Financial Resources to Assist Hospitals & Health Systems

Katherine Blackmon & Jim Price

Updated on July 27, 2020

Hospitals' median operating margin dropped in April to a negative 29% but the median has increased to a positive 4% in May due to the influx of federal assistance, according to Kaufman Hall's analysis. Without additional government assistance, the median hospital margin will sink to -7% for the second half of 2020 with nearly half of all hospitals operating in the red.* Hospitals' delay of non-emergent procedures and patients postponing necessary treatment contributed to a 30% decline in hospital gross revenue. COVID-19's economic effect will be long-lasting, especially on healthcare facilities with decreased volumes and reduced cash flow. This paper covers Federal resources for providers.

The available federal funding for COVID-19 relief is multi-faceted and evolving on an almost-daily basis, so it is important for leaders of health systems to be informed of the latest updates, against a comprehensive listing of funding sources. This document offers that comprehensive list, and Progressive Healthcare will post weekly updates, throughout the COVID-19 crisis, regarding these funding and reimbursement opportunities.

This document will cover the following healthcare funding resources regarding COVID-19:

1. FEMA Disaster Relief: **$45 billion** in *grant* funding
2. Public Health and Social Services Emergency Fund: **$175 billion** available in *grant* funding
3. Paycheck Protection Program and Health Care Enhancement Act: **$25 billion** *grant* designated for COVID-19 testing
4. Federal Communications Commission (FCC): **$200 million** in *grant* funding for telehealth equipment and associated fees
5. Paycheck Protection Program Loan: **$660 billion** available; loans with possible forgiveness
6. Economic Injury Disaster Loan: **$60 billion** available in loans with a 30-year term
7. Federal Reserve Main Street Lending Program: **$600 billion** in loans with a five-year term
8. CMS increased payments: **20% weight increase** for COVID-19 discharges; other changes
9. Expansion of Telehealth Services: CMS waiver to allow telehealth visits to be billed as if they were provided in person
10. Advanced Payment Program: no longer active, but repayments are due within a year for providers that took advantage of this loan

* https://www.modernhealthcare.com/finance/april-was-worst-month-ever-hospital-operating-margins; https://www.hfma.org/topics/news/2020/06/hospital-margins-positive-in-may-due-to-temporary-federal-boost-.html; https://www.aha.org/special-bulletin/2020-07-21-new-analysis-shows-dramatic-impact-covid-19-hospital-and-health-system

Updates between July 20 – July 26:

a. HHS announced the timing for future reporting for providers that received $10,000 or more from the Provider Relief Fund. HRSA will have Question and Answer Sessions via Webinar prior to the submission deadline. The reporting system will become available to providers October 1, 2020, and below are the time requirements.
   i. All recipients must report within 45 days of the end of calendar year 2020 on their expenditures through the period ending December 31, 2020.
   ii. Recipients who have expended funds in full prior to December 31, 2020 may submit a single final report at any time during the window that begins October 1, 2020, but no later than February 15, 2021.
   iii. Recipients with funds unexpended after December 31, 2020, must submit a second and final report no later than July 31, 2021.
   iv. Detailed Provider Relief Funding reporting instructions and a data collection template with the necessary data elements will be available through the HRSA website by August 17, 2020.

b. On July 20, HHS began to distribute the previously announced additional $10 billion in federal funding to over 1,000 COVID-19 hotspot hospitals. These payments will be $50,000 per COVID-19 admission. Hospitals will qualify for this funding if their admissions between January 1 and June 20 meet the following requirements:
   i. More than 161 COVID-19 admissions
   ii. At least one COVID-19 admission per day
   iii. Higher than the national average ratio of COVID-19 admissions per bed

   If the hospital has previously received a hotspot payment, this new round of funding will be reduced by the funding they already received.

c. HHS has extended the deadline to apply for the $15 billion distribution to August 3 for Medicaid and CHIP providers and dentists.

