



# COVID Relief Update

September 10, 2021

WEALTH ADVISORY | OUTSOURCING | AUDIT, TAX, AND CONSULTING

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# COVID-19 Spending Through June 30, 2021

Number of Agencies  
**42**

Total Budgetary Resources  
**\$4.64 Trillion**

Total Obligations  
**\$3.64 Trillion**



Total Outlays  
**\$3.18 Trillion**

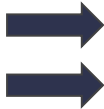
Show amounts based on: Total Spending  

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Agency 	Total Budgetary Resources 	Total Obligations 	Total Outlays 
Department of the Treasury	\$1,556,398,343,037	\$1,278,395,588,443	\$1,275,530,488,638
Small Business Administration	\$993,057,000,000	\$915,763,127,968	\$901,968,823,686
Department of Labor	\$836,084,874,608	\$614,136,890,188	\$601,007,892,493
Department of Health and Human Services	\$484,024,400,000	\$334,301,526,937	\$177,350,269,501
Department of Education	\$305,603,319,728	\$256,554,713,966	\$66,381,720,586
Department of Agriculture	\$142,858,008,014	\$57,694,616,719	\$54,029,143,232
Department of Transportation	\$106,255,492,534	\$46,650,182,272	\$32,396,153,830





# Provider Relief Funds

Health Care

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# Provider Relief Fund

General Distribution Phase 1	General Distribution Phase 2	General Distribution Phase 3	Uninsured	Targeted Distributions
<p>First \$30 billion – went to providers/suppliers who received Medicare FFS reimbursement in 2019. Allocation formula: (2019 FFS/\$484 B) x \$30 B = expected distribution.</p> <p>Additional \$20 billion to these providers/suppliers based on revenues from cost report data on file with HHS.</p> <p>Combined these two distributions, originally referred to as Tranche 1 &amp; 2, are designed to add up to 2% of 2018 net revenues.</p>	<p>On June 9 and in early July, HHS announced the release of \$15 billion to those that participate in Medicaid/CHIP and then dental providers.</p> <p>On August 10, HHS announced Phase 2 applications would also be opened up to address certain situations where providers were ineligible, failed to apply for or rejected funds.</p> <p>On September 2, HHS announced assisted living facilities were eligible for this distribution.</p> <p>Phase 2 applications are accepted through September 13.</p> <p>Roughly \$18B distributed.</p>	<p>On Oct. 1, HHS announced a third round of general distribution. This distribution is to ensure all providers have received 2% of their patient revenues and then develop a formula for an add-on payment beyond that. Eligible providers are essentially all who were eligible previously plus two additional situations: changes in ownership and additional behavioral health providers.</p> <p>On Oct. 22, HHS announced additional provider categories are eligible.</p> <p>Applications are accepted for Phase III through Nov. 6 at: <a href="https://cares.linkhealth.com/#/">https://cares.linkhealth.com/#/</a></p> <p>Note: Phase 3 distributions are currently still going out. Roughly \$25B being distributed.</p>	<p>These are claims-based reimbursements for dates of service or admittance on or after Feb. 4, 2020.</p> <p>Reimbursements will be made for qualifying testing for COVID-19 and treatment and services with a primary COVID-19 diagnosis. Full details at <a href="http://www.hrsa.gov/covid/uninsuredclaim">www.hrsa.gov/covid/uninsuredclaim</a></p>	<ul style="list-style-type: none"> <li>• <b>Rural Distributions (\$12B).</b> Rural hospitals (CAHs, rural PPS), Rural Health Clinics (RHC), &amp; Community Health Centers (CHC or FQHC) in rural areas received a distribution on May 10. Another \$1 billion was released on July 10 to 500 other special rural Medicare designation hospitals in urban areas and in small but non-rural communities.</li> <li>• <b>High Impact (\$22B – Round 1, 2).</b> Targeted at hospitals in areas heavily impacted by COVID. Using hospital-submitted data, HHS awarded Round 1 on May 1 to 395 hospitals that provided inpatient care for 100 or more COVID-19 patients through April 10. The distribution formula was based on a fixed amount per COVID-19 inpatient admission, with an additional amount (\$2 B total) distributed by taking into account those hospital’s Medicare/Medicaid disproportionate share and uncompensated care payments. Round 2 was released on July 17 to 969 hospitals that had 161 COVID patients by June 10 and received \$50,000/patient</li> <li>• <b>Skilled Nursing Facilities (\$9.9B).</b> On May 21, HHS released \$4.9 billion to SNFs with at least 6 or more beds. Each SNF received \$50,000 plus \$2,500 per bed. On July 22, HHS announced an additional \$5 billion -- \$2.5 B was released on Aug. 27. Another \$2B being released via incentive payment program with \$500M/month (Sept. – Dec.)</li> <li>• <b>Indian Health Services (\$500M).</b> On May 22, Indian Health Services, tribal, and urban Indian health programs, including IHS and Tribal hospitals received funds</li> <li>• <b>Safety Net Hospitals (\$12.8B + \$1.4B).</b> On June 9, HHS announced the release of \$10 billion to certain hospitals and on July 10, another \$3 billion was distributed. All total, 958 hospital received these funds. On Aug. 14, HHS announced the release of \$1.4 billion to roughly 80 free-standing children’s hospitals.</li> </ul>



