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Report to the Committee on Finance and the Committee on Hospitals on the
Fiscal 2022 Executive Budget for

NYC Health + Hospitals

May 21, 2021

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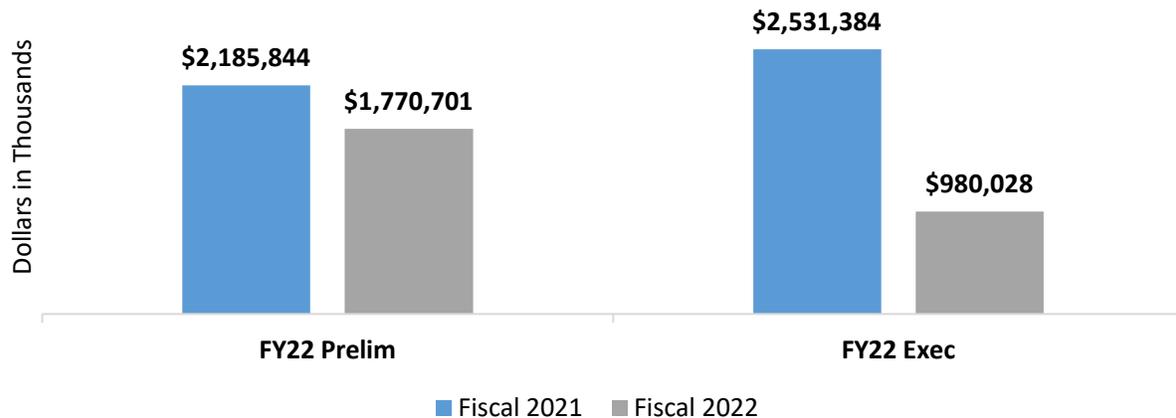
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H+H Budget Overview

On April 26, 2021, the Administration released the Executive Financial Plan for Fiscal 2021-2025 with a proposed budget of \$98.6 billion for Fiscal 2022. This report offers a review of Health + Hospital’s (H+H) \$980 million Fiscal 2022 Executive Budget, which represents less than one percent of the Executive Fiscal 2022 Budget. The section below presents an overview of the Department’s projected budget, followed by a review of budget actions proposed in the Executive Financial Plan. For additional information on H+H’s budget, please refer to the Fiscal 2022 Preliminary Budget report at:

<https://council.nyc.gov/budget/wp-content/uploads/sites/54/2021/03/HH-1.pdf>

Figure 1: H+H Operating Subsidy for Fiscal 2021 and Fiscal 2022



The above chart shows the changes to Fiscal 2021 and Fiscal 2022 from the Fiscal 2022 Preliminary Budget to the Fiscal 2022 Executive Budget. H+H Fiscal 2022 Executive Budget is \$183.3 million less than its Fiscal 2021 Adopted Budget of \$1.2 billion and \$790 million less than its Fiscal 2022 Preliminary Budget of \$1.8 million. This overall decrease is due to a supplemental Medicaid Adjustment. See Appendix A for a complete list of all changes reflected in DOHMH’s Fiscal 2021 and 2022 budgets since adoption.

<i>Dollars in Thousands</i>	2019	2020	2021	Executive Plan		*Difference
	Actual	Actual	Adopted	2021	2022	2021 - 2022
Funding						
City Funds			\$1,074,883	\$730,800	\$619,280	\$455,603
Federal - Other			\$0	\$1,686,659	\$278,541	-\$278,541
Intra City			\$88,452	\$112,544	\$80,826	\$7,626
State			\$0	\$1,380	\$1,380	-\$1,380
TOTAL	\$1,034,601	\$830,222	\$1,163,335	\$2,531,384	\$980,028	\$183,307

H+H’s budget is primarily funded by City Tax Levy (CTL), which totals \$619.3 million, or 52.1 percent, of its Fiscal 2022 Executive Budget. The CTL funding is \$455 million less than the Fiscal 2021 Adopted Budget of \$1.1 million. The reduction in CTL is due to the increase in federal funding from the CDC, FEMA and the American Rescue Plan. Federal funding totals \$278.5 million, or 28.4 percent, H+H forecasts minimal baseline federal funding in the Fiscal 2021 Adopted Budget and continues to adjust through the year as information becomes available. H+H

and OMB anticipate that there will be more federal funding coming from the American Rescue Plan, CDC and FEMA.

H+H Executive Plan Changes

Figure 2: City Subsidy Changes

Fiscal 2022 Preliminary	Executive Plan Changes	Fiscal 2022 Executive
<ul style="list-style-type: none"> • \$1.77 Billion in City Support to H+H 	<ul style="list-style-type: none"> • New Needs: \$150.2 million <ul style="list-style-type: none"> • ELC School Reopening • Other Adjustments: (\$446.5) million 	<ul style="list-style-type: none"> • \$980 Million in City Support to H+H

Changes introduced in the Executive Plan reduces the operating subsidy for H+H for Fiscal 2022 by \$790.7 million. The major changes are described below.

