Medicaid Provider Relief Fund Key Points

The Department of Health and Human Services (HHS) committed to distribute approximately $15 billion from the Provider Relief Fund to eligible Medicaid and Children’s Health Insurance Program (CHIP) providers. The following document identifies key points regarding provider eligibility and the application process. **This information was developed as of June 11, 2020 1:00pm.** **This document does not provide legal advice regarding the Medicaid Provider Relief Fund.**

**Key Points**

* Providers are eligible for the Medicaid Provider Relief Fund distribution if they did not previously receive payments from the Provider Relief Fund’s $50 billion general distribution. Eligible providers must have either directly billed their state Medicaid and CHIP programs or Medicaid managed care plans for healthcare-related services from January 1, 2018, to May 31, 2020.
* Medicare providers, in general, are **not** eligible to receive funding from the $15 billion Medicaid Provider Relief Fund. (Medicare providers should have applied for and received payment from the Provider Relief Fund’s $50 billion general distribution.)
* Prior payment in a Provider Relief Fund Targeted Distribution (like the High Impact Area, Rural, Indian Health Service, and Skilled Nursing Facility Targeted Distributions) does not affect eligibility.
* The deadline to submit an application for the Medicaid Provider Relief Fund is July 20, 2020.
* Providers should be prepared to submit significant data through the application. This information includes, but is not limited to:
	+ Most recent income tax return for 2017, 2018, or 2019
	+ Gross revenue
	+ Losses related to COVID-19
	+ Payer mix
	+ Payments received through the Small Business Administration’s Paycheck Protection Program (PPP)
	+ Payments received by FEMA
	+ Full-time equivalent (FTE)
* Provider payment will be at least 2% of reported gross revenue for CY 2017, 2018 or 2019, as selected by the applicant and with accompanying submitted tax documentation.
* Payments will be disbursed on a rolling basis, as information is validated.
* When entering data in the portal applicants should take pictures of each page in the portal and the data they enter to keep for their own records.
* Providers that have been allocated a payment from the Medicaid Provider Relief Fund must sign an attestation confirming receipt of the funds and agree to the Terms and Conditions within 90 days of payment.

**Helpful Links**

[Press Release](https://www.hhs.gov/about/news/2020/06/09/hhs-announces-enhanced-provider-portal-relief-fund-payments-for-safety-net-hospitals-medicaid-chip-providers.html)

[FAQs](https://www.hhs.gov/sites/default/files/terms-and-conditions-safety-net-relief-fund.pdf)

[Medicaid Provider Relief Fund Instructions](https://www.hhs.gov/sites/default/files/terms-and-conditions-safety-net-relief-fund.pdf)

[Medicaid Provider Relief Fund Application](https://www.hhs.gov/sites/default/files/medicaid-provider-distribution-application-form.pdf)

[Medicaid Provider Relief Fund Portal](https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/for-providers/index.html)