

USE OF PROVIDER RELIEF FUNDS



Kim C. Stanger

(7-20)

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SCOPE OF PRESENTATION

- Focus on Provider Relief Fund payments
 - General Distribution
 - Targeted DistributionNOT other COVID programs.
- If you have questions, submit using chat feature or e-mail kcstanger@hollandhart.com.
- If you did not receive copies of slides and materials, contact ldsquyres@hollandhart.com.

RESOURCES

- CARES Act Provider Relief Fund Website, <https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/index.html>.
 - General information
 - Attestation portal
 - Terms & Conditions
- CARES Act Provider Relief Fund: FAQs, <https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/faqs/index.html>
- Provider Relief Fund: Medicaid/CHIP Distribution Fact Sheet, <https://www.hhs.gov/sites/default/files/provider-relief-fund-medicaid-chip-factsheet.pdf?language=es>
- Stanger, *Use of Provider Relief Funds*, <https://www.hollandhart.com/use-of-cares-act-provider-relief-funds?>

HTTPS://WWW.HHS.GOV/CORONAVIRUS/CARES-ACT-PROVIDER-RELIEF-FUND/INDEX.HTML

CARES Act Provider Relief Fund | x +

hhs.gov/coronavirus/cares-act-provider-relief-fund/index.html

Visit [cdc.gov/coronavirus](https://www.cdc.gov/coronavirus) for the latest Coronavirus Disease (COVID-19) updates.

HHS.gov
Coronavirus

U.S. Department of Health & Human Services

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Coronavirus (COVID-19)

CARES Act Provider Relief Fund

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CARES Act Provider Relief Fund

The Provider Relief Funds supports American families, workers, and the heroic healthcare providers in the battle against the COVID-19 outbreak. HHS is distributing \$175 billion to hospitals and healthcare providers on the front lines of the coronavirus response.

PROVIDER RELIEF FUND DISTRIBUTIONS

General Distribution	\$30B	\$50B	335,000 providers who: <ul style="list-style-type: none"> • billed Medicare fee-for-service in 2019, and • Provided care to possible or actual COVID patients after 1/3/20.
	\$20B		
Medicaid/CHIP		\$15B	Eligible providers that participate in Medicaid/CHIP and have not received distribution
Targeted Allocations	High-Impact Distribution	\$12B	395 hospitals
	Rural Providers	\$10B	4,000 rural health care providers
	Safety Net Hospitals	\$10B	Eligible safety net hospitals
	Skilled Nursing Facilities	\$4.9B	13,000 SNFs
	Tribal hospitals, clinics and centers	\$500M	300 tribal hospitals, clinics and urban health centers

IMPORTANT TO REMEMBER

- PRF payments are not a loan.
 - Need not repay if comply with Terms & Conditions.
- PRF payments are not an entitlement.
 - Money sent out based on info that HHS had at the time.
 - If you didn't get it, then it is likely too bad...
- PRF payments are not “fair”.
 - Different providers get different amounts.
 - No “true up” or equalization process.
- Retention of PRF payments depends on:
 - Eligibility
 - Compliance with Terms & Conditions
 - Your actual COVID-related costs and expenses

NOT whether you got the right amount in the initial distributions.

NO APPEAL PROCESS

- *You get what you get (or got)...*
- “There is no appeals or dispute process.”
- “HHS is not taking direct inquiries from providers, and no remedy or appeals process will be available. For additional information, please call the Provider Support Line at (866) 569-3522.”

(PRF FAQs)

- Consequently, “[p]roviders should not have the expectation that they will be advantaged by applying for funds from one distribution over another. Providers should apply for a Provider Relief Fund payment in the first distribution in which they are eligible.”

(PRF FAQs)

ATTESTATION

- All recipients retaining PRF payments must attest to receipt of funds and agree to Terms & Conditions associated with that distribution.
- Attestation portals:
<https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/for-providers/index.html>
- If you retain funds more than 90 days, you are deemed to have agreed to Terms & Conditions, e.g.,
 - 1st General Distribution: by **7/9/20**
 - 2nd General Distribution: by **7/23/20**
- If you reject funds, complete the attestation to indicate rejection.
- Must attest for each distribution received.