New Needs

- **Epidemiology and Laboratory Capacity (ELC) School Reopening.** The Executive Plan adds a \$251 million grant from the Centers for Disease Control and Prevention (CDC) to H+H to support the reopening of schools in New York City. The majority of this funding will be used for test and trace within open school buildings. The funding split is \$101.2 million in Fiscal 2021, and \$149.9 million in Fiscal 2022.
- **Labor Settlements.** The Executive Plan includes \$94.4 million in Fiscal 2021 for H+H to settle labor agreements with the New York State Nurses Association and 1199SEIU.

Other Adjustments

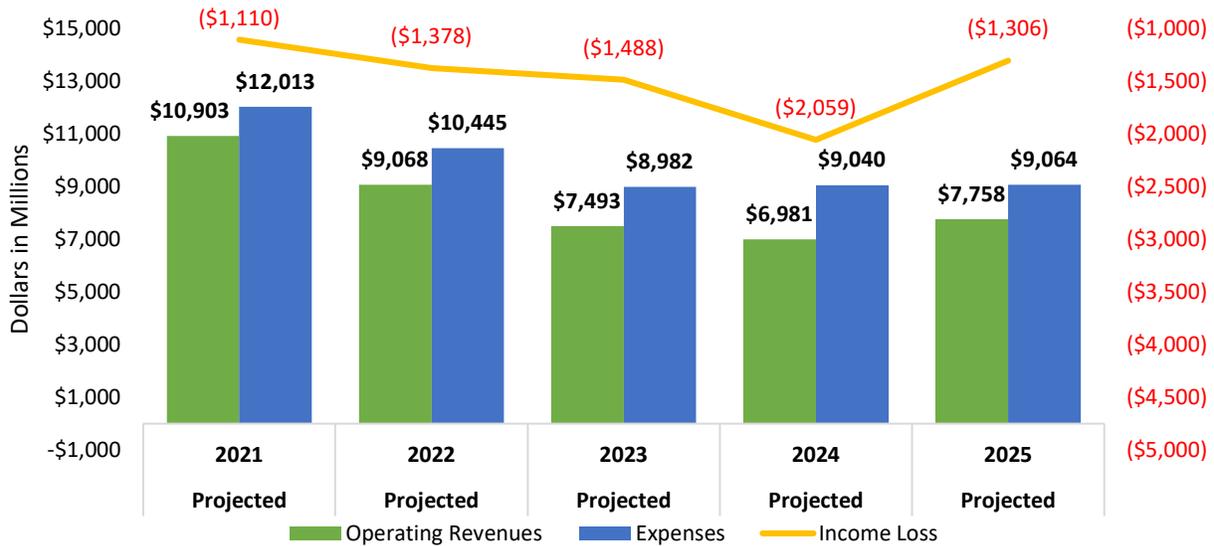
- **Correctional Health Services (CHS) Just Home.** H+H took over providing Correctional Health Services from DOHMH in Fiscal 2016, the last remaining program under DOHMH was CHS Just Home. The program has been transferred over to H+H in Fiscal 2022 at \$1.1 million. The program supports justice involved supportive housing in order to expand supportive housing initiatives.
- **DOE COVID Response.** The Executive Plan includes \$35 million in Fiscal 2021 and outyears for H+H to support DOE in their COVID response by hiring school nurses to ensure that all schools have a nurse. H+H is budgeted to hire up to 400 nurses.
- **Public Health Corps.** The Executive Plan adds \$50 million to H+H in Fiscal 2022 for the Public Health Corps. In September 2020, the Mayor announced NYC's Recovery agenda, which included the creation of a Public Health Corps, a team of community health workers who will work to build trust and take care of people in the hardest hit areas.
- **Mental Health Teams.** The Executive Plan includes \$41 million in Fiscal 2022 for H+H to provide social workers to ride along with the EMS to address nonviolent mental health crisis calls. The Administration has expanded the EMS Mental Health Crisis Call Pilot to be citywide for Fiscal 2022, the details of how many teams will be created are still being worked out. Each team will have two EMTs and one social worker. H+H is also providing two shift supervisors, a program director and a program manager to support the program.
- **Communities Thrive.** The Executive Plan includes \$800,000 in Fiscal 2022 and Fiscal 2023 to H+H to support the Communities Thrive program by promoting telehealth support.

ThriveNYC is launching Communities Thrive, an initiative to explore new ways of addressing how to reach communities of color for mental health services. The program will partner with three community anchors and a tele-mental health provider.

