



HHS issues two updates to its Provider Relief Fund FAQs

HHS updated its [Provider Relief Fund FAQs](#) on Wednesday and Thursday this week. Specific updates contained in these two releases are highlighted below:

New Guidance from the June 3rd Update:

- Providers that affirmatively attested to PRF payments received may reject those funds and retract the attestation by calling the provider support line (866-569-3522).
- Providers that did not submit revenue information (i.e., an application) for the \$20 billion (i.e., Round 2) General Distribution by June 3 are no longer eligible for a Round 2 payment. These providers will still be considered for future PRF payments.
- HHS provided clarity that the June 3 deadline to submit revenue information was only for providers who wanted to be considered for the Round 2 payment. Providers were not required to attest to Round 2 payments by June 3. HHS reminds providers that they have 90 days from the receipt of Round 2 payment to attest and agree to the Terms and Conditions (this 90-day time period to attest and agree to the Terms and Conditions applies to all PRF payments).
 - By extension, this guidance indicates that providers were not required to submit revenue information by June 3 if they were not seeking a Round 2 payment.
 - While submitting revenue information appears to be required for all PRF payment recipients, HHS has not announced a specific deadline by which they must do so.

New Guidance from the June 2nd Update:

Defining “Health Care Related Expenses Attributable to Coronavirus”

A new FAQ notes that this is broad and may cover a range of items and services, including:

- *supplies used to provide healthcare services for possible or actual COVID-19 patients;*
- *equipment used to provide healthcare services for possible or actual COVID-19 patients;*
- *workforce training;*
- *developing and staffing emergency operation centers;*
- *reporting COVID-19 test results to federal, state, or local governments;*
- *building or constructing temporary structures to expand capacity for COVID-19 patient care or to provide healthcare services to non-COVID-19 patients in a separate area from where COVID-19 patients are being treated; and*
- *acquiring additional resources, including facilities, equipment, supplies, healthcare practices, staffing, and technology to expand or preserve care delivery.*

There is additional clarity that that these expenses attributable to COVID-19 may have been incurred prior to the date on which they received their payment. Further, PRF payments can be used for expenses incurred on any date, so long as they are attributable to COVID-19 and were used to prevent, prepare for, and respond to coronavirus (HHS expects it would be “highly unusual” to have incurred eligible expenses prior to 1/1/2020).

Defining “Lost Revenues that are Attributable to Coronavirus”

Per the FAQ:

This may include revenue losses associated with fewer outpatient visits, canceled elective procedures or services, or increased uncompensated care. Providers can use Provider Relief Fund payments to cover any cost that the lost revenue otherwise would have covered, so long as that cost prevents, prepares for, or responds to coronavirus. Thus, these costs do not need to be specific to providing care for possible or actual coronavirus patients, but the lost revenue that the Provider Relief Fund payment covers must have been lost due to coronavirus. HHS encourages the use of funds to cover lost revenue so that providers can respond to the coronavirus public health emergency by maintaining healthcare delivery capacity, such as using Provider Relief Fund payments to cover:

- *Employee or contractor payroll*
- *Employee health insurance*
- *Rent or mortgage payments*
- *Equipment lease payments*
- *Electronic health record licensing fees*

New FAQ on Parent Entities Attesting to Terms and Conditions and Keeping Payments

[T]he parent organization with subsidiary billing TINs that received payments may attest and keep the payments as long as providers associated with the parent organization were providing diagnoses, testing, or care for individuals with possible or actual cases of COVID-19 on or after January 31, 2020 and can otherwise attest to the Terms and Conditions. The parent organization can allocate funds at its discretion to its subsidiaries. If the parent organization would like to control and allocate Provider Relief Fund payments to its subsidiaries, the parent organization must attest to accepting its subsidiaries’ payments and agreeing to the Terms and Conditions.

New FAQs on Data Resubmission

Based on these new FAQs, it appears certain providers were flagged for data verification, which may require additional follow-up and communication prior to receiving funds. HHS notes that common issues prompting a submission to be flagged for further review included “information entered not matching tax documentation, providers with significantly lower than expected Medicare revenue, and apparent data entry errors.”

For such impacted providers, HHS released the following new guidance:

What action should I take in order to resubmit my revenue information? (Added 6/2/2020)

Please resubmit your revenue information on the General Distribution Provider Payment Portal for HHS verification. Resubmissions have the same instructions and requirements as the original DocuSign submission, which can be found here. Please review these instructions and requirements to ensure that you are submitting the correct information.

Will the amount of the potential payment be affected if my submission has been identified for resubmission? (Added 6/2/2020)

No. Potential payment is not affected by a requirement to resubmit additional information. HHS

is working to process all providers' submissions as quickly as possible. HHS is distributing an additional \$20 billion of the General Distribution to providers to augment their initial allocation so that \$50 billion is allocated proportional to providers' share of 2018 net patient revenue. Payments are determined based on the lesser of 2% of a provider's 2018 (or most recent complete tax year) net patient revenue or the sum of incurred losses for March and April 2020. If after further review of your resubmitted revenue information, the initial General Distribution payment you received between April 10 and April 17 was determined to be at least 2% of your annual net patient revenue, you may not receive additional General Distribution payments.

Do all providers who submitted revenue information in the Provider Payment Portal have to resubmit their information? (Added 6/2/2020)

No. HHS reached out directly to those providers who need to resubmit their revenue information. If you did not receive an email from HHS requesting resubmission, you do not need to take any action at this time.

