

NCPA Member Summary of the CARES Act Provider Relief Fund

On April 10, 2020 the Department of Health and Human Services (HHS) began distributing \$30 billion of the \$100 billion Provider Relief Fund provided for in the *Coronavirus Aid, Relief and Economic Security (CARES) Act*. Details regarding eligibility, payment distribution determination, and more are summarized below.

Funds, distributed via **direct deposit**, provides relief to providers, such as pharmacies enrolled as Medicare Part B suppliers, in areas heavily impacted by the COVID-19 pandemic and providers struggling to keep doors open.

All providers that received Medicare fee-for-service (FFS) reimbursements in 2019 are eligible. These are grants, not loans, and will not need to be repaid.

Eligibility

- **All providers that received Medicare FFS reimbursements in 2019 are eligible.**
- 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.**
- Providers that have ceased operation as a result of the COVID-19 pandemic are still eligible to receive funds as long as diagnoses, testing, or care was provided for individuals with possible or actual cases of COVID-19. Care does not have to be specific to treating COVID-19; HHS broadly views every patient as a possible case of COVID-19.

Payment distribution determination

- Providers will be distributed a portion of the initial \$30 billion based on their share of total Medicare FFS reimbursements (not including Medicare Advantage payments) in 2019.
- To determine how much will be received, an estimate can be calculated by dividing 2019 Medicare FFS payments received by \$484 billion and multiplying that ratio by \$30 billion.

Next steps

- Providers will be paid via Automated Clearing House (ACH) on file with UnitedHealth Group (HHS has partnered with UHG to provide rapid payment to eligible providers) or Centers for Medicare & Medicaid Services (CMS). **Automatic payments will come to providers via Optum Bank with “HHSPAYMENT” as the payment description.**
- **If you normally receive a paper check for reimbursement from CMS, a paper check in the mail will be received within the next few weeks.**
- An **attestation form must be signed within 30 days of receiving the payment through the portal [here](#)**, confirming receipt and agreeing to the terms and conditions of payment.

HHS plans to distribute remaining \$70 billion of Provider Relief Fund

HHS will release a formalized application process for providers who did not qualify to receive part of the initial \$30 billion, and will be targeting distribution to 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.