



Provider Relief Fund Phase 3 General Distribution

**Behavioral Health Providers Webinar
October 16, 2020**

Vision: Healthy Communities, Healthy People



Welcome

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

Presentation Material

Presentation materials will not be available for download at this time.

Questions and Answers

Please submit all questions through the chat feature.

Resources

Links to the Step-by-Step Provider Guide, Fact Sheet, and Stakeholder Toolkit are available for download.

Agenda

- Provider Relief Fund Overview
- Phase 3 General Distribution for Behavioral Health Providers
- 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.

Phases 1 & 2 General Distribution

- Payments to Medicare, Medicaid/CHIP, Dental, Assisted Living 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 and health systems 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*

- Considers changes in operating revenues and operating expenses from patient care due to coronavirus
- Ensures providers receive 2% of annual patient care revenues, with potential for an add-on payment for eligible providers

**Details to follow*

Phase 3 General Distribution

Overview

- HHS allocated up to \$20 billion in new funding and expanded eligibility for Phase 3 General Distribution, making this one of the largest distributions to date
- Funding will be allocated to providers impacted by COVID-19 based on assessed changes in revenues and expenses from patient care in 2020
- Designed to balance an equitable payment of 2 percent of annual revenue from patient care for all applicants plus an add-on payment to account for revenue losses and expenses attributable to COVID-19
- Providers that have already received payments of approximately 2% of annual revenue from patient care can submit more information as they may be eligible for an add-on payment
- Providers will have from October 5, 2020 through November 6, 2020 to apply for Phase 3 General Distribution funding

New Eligibility for Behavioral Health Providers

Phase 1 and Phase 2

- In prior General Distributions, Behavioral Health providers were only eligible if they billed Medicare or Medicaid/CHIP

Phase 3

- Behavioral Health providers who only accept commercial insurance and/or cash payments are also eligible to apply

6 Stages of a Provider Relief Fund Payment



1

Determine eligibility *



2

Validate Tax ID Number (TIN) *



3

Apply (Early) for funding

*Deadline
November 6, 2020*



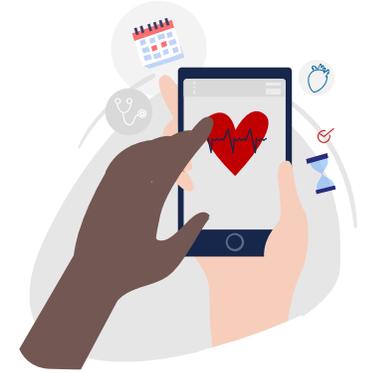
4

Receive payment



5

Accept payment and Attest to Terms and Conditions*



6

Report on use of funds

Pre-payment process

Post-payment process

**Details to follow*

Additional resources are available at [HHS.gov/providerrelief](https://www.hhs.gov/providerrelief)

Stage 1: Eligibility requirements (continued)

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 if in operation before Jan. 1, 2020; or be exempt from filing a return; and
- **Provided patient care** after Jan. 31, 2020 (Note: patient care includes health care, services, and support, as provided in a medical setting, at home, or in the community); and
- **Did not permanently cease** providing patient care directly or indirectly; and
- For individuals providing care before Jan. 1, 2020, have gross receipts or sales from patient care reported on **Form 1040** (or other tax form)

Note: Receipt of funds from SBA and FEMA for coronavirus recovery or of Medicaid HCBS retainer payments does not preclude a healthcare provider from being eligible

For more detailed eligibility requirements, please see [FAQs](#).



Stage 2: Tax ID Number (TIN) Validation

Validation

1



Provider registers in portal and enters TIN

HHS shares unrecognized provider TINs with 3rd party validators**

Timing: 7-10 business days

2



Validator reviews provider information for eligibility (e.g. actively in practice, in good standing, etc.) and shares results with HRSA

*Timing: 7-10 business days****

3



HRSA accepts determination, updates portal, and notifies provider they can apply

Timing: 3-5 business days

Application & Disbursement

4



Provider re-enters portal and completes application for payments

Recognized TINs, from a state-provided 3rd party list, begin with Step 4

Timing: 10-14 business days

Depending on TIN validation, disbursements generally take 5 – 7 weeks.