---

a. https://www.hhs.gov/sites/default/files/provider-post-payment-notice-of-reporting-requirements.pdf?language=en
b. https://www.hfma.org/topics/news/2020/07/the-new-round-will-pay--50-000-per-covid-19-admission--compared-.html?MessageRunDetailID=3028669716&PostID=17453725&utm_medium=email&utm_source=rasa_io; https://www.hhs.gov/about/news/2020/07/17/hhs-begin-distributing-10-billion-additional-funding-hospitals-high-impact-covid-19-areas.html
c. https://www.hhs.gov/about/news/2020/07/17/hhs-begin-distributing-10-billion-additional-funding-hospitals-high-impact-covid-19-areas.html

Detail by Funding Program (some driven by 2+ legislative Acts):

1. **FEMA Disaster Relief** [1,2]
    a. $45 billion is available for the COVID Disaster Relief Fund.
    b. COVID-19 national emergency makes federal Public Assistance Program funding available for Category B Emergency Protective Measures, which includes actions taken before, during and following a disaster to save lives, protect public health and safety, or eliminate immediate threat of significant damage to improve public health and property.
    c. Examples of emergency protective measures for the COVID-19 pandemic include:
        i. Virus testing
        ii. Medical supplies and equipment
        iii. Shelters or emergency care
        iv. Provision of food, water, ice or other essential needs
        v. Security for temporary facilities
    d. Eligible applicants must identify the work, how it is directly related to the COVID-19 crisis, and costs must be incurred within the approved time period. These costs include labor, equipment, materials, contracts, and management costs. However, costs must be:
        i. Reasonable and necessary to accomplish the work
        ii. Compliant with federal, state, **and** local procurement requirements
        iii. Reduced by any applicable credits such as insurance and other funding sources
    e. After the declaration of an emergency in your state, the designated local agency will conduct applicant briefings to advise as to the process for determining eligibility and for submitting a Request for Public Assistance (RPA) and also advise as to the deadline for submitting an RPA.

2. Public Health and Social Services Emergency Fund [3,4]

This Fund began with $100 billion in funding from the CARES Act, and subsequent legislation has increased its total funding to $175 billion. Below is the distribution to-date:

Grant	Total Amount Available	Distribution	Timeline
General	$50 Billion	$30 billion based on Medicare allowable $20 billion based on patient net revenue	1st payment April 10 2nd payment April 24
COVID-19 'hotspots'	$22 Billion	First Distribution: hospitals with >100 COVID patients receive $76,975 per COVID-19 inpatient admission Second Distribution: hospitals with >161 COVID-19 admissions, or one admission per day, or experienced a disproportionate intensity of COVID admissions will receive $50,000 per COVID-19 inpatient admission	1st payment May 4 2nd payment July 17
Rural Providers	$11 Billion	Minimum base payment plus additional payment as a percent of annual expenses	April 27
Indian Health Service	$500 Million	Based on operating expenses	May 22
Other Providers	Undetermined total amount	Undetermined how funds will be dispersed $4.9 billion to SNFs $15 billion to Medicaid providers $12.8 billion to safety-net hospitals	Undetermined
Uninsured Patient Care Reimbursement	Undetermined total amount	Reimbursed at Medicare rates	Undetermined

a. There was $100 billion initial funding for assisting providers (hospitals and health systems; physician groups) through the COVID-19 pandemic, from the CARES Act. Hospitals have 90 days after receiving funding to agree to terms and conditions of the grant, and not returning the payment within this period is viewed as acceptance of terms. [3,4] Congress passed a fourth COVID-19 relief bill with $75 billion designated for Public Health and Social Services Emergency Fund. At the time, there were no indication of how these additional funds will be distributed.[5, 6, 7]

b. The initial $30 billion distribution was based on the hospitals' and providers' Medicare allowable amount and the payments began April 10, 2020.

   i. Each tax identification number received approximately **6.2% of its 2019 Medicare fee-for-service payments** (not including Medicare Advantage).[8]

c. Health and Human Services (HHS) used the additional $20 billion to adjust what facilities and providers receive so that the total $50 billion distribution was based on the facility/provider's portion of net patient service revenue relative to the national total. These payments began April 24, 2020 and will be distributed on a weekly basis, as revenue information is reviewed and verified.

