

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.

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 **July 20, 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/coronavirus/cares-act-provider-relief-fund/index.html>
- FAQs about the Provider Relief Fund
URL: <https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/index.html> >>
Click on “FAQs”
- 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://covid19.linkhealth.com/#/step/1>

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', with a long horizontal flourish extending to the right.

Kate Massey, Director
Medical Services Administration