Provider Relief Fund
Phase 4 General Distribution and American Rescue Plan Rural Payments

Thursday, September 30, 2021

Vision: Healthy Communities, Healthy People

Welcome

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

Webcast Recording

A recording will be made available on HRSA's website in the days following today's session.

Questions and Answers

Please submit all questions through the webcast chat feature. We will compile all inquiries and answer as many questions as possible during the Q&A portion of our discussion.

Today's Speakers

Samantha Ebersold

Public Health Analyst
Division of Policy and Program Operations
Health Resources & Services Administration (HRSA)
Provider Relief Bureau

Sara Williams

Senior Advisor
Division of Policy and Program Operations
Health Resources & Services Administration (HRSA)
Provider Relief Bureau

Betsy Wieand

Team Lead
Division of Policy and Program Operations
Health Resources & Services Administration (HRSA)
Provider Relief Bureau

Agenda

- Provider Relief Fund (PRF) Overview

- Phase 4 General Distribution and American Rescue Plan (ARP) Rural payments

- Application Demo

- Questions and Answers

Provider Relief Fund Overview & Previous Distributions

In 2020, the CARES Act and the Paycheck Protection Program and Health Care Enhancement Act, and the Coronavirus Response and Relief Supplemental Appropriations Act provided $178 billion in relief funds to health care providers, including those on the front lines of the coronavirus response. In addition to this funding for the PRF, the American Rescue Plan Act signed in 2021 provided $8.5 billion for rural providers and suppliers.

Phases 1 & 2 General Distribution

- Payments to Medicare, Medicaid, or CHIP, Dental, Assisted Living Facilities 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 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

To broad range of providers, payments were the greater of:
- 88% of operating losses and increased expenses in the first half of 2020

- 2% of annual patient care revenues

Phase 4 General Distribution
&
ARP Rural

Phase 4 General Distribution and ARP Rural Overview

- Up to $25.5 billion in total funding to be distributed:

  - $17 billion for PRF Phase 4

  - $8.5 billion in ARP Rural

- Four-week application period

  - Application opened: September 29, 2021

  - Deadline to submit completed applications: **October 26, 2021 at 11:59 p.m. ET**

- Both funding opportunities are available through a single application portal

  - Eligible providers can be considered for payments from both programs simultaneously

- Payments from both programs can be used by recipients to cover lost revenues or eligible expenses dating back to Jan. 1, 2020

Terms and Conditions

Providers must attest that:

- They provide or provided after January 31, 2020, diagnoses, testing, or care for individuals with possible or actual cases of COVID-19 and remain in good standing with Medicare, Medicaid, and other Federal health care programs.

- Their payment will only be used to prevent, prepare for, and respond to coronavirus.

- They 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.

- They consent to HHS publicly disclosing the Payment that Recipient may receive from the Provider Relief Fund.

- They will adhere to the Reporting Requirements for payments exceeding $10,000 in the aggregate during the Payment Received Period.

- **New:** They will notify HHS of a merger with or acquisition of any other health care provider via the Reporting Portal.

This list is not exhaustive; for the full terms and conditions for each program, please visit hrsa.gov/provider-relief

Eligibility

Phase 4

Who is potentially eligible?

- Providers or suppliers who bill Medicare (Parts A, B, and C), Medicaid (fee-for service or managed care) or CHIP

- Dental service providers

- Behavioral health providers

- State licensed/credentialed Assisted Living Facilities

ARP Rural

Who is potentially eligible?

- Providers or suppliers who bill Medicare (Parts A, B, and C), Medicaid (fee-for-service or managed care), and/or or Children's Health Insurance Program (CHIP), and operate in or serve patients in a rural area

- Rural health clinics and critical access hospitals

- In-home health, hospice, or long-term services providers

You may be eligible regardless of whether you deliver health care, services, and/or support in a medical setting, at home, or in the community.

For a complete list of eligibility criteria, visit hrsa.gov/provider-relief/future-payments

How Are ARP Rural Payments Calculated?

- ARP Rural payments will be based on the number and type of Medicare, Medicaid, and CHIP claims for beneficiaries living in a rural area between Jan. 1, 2019 and Sept. 30, 2020.

