



COVID-19 Response:

Provider Relief Fund Testing and Treatment for the Uninsured

Health Resources and Services Administration

Vision: Healthy Communities, Healthy People



Overview

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

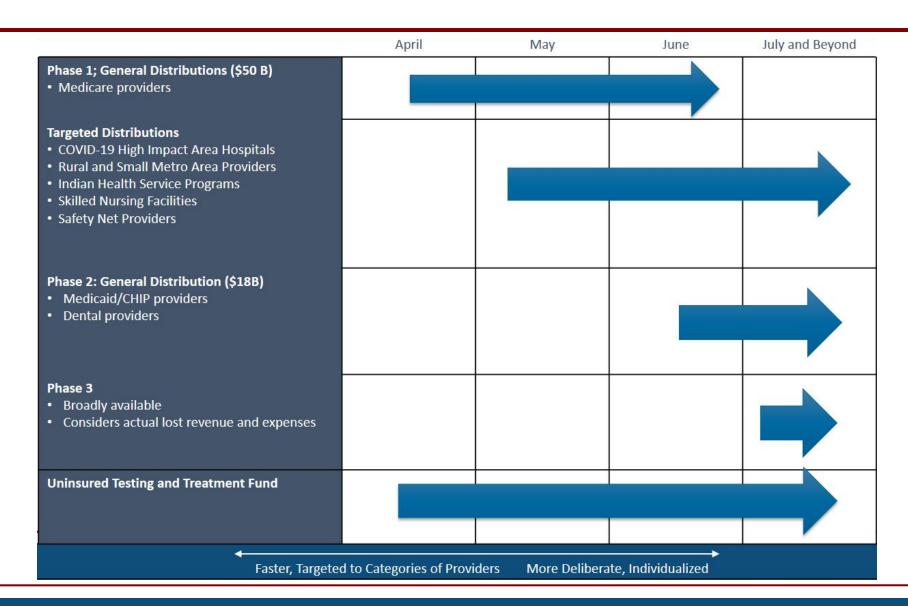
Claims Reimbursement

Payments allocated to providers and facilities





Provider Relief Fund Timeline





General Distribution – Medicare-focused 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 (\$18B)



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 3 Deadline for Medicaid/CHIP providers'
 and dental providers' applications

Eligibility

- No payment from the \$50 billion General Distribution; and
- 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 patients
 care reported on Form 1040.

 Health Resources & Services Administration

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



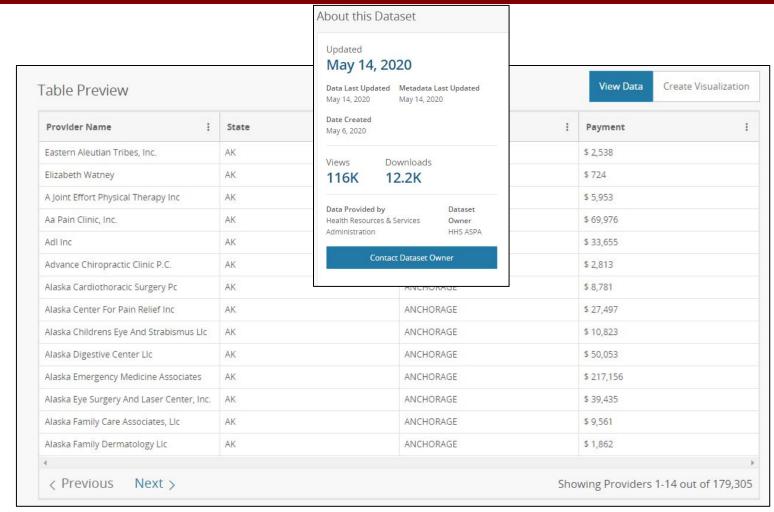


Public Data

 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/Administrativ e/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.



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 1,031,779 claims have been paid totaling \$386,451,273



Payment is subject to available funding.



COVID-19 Uninsured Program: Allowable Expenses and Eligible Recipients



Allowable Expenses

- 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



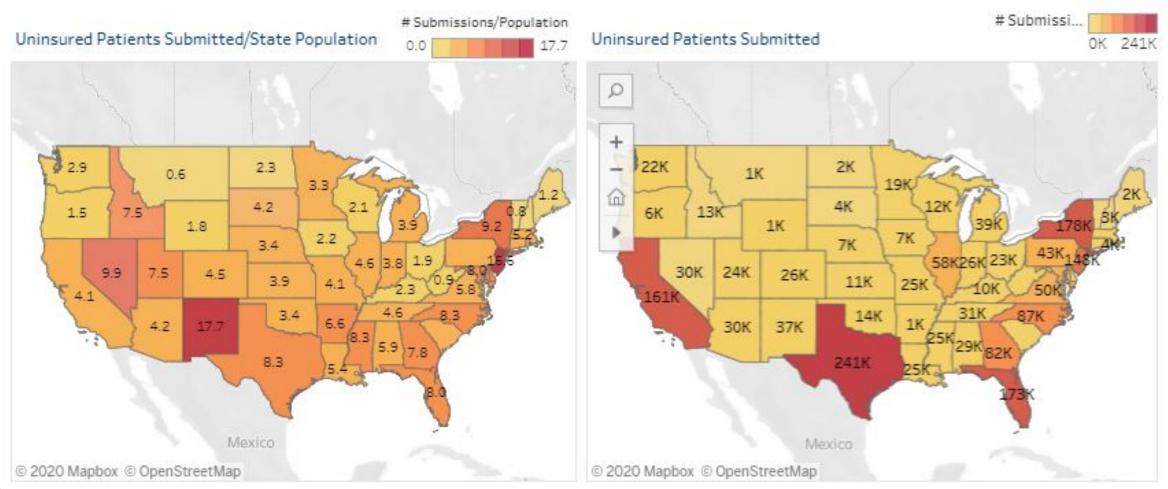
Eligible Recipients

- 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





Uninsured Program Snapshot – As of July 1, 2020 (continued)







For More Information

Provider Relief Fund:

https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/index.html

• Program Information, Requirements, and State-By-State Tables

Uninsured Portal:

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



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.