(PRF FAQ)

[HTTPS://WWW.HHS.GOV/CORONAVIRUS/CARES-ACT-PROVIDER-RELIEF-FUND/FOR-PROVIDERS/INDEX.HTML?LANGUAGE=ES](https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/for-providers/index.html?language=es)

CARES Act Provider Relief Fund: F x +

hhs.gov/coronavirus/cares-act-provider-relief-fund/for-providers/index.html?language=es

CARES Act Provider Relief Fund Payment Attestation Portal

Providers who have been allocated a payment **must** use this portal to sign an attestation confirming receipt of the funds and agree to the terms and conditions within 90 days of payment.

[Sign Attestation](#)

Enhanced Provider Relief Fund Payment Portal

Providers eligible for additional allocations **must** provide HHS with information, and these providers **must** also agree to the program Terms and Conditions. This portal is currently open to Medicaid/CHIP Providers.

[Apply For Funding](#)

Medicaid/CHIP Provider Relief Fund Payment Forms and Guidance

HHS expects to distribute \$15 billion to eligible Medicaid/CHIP programs or Medicaid managed care plans. The payment to each provider will be at least 2 percent of reported gross revenue from patient care; the final amount each provider receives will be determined after the data is submitted, including information about the number of Medicaid patients providers serve.

Providers must submit their data by July 20, 2020. Before applying through the [Enhanced Provider Relief Fund Payment Portal](#) applicants should:

[Read the Medicaid Provider Distribution Instructions - PDF](#)

[Download the Medicaid Provider Distribution Application Form - PDF](#)

[HTTPS://WWW.HHS.GOV/CORONAVIRUS/CARE S-ACT-PROVIDER-RELIEF-FUND/FOR- PROVIDERS/INDEX.HTML](https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/for-providers/index.html)

CARES Act Provider Relief Fund: F x +

hhs.gov/coronavirus/cares-act-provider-relief-fund/for-providers/index.html

Recipients must comply with:

- Relevant Terms & Conditions associated with distribution.
 - “Any other relevant statutes and regulations.”
- *Watch for additional guidance.*

CARES Act Provider Relief Fund Terms and Conditions

Terms and Conditions	Description
Relief Fund Payment from \$30 Billion General Distribution - PDF	The recipient automatically received payment from the initial \$30 billion general distribution.
Relief Fund Payment \$20 Billion General Distribution - PDF	The recipient has received payment from the additional \$20 billion general distribution.
FFCRA Relief Fund Payment Terms and Conditions - PDF	The recipient plans to submit claims for reimbursement for COVID-19 testing and/or testing related items and services provided to FFCRA (Families First Coronavirus Response Act) Uninsured Individuals.
Uninsured Relief Fund Payment Terms and Conditions - PDF	The recipient plans to submit claims for reimbursement for care or treatment related to positive diagnoses of COVID-19 provided to individuals who do not have any health care coverage at the time the services were provided.
High Impact Relief Fund Payment Terms and Conditions - PDF	The recipient has received a payment from the COVID-19 High Impact Area Distribution, part of the targeted allocations.
Rural Provider Relief Fund Payment Terms and Conditions - PDF	The recipient has received a payment from the Rural Distribution, part of the targeted allocations.
Rural Health Clinic (RHC) Testing Payment Terms and Conditions - PDF	The recipient has received payment from funds appropriated in the Public Health and Social Services Emergency Fund for COVID-19 testing and related expenses.



TERMS & CONDITIONS: ELIGIBILITY

- Recipient must certify that on or after **1/31/20**, provided diagnoses, testing or care for individuals with possible or actual cases of COVID-19.
 - “Care does not have to be specific to treating COVID-19.”
 - “HHS broadly views every patient as a possible case of COVID-19.”
 - Compare “presumptive” cases for purposes of balance billing.

