

The following chart provides an overview of key stimulus funding opportunities for health care providers and hospitals that were made available through the series of COVID-19 response bills signed into law thus far.

- Phase 1 Bill – Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 ([H.R. 6074](#))<sup>1</sup>
- Phase 2 Bill – Families First Coronavirus Response Act ([H.R. 6201](#))<sup>2</sup>
- Phase 3 Bill – Coronavirus Aid, Relief, and Economic Security (CARES) Act ([H.R. 748](#))<sup>3</sup>
- Phase 3.5 Bill – Paycheck Protection Program and Health Care Enhancement Act ([H.R. 266](#))<sup>4</sup>

Overall, the chart encapsulates funds specifically appropriated to agencies within the Department of Health and Human Services (HHS)<sup>5</sup> and the Department of Veteran Affairs. Noted below are key grant, reimbursement, and loan opportunities organized by the following categories: providers, Medicare, Medicaid, and Veterans’ health. Information on funding opportunities made available through the Small Business Administration, the Federal Emergency Management Agency, and other federal agencies are discussed in WHG’s [Employer](#) and [State & Local Government](#) funding charts.

Funding Opportunity	Applicable Section and Bill	Funding Amount	Overview	Agency	Eligible Entities	Funding Mechanism	Implementation Status and Timing Details (Per Statute or Otherwise)
<b>PROVIDERS</b>							
<b>Public Health and Social Services Emergency Fund (PHSSEF)</b>	Phase I Bill (p. 5)	\$100M	Funds primary health care under the Health Centers Program.	Health Resources and Services Administration (HRSA)	HRSA-funded health centers	Grants	Funding has been disseminated. See WHG client <a href="#">summary</a> for details.
	Phase I Bill (p. 5)	\$100M	Funds the National Special Pathogen Treatment System to prepare health systems	Office of the Assistant Secretary for Preparedness	(1) National Emerging Special Pathogen Training and Education	Grants	Funding has been disseminated. See WHG client <a href="#">summary</a> for details.

<sup>1</sup> See legislative text at <https://www.congress.gov/116/plaws/publ123/PLAW-116publ123.pdf> (WHG client [summary](#))

<sup>2</sup> See legislative text at <https://www.congress.gov/116/bills/hr6201/BILLS-116hr6201enr.pdf> (WHG client [summary](#))

<sup>3</sup> See legislative text at <https://www.congress.gov/116/bills/hr748/BILLS-116hr748enr.pdf> (WHG client [summary](#))

<sup>4</sup> See legislative text at <https://www.congress.gov/116/bills/hr266/BILLS-116hr266enr.pdf> (WHG client [summary](#))

<sup>5</sup> See data [here](#) for information about all COVID-19 awards made by HHS to date.

			for an influx of COVID-19 patients.	and Response (ASPR)	Center (NETEC); (2) Regional Ebola and Other Special Pathogen treatment centers; (3) Hospital Preparedness Program (HPP) cooperative agreement recipients and their state/jurisdiction Special Pathogen Treatment Centers; and (4) Hospital associations		
	Phase 2 Bill (p. 5)	\$1B	Reimburses the costs of COVID19 diagnostic testing and services provided to uninsured individuals.	HRSA	Licensed health care providers	Reimbursements	Funding is available until expended.  As of July 16, HRSA has reimbursed providers about \$94M for testing claims and \$283M for treatment claims. Data is available <a href="#">here</a> .  HRSA launched a <a href="#">claims portal</a> to reimburse providers and facilities for COVID-19 services provided to the uninsured.  See WHG client <a href="#">summary</a> for details.
	Phase 3.5 Bill (p. 7)	\$1B					
	Phase 3 Bill (p. 281)	\$250M	Provides additional funding for the Hospital Preparedness Program (HPP).	ASPR	HPP grantees or sub-grantees or as Secretary prescribes	Grants or cooperative agreements	Funds available until September 30, 2024.
Phase 3 Bill (p. 282)	\$90M	Provides additional funding to Ryan White HIV/AIDS clinics for the prevention, preparation, and response to COVID-19.	HRSA	Ryan White HIV/AIDS clinics with existing contracts, grants, or cooperative agreements	Supplemental grants	Funds were awarded on April 15, 2020. A list of award recipients is available <a href="#">here</a> .	