   HHS provided the following formula to calculate a provider's total funding of the $50 billion:

$$\frac{\text{Individual Provider 2018 Revenue}}{\$2.5\ trillion} * \$50\ billion$$

   This is effectively 2% of total net revenue for patient services. Thus, a provider's allotment of the $20 billion is the *difference* between 2% of total net patient revenues and 6.2% of Medicare fee-for-service revenues.

d. The remaining CARES Act funding will be distributed to the following:
   i. High COVID-19 impacted areas: The first distribution was $12 billion to distribute to 395 hospitals that have been specifically impacted by COVID-19. These hospitals will receive a fixed amount of $76,975 per COVID-19 inpatient admission, with $2 billion distributed based on their Medicare and Medicaid disproportionate share and uncompensated care payments. [9, 10] The second distribution is $10 billion based on payments received from the first distribution and COVID-19 inpatient data from January through June 10, 2020. This data submission to the HHS is due June 15, 2020 at 9pm ET.[11]
      1. To qualify for the first distribution, the hospital must have provided inpatient care for 100 or more COVID-19 patients.[12]
      2. The first distribution required hospitals to provide prior to April 25, 2020: Tax Identification Number, National Provider Identifier, total number of Intensive Care Unit beds as of April 10, 2020, and total number of admissions with a positive diagnosis for COVID-19 from January 1, 2020 to April 10, 2020.[13]
      3. To qualify for the second distribution, the hospital must have over 161 COVID-19 admissions between January 1 and June 10, 2020, or one admission per day, or that experienced a disproportionate intensity of COVID admissions (exceeding the average ratio of COVID admissions/bed). If the hospital meets these requirements, they will receive $50,000 per COVID-19 inpatient admission, and the previous distribution will be taken into account. [14]
   ii. Rural providers: $10 billion was designated for rural health clinics and hospitals, with a minimum base payment and additional payment as a percent of their annual expenses (detailed below). This expense-based method

accounts for operating cost and lost revenue incurred by rural hospitals for both inpatient and outpatient services. This began being distributed April 27 for these base payments and additional payment based on expenses.[15] HHS designated over $1 billion in funding for 500 providers in certain rural providers and other providers from small metropolitan areas. [16]

1. Hospital allocation was a graduated base payment plus 1.97% of the hospital's operating expenses. The graduated base payment was calculated as:
    a. 50% of the first $2 million of expenses (up to $1,000,000)
    b. 40% of the next $2 million of expenses (up to $800,000)
    c. 30% of the next $2 million of expenses (up to $600,000)
    d. 20% of the next $2 million of expenses (up to $400,000)
    e. 10% of the next $2 million of expenses (up to $200,000)
    f. Rural hospitals with annual operating expenses greater than $10,000,000 receive a base payment of $3,000,000.
    g. Rural hospitals with no operating expense data receive a base payment of $1,000,000.
2. RHCs associated with rural hospitals had their allocations included with their hospital's payment, and the hospital is responsible for distributing this funding to support theirs RHCs. For independent RHCs, their allocation was $100,000 per clinic site plus 3.6% of the RHC's operating expenses.
3. FQHC allocation was a flat rate of $100,000 per rural clinic site.
4. The total calculated amount for RHCs and health centers was then multiplied by 1.03253231 to determine the actual payment per rural provider to ensure the total amount distributed was $10 billion.

