

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

- Phase I Bill – Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 ([H.R. 6074](#))¹
- Phase II Bill – Families First Coronavirus Response Act ([H.R. 6201](#))²
- Phase III Bill – Coronavirus Aid, Relief, and Economic Security (CARES) Act ([H.R. 748](#))³

Overall, the chart encapsulates funds specifically appropriated to agencies within the Department of Health and Human Services and the Department of Veteran Affairs. Noted below are key grant, reimbursement, and loan opportunities organized by the following categories: providers, Medicare, Medicaid, and veterans health. Information on funding opportunities made available through the Small Business Administration and other federal agencies will be discussed in forthcoming WHG products.

Funding Opportunity	Applicable Section and Bill (Phase I, II or III)	Funding Amount	Overview	Agency	Eligible Entities	Funding Mechanism	Implementation Status and Timing Details (Per Statute or Otherwise)
PROVIDERS							
Public Health and Social Services Emergency Fund (PHSSEF)	Phase I Bill (p. 5)	\$100M	Funds primary health care under the Health Centers Program.	Health Resources and Services Administration (HRSA)	HRSA-funded health centers	Grants	Funding is available until September 30, 2024. See WHG Client Summary for details.
	Phase II Bill (p. 5)	\$1B	Reimburses the costs of COVID19 diagnostic testing and services provided to uninsured individuals.	Office of the Assistant Secretary for Preparedness and Response (ASPR) & Centers for	Licensed health care providers	Reimbursements	Funding is available until expended.

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

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

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

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				Medicare and Medicaid Services (CMS)			
	Phase III Bill (p. 280-284)	\$100B	<p>Funds to be used to prevent, prepare for, and respond to COVID-19 – including health care related expenses or lost revenues attributed to COVID-19.</p> <p>Funds may be used for: building or construction of temporary structures; leasing of properties; medical supplies and equipment, including personal protective equipment (PPE) and testing supplies; increased workforce trainings; emergency operations centers; retrofitting facilities; and surge capacity.</p> <p>Funds may not be used to reimburse expenses or other losses that have been reimbursed from other sources or that other sources are obligated to reimburse.</p> <p>Recipients are required to submit reports and maintain documentation.</p> <p>Broader PHSSEF allocation contains another \$27B, which includes funding for other provider priorities, such as:</p>	ASPR	<p>Medicare or Medicaid enrolled suppliers and providers (plus non-profit and for-profit entities per Secretarial discretion)</p> <p>See also HPP entities for separate allocation (i.e., HPP grantees or sub-grantees or as Secretary prescribes), as well as separate Indian health-focused allocation.</p>	<p>Grants (or other mechanisms), with awards issued on a rolling-basis, and in consideration of the most efficient payment system practicable.</p> <p>Providers responsible for submitting applications following ASPR guidance.</p>	<p>No statutory timeframe stipulated to disperse funds but presumably ASAP. Outbound requirement of HHS to report to Congress on obligation of funds within 60 days of enactment (i.e., on or around May 27, 2020).</p> <p>ASPR announced that it will provide \$50M in aid to hospitals and health care entities (that will flow through hospital associations) via the following funding opportunity – “Hospital Association COVID-19 Preparedness and Response Activities” (EP-U3R-20-001).</p> <p>Applications are due April 3, 2020.</p>

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			<p>\$250M for Hospital Preparedness Program (HPP) (via grants or cooperative agreements);</p> <p>Separate set-aside (\$15M) for Indian health organizations or tribal health service providers;</p> <p>\$16B for the Strategic National Stockpile;</p> <p>Stipulates requirements re: FY 2020 funding for community health centers (CHCs);</p> <p>Supplemental grants to Ryan White HIV/AIDS clinics (\$90M); and</p> <p>Supplemental grants to HRSA for telehealth and rural health activities (\$180M).</p>				
Rural Health and Small Provider Grant Programs	Phase III Bill (p. 90-92)	\$397.5M	<p>Rural Health Care Services Outreach: Provides support to promote rural health care services outreach projects utilizing evidence-based or promising practice models to address community-specific health concerns.</p> <p>Rural Health Network Development: Provides support to rural communities for the implementation of</p>	HRSA	Not specified	Grants	Funds available until September 30, 2025.

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			<p>activities needed to plan and develop formal and integrated health care networks such as, but not limited to, business plan development, community needs assessment, network organizational assessment, SWOT analysis, and health information technology readiness assessment.</p> <p>Small Health Care Provider Quality Improvement: Provides support for the planning and implementation of evidenced-based quality improvement activities in the rural primary care setting to improve the quality and delivery of rural primary care services and patient health outcomes.</p>				
Community Health Centers	Phase III Bill (p.88)	\$1.32B	Grants additional funding for the detection, prevention, diagnosis, and treatment of COVID-19.	HRSA	CHCs	Grants	Funds available through September 30, 2020.
Telehealth	Phase III Bill (p. 251)	\$200M	Supports the efforts of health care providers to address coronavirus by providing telecommunications services, information services, and devices necessary for telehealth services.	Federal Communications Commission (FCC)	Eligible health care providers	Grants	The duration of the COVID-19 emergency. See WHG Client Summary for more details.
	Phase III Bill (p. 88)	\$145M	Telehealth Resource Centers (TRCs) assist health care organizations, health care networks, and health care	HRSA	TRCs and TNCs	Grants	Funds available until September 30, 2025.

