



COVID-19

CARES Act Provider Relief Fund Phase 2 General Distribution

Vision: Healthy Communities, Healthy People





Welcome

Thank you for joining. Please allow a few minutes for attendees to join.

Presentation Material

After the presentation, we plan to share a toolkit of email announcements, newsletter content, and provider resources that you may easily forward to your members, etc.

Questions and Answers

Feel free to enter questions in the chat box during the presentation. We'll also take live questions at the end.

Today's Speaker

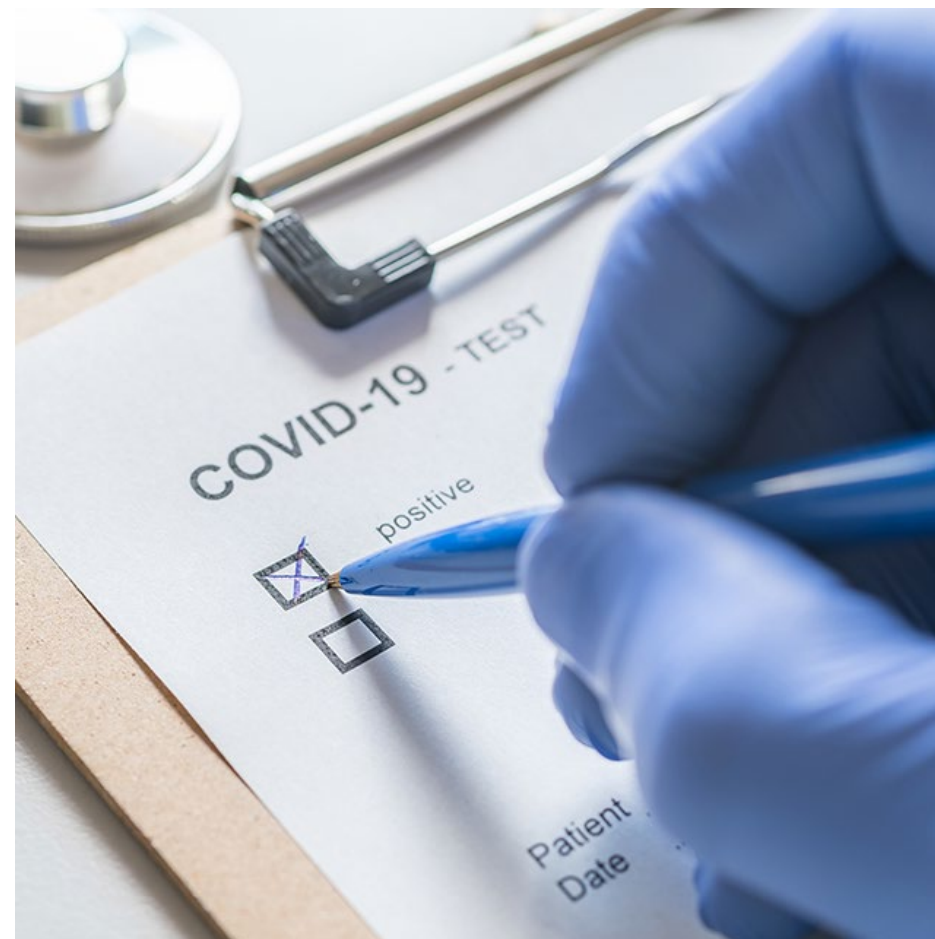


Tonya Bowers

Deputy Associate Administrator for the Bureau of Primary Health Care, Health Resources and Services Administration, U.S. Department of Health and Human Services

Agenda

- Provider Relief Fund Overview
- Phase 2 General Distribution
- Questions and Answers



Provider Relief Fund Overview

The bipartisan CARES Act and the Paycheck Protection Program and Health Care Enhancement Act provide \$175 billion in relief funds to health care providers, including those on the front lines of the coronavirus response.