(PRF FAQs; Terms & Conditions)

- May include specialists who do not normally treat COVID.
- Must still comply with other Terms & Conditions, e.g., use for COVID purpose.

TERMS & CONDITIONS: ELIGIBILITY

- If sold or ceased operations before **1/31/20**:
 - Must reject or return PRF payments.
 - Seller may not transfer PRF payments to another entity.
 - Buyer may apply for and/or receive PRF payments in other distributions.
- If sold or ceased operations after **1/31/20**:
 - May still retain payments if comply with Terms & Conditions.
 - Equity sale: PRF payments remain with entity.
 - Asset sale: may not transfer PRF payments to buyer.
 - Seller may use funds if eligible, and return any unused funds.
 - Must comply with Term and Conditions.

(PRF FAQs)

TERMS & CONDITIONS USE OF PRF PAYMENTS

- “The Recipient certifies that
 - the Payment will only be used to prevent, prepare for, and respond to coronavirus, and
 - the Payment shall reimburse the Recipient only for
 - health care related expenses or
 - lost revenues that are attributable to coronavirus.”

(Terms & Conditions)

TERMS & CONDITIONS: PERMISSIBLE USES

- Healthcare related expenses to prevent, prepare for, and respond to COVID, e.g.,
 - Supplies and equipment to care for possible or actual COVID cases.
 - Workforce training.
 - Developing and staffing emergency operation centers.
 - Reporting COVID tests to federal, state and local govts.
 - Constructing temporary structures to expand capacity for COVID cases, or non-COVID cases in a separate area.
 - Acquiring additional resources, e.g., facilities, equipment, supplies, staff, and technology to preserve or maintain care.
 - Others?

(PRF FAQs)

TERMS & CONDITIONS: PERMISSIBLE USES

- The CARES Act confirms that PRF payments may be used for:
 - building or construction of temporary structures,
 - leasing of properties,
 - medical supplies and equipment including personal protective equipment and testing supplies,
 - increased workforce,
 - workforce training,
 - emergency operation centers,
 - retrofitting facilities, and
 - surge capacity.

(Pub. Law 116-139, Title I, at <https://www.congress.gov/116/plaws/publ139/PLAW-116publ139.pdf>)

TERMS & CONDITIONS: PERMISSIBLE USES

- Lost revenues that are attributable to coronavirus, e.g.,
 - Decreased revenue due to fewer outpatient visits, elective procedures, or services.
 - Increased uncompensated care.
 - Employee or contractor payroll.
 - Employee health insurance.
- May use funds to cover what lost revenue would have otherwise covered, e.g.,
 - Employee payroll and benefits.
 - Rent or mortgage payments.
 - Equipment lease payments.
 - EHR licensing fees.
- Costs do not need to be specific to providing care for possible or actual COVID patients.

(PRF FAQs)

TERMS & CONDITIONS: USE OF FUNDS

- Providers may claim expenses incurred at anytime; however, HHS questions expenses before 1/1/20.
- Providers may use PRF payments for as long as they have eligible expenses or lost revenue.
 - No specific window of time for use.
- If, at the conclusion of the pandemic, providers have leftover PRF payments that they cannot spend on permissible expenses or losses, they must return the money to HHS.
 - HHS will provide directions in the future about how to return unused funds.

(PRF FAQs)

TERMS & CONDITIONS: IMPERMISSIBLE USES

- Cannot use PRF payments to cover expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse.

(Terms & Conditions)

- Beware using funds for expenses covered by other sources:
 - Other state or federal payment programs, e.g., Paycheck Protection Program; other PRF distributions; increased reimbursement under state programs, etc.
 - Private obligations.

TERMS & CONDITIONS: IMPERMISSIBLE USES

- Cannot use PRF payments to pay salary of an individual in excess of Executive Level II, i.e., \$197,300.
 - Salary cap is exclusive of fringe benefits and indirect costs.
 - May use non-federal funds to pay salary in excess of the salary cap.