  - HRSA will use HHS's Federal Office of Rural Health Policy definition of rural. *More info available at: hrsa.gov/rural-health/about-us/definition/index.html*

- Eligible providers do not have to be located in a rural area to get a payment.

  - HRSA will calculate payments based on CMS claims for **beneficiaries** living in rural areas.

- HRSA will price Medicaid and CHIP claims data at Medicare rates, with some limited exceptions for some services provided predominantly in Medicaid and CHIP.

How Are ARP Rural Payments Calculated?

- HRSA will calculate payments at the billing TIN level for those included in the application.

- HRSA requires that ARP Rural payments are allocated to the billing TINs.

- Eligible billing TINs that have at least one Medicare, Medicaid, or CHIP claim for a rural beneficiary will receive a minimum payment TBD based on applications.

- HRSA will make payments using Medicare, Medicaid, and CHIP claims data already available to us.

  - You <u>do not</u> need to verify whether your patients live in a rural area.

  - You <u>must</u> indicate your interest and include a full list of billing TINs in the application portal that you would like HRSA to review.

How Are Phase 4 Payments Calculated?

Base Payments

- ~75% of the Phase 4 allocation will be used for base payments calculated on providers' changes in operating revenues and expenses from July 1, 2020 to March 31, 2021.

  - Large providers (based on annual patient care revenue) will receive a payment amount that is X% of their changes in operating revenues and expenses.

  - Medium and small providers will receive X% of their changes in operating revenues and expenses plus a supplement, with small providers receiving the highest supplement.

  - HRSA will determine the exact percentage for the payments and supplements after analyzing data from all the applications received to ensure we remain within our budget and funds are distributed equitably.

- No provider will receive a Phase 4 base payment that exceeds 100% of their losses and expenses from July 1, 2020 to March 31, 2021.

How Are Phase 4 Payments Calculated?

Bonus Payments

- ~25% of the Phase 4 allocation will be put towards bonus payments that are based on the amount and type of services provided to Medicare, Medicaid, and CHIP beneficiaries from Jan. 1, 2019 through Sept. 30, 2020.

- HHS will price Medicaid and CHIP claims data at Medicare rates, with some limited exceptions for some services provided predominantly in Medicaid and CHIP.

- HRSA will make bonus payments using Medicare, Medicaid and CHIP claims data already available to us.

- In order to receive a bonus payment, you <u>must</u> include a full list of billing TINs in the application portal that you would like HRSA to consider for payment.

Application Process Overview—Start Early!

1. IRS TIN validation

   1. Providers who have not logged into the Provider Relief Fund Application and Attestation Portal for more than 90 days will need to first reset their password before starting a new application.

   2. Include a comprehensive list of billing TINs that provide patient care.

   3. IRS TIN validation can take up to **4 days**.

2. Submitting Financial and Supporting Documentation

   1. Review the instructions and FAQs.

   2. Review additional instructions for new providers and additional documentation requirements for certain applicants.

   3. If you want to be considered for ARP Rural payments, select this option while filling out the application.

   4. Deadline is **October 26 at 11:59 p.m. ET.**

HRSA will review your application, determine if you qualify to receive payment(s), and notify you of the outcome of your application.

Documentation You Need to Get Started

Supporting documentation and information needed to complete an application will include:

- Applicant TIN and any subsidiary/billing TINs included in the applicant TIN's IRS tax filing.

- Internally-generated financial statements that substantiate operating revenues and expenses from patient care in 2019 Q1, Q3, and Q4; 2020 Q3 and Q4; and 2021 Q1.

- Federal income tax return, audited financial statements, or internally-generated financial statements to document your annual revenues and annual revenues from patient care.

- Additional documentation required for certain providers.

See Application Instructions for a complete list.

Important Resources

- Visit hrsa.gov/provider-relief for links and information on:
  - Terms and Conditions
  - Fact Sheets
  - Frequently Asked Questions
  - Application Instructions, Documentation Guides, and Pre-Application Resources
  - Application and Attestation Portal

- For additional information, call the provider support line at: **(866) 569-3522**; for TTY dial 711.

Role of UnitedHealth Group

- All program funding and disbursements are set forth by HHS/HRSA.

- All Terms and Conditions are set forth by HHS.

- UnitedHealth Group's technology and expertise enable the process of gathering information from providers to facilitate decisions by HHS/HRSA.