H+H Cash Plan and Strategic Initiatives

Fiscal 2022 Cash-Based Financial Plan

Figure 3: H+H Revenues and Expenses, Minus Strategic Initiatives



Excluding Strategic Initiatives, H+H’s cash-based Fiscal 2022 Executive Financial Plan projects the system expenses will be \$12 billion in Fiscal 2021 and \$10 billion in Fiscal 2022, while operating revenues are projected to be \$10.9 billion in Fiscal 2021 and \$9 billion in Fiscal 2022. This would bring the system’s budget gap at \$1.2 billion in Fiscal 2021, growing to \$1.37 billion in Fiscal 2022.

Expense Projections

H+H anticipates \$12 billion in Expenses in Fiscal 2021 – which includes \$3.7 billion for Personal Services, \$1.6 billion in Fringe Benefits, \$1.3 billion for Affiliations, and \$5.4 billion for Other Than Personal Services.

In Fiscal 2022, H+H anticipates \$10.4 billion in Expenses which includes \$3.6 billion for Personal Services, \$1.8 billion in Fringe Benefits, \$1.4 billion for Affiliations, and \$3.7 billion for Other Than Personal Services.

Since Fiscal 2020 Executive Budgets projects H+H was able to increase the Expense Reducing Initiatives for Fiscal 2021 by \$4 billion, from \$7.9 billion, and increased Fiscal 2022 projections by \$2.3 billion, from \$8.1 billion.

Figure 4: Expenses, Less Strategic Initiatives

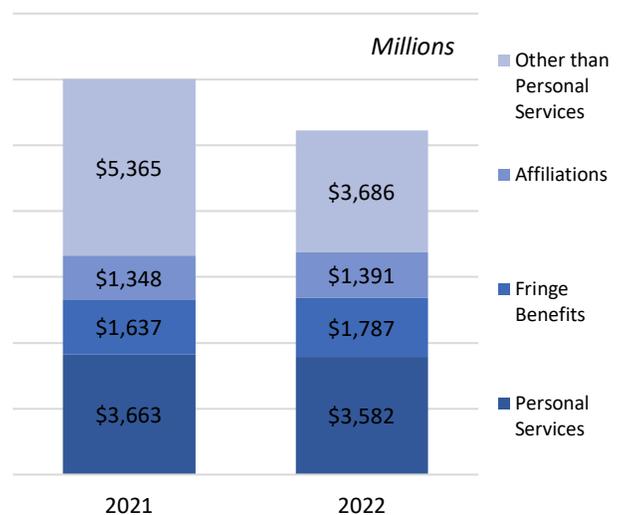
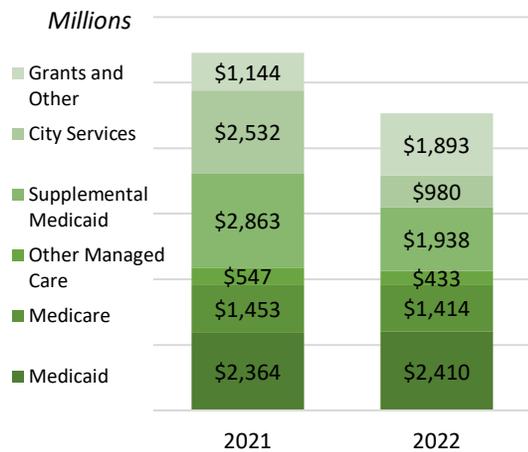


Figure 5: Revenues, Less Strategic Initiatives



Revenue Projections

In Fiscal 2021, H+H projects \$10.9 billion – which includes \$7.2 billion from Third Party Revenues (Medicaid, Medicare, Other Managed Care, and Supplemental Medicaid); \$3.7 billion from Other Revenue (City Subsidy, Grants, and Other). Looking at Third Party Revenues in Fiscal 2021, Supplemental Medicaid makes up the bulk of the revenue with \$2.9 billion, of which \$2.2 billion is Disproportionate Share Hospital (DSH) funding. In terms of Other Revenues, funding for City services total \$2.5 billion, with grants and other sources totaling \$1.1 billion.

