

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



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 provides guidance on how you **may be eligible for payments with no reimbursement required** under a **newly released infusion of funds** by the CARES Act.

PROGRAM OVERVIEW

The CARES legislation provides \$100 billion in relief funds through the “Public Health and Social Services Emergency Fund” in Title VIII to “**eligible health care providers... to reimburse for health care related expenses or lost revenues that are attributable to the coronavirus.**”

There has been an **immediate infusion of \$30 billion** in the form of payments that arrive via direct deposit beginning **April 10, 2020** to eligible providers throughout the American healthcare system. These funds are **different** than the CMS Advance Payment Program, and **will not need to be repaid.**

ELIGIBILITY AND DISTRIBUTION OF FUNDS

To **qualify for this payment**, any provider (e.g., physician, ambulatory surgery center) that is **enrolled in Medicare with active billing privileges, received Medicare fee-for-service (FFS) reimbursements in 2019** (not Medicare Advantage) AND **currently provides diagnoses, testing, or care for individuals with possible or actual cases of COVID-19** is eligible for this initial rapid distribution.

Providers will be distributed a portion of the initial \$30 billion based on their share of total Medicare FFS reimbursements in 2019. (Total FFS payments were approximately \$484 billion in 2019). A provider can **estimate its payment by dividing its 2019 Medicare FFS (not including Medicare Advantage) payments received by \$484,000,000,000, and multiplying that ratio by \$30,000,000,000.** This works out to a grant payment of about **\$61,983 per \$1 million in Medicare FFS payments received** by the provider. Providers can obtain 2019 Medicare FFS billings from their organization's revenue management system.

Process for eligible physicians:

- HHS has partnered with UnitedHealth Group (UHG) to provide rapid payment to eligible providers.
- Providers will be paid via Automated Clearing House account information on file with UHG or the Centers for Medicare & Medicaid Services (CMS).
 - The automatic payments will come to providers via Optum Bank with "HHSPAYMENT" as the payment description.
 - Providers who normally receive a paper check for reimbursement from CMS will receive a paper check in the mail for this payment as well within the next few weeks.
- Within 30 days of receiving the payment, providers must sign an attestation confirming receipt of the funds and agreeing to the terms and conditions of payment. **The portal for signing the attestation will be open the week of April 13, 2020 and will appear on the following website: <https://www.hhs.gov/provider-relief/index.html>.**
- HHS' payment of this initial **allotment is conditioned on the provider's acceptance of the [Terms and Conditions](#)**, which acceptance **must occur within 30 days of receipt of payment.**

If a provider receives payment and **does not wish to comply** with the Terms and Conditions, the provider must contact HHS **within 30 days of receipt of payment** and **remit the full payment to HHS** as instructed. **Not returning the payment within 30 days of receipt will be viewed as acceptance of the Terms and Conditions.** Appropriate contact information will be provided soon.

APPLICATION BY PROVIDER TYPE

All relief payments are made to the billing organization according to its Taxpayer Identification Number (TIN).

Employed Physicians:

Employed physicians should not expect to receive an individual payment directly. The employer organization will receive the relief payment as the billing organization.

Physicians in a Group Practice:

Individual physicians and providers in a group practice are unlikely to receive individual payments directly, as the group practice will receive the relief fund payment as the billing organization. Providers should look to the part of their organization that bills Medicare to identify details on Medicare payments for 2019 or to identify the accounts where they should expect relief payments.

Solo Practitioners:

Solo practitioners who bill Medicare will receive a payment under the TIN used to bill Medicare.

PAYMENT CONDITIONS

As with any federal grant, there will be **additional work required**, including submitting reports with specific documentation and certification that the provider is compliant with several federal laws.

- Will require reporting as determined by the Secretary of HHS (at least quarterly).
- Must maintain documentation and records pursuant to Federal Grant Contracts Regulations (very detailed).

Funds **ONLY** may be used to prevent, prepare for, and respond to coronavirus.

Funds are meant to reimburse the recipient **ONLY** for “health care related expenses” or “lost revenues” that are attributable to coronavirus.

- Health care related expenses are defined in the Statute, e.g., construction of temporary structures, leasing of properties, purchasing PPE, increased workforce, surge.
- Lost revenues are not defined.

Funds **cannot be used for expenses or losses that are reimbursed** from another source.

- Providers will need to evaluate various grant funds and how they interact (e.g., a FEMA grant that paid for expansion or surge could mean the same expense/loss could not be claimed here).
- The CMS **Advance Payment Program is different**, as those are cash flow payments for services rendered.

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. Additionally, providers must abstain from "balance billing" any patient for COVID-related treatment.

DISCLAIMER: This information is as of **April 13, 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.