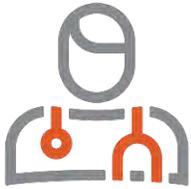


Coronavirus Aid, Relief, and Economic Security (CARES) Act



CARES Act \$30 Billion Provider Relief Fund

HCA Healthcare Physician FAQ

This document is a compilation of frequently asked questions (FAQs) from physicians and administrators directed to HCA Healthcare or PwC as part of the HCA CARES* program as we continue to provide you with support and resources in this unprecedented time.

Note that these FAQs were prepared based on information available as of **April 21, 2020** and are subject to revision and interpretation based on pending rules and regulations.

Visit the [HCA Healthcare's HCA CARES Website](#)* to learn more about this and other financial support services, such as:

- HCA Healthcare CARES Line,
 - Guidance information around CARES Act programs, and
 - Checklists to help navigate applications
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FREQUENTLY ASKED QUESTIONS

Q: Are all medical specialties eligible for the program?

Yes, any provider who billed Medicare for services in 2019, and “provides or provided after January 31, 2020 diagnoses, testing, or care for individuals with possible or actual cases of COVID-19” is eligible for the program regardless of medical specialty.

Q: Where can I go for additional information?

We strongly recommend all recipients thoroughly review the [Terms and Conditions](#) for the program on the HHS website and check back frequently for updates. The [HCA CARES website](#) also contains a program overview, links to pertinent documents and this FAQs sheet. In addition, HHS contracted with United Health Group (UHG) to facilitate program payments and to establish a [CARES Provider Relief hotline at 866-569-3522](#) to address program questions including, use of funds, the terms and conditions, and the attestation process among other topics.

** The assistance provided by either HCA or its outside advisors should not be considered legal advice or guidance.*

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Q: If I received money under this program, do I need to take any additional actions?

HHS partnered with UnitedHealth Group (UHG) to deliver payments to eligible providers and sent automatic ACH payments to providers via Optum Bank with "HHSPAYMENT" as the payment description for providers already in UHG's payment system. Other providers and those that currently receive paper checks from CMS will receive payment by mail in the next few weeks. Upon receipt of the payments, providers are then requested to complete an [attestation](#) within 30 days confirming receipt of the funds and agreeing to the [Terms and Conditions](#) of payment. Providers who keep the funds but have not completed the attestation within that 30 day window will be deemed to have accepted the Terms and Conditions.

Q: I understood the CARES Act created \$100 Billion in grant monies available for healthcare related expenses or lost revenue. Will I be eligible to receive additional funds under the remaining \$70 Billion?

As of April 21, 2020, HHS has not provided detailed plans to distribute the additional funds, but it has indicated that it will "focus on 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, and providers requesting reimbursement for the treatment of uninsured Americans."

Q: Must I have provided care for confirmed COVID-19 patients in order to keep the money?

Recipients need to have provided diagnoses, testing, or care for individuals with possible or actual cases of COVID-19 on or after January 31, 2020, but HHS has clarified that, "care does not have to be specific to treating COVID-19. HHS broadly views every patient as a possible case of COVID-19."

Q: If I received a Provider Relief Fund payment, may I still pursue a PPP loan or Medicare Advance Payment?

Yes, these are all separate programs with distinct features. Provider Relief Fund payments are grant funds provided directly from HHS that, subject to the Terms and Conditions of the program, do not need to be repaid. Paycheck Protection Program loans, are loans provided by qualified independent lenders that, if used for a limited set of qualifying expenses, can be eligible for forgiveness. Medicare Advance Program funds are effectively the prepayment of future billings that can be used for any purpose, but must be repaid or recouped within 210 days of the advance. If, at the end of the repayment window, there still is an outstanding Advance Payment balance, the MAC will send a request for direct payment of the remaining balance. You must repay the remaining amount within 30 days of the MAC's request or interest charges will begin to accrue on the remaining balance.

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Q: The Terms and Conditions state that entities that receive more than \$150,000 from any COVID-19 related federal act are subject to quarterly reporting. What will those reports include?

We are waiting for further guidance beyond what is included in the Terms and Conditions: “This report shall contain: the total amount of funds received from HHS under one of the foregoing enumerated Acts; the amount of funds received that were expended or obligated for reach project or activity; a detailed list of all projects or activities for which large covered funds were expended or obligated, including: the name and description of the project or activity, and the estimated number of jobs created or retained by the project or activity, where applicable; and detailed information on any level of sub-contracts or sub-grants awarded by the covered recipient or its subcontractors or sub-grantees, to include the data elements required to comply with the Federal Funding Accountability and Transparency Act of 2006 allowing aggregate reporting on awards below \$50,000 or to individuals, as prescribed by the Director of the Office of Management and Budget.”

Q: How will the statutory provisions in the Terms and Conditions, such as the Section 202 limit on Executive Pay, be administered?

We are waiting for further guidance beyond what is included in the Terms and Conditions, but, at a minimum, parties are required to attest that they will comply with these provisions and if they are found to have not complied, could be subject to rescission of funds and legal action.