

## HHS Announces that it is Now Accepting Applications for Provider Relief Fund Phase 2 General Distribution Payments From Certain Medicare Providers

By John B. Waters

On August 10, 2020, The Department of Health and Human Services (HHS) issued a release announcing that certain Medicare providers are now eligible to submit applications to receive Provider Relief Fund Phase 2 General Distribution payments. HHS had previously offered certain Medicaid, Medicaid managed care, CHIP, and dental providers the opportunity to apply for Phase 2 General Distribution Payments. The deadline for eligible providers to apply for such payments is August 28, 2020.

Medicare providers who are eligible to apply for Phase 2 General Distribution payments include:

- Providers who were ineligible for the Phase 1 General Distribution because they: underwent an ownership change in 2019 or 2020 under Medicare Part A; and did not have Medicare Fee-For-Service revenue in 2019.
- Providers who received a payment under the Phase 1 General Distribution who either: (i) Missed the June 3, 2020 deadline to submit revenue information; or (ii) did not receive Phase 1 General Distribution payments totaling approximately two percent (2%) of their annual patient revenue.
- Providers who previously received Phase 1 General Distribution payment(s), but rejected and returned the funds and now desire to reapply.

Eligible providers only will receive funding of up to two percent (2%) of their reported total revenue from patient care. For providers who have already received and retained Phase 1 General Distribution payments from HHS, those payments will be taken into account when determining their eligible amount for Phase 2 General Distribution payments. Phase 2 payment recipients must accept HHS's "Terms and Conditions" and are subject to possible audit regarding the accuracy of the data they provided to HHS to obtain such payments.

HHS also has published information addressing the requirements and conditions for receipt of Phase 2 General Distribution payments. Among other things, to be eligible the provider must not currently be terminated from participation in Medicare or precluded from receiving payment through Medicare Advantage or Part D; be excluded from participation in Medicare, Medicaid, and other Federal health care programs; and have Medicare billing privileges revoked. In addition, the provider's billing TIN must be included in the State-provided list of eligible Medicaid and CHIP providers, the HHS-created list of dental providers, the list of providers who received a Phase 1 – General Distribution payment, the list of Medicare Part A providers that experienced a change in ownership in 2019 or 2020, or the provider's application must pass additional validation by HHS.

In the event that you desire further information and assistance regarding Phase 2 General Distribution funding, please consult the following individuals at Roetzel.

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