

Provider Relief Fund: Medicaid & CHIP Provider Distribution

Provider Relief Funding- Expanded Eligibility & Updated Reporting Requirements

On October 22nd, the U.S. Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), announced that it expanded the pool of eligible applicants that may apply for Phase 3 funds through the Provider Relief Fund (PRF).

Under the Phase 3 General Distribution, HHS invited providers that had already received PRF payments to apply for additional funding that considers changes in patient care operating revenue and expenses caused by the coronavirus. HHS also expanded the list of eligible applicants to providers who had not previously received PRF payments, including behavioral health providers known to the Substance Abuse and Mental Health Services Administration (SAMHSA) and certain providers who began practicing in 2020.

The PRF also released an animated [video](#) focused on eligibility and the ease of the application process for its current Phase 3 General Distribution.

Newly Eligible Phase 3 General Distribution Providers

HHS expanded the pool of eligible Phase 3 applicants. The list below includes eligible practices where providers may now apply for Phase 3 funding regardless of whether they accept Medicaid or Medicare.

- Behavioral Health Providers
- Allopathic & Osteopathic Physicians
- Dental Providers
- Assisted Living Facilities
- Chiropractors
- Nursing Service and Related Providers
- Hospice Providers
- Respiratory, Developmental, Rehabilitative and Restorative Service Providers
- Emergency Medical Service Providers
- Hospital Units
- Residential Treatment Facilities
- Laboratories
- Ambulatory Health Care Facilities
- Eye and Vision Services Providers
- Physician Assistants & Advanced Practice Nursing Providers
- Nursing & Custodial Care Facilities
- Podiatric Medicine & Surgery Service Providers

For a detailed description of all eligible Phase 3 General Distribution provider types, visit the [PRF website](#).

Reporting Requirements Update

In September, HHS published final reporting guidance. In providing this guidance, HHS also updated its Frequently Asked Questions (FAQs) to clarify that for purposes of relief payments for lost revenues attributable to COVID-19, recipients must submit information showing a negative change in year-over-year net patient care operating income.

HHS amended the reporting instructions to increase flexibility around how providers can apply PRF money toward lost revenues attributable to coronavirus. After reimbursing healthcare related expenses attributable to coronavirus that were unreimbursed by other sources, providers may use remaining PRF funds to cover any lost revenue, measured as a negative change in year-over-year actual revenue from patient care related sources.

Application Deadline

Providers will have until November 6, 2020 to apply for Phase 3 General Distribution funding.

Once validated, these providers will receive a baseline payment of approximately 2% of annual revenue from patient care plus an add-on payment that considers changes in operating revenues and expenses from patient care, including expenses incurred related to coronavirus. All payment recipients will be required to attest to receiving the Phase 3 General Distribution payment and accept the associated Terms and Conditions.

Additional Information

A policy memorandum on the reporting requirement decision can be found [here](#).

The amended reporting requirements guidance can be found [here](#).

For updates and to learn more about the Provider Relief Program, visit: <https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/index.html>