Provider Relief Fund: Medicaid and CHIP Provider Distribution
Fact Sheet

Applications due July 20, 2020

On June 9, 2020, the U.S. Department of Health and Human Services (HHS) announced the distribution of approximately $15 billion from the Provider Relief Fund to eligible providers that participate in state Medicaid and Children’s Health Insurance Program (CHIP) and have not received a payment from the Provider Relief Fund General Distribution.

The payment to each provider will be approximately 2 percent of reported gross revenue from patient care; the final amount each provider receives will be determined after the data is submitted.

How to Apply For Funding
1. Visit hhs.gov/providerrelief and choose “For Providers”
2. Click on the Enhanced Provider Relief Fund Payment Portal within the Medicaid/CHIP Provider Relief Fund Payment Forms and Guidance section to get started.

Who Can Apply

Any provider that meets the eligibility requirements and can attest to the Terms and Conditions associated with the Medicaid and CHIP Distribution is eligible for funding. Applications must be submitted by July 20, 2020.

Eligibility Requirements

To be eligible, providers must have:

- Received no payment from the $50 billion General Distribution to Medicare providers
- Billed Medicaid/CHIP programs or Medicaid managed care plans for health care-related services between Jan. 1, 2018 – Dec. 31, 2019
- Filed a federal income tax return for fiscal years 2017, 2018 or 2019; or be exempt from filing a return
- Provided patient care after January 31, 2020
- Not permanently ceased providing patient care directly, or indirectly
- Reported on Form 1040 (or other tax form) gross receipts or sales from providing patient care
Repayment

Retention and use of these funds are subject to certain Terms and Conditions. If these Terms and Conditions are met, payments do not need to be repaid at a later date.

Uses of Funds

Provider Relief Funds may be used to cover lost revenue attributable to COVID-19 or health related expenses purchased to prevent, prepare for, and respond to coronavirus, including, but not limited to:

- Supplies used to provide health care services for possible or actual COVID-19 patients
- Equipment used to provide health care services for possible or actual COVID-19 patients
- Workforce training
- Reporting COVID-19 test results to federal, state, or local governments
- Building or constructing temporary structures to expand capacity for COVID-19 patient care or to provide health care services to non-COVID-19 patients in a separate area from where COVID-19 patients are being treated
- Acquiring additional resources, including facilities, equipment, supplies, health care practices, staffing, and technology to expand or preserve care delivery
- Developing and staffing emergency operation centers

Attestation Requirements

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

- Recipient provided, on or after Jan. 31, 2020, diagnosis, testing or care for actual or possible COVID-19 patients; is not terminated, revoked, or precluded from participating in Medicare, Medicaid or other Federal health care programs. HHS broadly views every patient as a possible case of COVID-19.
- 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 shall comply with all reporting and information requirements
- Recipients consent to public disclosure of payment

Terms and Conditions are located on hhs.gov/providerrelief.

How to Apply

Download the Medicaid Provider Distribution Instructions and Medicaid Provider Distribution Application Form from hhs.gov/providerrelief. Applications must be submitted by July 20, 2020.

Where can I find more information?

Please visit hhs.gov/providerrelief for eligibility requirements, Terms and Conditions, Frequently Asked Questions (FAQs) and a recording of past webinars on the application process. For additional information, please call the provider support line at (866) 569-3522; for TTY dial 711. Hours of operation are 7 a.m. to 10 p.m. Central Time, Monday through Friday. Service staff members are available to provide real-time technical assistance, as well as service and payment support.

Program eligibility and allocation of funds is determined by HHS, subject to adjustment (as may be necessary) and available funding; see details at hhs.gov/coronavirus/cares-act-provider-relief-fund. Terms and conditions will apply.