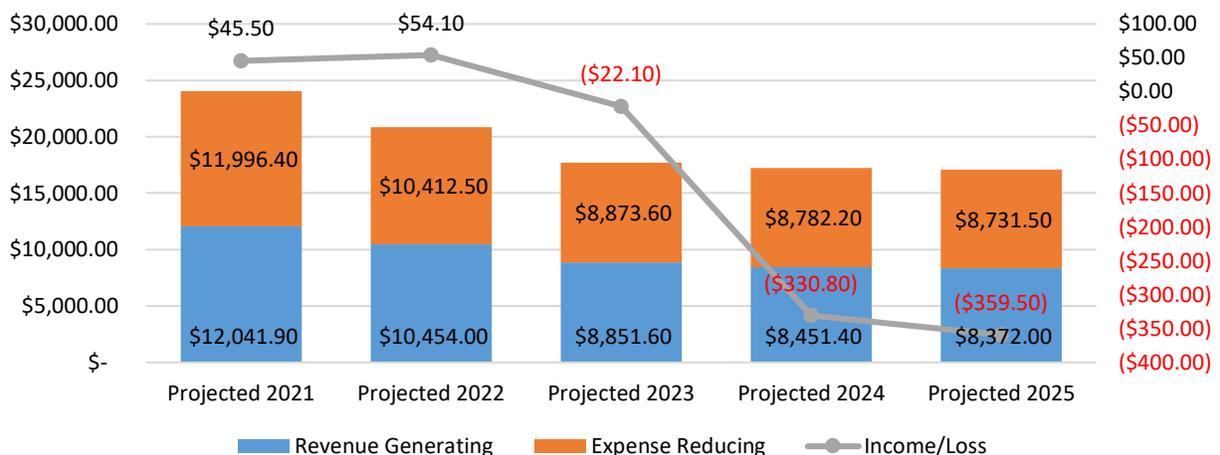
In Fiscal 2022, H+H projects \$6.2 billion from Third Party Revenue – with Medicaid payments making up the majority at \$2.4 billion; and \$2.9 billion from Other Revenue- with the bulk coming from grants and other revenues at \$1.9 billion.

Since Fiscal 2020 Executive Budgets projects H+H was able to increase the revenue, less strategic Initiatives for Fiscal 2021 by \$3.1 billion, from \$7.8 billion and increased Fiscal 2022 projections by \$1.2 billion, from \$7.8 billion.

Strategic Initiatives

H+H’s Strategic Initiatives has two major components, Revenue Generating Initiatives and Expense-Reduction Initiatives. When including the Strategic Initiatives, H+H’s cash-based Fiscal 2022 Executive Financial Plan projects an operating income of \$45.5 million in Fiscal 2021 and \$41.4 million in Fiscal 2022. The financial plan expects operating losses totaling \$22.1 million in Fiscal 2023, \$330.8 million in Fiscal 2024, and \$359.5 million in Fiscal 2025. The health system also anticipates a closing cash balance of \$733.7 million in Fiscal 2021 and \$775.1 million in Fiscal 2022. The following chart shows the revenue-generating and expense-reducing initiatives compared to the income over loss, followed by details of the different components that make up the transformation program.

Figure 6: Strategic Initiatives



Revenue-Generating

- **Supplemental Medicaid Programs.** The funding consists of three programs. Delivery System Reform Incentive Payment (DSRIP), Value Based Payment Quality Improvement Program (VBP-QIP), and Care Restructuring Enhancement Pilots. In Fiscal 2021, the total Supplemental Medicaid Program is \$890 million, or 78 percent of the Revenue-Generating Initiatives. DSRIP is \$99 million, VBP is \$180 million, and State and Federal Medicaid is \$611 million. In Fiscal 2022, the total Supplemental Medicaid Programs is \$913 million, or 66 percent of the total revenue-generating initiatives. DSRIP is \$0, VBP is \$0 million and State and Federal Medicaid is \$913 million.
- **Revenue Cycle and Managed Care.** The initiative consists of two components Revenue Cycle Operations and Managed Care Contracting. In Fiscal 2021, the total Revenue Cycle and Managed Care is \$143 million, or 13 percent of the revenue generating initiatives. Revenue cycle operations is \$100 million and managed care contracting is \$44 million. In fiscal 2022, the total revenue cycle managed care is \$219 million, or 16 percent of the revenue generating initiatives. Revenue cycle operations is \$162 million and managed care contracting is \$57 million.
- **Service Line Improvements.** The Service Line improvements initiative consists of three programs: Medical Necessity Denials, Post-Acute Care and Gotham. In Fiscal 2021, the total Service Line Improvements is \$21 million, or two percent of the Revenue-Generating Initiatives. Medical Necessity Denials is \$7 million, Post-Acute Care is \$5 million, and Gotham Clinics is \$10 million. In Fiscal 2022, the total Service Line Improvements is \$56 million, or four percent of the Revenue-Generating Initiatives. Medical Necessity Denials is \$9 million, Post-Acute Care is \$9 million, and Gotham Clinics is \$38 million.
- **Value-Based Payments.** The Value-Based Payments initiative consists of two programs: Value-Based Payments (VBP) and Risks and Primary Care and Other Ambulatory Care. In Fiscal 2021, the total VBP is \$23 million, or two percent of the Revenue-Generating Initiatives. VBP & Risks is \$14 million and Primary Care and Other Ambulatory Care is \$9 million. In Fiscal 2022, the total VBP is \$67 million, or five percent of the Revenue-Generating Initiatives. VBP & Risks is \$38 million and Primary Care and Other Ambulatory Care is \$29 million.
- **Growth Initiatives.** Revenue growth is \$62 million for Fiscal 2021, or five percent of the total revenue-generating initiatives. In Fiscal 2022, the anticipated revenue is \$133 million, or ten percent. The Fiscal 2021 and 2022 Growth initiatives consist of two parts: IP/OR (Leakage capture) and Pharmacy. In Fiscal 2021, IP/OR (Leakage Capture) generated \$15 million and Pharmacy generated \$47 million. In Fiscal 2022, IP/OR (Leakage Capture) generated \$78 million and Pharmacy generated \$55 million.

