

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. **Distribution will be proportionate to providers’ share of 2018 net patient revenue. This creates a problem for Independent Rural Health Clinics as their cost report is truly that. Only cost is reported on the Cost Reports and revenues are not included in any of the information submitted on the cost report. This means Independent RHCs will have to submit their information through the portal to be included in the Provider Relief Fund. Provider-based RHCs do have a place for revenues in Worksheet C; but they would need to reach out to their hospital cost report preparer to ensure the provider-based RHCs receive their share of the \$50 billion distribution. Independent RHCs will need to obtain their 2018 tax filing and submit information from this filing in the portal as well as an electronic copy of the filing (PDF).**

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](https://www.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 "HHS PAYMENT" 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	<input type="text"/>	<input type="text"/>	
***546756	<input type="text"/>	<input type="text"/>	
***546756	<input type="text"/>	<input type="text"/>	

Paper Check Deposit

Billing TIN(s)	Check Number	Relief Fund Payment Amount	Remove Row
***546756	<input type="text"/>	<input type="text"/>	
***546756	<input type="text"/>	<input type="text"/>	
***546756	<input type="text"/>	<input type="text"/>	

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

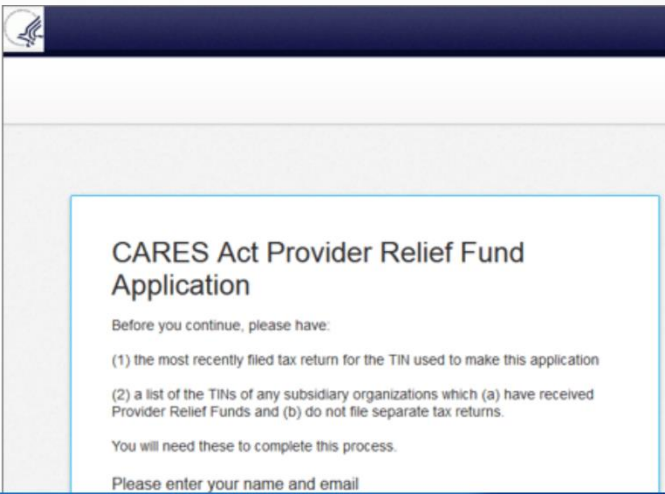
Accessing the PowerForm

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.](#)

HOW TO APPLY

Accessing the PowerForm

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CARES Act Provider Relief Fund Application

Before you continue, please have:

- (1) the most recently filed tax return for the TIN used to make this application
- (2) a list of the TINs of any subsidiary organizations which (a) have received Provider Relief Funds and (b) do not file separate tax returns.

You will need these to complete this process.

Please enter your name and email

- PowerForm Landing Page
 - When a provider completes the UHG Web Form and clicks **Continue**, they will be redirected to the **CARES Act Provider Relief Fund Application** in DocuSign.
 - The provider should enter their name and email in the designated fields.
 - Click **Begin** to move to the next step.
- Authentication Page
- Email Validation
- Accessing the Application

- ✔ **PowerForm Landing Page**
 - When a provider completes the UHG Web Form and clicks **Continue**, they will be redirected to the **CARES Act Provider Relief Fund Application** in DocuSign.
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 - Click **Begin** to move to the next step.
- ✔ **Authentication Page**
- ✔ **Email Validation**
- ✔ **Accessing the Application**

Application Guide – Step 4

HOW TO APPLY

Filling out the Application

HOW TO APPLY

Filling out the Application

Click each tab to learn more about filling out the form.

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

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

- 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

Applicant Information

Tax ID Number:

Name as shown on your federal income tax return:

Business Name (if different): Required - Federal Tax Classification


Federal Tax Classification: Sole Proprietor/Disregard

Revenue

Please provide Gross receipts or sales from Box 1 of IRS Form 1040, Schedule C: Required - Number - Gross Receipts or Sales

Please provide estimated lost revenue for March 2020:

Please provide estimated lost revenue for April 2020:

Please attach your completed IRS Form 1040 and Schedule C: 

Upload Attachment

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.

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Applicant Information Details

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

CARES Act Provider Relief Fund

Applicant Information

Tax ID Number:

Name as shown on your federal income tax return:

Business Name (if different):

Federal Tax Classification:

Exempt Payee Code: Exemption from FATCA reporting code:

Address 1:

Address 2:

City: State: Zip:

Account Numbers:

Medicare or Medicaid ID:

This is for demonstration purposes only exact screens may look different

Who should fill out this form?

TIN and Name

Where to find information on your W-9

Medicare or Medicaid ID

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.

HOW TO APPLY

Complete the Request

Click each tab to learn more.

CARES Act Provider Relief Fund Consent

By applying to receive funds from the CARES Act Provider Relief Fund, I consent to disclose to [CMS designees, insert title of the person in charge of this] tax information necessary and sufficient to establish the gross profit from my medical practice for 2017 (whether reflected on the return as calendar year gross profit or fiscal year gross profit). The Taxpayer Identification Number(s) for my medical practice is/are:


89-8969595	74-8596956	74-8596956	45-8596959	74-8596956
45-8596959	89-8969595	45-8596959	89-8969595	45-8596959
89-8969595	45-8596959	89-8969595	74-8596956	74-8596956
74-8596956	45-8596959	74-8596956	45-8596959	89-8969595

This disclosure is made for the express and sole purpose to enable the United States Department of Health and Human Services (HHS) to verify the gross profit of my medical practice in order to receive funds from the CARES Act Provider Relief Fund. I have the authority to consent to this disclosure on behalf of the medical practice.

HHS shall not use the tax information for any purpose other than the express purpose for which consent was granted. HHS shall not disclose the tax information to any other person or entity without the express permission of, or request by, the provider or medical practice, except as required by law.

The disclosed tax information is commercial and confidential. It is the policy of HHS to treat as private and otherwise protect from disclosure all confidential commercial information, including information that is trade secret, to the maximum extent authorized by law.

By applying to receive funds from the CARES Act Provider Relief Fund, I consent to HHS performing audits of the information provided to obtain funds under the CARES Act. I agree to cooperate fully with HHS's audit. I hereby consent to HHS receiving auditing information (including but not limited to tax return information) from third parties. I also agree to provide any future consent needed by HHS to receive auditing information (including but not limited to tax return information) from third parties.

Initial: 

- 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

- 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

our initials

Adopt Your Initials

Confirm your name, initials, and signature.

* Required

Full Name* Initials*

[SELECT STYLE](#) [DRAW](#) [UPLOAD](#)

PREVIEW [Change Style](#)

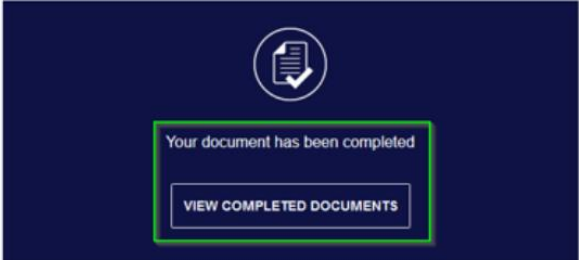

DocuSigned by:
Paula M. Provider
86F3B0374C194ED... DS
PMP

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



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