

Application Process for the Provider Relief Fund Phase 2 General Distribution for Medicaid Providers

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- March 27, 2020 – President Trump signed into law the Coronavirus Aid, Relief, and Economic Security (CARES) Act.
- April 24, 2020 – President Trump signed into law the Paycheck Protection Program and Health Care Enhancement (PPPCHE) Act.
- Combined, these Acts allocated \$175 billion to be distributed by the U.S. Department of Health & Human Services (HHS) through the Provider Relief Fund (PRF) to hospitals and healthcare providers on the front lines of the coronavirus response.

Overview of Provider Relief Funds (PRF) Distribution

- PRF payments are being disbursed via both "General" and "Targeted" Distributions.
- The General Distribution has been broken up into two phases (Phase 1 and Phase 2).
- The Phase 1 General Distribution consisted of \$50 billion to providers who bill Medicare fee-for-service.
 - ◆ Allocated proportional to Medicare providers' share of 2018 patient revenue
- The Phase 2 General Distribution that consists of a \$15 billion allocation will be distributed to eligible Medicaid, Medicaid managed care, CHIP and dental providers.
 - ◆ Recently expanded to include certain Medicare providers
- The amount of funding for the Phase 2 General Distribution will be up to 2% of patient care revenue reported in the PRF application.

Terms and Conditions for Acceptance of PRF

The Recipient must acknowledge its full compliance with all Terms and Conditions including:

- Recipient provided, on or after January 31, 2020, diagnosis, testing, or care for individuals with possible or actual cases of COVID-19;
- Payment must be used to prevent, prepare for, and respond to coronavirus, and reimburse healthcare related expenses or lost revenues attributable to COVID-19;
- Payment does not reimburse for expenses or losses that have been reimbursed for other sources, or that other sources are obligated to reimburse (i.e. insurance);
- Recipient must comply with all reporting and information requirements; and
- Recipient consents to public disclosure of payment.
- [LINK](#) to Terms and Conditions

The due date for applications have been extended until August 28, 2020.

- By 11:59 p.m. on August 28, 2020, providers are required to complete the **TIN Validation stage** of the application.
- Additional Providers Eligible for Phase 2 General Distribution
 - Providers who were ineligible for the Phase 1 General Distribution because:
 - ◆ They underwent a change in ownership in CY 2019 or 2020 under Medicare Part A; and
 - ◆ Did not have Medicare FFS revenue in 2019
 - Providers who received a payment under Phase 1 General Distribution but:
 - ◆ Missed the June 3 deadline to submit revenue; or
 - ◆ Did not receive Phase 1 General Distribution payments totaling approximately **2% of their annual patient revenue**.
 - Providers who previously received Phase 1 General Distribution payment(s), but **rejected and returned the funds** and are now interested in re-applying

There are seven (7) steps to apply for the Phase 2 General Distribution

1. Determine if the provider organization is eligible.
2. Set up Optum ID to access the Provider Relief Fund Payment Attestation Portal.
3. Validate the provider organization's Federal Tax Identification Number (TIN).
4. Apply for funding.
5. Receive payment.
6. Attest to payment.
7. Report the use of funds.

Updated Eligibility Requirements

To be eligible for the Phase 2 General Distribution, a provider must have:

- **New:** billed Medicare fee-for-service in 2019; or
- **New:** been a Medicare Part A provider that experienced a change in ownership and billed Medicare fee-for-service in 2019 or 2020 that prevented the otherwise eligible provider from receiving a Phase 1 General Distribution payment; or
- Either directly or indirectly through an owned subsidiary:
 - billed Medicaid / CHIP programs or Medicaid managed care plans for health related services between January 1, 2018 through December 31, 2019; or
 - Billed a health insurance company for oral healthcare- related services as a dental service provider; or
 - Be a licensed dental service provider who does not accept insurance and has billed patients for oral healthcare-related services.