(Terms & Conditions; PRF FAQs)

TERMS & CONDITIONS: IMPERMISSIBLE USES

- Cannot use PRF payments for other specified purposes, e.g., To entity that uses confidentiality agreements to prohibit reporting of fraud and abuse.
 - To entity with unpaid federal tax liability.
 - To entity that was convicted of felony in prior 24 months.
 - Abortion except in limited circumstances.
 - Human embryo research.
 - Lobbying.
 - Legalization of controlled substances.
 - Needle exchange programs except in limited circumstances.
 - Dissemination of deliberately false info.
 - Promote gun control.
 - Pornography.
 - Human trafficking.
 - Capture of chimpanzees.
 - Association of Community Organizations for Reform Now (“ACORN”).
 - Violations of the Privacy Act.

(Terms & Conditions)

TERMS & CONDITIONS: REPORTS

- Must submit reports required by HHS in future guidance.

(Terms & Conditions)

- *We're still waiting for additional guidance from HHS concerning reports.*
- *In the meantime, maintain effective documentation, e.g.,*
 - *How PRF payments used.*
 - *COVID purpose.*
 - *Not covered by other programs or obligations.*

TERMS & CONDITIONS: RECEIVED AT LEAST \$150K

- Terms & Conditions: entities that received at least \$150K must submit quarterly reports.
 - HHS will develop the required report in and notify PRF recipients in coming weeks.

(Terms & Conditions)

- HHS FAQs: recipients “do not need to submit a separate quarterly report to HHS”
 - HHS will post info concerning recipients; that will satisfy statutory requirement for quarterly report.

(PRF FAQs)

TERMS & CONDITIONS: DOCUMENTATION

- Must maintain appropriate records, cost documentation, and other info required by HHS to substantiate the costs and expenses for 3 years from date of last expenditure.
- Must promptly submit copies of such records upon request by HHS.
- Must fully cooperate in all audits that HHS conducts to ensure compliance with the Terms & Conditions.

(Terms & Conditions)

TERMS & CONDITIONS: TRUTH OF INFO

- Recipient certifies that all info it provides is true, accurate and complete, to the best of its knowledge.
 - Any deliberate omission, misrepresentation, or falsification of any info may be punishable by:
 - criminal,
 - civil, or
 - administrative penalties
- Revocation of Medicare billing privileges,
 - Exclusion from federal health care programs,
 - Fines,
 - Civil damages, and/or
 - Imprisonment.

(Terms & Conditions)

TERMS & CONDITIONS: BALANCE BILLING

- For all care for a presumptive or actual case of COVID-19, recipient may not seek to collect from the patient out-of-pocket expenses in an amount greater than what the patient would have otherwise been required to pay if the care had been provided by an in-network provider.

(Terms & Conditions)

- Only applies to “presumptive or actual COVID patients”, not all patients.
- “A presumptive case of COVID-19 is a case where a patient’s medical record ... supports a diagnosis of COVID-19, even if the patient does not have a positive in vitro diagnostic test result in his or her medical record.”

(PRF FAQs)

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OVERPAYMENT: GENERAL DISTRIBUTIONS

- General Distribution allotment = (Most recent tax year annual gross receipts x \$50 billion) ÷ \$2.5 trillion.
- “If a provider believed it was overpaid or may have received a payment in error, it had until **June 3, 2020** to reject the entire General Distribution payment and submit the appropriate revenue documents through the Provider Relief Fund Payment Portal to facilitate HHS determining their correct payment.”

(PRF FAQs)

➤ *What do you do now?*

OVERPAYMENT: TARGETED DISTRIBUTIONS

- “[I]f you believe you have received an overpayment and expect that you will have cumulative lost revenues and increased costs that are attributable to coronavirus during the COVID-19 public health emergency that exceed the intended calculated payment, then you may keep the payment.”
- “If a provider does not have or anticipate having these types of COVID-19-related eligible expenses or lost revenues equal to or in excess of the PRF payment received, it should reject the payment in the Attestation Portal ... and return the entire payment....”
- Call (866) 569-3522 “for step-by-step instructions on returning the payment and receive the correct payment when relevant.”

