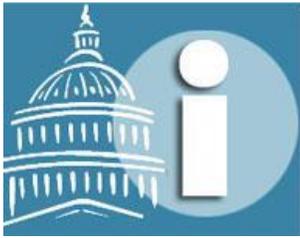




American Physical Therapy Association.

Building a community that advances the profession of physical therapy to improve the health of society.



## Information Bulletin

American Physical Therapy Association

# HHS Deposits Money Into Some Providers' Bank Accounts

## A \$30 billion emergency relief package began rolling out on April 10, making direct deposits into provider and facility accounts based on 2019 Medicare billing.

Many health care providers — including PTs — caring for patients with possible or verified COVID-19 received a welcome surprise when they checked their bank accounts on April 10: an infusion of cash released as part of the most recent CARES Act pandemic relief package. The direct deposits are part of a \$100 billion program that provides cash based on a provider's 2019 Medicare billing, under certain conditions.

Think you qualify and haven't received any money yet? Hang on, the Department of Health and Human Services says the payments will be released over the coming days.

### What Happened

The \$30 billion being released by HHS is part of a \$100 billion Public Health Service Emergency Fund for health care providers. The funds are being made available to Medicare-enrolled individual providers and facilities that billed Medicare fee-for-service last year. The new funds are in addition to a recent \$51 billion expansion to the [Accelerated and Advanced Payment Program](#). But unlike that program, the money now being distributed doesn't have to be repaid.

### How It Works

The money is being distributed proportionally, based on a provider's billing record for 2019. HHS decided on who gets what by determining the percentage that each provider's billing represents in terms of total Medicare payments made last year. An [HHS resource](#) explains it this way:

"For example, if total Medicare fee-for-service payments in 2019 were \$100, and one physician received \$2 in payments from Medicare fee-for-service in 2019, then that physician accounted for 2% of total Medicare fee-for-service payments in 2019. According to this formula, that physician would receive 2% of this \$30 billion."

### Who Qualifies

There are terms and conditions related to who can receive the money — some of which are sure to prompt additional questions that can't be answered at this time.

A guidance document from HHS states that to qualify for the relief, the provider must currently provide "care for individuals with possible or actual cases of COVID-19," and must not currently be terminated from participation in

Medicare or have billing privileges revoked. APTA has asked for additional guidance from HHS explaining if providers and facilities must be front line providers caring for patients with possible or verified COVID-19 infections, or if the funds can go to any health care provider continuing to deliver services during the public health emergency.

### **How the Money Can be Used**

According to the terms and conditions, payments can be used only to "prevent, prepare for, and respond to coronavirus," with the payments themselves intended for "only health care related expenses or lost revenues that are attributable to coronavirus."

There are additional restrictions on use, including using the money for reimbursement of losses "that other sources are obligated to reimburse," as well as prohibitions on using the money to "advocate or promote gun control," lobbying, funding of abortions, and a host of other social and political issues.

### **If You Don't Qualify**

HHS says that the intent behind the \$30 billion program was to provide immediate relief and that "CMS has indicated that future rounds of funding from the \$100 billion fund will have a more formal application process." Those future funding efforts could devote at least a part of the relief to "providers that do not typically bill Medicare."

### **Informal HHS Response Hints at Broad Availability of Provider Relief Money**

In an email exchange with APTA, an HHS representative indicated that virtually any PT who received Medicare fee-for-service reimbursement in 2019 could get the funds, and that businesses closed due to COVID-19 could qualify, too. It's not formal guidance, but the U.S. Department of Health and Human Services has indicated to APTA that the COVID-19 pandemic relief money now being deposited in providers' bank accounts may be more widely available than you might think after reading the program's terms and conditions. In short: Initial informal word from HHS is that nearly all providers who received Medicare fee-for-service reimbursement in 2019 could qualify for the money, and providers who had to or chose to shut down business before HHS released the payments may also be able to get the funds.

The question that APTA has been pursuing centers on language in the [terms and conditions of the program](#), which state that the money is to go to providers that "currently [provide] care for individuals with possible or actual cases of COVID-19." APTA wanted to know how HHS would interpret "possible or actual cases of COVID-19," and how the department views providers who aren't currently open — either because of mandatory shutdowns or their own professional judgment.

In an email response to APTA, an HHS representative indicated that the department is interpreting those terms broadly, believing that "possible or active cases of COVID-19" applies to virtually any provider who treated patients during the pandemic, given the infection's ability to be carried without symptoms. The representative also told APTA that businesses not currently operating likely would be able to keep any funds they received, given that they likely have lost revenues attributable to the pandemic.

It's potentially good news, but news that should be regarded with caution. This information doesn't change the importance of reading the terms and conditions of the program, says Kara Gainer, APTA's director of regulatory affairs.

"The responses we received from HHS are informal, and we hope to be able to share an official position in the near future," Gainer said. "It's also important to remember that the language we asked about is just one part of the terms and conditions around the money. Anyone receiving these funds should pay careful attention to restrictions around how it's to be used, as well as potential reporting requirements."

APTA staff will continue to monitor this program and share official guidance as it develops. In the meantime, there are resources for more (if not full) detail. Here are a few:

- [FAQ: Public Health and Social Service Emergency Fund](#)
- [HHS fact sheet: CARES Act Provider Relief Fund](#)
- [Relief Fund Payment Terms and Conditions](#)

## **APTA Additional Information – HHS Provider Payments April 16, 2020**

APTA just provided FPTA with additional information regarding the disbursement of money from the CARES Act relief fund.

Please see below:

As previously announced, HHS partnered with UnitedHealth Group (UHG) to deliver the \$30 billion stimulus payments. If providers haven't received a payment yet, they should contact UHG's Provider Relations at 866-569-3522 about eligibility, whether a payment has been issued, and where it was sent. Note, if a provider did not already set up direct deposit through CMS or UHG's Optum Pay, they will receive a check at a later date.

Providers that would like to set up direct deposit now can call the UHG Provider Relations number. In addition, HHS has opened the [CARES Act Provider Relief Fund Payment Attestation Portal](#). Providers who have been allocated a payment from the initial \$30 billion general distribution must sign an attestation confirming receipt of the funds and agree to the terms and conditions within 30 days of payment. The terms and conditions are listed [here](#).