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Read the White House [Guidelines for Opening Up America Again](#).

CARES Act Provider Relief Fund: General Information

[\\$50 Billion General Distribution](#) • [\\$50 Billion Targeted Allocations](#) • [Patient Protections](#)

\$50 Billion General Distribution

\$50 billion of the Provider Relief Fund is allocated for general distribution to Medicare facilities and providers impacted by COVID-19, proportionate to those provider's share of Medicare fee-for-service reimbursements in 2019. This simple formula used the data on-hand to get the money out the door as quickly as possible. These are payments, not loans, to healthcare providers, and do not need to be repaid.

Total Amount	Date distributed	Distribution
\$30 billion	April 10 (\$26 billion) April 17 (\$4 billion)	Automatic based on provider's share of Medicare fee-for-service reimbursements in 2019
\$20 billion	April 24	Automatic based on CMS cost reports

Information about the Initial \$30 Billion Distribution

On April 10, 2020, HHS immediately distributed \$30 billion to eligible providers throughout the American healthcare system.

[Who is eligible for the initial \\$30 billion?](#)

[How are payment distributions determined?](#)

[What to do if you are an eligible provider?](#)

\$50 Billion Targeted Allocations

\$50 billion is allocated for targeted distribution to providers in areas particularly impacted by the COVID-19 outbreak, rural providers, providers of services with lower shares of Medicare reimbursement or who predominantly serve the Medicaid population, and providers requesting reimbursement for the treatment of uninsured Americans. The fast and transparent dispersal of funds gives relief to those providers who are struggling to keep their doors open.

\$12 Billion High-Impact Distribution

HHS is distributing \$12 billion to 395 hospitals who provided inpatient care for 100 or more COVID-19 patients through April 10, 2020, \$2 billion of which will be distributed to these hospitals based on their Medicare and Medicaid disproportionate share and uncompensated care payments.

- These 395 hospitals accounted for 71 percent of COVID-19 inpatient admissions reported to HHS from nearly 6,000 hospitals around the country. The distribution uses a simple formula to determine what each hospital receives: hospitals are paid a fixed amount per COVID-19 inpatient admission, with an additional amount taking into account their Medicare and Medicaid disproportionate share and uncompensated care payments.

Methodology for determining \$12 billion high impact distribution

\$10 Billion Rural Distribution

HHS is distributing \$10 billion to rural hospitals, including rural acute care general hospitals and Critical Access Hospitals (CAHs), Rural Health Clinics (RHCs), and Community Health Centers located in rural areas.

- Hospitals and RHCs will each receive a minimum base payment plus a percent of their annual expenses. This expense-based method accounts for operating cost and lost revenue incurred by rural hospitals for both inpatient and outpatient services. The base payment will account for RHCs with no reported Medicare claims, such as pediatric RHCs, and CHCs lacking expense data, by ensuring that all clinical, non-hospital sites receive a minimum level of support no less than \$100,000, with additional payment based on operating expenses.
- Rural acute care general hospitals and CAHs will receive a minimum level of support of no less than \$1,000,000, with additional payment based on operating expenses.
- Eligible providers will receive the funds via direct deposit, based on the physical address of the facilities as reported to the Centers for Medicare and Medicaid Services (CMS) and the Health Resources and Services Administration (HRSA), regardless of their affiliation with organizations based in urban areas.

Methodology for determining \$10 billion rural distribution

Eligibility for rural distribution

Allocation for Skilled Nursing Facilities

HHS is distributing \$4.9 billion to skilled nursing facilities (SNFs) to help them combat the devastating effects of this pandemic.

Allocation for Uninsured Patients

A portion of the funds will be distributed to healthcare providers who have provided treatment for uninsured COVID-19 patients on or after February 4, 2020. Providers can request claims reimbursement and will be reimbursed at Medicare rates, subject to available funding.

To request reimbursements, visit the COVID-19 Uninsured Program Portal.

Allocation for Indian Health Service

HHS is distributing \$500 million to Indian Health Service facilities, distributed on the basis of operating expenses. This funding complements other funding provided to expand IHS capacity for telehealth and testing.

Additional Allocations

Separate funding will be distributed to other providers, including dentists and providers that solely take Medicaid.

Patient Protections

We are working to remove financial obstacles that might prevent people from getting the testing and treatment they need from COVID-19.

Protecting uninsured patients

Every health care provider who has provided for COVID-related treatment of uninsured patients on or after February 4, 2020, may request claims reimbursement and will be reimbursed at Medicare rates, subject to available funding.

Insurance protections

Private insurers must waive an insurance plan member's cost-sharing payments for COVID-19 testing.

- Some private insurers, including Humana, Cigna, UnitedHealth Group, and the Blue Cross Blue Shield system, have agreed to waive cost-sharing payments for COVID-19 treatment related for insured patients.

Providers/recipients must not seek collection of out-of-pocket payments from a presumptive or actual COVID-19 patient that are greater than what the patient would have otherwise been required to pay if the care had been provided by an in-network provider.

No surprise billing

Recipients/providers must not to seek collection of out-of-pocket payments from a presumptive or actual COVID-19 patient that are greater than what the patient would have otherwise been required to pay if the care had been provided by an in-network provider.

Recipients/providers must abstain from "balance billing" any COVID-related treatment/any uninsured patient for whom the provider seeks reimbursement for COVID-19-related treatment.

Preventing fraud and misuse of the funds

Recipients/providers must submit documents sufficient to ensure that these funds were used for healthcare-related expenses or lost revenue attributable to the coronavirus.