iii. Indian Health Service: $500 million was allocated for Indian Health Service facilities. This was distributed April 27 and was based on operating expenses.[17]
    1. Tribal hospitals received a $2.81 million base payment plus three percent of their total operating expenses
    2. Tribal clinics and programs received a $187,000 base payments plus five percent of the estimated service population multiplied by the average cost per user
    3. Tribal urban programs received a $181,000 base payment plus six percent of the estimated service population multiplied by the average cost per user

iv. Other providers: Additional funds are designated for skilled nursing facilities, dentists, and providers that solely accept Medicaid. The following information has been announced thus far:
    1. HHS announced nearly $4.9 billion in allocated funding for SNFs affected by COVID-19. Each SNF will receive a fixed distribution of

$50,000, plus an additional $2,500 per bed. All SNFs with six or more certified beds are eligible.[13]

2. HRSA awarded $15 million to 159 organizations across five health workforce programs to increase telehealth capabilities in response to the COVID-19 pandemic. The following programs received the funding on May 13: [18]
    a. Geriatrics Workforce Enhancement Program
    b. Area Health Education Centers Program
    c. Centers of Excellence Program
    d. Nurse Education, Practice, Quality and Retention – Veteran Nurses in Primary Care Training Program
    e. Nurse Education, Practice, Quality and Retention – Registered Nurses in Primary Care Training Program
3. HHS allocated $15 billion for Medicaid providers that did not receive funding from the CARES initial $50 billion general distribution and have directly billed their state Medicaid/CHIP programs or Medicaid managed care plans for healthcare-related services between January 1, 2018 to May 31, 2020. Providers eligible for this funding are pediatricians, obstetrician-gynecologists, dentists, opioid treatment, and behavioral health providers, assisted living facilities, and other home and community-based services providers.[11]
4. HHS announced $12.8 billion will be distributed to safety-net hospitals – hospitals that have a Medicare disproportionate payment percentage of 20.2% or greater, average uncompensated care per bed of $25,000 or more, and profitability of 3% or less averaged consecutively over two or more of the last five of the most recent CMS cost reports. The minimum distribution is $5 million, and the maximum is $50 million.[11,16]
5. HHS has opened the provider portal for dentists to apply for funding, but a certain dollar amount has not designated. [16]

v. <u>Uninsured COVID-19 patients:</u> Every healthcare provider that treated uninsured COVID-19 patients on or after February 4, 2020, can request claims reimbursement through this program and will be reimbursed at Medicare rates. Reimbursement is dependent on available funds. Providers can start registering for the program on April 27 and begin submitting claims May 6, 2020.

1. Steps involve enrolling as a provider participant, checking patient eligibility and benefits, submitting patient information, submitting claims, and receiving payment via direct deposit.[15]
2. As a condition, providers are obligated to abstain from "balance billing" any uninsured patient for whom the provider seeks reimbursement for COVID-19-related treatment.

3. **Paycheck Protection Program and Health Care Enhancement Act** [6]
    a. Included in the fourth COVID-19 relief bill was $25 billion designated for **testing,** with no indication of when the funding will be dispersed.
        i. $11 billion for states, territories, and tribes
        ii. Up to $1 billion to cover the cost of testing the uninsured
        iii. $600 million for community health centers to support COVID-19 testing
        iv. $225 million for rural health clinics to support COVID-19 testing

4. **Federal Communications Commission (FCC)** [19,20]
    a. This $200 million grant is dedicated to assisting providers in delivering connected care services to patients in locations outside of healthcare facilities.
    b. The goal is to fund telecommunications services, information services, and devices necessary to provide critical healthcare services. This funding application was open as of April 2, 2020 and is available until the program's funds have been expended or the COVID-19 pandemic has ended.
    c. The following providers are eligible if in a nonprofit and public health care setting:
        i. Post-secondary educational institutions offering health care instruction, teaching hospitals, and medical schools
        ii. Community health centers or health centers providing health care to migrants
        iii. Local health departments or agencies
        iv. Community mental health centers
        v. Not-for-profit hospitals
        vi. Rural health clinics
        vii. Skilled nursing facilities
        viii. Consortia of health care providers consisting of one or more entities falling into the first seven categories
    d. Eligible health care providers approved for funding will be required to submit an invoicing form and supporting documentation to receive reimbursement for eligible expenses and services.
    e. On July 8, the FCC's COVID-19 Telehealth Program approved the final set of applications for funding for 539 health care providers totaling $200 million in funding. [21]

