

April 22, 2020

**ILLINOIS HEALTH AND HOSPITAL ASSOCIATION
M E M O R A N D U M**

SUBJECT: COVID-19: CARES Act Provider Relief Fund – Second Wave of Funding

Today, the U. S. Department of Health and Human Services (HHS) announced the scheduled distribution of additional funding (the second tranche) for healthcare providers – as soon as the end of this week – as provided under the CARES Act. This is part of the \$100 billion allocated for healthcare providers. Detailed information can be found on the HHS [website](#). Key funding items include:

- General: \$20 billion, in addition to the first tranche of \$30 billion (total \$50 billion) distributed based on provider's 2018 net patient revenue from their Medicare cost report. HHS indicated funds may automatically be sent, but providers will need to submit net revenue data to validate and agree to their terms and conditions. HHS also indicated that there will be significant anti-fraud and audit work done to ensure the funds are used for COVID-19 expenses and related lost revenue. Hospitals will need to sign an attestation and agree to terms and conditions within 30 days of payment through the CARES Act Provider Relief Fund Payment Attestation Fund [portal](#), which is now open.
- Targeted Allocations: \$10 billion distributed to hospitals experiencing high impact of COVID-19. **It is imperative that hospitals submit data via the portal before midnight Pacific Time on Thursday, April 23 to be eligible. Your hospital should have received an email yesterday sent by HHS to hospital employees that receive Quality Net notifications with a specific invitation link** (see [IHA's memo](#) for more details). Hospitals must submit the requested data; on a call today, HHS indicated that the number of COVID-19 patients reported should include both actual and presumptive.
- Rural: \$10 billion to rural providers including rural health clinics and hospitals based on operating expenses.
- Indian Health Services: \$400 million distributed based on operating expenses for facilities.
- Uninsured: Healthcare providers will be reimbursed for testing uninsured patients for COVID-19 and treating uninsured patients with a diagnosis of COVID-19 with dates of service on or after February 4. Providers can register on April 27 and begin submitting claims in early May. More information is on the Health Resources and Services Administration [website](#). Providers must enroll as a participating provider, check patient

eligibility, submit patient information, submit claims, and receive payment via direct deposit. To participate, providers must also attest to the following:

- You have checked for healthcare coverage eligibility and confirmed that the patient is uninsured. You have verified that the patient does not have individual, employer-sponsored, Medicare or Medicaid coverage, and no other payer will reimburse you for COVID-19 testing and/or care for that patient.
- You will accept defined program reimbursement as payment in full.
- You agree not to balance bill the patient.
- You agree to program terms and conditions and may be subject to post-reimbursement audit review.

Please contact Cassie Yarbrough at 630-276-5516 or cyarbrough@team-iha.org with questions or for additional information.