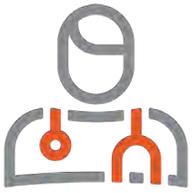


Coronavirus Aid, Relief, and Economic Security (CARES) Act



UPDATE: Provider Relief Fund

At HCA Healthcare, we know you are receiving rapidly changing information while you focus on the care and support of your patients, staff, and practice during this pandemic.

We want to help.

This document is an **update as of April 24th**, providing guidance on how you **may be eligible for payments with no repayment required** under a **newly released infusion of funds** under the CARES Act.

PROGRAM UPDATE

On **April 22, 2020**, the U.S. Department of Health and Human Services (HHS) released further details on allocations of the \$100 billion Provider Relief Fund created by the CARES Act. After releasing an initial \$30 billion tranche of funding on April 10, HHS announced that the remaining allocations will fall into the following two main categories:

- A **\$50 billion general allocation** (which includes the initial \$30 billion) to Medicare providers and suppliers impacted by COVID-19, based on their 2018 net patient revenue
- **Targeted allocations** for hospitals in COVID-19 high-impact areas, rural providers, Indian Health Service facilities and for the treatment of the uninsured

GENERAL ALLOCATION: \$50 Billion Total

These monies are allocated for general distribution to Medicare providers and suppliers impacted by COVID-19, based on their 2018 net patient revenue

- HHS has already distributed \$30 billion, starting on April 10, in amounts proportionate to providers' share of Medicare fee-for-service reimbursements in 2019 in an effort to release the funds as quickly as possible. However, to help providers with a relatively small share of their revenue coming from Medicare fee-for-service (e.g., children's hospitals) the remaining \$20 billion in funding is being allocated so that the whole \$50 billion general distribution is allocated proportional to providers' share of 2018 net patient revenue
- Distributions of the remaining \$20 billion of this general allocation will begin Friday, April 24
- Providers who do not have adequate CMS cost report data on file will need to submit revenue information to a new HHS portal (<https://www.hhs.gov/providerrelief>)
- Providers who receive this second distribution automatically will still need to submit revenue data on the new portal for verification purposes
- Payments will go out weekly, on a rolling basis, as information is validated
- Providers who receive funds from any distribution from this general allocation must sign an attestation confirming receipt of funds within 30 days, agree to its Terms and Conditions and confirm the CMS cost report. 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
- Pursuant to the Terms and Conditions, all recipients will be required to submit documents sufficient to ensure that these funds were used for healthcare-related expenses or lost revenue attributable to coronavirus. HHS emphasizes that there will be significant anti-fraud and auditing work done by HHS, including the work of the Office of the Inspector General

TARGETED ALLOCATION: Hospitals in COVID-19 High-Impact Areas - \$10 Billion

- Allocated for hospitals in areas that have been particularly impacted by the COVID-19 outbreak
- Hospitals will apply for a portion of these funds by submitting certain information through a dedicated authentication portal by 3:00 PM EST, Saturday, April 25, 2020
- The distribution will take into consideration the challenges faced by facilities serving a significantly disproportionate number of low-income patients, as reflected by their Medicare Disproportionate Share Hospital (DSH) Adjustment

TARGETED ALLOCATION: Rural Providers - \$10 Billion

- Allocated for rural health clinics and hospitals that typically operate on especially thin margins
- Distributions will begin as early as next week on the basis of operating expenses, proportionate to each facility and clinic

TARGETED ALLOCATION: Indian Health Services - \$400 Million

- Allocated for Indian Health Services facilities that typically operate on especially thin margins
- Distributions will begin as early as next week on a basis of operating expenses

TARGETED ALLOCATION: Treatment of Uninsured – Total Amount Not Stated

- Unknown allocation amount to reimburse providers at Medicare rates, for COVID-19-related treatment of the uninsured
- Every health care provider who has provided treatment for uninsured COVID-19 patients on or after February 4, 2020, can request claims reimbursement through the program and will be reimbursed at Medicare rates, subject to available funding
- Providers can register for the program on April 27, 2020, and begin submitting claims in early May 2020. For more information, visit www.coviduninsuredclaim.hrsa.gov

FUTURE ALLOCATIONS

There are some providers who will receive further, separate funding, including skilled nursing facilities, dentists, and providers that solely take Medicaid

PAYCHECK PROTECTION PROGRAM AND HEALTH CARE ENHANCEMENT ACT

- On April 24, President Trump signed into law the *Paycheck Protection Program and Health Care Enhancement Act*, which provides \$484 billion in additional funding for small businesses, health care providers and suppliers, and COVID-19 testing and related services
- In addition to the — \$310 billion — dedicated to replenishing the Paycheck Protection Program (PPP), the legislation also provides \$75 billion for “eligible providers,” such as hospitals, health systems, physicians, and other health care providers and suppliers that provide diagnoses, testing, or care for individuals with possible or actual cases of COVID-19. The statutory conditions associated with this allocation are identical to the \$100 billion appropriated in the CARES Act
- The legislation also allocates \$25 billion for necessary expenses associated with the research, development, validation, manufacture, purchase, administration, and expansion of capacity for COVID-19 tests
- The funds under the *Paycheck Protection Program and Health Care Enhancement Act* are expected to be released in the coming weeks, at which point further detail about the specifics of the allocations will be made available

DISCLAIMER: This information is as of **April 24, 2020**, and subject to revision and interpretation based on pending rules and regulations. In addition, this document is only a summary of more detailed information and may not contain all the information that is important or relevant to you. This document is solely for your information, and no representation or warranty, expressed or implied is made. You should not place undue reliance on the accuracy, fairness or completeness of the information presented.