Understanding the Workbook

This is a collection of the provisions applicable to hospital finance in recent legislation and regulatory guidance relating to COVID-19 response.

Our analysis focuses on reimbursement and financing assistance for non-governmental hospitals operating in the United States.

Please note that our focus is limited, and our analysis is intentionally not exhaustive.

We have not analyzed many provisions (including various lending provisions) that are applicable to businesses generally, and which may include hospitals. We have not summarized or analyzed provisions that relate to health care or patient care more generally but that are unlikely to impact hospital finance directly. Our analysis does not take into account unique needs of public hospitals, teaching hospitals, or specialty hospitals. Lastly, we have not summarized or analyzed provisions that relate specifically to U.S. territories and tribes.

This document is divided into multiple parts, each with a different focus:
"**Executive Summary**" provides an overview of the financial support opportunities that hospitals may need to take action to access, and is organized into three groups:

- Group #1: COVID-19 Relief Bills Fixed Funding Opportunities: These are appropriations of specific dollar amounts in the various COVID-19 Relief Bills that non-governmental hospitals may be able to access.
- Group #2: COVID-19 Relief Bills Other Opportunities: These are statutory relief provisions that do not identify a fixed dollar value but do create potential financial relief or opportunity for non-governmental hospitals.
- Group #3: Strategic Opportunities not Included in COVID-19 Relief Bills: These are regulatory flexibilities announced by CMS, FEMA, and other governmental agencies that provide additional financial relief or reimbursement opportunities to non-governmental hospitals.

The opportunities in Groups 1-3 collectively may provide a number of invaluable financial resources for hospitals over the coming months, both in the immediate crisis and in the longer term response and recovery phases of the public health crisis.

"Categories of Relief" groups relevant provisions of the recent regulatory guidance and legislative relief packages into categories that roughly correspond to problems non-governmental hospitals may need to solve as part of their COVID-19 response. Please note that hospitals may play different roles with respect to these different programs:

- Direct beneficiaries (e.g., grants for which hospitals can apply directly)
- Participating providers in government programs (e.g., Medicare and Medicaid)
- Subcontractors and/or public-private partnerships (e.g., hospitals contracting with funded agency or beneficiary of grant funds to provide funded services)
- Secondary beneficiaries (e.g., grant recipient in turn sets up program benefitting hospitals)

Note: The simple descriptions are a hyperlink to more detailed summaries of these provisions (and the role hospitals may play with respect to each) in the following pages.

"CMS and Other Emergency Relief" summarizes the relief provisions relevant to hospital financing and reimbursement that CMS and FEMA have been authorized to provide by the initial federal emergency declaration.

"Coronavirus Supplemental Appropriations" summarizes the hospital reimbursement-related appropriations in the first COVID-19 relief package.

"Families First Act" summarizes the hospital reimbursement-related provisions and appropriations in the Families First Act.

"CARES Act" summarizes the hospital reimbursement-related provisions and appropriations in the CARES Act.

"GRANT Opportunities" tracks COVID-19 related grants that have been posted on grants.gov for which hospitals are potential applicants or beneficiaries.

"Glossary of Acronyms" identifies and explains common acronyms used throughout the document.

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This analysis is offered as-is to clients and friends of AHCV. We hope that it is helpful to you.

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Group #1 - COVID-19 Relief Bills - Fixed Funding Opportunities

#	Program/Provision	Primary Purpose	Funding Opportunity	Authority/Source	Eligible Providers/Entities	Action Items/Requirements	Timeline/Deadlines	Application/Template
1	Coronavirus Relief Fund	Funds to state and local gov't to cover necessary expenditures incurred due to the public health emergency that were not accounted for in the budget	$150,000,000,000	CARES Act, Sec. 5001	Private hospitals won't be direct beneficiaries but may be able to subcontract with or be sub-grantee of state/local beneficiaries	Lobby state/local gov't to direct funds towards hospitals	Payments to begin within 30 days of CARES Act passage	State/local applications were submitted to Treasury April 17, 2020.
2	PHSSEF Provider Relief Fund	Funding for hospital lost revenues and increased costs not otherwise compensated: • $50B general funding • $10B hotspot funding • $10B rural funding • $400M tribal funding • Unspecified amount designated to fund claims for uninsured care at Medicare rates.	$100,000,000,000	CARES Act, Emergency Appropriations (Div. B), Title VIII	(1) Public entities, (2) Medicare or Medicaid providers, and (3) Other entities that provide diagnoses, testing, or care for COVID-19 as specified by the Secretary	• general funding: provider attestation, provider verification of allocation data via web portal, https://www.hhs.gov/provider-relief/index.html • hotspot funding: provider submission of ICU bed/COVID caseload data by midnight on April 23, 2020 (extended to 4/25/20) (direct email to providers has submission details) •rural and tribal funding TBD • uninsured claims: attestation, registration via provider portal opened week of 4/27; claims submission to begin week of 4/6/20 at https://www.hrsa.gov/coviduninsuredclaim	To remain available until expended; Secretary to submit reports to Congress on obligation of funds every 60 days from passage of the Act. • general funding: attestation deadline +30 days from receipt of funds ($30B distributed 4/10/20; $20B distributed 4/24/20). • hotspot funding: COVID caseload and ICU capacity data provided by 4/23/20 (extended to 4/25); distrubtions began 5/1/20. • rural and tribal funding: distributions began 5/1/20 • uninsured claims: attestation; registration will open week of 4/27; claims will be paid from February 4, 2020 through end of public health emergency.	Provider Relief Fund Terms and Conditions: https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/terms-conditions/index.html General Distribution Portal (financial information required for the $20B general distribution): https://www.hhs.gov/sites/default/files/20200425-general-distribution-portal-faqs.pdf Uninsured Fund Registration and Claims Submission: https://www.hrsa.gov/coviduninsuredclaim
3	PHSSEF Funding for Nat'l Stockpile, Hospital Preparedness	Purchase of supplies/vaccines/surge capacity	$27,014,500,000 ($16,000,000,000 Nat'l Stockpile) ($289,000,000 may be transferred to other federal agencies as needed) ($250,000,000 for Hospital Preparedness Program)	CARES Act, Emergency Appropriations (Div. B), Title VIII	(for $250,000,000 Hospital Preparedness) Grantees or sub-grantees of the Public Health Service Act's Hospital Preparedness Program	Assistant Secretary for Preparedness and Response Hosital Preparedness Program grant process. Awards issued pursuant to sections 319C-2 or section 311 of the Public Health Service Act.	Expires September 30, 2024	Not yet available.
4	PHSSEF funding for supply chain purchases (including medical surge capacity, facility construction)	Development of countermeasures and vaccines, purchase of diagnostic/treatment supplies and surge capacity, facilities buildout	$3,100,000,000 ($100,000,000 to HRSA for grants to health centers) (ADDT'L $300,000,000 for same larger purposes to be made available on HHS Sec. certification of need)	Coronavirus Suppl. Approps. Act, Title III	States and local governments (hospitals may be secondary beneficiaries or subcontractors to these entities)	Contracting or applying to HHS/HRSA or with beneficiary states/localities to obtain supplies, construction of overflow facilities	• Funds to remain available until 9/30/2024; • Grants may be for activities retroactive to Jan. 20. • HHS Secretary to provide detailed spend plan to Congress within 30 days of enactment of CPR Suppl. Approps. Act and update plan every 60 days through 9/30/2024	Not yet available.
5	CDC funding to assist states	State/local emergency preparedness, incl. testing capacity and overflow facilities	$2,200,000,000 ($950,000,000 to states, localities, tribes) ($40M to tribes) ($300M to global efforts)	Coronavirus Suppl. Approps. Act, Title III	States and local governments (hospitals may be secondary beneficiaries or subcontractors to these entities)	Contracting/grants with beneficiary states/localities re: testing, construction of overflow facilities	• Funds to remain available till 9/30/2022 • First $475,000,000 to be allocated within 30 days of enactment of CPR Suppl. Approps. Act; grantees to submit spending plans within 45 days of enactment. • Grants may be for activities retroactive to Jan. 20.	Not yet available.
6	PHSSEF funding for COVID testing	Payment of provider claims relating to detection/diagnosis/testing of COVID-19 for uninsured	$1,000,000,000	Families First Act, 2d Coronavirus Preparedness and Response Suppl. Approps., Title V	All providers	See information re: CARES Act Provider Relief Fund Uninsured Fund Distributions (Attestation, provider registration, and claims submission)	Funds to remain available until expended; • HHS Secretary to provide detailed spend plan to Congress within 30 days of enactment of 2d CPR Suppl. Approps. Act and update plan every 60 days through 9/30/2024	N/A
7	NIEHS funding for hospital worker training	COVID-19 response, incl. hospital worker training to reduce exposure	$836,000,000 ($10,000,000 to NIEHS for hospital worker training)	Coronavirus Suppl. Approps. Act, Title III	Unclear whether hospitals can apply directly to NIEHS for funds or potentially be secondary beneficiaries or subcontractors to other recipients.	Contracting/grants with beneficiary states/localities re: hospital worker training	• Funds to remain available until 9/30/2024; • Grants may be for activities retroactive to Jan. 20. • HHS Secretary to provide detailed spend plan to Congress within 30 days of enactment of CPR Suppl. Approps. Act and update plan every 60 days through 9/30/2024	Not yet available.
8	PHSSEF Funding for Rural Health and other specific programs	Telehealth/rural health funding	$275,000,000 ($90,000,000 HIV) ($5,000,000 Poison Control) ($180,000,000 Rural Health)	CARES Act, Emergency Appropriations (Div. B), Title VIII	Non-federal, short term general acute hospitals in rural areas with 49 beds or less.	Funding mechanism will be Small Rural Hospital Improvement Program (SHIP) grants.	• Expires September 30, 2022 • Funds may be allocated as reimbursement for COVID-19 response activities taken before passage of the Act	https://www.hrsa.gov/rural-health/coronavirus-frequently-asked-questions
9	FCC COVID-19 Telehealth Program	Funding for rural telehealth infrastructure	$200,000,000	CARES Act, Emergency Appropriations (Div. B), Title VIII	Nonprofit or public: (1) teaching hospitals or medical and related schools; (2) community health centers; (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 consisting of one or more entities falling into the first seven categories. ** ALSO dedicated emergency rooms in rural for-profit hospitals**	Eligible nonprofits will be able to submit streamlined application. Applications can be completed online. There is no application deadline and funding decisions will be made on a rolling basis. To receive disbursements, eligible health care providers that are approved for funding will be required to submit an invoicing form and supporting documentation in order to receive reimbursement for eligible expenses and services. Prior to applying, eligible parties should: 1. Create an FCC Registration Number (FRN) and username and password in the Commission Registration System (CORES). 2. Obtain an eligibility determination from the Universal Service Administrative Company (USAC) by filing FCC Form 460 through My Portal on USAC's webpage. 3. Register with the federal System for Award Management (SAM).	To remain available until expended	https://www.fcc.gov/document/fcc-fights-covid-19-200m-adopts-long-term-connected-care-study
10	Rural Health Care Grant Program	Telehealth expansion and rural healthcare	$29,000,000 for each of FY 2021-2025 (3212, telehealth) $79,500,000 for each of FY 21-25 (3213. rural providers)	CARES Act, Sec. 3212-3213	Health center grantees	Funds will be allocated thorugh the existing Public Health Service Act Section 330 grant process; funds go to health centers to contract with emergency departments for consultation services	Ongoing	https://www.hrsa.gov/grants/find-funding/hrsa-20-036

