



IMMEDIATE INFUSION OF INITIAL \$30 BILLION OF CARES ACT HEALTH CARE PROVIDER FUNDING

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The U.S. Department of Health and Human Services (HHS) has started to put its emergency funding to work as the agency began an immediate infusion of \$30 billion into the U.S. health care system.

As noted in the original article which can be found [here](#), the CARES Act provided for a \$100 billion fund targeted specifically to help support health care providers as they manage the COVID-19 crisis. If you received Medicare fee-for-service (FFS) payments in 2019, please find a link [here](#) to the recently released guidance from the HHS with respect to the delivery of \$30 billion of the \$100 billion fund established by the CARES Act for the health care industry.

It should be noted that these are payments, not loans. All facilities and providers that received Medicare FFS reimbursements in 2019 are eligible. Providers will be distributed a portion of the initial \$30 billion based on their share of total Medicare FFS reimbursements in 2019 (which were approximately \$484 billion).

Providers can estimate their payments by dividing the aggregate amount of 2019 Medicare HHS payments that they received (not including Medicare Advantage) by \$484 billion and then multiplying that ratio by \$30 billion.

Payments are being distributed immediately through UnitedHealth to providers via Automated Clearing House account information on file with UnitedHealth. The first round of payments will be sent to larger medical groups' central billing offices. Employed physicians and physicians in group practices will receive their payment from their employer organization or group. Solo practitioners will see their payments under the tax identification number they use to bill Medicare.

Within 30 days of receiving the funds, the provider must sign an attestation agreeing to the terms and conditions attached [here](#) which includes a condition that “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.” If a provider received payment and does not wish to comply with these terms and conditions, the provider must contact HHS within 30 days of receipt of payment and then remit the full payment to HHS as instructed.

HHS noted that the priorities for the remaining \$70 billion will focus on “areas particularly impacted by the COVID-19 outbreak, rural providers, providers of services with lower shares of Medicare reimbursement or who predominately serve the Medicaid population, and providers requesting reimbursement for the treatment of uninsured Americans.”

If you have questions or would like to discuss further, please contact [Jarod Moss](#).

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