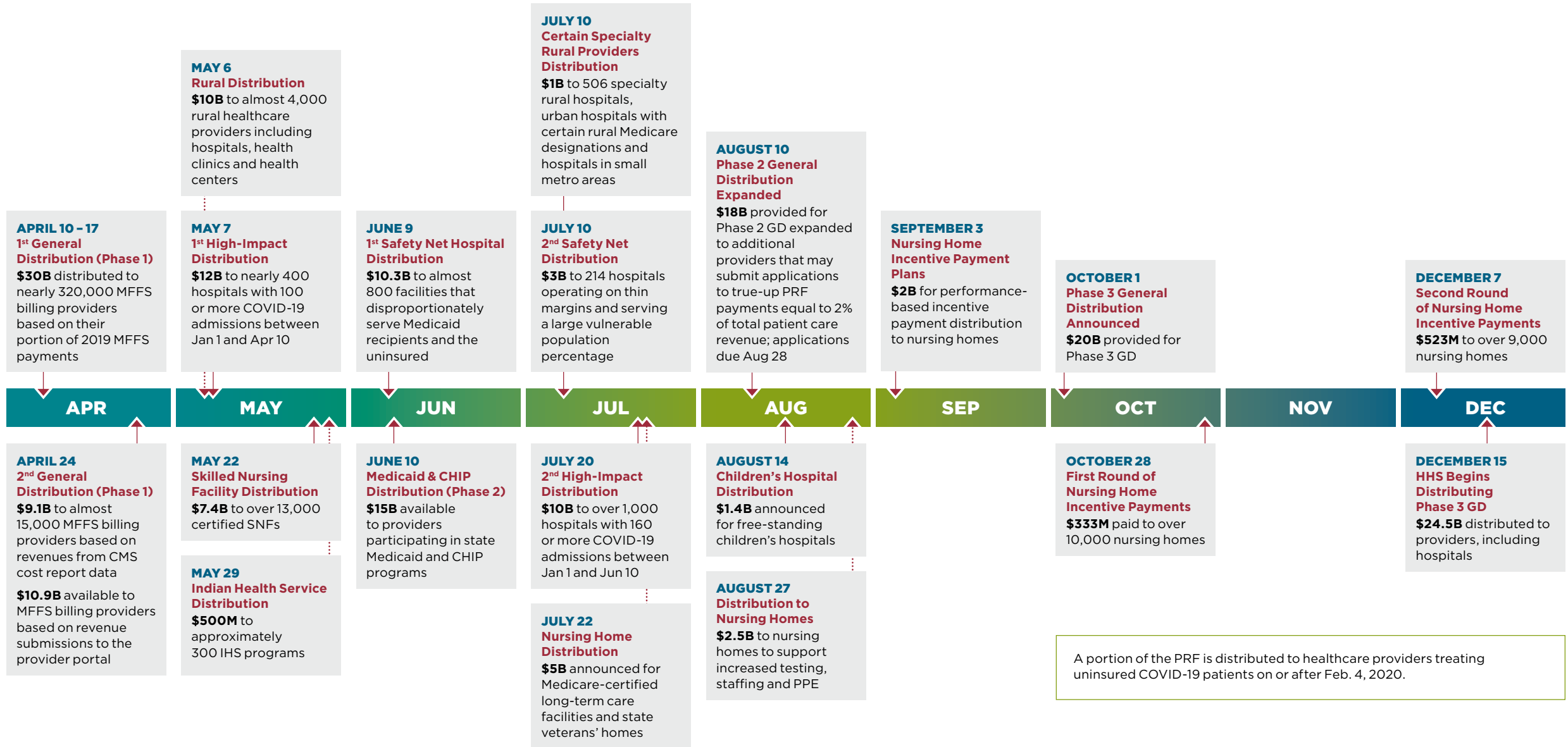


Provider Relief Fund Distribution Summary*



A portion of the PRF is distributed to healthcare providers treating uninsured COVID-19 patients on or after Feb. 4, 2020.

ELIGIBILITY AND FORMULAS

DISTRIBUTION & WHO IS ELIGIBLE

General Distribution 1: \$30 Billion—Providers that billed MFFS in 2019

General Distribution 2: \$20 Billion—Providers that billed MFFS in 2019

General Distribution 3: \$24.5 Billion—All Providers

Targeted - Rural: \$10 Billion—Rural hospitals, health clinics and health centers

Targeted - High-Impact Areas (1st Distribution): \$12 Billion—Hospitals that treated 100 or more COVID-19 patients between Jan 1 and Apr 10

Targeted - Skilled Nursing Facilities: \$7.4 Billion—Certified SNFs with six or more certified beds

Targeted - Indian Health Service: \$500 Million

Targeted - Safety Net Hospitals (1st Distribution): \$10 Billion—Hospitals and Medicare DPP of 20.2% or greater, average uncompensated care per bed of \$25,000 or more and profitability of 3% or less

Targeted - Medicaid and CHIP (Phase 2): \$15 Billion—Phase 2 initially opened for providers that did not receive funds from the GD and billed Medicaid or CHIP programs for healthcare-related services between Jan 1 and May 31

