

# Learn about the Provider Relief Fund



COVID-19 financial assistance for providers of health care services and support in a medical setting, at home, or in the community

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July 2020

# Provider Relief Fund: Key facts for providers

Qualified providers of health care, services, and support may receive Provider Relief Fund payments for healthcare-related expenses or lost revenue due to COVID-19. Separately, the COVID-19 Uninsured Program reimburses providers for testing and treating uninsured individuals with COVID-19.

Through the Coronavirus Aid, Relief, and Economic Security (CARES) Act and the Paycheck Protection Program and Health Care Enhancement Act (PPPCHHE), the federal government has allocated

**\$175 billion**

in payments to be distributed through the Provider Relief Fund (PRF)

These distributions do not need to be repaid to the US government, assuming providers comply with the terms and conditions

[Click here to apply!](#)

## Who is eligible

Any provider of health care, services, and support in a medical setting, at home, or in the community is eligible for the Provider Relief Fund distributions, including:

- Hospitals
- Clinics
- Behavioral health services
- Case management
- Home and community-based social support
- Dental services
- Self directed providers
- Emergency services
- Home health
- Non-emergent medical transport
- Nursing services
- OB/GYN
- Pediatrics
- Primary care
- Other physician services
- Residential facilities
- Substance abuse facilities
- Agencies (foster care, services for people with intellectual or developmental disabilities)

- Providers that choose to accept funds **must attest to the terms and conditions** of payments through the [Provider Relief Fund Application and Attestation Portal](#).
- Providers have **90 days to attest or reject funds** through the portal. Not actively attesting within 90 days will be viewed as acceptance.
- Health and Human Services will **post the names of payment recipients and amounts** on its public website for all providers that attest to PRF distributions
- Recipients of >\$10,000 will be required to **submit reports about the use of their PRF distributions**

# Phase 2 General Distribution

The PRF is currently allocating Phase 2 General Distribution funding for Medicare, Medicaid, Medicaid Managed Care, CHIP, and dental providers. The deadline for TIN validation is **August 28, 2020 at 11:59pm ET**

## 6 actions for providers interested in receiving Phase 2 General Distribution funding



**1**

Determine eligibility



**2**

Validate Tax ID Number (TIN)



**3**

Apply for funding



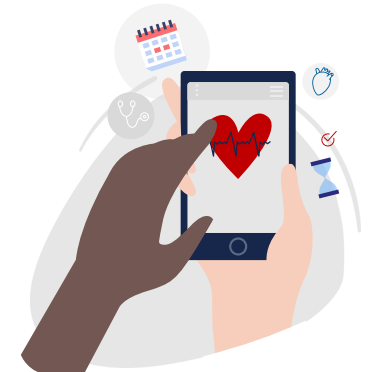
**4**

Receive payment



**5**

Attest to payment



**6**

Report on use of funds

*Pre-payment process*

*Post-payment process*

# Actions for providers

## Phase 2 General Distribution

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# 1

## Determine eligibility (1/2)

To be eligible to apply, the applicant must have either:

- **Billed Medicare fee-for-service** during the period of Jan.1, 2019-Dec. 31, 2019; or
- **Be a Medicare Part A provider that experienced a change in ownership** and billed Medicare fee-for-service in 2019 or 2020 that prevented the otherwise eligible provider from receiving Phase 1 General Distribution payment
- **Billed Medicaid / CHIP programs or Medicaid managed care plans** for health-related services between Jan.1, 2018-Dec.31, 2019; or
- **Billed a health insurance company for oral healthcare-related services** as a dental service provider; or
- Be a licensed dental service provider who **does not accept insurance and has billed patients for oral healthcare-related services**



For more detailed information on eligibility, please see [FAQs](#). Providers that are not eligible for the Phase 2 General Distribution may be eligible for future distributions

# Actions for providers

## Phase 2 General Distribution

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# 1

## Determine eligibility (2/2)

Additionally, to be eligible to apply, the applicant must meet all of the following requirements:

- Filed a **federal income tax return** for fiscal years 2017, 2018, 2019; or be exempt from filing a return
- **Provided patient care** after January 31, 2020 (Note: patient care includes health care, services and support, as provided in a medical setting, at home, or in the community)
- **Did not permanently cease** providing patient care directly or indirectly
- For individuals, reported on **Form 1040** (or other tax form) gross receipts or sales from providing patient care

Please note: Receipt of funds from SBA and FEMA for coronavirus recovery or of Medicaid HCBS retainer payments does not preclude a healthcare provider from being eligible

**For more detailed information on eligibility, please see [FAQs](#). Providers that are not eligible for the Phase 2 General Distribution may be eligible for future distributions**



# Actions for providers

## Phase 2 General Distribution

# 2

## Validate Tax ID Number (TIN)



### Tax ID Number (TIN) Validation

1



Provider registers in portal and enters TIN\*  
HHS shares unrecognized provider TINs with 3rd party validators\*\*

*Timing: 7-10 business days*

2



Validator reviews provider information for eligibility (e.g. actively in practice, in good standing, etc.) and shares results with HRSA