Group #2 - COVID-19 Relief Bills - Other Opportunities

#	Program/Provision	Primary Purpose	Funding Opportunity	Authority/Source	Eligible Providers/Entities	Action Items/Requirements	Timeline/Deadlines	Application/Template
1	State Option to Cover Uninsured Testing and Related Treatment	Medicaid to cover testing; State option for uninsured COVID testing	100% federal contribution for testing and related services through Medicaid and for uninsured (in states that elect to provide such coverage).	Families First Act, Sec. 6004 (a)(1)-(3)	Medicaid providers	Filing Medicaid claims for COVID-19 testing; look to CMS/State Medicaid agency guidance re: uninsured COVID-19 testing claims	Duration of "emergency period" (as defined in 1135(g) of SSA)	https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/state-plan-flexibilities/index.html
2	Expansion of Medicare accelerated payment program	Short term loans to providers based on advancing payment for Medicare claims	Advance payment on Medicare claims	CARES Act, Sec. 3719	Medicare providers (includes newly eligible children's hospitals, cancer hospitals and critical access hospitals)	Hospital must apply for accelerated payments	During the emergency period BUT CMS has halted new applications as of 4/26/20	https://www.cms.gov/files/document/Accelerated-and-Advanced-Payments-Fact-Sheet.pdf

Group #3 - Strategic Opportunities not Included in COVID-19 Relief Bills

#	Program/Provision	Primary Purpose	Funding Opportunity	Authority/Source	Eligible Providers/Entities	Action Items/Requirements	Timeline/Deadlines	Application/Template
1	COVID 1115 Waiver	Time-limited waiver to create COVID-specific payment streams not subject to typical 1115 budget neutrality	Potential vehicle for additional UC pool or other Medicaid payment stream.	• 3/13/20 Declaration of National Emergency; Social Security Act Section 1115; • State Medicaid Director Letter dated 3/22/2020 (SMDL # 20-002)	Medicaid providers (TBD)	• Proactive: recommend waiver options to state agency • Reactive: watch state agency guidance for requirements to qualify for any 1115 programs	Available for duration of emergency	https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page .
2	COVID State Plan Amendment	SPAs can be used to expand eligibility/covered services, adjust provider reimbursement	Potential vehicle for additional provider reimbursement, temporary expansion of eligibility, benefits.	• 3/13/20 Declaration of National Emergency; • Social Security Act (various provisions); CMS Disaster Relief SPA template	Medicaid providers (TBD)	• Proactive: recommend SPA options to state agency • Reactive: watch state agency guidance for requirements to qualify for any SPA programs	Available for duration of emergency	https://www.medicaid.gov/resources-for-states/disaster-response-toolkit/state-plan-flexibilities/index.html
3	COVID Appendix K Amendments	Ease home and community-based care requirements	States may accelerate changes to their 1915(c) home and community-based services waiver operations	• 3/13/20 Declaration of National Emergency; • Social Security Act, Section 1915(c); CMS has provided a COVID-specific template and instructions.	Home and Community Benefits service providers	State Medicaid agency must submit Appendix amendment.	Available for duration of emergency	https://www.medicaid.gov/resources-for-states/disaster-response-toolkit/home-community-based-services-public-health-emergencies/emergency-preparedness-and-response-for-home-and-community-based-hcbs-1915c-waivers/index.html
4	FEMA Public Assistance for Emergency Medical Care	Reimburse non-profit hospitals for emergency medical costs	Reimbursement of covered expenses for nonprofits providing emergency medical care	• 3/13/20 Declaration of National Emergency; National • Emergencies Act (50 U.S.C. 1601 et seq.); • FEMA has issued streamlined application template and guidelines	Nonprofits: Application for relief with appropriate documentation For-profits: Consider subcontracting opportunities with eligible local government entities	• Nonprofits: Application for relief with appropriate documentation • For-profits: Consider subcontracting opportunities with eligible local government entities	Available for duration of emergency	https://www.fema.gov/news-release/2020/03/23/coronavirus-covid-19-pandemic-public-assistance-simplified-application

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Program/Provision	Funding Opportunity	Lost Revenue/Operating Costs	Provision of COVID-19 Care: Medicaid	Provision of COVID-19 Care: Medicare	Provision of COVID-19 Care: Uninsured	Physical Facilities/Overflow Facilities	PPE/Equipment	Personnel	Vaccine Research/Clinical Trials	Telehealth	Miscellaneous
		CMS and Other Emergency Relief									
'CMS and Other Emergency Relief'!B5	N/A					x		x			x
'CMS and Other Emergency Relief'!B4	Reimbursement of covered expenses for nonprofits providing emergency medical care		x	x	x	x					
'CMS and Other Emergency Relief'!B6	Potential vehicle for additional UC pool or other Medicaid payment stream.	x	x		x	x		x			
'CMS and Other Emergency Relief'!B7	Potential vehicle for additional provider reimbursement, temporary expansion of eligibility, benefits.		x		x	x		x		x	
'CMS and Other Emergency Relief'!B8	States may accelerate changes to their 1915(c) home and community-based services waiver operations		x			x		x			
		Coronavirus Suppl. Approps.									
'CPR Supplemental Appropriations'!B5	N/A			x		x				x	
'CPR Supplemental Appropriations'!B4	$61,000,000						x		x		
'CPR Supplemental Appropriations'!B6	$238,000,000 ($10,000,000 to NIEHS for hospital worker training)							x			
'CPR Supplemental Appropriations'!B7	$3,100,000,000 ($100,000,000 to HRSA for grants to health centers) (ADDT'L $300,000,000 for same larger purposes to be made available on HHS Sec. certification of need)					x	x	x			
'CPR Supplemental Appropriations'!B5	$2,200,000,000 ($850,000,000 to states, localities, tribes) ($40M to tribes) ($100M to global efforts)					x	x	x	x	x	
		Families First Act									
Families First Act'!B4	$1,000,000,000				x						
Families First Act'!B7	100% federal contribution for testing and related services through Medicaid and for uninsured (in states that elect to provide such coverage).		x		x						
Families First Act'!B6	Texas base FMAP will increase from 60.89% for FY20 (per 83 F.R. 61156) to 67.39%)	x	x								
		CARES Act									
'CARES Act'!B14	~ $4,000,000,000 in FY20 (delay); ~ $4,000,000,000 in FY21 (reduction and delay)	x	x		x						
'CARES Act'!B27	$100,000,000,000	x			x	x	x				
'CARES Act'!B28	$275,000,000 ($50,000,000 HIV) ($5,000,000 Poison Control) ($180,000,000 Rural Health)		x	x	x					x	
'CARES Act'!B9	$29,000,000 for each of FY 2021-2025 (3212, telehealth) $79,500,000 for each of FY 21-25 (3213. rural providers)		x	x	x					x	
'CARES Act'!B16	$45,000,000,000 ($25,000,000,000 for major disasters) ($15,000,000,000 for all purposes) ($3,000,000 for oversight)					x	x				x
'CARES Act'!B18	$4,300,000,000 ($1,500,000,000 to states/locals)								x		
'CARES Act'!B25	$27,014,500,000 ($16,000,000,000 Nat'l Stockpile) ($3,000,000,000 may be transferred to other federal agencies, as needed) ($250,000,000 for Hospital Preparedness Program)					x	x	x	x		
'CARES Act'!B20	$756,000,000 ($156,000,000 for NIH research facilities)						x		x		
'CARES Act'!B26	$200,000,000									x	
'CARES Act'!B19	$103,400,000										x
'CARES Act'!B21	$60,000,000										x
'CARES Act'!B22	$10,000,000										x
'CARES Act'!B23	$425,000,000 ($240,000,000 for Community Behavioral Health Clinics) ($100,000,000 for emergency mental health needs) ($50,000,000 for suicide prevention)		x	x	x						
'CARES Act'!B15	$150,000,000,000										x
'CARES Act'!B12	Advance payment on Medicare claims			x							
'CARES Act'!B8	2% reduction removed from Medicare payments			x							
'CARES Act'!B7	Varies			x						x	
		Interim Coronvirus Relief Bill									
'Interim Coronavirus Relief Bill'!B4	$75,000,000,000	x			x	x	x				
'Interim Coronavirus Relief Bill'!B5	$25,000,000,000, including: • $600,000,000 for Community Health Centers to support COVID-19 testing • $225,000,000 for Rural Health Clinics to support COVID-19 testing • Up to $1,000,000,000 to cover the cost of testing the uninsured. • $11,000,000,000 for States, localities, territories, and Tribes • $1,000,000,000 for CDC for surveillance, epidemiology, contact tracing, and other activities to support testing • $1,800,000,000 for NIH to accelerate development of point-of-care and rapid diagnostic technologies • $1,000,000,000 for BARDA to accelerate development of point-of-care and rapid diagnostic technologies • $22,000,000 for FDA for its role in accelerating development and approval of point-of-care and rapid diagnostics				x						

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CMS and Other Relief Flowing From 3/13/20 Emergency Declaration: Provisions Affecting Nongovernmental Hospitals

