Provider Relief Fund and Rural Health Clinics
April 24, 2020

The Department of Health and Human Services (HHS) has announced how it will disseminate the remainder of the $100 billion Provider Relief Fund established by the Coronavirus Aid, Relief, and Economic Security (CARES) Act enacted on March 27. HHS has apportioned $50 billion for “general allocation” to Medicare facilities and providers impacted by COVID-19. The funds are grants and do not need to be repaid. As of Friday April 24th, HRSA has already distributed $30 billion of the $100 billion fund to healthcare providers, in proportion to providers’ Medicare Fee for Service payments in 2019. These distributions were sent directly to providers by automatic deposit or by paper check. Providers were not required to engage in any activity or application in order to get these funds, though providers are required to sign an attestation if they wish to keep the funds.

As part of the distribution of the remaining $70 billion in funds, HRSA is asking providers who have already received payments from the initial distribution of $30 billion to supply information from IRS tax filings and to supply estimates of lost revenues in March and April of 2020, if they wish to be eligible to receive additional funds. We will be distributing an additional $20 billion to these providers.

Distribution will be proportionate to providers’ share of 2018 net patient revenue. What this means is that a provider’s payment will be calculated based on the 2018 revenue data they submit to HHS. From that amount, HHS will subtract the amount a provider already received from the Provider Relief Fund between April 10 and April 17 based on their 2019 Medicare fee-for-service reimbursements.

Additional payments will go out weekly, on a rolling basis, as revenue information is received by HHS and is validated. **HHS has opened a portal linked *HERE* for providers to submit net 2018 revenue information.** The assumption is physicians and rural health clinics will submit revenue through this portal for purposes of determining allocations, although clarification is being sought.

$50 billion general allocation

$50 billion of the Provider Relief Fund is allocated for general distribution to Medicare facilities and providers impacted by COVID-19, based on eligible providers' 2018 net patient revenue. The initial $30 billion was distributed between April 10 and April 17, and the remaining $20 billion is being distributed beginning Friday, April 24.

- To expedite providers getting money as quickly as possible, $30 billion was distributed immediately, proportionate to providers' share of Medicare fee-for-service reimbursements in 2019. On Friday, April 10, $26 billion was delivered to bank accounts. The remaining $4 billion of the expedited $30 billion distribution was sent on April 17.

- This simple formula used the data on-hand to get the money out the door as quickly as possible. The Administration was transparent and upfront additional funds would be going out quickly to help providers with a relatively small share of their revenue coming from Medicare fee-for-service, such as children's hospitals.

- HHS will begin distribution of the remaining $20 billion of the general distribution to these providers on April 24 to augment their allocation so that the whole $50 billion general distribution is allocated proportional to providers' share of 2018 net patient revenue.

- On April 24, a portion of providers will automatically be sent an advance payment based off the revenue data they submit in CMS cost reports. Providers without adequate cost report data on file will need to submit their revenue information to a portal that will be linked on this page for additional general distribution funds.

- Providers who receive their money automatically will still need to submit their revenue information so that it can be verified.

- Payments will go out weekly, on a rolling basis, as information is validated, with the first wave being delivered at the end of this week (April 24, 2020).

- Providers who receive funds from the general distribution have to sign an attestation confirming receipt of funds and agree to the terms and conditions of payment and confirm the CMS cost report. Click here to sign the attestation and accept the Terms and Conditions

- The Terms and Conditions - PDF also include other measures to help prevent fraud and misuse of the funds. All recipients will be required to submit documents sufficient to ensure that these funds were used for healthcare-related expenses or lost revenue attributable to coronavirus. There will be significant anti-fraud and auditing work done by HHS, including the work of the Office of the Inspector General.

- President Trump is committed to ending surprise bills for patients. As part of this commitment, as a condition to receiving these funds, providers must agree not to seek collection of out-of-pocket payments from a presumptive or actual COVID-19 patient that are greater than what the patient would have otherwise been required to pay if the care had been provided by an in-network provider.