- The process will not involve credentialing or contracting with UnitedHealth Group, and the information you submit will be used to administer the Provider Relief Fund by HHS/HRSA.

Sign In

Welcome to the Provider Relief Fund Application and Attestation Portal

This portal allows providers to apply for and attest to relief fund payments made for healthcare-related expenses or lost revenue attributable to COVID-19.

| Overview | Set Up One Healthcare ID | What You Need | Resources and Support |

The Department of Health and Human Services has contracted with UnitedHealth Group to administrator Provider Relief Fund payments. Therefore, some steps in the process involve existing UnitedHealth Group tools. Specifically, you'll need to set up an One Healthcare ID in order to access the portal. The process will not involve credentialing or contracting with UnitedHealth Group, and the information you submit will be used to administer the Provider Relief Fund payment.

Set up One Healthcare ID

1. If you **do not** have an One Healthcare ID

You will need to create an One Healthcare ID to access the portal, start registration here to begin.

2. If you **have** an One Healthcare ID already

You can access the portal at the top right of the webpage to sign in or sign in with One Healthcare ID here.

Create One Healthcare ID

One Healthcare ID securely manages your account so that you can use one Healthcare ID and password to sign in to all integrated applications.

Already have One Healthcare ID? Sign in now

Profile Information
First name

Last name

Year of birth

Sign In Information
Your email address

Create One Healthcare ID

Your One Healthcare ID must

Welcome

Welcome to the HRSA Provider Relief Fund Payment Attestation Portal. This portal allows eligible providers to attest to relief fund payments made for healthcare-related expenses or lost revenue attributable to COVID-19.

⚠️ **Sign Up for Updates**
We'll contact you with updates and requests for additional information. Your email address will only be used by the HRSA Provider Relief Bureau and the Paycheck Protection Program and Health Care Enhancement Act.

Email Address (required)*

[   ] **Sign Up**

New to this site?

To get started, please add an Organization Taxpayer Identification Number (TIN). You will be guided through each step.

Add Organization TIN

*Required Fields

Organization TIN* ⓘ 👁

[   ]

Provider Organization Name (as displayed in the first field on W-9 for this TIN)*

[   ]

TIN Type*

[Select... ▾]

Add Organization TIN

IMPORTANT: Enter your organization name exactly as it appears on IRS Form W-9

HRSA
Health Resources & Services Administration

Organization TIN Dashboard

Please see status details and complete any actions required below.

Organization Tax ID Number:xxxxx6890👁, Provider Name:Webcast Provider Relief Fund Group

Action Required For This TIN:

Validate TIN

⚠

Validate TIN

Available Now

Get Started

🔒

Revenue and Tax Information

Not Available Yet

You will be able to confirm revenue and tax information once TIN Validation is complete.

🔒

Attest to Payment and Terms

Not Available Yet

Once payment has been issued, you will be able to attest to fund distribution.

Not Available Yet:

Revenue and Tax Information
Attest to Payment and Terms

Remove TIN From List:

Remove TIN

Add Another Organization TIN

*Required Fields

Organization TIN* ⓘ👁

Provider Organization Name (as displayed in the first field on W-9 for this TIN)*

TIN Type*

Select... ⌄

Add Organization TIN

Feedback

Organization TIN Dashboard

Please see status details and complete any actions required below.

Organization Tax ID Number:xxxxx6890👁, **Provider Name:Webcast Provider Relief Fund Group**

Action Required For This TIN:

Attest to Payment and Terms

Update TIN Validation:

Update TIN

✅

Validate TIN

Complete

✅

Revenue and Tax Information

Complete

Submit New Information

⚠️

Attest to Payment and Terms

0 of 1 Payments Attested

Get Started

You are required to confirm and attest to payment once a relief payment has been deposited in your account.

Add Another Organization TIN

*Required Fields

Organization TIN* ℹ️ 👁

Provider Organization Name (as displayed in the first field on W-9 for this TIN)*

TIN Type*

Select... ⌄

Add Organization TIN

Feedback

Program Administrator Attestation

Program Administrator Attestation for Organization TIN xxxxx6890

Please check all boxes and choose "I Accept" to complete the program administrator attestation.

☑ I attest that I am submitting on my own behalf and I am the provider associated with this Organization TIN; or I have the authority to submit a request on behalf of the provider group(s) associated with this Organization TIN.

