

HHS Public Health and Social Services Emergency Fund



Overview

Congress appropriated \$100 billion in the CARES Act and \$75 billion through the Paycheck Protection Program and Health Care Enhancement Act for health care providers, including physician practices. These payments do not need to be repaid and are meant to cover unreimbursed health care related expenses or lost revenues attributable to the COVID-19 public health emergency (PHE). Additional information is available online at the HHS Provider Relief Fund [website](#).

General allocation of funds

HHS is providing \$50 billion in general distributions to Medicare facilities and providers impacted by COVID-19, based on eligible providers' Medicare fee-for-service reimbursements in 2019 or CMS cost reports or incurred losses. Frequently asked questions (FAQs) on the General Distribution Portal are available on the HHS [website](#).

Timeframe

- Round one was a \$30 billion distribution based on provider's share of Medicare fee-for-service reimbursements in 2019.
- Round two was a \$20 billion distribution based on CMS cost reports and provider reported losses.
- Additional allocations are expected in the coming weeks.

Eligibility

- To be eligible for a General Distribution payment, providers must have billed Medicare on a fee-for-service basis (Parts A or B) in calendar year 2019. Additionally, under the terms and conditions associated with payment, these providers are eligible only if they provide or provided after Jan. 31, 2020 diagnoses, testing or care for individuals with possible or actual cases of COVID-19. HHS broadly views every patient as a possible case of COVID-19.
- All providers retaining funds must sign an attestation and accept the terms and conditions associated with payment. Providers must also have submitted tax documents and financial loss estimates if they wished to be eligible for additional funds by June 3, 2020.

Amount of funds available

- \$50 billion subject to additional allocations by HHS

Loan forgiveness and repayment terms

- These are payments, not loans, and do not need to be paid back as long as a provider follows the program's terms and conditions.

Use of grant funds

- Providers must follow the program's [terms and conditions](#), including the following:
 - Funds can only be used to prevent, prepare for and respond to COVID-19, and reimburse providers only for health care related expenses or lost revenues that are attributable to COVID-19.
 - Funds cannot be used to reimburse providers for expenses or losses reimbursed from other sources or obligated for payment from other sources.
 - Balance billing presumptive or active COVID-19 patients is prohibited.
- HHS has communicated to the AMA that it is the department's intent to provide relief to both providers in areas heavily impacted by the COVID-19 pandemic and those providers who are struggling to keep their doors open due to healthy patients delaying care and cancelled elective services. HHS also noted

that it is important to acknowledge that although it is disbursing these funds in advance of an attestation, it is doing so with the expectation that each recipient could document, if asked, amounts they have experienced in lost revenue or increased costs at least equal to the amount of the grant.

Certification

- Providers must [sign an attestation](#) confirming receipt of funds within 90 days and agree to the terms and conditions available on the HHS [website](#).

Application

- All providers who had automatically received funds prior to 5 p.m., Friday, April 24th, must provide HHS with an accounting of their annual revenues by submitting tax forms or financial statements through the General Distribution Portal. These providers must also agree to the program terms and conditions if they wish to keep the funds. The submission of tax forms or financial statements to the portal will also serve as an application for additional funding. All providers submitting their financial information will be considered for additional funding from the General Distribution.
- The deadline for providers to submit revenue information for consideration for additional payment from the Provider Relief Fund \$20 billion General Distribution was June 3, 2020. Only providers with complete submissions received prior to the June 3 deadline will be considered for an additional General Distribution payment. Providers who did not submit this revenue submission by the deadline may qualify for future provider relief funding.

Availability of funds

- \$50 billion with additional distributions anticipated

Targeted allocation: COVID-19 testing and treatment of the uninsured

HHS will provide claims reimbursement to health care providers generally at Medicare rates for testing and treating uninsured COVID-19 patients. Additional information is available online at the Health Resources and Services Administration (HRSA) [website](#). FAQs on the COVID-19 Claims Reimbursement Program are available on the HRSA [website](#).