To be eligible, applicants must meet all of the following requirements:

- Filed a federal income tax return for fiscal years 2017, 2018, 2019 or be exempt from filing a return; and
- Provided diagnoses, testing, or care for individuals with possible or actual cases of COVID-19 after January 31, 2020; and
- Not permanently cease providing patient care directly or indirectly; and
- Have gross receipts or sales from patient care reported on IRS Form 1040 – Income Tax Return

Full eligibility details available: <https://www.hhs.gov/sites/default/files/provider-relief-fund-general-distribution-faqs.pdf>

Setting Up Your Optum ID

- Overview
- Set Up Optum ID**
- What You Need
- Resources and Support

The Department of Health and Human Services has contracted with UnitedHealth Group to administer Provider Relief Fund payments. Therefore, some steps in the process involve existing UnitedHealth Group tools. Specifically, you'll need to set up an Optum ID in order to access the portal. The process will not involve recredentialing or contracting with UnitedHealth Group, and the information you submit will be used to administer the Provider Relief Fund payment.

Set up Optum ID

1. If you do not have an Optum ID

You will need to create an Optum ID to access the portal, [start registration here](#) to begin.

2. If you have an Optum ID already

You can access the portal at the top right of the webpage to sign in or [sign in with Optum ID here](#).



Create an Optum ID

An Optum ID securely manages your account so that you can use one Optum ID and password to sign in to all integrated applications.

Already have an Optum ID? Sign in now

Profile Information

First name

Last name

Sign In Information

Your email address

Create Optum ID

Your Optum ID must have:

- 6 to 50 characters
- At least one letter
- No spaces
- No letters with accents
- None of these symbols: % + " & {} ^ * () < > # / ; () : ' * ~

Create password

Your password must have:

- Between 8 and 100 characters
- At least 1 uppercase letter
- At least 1 lowercase letter
- At least 1 number
- No spaces and no & symbol

Type password again

Security Questions and Answers

Security question 1

Security answer 1

Security question 2

Security answer 2

Security question 3

Security answer 3


You must agree to the [Terms of Use](#) and [Website Privacy Policy](#) to use the Optum ID service. If you do not agree, click Cancel and do not use any aspect of the Optum ID service.

Adding Your Organization to the PRF Portal

Once you have set up your Optum ID and have logged in to the portal successfully, you will be asked to add the organization TIN, enter the provider organization name, and attest to the program administrator role.

New to this site?
To get started, please add an Organization Taxpayer Identification Number (TIN). You will be guided through each step.


Add Organization TIN * Required Fields

Organization TIN*  Provider Organization Name (as displayed in the first field on W-9 for this TIN)*

Add Organization TIN

Program Administrator Attestation for Organization TIN 111222333

- I attest that I am submitting on my own behalf and I am the provider associated with this Organization TIN; or I have the authority to submit a request on behalf of the provider group(s) associated with this Organization TIN.
- I certify that all information provided as part of this process is true, accurate and complete, to the best of my knowledge.
- I understand that any person who knowingly and with intent to defraud the Government or the Company, files information containing materially false information, or conceals for the purpose of misleading the company commits a fraudulent insurance act.
- I understand that only one person may submit information on behalf of an Organization TIN. I understand that my name and email will be shared if duplicate information is received for the same Organization TIN. If I am no longer able to submit information on behalf of the provider group associated with this Organization TIN, then I will withdraw my name and a different person will be added in my place.

I'm not a robot  [reCAPTCHA](#)
[Privacy - Terms](#)

I Do Not Accept **I Accept**

Getting Started with the Organization TIN Dashboard

The Organization TIN Dashboard displays the actions required with the first action being to Validate Your TIN. The other required actions will become available upon successful completion of the previous action.

Organization TIN Dashboard
Please see status details and complete any actions required below.

Organization Tax ID Number: **111222333**, Provider Name: **ABC-Healthcare, Inc.**

Action Required for this TIN	Status	Next Action
Validate TIN	Available Now	Get Started
Revenue and Tax Information	Not Available Yet	You will be able to confirm revenue and tax information once TIN Validation is complete.
Attest to Payment and Terms	Not Available Yet	Once payment has been issued, you will be able to attest to fund distribution.

Not available yet:
Revenue and Tax Information
Attest to Payment and Terms

Add Another Organization TIN *Required Fields

Organization TIN*

Provider Name (as shown on IRS Form W-9 for this TIN)*

Add Organization TIN

Validating Your TIN

First, you will need to select the federal tax classification and applicable exempt codes for your organization.