#	Program/Provision	Primary Purpose	Funding Opportunity	Source	Federal Agency Involved	State/Local Agency/Private Industry Involved	Eligible Providers/Entities	Action Items/Requirements	Timeline/Deadline	Notes	Implementation Activity (as of 3/31/20)	Resources
1	FEMA Public Assistance for Emergency Medical Care	Reimburse non-profit hospitals for emergency medical costs	Reimbursement of covered expenses for nonprofits providing emergency medical care	• 3/13/20 Declaration of National Emergency; National • Emergencies Act (50 U. S.C. 1601 et seq.); • FEMA has issued streamlined application template and guidelines	FEMA	FEMA is authorizing direct applications	Nonprofits: Application for relief with appropriate documentation For-profits: Consider subcontracting opportunities with eligible local government entities	• Nonprofits: Application for relief with appropriate documentation • For-profits: Consider subcontracting opportunities with eligible local government entities	Available for duration of emergency	• Only available to nonprofit hospitals (private for-profit hospitals may be able to contract with eligible state/local governments) • Only available for direct emergency costs (ED care, not inpatient care); can also include costs of building overflow medical shelters. • Not available for costs covered by Medicare/Medicaid/private insurance or other grant programs (CDC, ASPR, etc.)	FEMA is considering applications on a rolling basis.	https://www.fema.gov/news-release/2020/03/23/coronavirus-covid-19-pandemic-public-assistance-simplified-application https://www.fema.gov/news-release/2020/03/31/coronavirus-covid-19-pandemic-emergency-medical-care
2	1135 Waiver	Ease administrative restrictions on provider enrollment, claims processing	N/A	• 3/13/20 Declaration of National Emergency; • Social Security Act, Section 1135 (42 U.S.C. 1320b–5)	CMS has discretion to grant waivers	• State Medicaid agency must apply for waiver; • TX HHSC applied for waiver ~ 3/26/2020	Medicaid providers (TBD)	Reactive: watch state agency guidance for any requirements to comply with criteria for 1135 flexibilities	Available for duration of emergency; • CMS typically grants waivers in under 2 weeks	TX waiver: • Allows extension of prior authorizations; • Eases requirements for SNF, nursing facilities; • Waives face-to-face initial visit requirements for telehealth; • Eases provider enrollment requirements; • Allows services in some alternative/unlicensed facilities; • Allows some out of state providers;	CMS has approved TX 1135 waiver.	https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/cms-1135-waivers/index.html https://hhs.texas.gov/sites/default/files/documents/services/health/coronavirus-covid-19/medicaid-chip-covid-19-information-session-handout.pdf
3	COVID 1115 Waiver	Time-limited waiver to create COVID-specific payment streams not subject to typical 1115 budget neutrality	Potential vehicle for additional UC pool or other Medicaid payment stream.	• 3/13/20 Declaration of National Emergency; Social Security Act Section 1115; • State Medicaid Director Letter dated 3/22/2020 (SMDL # 20-002)	CMS has discretion to grant waivers;	State Medicaid agency must apply for waiver	Medicaid providers (TBD)	• Proactive: recommend waiver options to state agency • Reactive: watch state agency guidance for requirements to qualify for any 1115 programs	Available for duration of emergency	• States NOT required to submit budget neutrality calculations. • States still must track expenditures • States not required to conduct a public notice and input process. • CMS expediting review and approval • Template for application provided in SMDL #20-002	Texas has not yet applied; state is considering a future application.	https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page .
4	COVID State Plan Amendment	SPAs can be used to expand eligibility/covered services, adjust provider reimbursement	Potential vehicle for additional provider reimbursement, temporary expansion of eligibility, benefits.	• 3/13/20 Declaration of National Emergency; • Social Security Act (various provisions); CMS Disaster Relief SPA template	CMS has discretion to grant SPAs;	State Medicaid agency must apply for SPA	Medicaid providers (TBD)	• Proactive: recommend SPA options to state agency • Reactive: watch state agency guidance for requirements to qualify for any SPA programs	Available for duration of emergency	CMS notes disaster SPAs may: • Expand temporary coverage to optional eligibility groups, • Add specialized benefits, • Expand telehealth coverage, and • Temporary increase to provider reimbursement	Texas has not yet applied; state is considering a future application.	https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/state-plan-flexibilities/index.html
5	COVID Appendix K Amendments	Ease home and community-based care requirements	States may accelerate changes to their 1915(c) home and community-based services waiver operations	• 3/13/20 Declaration of National Emergency; • Social Security Act, Section 1915(c); CMS has provided a COVID-specific template and instructions.	CMS has discretion to grant amendment	State Medicaid agency must apply for amendment of existing 1915(c) waiver authority	Home and Community Benefits service providers	State Medicaid agency must submit Appendix amendment.	Available for duration of emergency	Standalone appendix to amend approved 1915(c) waivers in emergency situations	Texas has not yet applied; state is considering a future application.	https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html
7	CMS Interim Final Rule with Comment Period (IFC) - May 8	Provider flexibility to respond to public health threats posed by COVID-19	N/A		CMS		Medicare and Medicaid Providers	N/A		IFC included several adjustments to Medicare telehealth policy. •For the duration of the public health emergency (PHE), CMS will use a subregulatory process to modify the services included on the Medicare telehealth list. CMS did not codify a specific process, but noted that requested new telehealth services could be added by simply being posted to the existing web listing of telehealth services. Telehealth services added using the revised process will remain on the list only during the PHE. •Opioid Treatment Program providers may now perform periodic assessments via two-way audio-video communications technology, or by audio-only telephone calls when audio-video technology is unavailable to beneficiaries. •CMS expanded the types of outpatient services that can be provided via telehealth. Therapeutic, educational, and training services may now be provided by hospital clinical staff using telecommunications technology to registered outpatients in the hospital, including in the patient's home if it is made a temporary provider based department (PBD) of the hospital. Partial hospitalization programs (PHPs) may furnish individual psychotherapy, patient education, and group psychotherapy services to beneficiaries by audio-visual communication technology, or by audio-only telephone calls when audio-visual technology is unavailable to beneficiaries. •Hospitals may now bill the originating site facility fee to support telehealth services for registered outpatients furnished by physicians or other practitioners who ordinarily practice in a hospital outpatient department. •Teaching physicians may now use real-time audio-visual telecommunications technology to review services provided by a resident. Teaching physicians may also receive PFS payments for certain additional services furnished by a resident under the primary care exception.	Published May 8	https://www.federalregister.gov/documents/2020/05/08/2020-09608/medicare-and-medicaid-programs-basic-health-program-and-exchanges-additional-policy-and-regulatory

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COVID-19 Relief Package #1: Coronavirus Preparedness and Response Suppl. Approps. Act, Pub. L. 116-123: Provisions Affecting Nongovernmental Hospitals

#	Program/Provision	Primary Purpose	Funding Opportunity	Source	Federal Agency Involved	State/Local Agency/Private Sector Involved	Eligible Providers/Entities	Action Items/Requirements	Timeline/Deadlines	Notes	Implementation Activity (as of 3/31/20)	Resources
1	FDA supply chain funding	**Development** of vaccines/supplies	**$61,000,000**	Coronavirus Suppl. Approps. Act, Title I	FDA	Private industry	Manufacturers of vaccines, treatments, medical equipment	Contracting/grants with FDA for development of vaccines, treatments	• Funds to remain available "until expended." • HHS Secretary to provide detailed spend plan to Congress within 30 days of enactment of CPR Suppl. Approps. Act and update plan every 60 days through 9/30/2024	Earmarked for "development of necessary medical countermeasures and vaccines, advanced manufacturing for medical products, the monitoring of medical product supply chains, and related administrative activities"	No info yet	https://www.congress.gov/116/plaws/publ123/PLAW-116publ123.pdf
2	CDC funding to assist states	State/local emergency preparedness, incl. **testing capacity and overflow facilities**	$2,200,000,000 (**$950,000,000** to states, localities, tribes) ($40M to tribes) ($300M to global efforts)	Coronavirus Suppl. Approps. Act, Title III	CDC	States, localities	States and local governments (hospitals may be secondary beneficiaries or subcontractors to these entities)	Contracting/grants with beneficiary states/localities re: testing, construction of overflow facilities	• Funds to remain available till 9/30/2022 • First $475,000,000 to be allocated within 30 days of enactment of CPR Suppl. Approps. Act; grantees to submit spending plans within 45 days of enactment. • Grants may be for activities retroactive to Jan. 20.	• Earmarked for grants to States, localities, territories, tribes, for testing/communications/labs/other preparedness and mitigation activities; • May include construction/alteration of non-Federally owned facilities to support state/local response • HHS Secretary to provide detailed spend plan to Congress within 30 days of enactment of CPR Suppl. Approps. Act and update plan every 60 days through 9/30/2024	No info yet	https://www.congress.gov/116/plaws/publ123/PLAW-116publ123.pdf
3	NIEHS funding for hospital worker training	COVID-19 response, incl. **hospital worker training** to reduce exposure	$836,000,000 (**$10,000,000** to NIEHS for hospital worker training)	Coronavirus Suppl. Approps. Act, Title III	National Institute of Allergy and Infectious Disease (NIAID) and National Institute of Environmental Health Sciences (NIEHS)	TBD	Unclear whether hospitals can apply directly to NIEHS for funds or potentially be secondary beneficiaries or subcontractors to other recipients.	Contracting/grants with beneficiary states/localities re: hospital worker training	• Funds to remain available until 9/30/2024; • Grants may be for activities retroactive to Jan. 20. • HHS Secretary to provide detailed spend plan to Congress within 30 days of enactment of CPR Suppl. Approps. Act and update plan every 60 days through 9/30/2024	For COVID-19 response, domestic and international; $10M earmarked for National Institute of Environmental Health Sciences for worker training to reduce exposure of hospital employees and other first responders.	No info yet	https://www.congress.gov/116/plaws/publ123/PLAW-116publ123.pdf
4	PHSSEF funding for supply chain purchases (including medical surge capacity, facility construction)	Development of countermeasures and vaccines, purchase of diagnostic/treatment supplies and **surge capacity, facilities buildout**	**$3,100,000,000** ($100,000,000 to HRSA for grants to health centers) (ADDT'L $300,000,000 for same larger purposes to be made available on HHS Sec. certification of need)	Coronavirus Suppl. Approps. Act, Title III	Assistant Secretary for Preparedness and Response (Public Health and Social Services Emergency Fund)	States, localities, private industry	States and local governments (hospitals may be secondary beneficiaries or subcontractors to these entities)	Contracting or applying to HHS/HRSA or with beneficiary states/localities to obtain supplies, construction of overflow facilities	• Funds to remain available until 9/30/2024; • Grants may be for activities retroactive to Jan. 20. • HHS Secretary to provide detailed spend plan to Congress within 30 days of enactment of CPR Suppl. Approps. Act and update plan every 60 days through 9/30/2024	• Federal purchases to enhance surge capacity, manufacturing of supplies, development and purchase of vaccines (may be deposited in National Stockpile); • May also be used for construction/alteration of non-federally owned facilities to support state/local response • $100,000,000 reserved for grants under the Health Centers Program (administered by Health Resources and Services Administration--Primary Health Care)	ASPR Grant: Hospital Association COVID-19 Preparedness and Response Activities posted 3/24/20, closes 4/03/20 [Opportunity No. EP-U3R-20-001]; THA is applying on behalf of Texas Hospitals	https://www.congress.gov/116/plaws/publ123/PLAW-116publ123.pdf
5	Medicare telehealth expansion	Allow more flexibility in providing Medicare telehealth services.	N/A	Coronavirus Suppl. Approps. Act, Sec. 101 et seq.	CMS	N/A	Medicare providers	Comply with HHS/CMS guidance re: implementation	Approved 3/6/2020; no end date named in statute.	• Physicians who have provided services to a beneficiary within the last 3 years can provide telehealth services during an emergency without an in person initiating visit. Telehealth services must be by 2-way video conference (not telephone only). • HHS/CMS to provide implementing guidance "by program instruction or otherwise"	CMS issued a Fact Sheet re new telehealth guidelines on 3/17	https://www.congress.gov/116/plaws/publ123/PLAW-116publ123.pdf https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

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Texas Essential Healthcare Partnerships

COVID-19 Relief Package #2: Families First Act, Public Law No: 116-127: Provisions Affecting Nongovernmental Hospitals

