

PUBLIC HEALTH, SOCIAL SERVICES EMERGENCY FUND - PROVIDER RELIEF FUND **FREQUENTLY ASKED QUESTIONS**

Am I eligible to receive Provider Relief Funds?

Provider Relief Fund payments are being disbursed via both "General" and "Targeted" Distributions. To be eligible for the General Distribution, a provider must have billed Medicare fee-for-service in 2019 and provide, or provided after January 31, 2020, diagnoses, testing, or care for individuals with possible or actual cases of COVID-19. The Department of Health and Human Services broadly views every patient as a possible case of COVID-19. A description of the eligibility for the announced Targeted Distributions can be found on the [Provider Relief Fund: General Information page](#).

On October 1, HHS announced that a third tranche of funds will be distributed through the Provider Relief Fund's General Distribution. This \$20 billion in funds will be available to providers who have not yet received a payment equal to two percent of patient revenue when combined with previous payments. With the remaining balance, HRSA will calculate an add-on payment to account for changes in revenue and expenses resulting from the coronavirus. [Applications](#) for this tranche of funding will be open from October 5 to November 6. U.S. healthcare providers may be eligible for payments from future Targeted Distributions. All providers retaining funds must sign an attestation and accept the Terms and Conditions associated with payment.

On October 22, HHS announced that they have expanded the definition of 'eligible provider' for the Phase 3 General Distribution. The program is now open to all providers, including those who do not accept Medicare or Medicaid as well as ambulatory health care facilities, physician assistants, and advanced practice nursing providers among others. These providers, like the others, will receive an initial payment of roughly two percent as well as an add-on payment to account for fluctuations in operating revenues and patient care expenses resulting from COVID-19.

HHS also announced an update to the reporting requirements for providers to ensure that they will not be penalized for reporting more profit in 2020 than 2019 due to the receipt of money from the Provider Relief Fund. Read the complete guide to the amended reporting requirements for Provider Relief Fund distributions [here](#).


Who determines the amount of funding I will receive?

The Department of Health and Human Services (HHS) will apportion relief funds to U.S. healthcare providers with the intention of optimizing the beneficial impact of the funds. HHS distributed the initial \$30 billion in Provider Relief Fund payments in proportion to a provider's 2019 Medicare fee-for-service billings. A description of the allocation methodologies is provided on the [Provider Relief Fund: General Information](#) page.

Is this a loan or a grant that will need to be paid back?

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.

What do I need to do after receiving Provider Relief Funds?

If a provider chooses to retain Provider Relief Funds, he/she must attest that they meet the terms and conditions of the payment. The [CARES Act Provider Relief Fund Payment Attestation Portal](#)  will guide you through the attestation process to accept or reject the funds. Not returning the payment within 90 days of receipt will be viewed as acceptance of the [Terms and Conditions](#). A provider must attest for each of the Provider Relief Fund distributions received.

What if my practice has closed due to COVID-19? Am I still eligible to receive funds?

If a provider ceased operation as a result of the COVID-19 pandemic, they are still eligible to receive Provider Relief Funds so long as they provided on or after January 31, 2020, diagnoses, testing, or care for individuals with possible or actual cases of COVID-19. The Department of Health and Human Services (HHS) broadly views every patient as a possible case of COVID-19, therefore, care does not have to be specific to treating COVID-19. Recipients of funding must still comply with the Terms and Conditions related to permissible uses of Provider Relief Fund payments.

What if my practice received funds from the Paycheck Protection Program (PPP) program? Does that affect my ability to receive Provider Relief Funds?

There is no direct ban under the CARES Act on accepting a payment from the Provider Relief Fund and other sources, so long as the payment from the Provider Relief Fund is used only for permissible purposes and the recipient complies with the [Terms and Conditions](#). By attesting to the Terms and Conditions, the recipient certifies that he/she will not use the payment to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse.

Do I have to use the Provider Relief Funds within a specific time period?

The Department of Health and Human Services (HHS) expects that providers will only use Provider Relief Fund payments for as long as they have eligible expenses or lost revenue. If, at the conclusion of the pandemic, providers have leftover Provider Relief Fund money that they cannot expend on permissible expenses or losses, then they will return this money to HHS. HHS will provide directions in the future about how to return unused funds. It also reserves the right to audit Provider Relief Fund recipients in the future and collect any amounts that were used inappropriately. All payment recipients must attest to the Terms and Conditions, which require the submission of documentation to substantiate that these funds were used for increased healthcare related expenses or lost revenue attributable to coronavirus.

I didn't receive any Provider Relief Funds. Who should I contact about this issue?

Providers who did not receive funding under the General Distribution may be included in future Targeted Distribution allocations under the Provider Relief Fund. Additional information will be posted as available [on the Provider Relief Fund: General Information](#) page. HHS is not taking direct inquiries from providers, and no remedy or appeals process will be available. For additional information, please call the provider support line at (866) 569-3522 (for TTY, dial 711).

Legal and Financial Disclaimer: *The information above is meant to serve as an educational summary of federal loan and grant programs related to COVID-19. It does not constitute or substitute legal or financial advice. Interested parties should continue to consult their legal and financial professionals.*

Note about AAOS Help and Services: *Unfortunately, the Academy is unable to help with individual applications or paperwork required for obtaining relief funds. For related questions or comments about the programs, please email the Office of Government Relations at dc@aaos.org.*