5. **Paycheck Protection Program (PPP) Loan** [5,22,23,24]
    a. The loan amount is calculated based on the described formula in the loan application, with a maximum amount of $10 million. SBA approved the total funding amount to be $660 billion but as of May 10, 2020 only $120 billion remains.

b. Funding not spent on approved costs would generally be returned to the bank or kept as a loan and paid back later under a two-year term at 1 percent interest.

c. Recipients will be eligible for loan forgiveness for costs and payments made for payroll obligations (75% or greater utilization of loan) and certain operating expenses (rent, utilities) paid during the eight-week period beginning when the loan is funded. To receive a loan forgiveness, you must also have the number of full-time equivalent (FTE) employees per-pandemic before June 30, 2020 with possible exceptions.

d. Application for loan must be completed with an authorized SBA lender who "opts" into the program.

e. PPP loan payment may not be used for the same purposes as CARES Act relief funds or Economic Injury Disaster Loan funds; organizations must track expenditures and ensure funds are allocated appropriately.

f. SBA issued an interim final rule clarifying that 501(c)(3) hospital shall not be rendered ineligible for a PPP loan due to ownership by a state or local government if the hospital receives less than 50% of its funding from state or local government sources, exclusive of Medicaid.[13]

6. **Economic Injury Disaster Loan (EIDL)** [5,24]

a. These payments are working capital loans of up to $2 million with a total of $30 billion dedicated to this funding.

b. Applicants may apply for up to $1,000 per employee up to 10 employees for an emergency advance/grant (no repayment).

c. This loan will be repaid over up to a 30-year term at 3.75% interest for businesses and 2.75% for nonprofits, with a one-year deferment on the first payment.

d. Application for loan must be completed with an authorized SBA lender.

e. These loans may be refinanced (part of a Section 7(a) PPP loan), but loan payments may not be used for the same purposes as the expenditures of a PPP loan.

f. If received, the emergency advance/grant must be used for payroll, sick leave, increased supply costs, rent/mortgage payments, and certain other items

7. **Federal Reserve Main Street Lending Program** [25,26,27]

a. The non-forgivable loans through the federal reserve is to lend to small and medium-sized businesses that were in sound financial condition to provide support needed during COVID-19.

b. Businesses that have 15,000 or less employees and/or has 2019 annual revenues of $5 billion or less can apply for Program loans by contacting an eligible lender at a local or national bank.

c. These loans will end September 30, 2020, unless the Program is extended by the Board and the Treasury Department.

d. Main Street SPV will purchase up to $600 billion of participations in eligible loans with the minimum and maximum limit of $250,000 and $300 million respectively. The Federal Reserve and the Treasury Department will continue to assess the situation and needs of Eligible Borrowers and may adjust the Program's size in the future.

e. Loans issued under the Program would have a five-year maturity, and principal and interest payments on the loans will be deferred for the first two years. Principal amortization of 15% at the end of the third year, 15% at the end of the fourth year, and a balloon payment of 70% at maturity at the end of the fifth year.

8. **Medicare Payment Increased** [28,29]
    a. Medicare reimbursement increased in three ways:
        i. 20% increase to the MS-DRG weight for COVID-19 discharges, identified by diagnosis or condition codes retroactively to January 27. However, a study by Strata Decision Technology found that the direct cost impact of COVID is substantially higher than 20%.[30]
        ii. Suspension of the 2% Medicare sequester from May 1 through Dec 31, 2020.
        iii. Medicaid DSH cuts were pushed back from May 23 to December 1.