**Validators are Behavioral Health organizations, etc.

***Assumes validator responds within requested timeframe; majority of validators respond by requested deadline

Stages 3 and 4: Apply for Funding and Receive Payment



Apply Early for Funding

- Start an application for funding by initiating the TIN Validation process via the [Provider Relief Fund Payment and Attestation Portal](#).
- Submit completed application by November 6, 2020, 11:59PM ET



Receive Payment

- Set up Automated Clearinghouse (ACH) accounts if have revenue greater than \$5,000,000
- Receive approximately 2% of reported revenue from patient care.
- Receive add-on payment based on assessed financial impact of COVID-19

Phase 3 Payment Methodology – Apply Early

- Applicants that have not yet received Relief Fund payments of 2 percent of patient revenue will receive a payment that, when combined with prior General Distribution payments (if any), equals 2 percent of patient care revenue.
- With the remaining balance of Phase 3 funds, HRSA will calculate add-on payments for eligible providers that considers the financial impact of COVID-19 as reported by applicants, which may consider payments received in prior distributions

Stage 5: Accept Payment and Attest to 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.
(Note: HHS broadly views every patient as a possible case of COVID-19 for purposes of eligibility)
- ✓ 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
- ✓ Recipient consents **to public disclosure of payment**

Reporting Guidance on Use of Funds

- Recipients will report their use of PRF payments by submitting the following information:
 - Healthcare related expenses attributable to coronavirus that another source has not reimbursed and is not obligated to reimburse.
 - PRF payment amounts not fully expended on healthcare related expenses attributable to coronavirus are then applied to lost revenues, represented as a negative change in year-over-year net patient care earnings (i.e., patient care revenue less patient care related expenses for the Reporting Entity, defined below, that received funding).
 - ✓ Recipients may apply PRF payments toward lost revenue, up to the amount of their 2019 net gain from healthcare related sources.
 - ✓ Recipients that reported negative net earnings from patient care in 2019 may apply PRF amounts to lost revenues up to a net zero gain/loss in 2020.
- If recipients do not expend PRF funds in full by the end of calendar year 2020, they will have an additional six months in which to use remaining amounts toward expenses attributable to coronavirus, but not reimbursed by other sources, or to apply toward lost revenues in an amount not to exceed the 2019 net gain.

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.**



PROVIDER RELIEF FUND

Phase 3 General Distribution
Information for stakeholders/associations
Apply between October 5 – November 6, 2020

Quick start guide

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This toolkit contains content that can be easily shared with your members to promote the Phase 3 General Distribution of the Provider Relief Fund. Add we have included general promotional resources for the COVID-19 Uninsured Program

HHS plans to host a webcast on **Oct. 15, 2020 at 3 p.m. ET** for potential applicants on to review the application process and have their questions answered. [Register here.](#)

For more resources, please visit hhs.gov/providerrelief.

Step-by-step provider guide

Phase 3 General Distribution
Learn about the **Provider Relief Fund**

HRSA COVID-19 financial assistance for providers of health care services and support in a medical setting, at home, or in the community

October 6, 2020

Phase 3 General Distribution

The Provider Relief Fund is currently accepting Phase 3 General Distribution funding.

- **Nov. 6, 2020 at 11:59am ET** is the deadline to enter both Tax Identification Number (TIN) and all financial information. Please submit applications quickly to expedite the calculation and distribution of payments.
- Phase 3 eligible providers who have experienced expense and/or lost revenues attributable to COVID-19 that have not been reimbursed by their insurers.
- HHS has allocated up to \$20 billion to carry Phase 3 one of the largest PRR distributions to date.