CARES Act Provider Relief Fund Application Guide

HHS has an application guide that can be found here. The first step is to go through the application guide and gather the information requested. The following pages are screenshots of this application guide which should help you get started. Here is the link:

https://chameleoncloud.io/review/2977-5ea0af98f0fd0/prod

Information you may need

Have the following information on hand before you begin:

- Taxpayer Identification Number (TIN) that has received prior Provider Relief Fund payments
- TINs of subsidiary organizations that have received prior Provider Relief Funds but do not file separate tax forms (i.e., subsidiary organizations that are accounted for in the parent organization's tax filing)
- Amount of payments received
- Relief Fund payment transaction numbers / check numbers
- A copy of your most recently filed tax forms - See Appendix A: Federal Tax Classification Matrix

Appendix A: Federal Tax Classification Matrix

Federal Tax Classification:	Provide:	From:	On IRS Form:	Upload IRS Form:
Sole Proprietor/Disregarded Entity (LLC)	Gross receipts or Sales	Box 1	1040, Schedule C	1040 and Schedule C
C Corporation	Gross receipts or Sales	Box 1a	1120	1120
S Corporation	Gross receipts or Sales	Box 1a	1120-S	1120-S
Partnership	Gross receipts or Sales	Box 1a	1065	1065
Trust	Gross receipts or Sales	Box 1	1040, Schedule C	1041 and Schedule C
Tax-Exempt Organization	Program Service Revenue	Box 9	990	990

Application Guide – Step 2

How to apply

Where to begin

Follow these steps to begin your application. Note: specific screens may look different. Click each step to learn more.

Access the Portal

If you have already received funds, please go to the provider portal found at **hhs.gov/providerrelief.**

Ensure you are accessing the CARES Act Provider Relief Fund **Application Portal**.

Billing TIN(s)

Please enter the Taxpayer Identification Number(s) (TIN) for the entity that (a) previously received a CARES Provider Relief Fund Payment and (b) files a US Federal Income Tax Return. If the entity has subsidiaries that have received payments from the CARES Provider Relief Fund, and those subsidiaries DO NOT file separate tax returns, please list the TIN(s) of these non-filing subsidiaries here as well. Enter the appropriate TIN(s) and Click **Continue.**

- You may enter up to 20 TINs. You may submit additional, separate requests with the same email address for additional TINs.
- Each TIN must be 9 digits with no spaces, hyphens or dashes.
- Multiple TINs should be separated by commas.

Verify Payment Information

Enter the last six digits of the Account Number and the **exact relief fund payment amount** for the TIN.

Click **Continue.**

Click the forward arrow to learn more.

Billing TINs will look like this:

Follow these steps to begin your application. Note: specific screens may look different. Click each step to learn more.

Billing TIN(s)

Example:
123456789,
987654321

Type, or copy/paste TIN(s) here. Multiple TINs should be separated by commas.

Privacy Act Statement

The following statement serves to inform you of the purpose for collecting personal information required by the covid19.linkhealth.com website and how it will be used.

AUTHORITY: 31 U.S.C. 3512, 3711, 3716, 3721, 1321; note E.O. 13520

PURPOSE: To collect information to determine eligibility for CARES Act funds and process payment to you.
ROUTINE USES: The information collected is used by HHS to determine eligibility for payments from the Public Health and Social Services Fund, maintain an accounting of payments, and process payments from the Fund. Examples of other permissible uses include, but are not limited to, a contractor (and/or to its subcontractor) who has been engaged to perform services on an automated data processing (ADP) system used in processing financial transactions, to appropriate law enforcement agencies when relevant to an investigation, to the Treasury Department, and to auditing organizations conducting financial or compliance audits. A complete list of routine uses may be found at https://www.federalregister.gov/documents/2015/11/03/2015-27980/privacy-act-of-1974-system-of-records-notice

DISCLOSURE: Voluntary. If you choose not to provide your information, absence of the requested information may result in administration delays or the inability to process payments to you under the CARES Act.

Continue

Verify Payment Information will look like this:

Verify Payment Information

Relief fund payments were made to your billing entity account via Optum Bank with "HHSPAYMENT" as the payment description.
If you were issued payment by check, it would have been mailed to you from UnitedHealth Group. The top left address on the check is "Health Resources & Services Administration, Processed by UnitedHealth Group / OptumRx" and the check number is in the top right corner.

