Provider Relief Fund
Phase 4 General Distribution and American Rescue Plan Rural Payments

Thursday, September 30, 2021
Welcome
Thank you for joining. Please allow a few minutes for attendees to join the webcast.

Webcast Recording
A recording will be made available on HRSA’s website in the days following today’s session.

Questions and Answers
Please submit all questions through the webcast chat feature. We will compile all inquiries and answer as many questions as possible during the Q&A portion of our discussion.
Today’s Speakers

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Agenda

- Provider Relief Fund (PRF) Overview
- Phase 4 General Distribution and American Rescue Plan (ARP) Rural payments
- Application Demo
- Questions and Answers
Provider Relief Fund Overview & Previous Distributions

In 2020, the CARES Act and the Paycheck Protection Program and Health Care Enhancement Act, and the Coronavirus Response and Relief Supplemental Appropriations Act provided $178 billion in relief funds to health care providers, including those on the front lines of the coronavirus response. In addition to this funding for the PRF, the American Rescue Plan Act signed in 2021 provided $8.5 billion for rural providers and suppliers.

Phases 1 & 2

- General Distribution
  - Payments to Medicare, Medicaid, or CHIP, Dental, Assisted Living Facilities and other providers based on 2% of patient revenue, regardless of the provider’s payer mix

Targeted Distributions

- Allocated to providers based on particular criteria: hospitals in High Impact Areas, rural providers, skilled nursing facilities, tribal hospitals and clinics, children’s hospitals, nursing homes, and safety net hospitals

Phase 3 General Distribution

To broad range of providers, payments were the greater of:

- 88% of operating losses and increased expenses in the first half of 2020
- 2% of annual patient care revenues
Phase 4 General Distribution
&
ARP Rural
Phase 4 General Distribution and ARP Rural Overview

- Up to $25.5 billion in total funding to be distributed:
  - $17 billion for PRF Phase 4
  - $8.5 billion in ARP Rural
- Four-week application period
  - Application opened: September 29, 2021
  - Deadline to submit completed applications: **October 26, 2021 at 11:59 p.m. ET**
- Both funding opportunities are available through a single application portal
  - Eligible providers can be considered for payments from both programs simultaneously
- Payments from both programs can be used by recipients to cover lost revenues or eligible expenses dating back to Jan. 1, 2020
Providers must attest that:

- They provide or provided after January 31, 2020, diagnoses, testing, or care for individuals with possible or actual cases of COVID-19 and remain in good standing with Medicare, Medicaid, and other Federal health care programs.

- Their payment will only be used to prevent, prepare for, and respond to coronavirus.

- They will not use the payment to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse.

- They consent to HHS publicly disclosing the Payment that Recipient may receive from the Provider Relief Fund.

- They will adhere to the Reporting Requirements for payments exceeding $10,000 in the aggregate during the Payment Received Period.

- **New:** They will notify HHS of a merger with or acquisition of any other health care provider via the Reporting Portal.

*This list is not exhaustive; for the full terms and conditions for each program, please visit [hrsa.gov/provider-relief](http://hrsa.gov/provider-relief)*
Eligibility

**Phase 4**

Who is potentially eligible?

- Providers or suppliers who bill Medicare (Parts A, B, and C), Medicaid (fee-for service or managed care) or CHIP
- Dental service providers
- Behavioral health providers
- State licensed/credentialed Assisted Living Facilities

**ARP Rural**

Who is potentially eligible?

- Providers or suppliers who bill Medicare (Parts A, B, and C), Medicaid (fee-for-service or managed care), and/or or Children’s Health Insurance Program (CHIP), and operate in or serve patients in a rural area
- Rural health clinics and critical access hospitals
- In-home health, hospice, or long-term services providers

You may be eligible regardless of whether you deliver health care, services, and/or support in a medical setting, at home, or in the community.

For a complete list of eligibility criteria, visit [hrsa.gov/provider-relief/future-payments](http://hrsa.gov/provider-relief/future-payments)
How Are ARP Rural Payments Calculated?

• ARP Rural payments will be based on the number and type of Medicare, Medicaid, and CHIP claims for beneficiaries living in a rural area between Jan. 1, 2019 and Sept. 30, 2020.
  • HRSA will use HHS’s Federal Office of Rural Health Policy definition of rural. More info available at: hrsa.gov/rural-health/about-us/definition/index.html

• Eligible providers do not have to be located in a rural area to get a payment.
  • HRSA will calculate payments based on CMS claims for beneficiaries living in rural areas.