Timeframe

- HHS began accepting applications electronically on May 6, 2020.

Eligibility

- Any health care providers who provided testing or treatment for uninsured COVID-19 patients on or after Feb. 4, 2020 can request claims reimbursement through the program. Providers will be reimbursed at Medicare rates on a rolling basis.

Amount of funds available

- Roughly \$30 billion subject to available funding and additional allocations by HHS.

Loan forgiveness and repayment terms

- Payments may be subject to post-reimbursement audits.

Use of funds

- Reimburse providers for testing and treatment of uninsured COVID-19 patients.

Certification

- To be eligible for participation in the program providers must attest to the following:
 - The provider has confirmed that the patient is uninsured and does not have individual, employer-sponsored, Medicare or Medicaid coverage, and no other payer will reimburse for COVID-19 testing and/or care for that patient.
 - Provider will accept the program's reimbursement as payment in full.
 - Providers cannot balance bill the patient.
 - Providers agree to program's [testing terms and conditions](#) and [treatment terms and conditions](#).

Application

- HRSA has contracted with UnitedHealth Group to administer this program for uninsured individuals. Providers will need a direct deposit Automated Clearing House (ACH) account with Optum Pay.
- Claims submission details and instructions are available on the HRSA [website](#).

Availability of funds

- **Until expended.**

Medicaid and CHIP provider relief funds

HHS is distributing \$15 billion to eligible providers that participate in state Medicaid, Children's Health Insurance Program (CHIP) or Medicaid managed care plans and have **not yet** received a payment from the Provider Relief Fund General Distribution allocation. The payment to each provider will be at least 2% of reported gross revenue from patient care. The final amount each provider receives will be determined after application. FAQs on the Medicaid funds are available on the HHS [website](#).

Timeframe

Providers must submit their data by Aug. 3, 2020.

Eligibility

Applicants must meet all six requirements to submit applications:

1. Must **not** have received payment from the \$50 billion General Distribution
2. Must have directly billed Medicaid, CHIP or Medicaid managed care plans for health care related services during the period of Jan. 1, 2018, to Dec. 31, 2019, or (ii) own (on the application date) an included subsidiary that has billed Medicaid for health care related services during the period of Jan. 1, 2018, to Dec. 31, 2019
3. Must have either (i) filed a federal income tax return for fiscal years 2017, 2018 or 2019, or (ii) be an entity exempt from the requirement to file a federal income tax return and have no beneficial owner that is required to file a federal income tax return. (e.g., a state-owned hospital or health care clinic)
4. Must have provided patient care after Jan. 31, 2020
5. Must not have permanently ceased providing patient care directly, or indirectly through included subsidiaries
6. If the applicant is an individual with gross receipts or sales from providing patient care reported on Form 1040, Schedule C, Line 1, excluding income reported on a W-2 as a (statutory) employee

Amount of funds available

- \$15 billion subject to additional allocations by HHS

Loan forgiveness and repayment terms

- These payments are not loans and do not need to be paid back as long as a provider follows the program's terms and conditions.

Use of grant funds

- Providers must follow the program's terms and conditions, including the following:
 - Funds can only be used to prevent, prepare for and respond to coronavirus, and reimburse providers only for health care related expenses or lost revenues that are attributable to coronavirus.
 - Funds cannot be used to reimburse providers for expenses or losses reimbursed from other sources or obligated for payment from other sources.
 - Balance billing presumptive or active COVID-19 patients is prohibited.

Certification

- Within 90 days providers must accept the terms and conditions available on the HHS [website](#).

Application

- Providers must submit their gross revenues from patient care for calendar year 2017, 2018 or 2019 by Aug. 3, 2020 through the [Enhanced Provider Relief Fund Payment Portal](#). HHS encourages applicants to read and download the [Medicaid Provider Distribution Instructions](#) and the [Medicaid Provider Distribution Application Form](#).
 - The deadline was extended from the original deadline of July 20, 2020 to give physicians and organizations more time to complete the application process.

Availability of funds

- \$15 billion until expended