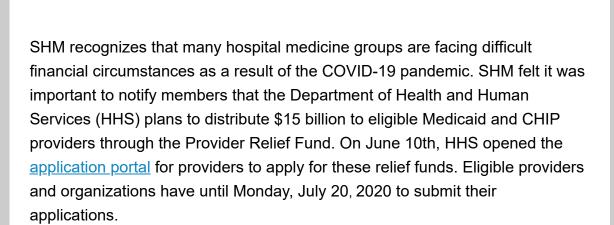


COVID-19 Policy Updates

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HHS is hosting a webcast on Thursday, June 25th at 2:00 p.m. EST that will outline the application process. If you are interested in attending, please <u>click</u> <u>here</u> to register.

Register for webcast

Select FAQs from HHS:

How are the payments for Medicaid and CHIP providers determined?

1. The payment to each provider will be at least 2 percent of reported gross revenue from patient care; the final amount each provider receives will be determined after the data is submitted, including information about the number of Medicaid patients providers serve.

Who is eligible for the Medicaid and CHIP distribution?

- 1. Must not have received payment from the \$50 billion General Distribution
- Must have directly billed Medicaid/CHIP programs or Medicaid managed care plans for healthcare-related services during the period of January 1, 2018, to December 31, 2019, or (ii) own (on the application date) an included subsidiary that has billed Medicaid for healthcare-related services during the period of January 1, 2018, to December 31, 2019
- 3. Must have either (i) filed a federal income tax return for fiscal years 2017, 2018 or 2019 or (ii) be an entity exempt from the requirement to file a federal income tax return and have no beneficial owner that is required to file a federal income tax return. (e.g. a state-owned hospital or healthcare clinic)
- 4. Must have provided patient care after January 31, 2020
- 5. Must not have permanently ceased providing patient care directly, or indirectly through included subsidiaries
- 6. If the applicant is an individual, have gross receipts or sales from providing patient care reported on Form 1040, Schedule C, Line 1, excluding income reported on a W-2 as a (statutory) employee.

Learn more about Provider Relief Fund



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