6 actions for providers interested in receiving Phase 3 General Distribution funding

<p>Pre-payment process</p> <ol style="list-style-type: none"> 1. Determine eligibility 2. Validate Tax ID Number (TIN) 3. Apply for funding 	<p>Post-payment process</p> <ol style="list-style-type: none"> 4. Receive payment 5. Agree to payment 6. Report on use of funds
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Direct your members to this quick how-to document by sharing the link below use the presentation to host your own webinar

[Step-by-step provider guide - PDF](#)

Social media posts

Week 1: Oct. 5-9

Please see sample content below for your social media posts. We encourage to post weekly between now and the Phase 3 application deadline on Nov.



General Healthcare
New funding available! Healthcare providers should apply for financial support for COVID-19 expenses through [#ProviderReliefFund](#). Register for webcast Oct. 15, 2020 at 3 p.m. ET to learn more apply now at hhs.gov/providerrelief

[Download this image](#)



Dental providers
New funding available! Healthcare providers should apply for financial support for COVID-19 expenses through [#ProviderReliefFund](#). Register for webcast Oct. 15, 2020 at 3 p.m. ET to learn more apply now at hhs.gov/providerrelief

[Download this image](#)



Behavioral health
New funding available! Healthcare providers should apply for financial support for COVID-19 expenses through [#ProviderReliefFund](#). Register for webcast Oct. 15, 2020 at 3 p.m. ET to learn more apply now at hhs.gov/providerrelief

[Download this image](#)

Top 10 questions

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You can use these Top 10 questions as a reference guide to answer provider questions or distribute to your members

1. How does Phase 3 differ from the previous phases of the General Distribution?
Phase 3 of the General Distribution will take into account documentation of financial impact of COVID-19, as reported by applicants. The payment methodology will ensure a provider has received 2% of annual revenue from patient care either as part of the previous phases of the General Distribution or under a Phase 3 payment. Phase 3 will also take into account a provider's change in operating revenues from patient care, minus their operating expenses from patient care. Phase 3 payment will also take into account funds received and kept under prior General and Targeted Distributions. While HHS has made payments on a rolling basis under the previous general distributions, Phase 3 final payment amounts for applicants who have already received payments equaling 2% of annual patient care revenue will be determined once all applications have been received and reviewed.
2. When is the deadline to submit an application?
The deadline to submit an application under Phase 3 – General Distribution is November 6, 2020.
3. Why am I required to re-enter information previously submitted as part of Phase 1 and/or Phase 2 General Distribution applications?
In order for HHS to make payments as part of Phase 3, the Department needs the most recent financial information available.
4. What is the payment amount that an applicant should expect to receive from Phase 3 General Distribution?
If an applicant has not yet received and kept a payment that is approximately 2% of annual revenue from patient care as part of either Phase 1 or 2 of the General Distribution, then they will receive at least that amount in Phase 3 payment. Payments will also take into account funds received as part of previous Targeted Distributions. HHS will determine final payment amounts above 2% of annual patient care revenue for applicants after the deadline once all applications have been received and reviewed.

- Download: <https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/general-information/stakeholder-toolkit>
- E-mail and newsletter content to raise awareness
- Step-by-step guide of how to apply and receive Phase 3 funds
- Summary fact sheet of key Phase 3 information
- Social media posts
- Top frequently asked questions about Phase 3
- Information about the Testing and Treatment for the Uninsured Program

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

How is Phase 3 different from the other previous general distributions?

How did HHS determine which behavioral health providers are eligible for Phase 3?

Can an agency that has received funding of 2% of revenue from a previous distribution still receive funding from this distribution?

When will Phase 3 payments be made?

What is the timeframe for using these funds?

Which "Operating Expenses" should be reported in our application?

I received a small business loan through the Paycheck Protection Program. Am I still eligible to apply for relief funds?