(PRF FAQs)

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REJECTING PRF PAYMENTS

- Use attestation portal to reject funds:
<https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/for-providers/index.html>
- May accept some and reject others.
 - Rejecting one distributions does not prohibit receipt of other distributions.
- Once you reject PRF payments, you cannot change your mind and receive the rejected PRF payments.
 - May be eligible for future distributions.

(PRF FAQs)

RETURNING PRF PAYMENTS

- “A provider may not return a portion of a Provider Relief Fund payment.”
 - May retain entire amount if you think you may use it and will be able to comply with Terms & Conditions.
 - May reject or return entire amount and reapply for future distributions.
- In the future, HHS will issue guidance concerning return of unused funds.

(PRF FAQs)

RETURNING PRF PAYMENTS

- If you have not attested and it is within 90 days of receipt:
 - Attestation portal will guide you through process.
 - If received money through automated clearing house (“ACH”), work with financial institution to return through ACH process.
 - Call UnitedHealth Group at (866) 569-3522.
 - If received paper check:
 - Reject payment in attestation portal.
 - If check not deposited, destroy check.
 - If check deposited, write check and send it to UnitedHealth Group.

(PRF FAQs)

RETURNING PRF PAYMENTS

- If you already attested and received funds, but you now want to reject funds and retract attestation:
 - Call the provider support line at (866) 569-3522.
- Once you reject funds, you cannot change your mind and receive funds.
 - May eligible for future distributions.

(PRF FAQs)

RETURNING PRF PAYMENTS

- HHS will allocate returned payments for future PRF distributions.

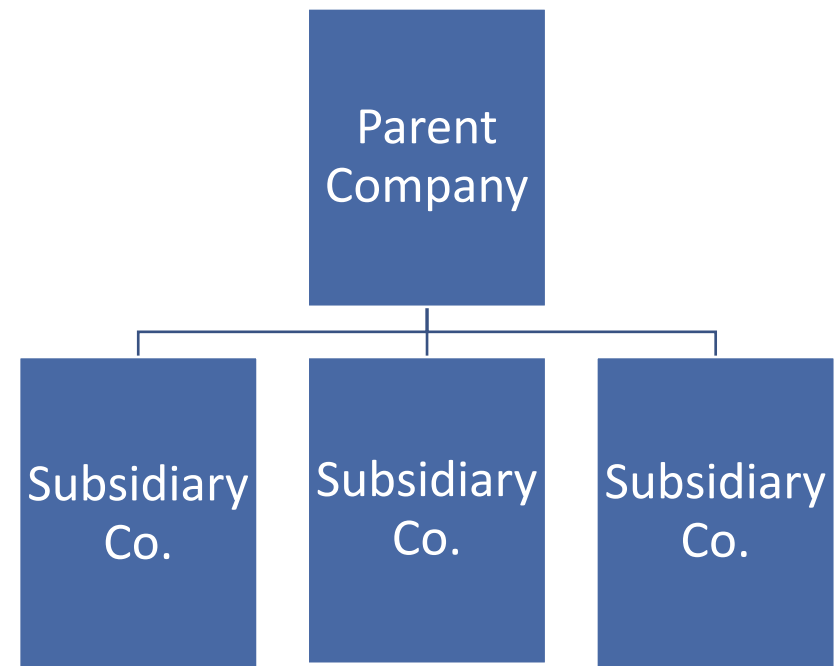
(PRF FAQs)

➤ *Stay tuned; you may be able to receive additional money.*

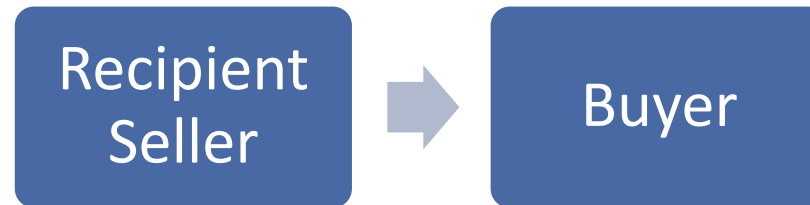
TRANSFERRING PRF PAYMENTS: AFFILIATED ENTITIES

- Distributions paid by TINs
- Parent company may attest, receive, retain and/or allocate PRF payments among subsidiaries as it determines appropriate.
- Must satisfy Terms & Conditions, e.g.,
 - Provided COVID care after 1/31/20.
 - Use for COVID purpose.
 - Not reimbursed from other source.

