Provider Relief Fund Use

New Provider AHCA/NCAL Provider Relief Fund Resource Website Located Here

While HHS has opened its PRF Reporting webportal and released reporting guidance, the exact timeline for reporting has not been released. Now is a good time to revisit PRF use. This document offers detail on use of funds for healthcare related expenses and transfer of funds to higher need buildings.

Items to consider for Healthcare Related Expenses Attributable to COVID-19

The HHS guidance released in January for Provider Relief Fund (PRF) recipients that provided the following overview of supplies and equipment.

The actual healthcare related expenses attributable to coronavirus that were incurred over and above what has been reimbursed by other sources.

a. Supplies: Expenses paid for purchase of supplies used to prevent, prepare for, and/or respond to coronavirus during the reporting period. Such items may include personal protective equipment (PPE), hand sanitizer, or supplies for patient screening.

b. Equipment: Expenses paid for purchase of equipment used to prevent, prepare for, and/or respond to coronavirus during the reporting period, such as ventilators, updates to HVAC systems, etc.

The following are some ideas for supplies and equipment providers may want to consider using some of these funds on.

Supplies
- Isolation unit supplies
- Housekeeping enhancements (i.e. disinfectant sprayers)
- Facility signage
  - social distancing markers throughout facility
  - visitation instruction posting
  - compassionate care directives
  - mask requirements
- Portable electronic thermometers
- Additional testing costs that may not have been covered to date

Equipment
- Touchless Sign-in and Screening Kiosks (i.e. Accushield)
- Construction materials and equipment for sealing Isolation Unit/creating temporary barrier walls for presumptive and/or COVID-19 positive zones
- Plexiglass dividers
- Items assigned to the Presumptive and/or COVID-19 Zone
  - Medical Compact Oxygen Concentrators
- Vital Machines
- Gait Belts (wipeable)
- Scales
- Portable HEPA filters
- Tents and heaters for outdoor visitation spaces
- Sanitizing stations for hand sanitizer and alcohol wipes
HHS also has released guidance regarding transfer of funds flexibility. Providers may move funds from low impact COVID building to high impact COVID buildings for both or either health care expenses and/or lost revenue following relevant FAQs and in accordance with the Terms and Conditions on use of funds as well as accounting and financial management controls. The FAQs are located here.

Can a parent organization transfer General Distribution Provider Relief Fund payments to its subsidiaries? (Modified 7/23/2020) – Page 13
Yes, a parent organization can accept and allocate General Distribution funds at its discretion to its subsidiaries. The Terms and Conditions place restrictions on how the funds can be used. In particular, the parent organization will be required to substantiate that these funds were used for increased health care-related expenses or lost revenue attributable to COVID-19, and that those expenses or losses were not reimbursed from other sources and other sources were not obligated to reimburse them.

A parent TIN with multiple subsidiary TINs each received a General Distribution payment. The subsidiary TINs attested to and accepted the General Distribution payments they received. Can the subsidiary TINs allocate the General Distribution payments up to the parent TIN or to another subsidiary TIN? How does the parent TIN formally acknowledge acceptance of those payments that were attested and accepted by the subsidiary TIN? (Added 10/28/2020) – Page 24
HHS initially advised providers that once a subsidiary TIN attested to and accepted a General Distribution payment, the money must stay with, and be used by, the subsidiary TIN. However, HHS has received feedback indicating that some subsidiary TINs accepted a General Distribution payment prior to the release of this guidance, and that they would have had their parent TIN accept the money, had they known earlier of HHS’s position. In light of these timing concerns, HHS is revising its prior guidance and clarifying that, for General Distribution payments only, a subsidiary TIN can transfer its General Distribution payment to a parent TIN; this is true even if a subsidiary TIN initially attested to accepting a General Distribution payment. Consistent with other longstanding guidance, the parent TIN may use the money and/or allocate the money to other subsidiary TINs, as it deems appropriate. Regardless of which entity (the parent or subsidiary) attested to the receipt of the General Distribution payments, the parent entity can report on the use of the General Distribution payment as part of the HHS reporting process.

Must a parent organization that received a Provider Relief Fund Targeted Distribution on behalf of a subsidiary in which it has a direct ownership relationship remit the payment to the subsidiary? (Modified 1/28/2021) – Page 10
No. The parent organization may allocate the Targeted Distribution to any of its subsidiaries that are eligible health care providers in accordance with the Coronavirus Response and Relief Supplemental Appropriations Act.
Can a parent organization with a direct ownership relationship with a subsidiary that received a Provider Relief Fund Targeted Distribution payment control and allocate that Targeted Distribution payment among other subsidiaries that were not themselves eligible and did not receive a Targeted Distribution (i.e., Skilled Nursing Facility, Safety Net Hospital, Rural, Tribal, High Impact Area) payment? (Modified 1/28/2021)

Yes, in accordance with the Coronavirus Response and Relief Supplemental Appropriations Act. The parent organization may allocate the Targeted Distribution up to its pro rata ownership share of the subsidiary to any of its other subsidiaries that are eligible health care providers. To determine whether an entity is the parent organization, the entity must follow the methodology used to determine a subsidiary in their financial statements. If none, the entity with a majority ownership (greater than 50 percent) will be considered the parent organization.