Automated Clearing House (ACH) Deposit

Billing TIN(s)	Last Six Digits of Account Number	Relief Fund Payment Amount	Remove Row
***546756			
***546756			
***546756			

Paper Check Deposit

Billing TIN(s)	Check Number	Relief Fund Payment Amount	Remove Row
***546756			
***546756			
***546756			

Attestation Needed

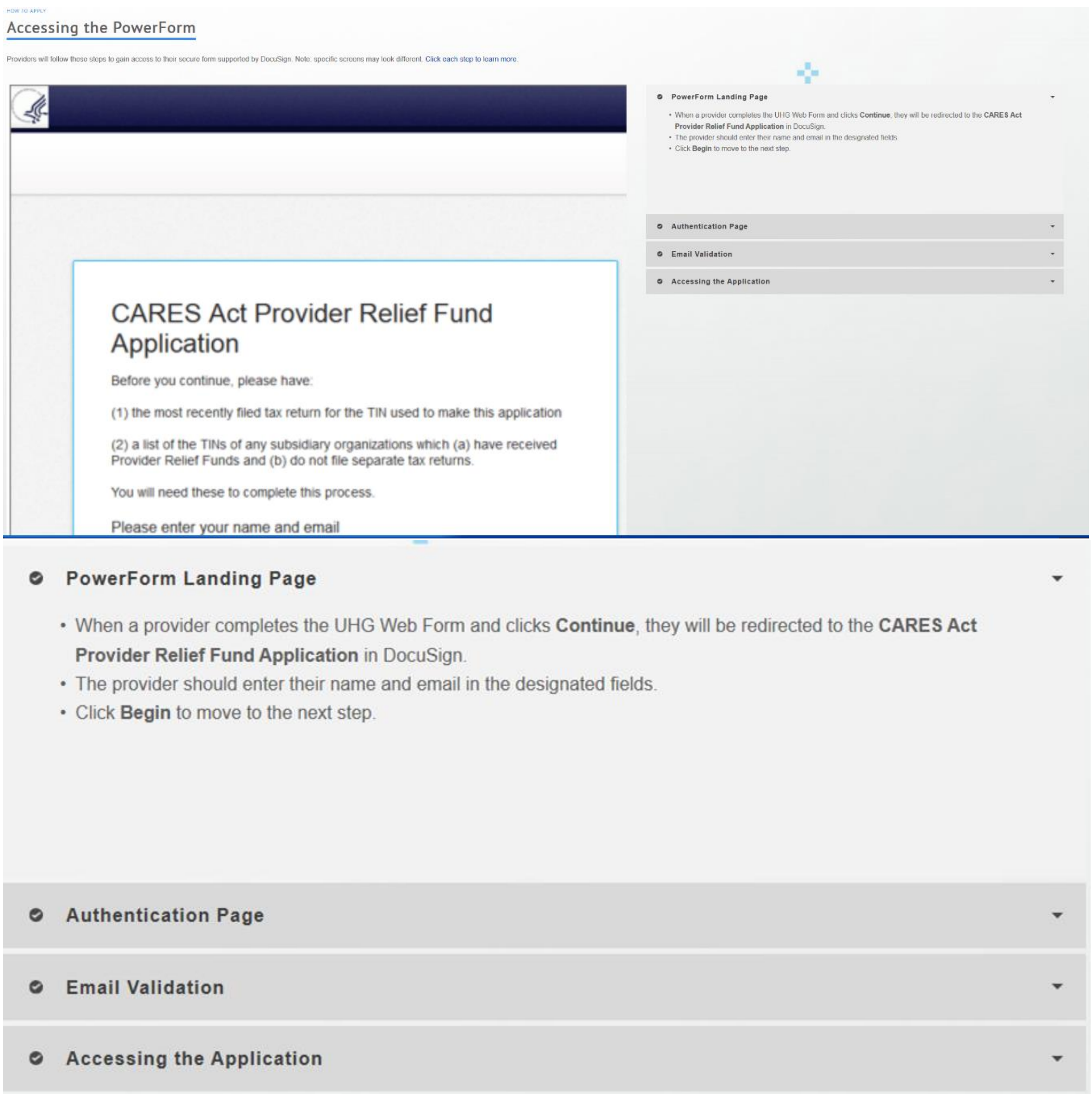
We're sorry. Our records show that you have not completed attestation for your original CARES Provider Relief Fund Payment. Please visit the CARES Provider Relief Fund Portal to complete attestation for your payment.