(PRF FAQs)



TRANSFERRING PRF PAYMENTS: SALE



- Recipient seller of PRF payments may not transfer funds to buyer.
 - Asset sale: cannot transfer PRF payments to buyer.
 - Equity sale: PRF payments remain with recipient.
- Recipient must still satisfy Terms & Conditions, e.g.,
 - Attest that it provided COVID care after 1/31/20.
 - Use for COVID purpose.
 - Not reimbursed from other source.
- Return unused funds.

(PRF FAQs)

MEDICAID / CHIP DISTRIBUTION

- HHS expects to distribute \$15 billion to eligible providers that:
 - Were not eligible for and did not receive any part of the \$50B General Distribution.
 - Billed Medicaid/CHIP programs or Medicaid management care plans for health care related services between 1/1/18 to 12/31/19.
 - Filed fed tax return for FY 2017, 2018, or 2019, or exempt from filing a return.
 - Provided patient care after 1/31/20.
 - Not permanently ceased providing patient care directly or indirectly.
 - Reported on form 1040 (or other tax form) gross receipts or sales from providing patient care.
- Must submit application by **7/20/20**.
 - <https://cares.linkhealth.com/#/>

MEDICAID/CHIP DISTRIBUTION

- CMS has developed a “curated list” of eligible TINs based on state information.
 - Will show up in when submitting application.
- Providers who are not on the curated list will be validated through additional process.
 - Will show up when submitting application.
- If concerned whether you are on the curated list, may want to work with state to amend the report.

MEDICAID/CHIP DISTRIBUTION USE OF FUNDS

- Lost revenue due to COVID or health related expenses purchased to prevent, prepare for, and respond to coronavirus, e.g.,
 - Supplies and equipment used to provide health care services for possible or actual COVID-19 patients.
 - Workforce training
 - Reporting COVID test results to govt.
 - Constructing temporary structures to expand capacity for COVID care or to provide health care services to non-COVID patients in a separate area.
 - Acquiring additional resources, including facilities, equipment, supplies, health care practices, staffing, and technology to expand or preserve care delivery
 - Developing and staffing emergency operation centers.

<https://www.hhs.gov/sites/default/files/provider-relief-fund-medicaid-chip-factsheet.pdf?language=es>

MEDICAID/CHIP DISTRIBUTION

- CMS issued a data call to States that sought information on eligible Medicaid providers including Tax Identification Number (TIN). HRSA used the TINs from this CMS-developed list, coupled with federal T-MSIS data to establish the “curated” list of potentially eligible providers who are permitted to submit a full Medicaid Distribution payment application. Providers with TINs on the “curated” list must meet other eligibility requirements including operating in good standing with States and CMS and not be excluded from receiving Medicaid, Medicare, or federal payments.

(PRF FAQ updated 6/30/20)

ENFORCEMENT

- HHS does not intend to recoup funds as long as:
 - Lost revenue + expenses > PRF payment, and
 - Comply with Terms & Conditions
 - *Apparently, it doesn't matter if you got more than you "deserved" so long as you satisfy Terms & Conditions.*
- Recipients must demonstrate proper use.
 - Document and maintain documentation.
- HHS will have significant anti-fraud monitoring of PRF payments.
 - Reporting requirements
 - Audits
 - Risk assessment and data analytics
 - Whistleblowers
 - Others

(PRF FAQs)

ENFORCEMENT

- HHS has already warned about:
 - Civil, criminal, and administrative penalties.
 - Revocation of Medicare billing privileges
 - Exclusion from federal healthcare programs
 - Fines, civil damages, and imprisonment.

