Highlights from the NACHC policy call on COVID-19 from Tuesday, April 28:

- There is confusion as to the different congressional relief bills. NACHC has published this blog item to hopefully clear some things up. [https://www.hcadvocacy.org/blog/where-we-are-and-what-to-expect-congress-passes-additional-484-billion-relief-package-for-covid-19-response/](https://www.hcadvocacy.org/blog/where-we-are-and-what-to-expect-congress-passes-additional-484-billion-relief-package-for-covid-19-response/)
- Still unclear how HRSA will distribute and divvy up the latest $75 billion to health providers in the CARES amendment passed last week.
- Of the $100 billion in the initial CARES legislation, $30 billion was distributed from April 10 to April 17 based on Medicare, meaning that CHCs didn’t get much, because of the relatively low percentage of Medicare patients we treat in comparison to all of our patients.
- Unclear how much CHCs will receive from the second distribution, amounting to $20 billion. This was based on 2018 patient revenue percentage. Some of this money started going out April 24. Some CHCs didn’t receive any. Others received more than expected. Trying to get a handle of how much CHCs received. *(NACHC has previously raised concerns about this distribution method because of high efficiency by CHCs in the use of dollars, meaning our patient revenue percentage is much less than the percentage of Americans we treat.)*
- Of the initial $100 billion, there will also be $10 billion for COVID-19 hot spots and $10 billion for rural hospitals and rural health clinics. Unclear whether CHCs in rural areas will be entitled to some of this money.
- In the money approved last week in the CARES amendment, there is $600 million for testing set aside for CHCs. Unclear exactly how the details will shake out on this, but there appears to be a great deal of flexibility to include PPE, staffing, and a variety of items related to testing.
- NACHC will advocate for a CHC set aside in the latest $75 billion for health care providers.