	Phase 3 Bill (p. 282)	\$180M	Provides additional funding for telehealth and rural health activities.	HRSA	Hospitals funded through the Small Rural Hospital Improvement Program (SHIP) ( <b>\$150M</b> )  Tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes ( <b>\$15M</b> )	Supplemental grants	Funds were awarded for the SHIP on April 22, 2020. A list of award recipients is available <a href="#">here</a> .  Funds were awarded for the Rural Tribal COVID-19 Response program on May 28, 2020. A list of award recipients is available <a href="#">here</a> .
	Phase 3.5 Bill (p. 7)	\$1.825B	Provides funding to support administration of COVID-19 tests. This includes both testing for active infection and prior exposure, and further includes molecular, antigen, and serological tests.	HRSA	Testing for the Uninsured ( <b>\$1B</b> )  HRSA-funded health centers and FQHCs ( <b>\$600M</b> )  RHCs ( <b>\$225M</b> ) includes funding for building or construction of temporary structures, leasing of properties, and retrofitting facilities as necessary to support COVID-19 testing	Grants or other mechanisms	Funding must be allocated within 30 days of enactment.  Nearly \$583 million was awarded to HRSA-funded health centers. A list of award recipients is available <a href="#">here</a> .  HHS awarded \$225 million to RHCs for COVID-19 testing. A state-by-state breakdown of the funding is available <a href="#">here</a> .  <b>HHS awarded more than \$21 million to Health Center Controlled Networks (\$4.5 million) and Health Center Program look-alikes (\$17 million).</b>
	Phase 3.5 Bill (p. 6)	\$1B	Provides funding to develop and implement COVID-19 testing and associated technologies, accelerate development of point of care and other rapid testing, and for partnerships with governmental and non-governmental entities.	NIH Office of the Director	Governmental and non-governmental entities	Not specified (likely cooperative agreements)	Funding must be allocated within 30 days of enactment.
	Phase 3.5 Bill	\$1B	Provides funding for research, development,	BARDA	Not specified; however, BARDA	Not specified (likely)	Funding must be allocated within 30 days of enactment.

	(p. 6)		manufacturing, production, and purchase of diagnostic, serologic, or other COVID-19 tests or related supplies.		relies on public-private partnerships	cooperative agreements)	
<b>Provider Relief Fund</b>	Phase 3 Bill (p. 280-284)	\$100B	Funds to be used to prevent, prepare for, and respond to COVID-19 – including health care related expenses or lost revenues attributed to COVID-19.	HHS & HRSA	Medicare or Medicaid enrolled suppliers and providers (plus non-profit and for-profit entities per Secretarial discretion)	Grants (or other mechanisms), with awards issued on a rolling-basis, and in consideration of the most efficient payment system practicable.	<p><b><u>Overall Implementation Summary:</u></b> To date, HHS has allocated approximately \$116B of the \$175B in congressionally-appropriated Provider Relief funding. This includes: \$50B in general distributions based on 2019 Medicare FFS reimbursement (\$30B) and 2018 CMS cost reports (\$20B), as well as \$66B in targeted allocations.</p> <p>HHS has committed to using some amount of the roughly \$59B in remaining funding to reimburse dentists and providers caring for the uninsured.</p> <p>A detailed implementation breakdown follows.</p> <p><b><u>Detailed Implementation Information:</u></b></p> <p>Two tranches of general distributions totaling \$50B have been released:</p> <ol style="list-style-type: none"> <li>1. HHS delivered initial provider relief payments (\$30B) on April 10, 2020. See WHG client <a href="#">summary</a> for details.</li> <li>2. The second tranche of payments went out April 24, 2020 (\$20B). See</li> </ol>
	Phase 3.5 Bill (p. 3-4)	\$75B	<p>Funds may be used for: building or construction of temporary structures; leasing of properties; medical supplies and equipment, including personal protective equipment (PPE) and testing supplies; increased workforce trainings; emergency operations centers; retrofitting facilities; and surge capacity.</p> <p>Funds may not be used to reimburse expenses or other losses that have been reimbursed from other sources or that other sources are obligated to reimburse.</p> <p>Recipients are required to submit reports and maintain documentation.</p>				