Targeted - Safety Net Hospitals (2nd Distribution): \$3 Billion—Certain acute care hospitals serving a large percentage of vulnerable populations on thin margins that meet a revised profitability threshold of less than 3% averaged consecutively over two or more of the last five cost reporting periods

Targeted - Rural/Small Metropolitan Areas: \$1 Billion—Certain hospitals with a special Medicare payment designation of Sole Community Hospitals or Medicare Dependent Hospitals, hospitals in small metro areas with a designation of Rural Referral Center, and 10 isolated urban hospitals that are 40 or more miles from another hospital open to the public

Targeted - High-Impact Areas (2nd Distribution): \$10 Billion—Hospitals with more than 160 COVID-19 inpatient admissions between Jan 1 and June 10 2020 or an above average intensity of COVID admissions per bed (at least 0.54864)

Targeted - Nursing Homes: \$5 Billion—Medicare-certified long-term care facilities and state veterans' homes that participate in the Nursing Home COVID-19 Training

Targeted - Nursing Home Incentive Payments: \$2 Billion—Eligible providers must demonstrate a rate of COVID infections below the rate of infection in the county in which they are located and have a COVID death rate that falls below a nationally established performance threshold for mortality among COVID-infected nursing home residents

General Distribution - Phase 2 (continued): \$18 Billion—Providers that participate in state Medicaid/CHIP programs, Medicaid managed care plans or provide dental care, as well as certain Medicare providers, including those who missed Phase 1 GD payment equal to 2% of their total patient care revenue or had a change in ownership in 2019 or 2020

Targeted - Children's Hospitals: \$1.4 Billion—Qualifying free-standing children's hospitals that are either exempt under CMS IPPS or are an HRSA-defined Children's Hospital Graduate Medical Education facility

HOW FUNDS WERE ALLOCATED

(2019 MFFS Payments / \$453 Billion (Total MFFS 2019)) x \$30 Billion

((Most Recent Tax Year Annual Gross Receipts) x \$50 Billion) / \$2.5 Trillion) - GD 1 Payment Equates to approximately 2% of net patient revenues per each eligible provider

Providers receive up to 88% of reported losses (both lost revenue and healthcare-related expenses attributable to coronavirus incurred during the first half of 2020) or 2% of annual revenue from patient care, whichever is greater

Rural acute care hospitals and Critical Access Hospitals—Graduated Base Payment + 1.97% of the Hospital's Operating Expenses (base payments were between \$1 Million and \$3 Million)

Independent Rural Health Clinics — \$100,000 per Clinic Site + 3.6% of the RHC's Operating Expenses

Community Health Centers—\$100,000 per Rural Clinic Site

\$10 Billion to 395 High-Impact Hospitals—# COVID-19 Admissions (100 or More) x \$76,975

\$2 Billion to 395 High-Impact Hospitals with Medicare Disproportionate Share—\$2 Billion x (Hospital Medicare Funding/Sum of Medicare Funding for 395 Hospitals)

\$4.9 Billion—Fixed distribution per facility of \$50,000 plus distribution of \$2,500 per bed

\$2.5 Billion—Fixed distribution of \$10,000 plus \$1,450 per bed

IHS and Tribal Hospital—\$2.81 Million + 3% Total Operating Expenses

IHS and Tribal Clinics and Programs—\$187,000 + 5% (Estimated Service Population x Average Cost per User)

IHS Urban Programs—\$181,000 + 6% (Estimated Service Population x Average Cost per User)

(Hospital's Facility Score / Cumulative Facility Score across All Safety Net Hospitals) x \$10 Billion

Facility Score = Number of Facility Beds x DPP

Recipients received a minimum distribution of \$5 Million and a maximum distribution of \$50 Million

2% (Gross Revenues x Percent of Gross Revenues from Patient Care) for CY 2017, CY 2018 or CY 2019 as selected by applicant

For CY 2017, CY 2018 or CY 2019 as selected by the applicant

(Hospital's Facility Score / Cumulative Facility Score across All Safety Net Hospitals) x \$10 Billion

Facility Score = Number of Facility Beds x DPP

SCHs, MDHs and RRCs in Small Metro Areas—1% of Operating Expenses

Small City Hospitals without Special Medicare Designation—1% of Operating Expenses

Rural Specialty Hospitals (Psych, Rehab or Long-Term Acute Care)—Graduated Base Payment + Approximately 2% Operating Expenses

Minimum payment of \$100,000, supplement of \$50 for each rural inpatient day and maximum payment of \$4.5 Million

Based on most recent Medicare cost report with minimum payment of \$100,000 and maximum payment of \$2 Million

Adjusted for rural patient share with a minimum payment of \$100,000 and a maximum payment of \$4.5 Million

10 Isolated Urban Hospitals—\$1 Million

\$50,000 per eligible inpatient admission between Jan 1 and June 10

HHS took previous High-Impact payments into account when determining this payment

\$2.5 Billion distributed in mid-August to support increased testing, staffing and PPE needs with the balance linked to outcomes-based performance in the coming months

For each performance period, 80% of bonus payments are available to providers that have positive performance on the infection measure; 20% of bonus payments are available to providers that have positive performance on the mortality measure

2% (Net Revenue from Patient Care)

Payment based on most recent tax filings (CY 2017, CY 2018 or CY 2019)

2.5% Net Patient Revenue

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