#	Program/Provision	Primary Purpose	Funding Opportunity	Source	Federal Agency Involved	State/Local Agency/Private Industry Involved	Eligible Providers/Entities	Action Items/Requirements	Timeline/Deadlines	Notes	Implementation Activity (as of 4/15/20)	Resources
1	PHSSEF funding for COVID testing	Payment of provider claims relating to detection/diagnosis/testing of COVID-19 for uninsured	**$1,000,000,000**	Families First Act, 2d Coronavirus Preparedness and Response Suppl. Approps., Title V	Assistant Secretary for Preparedness and Response (Public Health and Social Services Emergency Fund); HHS	Private industry	All providers	See information re: CARES Act Provider Relief Fund Uninsured Fund Distributions (Attestation, provider registration, and claims submission)	Funds to remain available until expended; • HHS Secretary to provide detailed spend plan to Congress within 30 days of enactment of 2d CPR Suppl. Approps. Act and update plan every 60 days through 9/30/2024	For the "Public Health and Social Services Emergency Fund," which supports the National Disaster Medical System, to pay the claims of providers for the detection of SARS–CoV–2 or the diagnosis of the virus that causes COVID–19 and testing related visits for the uninsured. • Note that, pursuant to section 2812 of the Public Health Service Act (National Disaster Medical System), HHS may pay for health-related services for those at risk in a public emergency directly, in advance of the services, or provide reimbursement.	Funding will be distributed as part of the Provider Relief Fund Uninsured Fund: coviduninsuredclaim.hrsa.gov.	https://www.congress.gov/116/plaws/publ127/PLAW-116publ127.pdf . coviduninsuredclaim.hrsa.gov
2	Coverage of Testing for COVID-19	Private insurance to cover testing	Insurance $ per claim (testing)	Families First Act, Sec. 6001	Secretary of Health and Human Services, Secretary of Labor, and Secretary of the Treasury	Private insurers	All providers	Filing private insurance claims for COVID-19 testing	Duration of "emergency period" (as defined in 1135(g) of SSA)	• Private insurance (group and individual plans) to cover testing/diagnostics for COVID-19 without cost-sharing, without needing to meet deductible, without prior authorization or other utilization management (during the emergency period). • Those in other types of non-ACA-compliant plans (such as short-term policies) are considered uninsured. • HHS, Labor, and Treasury Secretaries will all be responsible for implementing provisions through sub-regulatory guidance, program instruction, or otherwise.	Joint FAQ issued by DOL, HHS, Treasury on April 11, 2020: https://www.cms.gov/files/document/FFCRA-Part-42-FAQs.pdf	https://www.congress.gov/116/plaws/publ127/PLAW-116publ127.pdf . https://www.cms.gov/files/document/FFCRA-Part-42-FAQs.pdf
3	Waiving Cost Sharing for Medicare Testing	Medicare to cover testing 100%	Insurance $ per claim (testing)	Families First Act, Sec. 6002, 6003	CMS	N/A	Medicare providers	Filing Medicare claims for COVID-19 testing	Duration of "emergency period" (as defined in 1135(g) of SSA)	• Testing and testing related services covered w/o cost sharing as a as a required benefit during the emergency period. • Similar requirements for TRICARE, Veteran's Affairs, federal health worker plans, and Indian Health Service in related provisions.	Joint FAQ issued by DOL, HHS, Treasury on April 11, 2020: https://www.cms.gov/files/document/FFCRA-Part-42-FAQs.pdf	https://www.congress.gov/116/plaws/publ127/PLAW-116publ127.pdf . https://www.cms.gov/files/document/FFCRA-Part-42-FAQs.pdf
4	State Option to Cover Uninsured Testing and Related Treatment	Medicaid to cover testing; State option for uninsured COVID testing	100% federal contribution for testing and related services through Medicaid and for uninsured (in states that elect to provide such coverage).	Families First Act, Sec. 6004 (a)(1)-(3)	CMS	State Medicaid agencies must opt in to 100% FMAP for uninsured testing;	Medicaid providers	Filing Medicaid claims for COVID-19 testing; look to CMS/State Medicaid agency guidance re: uninsured COVID-19 testing claims	Duration of "emergency period" (as defined in 1135(g) of SSA)	• Testing and testing related services covered w/o cost sharing as a as a required benefit during the emergency period; • Creates state option to cover COVID-19 related testing and testing-related services (only) for uninsured individuals at a 100% federal match during the emergency period • Amended by CARES Act: definition of uninsured clarified to establish that those who would otherwise qualify for expanded Medicaid coverage but are living in a state that has not yet expanded its program would qualify as uninsured for purposes of coverage for coronavirus testing; clarifies that covered testing does not have to be FDA approved. (CARES Title III, Sec. 3716-3617)	CMS advised states to submit disaster SPA to request this FMAP match; Texas has submitted SPA and is waiting for approval from CMS (as of 5/1/20)	https://www.congress.gov/116/plaws/publ127/PLAW-116publ127.pdf . https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/state-plan-flexibilities/index.html
5	Medicaid FMAP Increase	6.2% enhanced FMAP	Texas base FMAP will increase from 60.89% for FY20 (per 83 F.R. 61159) to 67.09%)	Families First Act, Sec. 6008	CMS	State Medicaid agencies must maintain eligibility (not change/tighten enrollment requirements) but no affirmative opt in or application required	Medicaid providers	Filing Medicaid claims (not just COVID claims); determining IGT needs for provider taxes	Duration of "emergency period" (as defined in 1135(g) of SSA)	To receive, states must: • Not implement more restrictive eligibility standards or higher premiums than those in place as of 1/1/2020 • Provide continuous eligibility for enrollees • Not charge cost sharing for COVID-19 related testing services **or treatments** including vaccines, specialized equipment or therapies • Amended by CARES Act: some changes to eligibility requirements allowed during a grace period (CARES Title III, Sec. 3720) • Increased allotments for territories also included in related provisions of FFCRA.	• CMS has issued guidance on enhanced FMAP: intent is for all states/territories to qualify and "CMS will provide technical assistance to states on this issue." • HTTPS://www.medicaid.gov/state-resource-center/downloads/covid-19-section-6008-faqs.pdf	https://www.congress.gov/116/plaws/publ127/PLAW-116publ127.pdf . https://www.medicaid.gov/state-resource-center/downloads/covid-19-section-6008-faqs.pdf

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COVID-19 Relief Package #3: CARES Act, Pub. L. No: 116-60: Provisions Affecting Nongovernmental Hospitals

