

## Avoiding the Pandemic of False Claims Webinar Q&A

Q. We cannot use the HHS funds to pay our doctors up to that cap? We aren't allowed to give them anything from these funds?

**A.** Our recommendation is that you not pay your providers with these funds. The limit for paying employee salaries is \$197,300. If you pay other expenses, such as employees, benefits (not payroll taxes), rent, supplies, utilities, etc. It will eventually roll down to the docs anyway.

Q. If the monies received from the first \$30M traunch of CARES act funds exceeds the expected amount of the total \$50B distribution based on the formula of Net Revenues/\$2.5T x \$50B, will you be required to repay the difference?

A. Based on information that came out on May 5th, providers who received more money from the original \$30B allocation than they are allowed under the formula based on 2% of total receipts do not appear to be eligible for any allocation of the \$20B allotment. If this is the case, providers are asked to call the CARES Provider Relief hotline at 866-569-3522 to discuss whether an overpayment occurred with the payment from the \$30B allotment. If physicians, as part of a group, are NOT executives, are we allowed to pass some of the HHS funds to them at a capped amount?

Q. If physicians, as part of a group, are NOT executives, are we allowed to pass some of the HHS funds to them at a capped amount?

**A.** If the salaries exceed \$197,300 for any individual, they are not allowed to be paid. See the first question.

Q. Did I understand you to say that the term/condition concerning "out-of-network" patients applies also to self-pay (uninsured) patients? If so, which network's fee schedule and terms would apply?

A. If you are seeing out of network patients; you call the out of network payer, find the in-network fee, that is what you charge them. You can then apply the out of network nonpayment, deductible, coinsurance or copay to your stimulus expense.

Q. Do you think that there will be a portal provided by HHS to submit the quarterly reports? If so, would we also submit any supporting documentation through the portal?

**A.** We're assuming that is how it would work, but we have received no guidance on that yet. It could happen that way or you could be required to submit to your MAC.

Q. Are the HHS funds received applicable to lost revenues from cancellation of elective procedures due to government order?

A. One of the items on the list of applicable reasons for the stimulus payments was lost revenue. That is also when they gave the example of using a comparison of last years revenue and comparing it to this years revenue (when applying for the last stimulus payment) so we believe that you can justify receipt of the money for the purpose of recovering lost revenue. However, when it comes to reporting quarterly on the use of the HHS provider relief funds, it appears you must report how the money was spent as opposed to simply saying the money was used to replace lost revenue.