(Terms & Conditions)

- False Claims Act
 - Repayment plus interest
 - Civil penalty of up to \$23,300 per false claim
 - \$20,866 for failure to repay
 - Treble damages
 - Exclusion from federal programs
 - Qui tam litigation
- Federal fraud laws
 - Prison
 - Criminal fines

COMPLIANCE SUGGESTIONS

- Carefully review your PRF attestation to ensure it is completely accurate before submitting it.
 - Appropriate TINs
 - Financial information.
 - Representations.
 - Compliance with Terms & Conditions, including providing of COVID services on or after 1/31/20.
 - Anticipated use of available funds for COVID purposes.
- Review the HHS list of entities receiving PRF payments to confirm it aligns with your records.
 - <https://taggs.hhs.gov/Coronavirus/Providers>
- Review and understand the Terms & Conditions and PRF website.
 - <https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/index.html>.
 - Requirements for distributions may differ.

COMPLIANCE SUGGESTIONS

- Train key personnel concerning requirements, including
 - Administration and decisionmakers.
 - Accounting, finance and billing.
 - Facilities management.
 - Supply.
 - Human resources.
 - Compliance personnel.
 - Others.
- Update personnel as new guidance is issued or there are changes in processes.
- Document training.

COMPLIANCE SUGGESTIONS

- Develop process to identify and track COVID losses and expenses.
 - Equipment and supplies.
 - Facility construction, retrofits, etc.
 - Employee and staff-related expenses.
 - Training.
 - Contracts for items or services.
 - Lost revenue.
 - Cancellation or suspension of services.
 - Uncompensated care.
 - Others.
- Involve all relevant departments, e.g.,
 - Administration
 - Finance, accounting, and billing
 - Human resources
 - Central supply
 - Nursing
 - Housekeeping
 - Quality assurance
 - Clinical departments
 - Risk management
 - Others

COMPLIANCE SUGGESTIONS

- Work with accountants to establish effective process for using PRF funds, e.g.,
 - Consider establishing separate bank account.
 - Establish approval process for expenditures to ensure:
 - They are used to prevent, prepare for, and respond to coronavirus, and
 - Cover health care related expenses or lost revenues that are attributable to coronavirus.
 - Prioritize expenditures
 - First use funds on clearly COVID-related uses.
 - Then evaluate use for other permissible purposes.
 - Track or trace all expenditures.
 - Document COVID-related purpose for expenses.
 - Maintain invoices, receipts, payments, etc.

COMPLIANCE SUGGESTIONS

- Establish pre-COVID baseline revenues while you have data.
 - Budgets
 - Actual and adjusted expenses compared to prior years
 - Other methods
- Document lost revenue due to COVID, e.g.,
 - Decreased patient volumes
 - Cancellation or suspension of elective surgeries or other services
 - Increased uncompensated care
 - Increased payroll, health insurance, benefits
 - Others
- Track use of PRF funds to cover expenses that lost revenue would have otherwise covered, e.g.,
 - Rent or mortgage payments
 - Equipment lease payments
 - Payroll and benefits
 - Other

COMPLIANCE SUGGESTIONS

- Beware transferring PRF funds to other entities or subsidiaries.
 - Confirm proper recipients.
 - Ensure recipients will comply with Terms & Conditions, including proper use and maintaining appropriate documentation.
- Prevent “double-dipping.”
 - First apply “earmarked funds” for permissible purposes.
 - Beware other programs such as PPP, payment for uninsured, payment for COVID testing, etc., that may reimburse for costs otherwise covered by PRF payments.
 - Reasonably exhaust other reimbursement sources before using PRF funds.
 - Track the use and expenses.