#	Program/Provision	Primary Purpose	Funding Opportunity	Source	Federal Agency Involved	State/Local Agency/Private Industry Involved	Eligible Providers/Entities	Action Items/Requirements	Timeline/Deadlines	Notes	Implementation Activity (as of 5/15/20)	Resources
1	Coverage of Diagnostic Testing for COVID-10; Pricing of Diagnostic Testing	Mandates private insurance cover more types of COVID testing, with no cost sharing at provider's cash price (unless in network)	Varies	CARES Act, Sec. 3201-02	HHS	Private insurance	All providers	Submit claims for testing	Ongoing	Expands the types of COVID-19 tests plans must cover without cost sharing to include: - tests with FDA emergency use authorization request; - tests a state is reviewing independently; and - any other tests the Secretary of HHS determines appropriate. • Plans are required to pay providers' cash price (or negotiate a lower price with provider- no balance billing), unless the provider is in network and has a negotiated rate in place • Providers must post cash price online (only for services plans required to cover without cost sharing)	No info yet	https://www.congress.gov/116/bills/hr748/BILLS-116hr748enr.pdf
2	Rapid Coverage of Preventive Services and Vaccines for Coronavirus	Mandates private insurance cover COVID vaccines	Varies	CARES Act, Sec. 3203	HHS/DOL/Treasury	Private insurance	All providers	Submit claims for preventive services (vaccines)	15 days after approval of a vaccine or preventive treatment	Within 15 days after approval of a vaccine (as specified in the statute), private insurance must begin covering that vaccine.	No info yet	https://www.congress.gov/116/bills/hr748/BILLS-116hr748enr.pdf
3	Rural Health Care Grant Program	Telehealth expansion and rural healthcare	**$29,000,000** for each of FY 2021-2025 (3212, telehealth) **$79,500,000** for each of FY 21-25 (3213. rural providers)	CARES Act, Sec. 3212-3213	HHS/HRSA	N/A	Health center grantees	Funds will be allocated thorugh the existing Public Health Service Act Section 330I grant process; funds go to health centers to contract with emergency departments for consultation services	Ongoing	Amends Section 330I of Public Health Services Act to allow grant eligibility for expanded rural health and telehealth services, (not just COVID related services), including mental health and substance abuse services.	No info yet	https://www.congress.gov/116/bills/hr748/BILLS-116hr748enr.pdf https://www.hrsa.gov/grants/find-funding/hrsa-20-036
4	Telehealth expansion (Medicare)	Expands telehealth options through the Medicare program.	Varies	CARES Act, Sec. 3703-3706	HHS/CMS	N/A	Medicare providers	Submit claims for covered telehealth services	During the emergency period	Authorizes payment for telehealth services provided by Federally Qualified Health Centers, rural health clinics; authorizes telehealth services for home dialysis patients, hospice care eligibility certifications, home health monitoring	No info yet	https://www.congress.gov/116/bills/hr748/BILLS-116hr748enr.pdf
5	Delay of Medicare Sequester	Temporary halt to Medicare sequester policy	**2% reduction removed** from Medicare payments	CARES Act, Sec. 3709	HHS/CMS	N/A	Medicare providers	No hospital action needed	Sequester delayed from 5/1/20 to 12/31/20	The legislation temporarily removes the Medicare sequester from May 1 through Dec. 31, 2020 (but extends future sequester through 2030).	No info yet	https://www.congress.gov/116/bills/hr748/BILLS-116hr748enr.pdf
6	20% inpatient COVID add-on	Increase DRG codes for COVID inpatients by 20%	**20% add-on** to Medicare claims for COVID inpatients	CARES Act, Sec. 3710	HHS/CMS	N/A	Medicare providers	Submit claims for covered COVID-19 services	"For discharges occurring during the emergency period"	The bill would provide a 20 percent add-on payment to the diagnosis related group rate for patients with COVID-19. The Medicare add-on payment would apply to patients treated at hospitals reimbursed through the inpatient prospective payment system.	No info yet	https://www.congress.gov/116/bills/hr748/BILLS-116hr748enr.pdf
7	Coverage of COVID Vaccine under Medicare Part B	No cost-sharing for vaccine under Medicare	Varies	CARES Act, Sec. 3713	HHS/CMS	N/A	Medicare providers	Submit claims for coverd vaccines	Ongoing	This provision amends Sections 1861(s)(10)(A), 1833(b), and 182(a)(1)(B) of the Social Security Act to require full coverage of a COVID-19 vaccine, once developed, with no required cost sharing under Medicare Part B and Medicare Advantage.	No info yet	https://www.congress.gov/116/bills/hr748/BILLS-116hr748enr.pdf
8	Providing home and community-based services in acute care hospitals	Payment for home and community-based services provided in an acute care setting	Varies	CARES Act, Sec. 3715	HHS/CMS	State Medicaid agency	Medicaid providers	Submit claims for covered services	During the emergency period	This provision amends Section 1902(h) of the Social Security Act to prohibit HHS from limiting the amount that may be paid under a State Medicaid plan for home and community-based services provided in an acute care setting.	No info yet	https://www.congress.gov/116/bills/hr748/BILLS-116hr748enr.pdf
9	Expansion of Medicare accelerated payment program	Short term loans to providers based on advancing payment for Medicare claims	Advance payment on Medicare claims	CARES Act, Sec. 3719	HHS/CMS	N/A	Medicare providers (includes newly eligible children's hospitals, cancer hospitals and critical access hospitals)	Hospital must apply for accelerated payments	During the emergency period **BUT** CMS has halted new applications as of 4/26/20	The bill expands the classes of hospitals eligible for accelerated Medicare payments. New eligible classes include: • Children's hospitals • Cancer hospitals • Critical access hospitals The hospitals may request accelerated payments up to 100% (or, for critical access hospitals, up to %125) for up to 6 months. Hospitals may request up to 120 days before claims are offset to recoup the accelerated payment and up to 12 months to pay any outstanding balance.	As of 4/26, CMS will reevaluate amounts paid under its Accelerated Payment Program. Also effective 4/26, CMS suspended its Advance Payment Program for Part B suppliers.	https://www.congress.gov/116/bills/hr748/BILLS-116hr748enr.pdf https://www.cms.gov/files/document/Accelerated-and-Advanced-Payments-Fact-Sheet.pdf
10	Health and Human Services Extenders	Extends certain Medicare and Medicaid programs	Varies	CARES Act, Sec. 3801-3840	HHS/CMS	CMS/State Medicaid agency	Medicare, Medicaid providers	No hospital action needed	Various periods	Extends various "Medicare Extenders," Medicaid programs, and other healthcare related programs, including Qualified Community Behavioral Health Clinics. We should consider reviewing in more detail for hospitals who express an interest in specific programs. [*details on DSH cuts and GME are pulled out below*].	No info yet	https://www.congress.gov/116/bills/hr748/BILLS-116hr748enr.pdf
11	Delay of DSH Cuts	Delay DSH Cuts	**~ $4,000,000,000** in FY20 (delay); **~ $4,000,000,000** in FY21 (reduction and delay)	CARES Act, Sec. 3813	HHS/CMS	State Medicaid agency	Medicaid providers	No hospital action needed	DSH cuts delayed until 12/1/20	Implementation of DSH cuts delayed until Dec. 1, 2020	No info yet	https://www.congress.gov/116/bills/hr748/BILLS-116hr748enr.pdf
12	Coronavirus Relief Fund	Funds to state and local gov't to cover necessary expenditures incurred due to the public health emergency that were not accounted for in the budget	**$150,000,000,000**	CARES Act, Sec. 5001	Treasury	State, local governments	Private hospitals won't be direct beneficiaries but may be able to subcontract with or be sub-grantee of state/local beneficiaries	Lobby state/local gov't to direct funds towards hospitals	Payments to begin within 30 days of CARES Act passage	Funds are allocated to states pro rata: • $1.25 billion plus a pro rata share based on the state's percentage of the country's total population based on most recent census data. • Up to 45% of a state's allocation may be distributed directly to a local government (city or county) with a population of 500,000 or more, • Local distributions based on pro rata allocation (% of state's total population residing in the locality) • Funds must be used for: - Necessary expenditures incurred due to the public health emergency with respect to COVID-19; - Were not accounted for in the most recently approved budget; and - Were incurred between March 1, 2020 and December 30, 2020	State/local applications were submitted by April 17, 2020	https://www.congress.gov/116/bills/hr748/BILLS-116hr748enr.pdf https://home.treasury.gov/policy-issues/cares/state-and-local-governments
13	FEMA Disaster Relief Fund	Disaster Relief	$45,000,000,000 (**$25,000,000,000** for major disasters) (**$15,000,000,000** for all purposes) ($3,000,000 for oversight)	CARES Act, Emergency Appropriations (Div. B), Title VI	FEMA	State, local units of government	Private nonprofits can apply directly; for-profits can apply through state relief agency	Consider applying for grants to state disaster agencies; some direct relief may be available.	To remain available until expended	Administrator to provide Congress reports on projected and actual costs every 30 days	No info yet	https://www.congress.gov/116/bills/hr748/BILLS-116hr748enr.pdf
14	FEMA Federal Assistance	Federal assistance to state and local governments	$400,000,000 ($100,000,000 for firefighters) (**$100,000,000 Emergency Management Performance Grants**) ($200,000,000 for Emergency Food and Shelter Program)	CARES Act, Emergency Appropriations (Div. B), Title VI	FEMA	State, local units of government	These are funds going to state responders; hospitals may be eligible for distribution of funds/grants from those initial state recipients.	Consider applying for grants to state disaster agencies.	Expires Sept. 30, 2021	To prevent, prepare for, and respond to coronavirus, domestically or internationally	No info yet	https://www.congress.gov/116/bills/hr748/BILLS-116hr748enr.pdf
15	CDC-Wide Activities and Program Support	CDC preparedness and response activities	$4,300,000,000, **($1,500,000,000 to states/locals)**	CARES Act, Emergency Appropriations (Div. B), Title VIII	CDC	State, local units of government	Private hospitals won't be direct beneficiaries but may be able to subcontract with or be sub-grantee of state/local beneficiaries	Contract with states/local governments to carry out grant work	Expires September 30, 2024	Not less than $1,500,000,000 of the amount provided under this heading in this Act shall be for grants to or cooperative agreements with States, localities, etc. to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities • Not less than $500,000,000 shall be for public health data surveillance and analytics infrastructure modernization • $300,000,000 shall be transferred to and merged with amounts in the Infectious Diseases Rapid Response Reserve Fund • Funds may be used for lease/construction/alternation of non-federally owned facilities to improve preparedness and response at state and local level. • CDC shall report to the Committees on Appropriations of the House of Representatives and the Senate on the development of a public health surveillance and data collection system for coronavirus within 30 days of enactment of this Act. • Secretary of Health and Human Services, in consultation with the Director of the CDC, shall provide a report to the Committees on Appropriations of the House of Representatives and the Senate every 14 days for 1 year from the date of HHS declaration of public health emergency.	No info yet	https://www.congress.gov/116/bills/hr748/BILLS-116hr748enr.pdf
16	National Institutes of Health via National Heart, Lung, and Blood Institute	COVID-19 response	**$103,400,000**	CARES Act, Emergency Appropriations(Div. B), Title VIII	National Institutes of Health via National Heart, Lung, and Blood Institute	N/A	TBD	TBD	Expires September 30, 2024	COVID-19 response: The appropriation language is very open ended; watch and see whether allocation decisions may lead to grant or subcontracting opportunities.	No info yet	https://www.congress.gov/116/bills/hr748/BILLS-116hr748enr.pdf
17	National Institute of Allergy and Infectious Diseases	COVID-19 response including vaccine equipment/facilities	$706,000,000 **($156,000,000 for NIH research facilities)**	CARES Act, Emergency Appropriations (Div. B), Title VIII	National Institute of Allergy and Infectious Diseases	N/A	TBD	Consider applying for grants or subcontracts as applicable	Expires September 30, 2024	COVID-19 response; not less than $156,000,000 shall be provided for the study of, construction of, demolition of, renovation of, and acquisition of equipment for, vaccine and infectious diseases research facilities of or used by NIH, including the acquisition of real property	No info yet	https://www.congress.gov/116/bills/hr748/BILLS-116hr748enr.pdf
18	National Institute of Biomedical Imaging and Bioengineering	COVID-19 response	**$60,000,000**	CARES Act, Emergency Appropriations (Div. B), Title VIII	National Institute of Biomedical Imaging and Bioengineering	N/A	TBD	Consider applying for grants or subcontracts as applicable	Expires September 30, 2024	COVID-19 response: The appropriation language is very open ended; watch and see whether allocation decisions may lead to grant or subcontracting opportunities.	No info yet	https://www.congress.gov/116/bills/hr748/BILLS-116hr748enr.pdf
19	National Library of Medicine	COVID-19 response	**$10,000,000**	CARES Act, Emergency Appropriations (Div. B), Title VIII	National Library of Medicine	N/A	TBD	Consider applying for grants or subcontracts as applicable	Expires September 30, 2024	COVID-19 response: The appropriation language is very open ended; watch and see whether allocation decisions may lead to grant or subcontracting opportunities.	No info yet	https://www.congress.gov/116/bills/hr748/BILLS-116hr748enr.pdf
20	Behavioral Heath Surveillance and Program Support	Funding for suicide prevention, community behavioral health programs	**$425,000,000** ($250,000,000 for Community Behavioral Health Clinics) ($100,000,000 for emergency mental health needs) ($50,000,000 for suicide prevention)	CARES Act, Emergency Appropriations (Div. B), Title VIII	Substance Abuse and Mental Health Services Administration	State healthcare agency	Community Behavioral Health Clinics, public entities	Private hospitals won't be direct beneficiaries but may be able to subcontract with or be sub-grantee of public entity beneficiaries	Expires September 30, 2021	COVID-19 response: not less than $250,000,000 is available for Certified Community Behavioral Health Clinic Expansion Grant program	4/27 HHS press release: SAMHSA announced grant awards for expansion of Certified Community Behavioral Health Clinics	https://www.congress.gov/116/bills/hr748/BILLS-116hr748enr.pdf https://www.hhs.gov/about/news/2020/04/27/samhsa-awards-
21	COVID-19 Response Program Management	Funding for inspections/oversight	**$200,000,000** ($100,000,000 for nursing home certification)	CARES Act, Emergency Appropriations (Div. B), Title VIII	CMS	State healthcare agency	N/A	Be aware of potential increased inspection/oversight action	Expires September 30, 2023	Not less than $100,000,000 shall be available for necessary expenses of the survey and certification program, prioritizing nursing home facilities in localities with community transmission of coronavirus	No info yet	https://www.congress.gov/116/bills/hr748/BILLS-116hr748enr.pdf
22	PHSSEF Funding for Nat'l Stockpile, Hospital Preparedness	Purchase of supplies/vaccines/surge capacity	**$27,014,500,000** ($16,000,000,000 Nat'l Stockpile) ($289,000,000 may be transferred to other federal agencies as needed) **($250,000,000 for Hospital Preparedness Program)**	CARES Act, Emergency Appropriations (Div. B), Title VIII	Assistant Secretary for Preparedness and Response (Public Health and Social Services Emergency Fund); HHS	TBD	(for $250,000,000 Hospital Preparedness) Grantees or sub-grantees of the Public Health Service Act's Hospital Preparedness Program	Assistant Secretary for Preparedness and Response Hosital Preparedness Program grant process. Awards issued pursuant to sections 319C-2 or section 311 of the Public Health Service Act.	Expires September 30, 2024	Development of necessary countermeasures and vaccines, prioritizing platform-based technologies with U.S.-based manufacturing capabilities, the purchase of vaccines, therapeutics, diagnostics, necessary medical supplies, as well as medical surge capacity, addressing blood supply chain, workforce modernization, telehealth access and infrastructure, initial advanced manufacturing, novel dispensing, enhancements to the U.S. Commissioned Corps, and other preparedness and response activities • Secretary may take such measures authorized under current law to ensure that vaccines, therapeutics, and diagnostics developed from funds provided in this Act will be affordable in the commercial market; • Of the amount appropriated under this paragraph in this Act, not more than $16,000,000,000 shall be for the Strategic National Stockpile • Not less than $250,000,000 shall be available for grants to or cooperative agreements with entities that are either grantees or sub-grantees of the Hospital Preparedness Program authorized in section 319C–2 of the Public Health Service Act or that meet such other criteria as the Secretary may prescribe, with such awards issued under such section or section 311 of such Act: • Not less than $3,500,000,000 shall be available to the Biomedical Advanced Research and Development Authority for necessary expenses re: vaccine/treatment manufacture and purchase (incl. non-governmental manufacturing facilities); [additional sub-allocations not summarized here: VA funding, transfers to other federal agencies, NASEM study of medical supply chain]	No info yet	https://www.congress.gov/116/bills/hr748/BILLS-116hr748enr.pdf https://www.phe.gov/Preparedness/planning/hpp/Pages/funding.aspx https://www.phe.gov/emergency/events/COVID19/HPP/Pages/overview.aspx
23	PHSSEF Funding for Rural Health and other specific programs	Telehealth/rural health funding	$275,000,000 ($90,000,000 HIV) ($5,000,000 Poison Control) **($180,000,000 Rural Health)**	CARES Act, Emergency Appropriations (Div. B), Title VIII	Assistant Secretary for Preparedness and Response (Public Health and Social Services Emergency Fund); Health Resources and Services Administration	State Office of Rural Health	Non-federal, short term general acute hospitals in rural areas with 49 beds or less.	Funding mechanism will be Small Rural Hospital Improvement Program (SHIP) grants.	• Expires September 30, 2022 • Funds may be allocated as reimbursement for COVID-19 response activities taken before passage of the Act	$180,000,000 of the funds appropriated under this paragraph shall be transferred to "Health Resources and Services Administration—Rural Health'' to carry out telehealth and rural health activities under sections 330A and 330I of the PHS Act (Public Health Security Act) [*additional suballocations not summarized here*]	Per HRSA.gov FAQ sheet, the $180,000.000 to HRSA will be distributed to non-federal, short term general acute hospitals in rural areas with 49 beds or less.	https://www.congress.gov/116/bills/hr748/BILLS-116hr748enr.pdf https://www.hrsa.gov/rural-health/coronavirus-frequently-asked-questions
24	PHSSEF Provider Relief Fund	Funding for hospital lost revenues and increased costs not otherwise compensated: • $50B general funding • $10B hotspot funding • $10B rural funding • $400M tribal funding • Unspecified amount designated to fund claims for uninsured care at Medicare rates.	**$100,000,000,000**	CARES Act, Emergency Appropriations (Div. B), Title VIII	Assistant Secretary for Preparedness and Response (Public Health and Social Services Emergency Fund); HHS/CMS are also taking a role	TBD	(1) Public entities, (2) Medicare or Medicaid providers, and (3) Other entities that provide diagnoses, testing, or care for COVID-19 as specified by the Secretary	• general funding: provider attestation, provider verification of allocation data via web portal, https://www.hhs.gov/provider-relief/index.html • hotspot funding: provider submission of ICU bed/COVID caseload data by midnight on April 23, 2020 (extended to 4/25/20) (direct email to providers has submission details) •rural and tribal funding TBD • uninsured claims: attestation, registration via provider portal opened week of 4/27; claims submission to begin week of 4/6/20 at https://www.hrsa.gov/coviduninsuredclaim	To remain available until expended; Secretary to submit reports to Congress on obligation of funds every 60 days from passage of the Act. • general funding: attestation deadline +30 days from receipt of funds ($30B distributed 4/10/20; $20B distributed 4/24/20). • hotspot funding: COVID caseload and ICU capacity data provided by 4/23/20 (extended to 4/25); distriubtions began 5/1/20. • rural and tribal funding: distributions began 5/1/20 • uninsured claims: attestation; registration will open week of 4/27; claims will be paid from February 4, 2020 through end of public health emergency.	• To reimburse, through grants or other mechanisms, eligible health care providers for health care related expenses or lost revenues that are attributable to coronavirus: • Funds may not be used to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse • "Eligible health care provider" means public entities, Medicare or Medicaid providers, and other entities that provide diagnoses, testing, or care for COVID-19 as specified by the Secretary. •Terms and conditions applicable to general funds and uninsured fund include restrictions on billing: "Recipient certifies that it will not seek to collect from the patient out-of-pocket expenses in an amount greater than what the patient would have otherwise been required to pay if the care had been provided by an in-network Recipient." • Uninsured claims process will require that providers agree not to bill patients and accept federal reimbursement as payment in full for claims. • HHS states the $50B general funding is intended to be distrbuted overall in proportion to providers' share of total net patient revenue; first $30B was distributed based on 2019 Medicare FFS revenue and second $20B was distributed in proportion to 2018 net patient revenue as reported on cost reports and verified by 2017, 2018, or 2019 tax returns. Watchdog groups are seeking additional clarity on the methodology for these allocations.	• $50B general funding distributed in 2 waves: $30B on 4/10 and 4/17; $20B beginning 4/24 • $10B hotspot funding + $2B for hotspots with disproportionate share of low income patients distributed beginning 5/1 • $10B rural funding distributed beginning 5/1: $100k to clinics, $100M to hosptials plus proportionate costs • $400M tribal funding • Unspecified amount designated to fund claims for uninsured care at Medicare rates: registration for claims process began April 27; claims submission to begin May 6, 2020.	https://www.congress.gov/116/bills/hr748/BILLS-116hr748enr.pdf https://www.hhs.gov/provider-relief/index.html https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/terms-conditions/index.html https://www.hhs.gov/sites/default/files/20200425-general-distribution-portal-faqs.pdf https://www.hrsa.gov/coviduninsuredclaim https://www.hhs.gov/about/news/2020/04/22/hhs-announces-additional-allocations-of-cares-act-provider-relief-fund.html https://www.hhs.gov/about/news/2020/05/01/hhs-begins-distribution-of-payments-to-hospitals-with-high-covid-19-admissions-rural-providers.html
25	FCC COVID-19 Telehealth Program	Funding for rural telehealth infrastructure	**$200,000,000**	CARES Act, Emergency Appropriations (Div. B), Title VIII	FCC	State public health, rural health agencies	Nonprofit or public: (1) teaching hospitals or medical and related schools; (2) community health centers; (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 consisting of one or more entities falling into the first seven categories. ** ALSO dedicated emergency rooms in rural for-profit hospitals**	Eligible nonprofits will be able to submit streamlined application. Applications can be completed online. There is no application deadline and funding decisions will be made on a rolling basis. To receive disbursements, eligible health care providers that are approved for funding will be required to submit an invoicing form and supporting documentation in order to receive reimbursement for eligible expenses and services. Prior to applying, eligible parties should: 1. Create an FCC Registration Number (FRN) and username and password in the Commission Registration System (CORES). 2. Obtain an eligibility determination from the Universal Service Administrative Company (USAC) by filing FCC Form 460 through My Portal on USAC's webpage. 3. Register with the federal System for Award Management (SAM).	To remain available until expended	To prevent, prepare for, and respond to coronavirus, domestically or internationally, including to support efforts of health care providers to address coronavirus by providing telecommunications services, information services, and devices necessary to enable the provision of telehealth services during an emergency period; • FCC rollout order establishes eligibility: nonprofit and public eligible health care providers: (1) teaching hospitals; (2) community health centers; (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 consisting of one or more entities falling into the first seven categories • Eligible services don't have to be direct COVID-19 services; can be providing other care to prevent patients from having to come to hospital, support social distancing	FCC issued order implementing COVID-19 Telehealth Program 4/2/20 Application, FAQs, and application instructions now available online.	https://www.congress.gov/116/bills/hr748/BILLS-116hr748enr.pdf https://www.fcc.gov/document/fcc-fights-covid-19-200m-adopts-long-term-connected-care-study https://www.fcc.gov/covid-19-telehealth-program https://www.fcc.gov/covid-19-telehealth-program-frequently-asked-questions-faqs https://www.fcc.gov/document/guidance-covid-19-telehealth-program-application-process https://us-fcc.app.box.com/v/COVID19TelehealthInstructions

