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HHS Updates Provider Relief Fund FAQs

On June 22, made several updates to the [Provider Relief Fund FAQs](#). Additionally, later today (Tuesday, June 23) and on Thursday, June 25, HHS will be offering webinars on the Medicaid Allocation application process. To register for one of the webinars, [click here](#).

Below is a summary of changes to the FAQs specific to long term care providers.

HHS added detail on calculating lost revenue and revenue (page 7)

“You may use any reasonable method of estimating the revenue during March and April 2020 compared to the same period had COVID-19 not appeared. For example, if you have a budget prepared without taking into account the impact of COVID-19, the estimated lost revenue could be the difference between your budgeted revenue and actual revenue. It would also be reasonable be the difference between your budgeted revenue and actual revenue. It would also be reasonable to compare the revenues to the same period last year.”

On page 38, HHS also notes that patient out-of-pocket costs should be counted as revenue. Later on page 39, HHS indicates that revenue lost under Medicaid value-based purchasing programs may be counted as lost revenue.

Duration of Terms and Conditions (page 9)

“Some Terms and Conditions relate to the provider’s use of the funds, and thus they apply until the provider has exhausted these funds. Other Terms and Conditions apply to a longer time period, for example, regarding maintaining all records pertaining to expenditures under the Provider Relief Fund payment for three years from the date of the final expenditure”.

Change in Ownership Additional Detail (page 9)

HHS elaborates upon scenarios in which sellers may not transfer funds.

Medicaid Allocations (page 38)

HHS notes that even a small General Distribution payment makes a provider ineligible for the Medicaid Allocation. The Department also added detail on who may apply noting that if a provider did not bill Medicaid/CHIP during the eligibility window, providers may apply for Medicaid allocation funding as long as they provided diagnoses, testing, or care for individuals with possible or actual cases of COVID-19 after January 31, 2020 and can produce evidence of such care.

Additionally, HHS limits on page 39 which providers who enrolled as Medicaid/CHIP providers in 2020 may apply. Also, on page 39, the Department notes that providers who bill under Medicaid Managed Care may apply.

Tax Information

On pages 38 and 41, HHS clarifies needed tax documentation information.

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