

CARES ACT PROVIDER RELIEF FUND

On March 27, 2020, President Trump signed the CARES Act that provides \$100 billion to hospitals and other healthcare providers. This funding will be used to support healthcare-related expenses or lost revenue attributable to COVID-19 and to ensure that uninsured Americans can get testing and treatment for COVID-19.

An initial \$30 billion is being distributed immediately with payments arriving via direct deposit to eligible providers. This is a grant, not a loan, and will not need to be repaid.

Who is eligible?

- All facilities and providers that received Medicare fee-for-service (FFS) reimbursements in 2019 are eligible for this distribution.
 - ◊ Relief payments are made to the billing organization according to its Taxpayer Identification Number (TIN).
- As a condition of receiving these funds, providers must agree to a number of stipulations, including agreeing 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.

IT IS IMPERATIVE YOUR PROVIDERS DOCUMENT IN THE BODY OF THEIR REPORT THAT THE PATIENT IS A SUSPECTED OR CONFIRMED "COVID-19" PATIENT

This applies to all patients, regardless of whether they are insured or uninsured

In order for MSN to track these patients for auditing purposes, the word "COVID-19" must be in your report

How payment distributions are determined

- Providers will be distributed a portion of the \$30 billion based on their share of total Medicare FFS reimbursements in 2019. Total FFS payments were approximately \$484 billion in 2019.

What to do if you are an eligible provider

- HHS has partnered with UnitedHealth Group (UHG) to provide payment to eligible providers for the distribution of the initial \$30 billion in funds.
- 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.



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- **IMPORTANT:** Within 30 days of receiving the payment, providers must sign an attestation confirming receipt of the funds and agreeing to the Relief Fund Payment Terms and Conditions (ATTACHED). The portal for signing the attestation will be open the week of April 13, 2020 and we will send you the link when it is open. HHS' payment of these initial funds is conditioned on the healthcare provider's acceptance of the Relief Fund Payment Terms and Conditions, which acceptance must occur within 30 days of receipt of payment. The use of these initial funds is limited. **You should carefully review these terms to ensure your compliance.**
- ◇ If a provider receives payment and does not wish to comply with these Terms and Conditions, the provider must do the following:
 - Contact HHS within 30 days of receipt of payment and then remit the full payment to HHS as instructed.
 - Appropriate contact information will be provided soon.

Is this different than the CMS Accelerated and Advance Payment Program?

- Yes. The CMS accelerated and advance payments are a loan that providers must pay back.

For more information, please go to:

<https://www.hhs.gov/provider-relief/index.html>

<https://www.hhs.gov/about/news/2020/04/10/hhs-to-begin-immediate-delivery-of-initial-30-billion-of-cares-act-provider-relief-funding.html>

We will provide additional updates on the CARES Act Provider Relief Fund, including how the government plans to distribute the remaining \$70 billion, as that information comes available.

We highly recommend you discuss the Relief Fund Terms and Conditions with your professional advisors.