Application Guide – Step 3

HOW TO APPLY

Accessing the PowerForm

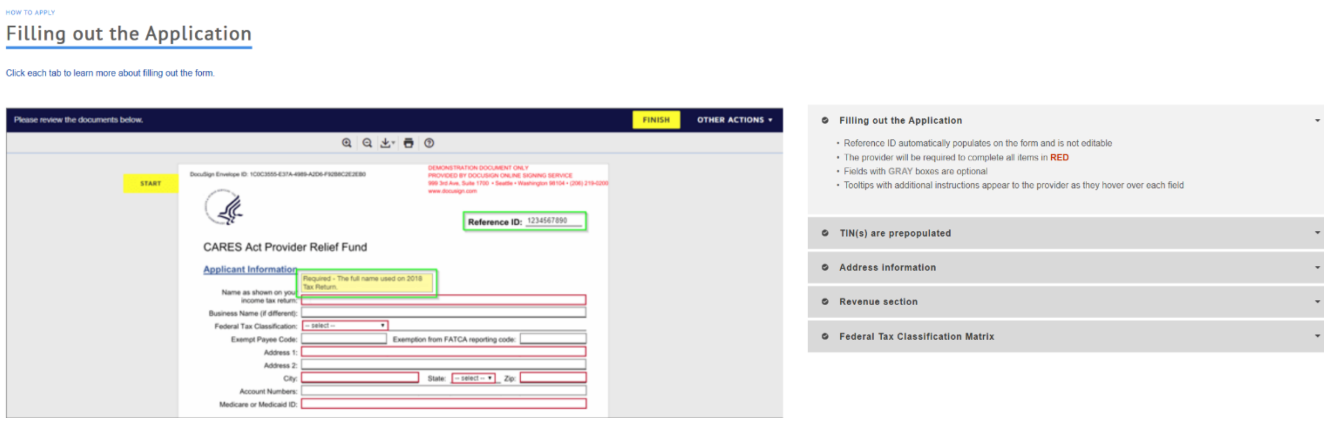
Providers will follow these steps to gain access to their secure form supported by DocuSign. Note: specific screens may look different. Click each step to learn more.



Application Guide – Step 4

HOW TO APPLY

Filling out the Application



Filling out the Application

- Reference ID automatically populates on the form and is not editable
- The provider will be required to complete all items in **RED**
- Fields with **GRAY** boxes are optional
- Tooltips with additional instructions appear to the provider as they hover over each field

TIN(s) are prepopulated

Address information

Revenue section

Federal Tax Classification Matrix

Revenue section

- The fields in the Revenue section are dynamic and will populate based on the providers selection in Federal Tax Classification
- See Appendix A for matrix
- Example: If **Sole Proprietor/Disregarded Entity (LLC)** is selected, the provider will be asked to **enter the appropriate data** and **attach the required tax form**
- To attach a document, the provider should click on the **yellow tag**, click **Upload A File**, select the file from their local or shared drive, then click **DONE**
- They may upload multiple files, if appropriate

