

Subject: CALL TODAY- April 10, Provider Relief Fund Disbursement #1

From: "Stevens, Lee (OS/IEA)" <Lee.Stevens@hhs.gov>

Date: 4/10/2020, 10:18 AM

To: "Johnston, Darcie (HHS/IEA)" <Darcie.Johnston@hhs.gov>, "Stevens, Lee (OS/IEA)" <Lee.Stevens@hhs.gov>

Dear State Partners,

Please join HHS Deputy Secretary Eric Hargan today at 1:00 pm ET for a call on the first release of funding from \$100 billion provider relief fund. Because some of the providers receiving funding are public hospitals or clinics, we think our intergovernmental partners will be interested in learning more about the distribution.

Call in information and further details about today's announcement below:

Today, April 10, 1:00 PM ET

Call in: 888-469-2054

Participant: 9346256

Background

Today, the Department of Health and Human Services (HHS) is beginning the delivery of the initial \$30 billion in relief funding to providers in support of the national response to COVID-19 as part of the distribution of the \$100 billion provider relief fund provided for in the Coronavirus Aid, Relief, and Economic Security (CARES) Act recently passed by Congress and signed by President Trump.

The \$100 billion of funding will be used to support healthcare-related expenses or lost revenue attributable to coronavirus and to ensure uninsured Americans can get the testing and treatment they need without receiving a surprise bill from a provider. The initial \$30 billion in immediate relief funds will begin being delivered to providers today.

Recognizing the importance of delivering the provider relief funds in a fast, fair, and transparent manner, this initial broad-based distribution of the relief funds will go to hospitals and providers across the United States that are enrolled in Medicare. Facilities and providers are allotted a portion of the \$30 billion based on their share of 2019 Medicare fee-for-service (FFS) reimbursements. These are payments, not loans, to healthcare providers, and will not need to be repaid.

HHS and the Administration are working rapidly on additional targeted distributions to providers that will focus on providers in areas particularly impacted by the COVID-19 outbreak, rural providers, and providers of services with lower shares of Medicare FFS reimbursement or who predominantly serve the Medicaid population. This supplemental funding will also be used to reimburse providers for COVID-19 care for uninsured Americans.

HHS is partnering with UnitedHealth Group (UHG) to deliver the initial \$30 billion distribution to providers as quickly as possible. Providers will be paid via Automated Clearing House account information on file with UHG, UnitedHealthcare, or Optum Bank, or used for reimbursements from the Centers for Medicare & Medicaid Services (CMS). Providers who normally receive a paper check for

reimbursement from CMS will receive a paper check in the mail for this payment as well, within the next few weeks.

Within 30 days of receiving the payment, providers must sign an attestation confirming receipt of the funds and agreeing to the terms and conditions of payment. The portal for signing the attestation will be open the week of April 13, 2020 and will be linked from hhs.gov/providerrelief.

Darcie Johnston, Director
Office of Intergovernmental Affairs
U.S. Department of Health and Human Services
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Subject: HHS COVID-19 Update, 4-24-2020

From: "Stevens, Lee (OS/IEA)" <Lee.Stevens@hhs.gov>

Date: 4/24/2020, 8:35 PM

To: "Johnston, Darcie (HHS/IEA)" <Darcie.Johnston@hhs.gov>, "Stevens, Lee (OS/IEA)" <Lee.Stevens@hhs.gov>

Dear Colleague:

More Info on \$20 Billion Coming to Providers for Relief Today: As announced [yesterday](#), another tranche of the Provider Relief Fund is going out the door today. Some of you have had additional questions about the second payment of the General Distribution portion of the PRF, so attached is a fact sheet with additional information, including how a provider might estimate their payment.

More Provider and Testing Funding Coming: Trump signed the \$484 billion Paycheck Protection Program and Health Care Enhancement Act. [HHS will receive a total of \\$100 billion](#), with \$75 billion dedicated to hospitals and \$25 billion focused on testing efforts.

How Providers Get Reimbursed for Caring for the Uninsured: On Monday, HRSA will launch a new COVID-19 Uninsured Program Portal (coviduninsuredclaim.linkhealth.com), allowing health care providers who have conducted COVID-19 testing or provided treatment for uninsured COVID-19 patients on or after February 4, 2020 to request claims reimbursement.

[Public Health Emergency](#) Designation Extended: It was previously set to expire on April 26, but has been renewed by Secretary Azar for an additional 90 days.

Other highlights:

Funding and Resources

Updated HHS Coronavirus Website: HHS has revamped hhs.gov/coronavirus to include more information about mental health resources, telehealth, the Provider Relief Fund, as well as to highlight the work our operating divisions are doing.

\$45 Million in Funding to Support Child Welfare Services: ACF released an [additional \\$45 million](#) to support the child welfare needs of families during this crisis and to help keep families together. These funds will be dispersed to states, territories, and tribes in an effort to provide financial and administrative support to their child welfare system.

