 million in payments
- **April 24** – $9 billion in payments
- **April 24** – portal opened for providers to submit revenue information. Payments made on a rolling basis.

- Additional General Distribution payments were determined based on the lesser of 2% of a provider’s 2018 (or most recent complete tax year) gross receipts or the sum of incurred losses for March and April.
General Distribution – Phase 2 ($15B)

Distribute funds to those who treat our most vulnerable populations, including low-income and minority patients, and who did not qualify for Medicare-focused funding.

Payment Methodology

- Applicants will receive ~2% of annual patient care revenue.

Key Milestones

- **June 10** – Begin accepting Medicaid/CHIP providers’ applications
- **July 1** – First payments distributed to providers
- **July 7** – Begin accepting dental providers’ applications
- **August 10** – Expand to providers that did not receive full payment in Phase 1
- **August 28** – Deadline for applications

Eligibility

- For Medicaid/CHIP providers, billed Medicaid/CHIP between Jan. 1, 2018 – Dec. 31, 2019; and
- Filed a federal income tax return for fiscal years 2017, 2018 or 2019; or be exempt from filing a return; and
- Provided patient care after January 31, 2020; and
- Not permanently ceased providing patient care directly, or indirectly; and
- Have gross receipts or sales from providing patient care reported on Form 1040.
Targeted Distributions

Quickly distribute funds across providers to address lost revenue due to COVID-19.

Payment Methodology

- Methodologies vary by distribution
- Current Focus
  - COVID-19 High Impact Areas ($22 billion)
  - Rural providers and small metro area providers ($11 billion)
  - Indian Health Service Programs ($500 million)
  - Nursing facilities ($4.9 billion)
  - Safety net hospitals ($13 billion)

Key Milestones & Deliverables

- April 25 – Deadline for data submission by hospitals in areas particularly impacted by COVID-19
- May 6 – Rural Targeted Distribution
- May 7 – Round 1 COVID-19 High Impact Targeted Distribution
- May 22 – Nursing Facility Targeted Distribution
- May 29 – Tribal/IHS Targeted Distribution
- June 12 – Safety Net Hospital Targeted Distribution
- June 15 – Deadline for data submission by hospitals for Round 2 of High Impact payments
- July 14 – Rural Specialty and Small Metro Area Targeted Distribution
- July 15 – Additional Safety Net Hospital Targeted Distribution
- July 20 – Round 2 High Impact Area Targeted Distribution
Public Data

- HHS makes available the list of providers who accepted a payment from the General and Targeted Distributions of the Provider Relief Fund who have attested: https://data.cdc.gov/Administrative/HHS-Provider-Relief-Fund/kh8y-3es6
- This information is updated weekly, based on provider attestations received through the Attestation Portal.
COVID-19 Uninsured Program: Overview

Quickly reimburse providers for COVID-19 testing and treatment of the uninsured
More information available at: https://www.hrsa.gov/coviduninsuredclaim

Payment Methodology
- Claims reimbursement to health care providers
- Generally at Medicare rates
- For testing uninsured individuals for COVID-19 and treating uninsured individuals with a COVID-19 diagnosis, on or after Feb 4, 2020

Payment Mechanism
- HRSA awarded a contract to UnitedHealth Group to process claims from eligible health care providers for covered services.
- Payment is subject to available funding.

Key Milestones
- April 22 – Program details launched
- April 27 – Providers began signing up for the program at coviduninsuredclaim.linkhealth.com.
- April 29 – On Demand training began
- May 6 – Providers began submitting claims electronically
- As of July 16 – 15,905 providers have been paid totaling $550,079,466.08
COVID-19 Uninsured Program: Allowable Expenses and Eligible Recipients

Allowable Expenses

• Health care providers who have conducted COVID-19 testing of uninsured individuals or provided treatment to uninsured individuals with a COVID-19 diagnosis on or after February 4, 2020, can request claims reimbursement through the program.

• Eligibility is not based on profit/non-profit status

Eligible Recipients

• Specimen collection, diagnostic and antibody testing

• Testing-related visits including in the following settings: office, urgent care or emergency room or telehealth

• Treatment, including office visit (including telehealth), emergency room, inpatient, outpatient/observation, skilled nursing facility, long-term acute care (LTAC), acute inpatient rehab, home health, DME (e.g., oxygen, ventilator), emergency ambulance transportation, non-emergent patient transfers via ambulance, and FDA-approved drugs as they become available for COVID-19 treatment and administered as part of an inpatient stay

• FDA-approved vaccine, when available
Uninsured Program Snapshot – As of July 1, 2020
For More Information

Provider Relief Fund:

- *Program Information, Requirements, and State-By-State Tables*
- [https://chameleoncloud.io/review/3016-5ec704315a620/prod](https://chameleoncloud.io/review/3016-5ec704315a620/prod)
- *Provider Relief Fund Payment Portal User Guide*

Uninsured Portal:

- [https://www.hrsa.gov/coviduninsuredclaim](https://www.hrsa.gov/coviduninsuredclaim)
- *Program Information and Requirements*

Public Data on Attestations:

- [https://data.cdc.gov/Administrative/HRSA-Provider-Relief-Fund-General-Allocation/kh8y-3es6](https://data.cdc.gov/Administrative/HRSA-Provider-Relief-Fund-General-Allocation/kh8y-3es6)
Questions?
Point of Contact

Stakeholders should call the Provider Support Line at (866) 569-3522 (for TYY dial 711) for Provider Relief Fund and Testing and Treatment for the Uninsured questions.