☑ I certify that all information provided as part of this process is true, accurate and complete, to the best of my knowledge.

☑ I understand that any person who knowingly and with intent to defraud the Government or the Company, files information containing materially false information, or conceals for the purpose of misleading the company commits a fraudulent insurance act.

☑ I understand that only one person may submit information on behalf of an Organization TIN. I understand that my name and email will be shared if duplicate information is received for the same Organization TIN. If I am no longer able to submit information on behalf of the provider group associated with this Organization TIN, then I will withdraw my name and a different person will be added in my place.

✓ I'm not a robot
reCAPTCHA
Privacy - Terms

I Do Not Accept   **I Accept**

‹ **Tax Validation**

Tax Validation

*Required Fields

Provider Organization Name (as displayed in the first field on W-9 for this TIN)*

Webcast Provider Relief Fund Group

Federal Tax Classification*

S Corporation ▾

Exempt Payee Code ⓘ Clear

○ 1 - An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

○ 2 - The United States or any of its agencies or instrumentalities

○ 3 - A state, the District of Columbia, a U.S commonwealth or possession, or any of their political subdivisions, agencies, or instrumentalities

○ 4 - A foreign government or any of its political subdivisions, agencies, or instrumentalities

● 5 - A corporation

○ 6 - A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S commonwealth or possession

○ 7 - A futures commission merchant registered with the Commodity Futures Trading Commission

○ 8 - A real estate investment trust

○ 9 - An entity registered at all times during the tax year under the investment Company Act of 1940

○ 10 - A common trust fund operated by a bank under section 58(a)

○ 11- A financial institution

○ 12 - A middleman known in the investment community as a nominee or custodian

○ 13 - A trust exempt from tax under section 664 or described in section 4947

Exempt from FATCA Reporting Code ⓘ Clear

○ A - An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

○ B - The United States or any of its agencies or instrumentalities

○ C - A state, the District of Columbia, a U.S commonwealth or possession, or any of their political subdivisions, agencies, or instrumentalities

○ D - A foreign government or any of its political subdivisions, agencies, or instrumentalities

● E - A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

○ F - A dealer in securities, commodities or derivative financial instruments (including notional principal contracts, futures, forwards and options) that is registered as such under the laws of the united states or any state

○ G - A real estate investment trust

○ H - A regulated investment company as defined in section 851 or any entity registered at all times during the tax year under the investment company Act of 1940

○ I - A common trust fund as defined in section 584(a)

○ J - A bank defined in section 581

○ K - A broker

○ L - A trust exempt from tax under section 664 or described in section 4947(a)(1)

○ M - A tax exempt trust under a section 403(b) plan or section 457(g) plan

Feedback

Addresses

Organization TIN Address

*Required Fields

Street Line 1*

1 Cherry Hill Road

Street Line 2

City*

New York

State*

New York ⌄

ZIP Code*

22222

Billing Company

*Required Fields

Do you use a billing company for this TIN?

◉ Yes

○ No

Feedback

Confirmation

Webcast Provider Relief Fund Group

Business Name
Webcast Provider Relief Fund Group

Federal Tax Classification
S Corporation

Exempt Payee Code
5 -A corporation

Exempt from FATCA reporting code
E -A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

Submitter Name
Lavanya Demonstration

Submitter Phone Number
(123) 444-4444

Submitter Email
email@webcast.com

Organization TIN Address
1 Cherry Hill Road
New York, NY 22222

Primary Service
1 Cherry Hill Rd
Cranbery, NJ 33222
(124) 123-4444

Medicaid ID(s)
NY-123456789, NJ-125555555

List of all Subsidiary TINs Associated with this Entity
xxxxx6789

Applicant/Provider Type
Facilities – Acute Care Hospital, Academic Medical Center

Registration Type
Group

Group NPI
1234567890

Group NPI Effective Date
09/09/2014

Applicable Department of Health, or National License Number or Certification Number
Not Applicable

Cancel   Submit TIN

Organization TIN Dashboard

Please see status details and complete any actions required below.