Expense-Reducing Initiatives

- **System Efficiencies.** In Fiscal 2021, the total System Efficiencies is \$11 million, or 69 percent of the total expense-reducing initiatives. In Fiscal 2022, the total System Efficiencies is \$23 million, or 70 percent of the total expense-reducing initiatives.
- **Restructuring and Personnel Initiatives.** The restructuring and personnel initiative is designed to reduce the number of positions and restructure to ensure maximum

efficiency in position usage. In Fiscal 2021, the total restructuring and personnel initiative is \$5 million or 31 percent of the total expense-reducing initiatives. In Fiscal 2022, the total restructuring and personnel initiative is \$10 million or 30 percent of the total expense-reducing initiatives.

Agency Response to COVID -19

In response to the COVID-19 pandemic H+H has paid out approximately \$1.7 billion on COVID-19 through March 2021 and current commitments are around \$2 billion. Of the \$1.7 billion, \$1.2 billion has been received through FEMA and other sources. A second drawdown package from FEMA is under review. Other sources include High impact (\$745 million); Safety-Net (\$359 million) and general allocation provider relief fund (\$69 million).

One of H+H's largest COVID-19 expenses is Test and Trace (T2), through March 2021 H+H has paid out approximately \$745 million of the budgeted \$1.5 billion estimate. Federal funding has been announced to support T2 including \$270 million for a CDC ELC Expansion Grant to cover testing and tracing and \$251 million for a CDC ELC School testing grant. It is expected that FEMA will reimburse T2 testing and vaccine costs at 100 percent and OMB anticipates that there will be additional federal funding from the American Rescue Plan.¹

Hospitals in New York State altogether garnered approximately \$5.8 billion from the COVID high-impact area allocation first and second payments, including an estimated \$3.7 billion for hospitals in New York City. (See Appendix C for a breakdown of high-impact area allocation payments across each of H+H's hospitals.)²

State Budget Issues

During the Preliminary Budget process, there were huge threats to H+H's budget in cuts from the State Budget, which totaled approximately \$470 million. Luckily, the federal stimulus package passed and the threats were temporarily reduced, with the State Fiscal Year (SFY) 2021-22 Enacted Budget including approximately \$90 million in budget cuts to H+H.

- **COVID Claw Back.** H+H projects to lose \$3.5 million and \$86 million across Fiscal 2021 and Fiscal 2022.
- **Capital Reimbursement.** The State Enacted Budget reduces both the Medicaid budgeted and reconciled actual capital related expense rate add-on by an additional five percent effective on or after April 1, 2021. This reduction is in addition to the five percent reduction enacted in SFY 2020-2021. H+H projects to lose \$3.5 million in Fiscal 2022.
- **Medicaid Redesign Team.** The State Executive Budget proposed a series of hospital reductions, altogether totaling \$180.5 million in SFY 2022 (non-Federal share), as part of the State's Medicaid Redesign Team (MRT) initiatives: Discontinuing the State-funded portion of the Public Indigent Care Pool (ICP) (\$65.4 million), decreasing funding for the Vital Access Provider Assurance Program (VAPAP) (\$99 million), reducing the Medicaid hospital capital add-on rate by 5 percent (\$8.5 million), and terminating Value-Based Payment (VBP) readiness funding (\$7.62 million). The State restored all the cuts in the State's Enacted Budget.

¹ <https://hhinternet.blob.core.windows.net/uploads/2021/05/202105-finance.pdf>

² <https://data.cdc.gov/Administrative/Provider-Relief-Fund-COVID-19-High-Impact-Payments/b58h-s9zx/data>

- 340 Reimbursement Fund/ Medicaid Pharmacy Benefit Carve Out.** The State sought to create a \$102 million supplemental fund to offset losses that certain providers participating in the federal 340B Drug Pricing Program may experience as a result of the transition—scheduled to take effect on April 1, 2021, as part of the MRT II proposals adopted last year—of the pharmacy benefit from Medicaid managed care to fee-for-service (FFS). The proposed fund would apply to community health clinics—and exclude hospital providers. The State Enacted Budget included legislation that postponed the Carve out for two years.
- One Percent Across-the-Board Medicaid Cut.** The State Executive Budget proposed the implementation of a one percent across-the-board cut to Medicaid providers, an administrative action slated to take effect on April 1, 2021—encompassed in a range of measures aimed at achieving Medicaid savings statewide. This cut was excluded from the State Enacted Budget.

