



HHS Releases Updated Provider Relief Fund Information, CMS Suspends Accelerated and Advance Payments Program

Provider Relief Fund

[H.R. 748, the CARES Act](#), provided \$100 billion for the Provider Relief Fund intended to support health care providers experiencing additional costs or lost revenues attributable to COVID-19 and to help uninsured Americans get tested and treated for COVID-19. While some of the operational details remain uncertain, HHS has indicated the following allocations:

- \$50 billion in general distributions to providers based on 2018 net patient revenue
 - To be eligible for the general distribution, a provider must have billed Medicare in 2019 and provide or provided after January 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.
 - \$30 billion was distributed between April 10-17, proportionate to providers' share of Medicare fee-for-service reimbursements in 2019.
 - Beginning April 24, an additional \$20 billion is available to Medicare providers who have already received a payment from the Provider Relief Fund. Those providers are now eligible to apply for additional funds by submitting data about their annual revenues and estimated COVID-related losses via the Provider Relief Fund Application Portal.
 - Providers must sign an attestation confirming receipt of funds and agreeing to the terms and conditions of payment.
 - These funds do not need to be repaid if the terms and conditions are met.
- \$10 billion for providers in COVID-19 high impact areas
- Unspecified allocation for the COVID-related treatment of uninsured patients, which will reimburse providers at Medicare rates
- \$10 billion for rural health clinics and hospitals
- \$400 million for the Indian Health Service

On April 24, the president signed into law [H.R. 266, the Paycheck Protection Program and Healthcare Enhancement Act](#), which provided an additional \$75 billion in COVID-related funding to health care providers. There is no additional information at this time as to how the new funding will be allocated.

To access HHS' CARES Act Provider Relief Fund website, [CLICK HERE](#).

To read the General Distribution Portal FAQs, including instructions for applying for the second tranche of Provider Relief funding, [CLICK HERE](#).

To view the Terms and Conditions for Provider Relief Fund distributions, [CLICK HERE](#).

Medicare Accelerated and Advance Payments Program

On April 26, CMS announced that it will not be accepting any new applications for the Advance Payment Program. The program was previously expanded to allow Part B providers to receive up to 100% of the Medicare payment amount for a three-month period; providers had 210 days from the date the accelerated or advance payment was made to repay the balance. CMS will be reevaluating all pending and new applications for Accelerated Payments in light of historical direct payments made available through HHS' Provider Relief Fund.

To read the CMS Factsheet on the Accelerated and Advance Payments Program, [CLICK HERE](#).

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