Organization Tax ID Number:**xxxxx6890**👁, Provider Name:**Webcast Provider Relief Fund Group**

Action Required For This TIN:

None

Not Available Yet:

Revenue and Tax Information

Attest to Payment and Terms

Remove TIN From List:

Remove TIN

🔄

Validate TIN

Processing

🔒

Revenue and Tax Information

Not Available Yet

You will be able to confirm revenue and tax information once TIN Validation is complete.

🔒

Attest to Payment and Terms

Not Available Yet

Once payment has been issued, you will be able to attest to fund distribution.

Add Another Organization TIN

*Required Fields

Organization TIN* ℹ👁

Provider Organization Name (as displayed in the first field on W-9 for this TIN)*

TIN Type*

Select... ⌄

Add Organization TIN

Organization TIN Dashboard

Please see status details and complete any actions required below.

Organization Tax ID Number:**xxxxx6890**👁, Provider Name:**Webcast Provider Relief Fund Group**

Action Required For This TIN:

Revenue and Tax Information

Not Available Yet:

Attest to Payment and Terms

Update TIN Validation:

Update TIN

✅

Validate TIN

Complete

⚠️

Revenue and Tax Information

Available Now

Get Started 🔲

You will receive an email confirmation from DocuSign when you complete your Revenue and Tax Information submission. The "Get Started" message above will be updated when your submission is processed and payment determination is made.

🔒

Attest to Payment and Terms

Not Available Yet

Once payment has been issued, you will be able to attest to fund distribution.

Add Another Organization TIN

*Required Fields

Organization TIN* ℹ️ 👁

Provider Organization Name (as displayed in the first field on W-9 for this TIN)*

TIN Type*

Select... ⌄

Add Organization TIN

HRSA
Health Resources & Services Administration

Reference ID _____

HRSA Provider Relief Fund – Phase 4 and American Rescue Plan (ARP) Rural Distribution Revenue Application

Tax ID Number: 111116890

Name as shown on your income tax return: Webcast Provider Relief Fund Group

Federal Tax Classification: Individual/sole proprietor or single-member LLC

Business Name (if different): _____

Street 1: 1 Cherry Hill Road

Street 2: _____

City: New York   State: NY   Zip: 22222

Registration Type: G

NPI: 1234567890

(1) Contact Person Name: _____

(2) Contact Person Title: _____

(3) Contact Person Phone Number: _____

(4) Contact Person Email: _____

(5) Applicant/Provider Type: Facilities – Acute Care Hospital, Academic Medical Center

Fields 6 - 8 have been intentionally removed

(9) CMS Certification Numbers (CCNs), if applicable: _____

REVENUES

REVENUES

(10) Revenues: $ [ ]

(11) Fiscal Year of Revenues: [ ]

(12) Revenue from Patient Care: $ [ ]

(12.1) Select the Federal Tax From you will upload to support Patient Care Revenue: [ ]

13. OPERATING REVENUES FROM PATIENT CARE

(13.1) 2019 Q1 (Jan 1 – Mar 31): [ ]   (13.2) 2019 Q3 (July 1 – Sept 30): [ ]

(13.3) 2019 Q4 (Oct 1 – Dec 31): [ ]   (13.4) 2020 Q3 (July 1 – Sept 30): [ ]

(13.5) 2020 Q4 (Oct 1 – Dec 31): [ ]   (13.6) 2021 Q1 (Jan 1 – Mar 31): [ ]

14. OPERATING EXPENSES FROM PATIENT CARE

(14.1) 2019 Q1 (Jan 1 – Mar 31): [ ]   (14.2) 2019 Q3 (July 1 – Sept 30): [ ]

(14.3) 2019 Q4 (Oct 1 – Dec 31): [ ]   (14.4) 2020 Q3 (July 1 – Sept 30): [ ]

(14.5) 2020 Q4 (Oct 1 – Dec 31): [ ]   (14.6) 2021 Q1 (Jan 1 – Mar 31): [ ]

SUPPORTING DOCUMENTATION: Total Annual Revenues and Annual Revenues from Patient Care

(15) [*Autopopulated based on Field 12.1*]

(16) Upload Annual Revenues Adjustments Worksheet (if required):

(17) Upload Annual Revenues from Patient Care Worksheet (if required):

(18) Upload Organization Structure Documentation (if required):

SUPPORTING DOCUMENTATION: Operating Revenues and Expenses from Patient Care

(19) Upload 2020 Q3 and Q4 and 2021 Q1 operating revenues and expenses from patient care documentation:

(20) Upload 2019 Q1,Q3,Q4 operating revenues and expenses from patient care documentation:

IMPORTANT: Check data entry.

