

Provider Relief Fund Overview

	General Distributions				Targeted Distributions	
	Phase 1	Phase 2	Phase 3	Phase 4 & American Rescue Plan (ARP) Rural	SNF	Nursing Home Infection Control
Eligible Providers	Medicare providers	Medicaid, CHIP, Assisted Living (AL), Dentists, private pay AL and nursing homes (NH), Phase 1 providers who did not receive a full 2% of annual patient care revenue payment, and Medicare Part A providers who experienced a change in ownership in 2020.	All Phase 2 eligible providers plus behavioral health and providers who began operating in First Quarter 2020.	Any provider or supplier of health care, services, and support in a medial setting, at home or in the community. Bonus and rural payments only available to those who bill Medicare, Medicaid and CHIP.	All Medicare and Medicaid certified/licensed nursing homes with 6 or more beds.	All Medicare and Medicaid certified/licensed nursing homes with 6 or more beds.
Allocation	\$30Billion + \$20B	\$18B	\$24.5B	\$17B General \$8.5B ARP Rural	\$4.9B	\$5B
Formula	2% of gross patient care revenues for the TIN (originally, used Medicare cost report data, later switched to tax information)	2% of gross patient care revenues for the TIN	2% of gross patient care revenues for the TIN; possible add-on payment	\$12.75B = % of reported losses/expenses from 7/1/2020 – 3/31/2021. Smaller & medium providers get higher % of losses/expenses (up to 40%). \$4.25B for bonus based on volume of Medicare, Medicaid and CHIP \$8.5B Rural = Volume of rural Medicare, Medicaid, CHIP patients served.	\$50,000 + \$2500 per bed	\$2.5B distributed using the formula = \$10,000 + \$1450 per bed Additional \$2B distributed through monthly incentive payments based upon infection control measure performance

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Application timeframe	Automatic payments sent. No application required; financial data was due to HHS by June 3.	Opened June 9, 2020. Expanded to include private pay AL and NH on Sept. 1. Closed Sept. 14 for most, Sept. 21 for private pay AL and NH	Oct. 5 – Nov. 6	Sept 29 – October 26, 2021 (11:59 p.m. ET) Single application for both general and rural	No application, automatically distributed	No application. Automatically distributed.
Distribution Timeline	April 10 & 24, 2020 payments. Some received “true up” payments as late as June/July after filing tax and lost revenue information	June – Oct. 2020	Nov. 2020– March 2021	Phase 4 payments = 12/16/21: 1 st batch of payments \$8.721B 1/25/22: 2 nd batch; \$2B 2/24/22: 3 rd batch; \$560M 03/22/22: 4 th batch; almost \$1B 04/13/22: 5 th batch; \$1.75B 05/18/22: 6 th batch 06/16/22: 7 th batch, \$427M – 98% applications reviewed at this point	May 22, 2020	\$2.5B Distribution payment = ACH payments arrived 8/27/2020 (paper checks = early Sept. 2020) Monthly Incentives: September (\$333M): Sent in two payments Nov. 2 & 30, 2020 October (\$523M): December 9, 2020 November (\$512M): January 25, 2021 December (\$556M): Feb. 12, 2021

Last updated: June 27, 2022

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Distribution timeline (continued)				ARP Rural = First distribution 11/23/2021 of \$7.5B 3/22/22: 2 nd batch, Nearly \$1B 5/10/22: 3 rd batch, \$450M (99% complete)		
Reconsideration			11/12/2021: Deadline for submitting requests	Process opened February 1, 2022 and request deadline is May 2, 2022 or 45 days after receipt of payment, whichever is later.		

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Notes			35,000 of the 70,000 applicants did not receive an additional payment because they had no change in revenues and expenses in the first half of 2020 or funds received to date had already covered at least 88% of losses.	<p>Single application process. ARP Rural based off of patient not provider location.</p> <p>More than 110,000 applicants.</p> <p>New provisions have been added to the Terms and Conditions for these funds: 1) requiring providers to notify HRSA via the Reporting Portal if they go through a merger or acquisition with any other provider; 2) PRF funds must be held in an interest-bearing account.</p> <p>ARP Rural payments cannot be transferred to a parent organization or another provider.</p>		<p>Note: HHS changed its position and decided not to send a payment based upon a nursing home’s aggregate performance from Sept – Dec. 2020.</p> <p>Terms & Conditions limit the use of these funds to “infection control” expenses including testing costs and test results reporting, hiring and retaining staff, expenses to improve infection control, additional services for residents.</p>