• HRSA will price Medicaid and CHIP claims data at Medicare rates, with some limited exceptions for some services provided predominantly in Medicaid and CHIP.
**How Are ARP Rural Payments Calculated?**

- HRSA will calculate payments at the billing TIN level for those included in the application.

- HRSA requires that ARP Rural payments are allocated to the billing TINs.

- Eligible billing TINs that have at least one Medicare, Medicaid, or CHIP claim for a rural beneficiary will receive a minimum payment TBD based on applications.

- HRSA will make payments using Medicare, Medicaid, and CHIP claims data already available to us.
  - You do not need to verify whether your patients live in a rural area.
  - You must indicate your interest and include a full list of billing TINs in the application portal that you would like HRSA to review.
How Are Phase 4 Payments Calculated?

Base Payments

• ~75% of the Phase 4 allocation will be used for base payments calculated on providers’ changes in operating revenues and expenses from July 1, 2020 to March 31, 2021.
  
  • Large providers (based on annual patient care revenue) will receive a payment amount that is X% of their changes in operating revenues and expenses.
  
  • Medium and small providers will receive X% of their changes in operating revenues and expenses plus a supplement, with small providers receiving the highest supplement.
  
  • HRSA will determine the exact percentage for the payments and supplements after analyzing data from all the applications received to ensure we remain within our budget and funds are distributed equitably.
  
• No provider will receive a Phase 4 base payment that exceeds 100% of their losses and expenses from July 1, 2020 to March 31, 2021.
How Are Phase 4 Payments Calculated?

**Bonus Payments**

- ~25% of the Phase 4 allocation will be put towards bonus payments that are based on the amount and type of services provided to Medicare, Medicaid, and CHIP beneficiaries from Jan. 1, 2019 through Sept. 30, 2020.

- HHS will price Medicaid and CHIP claims data at Medicare rates, with some limited exceptions for some services provided predominantly in Medicaid and CHIP.

- HRSA will make bonus payments using Medicare, Medicaid and CHIP claims data already available to us.

- In order to receive a bonus payment, you **must** include a full list of billing TINs in the application portal that you would like HRSA to consider for payment.
1. IRS TIN validation
   1. Providers who have not logged into the Provider Relief Fund Application and Attestation Portal for more than 90 days will need to first reset their password before starting a new application.
   2. Include a comprehensive list of billing TINs that provide patient care.
   3. IRS TIN validation can take up to 4 days.

2. Submitting Financial and Supporting Documentation
   1. Review the instructions and FAQs.
   2. Review additional instructions for new providers and additional documentation requirements for certain applicants.
   3. If you want to be considered for ARP Rural payments, select this option while filling out the application.
   4. Deadline is October 26 at 11:59 p.m. ET.

**HRSA will review your application, determine if you qualify to receive payment(s), and notify you of the outcome of your application.**
Documentation You Need to Get Started

Supporting documentation and information needed to complete an application will include:

• Applicant TIN and any subsidiary/billing TINs included in the applicant TIN’s IRS tax filing.

• Internally-generated financial statements that substantiate operating revenues and expenses from patient care in 2019 Q1, Q3, and Q4; 2020 Q3 and Q4; and 2021 Q1.

• Federal income tax return, audited financial statements, or internally-generated financial statements to document your annual revenues and annual revenues from patient care.

• Additional documentation required for certain providers.

See Application Instructions for a complete list.
Important Resources

- Visit hrsa.gov/provider-relief for links and information on:
  - Terms and Conditions
  - Fact Sheets
  - Frequently Asked Questions
  - Application Instructions, Documentation Guides, and Pre-Application Resources
  - Application and Attestation Portal

- For additional information, call the provider support line at: (866) 569-3522; for TTY dial 711.
Role of UnitedHealth Group

• All program funding and disbursements are set forth by HHS/HRSA.
• All Terms and Conditions are set forth by HHS.
• UnitedHealth Group’s technology and expertise enable the process of gathering information from providers to facilitate decisions by HHS/HRSA.
• The process will not involve credentialing or contracting with UnitedHealth Group, and the information you submit will be used to administer the Provider Relief Fund by HHS/HRSA.
Application Portal Overview
Welcome to the Provider Relief Fund Application and Attestation Portal

This portal allows providers to apply for and attest to relief fund payments made for healthcare-related expenses or lost revenue attributable to COVID-19.