Revenue section

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- See Appendix A for matrix
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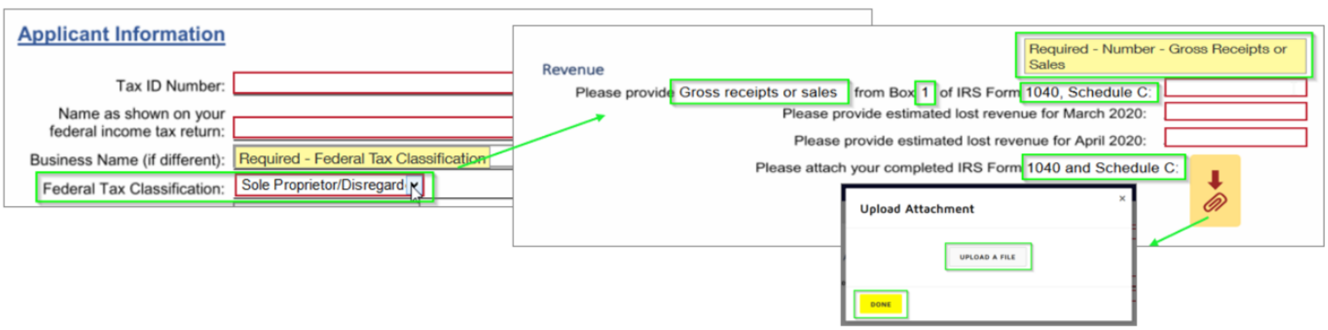
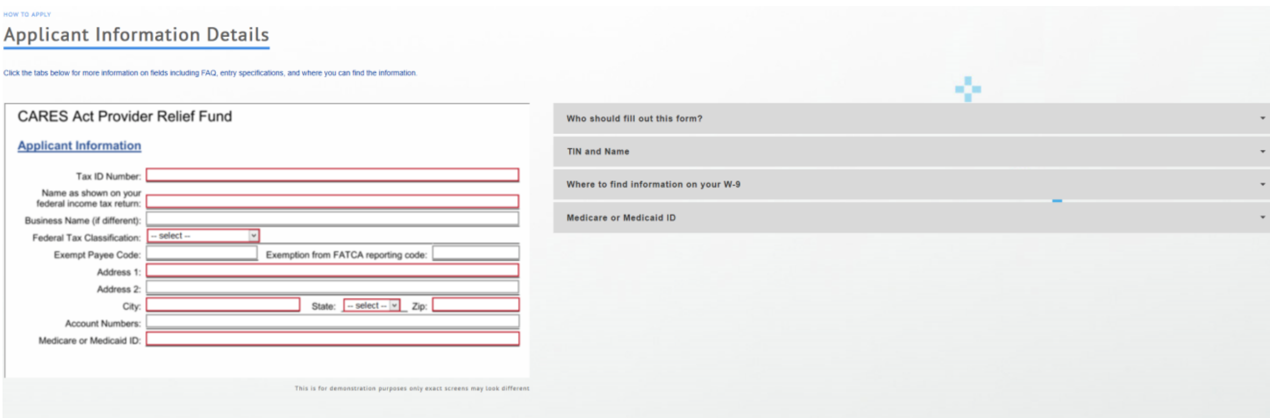


Application Guide – Step 5

HOW TO APPLY

Applicant Information Details

Click the tabs below for more information on fields including FAQ, entry specifications, and where you can find the information.



Who should fill out this form?

