

June 29, 2020

<Provider Name>
<Provider Address 1>
<Provider Address 2>
<City> <State> zipcode5-zipcode4

Dear Provider:

On June 9, 2020, the U.S. Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), released information on additional funds targeted to Medicaid and Children's Health Insurance Program (CHIP) providers through the Provider Relief Fund. This funding is available as part of the *Coronavirus Aid, Relief, and Economic Security (CARES) Act*. The Michigan Department of Health and Human Services (MDHHS) is providing a summary of the program and encourages eligible Medicaid providers to apply to HRSA for this additional funding opportunity. **The application deadline is August 3, 2020.**

Eligibility

Medicaid providers are eligible to apply for the Medicaid Targeted Distribution funds if they meet ALL of the following criteria:

- Must not have received payment from the \$50 billion General Distribution.
- Must have directly billed Medicaid for healthcare-related services between January 1, 2018 - December 31, 2019, or own (on the application date) an included subsidiary that has billed Medicaid for healthcare-related services between January 1, 2018, to December 31, 2019. Based upon HHS guidance, providers may apply for this program if: (1) they participate in the Medicaid program on a fee-for-service basis; or (2) they participate in a Medicaid managed care organization. MDHHS contracts with several types of managed care organizations through the Medicaid program, which includes Medicaid Health Plans, Prepaid Inpatient Health Plans, Integrated Care Organizations, MI Choice Waiver Agents, and Healthy Kids Dental plans.
- Must have provided patient care after January 31, 2020.
- Must not have permanently ceased providing patient care directly or indirectly through included subsidiaries.
- Must have either filed a federal income tax return for fiscal years 2017, 2018 or 2019 or be an entity exempt from the requirement to file a federal income tax return and have no beneficial owner that is required to file a federal income tax return (e.g. a state-owned hospital or healthcare clinic).
- If the applicant is an individual, have gross receipts or sales from providing patient care reported on Form 1040, Schedule C, Line 1, excluding income reported on a W-2 as a (statutory) employee.

More information on eligibility criteria can be found on the HHS Provider Relief Fund website listed below.

Application Process

To apply for this special funding, Medicaid providers must report their annual patient revenue through the CARES Act Provider Relief Fund Payment Attestation Portal. This information will be used as a factor in determining their Provider Relief Fund eligibility and payment. The deadline to submit an application for the Medicaid Targeted Distribution funds is **August 3, 2020**. Additional information can be found in the “CARES Act Provider Relief Fund Application Guide” link which is included in the resource list below.

Attestation Process

The CARES Act requires that providers meet certain terms and conditions if a provider retains a Provider Relief Fund payment. Once a provider receives a payment, the provider is required to: (1) confirm they received a payment and the specific payment amount that was received; and (2) agree to the Terms and Conditions of the payment. The portal will guide providers through the attestation process to accept or reject the funds. Providers may return a payment by going into the portal within 90 days of receiving payment and indicating they are rejecting the funds. Not returning the payment within 90 days of receipt will be viewed as acceptance of the Terms and Conditions. To learn more about the attestation process, visit the CARES Act Provider Relief Fund Payment Attestation Portal.

Coordination with Medicaid Reimbursement

Providers can receive Medicaid Targeted Distribution funding and also receive reimbursement for services provided to Medicaid beneficiaries. However, providers cannot use funds received from Medicaid reimbursement and the Medicaid Targeted Distribution funding to pay for the same expenditure. Providers can use funding from these two sources in conjunction to cover the full cost of operations. Providers must abide by the requirements of both programs.

Resources

- Information on the Provider Relief Fund
URL: <https://www.hhs.gov/providerrelief>
- FAQs about the Provider Relief Fund
URL: <https://www.hhs.gov/providerrelief> >> Click on “FAQs”
- Medicaid/CHIP Provider Distribution Fact Sheet
URL: <https://www.hhs.gov/sites/default/files/provider-relief-fund-medicaid-chip-factsheet.pdf>
- Previously Recorded HHS Webinar
URL: https://webex.webcasts.com/starthere.jsp?ei=1334682&tp_key=9dd6d30493
- Medicaid Distribution Application Instructions
URL: <https://www.hhs.gov/sites/default/files/medicaid-provider-distribution-instructions.pdf>

- CARES Act Provider Relief Fund Payment Attestation Portal
URL: <https://cares.linkhealth.com/#/>

These funds are being made available through the federal HRSA. Providers with questions can contact the **HRSA Provider Support Line at 1-866-569-3522**.

Sincerely,

A handwritten signature in black ink, appearing to read 'K. Massey', followed by a horizontal line.

Kate Massey, Director
Medical Services Administration

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](https://www.hhs.gov/providerrelief).

How to Apply

Download the **Medicaid Provider Distribution Instructions** and **Medicaid Provider Distribution Application Form** from [hhs.gov/providerrelief](https://www.hhs.gov/providerrelief). Applications must be submitted by August 3, 2020.

Where can I find more information?

Please visit [hhs.gov/providerrelief](https://www.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](https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund). Terms and conditions will apply.