

Provider Relief Fund: Medicaid and CHIP Provider Distribution

Fact Sheet

Applications due August 3, 2020

On June 9, 2020, the U.S. Department of Health and Human Services (HHS) announced the distribution of approximately \$15 billion from the Provider Relief Fund to eligible providers that participate in state Medicaid and Children's Health Insurance Program (CHIP) and have not received a payment from the Provider Relief Fund General Distribution.

The payment to each provider will be approximately 2 percent of reported gross revenue from patient care; the final amount each provider receives will be determined after the data is submitted.



How to Apply For Funding

1. Visit hhs.gov/providerrelief and choose "For Providers"
2. Click on the **Enhanced Provider Relief Fund Payment Portal** within the Medicaid/CHIP Provider Relief Fund Payment Forms and Guidance section to get started.

Who Can Apply

Any provider that meets the eligibility requirements and can attest to the **Terms and Conditions** associated with the Medicaid and CHIP Distribution is eligible for funding. Applications must be submitted by August 3, 2020.

Eligibility Requirements

To be eligible, providers must have:

- Received no payment from the **\$50 billion** General Distribution to Medicare providers
- Billed Medicaid/CHIP programs or Medicaid managed care plans for health care-related services between Jan. 1, 2018–Dec. 31, 2019
- Filed a federal income tax return for fiscal years 2017, 2018 or 2019; or be exempt from filing a return
- Provided patient care after January 31, 2020
- Not permanently ceased providing patient care directly, or indirectly
- Reported on Form 1040 (or other tax form) gross receipts or sales from providing patient care

Repayment

Retention and use of these funds are subject to certain **Terms and Conditions**. If these Terms and Conditions are met, payments do not need to be repaid at a later date.

Uses of Funds

Provider Relief Funds 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 used to provide health care services for possible or actual COVID-19 patients
- Equipment used to provide health care services for possible or actual COVID-19 patients
- Workforce training
- Reporting COVID-19 test results to federal, state, or local governments
- Building or constructing temporary structures to expand capacity for COVID-19 patient care or to provide health care services to non-COVID-19 patients in a separate area from where COVID-19 patients are being treated
- Acquiring additional resources, including facilities, equipment, supplies, health care practices, staffing, and technology to expand or preserve care delivery
- Developing and staffing emergency operation centers

Attestation Requirements

Payment recipients must attest to the following within 90 days of receiving payment:

- Recipient provided, on or after Jan. 31, 2020, diagnosis, testing or care for actual or possible COVID-19 patients; is not terminated, revoked, or precluded from participating in Medicare, Medicaid or other Federal health care programs. HHS broadly views every patient as a possible case of COVID-19.
- Payment must be used to prevent, prepare for, and respond to coronavirus, and reimburse health care related expenses or lost revenues attributable to coronavirus
- Payment does not reimburse for expenses or losses that have been reimbursed from other sources, or that other sources are obligated to reimburse
- Recipient shall comply with all reporting and information requirements
- Recipients consent to public disclosure of payment

Terms and Conditions are located on hhs.gov/providerrelief.

How to Apply

Download the **Medicaid Provider Distribution Instructions** and **Medicaid Provider Distribution Application Form** from hhs.gov/providerrelief. Applications must be submitted by August 3, 2020.

Where can I find more information?

Please visit hhs.gov/providerrelief for eligibility requirements, Terms and Conditions, Frequently Asked Questions (FAQs) and a recording of past webinars on the application process. For additional information, please call the provider support line at (866) 569-3522; for TTY dial 711. Hours of operation are 7 a.m. to 10 p.m. Central Time, Monday through Friday. Service staff members are available to provide real-time technical assistance, as well as service and payment support.



Program eligibility and allocation of funds is determined by HHS, subject to adjustment (as may be necessary) and available funding; see details at hhs.gov/coronavirus/cares-act-provider-relief-fund. Terms and conditions will apply.