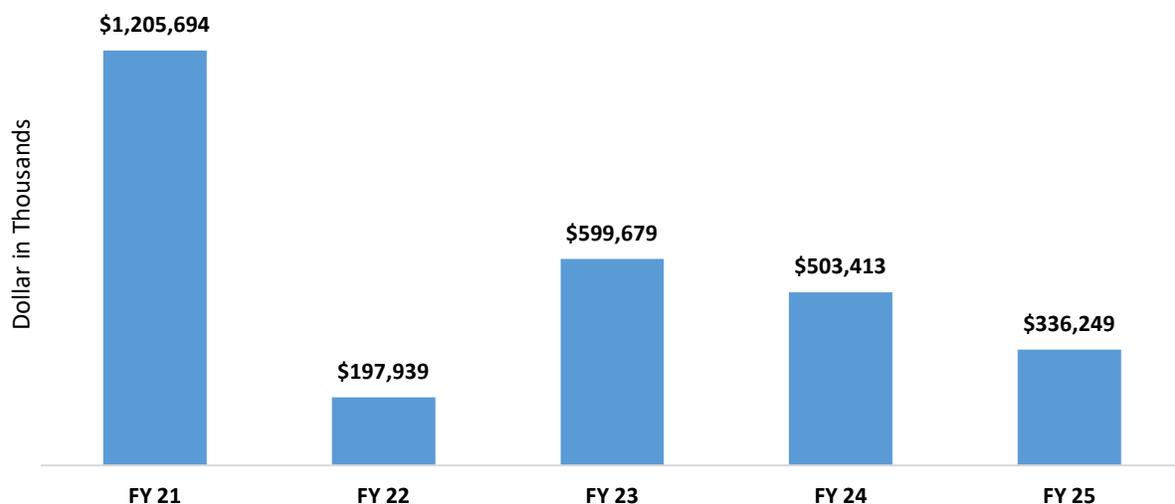
Fiscal 2022 Executive Budget: Capital

This section will provide an overview of the Capital Budget, Commitment Plan, and the Ten-Year Strategy for Health + Hospitals.

Fiscal 2022 – Fiscal 2025 Executive Capital Budget

The Executive Capital Budget proposes appropriations for Fiscal 2022 through Fiscal 2025 and reauthorizes prior year appropriations. The Commitment Plan, which is a five-year spending plan, is the plan to spend those appropriations. The Capital Budget is significantly less than the Capital Commitment Plan because it does not include the current appropriations for Fiscal 2021 or the amount of funding that may be added to Fiscal 2022 in the Adopted Budget. This report provides an overview of the Capital Budget and Commitment Plan for H+H.

Figure 7: Fiscal 2021 Available Appropriations and Fiscal 2022-25 Capital Budget

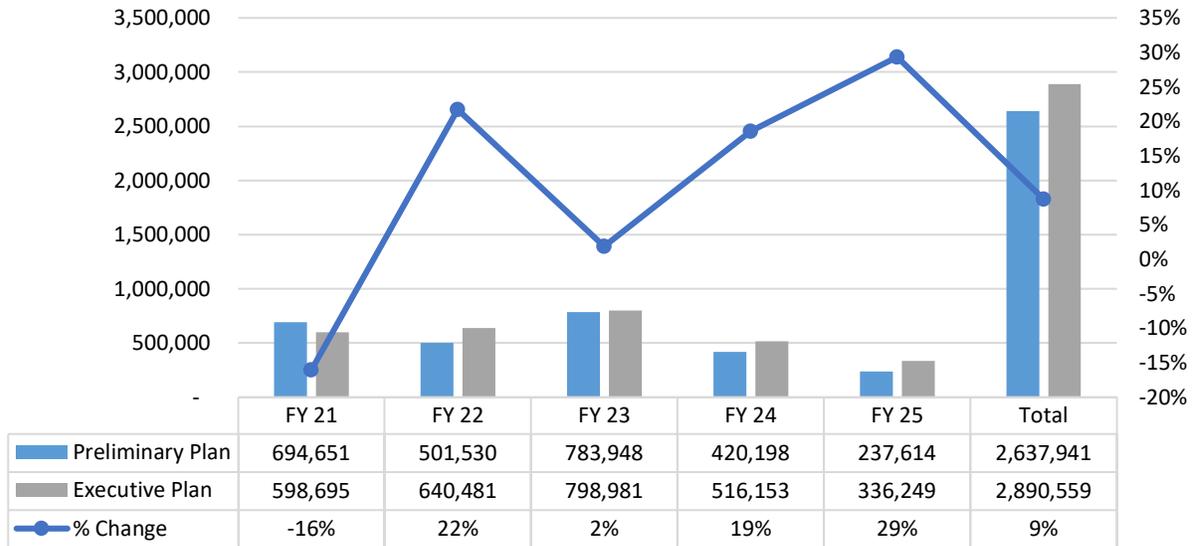


As shown in Figure 7, H+H’s Fiscal 2022 Executive Capital Budget includes \$1.4 billion in Fiscal 2022-2025. DOHMH’s Fiscal 2022 Executive Capital Budget is an estimate of the additional appropriations needed in addition to the projected excess appropriations for Fiscal 2021 to fully fund the Department’s capital projects planned for next year.