IMPORTANT: Submit in its entirety.

IMPORTANT: Review **Application Instructions** for required supporting documentation.

IMPORTANT: Review Application Instructions *Guidelines for Supporting Documentation*

Documentation Requirements

Health care providers have different tax requirements, financial documentation, and organizational structures which impact the information needed to apply for Phase 4 and ARP Rural payments.

To identify the financial scenario, instructions, and required documentation needed to complete the application:

Step 1: Review the Application Instructions

Step 2: Review the Application Tool.

Provider Relief Fund
Phase 4 General Distribution and American Rescue Plan (ARP) Rural Distribution

Application Tool for Academic Medical Centers, Children's Hospitals, State and County Governments, and Other Providers with Complex Organizational Structures

Health care providers have different tax requirements, financial documentation, and organizational structures which impact the information needed to apply for Phase 4 and ARP Rural payments. The following table can help you identify the financial scenario, instructions, and required documentation needed to complete the application. Additional information may be found in the Application Instructions and via https://www.hrsa.gov/provider-relief/future-payments/instructions.

Financial Scenario	Required Supporting Documentation
Applicant's **Tax Identification Number (TIN) does not match** TIN on its most recent federal income tax return or financial statement	☐ Upload **Organizational Structure Documentation** (*Field 18*) (see Application Instructions) to explain why the TINs do not match and clarify the relationship between the applicant's TIN and TIN listed in the federal income tax or financial statement uploaded in *Field 15* **Annual Revenues Documentation**. ☐ Use the **Annual Revenues from Patient Care Worksheet** (*Field 17*) to list the applicant's proportion of revenues from patient care and non-patient care. ★ Ensure that the revenues listed for the applicant matches the figures reported in **Total Annual Revenues** (*Field 10*) and **Annual Net Patient Care Revenues** (*Field 12*).
Federal income tax return or financial statement includes **revenues that are not clearly attributable** to the applicant	☐ Use the **Annual Revenues from Patient Care Worksheet** (*Field 17*) to list the proportion of revenues from patient care and non-patient care. ★ Ensure that the revenues listed for the applicant matches the figures reported in **Total Annual Revenues** (*Field 10*) and **Annual Net Patient Care Revenues** (*Field 12*).
Reported revenues are **more than 5% greater than or 50% less than** the amount on the applicant's most recent federal income tax return or financial statement	☐ Use the **Annual Revenues Adjustments Worksheet** (*Field 16*) to clarify the difference between the reported revenues (*Fields 10 and 12*) and what is reported in the federal income tax or financial statement uploaded in **Annual Revenues Documentation** (*Field 15*). ☐ Upload in *Field 16* internally-generated financial statements, valuation reports that reflect revenue, and budget-to-actual revenues comparisons. ★ Ensure that the documentation clarifies why reported revenues (*Fields 10 and 12*) varies from what is reported in the federal income tax or financial statement uploaded in **Annual Revenues Documentation** (*Field 15*).
Annual **revenues are not entirely related to patient care** (e.g., academic medical centers with non-patient care research and tuition revenue)	☐ Use the **Annual Revenues from Patient Care Worksheet** (*Field 17*) to distinguish the proportion of revenues from patient care and non-patient care. ★ Ensure that the revenues listed match the figures reported in **Total Annual Revenues** (*Field 10*) and **Annual Net Patient Care Revenues** (*Field 12*).
Parent entity is **applying on behalf of multiple subsidiaries**	☐ Use the **Annual Revenues from Patient Care Worksheet** (*Field 17*) to list the proportion of revenues from patient care and non-patient care for all TINs included in the application. ★ Ensure that the revenues listed match the figures reported in **Total Annual Revenues** (*Field 10*) and **Annual Net Patient Care Revenues** (*Field 12*).
Provider is **not required to file federal income taxes** (e.g., state and county government entities)	☐ Upload in **Annual Revenues Documentation** (*Field 15*) (1) the entity's most recent audited financial statements (or management-prepared financial statements), and (2) statement explaining why entity is not required to file federal income tax.

