

FAQ for the first \$30 billion of CARES Act Provider Relief Funds

1) What is the source of this aid?

On March 27, 2020 the Coronavirus Aid, Relief, and Economic Security (CARES) Act was signed into law. Included in it is \$100 billion in relief funds for hospitals and healthcare providers. The funds are intended to bolster healthcare-related expenses and mitigate the impact of lost revenue caused by COVID-19. On April 10, 2020 the first tranche of this funding was distributed to eligible providers. **Totaling \$30 billion, these payments to healthcare providers are grants which will not need to be repaid at any time.** The payments to providers are being distributed via direct deposit and will be paid via Automated Clearing House account information on file with UnitedHealth Group or the Centers for Medicare and Medicaid Services (CMS).

2) Who is eligible?

According to the Department of Health and Human Services (HHS) all facilities and providers that received Medicare Fee-for-Service (FFS) reimbursement in 2019 will be eligible for these funds. For practices that are members of larger medical systems, the payments will be sent to the system's central billing office. Even if normal operations have been postponed as a result of COVID-19, providers will still be eligible to receive the funds if they provide diagnoses, testing, or care for individuals with possible or confirmed cases of COVID-19. The care provided does not need to be specific to COVID-19, and HHS is emphasizing that every patient may be considered as a possible case of COVID-19.

3) What is the methodology for determining payments?

Payments are based on an HHS-determined methodology, which can be estimated by providers as their individual 2019 Medicare FFS payments divided by total 2019 FFS payments (\$484,000,000,000) and multiplied by \$30,000,000,000.

4) What might be considered a "red flag" by HHS?

Within 30 days of receipt of the funds, providers are required to sign an attestation confirming receipt and agreeing to the [terms and conditions](#). If there is evidence of grave misuse or illegal use of the funds, or if the provider balance bills for COVID-19 related treatment, HHS has the authority to require repayment of the grant.

For more information, visit <https://www.hhs.gov/provider-relief/index.html>.