Federal Tax Classification*

S Corporation

Exempt Payee Code

- 1 - An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2 - The United States or any of its agencies or instrumentalities
- 3 - A state, the District of Columbia, a U.S commonwealth or possession, or any of their political subdivisions, agencies, or instrumentalities
- 4 - A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5 - A corporation
- 6 - A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S commonwealth or possession
- 7 - A futures commission merchant registered with the Commodity Futures Trading Commission
- 8 - A real estate investment trust
- 9 - An entity registered at all times during the tax year under the investment Company Act of 1940
- 10 - A common trust fund operated by a bank under section 58(a)
- 11 - A financial institution
- 12 - A middleman known in the investment community as a nominee or custodian
- 13 - A trust exempt from tax under section 664 or described in section 4947

Exempt from FATCA Reporting Code

- A - An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B - The United States or any of its agencies or instrumentalities
- C - A state, the District of Columbia, a U.S commonwealth or possession, or any of their political subdivisions, agencies, or instrumentalities
- D - A foreign government or any of its political subdivisions, agencies, or instrumentalities
- E - A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)
- F - A dealer in securities, commodities or derivative financial instruments (including notional principal contracts, futures, forwards and options) that is registered as such under the laws of the United States or any state
- G - A real estate investment trust
- H - A regulated investment company as defined in section 851 or any entity registered at all times during the tax year under the investment company Act of 1940
- I - A common trust fund as defined in section 584(a)
- J - A bank defined in section 581
- K - A broker
- L - A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M - A tax exempt trust under a section 403(b) plan or section 457(g) plan

Second, you will enter the organization's TIN street address and identify whether or not you use a billing company.

Organization TIN Address *Required Fields

Street Line 1*

Street Line 2

City*

State*

ZIP Code*

Billing Company *Required Fields

Do you use a billing company for this TIN?

Yes

Third, you will enter your primary practice location and provide group or individual practice information.

ZIP Code*

12207

Phone Number* Extension

(111) 222-3345

Group/Individual Information *Required Fields

Registration Type*

Group

Individual

Group NPI

1122334455

Group NPI Effective Date*

10/10/2000

Medical/DOH/License Number

List of all Subsidiary TIN(s) Associated with this Entity*

111222333,
111222334

Type or copy/paste TIN(s) here. TINs should be separated by commas. If your organization does not have subsidiary TINs, please re-enter your organization TIN.

Account Number(s)

Add account numbers separated by commas.

Cancel Continue

Validating Your TIN (continued)

The last step towards validating your TIN is to review and confirm that all of the information entered is correct.

You will then be brought back to the dashboard.

Organization TIN Dashboard
Please see status details and complete any actions required below.

Organization Tax ID Number: **111222333**, Provider Name: ABC Healthcare, Inc.




Action Required for this TIN:	Validate TIN	Revenue and Tax Information	Attest to Payment and Terms
None Not available yet: Revenue and Tax Information Attest to Payment and Terms	 Validate TIN Processing	 Revenue and Tax Information Not Available Yet	 Attest to Payment and Terms Not Available Yet
	Thank you for your submission. We will email you regarding next steps in the process or you can return to this dashboard to view status updates.	You will be able to confirm revenue and tax information once TIN Validation is complete.	Once payment has been issued, you will be able to attest to fund distribution.

Once your TIN has been validated as an eligible TIN, you will next enter your revenue and tax information.

Organization TIN Dashboard

Please see status details and complete any actions required below.

Organization Tax ID Number: **111222333**, Provider Name: ABC Healthcare, Inc.

<p>Action Required for this TIN:</p> <p>Revenue and Tax Information</p> <p>Not available yet:</p> <p>Attest to Payment and Terms</p>	 <p>Validate TIN</p> <p>Complete</p>	 <p>Revenue and Tax Information</p> <p>Available Now</p> <p>Get Started</p>	 <p>Attest to Payment and Terms</p> <p>Not Available Yet</p> <p>Once payment has been issued, you will be able to attest to fund distribution.</p>
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Revenue and Tax Information *(continued)*

Begin filling in relevant revenue and tax information, starting with the main point of contact for any inquiries regarding the application.