							<p>WHG client <a href="#">summary</a> for details.</p> <p>Additional, targeted allocations totaling roughly \$66B have also been made to high impact areas, rural providers, nursing homes, tribal providers, Medicaid and CHIP providers, and safety net providers:</p> <ul style="list-style-type: none"> <li>• HHS began making allocations to high impact areas (\$12B) and rural providers (\$10B) May 1, 2020. See WHG client <a href="#">summary</a> for details.</li> <li>• On May 22, 2020 HHS announced \$4.9B would be distributed to nursing homes. See WHG client <a href="#">summary</a> for details.</li> <li>• HHS distributed \$500M to the Indian Health Service and tribal providers on May 26, 2020. See WHG client <a href="#">summary</a> for details.</li> <li>• HHS allocated \$25B to Medicaid/CHIP providers and safety net hospitals on June 9, 2020. See WHG client <a href="#">summary</a> for details.</li> <li>• On July 10, 2020 HHS announced it would distribute \$3B to safety net hospitals and \$1B to rural providers. See WHG client <a href="#">summary</a> for details.</li> </ul>
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<b>Rural Health and Small Provider Grant Programs</b>	Phase 3 Bill (p. 90-92)	\$397.5M	<p><b>Rural Health Care Services Outreach:</b> Provides support to promote rural health care services outreach projects utilizing evidence-based or promising practice models to address community-specific health concerns.</p> <p><b>Rural Health Network Development:</b> Provides support to rural communities for the implementation of activities needed to plan and develop formal and integrated health care networks such as, but not limited to, business plan development, community needs assessment, network organizational assessment, SWOT analysis, and health information technology readiness assessment.</p> <p><b>Small Health Care Provider Quality Improvement:</b> Provides support for the planning and implementation of evidenced-based quality improvement activities in the rural primary care setting to improve the quality and delivery of rural primary care services and patient health outcomes.</p>	HRSA	Not specified	Grants	Funds available until September 30, 2025.

<b>Community Health Centers</b>	Phase 3 Bill (p.88)	\$1.32B	Grants additional funding for the detection, prevention, diagnosis, and treatment of COVID-19.	HRSA	CHCs	Grants	Funds were awarded on April 9, 2020. See WHG client <a href="#">summary</a> for details.
<b>Telehealth</b>	Phase 3 Bill (p. 251)	\$200M	Supports the efforts of health care providers to address coronavirus by providing telecommunications services, information services, and devices necessary for telehealth services.	Federal Communications Commission (FCC)	(1) Post-secondary education institutions offering health care instruction, teaching hospitals, and medical schools; (2) CHCs or health centers providing health care to migrants; (3) Local health departments or agencies; (4) Community mental health centers; (5) Not-for-profit hospitals; (6) Rural health clinics; (7) Skilled nursing facilities; or (8) Consortia of health care providers wherein one or more entities fall within the aforementioned categories.	Grants	<p><b>Implementation Update:</b> The FCC posted the final list of awardees on July 8, see details <a href="#">here</a>.</p> <p>Applications <a href="#">closed</a> on June 25, 2020.</p> <p>Funds available until expended or until the end of the COVID-19 emergency.<sup>6</sup></p> <p>Application period opened April 13, 2020. See WHG client <a href="#">summary</a> for details.</p>
	Phase 3 Bill (p. 88)	\$145M	<b>Telehealth Resource Centers (TRCs)</b> assist health care organizations, health care networks, and health care providers in the implementation of cost-effective telehealth programs to serve rural and	HRSA	TRCs and TNCs	Supplemental grants	<p>Funds available until September 30, 2025.</p> <p>More than \$11.5 million awarded on April 22, 2020. A list of the award recipients is available <a href="#">here</a>.</p>

<sup>6</sup> The public health emergency was last [renewed](#) April 26, 2020 and is currently scheduled to end **July 25, 2020** unless it is renewed again.

			<p>medically underserved areas and populations.</p> <p><b>Telehealth Network Centers (TNCs)</b> are used to: (a) expand access to, coordinate, and improve the quality of health care services; (b) improve and expand the training of health care providers; and/or (c) expand and improve the quality of health information available to health care providers, and patients and their families, for decision-making.</p>				\$15 million was awarded to 159 organizations across 5 health workforce programs to increase telehealth capabilities. More information about the recipients is available <a href="#">here</a> .
<b>MEDICARE</b>							
<b>Temporary Suspension of Medicare Sequestration</b>	Phase 3 Bill (p. 141)	Estimated impact is \$85B <sup>7</sup>	Temporarily suspends the 2 percent Medicare sequester on FFS Medicare payments, which will increase reimbursement to hospitals and other providers during the COVID-19 outbreak.	CMS	Enrolled Medicare providers	Reimbursements	Beginning May 1, 2020, through Dec. 31, 2020.
<b>Medicare Add-on Payment for Inpatient Hospital COVID-19 Patients</b>	Phase 3 Bill (p. 142)	Unspecified	Hospitals will receive a Medicare payment increase of 20 percent for patients diagnosed with COVID-19 and discharged during the emergency period. This add-on is provided by increasing the weighting factor for the diagnosis-related groups (DRG) that a COVID-19 discharged patient is assigned by 20 percent, without any budget neutrality adjustment.	CMS	Enrolled Medicare providers	Reimbursements	The duration of the COVID-19 emergency. <sup>8</sup>
<b>Accelerated Payment for</b>	Phase 3 Bill (p. 146-147)	Unspecified	Expands the Medicare accelerated payment	CMS	Enrolled Medicare Part A and B	Loans	The duration of the COVID-19 emergency.