Set up One Healthcare ID

1. If you do not have an One Healthcare ID
   You will need to create an One Healthcare ID to access the portal. start registration here to begin.

2. If you have an One Healthcare ID already
   You can access the portal at the top right of the webpage to sign in or sign in with One Healthcare ID here.
IMPORTANT: Enter your organization name exactly as it appears on IRS Form W-9
Organization TIN Dashboard
Please see status details and complete any actions required below.

Organization Tax ID Number: xxxxxx6890, Provider Name: Webcast Provider Relief Fund Group

- **Action Required For This TIN:**
  - Validate TIN
  - Not Available Yet
  - Revenue and Tax Information
    - Not Available Yet
    - Get Started
  - Attest to Payment and Terms
    - Not Available Yet
    - Once payment has been issued, you will be able to attest to fund distribution.

- **Add Another Organization TIN**

  **Organization TIN**: 

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

  **TIN Type**: 

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

Organization Tax ID Number: xxxxx8890®, Provider Name: Webcast Provider Relief Fund Group

Action Required For This TIN:
Attest to Payment and Terms

Update TIN Validation:
Update TIN

Validate TIN
Complete

Revenue and Tax Information
Complete

Attest to Payment and Terms
0 of 1 Payments Attested
Get Started

You are required to confirm and attest to payment once a relief payment has been deposited in your account.

Add Another Organization TIN

Organization TIN*:  

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

TIN Type*: 
Select...
Program Administrator Attestation for Organization TIN xxxxx6890

Please check all boxes and choose “I Accept” to complete the program administrator attestation.

- 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

I Accept
I Do Not Accept
Tax Validation

Provider Organization Name (as displayed in the first field on W-9 for this Taxpayer) [Input]

Federal Tax Classification [Dropdown]
- 8: Corporation

Exempt Payee Code [Clear]
- 1: An organization exempt from tax under section 501(c), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 414(u)(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 56(a)
- 11: A financial institution
- 12: A member or participant in the investment community as a nominee or custodian
- 13: A trust exempt from tax under section 504 or described in section 4947

Exempt from FATCA Reporting Code [Clear]
- A: An organization exempt from tax under section 501(c) 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, or 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(h)(1)(i)
- F: A dealer in securities, commodities, or derivative financial instruments (including non-derivative contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
### Addresses

#### Organization TIN Address

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Line 1</td>
<td>1 Cherry Hill Road</td>
</tr>
<tr>
<td>City</td>
<td>New York</td>
</tr>
<tr>
<td>State</td>
<td>New York</td>
</tr>
<tr>
<td>ZIP Code</td>
<td>22222</td>
</tr>
</tbody>
</table>

#### Billing Company

- Do you use a billing company for this TIN?
  - Yes
  - No
IMPORTANT: Enter a valid email address and monitor your inbox frequently.
IMPORTANT: Enter an exhaustive list of billing TINs owned by your organization.
## Webcast Provider Relief Fund Group

<table>
<thead>
<tr>
<th>Business Name</th>
<th>Organization TIN Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Webcast Provider Relief Fund Group</td>
<td>1 Cherry Hill Road New York, NY 22222</td>
</tr>
<tr>
<td>5 Corporation</td>
<td>Primary Service</td>
</tr>
<tr>
<td>Exempt Payee Code</td>
<td>1 Cherry Hill Rd Cranberry, NJ 32222</td>
</tr>
<tr>
<td>5 -A corporation</td>
<td>(524) 123-4444</td>
</tr>
<tr>
<td>Exempt from FATCA reporting code</td>
<td>Medicaid ID(s)</td>
</tr>
<tr>
<td>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)</td>
<td></td>
</tr>
<tr>
<td>List of all Subsidiary TINs Associated with this Entity</td>
<td>NY-123456789, NJ-123456789</td>
</tr>
<tr>
<td>List of all Subsidiary TINs Associated with this Entity</td>
<td>xxxxx6789</td>
</tr>
</tbody>
</table>

### Submitter Information
- **Name:** Lavanya Demonstration
- **Phone Number:** (123) 444-4444
- **Email:** email@webcast.com

### Applicant/Provider Type
- Facilities – Acute Care Hospital, Academic Medical Center

### Registration Type
- Group

### Group Information
- **Group NPI:** 1234567890
- **Group NPI Effective Date:** 09/09/2014

### Applicable Department of Health, or National License Number or Certification Number
- Not Applicable
Organization TIN Dashboard
Please see status details and complete any actions required below.

