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.

May 20, 2020 update: HHS posts updated version of FAQ document regarding implementation of funds

On May 20, HHS posted a further updated version of its frequently asked questions (FAQ) document regarding implementation of funds distributed to health care providers through the COVID-19 Provider Relief Fund. The new update adds and/or modifies information regarding actions a provider must take after receiving a Provider Relief Fund payment, actions a provider should take to return a payment received under the Fund, provider actions if a payment from the “General Distribution,” which applies to Medicare providers, is greater than expected, and more.

May 7, 2020 update: HHS extends deadline for attestation, acceptance of terms and conditions for Provider Relief Fund payments

On May 7, HHS extended the deadline for health care providers to attest to receipt of payments from the Provider Relief Fund and accept the terms and conditions. Providers now have 45 days, increased from 30 days, from the date they receive a payment to attest and accept the terms and conditions or return the funds. Additional information on the Provider Relief Fund and link to attestation form can be found here.

April 27, 2020 update: HHS launches COVID-19 Uninsured Program Portal

On April 27, HHS launched the COVID-19 Uninsured Program Portal that allows health care providers who have conducted COVID-19 testing or provided treatment to uninsured COVID-19 individuals to request claims for reimbursement as part of the CARES Act Provider Relief Fund. The program is being administered by the Health Resources and Services Administration (HRSA), and providers can begin requesting claims reimbursement for eligible services provided on or after February 4, 2020 beginning May 6, 2020. Pharmacies that are permitted under state law to bill for other testing services are eligible to request reimbursement for testing under this program (see HRSA FAQ document). The portal and additional information on the process and eligibility are available here.
April 4, 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 update: 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 45\(^1\) 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.

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\(^1\) As of May 7, 2020, HHS has extended the deadline for providers to attest to the receipt of payments from the Provider Relief Fund and accept the terms and conditions from 30 days to 45.