TIN and Name

Where to find information on your W-9

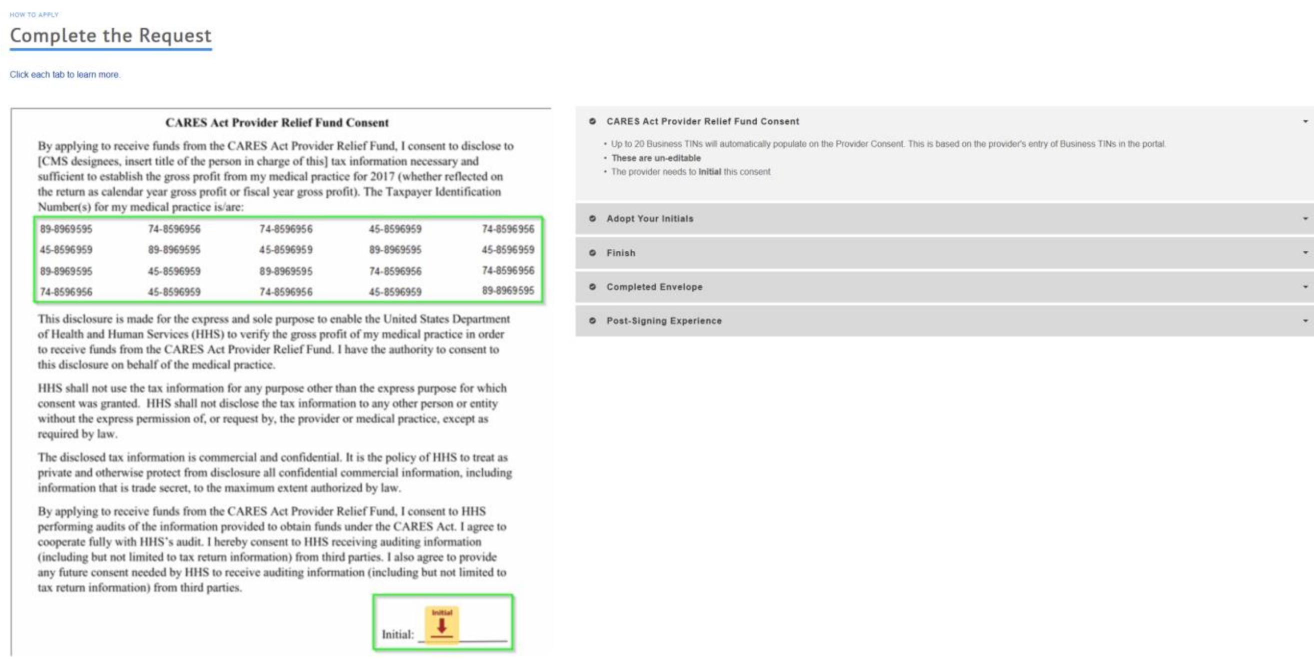
Medicare or Medicaid ID

Application Guide – Step 6

HOW TO APPLY

Complete the Request

Click each tab to learn more.



CARES Act Provider Relief Fund Consent

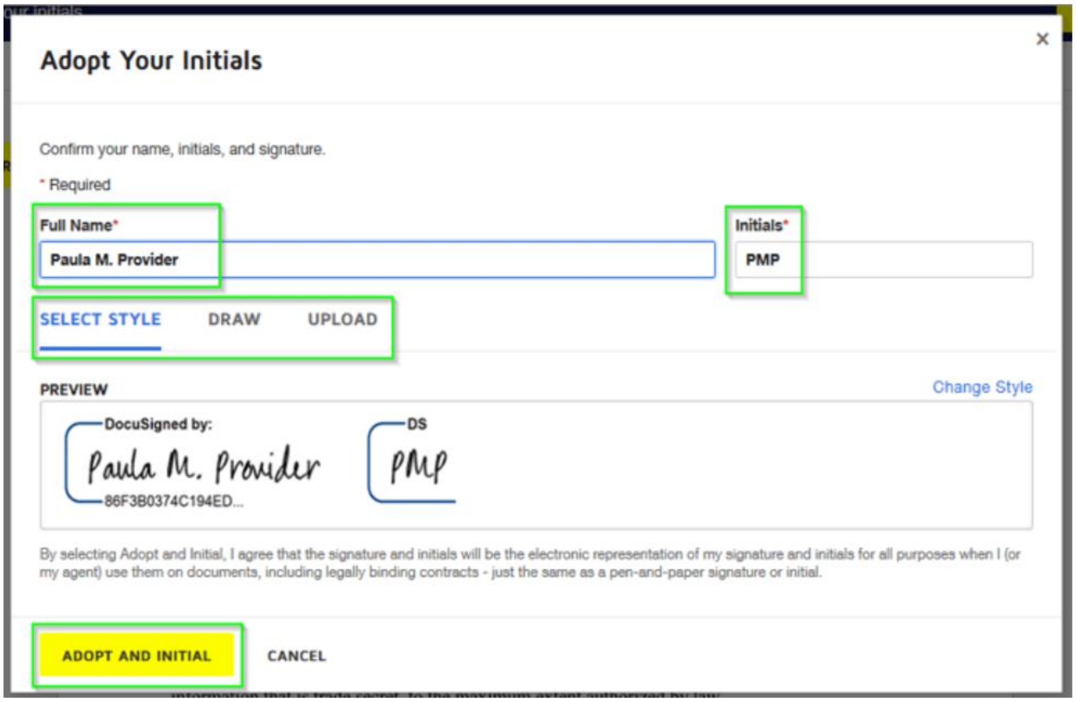
- Up to 20 Business TINs will automatically populate on the Provider Consent. This is based on the provider's entry of Business TINs in the portal.
- **These are un-editable**
- The provider needs to **Initial** this consent