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Paycheck Protection Program and Health Care Enhancement Act - PPPHCE Act (Interim Coronavirus Relief Bill): Provisions Affecting Nongovernmental Hospitals

#	Program/Provision	Primary Purpose	Funding Opportunity	Source	Federal Agency Involved	State/Local Agency/Private Industry Involved	Eligible Applicants	Action Items/Requirements	Timeline/Deadlines	Notes	Implementation Activity (as of 4/24/20)	Resources
1	PHSSEF Provider Relief Fund for Expenses and Lost Revenues	Funding for hospital and health care providers for lost revenues and increased costs attributable to COVID-19.	**$75,000,000,000**	PPPHCE Act, Additional Emergency Appropriations for Coronavirus Response (Div. B), Title I	HHS	TBD	(1) Public entities, (2) Medicare or Medicaid providers, and (3) Other entities that provide diagnoses, testing, or care for COVID-19 as specified by the Secretary	• an eligible health care provider must submit to the Secretary an application that includes a statement justifying the need of the provider for the payment and the eligible health care provider must have a valid tax identification number	To remain available until expended; Secretary to submit reports to Congress on obligation of funds every 60 days from passage of the Act.	• To reimburse, through grants or other mechanisms, eligible health care providers for health care related expenses or lost revenues that are attributable to coronavirus • Funds may not be used to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse • Recipients of payments must all submit reports and maintain documentation as the Secretary determines are needed to ensure compliance in such form, with such content, and in such time as the Secretary may prescribe for such purpose • "Eligible health care provider" means public entities, Medicare or Medicaid providers, and other entities that provide diagnoses, testing, or care for COVID-19 as specified by the Secretary • Funds shall be available for building or construction of temporary structures, leasing of properties, medical supplies and equipment including personal protective equipment and testing supplies, increased workforce and trainings, emergency operation centers, retrofitting facilities, and surge capacity	No info yet	https://www.congress.gov/bill/116th-congress/house-bill/266/text?format=txt
2	PHSSEF Provider Relief Fund for Increased Testing	Funding to expand capacity for COVID-19 tests to effectively monitor and suppress COVID-19.	**$25,000,000,000, including:** **• $600,000,000 for Community Health Centers to support COVID-19 testing** **• $225,000,000 for Rural Health Clinics to support COVID-19 testing** **• Up to $1,000,000,000 to cover the cost of testing the uninsured** • $11,000,000,000 for States, localities, territories, and Tribes • $1,000,000,000 for CDC for surveillance, epidemiology, contact tracing, and other activities to support testing • $1,800,000,000 for NIH to accelerate development of point-of-care and rapid diagnostic technologies • $1,000,000,000 for BARDA to accelerate development of point-of-care and rapid diagnostic technologies • $22,000,000 for FDA for its role in accelerating development and approval of point-of-care and rapid diagnostics	PPPHCE Act, Additional Emergency Appropriations for Coronavirus Response (Div. B), Title I	HHS (CDC, NIH, BARDA, FDA)	States, localities, territories, and tribes, private industry	Community Health Centers, Rural Health Clinics, Private Entities testing uninsured	TBD	• To remain available until expended • HHS must submit a report within 21 days on the number of cases, hospitalizations, and deaths related to COVID-19, including de-identified data disaggregated by race, ethnicity, age, sex, and geographic region, and other relevant factors of individuals tested for or diagnosed with COVID-19 • HHS is also required to submit a report within 180 days on the number of positive diagnoses, hospitalizations, and deaths related to COVID-19, including data disaggregated by race, ethnicity, age, sex, and geographic region, and other relevant factors and an epidemiological analysis of such data • HHS is also required to submit within 30 days, and update every 90 days until funds are expended, a COVID-19 strategic testing plan • Governor or designee of each State, locality, territory, tribe, or tribal organization receiving funds must within 30 days submit to the Secretary plans related to COVID–19 testing and use of resources for testing	• $600,000,000 in funding will be made available to "Health Resources and Services Administration—Primary Health Care" for grants under the Health Centers program, as defined by section 330 of the Public Health Service Act, and for grants to federally qualified health centers • $225,000,000 in funding will be made available to rural health clinics for COVID-19 testing and related expenses, through grants or other mechanisms; funds also expressly available for building or construction of temporary structures, leasing of properties, and retrofitting facilities as necessary to support COVID-19 testing • Up to $1,000,000,000 may be used to cover the cost of testing for the uninsured, using the definitions applicable to funds provided under the Family First Act	No info yet	https://www.congress.gov/bill/116th-congress/house-bill/266/text?format=txt