Executive Capital Commitment Plan for Fiscal 2021-2025

The Executive Capital Commitment Plan includes \$2.9 billion in planned commitments in Fiscal 2021-2025 for H+H, \$252.6 million more than the \$2.7 billion scheduled in the Preliminary Plan. The Department’s planned commitments are 3.1 percent of the \$93 billion City total.

Figure 8: H+H Fiscal 2021-2025 Capital Commitment Plan



The Executive Plan does, however, push commitments for this year and next into the later years of the Plan. Based on previous performance, it is unlikely that DOHMH will meet the commitment target laid out in the Executive Plan.

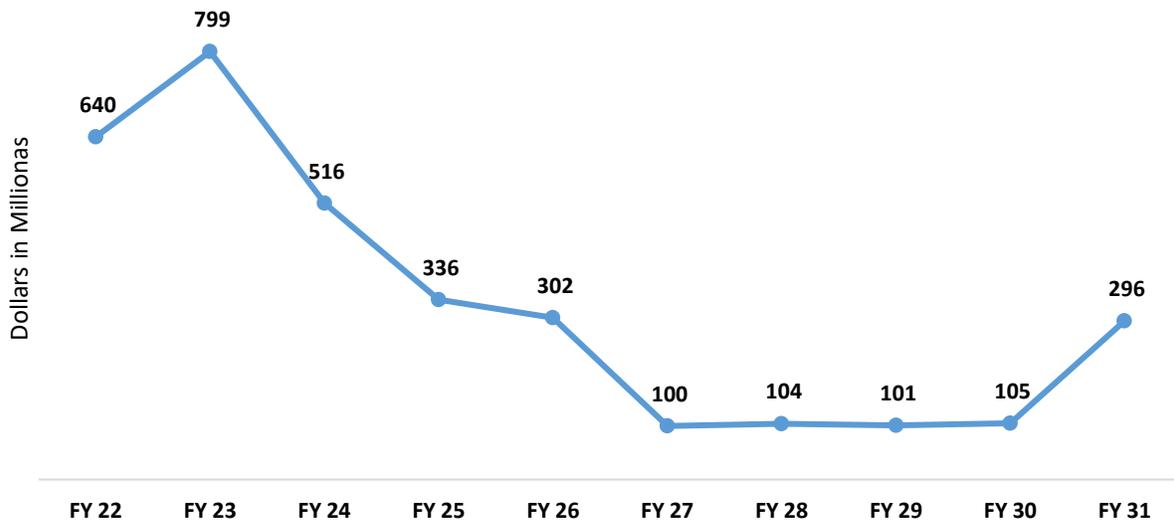
Executive Ten-Year Capital Strategy Fiscal 2022-2031

The Ten-Year Strategy is the City’s long-term capital planning document, which provides a framework for capital spending by agency. The Strategy is released every two years as mandated by the City Charter.

The City’s Ten-Year Strategy totals \$133.7 billion (all funds). The Strategy provides information on the comprehensive infrastructure planning that the City undertakes and explains the connection between capital investment and strategic priorities. It is designed to help prioritize investment decisions across all capital agencies and communicate to the public an integrated approach to capital planning across infrastructure types, in line with the growth of the City.

For H+H, the Ten-Year Strategy provides \$3.3 billion in Fiscal 2022–2031 for capital construction and reconstruction projects. The funding includes \$305 million for the build out of outposted therapeutic units. \$424.3 million to purchase FDNY/EMS ambulances. \$97.6 million to build COVID-19 Centers of Excellence and \$162.8 million to replace the revenue cycle management.

Figure 9: H+H Fiscal 2022-2031 Ten-Year Capital Strategy



As illustrated in the chart above, the Ten-Year Capital Strategy contains almost all of its capital spending in the first five years and then in the last year. Unfortunately, this planning pattern is repeated in many other City agencies' Ten-Year Strategies. The above spending plan essentially cuts capital spending to almost nothing for four out of the ten years of the plan. It is very unlikely that this Ten-Year Strategy accurately reflects how the funds will be used.