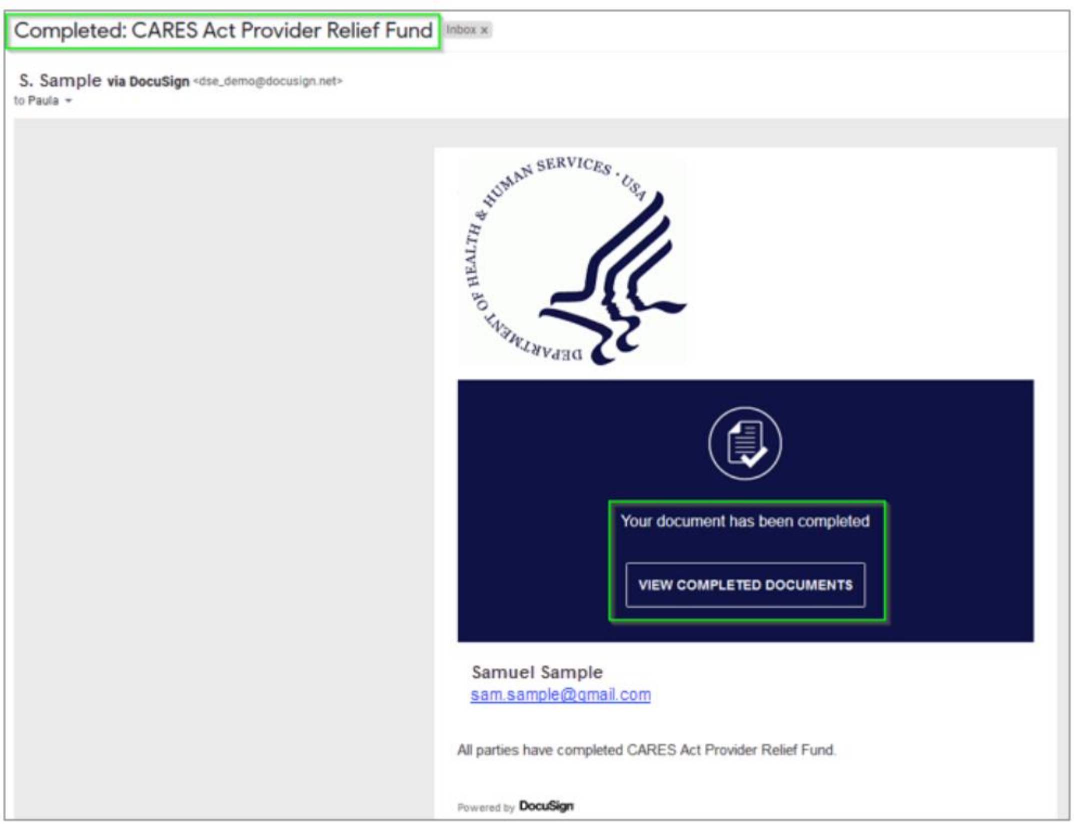
Adopt Your Initials

Finish

Completed Envelope

Post-Signing Experience


Adopt Your Initials
Confirm your name, initials, and signature.
* Required
Full Name*
Paula M. Provider
Initials*
PMP
SELECT STYLE
DRAW
UPLOAD
PREVIEW
Change Style
DocuSigned by:
Paula M. Provider
86F3B0374C194ED...
DS
PMP
By selecting Adopt and Initial, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.
ADOPT AND INITIAL
CANCEL


Completed: CARES Act Provider Relief Fund
Inbox x
S. Sample via DocuSign <dse_demo@docusign.net>
to Paula
DEPARTMENT OF HEALTH & HUMAN SERVICES · USA
Your document has been completed
VIEW COMPLETED DOCUMENTS
Samuel Sample
sam.sample@gmail.com
All parties have completed CARES Act Provider Relief Fund.
Powered by DocuSign