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Provider Relief Fund

#	Distribution	Key Terms and Conditions	Eligible Providers/Entities	Action Items/Requirements	Timeline/Deadlines	Allocation Method/Details	Implementation Activity	Resources
1	$30 Billion General Distribution	Funds may only be used to prevent, prepare for, and respond to coronavirus, and to reimburse the recipient provider only for health care expenses or lost revenues attributable to coronavirus. Recipients must certify eligibility. Payments may not be used to reimburse expenses or losses reimbursed or reimbursable from other sources. Recipients must submit future reports as directed by the HHS Secretary. Recipients of more than $150,000 must submit detailed quarterly reports. Recipients must maintain records and cost documentation including documentation required in HHS grant rules, and must submit records and documentation upon request and comply with future audits. Recipients may not seek to collect out-of pocket expenses greater than a patient would otherwise be required to pay for in-network services.	Provider must have billed Medicare in 2019 and provide or provided after January 31, 2020 diagnoses, testing, or care for individuals with possible or actual cases of COVID-19. HHS broadly views every patient as a possible case of COVID-19.	Terms and conditions must be accepted within 45 days from receipt of funds (extended from original 30-day deadline). Providers may elect to accept or reject distribution payments individually from other distribution payments.	Must accept terms and conditions within 45 days of receipt of funds.	Allocation of all General Distribution funds designed "so that $50 billion is allocated proportional to providers' share of 2018 net patient revenue. . . . Payments are determined based on the lesser of 2% of a provider's 2018 (or most recent complete tax year) net patient revenue or the sum of incurred losses for March and April. To estimate payment, providers may use this equation: (Individual Provider Revenues/$2.5 Trillion) X $50 Billion = Expected Combined General Distribution.	Distributions made on April 10 and April 17.	https://www.hhs.gov/sites/default/files/terms-and-conditions-provider-relief-30-b.pdf
2	$20 Billion General Distribution	Substantively similar terms to $30B distribution, PLUS recipients must submit financial information via a portal within 30 days of receipt of funds. (attestation deadline extended to 45 days; unclear whether financial reporting deadline also extended).	Provider must have billed Medicare in 2019 and provide or provided after January 31, 2020 diagnoses, testing, or care for individuals with possible or actual cases of COVID-19. HHS broadly views every patient as a possible case of COVID-19. Medicare Advantage providers who did not receive funding in the General Distribution may be eligible to receive funding in future allocations.	Terms and conditions must be accepted within 45 days from receipt of funds and supporting financial information must be submitted via the General Distribution Portal within 30 days of receipt of funds. Providers may elect to accept or reject distribution payments individually from other distribution payments. Providers who received funds from initial $30 billion distribution but did not receive funds from April 24 distribution may submit financial information through General Distribution Portal to "apply" for further funding. The same Terms and Conditions will apply.	Must accept terms and conditions within 45 days of receipt of funds.	Allocation of all General Distribution funds designed "so that $50 billion is allocated proportional to providers' share of 2018 net patient revenue. . . . Payments are determined based on the lesser of 2% of a provider's 2018 (or most recent complete tax year) net patient revenue or the sum of incurred losses for March and April. To estimate payment, providers may use this equation: (Individual Provider Revenues/$2.5 Trillion) X $50 Billion = Expected Combined General Distribution.	Distributions made to some providers on April 24. Rolling distributions will continue to providers who did not receive automatic distributions on April 24.	https://www.hhs.gov/sites/default/files/terms-and-conditions-provider-relief-20-b.pdf https://www.hhs.gov/sites/default/files/provider-relief-fund-general-distribution-faqs.pdf
3	$10 Billion Rural Distribution	Substantively similar terms to $30B distribution.	Rural acute care general hospitals, Critical Access Hospitals (CAHs), Rural Health Clinics (RHCs), and Community Health Centers located in a rural area as defined by HHS's Federal Office of Rural Health Policy.	Terms and conditions must be accepted within 45 days of receipt of funds. Providers may elect to accept or reject distribution payments individually from other distribution payments.	Must accept terms and conditions within 45 days of receipt of funds.	Hospitals and RHCs each received a minimum base payment plus a percent of their annual expenses. All clinical, non-hospital sites received a minimum level of support of no less than $100,000, with an additional payment based on operating expenses. Rural acute care general hospitals and CAHs received a minimum level of support of no less than $1,000,000, with an additional payment based on operating expenses.	Distributions made on or about May 1.	https://www.hhs.gov/sites/default/files/terms-and-conditions-rural-relief-fund.pdf
4	$12 Billion High Impact Relief Distribution	Substantively similar terms to $30B distribution.	395 hospitals that provided inpatient care for 100 or more COVID-19 patients through April 10, 2020. Although HHS indicated additional payments may be made, it has not yet provided details on what would cause a provider to "become a high-impact provider" based on case load after that date.	Terms and conditions must be accepted within 45 days of receipt of funds. Providers may elect to accept or reject distribution payments individually from other distribution payments. Providers should update their capacity and COVID-19 census data to ensure that HHS can make timely payments in the event that the provider becomes a high-impact provider. Providers can update their information through their CDC National Healthcare Safety Network account.	Must accept terms and conditions within 45 days of receipt of funds.	$10 billion distributed among all eligible providers. An additional $2 billion allocated among eligible providers that serve a disproportionate share of low-income and uninsured patients.	Distributions made on or about May 1.	https://www.hhs.gov/sites/default/files/terms-and-conditions-high-impact-relief-fund.pdf https://auth.cdc.gov/siteminderagent/forms/login.fcc?TYPE=33554433&REALMOID=06-2e4e428f-8768-4f65-a66d-911e49413d9e&GUID=&SMAUTHREASON=0&METHOD=GET&SMAGENTNAME=-SM-VfBIlSkkIKR6GkMEZgI2o6e2zk%2fxh2fc%2fe5E0N%2fN98H5LsZWkDhX%2fH618YU%2bV1pFG6Dqc8o%2buj7a7BOjbw3l3DbOwJLzWIX7IAOrlseiUBdD9DB45IS4xFtcl%2fRbqrug&TARGET=-SM-
5	$400 Million Indian Health Services Distribution	No T&Cs published online yet.					Distributions made on or about May 1.	
6	Uninsured Fund Distribution (Total Amount Unspecified)	Payment must be accepted as payment in full with no bill sent to the patient. Providers may not include costs in future uncompensated care reimbursement reporting. Recipients must certify eligibility. Payments may not be used to reimburse expenses or losses reimbursed or reimbursable from other sources. Recipients must submit future reports as directed by the HHS Secretary. Recipients of more than $150,000 must submit detailed quarterly reports. Recipients must maintain records and cost documentation including documentation required in HHS grant rules, and must submit records and documentation upon request and comply with future audits. Recipients of payment for uninsured patients must agree to accept the payment as payment in full. Recipients of payment for uninsured treatment and testing may not include such costs in cost reports or seek uncompensated care reimbursement.	Every health care provider who has provided treatment for uninsured COVID-19 patients on or after February 4, 2020, can request claims reimbursement through the program and will be reimbursed at Medicare rates, subject to available funding	Providers must register and submit claims through the Uninsured Funding Portal. The claims period covers February 4 through the present.		Unclear how much funding is available to pay claims. Uninsured Fund blends $1 billion testing funding from Families First Act with an unspecified amount of funding for uninsured treatment from the Provider Relief fund.	Registration for Uninsured Funding Portal began April 27. Claims submission began May 6. Providers began receiving reimbursement on May 18.	https://www.hhs.gov/sites/default/files/terms-and-conditions-uninsured-relief-fund.pdf https://coviduninsuredclaim.linkhealth.com/

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COVID-19 POSTED Grant Funding and Related Opportunities for Non-Governmental Hospitals

