

Updated HHS FAQs – December 4, 2020

General Distribution FAQs

Overview and Eligibility

If an applicant health care provider bills for care under a single TIN that provides care across multiple different facilities, can the parent organization report patient revenue for every facility that bills underneath the TIN? (Modified 12/4/2020)

If an applicant health care provider bills for care under a single TIN that provides care across multiple different facilities, the parent organization must report patient revenue and the provider's change in operating revenues from patient care, minus their operating expenses from patient care for every facility that bills underneath the TIN.

Application Process

Will practices or facilities that experienced a change in ownership that prevented them from receiving a Targeted Distribution payment, such as a Skilled Nursing Facility payment or Safety Net Hospital payment, be eligible for more than 2% of revenue from patient care? (Modified 12/4/2020)

At this time, HHS is only expanding eligibility to the Phase 2 - General Distribution to those health care providers that experienced a change in ownership that prevented them from receiving a Phase 1 - General Distribution payment. Providers that experienced a change in ownership may be eligible for future Targeted Distributions.

Provider Relief Fund General Information (FAQs)

Overview

Who is eligible to receive payments from the Provider Relief Fund? (Modified 12/4/2020)

Provider Relief Fund payments are being disbursed via both "General" and "Targeted" Distributions.

To be eligible for the General Distribution, a provider must have billed Medicare fee-for-service in 2019, be a known Medicaid and CHIP or dental provider and provide or provided after January 31, 2020 diagnoses, testing, or care for individuals with possible or actual cases of COVID-19. HHS broadly views every patient as a possible case of COVID-19.

A description of the eligibility for the announced Targeted Distributions can be found [here](#). U.S. healthcare providers may be eligible for payments from future Targeted Distributions.

Information on future distributions will be shared when publicly available.

All providers retaining funds must sign an attestation and accept the Terms and Conditions associated with payment.

Terms and Conditions

What if my payment is greater than expected or received in error? (Modified 12/4/2020)

If HHS identifies a payment made in error, HHS will recoup the erroneous amount. If a provider receives a payment that is greater than expected and believes the payment was made in error, the

provider should contact the Provider Support Line at (866) 569-3522 (for TYY, dial 711) and seek clarification.

Auditing and Reporting Requirements

Will HHS provide guidance to certified public accountants and those organizations that providers will rely on to perform audits? (Added 12/4/2020)

Yes. Providers who received \$10,000 or more in aggregate Provider Relief Fund payments will need to submit a report on how they used the PRF payment, and for more information on how to accurately fill out these reports, please refer to [Post-Payment Notice of Reporting Requirements \(November 2, 2020\) - PDF](#) and [Provider Relief Fund Auditing and Reporting Requirements FAQs](#). Some providers will also be subject to Single Audit requirements. Additional relevant guidance will be posted as an Addendum to the 2020 Compliance Supplement, which is available at [the Office of Federal Financial Management's website](#).

Can my organization get an extension to the submission due date for audits conducted under 45 CFR Part 75? (Modified 12/4/2020)

Yes. The Office of Management and Budget (OMB) in OMB M-20-26, Extension of Administrative Relief for Recipients and Applicants of Federal Financial Assistance Directly Impacted by the Novel Coronavirus (COVID-19) due to Loss of Operations, dated June 18, 2020, provided non-Federal entities extensions beyond the normal due date to submit 2019 audit year reports. Please see the [OMB website](#) for more details. Commercial organizations with questions about their ability to obtain extensions should email HRSA's Division of Financial Integrity at SARFollowup@hrsa.gov.

Use of Funds

At the bottom of page 1 of the reporting requirements announcement in PDF, Step 2 states "PRF payment amounts not fully expended on healthcare related expenses attributable to coronavirus are then applied to patient care lost revenues, net of the healthcare related expenses attributable to coronavirus calculated under step 1." Is the underlined language still applicable under the reporting requirements notice that HHS posted on October 22, 2020? (Modified 12/4/2020)

No, healthcare related expenses are no longer netted against the patient care lost revenue amount in Step 2. A revised notice was posted to remove this language.

Miscellaneous

Should providers include fundraising revenues, grants or donations when determining patient care revenue? (Added 12/4/2020)

To calculate lost revenues attributable to coronavirus, providers are required to report revenues received from Medicare, Medicaid, commercial insurance, and other sources for patient care services. Other sources include fundraising revenues, grants or donations if they contribute to funding patient care services.