

August 31, 2020

This applies to **all health care providers** (doctor of medicine or osteopathy, podiatrist, dentists, chiropractor, clinical psychologist, optometrist, nurse practitioner, nurse-midwife, and therapist). Please disregard if you are not a health care provider.

The HHS has set a new deadline - **September 13, 2020** - to apply for federal relief payments from the Provider Relief Fund. All health care providers are eligible to apply, provided you have not previously received 2% of your patient revenue from the fund.

HHS officials offered several helpful clarifications:

- The "up to 2%" disbursement is across all payers and patient service revenue. First-time or previous applicants may apply, as long as they haven't already received 2% of their patient revenue from the initial disbursement.
- The payments do not need to be repaid, assuming recipients comply with the program's specified terms and conditions (see attached for current terms and conditions).
- If you are in doubt on whether you received the full 2% during the initial disbursement, you can call HHS Cares Provider Relief fund at 1-866-569-3522. You need to provide your business name and federal tax identification number to verify HHS amount previous received. If you are eligible for additional funding, HHS recommends you resubmit your information.
- If you have received PPP or other federal program funds, you are still eligible.
- Allowable uses of provider relief funds are to cover lost revenue or increased expenses related to the coronavirus.
- If you received more than \$10,000 of Provider Relief Fund, all recipients must report within 45 days of the end of calendar year 2020 on their expenditures through the period ending December 31, 2020. Detailed instructions regarding these reports will be released after October 1, 2020.

HHS has streamlined application or reapplication To apply, please click on the link below and follow the six step application process. If you encounter challenges with the application, call the Provider Support Line at 1-866-569-3522.

<https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/providers/index.html#6-step>

If you need assistance in the application, please contact us.

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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

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.

