

NCPA Member Summary of the CARES Act Provider Relief Fund

The Department of Health and Human Services (HHS) is distributing the \$100 billion Provider Relief Fund provided for in the *Coronavirus Aid, Relief and Economic Security (CARES) Act*. Details regarding eligibility, payment distribution determination, and more are summarized below.

April 24, 2020 update: HHS begins distributing remaining \$20 billion of the Provider Relief Fund general allocation

HHS will begin distribution of the **remaining \$20 billion of the Provider Relief Fund general allocation to Medicare facilities and providers impacted by COVID-19 based on eligible providers' 2018 net patient revenue on April 24, 2020.**

A portion of providers will be automatically sent a payment on April 24 **based on revenue data submitted to Centers for Medicare & Medicaid Services cost reports. Providers without adequate cost report data on file will need to submit their revenue information through a portal [here](#) to receive additional general distribution funds.** Providers who automatically receive money will **need to submit revenue information for verification through the same portal. All recipients will need to sign the attestation form confirming receipt of funds and agreeing to the terms and conditions.**

Every health care provider who has provided treatment for uninsured COVID-19 patients on or after February 4, 2020 can request claims reimbursement at Medicare rates, subject to available funding. Providers can register beginning on April 27, 2020 and begin submitting claims in early May. More information can be found [here](#).

April 10, 2020: HHS begins distributing initial \$30 billion of the Provider Relief Fund

On April 10, HHS began distributing the initial \$30 billion of the Provider Relief Fund via **direct deposit, providing relief to providers, such as pharmacies enrolled as Medicare Part B suppliers, in areas heavily impacted by the COVID-19 pandemic and providers struggling to keep doors open.**

All providers that received Medicare fee-for-service (FFS) reimbursements in 2019 are eligible. These are grants, not loans, and will not need to be repaid.

HHS has set up a hotline to answer questions, including eligibility and payment status, at 1-866-569-3522.

Eligibility

- **All providers that received Medicare FFS reimbursements in 2019 are eligible.**
- **As a condition to receiving these funds, providers must agree not to seek collection of out-of-pocket payments from a COVID-19 patient that are greater than what the patient would have otherwise been required to pay if the care had been provided by an in-network provider.**
- **Providers that have ceased operation as a result of the COVID-19 pandemic are still eligible to receive funds as long as diagnoses, testing, or care was provided for individuals with possible or actual cases of COVID-19. Care does not have to be specific to treating COVID-19; HHS broadly views every patient as a possible case of COVID-19.**

Payment distribution determination

- Providers will be distributed a portion of the initial \$30 billion based on their share of total Medicare FFS reimbursements (not including Medicare Advantage payments) in 2019.
- To determine how much will be received, an estimate can be calculated by dividing 2019 Medicare FFS payments received by \$484 billion and multiplying that ratio by \$30 billion.

Next steps

- Providers will be paid via Automated Clearing House (ACH) on file with UnitedHealth Group (HHS has partnered with UHG to provide rapid payment to eligible providers) or Centers for Medicare & Medicaid Services (CMS). **Automatic payments will come to providers via Optum Bank with “HHSPAYMENT” as the payment description.**
- **If you normally receive a paper check for reimbursement from CMS, a paper check in the mail will be received within the next few weeks.**
- An **attestation form must be signed within 30 days of receiving the payment through the portal [here](#)**, confirming receipt and agreeing to the terms and conditions of payment.

HHS plans to distribute remaining \$70 billion of Provider Relief Fund

HHS will release a formalized application process for providers who did not qualify to receive part of the initial \$30 billion, and will be targeting distribution to providers in areas particularly impacted by the COVID-19 outbreak, rural providers, providers of services with lower shares of Medicare reimbursement, or who predominantly serve the Medicaid population.