Organization Tax ID Number: xxnx6890, Provider Name: Webcast Provider Relief Fund Group

Action Required For This TIN:
- None
- Not Available Yet
- Revenue and Tax Information
- Attest to Payment and Terms

Remove TIN From List
Remove TIN

Validate TIN
Processing

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.

Add Another Organization TIN

Organization TIN
Required Field

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

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

Organization Tax ID Number: xxxxx6890©, Provider Name: Webcast Provider Relief Fund Group

- **Action Required for TIN Information**
  - Revenue and Tax Information
  - Not Available Yet
  - Attest to Payment and Terms
- **Validate TIN**
  - Complete
- **Revenue and Tax Information**
  - Available Now
- **Attest to Payment and Terms**
  - Not Available Yet

You will receive an email confirmation from DocuSign when you complete your Revenue and Tax Information submission. The "Get Started" message above will be updated when your submission is processed and payment determination is made.

**Add Another Organization TIN**

<table>
<thead>
<tr>
<th>Organization TIN*</th>
<th>Provider Organization Name (as displayed in the first field of the W-9 for this TIN)*</th>
<th>TIN Type*</th>
</tr>
</thead>
</table>

Add Organization TIN
Please enter the access code to view the document

An email containing a validation code has been sent to the address you specified. To proceed, please open the email and enter the code in the box below. Keep this browser window open while you get your email.

Access Code

 VALIDATE I NEVER RECEIVED AN ACCESS CODE

Signing validation code: 4d09c24e

RESUME SIGNING

Copy and enter the validation code above into the access page to finish the HRSA Provider Relief Fund application.

At any point before completing your submission, you may return to the application by clicking on the Resume Signing button in this email.
HRSA Provider Relief Fund – Phase 4 and American Rescue Plan (ARP)
Rural Distribution Revenue Application

Tax ID Number: 111116959
Name as shown on your income tax return: Webcast Provider Relief Fund Group
Federal Tax Classification: Individual/sole proprietor or single-member LLC
Business Name (if different):

Street 1: 1 Cherry Hill Road
Street 2: 
City: New York State: NY Zip: 22222

Registration Type: 
NPI: 1234567890

(1) Contact Person Name: 
(2) Contact Person Title: 
(3) Contact Person Phone Number: 
(4) Contact Person Email: 
(5) Applicant/Provider Type: Facilities – Acute Care Hospital, Academic Medical Center

(5) CMS Certification Numbers (CCNs), if applicable: 

Fields 6 - 11 have been intentionally removed
REVENUES

(10) Revenues: $ ____________________________

(11) Fiscal Year of Revenues: ____________________________

(12) Revenue from Patient Care: $ ____________________________

(12.1) Select the Federal Tax From you will upload to support Patient Care Revenue: ____________________________

13. OPERATING REVENUES FROM PATIENT CARE

(13.1) 2019 Q1 (Jan 1 – Mar 31): ____________________________

(13.2) 2019 Q2 (Apr 1 – Jun 30): ____________________________

(13.3) 2019 Q3 (Jul 1 – Sept 30): ____________________________

(13.4) 2019 Q4 (Oct 1 – Dec 31): ____________________________

(13.5) 2020 Q1 (Jan 1 – Mar 31): ____________________________

(13.6) 2020 Q2 (Apr 1 – Jun 30): ____________________________

(13.7) 2020 Q3 (Jul 1 – Sept 30): ____________________________

(13.8) 2020 Q4 (Oct 1 – Dec 31): ____________________________

14. OPERATING EXPENSES FROM PATIENT CARE

(14.1) 2019 Q1 (Jan 1 – Mar 31): ____________________________

(14.2) 2019 Q2 (Apr 1 – Jun 30): ____________________________

(14.3) 2019 Q3 (Jul 1 – Sept 30): ____________________________

(14.4) 2019 Q4 (Oct 1 – Dec 31): ____________________________

(14.5) 2020 Q1 (Jan 1 – Mar 31): ____________________________

(14.6) 2020 Q2 (Apr 1 – Jun 30): ____________________________

(14.7) 2020 Q3 (Jul 1 – Sept 30): ____________________________

(14.8) 2020 Q4 (Oct 1 – Dec 31): ____________________________

SUPPORTING DOCUMENTATION: Total Annual Revenues and Annual Revenues from Patient Care