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			<p>providers in the implementation of cost-effective telehealth programs to serve rural and medically underserved areas and populations.</p> <p>Telehealth Network Centers (TNCs) are used to: (a) expand access to, coordinate, and improve the quality of health care services; (b) improve and expand the training of health care providers; and/or (c) expand and improve the quality of health information available to health care providers, and patients and their families, for decision-making.</p>				
MEDICARE							
Temporary Suspension of Medicare Sequestration	Phase III Bill (p. 141)	Estimated impact is \$85B ⁴	Temporarily suspends the 2 percent Medicare sequester on FFS Medicare payments, which will increase reimbursement to hospitals and other providers during the COVID-19 outbreak.	CMS	Enrolled Medicare providers	Reimbursements	Beginning May 1, 2020, through Dec. 31, 2020.
Medicare Add-on Payment for Inpatient Hospital COVID-19 Patients	Phase III Bill (p. 142)	Unspecified	Hospitals will receive a Medicare payment increase of 20 percent for patients diagnosed with COVID-19 and later discharged during the emergency period. This add-on is provided by	CMS	Enrolled Medicare providers	Reimbursements	The duration of the COVID-19 emergency.

⁴ Based on an analysis by the American Hospital Association.

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			increasing the weighting factor for the diagnosis-related groups (DRG) that a COVID-19 discharged patient is assigned by 20 percent, without any budget neutrality adjustment.				
Accelerated Payment for Providers and Hospitals	Phase III Bill (p. 146-147)	Unspecified	Expands the Medicare accelerated payment program, allowing hospitals to request that the appropriate Medicare Administrative Contractor (MAC): (1) make accelerated payments; (2) increase the amount of payment that would otherwise be made available to the hospital under the Medicare program up to 100 percent (or 125 percent for critical access hospitals); (3) extend the period of accelerated payments up to six months; (4) allow up to 120 days before claims are offset to recoup any accelerated payments; and (5) allow at least 12 months from the first accelerated payment date before payment in full is required.	CMS	<p>Enrolled Medicare Part A and B providers/suppliers, including CAHs, who:</p> <ol style="list-style-type: none"> 1. Have billed Medicare for claims within 180 days; 2. Are not in bankruptcy; 3. Are not under active medical review or program integrity investigation; and 4. Do not have any outstanding delinquent Medicare overpayments. 	Loans	<p>The duration of the COVID-19 emergency.</p> <p>See CMS fact sheet for more information.</p>
Increased Medicare Access for Post-Acute Care	Phase III Bill (p. 142-143)	Unspecified	Increases Medicare access for post-acute care during the COVID-19 emergency by permitting long-term care hospitals (LTCHS) to	CMS	Medicare enrolled LTCHs, IRFs	Reimbursements	The duration of the COVID-19 emergency.

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			<p>maintain their designation even if more than 50 percent of the LTCH's cases are less intensive.</p> <p>Permits the Secretary of HHS to waive site-neutral payment rates that currently apply to LTCHs for a patient discharge if a patient was admitted during the emergency period and in response to the COVID-19 pandemic. This provision also waives the Inpatient Rehabilitation Facility (IRF) three-hour rule.</p>				
Home and Community-Based Services in Acute Care Hospitals	Phase III Bill (p. 144-145)	Unspecified	Removes prohibitions on billing Medicare for home and community-based services delivered in acute care hospitals provided they are: (1) identified in the care plan; (2) provided to meet needs of the individual that are not met through hospital services; (3) not a substitute for services that the hospital is obligated to provide, and (4) designed to ensure smooth transitions between acute care settings and home and community-based settings.	CMS	Medicare enrolled acute care hospitals	Reimbursement	The duration of the COVID-19 emergency.
Additional Medicare Payment Adjustments	Phase III Bill (p. 143; 145)	Unspecified	Provides additional Medicare payment adjustments, including: Pausing scheduled Medicare payment reductions for	CMS	Enrolled DMS suppliers, clinical labs	Reimbursements	DME: Rate are frozen from March 6, 2020 through the duration of the COVID-19 emergency.

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			<p>durable medical equipment; and</p> <p>Stopping scheduled reductions in Medicare reimbursement for clinical diagnostic laboratory tests furnished to beneficiaries in 2021 (also delays reporting private payor data for one year).</p>				<p>CLFS: Delays reporting of private payer data to March 31, 2022 for the period from December 31, 2021 - January 1, 2022.</p> <p>Delays implementation of scheduled reductions a year from 2021 to 2022.</p>
MEDICAID							
Delay of Medicaid Disproportionate Share Hospital Reductions	Phase III Bill (p. 149-150)	No new funds; delays and reduces scheduled cuts.	<p>Delays the \$4 billion in Medicaid disproportionate share hospital (DSH) reductions for fiscal year 2020.</p> <p>Lowers the fiscal year 2021 DSH reductions to \$4 billion (instead of the \$8 billion originally proposed).</p>	CMS	Medicare Disproportionate Share Hospitals	Reimbursements	DSH reductions for FY 2021 are delayed until Dec. 1, 2020 (as opposed to Sept. 30, 2020). No additional cuts after FY 2025.
VETERANS HEALTH							
Coverage of Testing for COVID-19 Through the Veterans Health Administration	Phase II Bill (p. 6)	\$30M	Funds reimbursement by the Department of Veterans Affairs for the cost of COVID-19 diagnostic testing for veterans receiving care through Medical Community Care.	Veterans Health Administration (VHA)	Enrolled health care providers	Reimbursements	Funds available until September 30, 2022.