Funding to the Indian Health System: The Indian Health Service allocated the final \$367 million of the [\\$1.032 billion provided to the agency](#) in the CARES Act funding across the Indian Health system to prevent, prepare for, and respond to the coronavirus pandemic. Additional details of the funding allocation, as well as feedback received from tribal and urban Indian organization leaders, can be found in a [letter to tribal and urban Indian organization leaders](#).

Testing and Treatment:

FDA Cautions Against Use of Antimalarial Drugs to Treat COVID-19: The FDA issued a [Drug Safety Communication](#) that cautions against the use of hydroxychloroquine or chloroquine for COVID-19 outside of the hospital setting or a clinical trial due to risk of heart rhythm problems. Problems have been reported with the use

of these drugs for the treatment or prevention of COVID-19, for which they are not approved by the FDA. These risks, which are in the drug labels for their approved uses, may be mitigated when health care professionals closely screen and supervise these patients such as in a hospital setting or a clinical trial, as indicated in the Emergency Use Authorization (EUA) for these drugs to treat COVID-19.

Guidance on Thermometers: FDA released information on [non-contact infrared thermometers](#). One method to measure a person's surface temperature is with the use of non-contact infrared thermometers (NCITs). NCITs may be used to reduce cross-contamination risk and minimize the risk of spreading disease. Before NCITs are used, it is important to understand the benefits, limitations, and proper use of these thermometers. Improper use of NCITs may lead to inaccurate measurements of temperature.

Expanding Fetal and Maternal Monitoring Device Availability: FDA issued [guidance on non-invasive fetal and maternal monitoring devices](#) to help increase the availability and capability of these devices used to support patient monitoring during the COVID-19 pandemic. These prescription devices include fetal dopplers that lay users (such as patients or caregivers) could be instructed to use in a home setting under the direction of a health care provider as well as other fetal and maternal monitoring devices that could be used by a health care provider in a home setting. Increasing the availability of these devices may increase access to important prenatal data without the need for in-clinic visits and facilitate patient management by health care providers while reducing the need for in-office or in-hospital services during the COVID-19 public health emergency.

Expanding Availability of Imaging Systems: The FDA issued a [guidance](#) to help increase availability and capability of imaging systems needed for diagnosis and treatment monitoring of lung disease in patients during the COVID-19 pandemic. These imaging products include medical x-ray, ultrasound, magnetic resonance imaging systems, and image analysis software that are used to diagnose and monitor medical conditions. Increasing the availability of mobile and portable imaging systems may increase options to image patients inside and outside of healthcare facilities, which could help to reduce the spread of COVID-19.

Expanding Remote Digital Images Availability: FDA [issued guidance](#) to provide a policy to help expand the availability of devices for remote reviewing and reporting of scanned digital images of pathology slides ("digital pathology slides") (hereinafter these devices will be referred to as "remote digital pathology devices") during this pandemic.

Encouraging Signs in CDC's Weekly COVID Summary: CDC released their [COVIDView Weekly Summary](#). The key points from this week include: (1) the percentage of laboratory specimens testing positive for SARS-CoV-2 remained similar to, or decreased, compared to last week; (2) visits to outpatient providers and emergency departments (EDs) for illnesses with symptoms consistent with COVID-19 continued to decline and are below baseline in many areas of the country.

PPE and Supplies

Preserving Medical Supplies: FEMA recently published a [Temporary Final Rule and allocation order](#) to preserve scarce personal protective equipment for domestic use in the response to the COVID-19 emergency. FEMA is working closely with U.S. Customs and Border Protection (CBP) to implement the allocation order on exports through the Temporary Final Rule published on April 10. The Personal Protective Equipment subject to this allocation order includes: N95 respirators, and a variety of other filtering respirators; air-purifying respirators; surgical masks; and, surgical gloves.

Guidance for Specific Populations

Information on Medicare Fee-for-Service Billing: CMS released an updated [FAQ document on Medicare fee-for-service billing](#). The FAQs cover topics including payment for specimen collection, diagnostic laboratory services,

hospital services, ambulance services, FQHCs and RHCs, telehealth, physician services, home infusion services, accountable care organizations, cost reporting, opioid treatment programs, inpatient rehab, skilled nursing, home health and more.

Mental Health Resources: HHS released a new webpage on [mental health and coping](#) during the pandemic. Everyone reacts differently to stressful situations such as an infectious disease outbreak. It is normal to experience a wide range of emotions. This page has information about resources and advice to help you cope and to support your mental and behavioral health during the COVID-19 pandemic. Many of these resources are available in multiple languages.

SBA Says Municipally-Owned Rural Hospitals Are Eligible for Loans: Not HHS, but important to healthcare providers, today the Small Business Administration [clarified that public hospitals](#) are eligible for the Paycheck Protection Program loans. According to reports, about a third of rural hospitals are municipal-owned entities that usually are blocked from receiving federal small business loans. Now, this financial lifeline is open to them.

As we head into the weekend, we are mindful of the tremendous stresses that our healthcare workers are experiencing. We owe them so much. Stay safe. If you have questions, please contact Darcie.Johnston@hhs.gov.

Laura
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— Attachments: —

Additional Information on PRF General Distribution Fund.docx

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