

HHS Provider Relief Fund Guide

Current as of 5/26/2020

UPDATE 5/26/2020: The deadline for healthcare providers to attest to receipt of payments from the Provider Relief Fund and accept the Terms and Conditions has been [extended](#) for a second time to a total of 90 days, increased from the original 30 days. The text below has been updated to reflect this extension.

On April 22, HHS announced the allocation of an additional \$40.4 billion from the Public Health and Social Services Emergency Fund and on April 25 released additional information, including details on the application process and a set of FAQs.

The Coronavirus Aid, Relief, and Economic Security (CARES) Act (P.L. 116-136) established the \$100 billion Public Health and Social Services Emergency Fund (Provider Relief Fund) to provide financial relief to and support for healthcare providers affected by the Coronavirus (COVID-19) pandemic. The Paycheck Protection Program and Health Care Enhancement Act (H.R. 266), signed into law on April 24, 2020, added \$75 billion to the Fund, bringing the total to \$175 billion. After the distributions described below, \$104.6 billion remains.

General Allocation

With this announcement, \$50 billion from the Provider Relief Fund has been allocated by HHS for general distribution to Medicare facilities and providers impacted by COVID-19. To be eligible for the general distribution, a provider must have billed Medicare in 2019. To expedite providers getting money as quickly as possible, [\\$30 billion](#) was distributed immediately, proportionate to providers' share of Medicare fee-for-service reimbursements in 2019. On April 10, 2020, \$26 billion was delivered to bank accounts. The remaining \$4 billion of the expedited \$30 billion distribution was sent on April 17.

The U.S. Department of Health and Human Services (HHS) [announced](#) on April 22 that the agency would begin distribution of the remaining \$20 billion of the Fund to providers to augment their allocation so that the whole \$50 billion general distribution is allocated proportional to providers' share of 2018 net patient revenue.

On April 24, a portion of providers were automatically sent payment based on the revenue data they submitted in CMS cost reports. Providers without adequate cost report data on file will need to submit their revenue information to this [portal](#) on the HHS website. HHS will likely have cost reports from facilities, but physicians and other providers may need to submit information through the portal.

Providers who receive their money automatically will still need to submit their revenue information so that it can be verified.

HHS will be processing applications in batches every Wednesday at 12:00 p.m. ET. Funds will not be disbursed on a first-come-first-served basis; an applicant will be given equal consideration regardless of

when they apply. If you have attested and submitted tax forms and loss estimates, you should receive a payment or other response within 10 business days.

Payments will go out weekly, on a rolling basis, as information is validated, with the first wave delivered at the end of the week of April 24, 2020. Providers who receive funds from the general distribution must sign an attestation confirming receipt of funds and agree to the Terms and Conditions of payment and confirm the CMS cost report. NOTE: The CARES Act requires that providers meet certain terms and conditions in order to receive Provider Relief Funds. In order to keep the funds already received, and in order to be eligible to receive additional funds, you must agree to the Terms and Conditions. Not returning the payment within 90 days of receipt will be viewed as acceptance of the Terms and Conditions. In addition to acceptance of Terms and Conditions, providers must attest that they have received the funds.

All recipients will be required to submit sufficient documentation to demonstrate these funds were used for healthcare-related expenses or lost revenue attributable to coronavirus. As a condition to receiving these funds, providers must agree to: 1) not to seek collection of out-of-pocket payments from presumptive or actual COVID-19 patients that are greater than what they would have otherwise been required to pay if the care had been provided by an in-network provider and 2) agree to the longer list of [Terms and Conditions](#). There are separate Terms and Conditions for the \$30 billion distribution, the \$20 billion distribution, and those connected with requests for reimbursement associated with treatment of uninsured patients (see below). ***Recipients are urged to closely review the Terms and Conditions to ensure they understand their obligations.***

For healthcare providers who have not yet received any distribution of funds, HHS is performing an ongoing assessment of how to distribute relief to these providers.

Targeted Allocations

Allocation for COVID-19 High Impact Areas

\$10 billion will be allocated for a targeted distribution to hospitals in areas that have been particularly impacted by the COVID-19 outbreak.

Hospitals will need to apply for a portion of the funds via an authentication portal by 3:00 PM Eastern Time, Saturday, April 25, in response to earlier communications directed to them from HHS. (The original deadline of April 23 was [extended](#) in consultation with hospitals and the extension will not delay the start of the distribution of these funds to high-impact areas.) The information provided by hospitals is necessary for the government to determine what facilities will qualify for a targeted distribution. Supplying this information does not guarantee receipt of funds from this distribution.

Allocation for Rural Providers

\$10 billion will be allocated for rural health clinics and hospitals. This money was expected to be distributed beginning the week of April 27 on the basis of operating expenses, using a methodology that distributes payments proportionately to each facility and clinic.

5/20/20 Update: HRSA provided [\\$225 million to Rural Health Clinics \(RHCs\) for COVID-19 testing](#). These investments go to over 4,500 RHCs across the country to support COVID-19 testing efforts and expand testing access in rural communities. HRSA funded RHC organizations based on the number of certified clinic sites they operate, providing nearly \$50,000 per clinic site. View a [state-by-state breakdown](#) of this funding.

Allocation for Indian Health Service

\$400 million will be allocated for Indian Health Service (IHS) facilities, distributed on the basis of operating expenses. This money is also expected to be distributed the week of April 27.

5/22/20 Update: HHS [announced](#) a \$500 million distribution to tribal hospitals, clinics, and urban health centers. IHS and tribal hospitals will receive a \$2.81 million base payment plus three percent of their total operating expenses; IHS and tribal clinics and programs will receive a \$187,000 base payments plus five percent of the estimated service population multiplied by the average cost per user; and IHS urban programs will receive a \$181,000 base payment plus six percent of the estimated service population multiplied by the average cost per user.

Additional Allocations

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

Treatment of Uninsured Patients

As announced in early April, a portion of the Provider Relief Fund will be used to reimburse healthcare providers, at Medicare rates, for COVID-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. This portion of the Fund is being administered by the Health Resources and Services Administration (HRSA).

Terms and Conditions

There are separate [Terms and Conditions](#) for the two general allocation disbursements and for the COVID-related treatment (and testing) of the uninsured.

Relief Fund Payment from \$20 Billion General Distribution [Terms and Conditions](#)

Relief Fund Payment from \$30 Billion General Distribution [Terms and Conditions](#)

Uninsured Relief Fund Payment [Terms and Conditions](#)

FFCRA Relief Fund Payment [Terms and Conditions](#) (testing for uninsured)

For more details please see the full [announcement](#) and HHS “General Distribution Portal [FAQs](#).”

View the COVID-19 resources ASCO compiled to support clinicians, the cancer care delivery team, and patients with cancer, and stay connected to ASCO in Action for policy updates related to COVID-19. In

particular, ASCO members will find new resources focused on reimbursement and other policy changes [here](#).