CARES Act Provider Relief Fund

Tax ID Number:	111222333		
Name as shown on your income tax return:	ABC Healthcare, Inc.		
Federal Tax Classification:	S Corporation		
Business Name (if different):			
Street 1:	136 State Street		
Street 2:	Suite 300		
City:	Albany	State:	NY
		Zip:	12207
Registration Type:	G		
Group NPI (Group Only):	1122334455		
(1) Contact Person Name:			
(2) Contact Person Title:			
(3) Contact Person Phone Number:			
(4) Contact Person Email:			
(5) Applicant Type:			

The relevant revenue and tax information for the simplified application that you will need to provide is as follows:

- Amount of Revenues
- The Fiscal Year of the revenues you are reporting in the application
- Percentage of revenues from patient care.
- Banking information to receive payment

REVENUES

(10) Revenues: \$

(11) Fiscal Year of Revenues:

(12) Percentage of Revenue from Patient Care: %

Fields 13 and 14 have been intentionally removed

(15) Upload Revenues Worksheet (if required):

(16) Upload Federal Tax Form:

Fields 17 - 32 have been intentionally removed

BANKING INFORMATION

(33) Bank Name:

(34) ABA Routing Number:

(35) Account Holder Name:

(36) Account Number:

There is also a requirement of the submission of supporting documentation which includes:




- The provider organizations most recently filed tax returns for fiscal years 2017, 2018, or 2019
 - Individuals or Sole Proprietors – IRS Form 1040
 - Trusts or Estates – IRS Form 1040
 - Partnerships – IRS Form 1065
 - C Corporations – IRS Form 1120
 - S Corporations – IRS Form 1120-S
 - Tax-exempt organizations – IRS Form 990
- The provider organizations most recent Employer's Quarterly Federal Tax Return (IRS Form 940 or IRS Form 941)
- A completed Gross Revenues worksheet, if applicable

Once you receive payment, you will notice the final action will be available. Here you will be asked to attest to the receipt of or reject* the funding.

Organization TIN Dashboard

Please see status details and complete any actions required below.

Organization Tax ID Number: **111222333**, Provider Name: ABC Healthcare, Inc.

Action Required for this TIN: Revenue and Tax Information Attest to Payment and Terms Not available yet	 Validate TIN Complete	 Revenue and Tax Information Available Now Get Started	 Attest to Payment and Terms Available Now Get Started <small>You are required to confirm and attest to payment once a relief payment has been deposited in your account.</small>
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* If you wish to reject the funds, you have 15 days to return the payment. The portal will advise you of the return process when you reject the funds.

In order to attest to the payment, you will be asked to enter the Check Number you received and the amount.

Attest to Payment and Terms

Attestation of Payment *Required Fields

All relief payments are made to provider organizations based on their Taxpayer Identification Numbers (TINs). Please confirm the check number and payment you received for this TIN.

This form should only be filled out once you have received the paper check in the mail

Check Number*	Relief Fund Payment Amount*
<input type="text" value="1122334455"/>	<input type="text" value="\$1,000.00"/>

The reports will allow providers to demonstrate compliance with the Terms and Conditions, including use of funds for allowable purposes.

- The reporting system will become available to recipients for reporting on October 1, 2020.
- All recipients must report within 45 days of the end of calendar year 2020 on their expenditures through the period ending December 31, 2020.
- Recipients who have expended funds in full prior to December 31, 2020 may submit a single final report at any time during the window that begins October 1, 2020, but no later than February 15, 2021.
- Recipients with funds unexpended after December 31, 2020, must submit a second and final report no later than July 31, 2021.

- **Will healthcare providers that have not had their TINs validated by the application deadline of August 28, 2020 be able to submit an application after that date? - Yes.** A healthcare provider must at least submit their TIN for validation by 11:59 p.m. August 28, 2020. If they receive the results of that validation after August 28, they will still be able to complete and submit their application.
- **Will healthcare providers that received funds under the General Distribution Phase 1 be eligible for additional funds through the Phase 2 distribution? – Yes.** The provider is eligible for additional funds if the Phase 1 distribution was less than 2% of their reported patient revenues.
- **Can a provider that purchased a healthcare provider under a different TIN in 2019 accept PRF payment from a previous owner? – No.** A new TIN owner cannot accept payments from a previous TIN.
- **Is a healthcare provider who received funding through the Paycheck Protection Program eligible for General Distribution Phase 2 funds? – Yes.** However, the provider must attest that they will not use the funds from the Phase 2 distribution for the same expenses as were used from the PPP.

- For additional information, call the provider support line at: (866) 569-3522; or
- Visit hhs.gov/providerrelief for links to:
 - Terms and Conditions
 - Fact Sheet
 - Step-by-step Provider Guide
 - Frequently Asked Questions
 - Application Guidance and Pre-Application Tools
 - Application and Attestation Portal



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