Provider Support Line at (866) 569-3522, for TTY dial 711.
Hours of operation are 8 a.m. to 10 p.m. CT, Monday through Friday.

RURAL PROVIDERS

(21) Select "Yes" if your organization would like to be considered for an additional ARP rural payment.

Yes   No

IMPORTANT: Check to apply.

Fields 22 - 32 have been intentionally removed

BANKING INFORMATION

(33) Bank Name: _____

(34) ABA Routing Number: _____

(35) Account Holder Name: _____

(36) Account Number: _____

Terms and Conditions

If a payment is issued, all recipients must agree to its distribution's Terms and Conditions within 90 days.

By clicking 'Submit' the Recipient understands that non-compliance with any Term or Condition or any applicable statutes and regulations will result in administrative, civil, and/or criminal action being taken and certifies that, you are a bonafide legal representative of the entities represented herein and that all of the information you are submitting to a Federal Government System, under penalty and perjury of law, is true, correct, and accurate.

HRSA
Health Resources & Services Administration

Organization TIN Dashboard

Please see status details and complete any actions required below.

Organization Tax ID Number:xxxxx6890👁 , Provider Name:Webcast Provider Relief Fund Group

Action Required For This TIN:

Revenue and Tax Information

Not Available Yet:

Attest to Payment and Terms

Update TIN Validation:

Update TIN

Validate TIN

Complete

Revenue and Tax Information

Available Now

Get Started 🗗

You will receive an email confirmation from DocuSign when you complete your Revenue and Tax Information submission. The "Get Started" message above will be updated when your submission is processed and payment determination is made.

Attest to Payment and Terms

Not Available Yet

Once payment has been issued, you will be able to attest to fund distribution.

Add Another Organization TIN

*Required Fields

Organization TIN* ⓘ 👁

Provider Organization Name (as displayed in the first field on W-9 for this TIN)*

TIN Type*

Select... ⌄

Add Organization TIN

Organization TIN Dashboard

Please see status details and complete any actions required below.

Organization Tax ID Number: **xxxxx6890**👁, Provider Name: **Webcast Provider Relief Fund Group**

Action Required For This TIN:

Attest to Payment and Terms

✅	✅	⚠️
Validate TIN	**Revenue and Tax Information**	**Attest to Payment and Terms**
Complete	Complete	**0 of 1 Payments Attested**
		Get Started
		You are required to confirm and attest to payment once a relief payment has been deposited in your account.

Add Another Organization TIN

*Required Fields

Organization TIN* ⓘ 👁

[ ]

Provider Organization Name (as displayed in the first field on W-9 for this TIN)*

[ ]

TIN Type*

[Select... ⌄]

Add Organization TIN

Feedback

Questions and Answers

How does Phase 4 differ from previous General Distributions of the Provider Relief Fund?

How will small, medium, and large providers be determined for the Phase 4 Base Payment? How will you calculate supplements?

Do provider have to use these funds to cover coronavirus-related losses or expenses experienced during the third and fourth quarters of CY 2020 or first quarter of CY2021?

Can you clarify what the billing TINs will be used for and how I do submit them?

Do I need to verify if any of my organization's patients are rural beneficiaries to get an ARP Rural payment?

How will ARP Rural and Phase 4 bonus payments be calculated for providers that began operations part way through 2019 or 2020?

Can an applicant allocate ARP Rural payments to its non-rural subsidiaries?

I need to discuss a specific question about my application or the application process. Where should I reach out for assistance?

Helpful Links

- PRF Landing page: hrsa.gov/provider-relief

- Phase 4 and ARP Rural info: hrsa.gov/provider-relief/future-payments

- Phase 4 and ARP Rural application instructions: hrsa.gov/provider-relief/future-payments/phase-4-arp-rural

- Frequently Asked Questions: hrsa.gov/provider-relief/faq/general-distribution

- Application and Attestation Portal: cares.linkhealth.com/#/

- Federal Office of Rural Health Policy Definition of Rural: hrsa.gov/rural-health/about-us/definition/index.html

Provider support line: **(866) 569-3522**; for TTY dial 711.

Connect with HRSA

Learn more about our agency at:

www.HRSA.gov

✉ Sign up for the HRSA eNews

FOLLOW US:

HRSA
Health Resources & Services Administration

Thank You

HRSA
Health Resources & Services Administration