*Timing: 7-10 business days\*\*\**

3



HRSA accepts determination, updates portal, and notifies provider they can apply

*Timing: 3-5 business days*

### Application

4

Provider re-enters portal and completes application for payments

**Recognized TINs, from a state-provided 3<sup>rd</sup> party list, begin with Step 4**

*Timing: 10-14 days*

**Depending on TIN validation, disbursements generally take 5-7 weeks**

**All providers who register before deadline will be considered**

*\*Process applies only to Medicaid / CHIP / Dental providers*

*\*\*Validators are Medicaid / CHIP agencies, dental organizations, etc.*

*\*\*\*Assumes validator responds within requested timeframe; majority of validators respond by requested deadline*

# Actions for providers

## Phase 2 General Distribution

### 3

## Apply for funding

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- **Providers must apply** through the [Provider Relief Fund Application and Attestation Portal](#)
- Documentation required to submit the application includes:
  - Most recent **federal income tax return** for 2017, 2018, or 2019, unless exempt
  - **Quarterly Federal Tax Return** (IRS Form 941 for Q1 2020) or **Federal Unemployment Tax Return** (IRS Form 940), unless exempt
  - [Revenue worksheet](#) (if required by Field 15)



For more detailed information on how to apply, please see [application instructions](#)

# Actions for providers

## Phase 2 General Distribution

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### 4

## Receive payment

- Across General Distribution payments, providers may receive up to a total of

**2%**

of reported revenue  
from patient care

- Payments will be **disbursed on a rolling basis**, as information is validated
- All Provider Relief Fund distributions will be **paid to the Filing or Organizational TIN**, and not directly to subsidiary TINs

For more detailed information on receiving payment, please see [FAQs](#)





# Actions for providers

## Phase 2 General Distribution

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### 5

## Attest to payment

- Providers that receive PRF distributions must choose to accept or reject funds through the [Provider Relief Fund Application and Attestation Portal](#) **within 90 days of receipt of payment**
- Providers must **attest to meeting the terms and conditions of payment**; if they do not attest within 90 days, they are assumed to have accepted payment and terms and conditions
- **If provider rejects payment, they must return funds** to HHS within 15 calendar days and may still be considered for future distributions
- Requirements from the PRF terms and conditions include (not exhaustive):
  - To be eligible, must have provided diagnosis, testing, or care for **actual or possible COVID-19 patients** on or after Jan.31, 2020 (Note: HHS broadly views every patient as a possible case of COVID-19 for purposes of eligibility)
  - Payment will be **used to prevent, prepare for, and respond to coronavirus**, and reimburse health care related expenses or lost revenues attributable to coronavirus
  - Payment will not be used for expenses or losses that have been or will be **reimbursed from other sources**
  - Recipient **consents to public disclosure** of payment

For more information, please review the [terms and conditions](#) or [attestation FAQs](#)



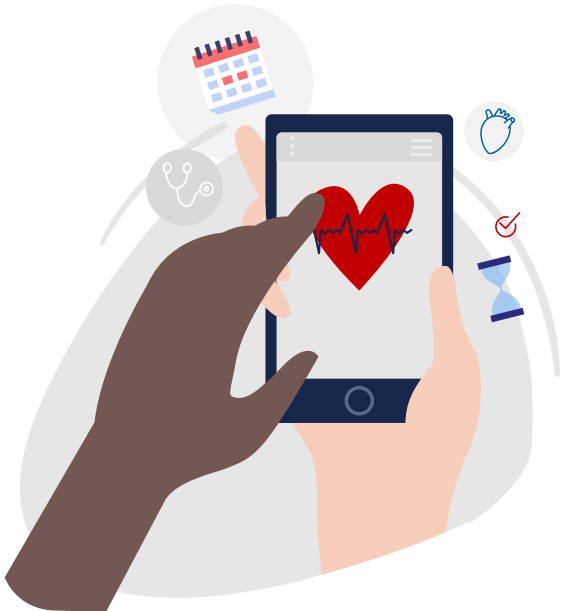
# Actions for providers

## Phase 2 General Distribution

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### 6

## Report on use of funds



- HHS will **require recipients to submit future reports** relating to the recipient's use of PRF payments
- PRF payments may be used to **cover lost revenue attributable to COVID-19 or health-related expenses** purchased to prevent, prepare for, and respond to coronavirus, including but not limited to:
  - **Supplies**
  - **Equipment**
  - **Workforce training**
  - Reporting COVID-19 **test results** to federal, state, or local governments
  - **Building or constructing temporary structures** for COVID-19 patient care or non-COVID-19 patients in a separate area
  - Acquiring **additional resources**, including facilities, supplies, or staffing to expand or preserve care delivery
  - Developing and staffing **emergency operation centers**

For additional information, please see auditing and reporting [FAQs](#)  
HHS will provide further clarity on reporting requirements and timeline in August 2020;  
please return to [Provider Relief Fund website](#) for updates



# Are you ready to apply?

[Click here](#)

For more information, please visit the [Provider Relief Fund website](#)