

IMPORTANT CLARIFICATIONS ON DHHS PAYMENTS

As a result of the concerns raised by APMA, AMA, and other medical societies, HHS has updated the terms and conditions of the provider relief fund as well as the guidance provided on its website.

The relevant language in the terms and conditions now states that “[t]he Recipient certifies that it...**provides or provided** after January 31, 2020 diagnoses, testing, or care for individuals with possible or actual cases of COVID-19...” (Emphasis added). According to HHS guidance, offices that closed are eligible to receive the funds, and HHS takes a broad view that every patient could be a possible COVID-19 patient for purposes of providers being eligible for these funds.

Specifically, HHS states, “If you ceased operation as a result of the COVID-19 pandemic, you are still eligible to receive funds so long as you 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.**”

The FPMA and APMA believe that this clarification should satisfy many of the questions and concerns raised by members about the attestation requirements. We encourage members to read the terms and conditions closely before attesting and, seek guidance from their legal counsel if necessary. The attestation portal should be made available this week at www.hhs.gov/providerrelief.

Updated HHS guidance: <https://www.hhs.gov/provider-relief/index.html>

Updated Terms and Conditions: <https://www.hhs.gov/sites/default/files/relief-fund-payment-terms-and-conditions-04132020.pdf>