<sup>7</sup> Based on an analysis by the American Hospital Association.

<sup>8</sup> The public health emergency was last [renewed](#) April 26, 2020 and is currently scheduled to end **July 25, 2020** unless it is renewed again.



<b>Providers and Hospitals</b>			program, allowing hospitals to request that the appropriate Medicare Administrative Contractor (MAC): (1) make accelerated payments; (2) increase the amount of payment that would otherwise be made available to the hospital under the Medicare program up to 100 percent (or 125 percent for critical access hospitals); (3) extend the period of accelerated payments up to six months; (4) allow up to 120 days before claims are offset to recoup any accelerated payments; and (5) allow at least 12 months from the first accelerated payment date before payment in full is required.		providers/suppliers, including CAHs, who: (1) Have billed Medicare for claims within 180 days; (2) Are not in bankruptcy; (3) Are not under active medical review or program integrity investigation; and (4) Do not have any outstanding delinquent Medicare overpayments.		See CMS <a href="#">fact sheet</a> for details.
<b>Increased Medicare Access for Post-Acute Care</b>	Phase 3 Bill (p. 142-143)	Unspecified	Increases Medicare access for post-acute care during the COVID-19 emergency by permitting long-term care hospitals (LTCHS) to maintain their designation even if more than 50 percent of the LTCH's cases are less intensive.  Permits the Secretary of HHS to waive site-neutral payment rates that currently apply to LTCHs for a patient discharge if a patient was admitted during the emergency period and in response to the COVID-19 pandemic. This provision	CMS	Medicare enrolled LTCHs, IRFs	Reimbursements	The duration of the COVID-19 emergency. <sup>9</sup>

<sup>9</sup> The public health emergency was last [renewed](#) April 26, 2020 and is currently scheduled to end **July 25, 2020** unless it is renewed again.

			also waives the Inpatient Rehabilitation Facility (IRF) three-hour rule.				
<b>Home and Community-Based Services in Acute Care Hospitals</b>	Phase 3 Bill (p. 144-145)	Unspecified	Removes prohibitions on billing Medicare for home and community-based services delivered in acute care hospitals provided they are: (1) identified in the care plan; (2) provided to meet needs of the individual that are not met through hospital services; (3) not a substitute for services that the hospital is obligated to provide, and (4) designed to ensure smooth transitions between acute care settings and home and community-based settings.	CMS	Medicare enrolled acute care hospitals	Reimbursement	The duration of the COVID-19 emergency. <sup>10</sup>
<b>Additional Medicare Payment Adjustments</b>	Phase 3 Bill (p. 143; 145)	Unspecified	Provides additional Medicare payment adjustments, including: Pausing scheduled Medicare payment reductions for durable medical equipment; and  Stopping scheduled reductions in Medicare reimbursement for clinical diagnostic laboratory tests furnished to beneficiaries in 2021 (also delays reporting private payor data for one year).	CMS	Enrolled DMS suppliers, clinical labs	Reimbursements	<b>DME:</b> Rate are frozen from March 6, 2020 through the duration of the COVID-19 emergency.  <b>CLFS:</b> Delays reporting of private payer data to March 31, 2022 for the period from December 31, 2021 - January 1, 2022.  Delays implementation of scheduled reductions a year from 2021 to 2022.
<b>MEDICAID</b>							
<b>Delay of Medicaid Disproportionate Share Hospital Reductions</b>	Phase 3 Bill (p. 149-150)	No new funds; delays and reduces	Delays the \$4 billion in Medicaid disproportionate share hospital (DSH) reductions for fiscal year 2020.	CMS	Medicare Disproportionate Share Hospitals	Reimbursements	DSH reductions for FY 2021 are delayed until Dec. 1, 2020 (as opposed to Sept. 30, 2020). No additional cuts after FY 2025.

<sup>10</sup> Ibid.

		scheduled cuts	Lowers the fiscal year 2021 DSH reductions to \$4 billion (instead of the \$8 billion originally proposed).				
<b>VETERANS HEALTH</b>							
<b>Coverage of Testing for COVID-19 Through the Veterans Health Administration</b>	Phase 2 Bill (p. 6)	\$30M	Funds reimbursement by the Department of Veterans Affairs for the cost of COVID-19 diagnostic testing for veterans receiving care through Medical Community Care.	Veterans Health Administration (VHA)	Enrolled health care providers	Reimbursements	Funds available until September 30, 2022.