9. **Expanded Telehealth Services** [31,32]
    a. Effective for services starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, CMS significantly expanded the list of services that can be provided by telehealth to include:
        i. Emergency department visits
        ii. Initial nursing facility and discharge visits
        iii. Home visits
        iv. Therapy services
        v. CMS also specified that practitioners can bill for telehealth services as if they were provided in person wherever the practitioner usually sees patients.

10. **Advance Payment Program** [33]
    a. On April 26, 2020, CMS stopped accepting any new applications for the Advance Payment Program, and CMS will reevaluate all pending and new applications for Accelerated Payments in light of historical direct payments made available through HHS's Provider Relief Fund.
    b. Repayments are due in one year for inpatient acute care hospitals, children's hospitals, certain cancer hospitals, and Critical Access Hospitals (CAH).
    c. All other Part A providers and Part B suppliers have 210 days from the date of the accelerated or advance payment was made to repay the balance.

[1] https://www.hfma.org/topics/coronavirus/how-hospitals-should-capture-covid-19-costs-to-maximize-grants-f.html?MessageRunDetailID=1762445546&PostID=14576772&utm_medium=email&utm_source=rasa_io

[2] https://www.jdsupra.com/legalnews/basics-of-fema-public-assistance-57279/

[3] https://www.hfma.org/topics/coronavirus/the-large-print-giveth--hhs-provides-more-details-on-its-plans-t.html

[4] https://www.hfma.org/topics/news/2020/04/april-23-deadline-looms-for-hospitals-in--high-impact--covid-19-.html

[5] https://www.kff.org/coronavirus-policy-watch/update-on-covid-19-funding-for-hospitals-and-other-providers/

[6] https://www.hfma.org/topics/news/2020/04/congress-approves--75-billion-in-additional-covid-19-relief-for-.html

[7] https://www.hhs.gov/about/news/2020/05/20/providers-must-act-june-3-2020-receive-additional-relief-fund-general-distribution-payment.html

[8] http://www.pyapc.com/wp-content/uploads/2020/05/COVID-19-Quick-Guide-PYA.pdf

[9] https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/payment-allocation-methodology/index.html

[10] https://www.hhs.gov/about/news/2020/05/01/hhs-begins-distribution-of-payments-to-hospitals-with-high-covid-19-admissions-rural-providers.html

[11] https://www.hhs.gov/about/news/2020/06/09/hhs-announces-enhanced-provider-portal-relief-fund-payments-for-safety-net-hospitals-medicaid-chip-providers.html

[12] https://www.hhs.gov/about/news/2020/05/22/hhs-announces-nearly-4.9-billion-distribution-to-nursing-facilities-impacted-by-covid19.html

[13] https://www.hfma.org/topics/news/2020/03/hfma-recommended-coronavirus-resources.html

[14] https://www.hhs.gov/about/news/2020/07/17/hhs-begin-distributing-10-billion-additional-funding-hospitals-high-impact-covid-19-areas.html

[15] https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/index.html

[16] https://www.hhs.gov/about/news/2020/07/10/hhs-announces-over-4-billion-in-additional-relief-payments-to-providers-impacted-by-coronavirus-pandemic.html

[17] https://www.hhs.gov/about/news/2020/05/22/hhs-announces-500-million-distribution-to-tribal-hospitals-clinics-and-urban-health-centers.html

[18] https://www.hhs.gov/about/news/2020/05/13/hhs-awards-15-million-to-support-telehealth-providers-during-covid19-pandemic.html?utm_campaign=enews20200521&utm_medium=email&utm_source=govdelivery

[19] https://www.fcc.gov/covid-19-telehealth-program

[20] https://www.fcc.gov/covid-19-telehealth-program-frequently-asked-questions-faqs