Phase 1 General Distribution

- Allocated proportional to Medicare providers' share of 2018 patient revenue
- Designed to provide relief to providers, who bill Medicare fee-for-service, based on 2% of provider's patient revenue, regardless of provider's payer mix

Phase 2 General Distribution

- Recently expanded to include Medicare, Medicaid, Medicaid Managed Care, CHIP, and Dental providers

**Details to follow*

Targeted Distributions

- Allocated to providers in areas particularly impacted by the COVID-19 outbreak, rural providers, skilled nursing facilities, tribal hospitals, safety net hospitals and providers requesting reimbursement for the treatment of uninsured Americans

Purpose of today's webinar

- We recently extended the deadline and expanded eligibility for the Phase 2 General Distribution
- We want your help informing providers about new eligibility requirements to allow as many providers as possible to apply for Provider Relief Fund payments
- Today's webinar will answer questions about the Phase 2 General Distribution and direct you to resources that you may offer your members



Phase 2 General Distribution

Recent updates to the Phase 2 General Distribution

- Starting August 10, 2020, HHS re-opened the portal so that providers who received a payment in the Phase 1 General Distribution may now apply for additional funding
- Additionally, the portal will be open to providers that experienced a change of ownership that prevented them from receiving funding in the Phase 1 General Distribution
- HHS is collecting tax forms and revenue data to make payments to providers up to 2% of their annual patient revenue
- Providers that already received 2% in Phase 1 General Distribution will not receive additional payments
- To be considered for payment, providers must submit their TIN to the payment portal by Friday, August 28, 2020 at 11:59pm ET

Eligibility Requirements*

All criteria must be met to be eligible:

- Must have billed Medicare fee-for-service during the period of Jan. 1, 2019 – Dec. 31, 2019; or
- Must 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 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 care-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.

Eligibility Requirements (continued)*

All criteria must be met to be eligible:

- Filed a federal income tax return for fiscal years 2017, 2018 or 2019; or be exempt from filing a return; and
- Provided patient or dental care after Jan. 31, 2020; and
- Not permanently ceased providing patient care directly, or indirectly; and
- Have gross receipts or sales from providing patient care reported on Form 1040.

Distribution Methodology



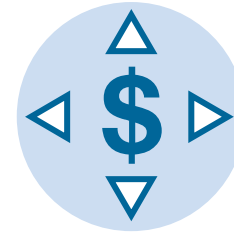
Eligible Distribution

Approximately 2% of patient care revenue for CY 2017, 2018, or 2019 (revenue x percent of revenue from patient care)



Curated List

Payments made to providers on curated list provided by states and third party sources (for Medicaid/CHIP and dental only). Applicants not on list will be validated through separate process.



Distribution

Payments disbursed on a rolling basis.



Deadline

TIN submission due by Aug. 28, 2020 at 11:59pm ET

Attestation Terms and Conditions*

Payment Recipient must attest to the following within 90 days of receiving payment:

- ✓ Recipient provided, on or after Jan. 31, 2020, diagnosis, testing or care for COVID-19 patients
- ✓ Is not terminated, revoked, or precluded from participating in Medicare, Medicaid, or other Federal health care programs
- ✓ Payment must be used to prevent, prepare for, and respond to coronavirus, and reimburse health care related expenses or lost revenues attributable to coronavirus
- ✓ Payment does not reimburse for expenses or losses that have been reimbursed from other sources, or that other sources are obligated to reimburse
- ✓ Recipient consents to public disclosure of payment
- ✓ Recipient shall comply with all reporting and information requirements

Role of UnitedHealth Group

- Program administrator only. All program funding and disbursements are set forth by HHS.
- UnitedHealth Group technology and expertise quickly enabled the process of gathering information from providers to facilitate decisions by HHS.
- The process will not involve credentialing or contracting with UnitedHealth Group, and the information you submit will be used to administer the CARES Act Provider Relief Fund. All Terms and Conditions are set forth by HHS.

**For additional information, please call the provider support line at:
(866) 569-3522; for TTY dial 711.**

Important Resources

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



Questions and Answers

Thank you for joining us today.

- The deadline to submit an application for the Phase 2 General Distribution is **August 28, 2020**.
- Visit hhs.gov/providerrelief for links to the Terms and Conditions, FAQs, Fact Sheet, Provider Guide, and the link to the Portal.
- For additional information, please call the provider support line at: (866) 569-3522; for TTY dial 711.