COMPLIANCE SUGGESTION

- Maintain relevant documents, e.g.:
 - Support for use of PRF payments.
 - Key PRF FAQs or guidance in case it changes.
 - Communications with HHS/UnitedHealth representatives.
 - Other relevant documents needed to support actions.
- Implement and/or update record retention processes.
 - Identify documents relevant to PRF compliance.
 - Ensure documents are retained for 3 years from date of last expenditure.
- Timely complete and submit all reports consistent with HHS guidance.
 - Ensure reports are 100% accurate.
 - Establish procedure for completing and reviewing reports, including involvement of relevant personnel.
 - Monitor for updated guidance.

COMPLIANCE SUGGESTIONS

- Implement procedures to comply with the “balance billing” prohibition.
 - Identify presumptive or actual COVID cases in which provider is out-of-network.
 - Develop process to determine relevant charges to patient as if they were in-network.
 - Ensure billing complies with PRF Terms & Conditions.
 - Train billing and coding personnel.
 - Follow up.

COMPLIANCE SUGGESTIONS

- Monitor compliance.
 - Assign Compliance Committee or other appropriate person.
 - Periodically audit or review compliance.
- Monitor HHS website and other sources additional guidance and update processes and standards accordingly.
 - Permissible uses.
 - Documentation requirements.
 - Reporting requirements.
 - Additional training for personnel.
- Return unused PRF payments as appropriate.
 - Stay tuned for future guidance.

SOME COMFORT...

- OIG/DOJ unlikely to seek penalties based on ambiguous or unclear guidance.
 - Monitor future guidance as it issues.
- DOJ has indicated it will not pursue False Claims Act case based on subregulatory guidance.
 - PRF FAQs.
- But, affirmative misrepresentations and deliberate fraud may result in liability.
 - False statements in attestations.
 - False certifications in Terms & Conditions.

OTHER PROGRAMS

- Uninsured Relief Fund
 - Covers claims for reimbursement for care or treatment related to positive diagnoses of COVID-19 provided to individuals who do not have any health care coverage at the time the services were provided.
- FFCRA Relief Fund
 - Covers claims for reimbursement for COVID-19 testing and/or testing related to items or services provided to FFCRA uninsured individuals.
- Rural Health Clinic Testing
 - The recipient has received payment from funds appropriated in the Public Health and Social services Emergency Fund for COVID-19 testing and related expenses.
- Others?

HTTPS://WWW.HOLLANDHART.COM/HEALTHCARE#OVERVIEW

OVERVIEW ▶

PRACTICES/INDUSTRIES

NEWS & INSIGHTS

CONTACTS



Kim Stanger
Partner
Boise



Blaine Benard
Partner
Salt Lake City



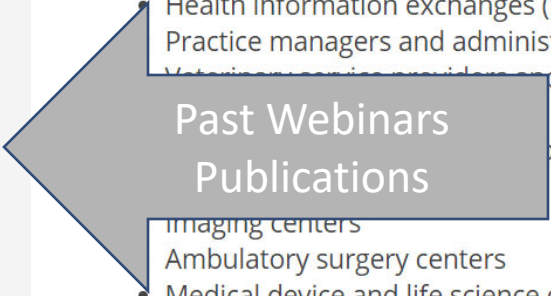
HEALTH LAW BLOG
Access to previous webinar recordings, publications, and more.

The Healthcare Industry is poised to continue its rapid evolution. With this sector now making up close to 20 percent of GDP, our lawyers stand ready to help as changes unfold.

Issues such as rising healthcare costs, healthcare reform, data and privacy security, and innovations in healthcare delivery, device and pharmaceutical designs are forefront in the minds of many of our clients. We are here to guide our clients through the challenges and opportunities that arise in this dynamic industry.

Clients We Serve

- Hospitals
- Individual medical providers
- Medical groups
- Managed care organizations (MCOs)
- Third-party administrators (TPAs)
- Health information exchanges (HIEs)
- Practice managers and administrators
- Veterinary services providers and facilities
- Independent Practice Associations (IPAs)
- Imaging centers
- Ambulatory surgery centers
- Medical device and life science companies



Past Webinars
Publications

QUESTIONS?

Kim C. Stanger

Office: (208) 383-3913

Cell: (208) 409-7907

kcstanger@hollandhart.com