# Provider Relief Fund Changes

4 reporting periods created. These are based on actual date provider receives a PRF distribution

Deadline to use funds based on the time period 1-4. This is also called the “period of availability.”

At the end of “period of availability,” providers have 90 days to complete reporting



	Payment Received Period (Payments Exceeding \$10,000 in Aggregate Received)	Deadline to Use Funds	Reporting Time Period
Period 1	From April 10, 2020 to June 30, 2020	June 30, 2021	July 1 to September 30, 2021
Period 2	From July 1, 2020 to December 31, 2020	December 31, 2021	January 1 to March 31, 2022
Period 3	From January 1, 2021 to June 30, 2021	June 30, 2022	July 1 to September 30, 2022
Period 4	From July 1, 2021 to December 31, 2021	December 31, 2022	January 1 to March 31, 2023





# 6 Steps For Reporting (in order)

1. Interest earned on PRF
2. Other assistance received
3. SNF Infection Control Distribution on expenses
4. Use of General and Targeted Distributions on expenses
5. Net unreimbursed expenses attributable to COVID
6. Lost revenues



# 6 Steps For Reporting

- Reporting entities will report on their use of funds using their normal basis of accounting (e.g. cash basis, accrual basis, modified accrual basis)
- The reporting requirements outlined apply to all past and future PRF payments made
- If you have less than \$10,000 (in aggregate) in PRF in a reporting period, you do not need to report in the period





# 12 Data Elements to Report

1. Reporting entity overview
2. Subsidiary questionnaire
3. Acquired, divested subsidiaries
4. Interest earned on PRF payments
5. Tax and single audit information
6. Other assistance received
7. Use of SNF Infection Control Payment
8. Use of General/Targeted Payment
9. Net unreimbursed expenses attributable to COVID
10. Lost revenues attributable to COVID
11. Personnel, patient, facility metrics
12. Survey





# Higher Education Emergency Relief Fund

Higher Education

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# Identification of Costs



# Project Review and Approval Process

## Compliance

- Allowable costs
- Allowable activities

## Sustainability

- 1-year timeline
- Future funding?

## Documentation

- Standardized forms
- Consistency & completeness

## Advising

- Match projects to reviewers/sponsors
- Revise project scope



# Prioritizing the Use of Funds

1. Lost revenue – Tuition, housing, and food
2. Newly eligible costs that were retroactive back to the start
3. Student receivables
4. Potential projects



# Project Monitoring and Documentation Process

