

August 18, 2020

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

Dear Provider:

The U.S. Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), has allocated additional funds targeted to Medicaid and Children's Health Insurance Program (CHIP) providers through the **Provider Relief Fund** for appropriate expenses and lost revenue due to COVID-19. 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) previously provided a summary of the program to providers through letter L 20-40.

On July 31, 2020, HHS extended the deadline for the application process and modified the eligibility criteria and application process. **The new deadline is August 28, 2020.** MDHHS is encouraging eligible Medicaid providers to apply to HRSA for this funding opportunity.

General Eligibility Criteria

To be eligible to apply, the applicant must have either:

- Billed Medicare fee-for-service during the period of Jan.1, 2019-Dec. 31, 2019; or
- Be 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 Phase 1 General Distribution payment; or
- Billed Medicaid / CHIP programs or Medicaid managed care plans for health-related services between Jan.1, 2018-Dec.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

Additionally, to be eligible to apply, the applicant 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

- Provided patient care after January 31, 2020 (Note: patient care includes health care, services and support, as provided in a medical setting, at home, or in the community)
- Did not permanently cease providing patient care directly or indirectly
- Did not receive a previous General Distribution payment totaling approximately 2 percent of annual patient revenue
- For individuals, reported on Form 1040 (or other tax form) gross receipts or sales from providing patient care

Additional Medicare Provider Eligibility

Starting August 10, 2020, certain Medicare providers will be given another opportunity to receive additional Provider Relief Fund payments. The re-opened application portal allows providers who received nominal automatic payments from the first general distribution, but did not apply for additional funds by the initial June 3, 2020 deadline or returned these automatic payments, to apply and receive additional payments totaling two percent of net patient revenue. These eligible providers may submit their application for possible funds through the portal by August 28, 2020.

Additional Medicare providers who are eligible to apply are:

- Providers who were ineligible for the Phase 1 General Distribution because:
 - They underwent a change in ownership in calendar year 2019 or 2020 under Medicare Part A; and
 - Did not have Medicare Fee-For-Service revenue in 2019.
- Providers who received a payment under Phase 1 General Distribution but:
 - Missed the June 3 deadline to submit revenue information – including many Medicaid, CHIP, and dental providers with low Medicare revenues that assumed they were ineligible for additional distribution targeted at Medicare providers or had planned to apply for a Medicaid and CHIP specific distribution; or
 - Did not receive Phase 1 General Distribution payments totaling approximately 2 percent 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 reapplying.

All eligible providers will only receive funding of up to two percent of their reported total revenue from patient care. Therefore, for providers who have already received a Phase 1 General Distribution payment from HHS, the previous amount received and kept will be taken into account when determining the eligible amount for Phase 2 General Distribution payment.

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 submit an application through the CARES Act [Provider Relief Fund Payment Attestation Portal](#). Providers must have reached Stage 2: Tax ID Number (TIN) Validation in the application process by **August 28, 2020** to qualify for payment.

Resources

- Information on the Provider Relief Fund
<https://www.hhs.gov/providerrelief>
- FAQs about the Provider Relief Fund
<https://www.hhs.gov/providerrelief> >> Click on “FAQs”
- CARES Act Provider Relief Fund Payment Attestation Portal
<https://cares.linkhealth.com/#/>
- Slide Deck on Application Process
<https://www.hhs.gov/sites/default/files/provider-relief-fund-6-steps-to-apply.pdf>
- Application Instructions
<https://www.hhs.gov/sites/default/files/provider-distribution-instructions.pdf>
- Updated Application
<https://www.hhs.gov/sites/default/files/provider-distribution-application-form.pdf>

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,



Kate Massey, Director
Medical Services Administration