#	Grant Name	Eligible applicants	Funding Opportunity	Application Due Date	Federal/State Entity	Action Items/Requirements	Notes	Resources
1	FEMA Emergency Management Performance Grant Program, COVID-19 Supplemental (EMPG-S) (Region 6 (Texas))	States and local governments	**$5,993,222 (TX)**	Tuesday, April 28, 2020	Federal Emergency Management Agency	State/local disaster funding; hospitals may be able to apply to recipient state emergency management programs for flow-down funding.	Cost-sharing arrangement (50% FEMA, 50% local) streamlined application and review process	Funding Opportunity No: DHS-20-GPD-042-06-02
2	Rural Tribal COVID-19 Response Program	tribes, tribal organizations, urban Indian health organizations, and health service providers to tribes serving rural communities at risk for COVID-19	**Total funding $15,000,000; award ceiling $300,000**	Wednesday, May 06, 2020	HRSA	health service providers to tribes may consider applying directly.	this program will provide funding to assist tribes to engage in activities that may include, but are not limited to: establishing testing sites, purchasing test kits, implementing telehealth strategies/activities, purchasing personal protective equipment (PPE) and other supplies, and hiring and/or training health care providers and other health care personnel to provide care for COVID-19 patients.	Funding Opportunity No. HRSA-20-135 https://www.grants.gov/web/grants/search-grants.html
3	Emergency Awards: Rapid Investigation of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) and Coronavirus Disease 2019 (COVID-19) (R21 Clinical Trial Not Allowed)	public and private institutions of higher education; nonprofits, for-profits and small businesses, state and local governments, non-domestic entities	**$275,000 per project; institutions may submit more than one project**	Opens April 30, 2020; applications accepted on a rolling basis	National Institutes of Health	Direct grant; Hospitals should consider applying for funding if applicable.	expedited funding mechanism for research on Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) and Coronavirus Disease 2019 (COVID-19). Only accepting applications that do not propose clinical trials. The total project period may not exceed 2 years; total combined budget for direct costs may not exceed $275,000 (no more than $200,000 in one year).	Funding Opportunity No. PAR-20-177 https://grants.nih.gov/grants/guide/pa-files/PAR-20-177.html#_Part_1._Overview
4	Emergency Awards: Rapid Investigation of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) and Coronavirus Disease 2019 (COVID-19) (R21 Clinical Trial Not Allowed)	public and private institutions of higher education; nonprofits, for-profits and small businesses, state and local governments, non-domestic entities	**Varies**	Opens April 30, 2020; applications accepted on a rolling basis	National Institutes of Health	Direct grant; Hospitals should consider applying for funding if applicable.	expedited funding mechanism for research on Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) and Coronavirus Disease 2019 (COVID-19). Only accepting applications that do not propose clinical trials. The total project period may not exceed 5 years; application budgets are not limited but need to reflect the actual needs of the proposed project..	Funding Opportunity No. PAR-20-178 https://grants.nih.gov/grants/guide/pa-files/PAR-20-178.html
5	FEMA Public Assistance: Emergency Medical Care reimbursement	Private nonprofits (for-profits may be eligible as subcontractors of states, local gov'ts)	**Varies**	For the duration of the COVID-19 Public Health Emergency (as determined by HHS)	Federal Emergency Management Agency	Private non-profits can apply for reimbursement of emergency medical care services; publics may be able to subcontract to state/local gov'ts for flow-down funding.	emergency protective measures taken to respond to the COVID-19 emergency at the direction or guidance of public health officials may be reimbursed under the PA program	https://www.fema.gov/news-release/2020/03/31/coronavirus-covid-19-pandemic-emergency-medical-care
6	National Infrastructure for Mitigating the Impact of COVID-19 within Racial and Ethnic Minority Communities	national, state, territorial, and local public and community based organizations (per HHS press release)	**$40,000,000**	Monday, May 11, 2020	HHS Office of Minority Health	Applications are due by 6:00 PM Eastern Time on Monday, May 11. Technical assistance will be provided to those who are interested in applying for this cooperative agreement. (per HHS press release)	development and coordination of a national-state/territorial/tribal-local network of public and community-based organizations that will disseminate COVID-19-related information; disseminate effective response, recovery and resilience strategies; and ensure service linkages for racial and ethnic minority, rural and disadvantaged communities hardest hit by the COVID-19 pandemic. OMH will fund one award annually for a project period of up to 3 years and up to a total project budget of $40,000,000. Successful applicants will be required to meet performance metrics developed with and agreed to by OMH.	Funding Opportunity No: MP-CPI-20-006 https://www.grants.gov/web/grants/view-opportunity.html?oppId=326613 https://www.hhs.gov/about/news/2020/05/01/covid-19-funding-available-to-minority-rural-and-socially-vulnerable-communities-for-linkages-to-services-information-and-education.html
7	COVID-19 ERSP	State government agencies, including the District of Columbia and U.S. Territories. The State mental health agency or the State health agency with mental or behavioral health functions should be the lead for the ERSP grant; Community-based primary care or behavioral healthcare organizations; Public health agencies; Community-based service providers able to meet psychiatric and psychosocial needs of clients including, for example, shelters for victims of domestic violence, clubhouse-type facilities; Emergency departments; Federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian Organizations, and consortia of tribes or tribal organizations	**$40,000,000 total program funding $800,000 award ceiling**	Friday, May 22, 2020	HHS - Substance Abuse and Mental Health Services Administration	Direct grant; Hospitals should consider applying for funding if applicable.	The purpose of this program is to support states and communities during the COVID-19 pandemic in advancing efforts to prevent suicide and suicide attempts among adults age 25 and older in order to reduce the overall suicide rate and number of suicides in the U.S. SAMHSA is requiring that a minimum of 25 percent of direct services funding be used to support domestic violence victims. This must be clearly identified in the budget narrative and justification. If SAMHSA does not receive applications for the full funding amount available within the application timeline, the application period will be extended. Each entity will only receive one award from this announcement. Funds will be distributed on a rolling basis.	Funding Opportunity No: FG-20-007 https://www.grants.gov/web/grants/view-opportunity.html?oppId=327024 https://www.samhsa.gov/grants/grant-announcements/fg-20-007
7	FCC COVID-19 Telehealth Program	nonprofit and public eligible health care providers: (1) teaching hospitals; (2) community health centers; (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 consisting of one or more entities falling into the first seven	**$200,000,000**	funds will be awarded on a rolling basis until they are exhausted or until the current pandemic ends	Federal Communications Commission	Direct grant; Hospitals should consider applying for funding if applicable.	Applications for the COVID-19 Telehealth Program must be submitted through the Commission's Electronic Comment Filing System (ECFS) under WC Docket No. 20-89. Applications must be filed electronically by accessing ECFS, https://www.fcc.gov/ecfs, Applicants must also send a courtesy copy of their application via email to EmergencyTelehealthSupport@fcc.gov. Our goal is to select applications that target areas that have been hardest hit by COVID-19 and where the support will have the most impact on addressing the health care needs. While health care providers may use the COVID-19 Telehealth Program to treat patients that have COVID-19, the program is not limited to treating those types of patients as long as program funds are used "to prevent, prepare for, and respond to coronavirus." (facilitating social distancing, conserving bed space, are also highlighted uses)	For questions, please contact (1) Rashann Duvall at (202) 418-1438, Rashann.Duvall@fcc.gov or (2) Hayley Steffen at (202) 418-1586, Hayley.Steffen@fcc.gov.
8	Telehealth Network Grant Program	rural or urban nonprofit entities that will provide direct clinical services through a telehealth network (including faith-based organizations).	**$300,000**	Monday, June 15, 2020	Health Resources and Services Administration	Direct grant; Hospitals should consider applying for funding if applicable.	Funding for telehealth networks to deliver 24-hour Emergency Department (ED) consultation services via telehealth to rural providers without emergency care specialists. Services must be provided to rural areas, though provider can be urban.	Funding Opportunity No. HRSA-20-036 https://www.grants.gov/web/grants/view-opportunity.html?oppId=315882
10	Novel, High-Impact Studies Evaluating Health System and Healthcare Professional Responsiveness to COVID-19	Higher education institutions, nonprofits, governments, independent school districts, public and Indian housing authorities, Native American tribal organizations, faith-based and community-based organizations, regional organizations	**$5,000,000 available;**	Monday, June 15, 2020	Agency for Healthcare Research and Quality (AHRQ)	Direct grant; Hospitals should consider applying for funding if applicable.	Funding for research evaluating the responsiveness of healthcare delivery systems, healthcare professionals, and the overall U.S. healthcare system to the COVID-19 pandemic.	Funding Opportunity No: RFA-HS-20-003 . https://grants.nih.gov/grants/guide/rfa-files/RFA-HS-20-003.html
9	Rural Telementoring Training Center Program	domestic public, private, and non-profit organizations and entities including faith-based and community-based organizations, institutions of higher education, and hospitals (among others, including state and local governments)	**$1,000,000**	Tuesday, June 16, 2020	Health Resources and Services Administration	Direct cooperative agreement: Hospital should consider applying to participate if applicable.	The Rural Telementoring Training Center (RTTC) Program will develop and share freely accessible tools and resources that are adaptable to culturally and regionally diverse populations to provide training nationwide to facilitate the dissemination of best practice specialty care to primary care providers and care teams in rural and underserved areas.	Funding Opportunity No: HRSA-20-108 https://grants.hrsa.gov/2010/Web2External/Interface/FundingCycle/ExternalView.aspx?fCycleID=678040b6-95b7-499f-8fe5-67a3f71c791b
10	CDMRP PRMRP Clinical Trial Award for Emerging Viral Diseases and Respiratory Health	Unrestricted	**$30,000,000**	Monday, June 22, 2020	Department of Defense	Direct grant; Hospitals should consider applying for funding if applicable.	Funding for rapid clinical trials relating to COVID-19, respiratory illness	Funding Opportunity No:W81XWH-20-PRMRP-CTA-COV
11	CDMRP PRMRP Investigator-Initiated Research Award for Emerging Viral Diseases and Respiratory Health	Unrestricted	**$12,000,000**	Sunday, July 12, 2020	Department of Defense	Direct grant; Hospitals should consider applying for funding if applicable.	Funding for research other than clinical trials relating to COVID-19, respiratory illness	Funding Opportunity Number W81XWH-20-PRMRP-IIRA-COV
12	CDMRP PRMRP Technology/Therapeutic Development Award for Emerging Viral Diseases and Respiratory Health	Unrestricted	**$25,000,000**	Sunday, July 12, 2020	Department of Defense	Direct grant; Hospitals should consider applying for funding if applicable.	Development of product (including knowledge-based products) from preclinical findings relating to COVID-19, respiratory illness.	Funding Opportunity No. W81XWH-20-PRMRP-TTDA-COV
13	Distance Learning and Telemedicine Grants	Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education Nonprofits that do not have a 501(c)(3) status with the IRS, other than institutions of higher education Small businesses Private institutions of higher education Public and State controlled institutions of higher education For profit organizations other than small businesses Independent school districts (among others, including state and local gov'ts)	**$1,000,000**	Monday, July 13, 2020	Department of Agriculture	Direct grant; Hospitals should consider applying for funding if applicable.	Financial assistance to enable and improve distance learning and telemedicine services in rural areas (Distance Learning and Telemedicine (DLT) Program); DLT Program is regulated at 7 CFR part 1734	Funding Opportunity No: RUS-20-02-DLT https://www.rd.usda.gov/programs-services/distance-learning-telemedicine-grants
14	Long-Term Effects of Disasters on Health Care Systems Serving Health Disparity Populations (R01-Clinical Trial Optional)	Private institutions of higher education For profit organizations other than small businesses Public and State controlled institutions of higher education Small businesses Nonprofits that do not have a 501(c)(3) status Nonprofits having a 501(c)(3) status Faith-based or Community-based Organizations (among others, including state and local gov'ts)	**varies**	Monday, September 07, 2020	National Institutes of Health	Direct grant: Hospital should consider applying for funding if applicable.	Funding will support investigative and collaborative research focused on understanding the long-term effects of natural and/or human-made disasters on health care systems serving health disparity populations in communities in the U.S	Funding Opportunity No: PA-20-172 . http://grants.nih.gov/grants/guide/pa-files/PA-20-172.html
15	Office of Biomedical Advanced Research and Development Authority (BARDA) Broad Agency Announcement (BAA)	Unrestricted	**varies**	Saturday, October 31, 2020	Assistant Secretary for Preparedness and Response	Direct cooperative agreement: Hospital should consider applying to participate if applicable.	The Office of Acquisitions Management, Contracts, and Grants (AMCG) on behalf of the Office of Biomedical Advanced Research and Development Authority (BARDA) solicits proposals for the advanced research and development of medical countermeasures: COVID 19 diagnostics, vaccines, treatments	Funding Opportunity No. BAA-18-100-SOL-00003 . https://beta.sam.gov/opp/7c72ff2e5c514b2faa15765e78294128/view

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May 20, 2020
This analysis is offered as-is to clients and friends of AHCV. We hope that it is helpful to you.

Acronym	Term
PHSSEF	Public Health and Social Services Emergency Fund
CDC	Centers for Disease Control and Prevention
NIH	National Institutes of Health
NIEHS	National Institute of Environmental Health Sciences
FCC	Federal Communications Commission
HRSA	Health Resources and Services Administration
HPP	Hospital Preparedness Program
HHS	US Dept. of Health and Human Services
CMS	Centers for Medicare and Medicaid Services
ASPR	Assistant Secretary for Preparedness and Response
PHSA	Public Health Services Act
FEMA	Federal Emergency Management Agency
SPA	State Plan Amendment
FDA	Food and Drug Administration
FMAP	Federal Medical Assistance Percentage
DSH	Disproportionate Share Hospital

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