

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

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



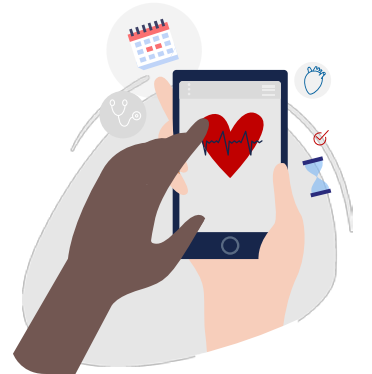
4

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

1/6

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

1/6

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 3rd 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

- **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

4/6

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

5/6

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

6/6

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](#)