

Hospice and Palliative Care Resources for the Coronavirus Disease (COVID-19)



NHPCO COVID-19 Update – 05/07/20

NHPCO has created this update for hospice and palliative care providers to share recent news and helpful links.

“You are there for your community. NHPCO is there for you.”

Policy Updates

CARES Act Funding Update: HHS Release of Long-Awaited FAQs on Provider Relief Fund General Distribution

Today, the Department of Health and Human Services (HHS) released long-awaited [FAQs on Provider Relief Fund General Distribution](#). In the release today, HHS announced that “Generally, HHS does NOT intend to recoup funds as long as a provider’s lost revenue and increased expenses exceed the amount of Provider Relief funding a provider has received.”

The full text of one important FAQ follows:

Does HHS intend to recoup any payments made to providers not tied to specific claims for reimbursement, such as the General Distribution payments? (Added 5/6/2020)

*The Provider Relief Fund and the Terms and Conditions require that recipients be able to demonstrate that lost revenues and increased expenses attributable to COVID-19, excluding expenses and losses that have been reimbursed from other sources or that other sources are obligated to reimburse, do not exceed total payments from the Relief Fund. **Generally, HHS does not intend to recoup funds as long as a provider’s lost revenue and increased expenses exceed the amount of Provider Relief funding a provider has received.** HHS reserves the right to audit Relief Fund recipients in the future to ensure that this requirement is met and collect any Relief Fund amounts that were made in error or exceed lost revenue or increased expenses due to COVID-19. Failure to comply with other Terms and Conditions may also be grounds for recoupment.*

There are also FAQs related to the following:

- What to do if the payment is greater than expected or received in error.
- What oversight will HHS use to ensure providers meet the Terms and Conditions.
- How can a general distribution payment received under the Provider Relief fund be returned.

Find the [FAQs on Provider Relief Fund General Distribution](#) online.

HHS Announces the Deadline Extension to 45 Days for Signing the Attestation for the CARES Act Provider Relief Fund

Today, [HHS announced](#) that they have extended the deadline for healthcare providers to attest to receipt of payments from the Provider Relief Fund and accept the [Terms and Conditions](#). Providers will now have 45 days, increased from 30 days, from the date a provider received a payment to attest and accept the Terms and Conditions or return the funds. HHS used an example: the initial 30-day deadline for providers who received payment on April 10, 2020 is extended to May 24, compared to the old deadline of May 9, 2020. If payment is not returned within 45 days of receipt, the payment will be viewed as acceptance of the Terms and Conditions.

CDC/HRSA Provider Relief Fund Allocations Posted

Today, the [dataset](#) was released with the list of providers who received a payment and the amount of the payment from the CARES Act Provider Relief Fund. This list includes all providers who have attested to the payments and agreed to the Terms and Conditions. The list is up to date as of May 4, 2020.

NHPCO Webinar Series on COVID-19 Government Funding

- **Webinar #1:** Held today, May 7. Recording available exclusively for NHPCO members. Log into the nhpc.org website first and then [follow this link](#).
- **Webinar #2: May 18, 2:00 to 4:00 pm ET**
Dealing with Multiple Sources of CARES Act Funding (Provider Relief Funding, PPP Loans, Accelerated Payments) and Preparation for Reporting
[Registration now open to all.](#)
Description: The program will provide attendees with an increased understanding of provider obligations relating to the various funding streams available to them during this period. To meet their pressing concerns regarding use of funds and preparing for reporting to the funding sources, attendees will be provided with practical guidance in the identification of qualifying charges against the respective revenue sources as well as the avoidance of duplicate charges against those revenue sources.
Faculty: Meg Pekarske and Bryan Nowicki, Husch Blackwell, Mark Sharp, CPA and Aaron Little, CPA, BKD, and Ted Cuppett, CPA, The Health Group.
- **Webinar #3: June date TBD**
Update on COVID-19 Government Funding and the July Reporting Deadline
More details available soon.

CMS Issues Guidance to State Survey Agencies for Nursing Homes on Interim Final Rule

On May 6, [CMS released a guidance memo](#) to State Survey Agencies on the Interim Final Rule which updates the requirements for notification of confirmed and suspected COVID-19 cases among residents and staff in nursing homes. Question #19 below references hospice in the facility.

Q: Do facilities need to inform anyone who walks through their doors (e.g., a hospice or other healthcare provider) of the same numbers of suspected and confirmed COVID-19 cases that they are sharing with residents, their representatives, and families?

A: No. Facilities are not required to provide the same COVID-19 information reported to residents, their representatives, and families. However, facilities would share with the visiting healthcare provider, if the resident receiving care is suspected of, or has laboratory confirmed COVID-19. Any precautions the provider should take while in the facility (e.g., specific personal protective equipment) will be communicated to that provider by the facility as part of their standard practices under the infection prevention and control program requirement.

Provider Update

Information on Telehealth Coverage by Managed Care or Commercial Insurance Plans

If you have questions about telehealth coverage, waiving patient co-pays, and even possible emergency advance payments by managed care or commercial insurance plans, Acevedo Consulting has provided a link to the [AHIP \(America's Health Insurance Plans\) website](#). The site provides an easily searchable alphabetical format to find individual plans and what each plan is doing during the public health emergency.

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