

CORONAVIRUS RESOURCE CENTER

Appropriations for Healthcare Providers Related to COVID-19

April 30, 2020

Through the <u>Coronavirus Aid, Relief, and Economic Security</u> ("CARES") Act and the <u>Paycheck Protection Program and Health Care Enhancement</u> ("PPPHCE") Act, Congress has appropriated \$176 billion in funds specifically to provide relief to healthcare providers treating patients with, or potentially with, COVID-19 and those whose practices have suffered losses as they have closed or reduced their hours or procedures in response to COVID-19.

The Department of Health and Human Services ("HHS") has released \$30 billion of those funds to providers so far, and additional funds are being released as early as this week. HHS has also sent out \$100 billion in advance payments, which HHS will eventually recoup.

Over the last few days, HHS has provided additional information regarding several of the programs intended to provide relief to providers. The below chart summarizes the information provided regarding the announced allocations as of April 29, 2020.

<u>Program</u>	Amount Available	Targeted Providers	Provider Action Required	
CARES Act:				
General Allocation for Medicare Providers – Medicare Revenues	\$30 billion	Providers who bill Medicare FFS	Sign <u>attestation</u> within 30 days of receipt of funds	
General Allocation for Medicare Providers - Non- Medicare Revenues	\$20 billion	Providers who bill Medicare but have substantial non-Medicare revenues	Provide financial information requested by HHS, sign attestation	
Allocation for High Impact Hospitals	\$10 billion	Hospitals in areas heavily impacted by COVID-19	Provide admissions information requested by HHS	



<u>Program</u>	Amount Available	Targeted Providers	Provider Action Required
Allocations for Rural Hospitals	\$10 billion	Rural hospitals	None stated at this time
Additional Allocations	To Be Determined (TBD)	Providers including skilled nursing facilities, dentists, and Medicaid-only providers	TBD
Reimbursement for Uninsured	As long as funds last	Providers who treated uninsured patients for COVID-19	Register for program, submit claims (portal to open May 6), agree not to balance bill
CARES Act Total	\$100 billion		
PPPHCE Act Total for Providers	\$75 billion	TBD	TBD
PPPHCE Act Total for Testing	\$25 billion	States, localities and tribes, NIH, CDC, BARDA, FQHCs, providers treating uninsured, and others TBD	TBD
Accelerated Payments - Part A ¹	\$59.6 billion	Part A providers	Loans applied for and to be repaid
Advance Payments – Part B ²	\$40.4 billion	Part B providers	Loans applied for and to be repaid

HHS announced last week that \$20 billion in a "General Allocation" would be distributed to providers for whom Medicare Fee-For-Service (FFS) billing does not constitute a large portion of their revenues. HHS has now clarified in revisions to the provider relief website and an FAQ that the General Allocation, including the \$20 billion that has yet to be distributed, is available only to those providers who billed Medicare FFS at least once in 2019 and were seeing patients on or after February 1, 2020. HHS continues to state that there will be future distributions targeted at those who did not bill Medicare at all in 2019, such as dentists and providers who only see Medicaid patients.

HHS has also clarified that the intent for this \$50 billion General Allocation for Medicare Providers is for "the whole \$50 billion general distribution [to be] allocated proportional to providers' share of 2018 net patient revenue." In other words, the amount of funding that providers received from the first \$30 billion of the General Allocation will be considered in calculating what, if anything, they will receive from the remaining \$20 billion. HHS has not provided any additional information as to how they are calculating providers' allocations for the \$20 billion.

Also worth noting from HHS's updated information is that HHS is only reviewing applications for funding from the remaining \$20 billion on a weekly basis, so that

¹ Program is <u>under review</u> by HHS.

² Program has been <u>suspended</u> by HHS.



funding applications are not first come, first serve. HHS states that it "will be processing applications in batches every Wednesday at 12:00 noon EST." Providers may want to plan accordingly.

As we have previously advised here, providers should carefully review the program requirements when signing the required attestations for the General Allocation or other programs. These requirements include both standard requirements for receipt of Medicare funds and particular requirements for the use of these funds, including expenditure for COVID-19 care and/or losses, agreement not to balance bill, and reporting related to the use of the funds. Providers should be prepared to document compliance, as HHS has stated an intent to audit the use of these funds.

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For more information regarding the coronavirus, please visit our <u>Coronavirus Resource</u> <u>Center</u>.

Please do not hesitate to contact us with any questions.



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