(15) Unaudited (based on Field 12.1)

(16) Upload Annual Revenues Adjustments Worksheet (if required)

(17) Upload Annual Revenues from Patient Care Worksheet (if required)

(18) Upload Organization Structure Documentation (if required)

SUPPORTING DOCUMENTATION: Operating Revenues and Expenses from Patient Care

(19) Upload 2019 Q1, Q2, Q3, and Q4 operating revenues and expenses from patient care documentation:

(20) Upload 2020 Q1, Q2, Q3, and Q4 operating revenues and expenses from patient care documentation:

IMPORTANT: Check data entry.

IMPORTANT: Review Application Instructions for required supporting documentation.

IMPORTANT: Review Application Instructions Guidelines for Supporting Documentation

IMPORTANT: Submit in its entirety.
Health care providers have different tax requirements, financial documentation, and organizational structures which impact the information needed to apply for Phase 4 and ARP Rural payments.

To identify the financial scenario, instructions, and required documentation needed to complete the application:

**Step 1:** Review the Application Instructions
**Step 2:** Review the Application Tool.
RURAL PROVIDERS

(21) Select “Yes” if your organization would like to be considered for an additional ARP rural payment.

Fields 22 - 32 have been intentionally removed

BANKING INFORMATION

(33) Bank Name: ____________________  (34) ABA Routing Number: ____________________
(35) Account Holder Name: ____________________  (36) Account Number: ____________________

Terms and Conditions
If a payment is issued, all recipients must agree to its distribution’s Terms and Conditions within 90 days.

By clicking “Submit” the Recipient understands that non-compliance with any Term or Condition or any applicable statutes and regulations will result in administrative, civil, and/or criminal action being taken and certifies that, you are a bona fide legal representative of the entities represented herein and that all of the information you are submitting to a Federal Government System, under penalty and perjury of law, is true, correct, and accurate.
Organization TIN Dashboard
Please see status details and complete any actions required below.

Organization Tax ID Number:xxxxx6890, Provider Name:Webcast Provider Relief Fund Group

Action Required For This TIN:
- Attest to Payment and Terms: Complete
- Validate TIN: Complete
- Revenue and Tax Information: Complete
- Attest to Payment and Terms
  0 of 1 Payments Attested
  Get Started
  You are required to confirm and attest to payment once a relief payment has been deposited in your account.

Add Another Organization TIN

Add Organization TIN
Questions and Answers
How does Phase 4 differ from previous General Distributions of the Provider Relief Fund?
How will small, medium, and large providers be determined for the Phase 4 Base Payment? How will you calculate supplements?
Do provider have to use these funds to cover coronavirus-related losses or expenses experienced during the third and fourth quarters of CY 2020 or first quarter of CY2021?
Can you clarify what the billing TINs will be used for and how I do submit them?
Do I need to verify if any of my organization’s patients are rural beneficiaries to get an ARP Rural payment?
How will ARP Rural and Phase 4 bonus payments be calculated for providers that began operations part way through 2019 or 2020?
Can an applicant allocate ARP Rural payments to its non-rural subsidiaries?
I need to discuss a specific question about my application or the application process. Where should I reach out for assistance?
Helpful Links

- PRF Landing page: hrsa.gov/provider-relief
- Phase 4 and ARP Rural info: hrsa.gov/provider-relief/future-payments
- Phase 4 and ARP Rural application instructions: hrsa.gov/provider-relief/future-payments/phase-4-arp-rural
- Frequently Asked Questions: hrsa.gov/provider-relief/faq/general-distribution
- Application and Attestation Portal: cares.linkhealth.com/##/
- Federal Office of Rural Health Policy Definition of Rural: hrsa.gov/rural-health/about-us/definition/index.html

Provider support line: (866) 569-3522; for TTY dial 711.
Connect with HRSA

Learn more about our agency at:

www.HRSA.gov

Sign up for the HRSA eNews

FOLLOW US:
Thank You