[21] https://docs.fcc.gov/public/attachments/DOC-365417A1.pdf

[22] https://www.entrepreneur.com/article/350444

[23] https://docs.house.gov/billsthisweek/20200525/BILLS-116hr7010-SUS.pdf

[24] https://www.forbes.com/sites/allbusiness/2020/05/11/loan-forgiveness-ppp-sba-eidl-programs/#5eb151972e00

[25] https://www.federalreserve.gov/monetarypolicy/mainstreetlending.htm

[26] https://www.bostonfed.org/mslp-faqs

[27] https://www.wsj.com/articles/fed-makes-terms-more-favorable-for-main-street-lending-program-11591644678?shareToken=st055acbfdfbab4e089ede3c13dcad5d95&reflink=article_email_share

[28] https://www.hfma.org/topics/payment-reimbursement-and-managed-care/article/key-hospital-provisions-and-some-questions-requiring-resolution-.html

[29] https://www.hfma.org/topics/news/2020/04/increased-medicare-payments-for-covid-19-care-to-stretch-back-to.html

[30] https://www.stratadecision.com/blog/report-hospitals-face-massive-losses-on-covid-19-cases-even-with-proposed-increase-in-federal-reimbursement/

[31] https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

[32] https://www.telehealth.hhs.gov/providers/policy-changes-during-the-covid-19-public-health-emergency/
[33] https://www.cms.gov/files/document/Accelerated-and-Advanced-Payments-Fact-Sheet.pdf

Progressive Healthcare Contact Information:

Jim Price, Principal	Atlanta	Jim.Price@ProgressiveHealthcare.com
Rick Buchsbaum, President	New Orleans	Rick@ProgressiveHealthcare.com
Bob Cameron, Principal	Nashville	BobC@ProgressiveHealthcare.com
Pete Dandalides, MD, Principal	Phoenix	PDandalides@ProgressiveHealthcare.com
Bob Lubitz, MD, Principal	Atlanta	Bob.Lubitz@ProgressiveHealthcare.com
John Brock, Director	Lubbock	John.Brock@ProgressiveHealthcare.com
Todd DeWeese, Senior Advisor	Atlanta	Todd.DeWeese@ProgressiveHealthcare.com

Appendix: Previous Week's Updates

Updates from July 13 – July 19:

a. Hospitals have been requested to send daily COVID-19 reports directly to HHS instead of the CDC effective immediately. HHS has requested hospitals to prioritize specific data fields in COVID-19 daily reporting starting July 15 to track the agency's distribution of Remdesivir.
    i. Previous day's new adult admissions for confirmed COVID-19
    ii. Previous day's new adult admissions for suspected COVID-19
    iii. Total adults hospitalized for COVID - suspected and confirmed
    iv. Total hospitalized for COVID - confirmed only
    v. Total adults in ICU with COVID - suspected and confirmed
    vi. Total adults in ICU with COVID - confirmed
    vii. Remdesivir doses

    While HHS has currently prioritized the collection of the data fields above, the agency notes that it intends to use all data fields from hospital daily reporting for various resource allocations. HHS has requested hospitals to begin reporting all data fields included in HHS's "COVID-19 Guidance for Hospital Reporting and FAQs For Hospitals, Hospital Laboratory, and Acute Care Facility Data Reporting" no later than July 22.
b. The Federal Reserve Board approved two new loan options for their Main Street Lending Program to provide support to a broad set of nonprofit organizations that were in sound financial condition prior to the pandemic. These two new options lower the minimum employment requirement from 50 employees to 10, eased the limit on donation-based funding, the maximum loan amount has increased from $200 million to $300 million, and several financial eligibility criteria were adjusted to include additional nonprofit operating models

---

a. https://www.beckershospitalreview.com/data-analytics/hhs-alters-covid-19-reporting-protocol-for-hospitals-cuts-out-cdc.html & https://www.hhs.gov/sites/default/files/covid-19-faqs-hospitals-hospital-laboratory-acute-care-facility-data-reporting.pdf
b. https://www.federalreserve.gov/newsevents/pressreleases/monetary20200717a.htm