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PHSSEF Grant FAQs and Update

On Friday, April 10, the U.S. Department of Health and Human Services (DHHS) released the first round of the \$100 billion in relief funds to hospitals and other healthcare providers on the front lines of the coronavirus response. This funding will be used to support healthcare-related expenses or lost revenue attributable to COVID-19 and to ensure uninsured Americans can get testing and treatment for COVID-19. To view the CARES Act Provider Relief Fund webpage, click here -- <https://www.hhs.gov/provider-relief/index.html>

1. Of the \$100, how much was released on April 10 and to who?

Answer: On April 10, DHHS released \$30 billion to providers who deliver Medicare-financed services, only.

2. How did DHHS develop the grant allocation amounts?

Answer: DHHS calculated the amount of Medicare fee-for-service (FFS) payments that were made to Medicare providers in 2019. Medicare Advantage payments, Medicaid and other revenue sources were not accounted for in the first round of \$30 billion. Specifically, DHHS based each providers' share of the \$30 billion on their share of total Medicare FFS reimbursements in 2019. This means that CMS, as with calculating the Accelerated and Advance Payments, has used net reimbursement based upon claims to calculate the award amounts.

3. How will I receive these funds and how deposits them?

Answer:

- DHHS contracted with three banks to distribute the funds;
- Local Administrative Contractors (MAC)s were not involved;
- Round one grants were deposited using your Taxpayer Identification Number (TIN) directly into your bank account; and
- Deposit would have been labeled HHSPAYMENT

4. Do I have to pay these funds back and are their terms and conditions for the grants?

Answer:

- No – CARES Act Provider Relief Fund provides grants, not loans so they do not need to be repaid; and
- As with any grant, DHHS does have Terms and Conditions for grant. To view those click here <https://www.hhs.gov/sites/default/files/relief-fund-payment-terms-and-conditions-04132020.pdf>



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5. Do I need to do anything with the Terms and Conditions?

Answer:

- Acceptance of the grant funds and retention of those funds for 30 days indicates a provider accepts the Terms and Conditions; and
- Providers do not need to sign and return the Terms and Conditions.

6. How do I report on use of my grant funds?

Answer: DHHS will release reporting guidance in the coming weeks. For a high-level overview of reporting, see the Terms and Conditions.

7. What if I did not receive my payment?

Answer:

- Contact DHHS at HOSPITALCOVID19@hhs.gov. Email DHHS with: Company Name, Building Name, Certification Number (CCN) for the building (click here for an explanation of a CCN: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R29SOMA.pdf>) and the buildings' TIN
- While AHCA/NCAL recommends emailing DHHS the email above, *DHHS has indicated that buildings/providers missed in round one will receive their allocations in round two. For providers who continue to have problems, DHHS as noted that a web-portal will be established to support those providers.*

8. Will more funds be available?

Answer: Yes – round two will address provider Medicaid payments, provider Medicare Advantage payments and providers in COVID hotspots.

9. Will AHCA/NCAL provide assistance with grant oversight resources?

Answer: Yes – AHCA/NCAL is developing an array of tools and resources to help you manage the CARES Act Provider Relief Fund as well as other financing opportunities. These will include:

- Lost Revenue and COVID-Related Expenses Calculator
- Grant and Loan Management Guidance and Checklist
- Billing Guidance – Ensuring Cash Flow

For more information, email AHCA/NCAL at COVID19@ahca.org