Appendices:

Appendix A: Budget Actions Preliminary to Executive

<i>Dollars in Thousands</i>	Fiscal 2021			Fiscal 2022		
	City	Non-City	Total	City	Non-City	Total
Fiscal 2022 Prelim Plan	\$925,827	\$718,220	\$1,644,047	\$1,193,267	\$83,066	\$1,276,333
New Needs						
ELC School Reopening	0	101,241	101,241	0	149,860	149,860
FY21 NYSNA/1199 Settlement	94,355	0	94,355	0	0	0
H+H OCEC	0	0	0	300	0	300
Total New Needs	\$94,355	\$101,241	\$195,596	\$300	\$149,860	\$150,160
Other Adjustments						
CHS Just Home	0	0	0	1,050	0	1,050
City Council Adjustment	(100)	0	(100)	0	0	0
Communities Thrive	0	0	0	0	800	800
DHSNURSESEC	0	520	520	0	520	520
DOE COVID Response	0	35,000	35,000	0	35,000	35,000
Energy Personnel	0	36	36	0	0	0
EXPANSION ELC GRANT	0	270,310	270,310	0	0	0
FEMA	0	320,780	320,780	0	0	0
FY21_2400_Bella	0	345	345	0	0	0
FY21MEDCONSULT	0	2,480	2,480	0	0	0
H+H Collective Bargaining	1,040	0	1,040	1,040	0	1,040
H+H DOHMH Transfer	340	0	340	0	0	0
IC W/ H+H - CHS Program	0	1,772	1,772	0	0	0
IC W/ H+H - MHQI Case Abstract	0	104	104	0	0	0
IC W/ H+H - NFP Program	0	(59)	(59)	0	0	0
IC W/ H+H - Patient Navigator	0	374	374	0	0	0
IC W/ H+H - Pharmaceuticals	0	1,393	1,393	0	0	0
IC W/ H+H - Winston Temps	0	539	539	0	0	0
IC W/ H+H -Lincoln Asthma Case	0	3	3	0	0	0
Mental Health Teams	0	0	0	0	41,000	41,000
MOU WORKWELL AND H&H BELLEVUE	0	7	7	0	0	0
OEO Funding Adjustment	0	0	0	416	0	416
Public Health Corps	0	0	0	0	50,000	50,000

<i>Dollars in Thousands</i>	Fiscal 2021			Fiscal 2022		
	City	Non-City	Total	City	Non-City	Total
Supplemental Medicaid Adjustment	(185,800)	0	(185,800)	(579,500)	0	(579,500)
Take back funds	0	(488)	(488)	0	0	0
Test & Trace	(102,155)	346,942	244,787	0	0	0
Union Fund Deferral Savings	(2,707)	0	(2,707)	2,707	0	2,707
Vaccine Outreach and Transport	0	1,066	1,066	0	500	500
Total Other Adjustment	(\$289,382)	\$981,122	\$691,740	(\$574,287)	\$127,820	(\$446,467)
Total All Changes	(\$195,027)	\$1,082,363	\$887,336	(\$573,987)	\$277,680	(\$296,306)
Fiscal 2022 Exec Plan	\$730,800	\$1,800,583	\$2,531,383	\$619,280	\$360,747	\$980,027

Appendix B: Financial Summary

Funding	2021 Adopted	2021 Executive	2022 Executive
City Funds	\$1,074,883	\$730,800	\$619,280
City, Total	\$1,074,883	\$730,800	\$619,280
Medical Assistance Administrative	0	1,380	1,380
State, Total	\$0	\$1,380	\$1,380
Coronavirus Relief Fund	0	339,314	127,300
Epidemiology and Laboratory Capacity for	0	879,318	149,860
FEMA PA COVID-19 Emergency Pro	0	466,646	0
Medical Assistance Program	0	1,380	1,380
Federal, Total	\$0	\$1,686,659	\$278,541
Health Services/Fees	85,359	104,573	77,734
Intra City	3,053	3,053	3,053
Intra-City Rentals	40	1,121	40
Other Services/ Fees	0	3,797	0
Intra City, Total	\$88,452	\$112,544	\$80,826
Total	\$1,163,335	\$2,531,384	\$980,028

Appendix C: COVID High-Impact Area Allocations from HHS Provider Relief Funds³

Name	1st Round Payment	2nd Round Payment
NYC Health and Hospitals - Bellevue	\$86,705,276	\$23,995,352.21
NYC Health and Hospitals - Coney Island	66,231,250	4,727,441.48
NYC Health and Hospitals - Elmhurst	111,346,403	0.00
NYC Health and Hospitals - Harlem	42,296,604	1,108,845.67
NYC Health and Hospitals - Jacobi	75,309,433	7,966,639.09
NYC Health and Hospitals - Kings County	78,931,188	5,069,220.47
NYC Health and Hospitals - Lincoln	76,138,988	4,914,583.83
NYC Health and Hospitals - Metropolitan	28,539,057	1,136,139.36
NYC Health and Hospitals - North Central Bronx	27,517,019	1,597,994.01
NYC Health and Hospitals - Queens	66,414,764	760,265.11
NYC Health and Hospitals - Woodhull	39,900,635	3,542,513.34
H+H Total	\$699,330,617	\$54,818,995

³ <https://data.cdc.gov/Administrative/Provider-Relief-Fund-COVID-19-High-Impact-Payments/b58h-s9zx/data>