

Oct. 27, 2020

MEDICAID ALERT

TO: All Providers

SUBJECT: U.S. Department of Health and Human Services Announces Expanded Pool of Providers Eligible for Additional Provider Relief Funds

The U.S. Department of Health and Human Services (HHS) recently announced it is broadening the categories of providers who are eligible to receive a Phase 3 provider relief payment provided by HHS under the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

Providers who render services in the following areas are eligible to apply for provider relief funding regardless of whether they accept Medicaid or Medicare.

- Behavioral Health Providers
- Allopathic & Osteopathic Physicians
- Dental Providers
- Assisted Living Facilities
- Chiropractors
- Nursing Service and Related Providers
- Hospice Providers
- Respiratory, Developmental, Rehabilitative and Restorative Service Providers
- Emergency Medical Service Providers
- Hospital Units
- Residential Treatment Facilities
- Laboratories
- Ambulatory Health Care Facilities
- Eye and Vision Services Providers
- Physician Assistants & Advanced Practice Nursing Providers
- Nursing & Custodial Care Facilities
- Podiatric Medicine & Surgery Service Providers

For a detailed description of all eligible Phase 3 General Distribution provider types, visit the HHS [provider relief fund website](#).



Phase 3 applicants, including the expanded pool of providers listed above, must submit their application before 11:59 p.m. on Nov. 6, 2020, to be considered for payment. If approved, providers will receive a baseline payment of approximately 2% of annual revenue from patient care. Providers will also receive an add-on payment that considers changes in operating revenues and expenses from patient care, including expenses incurred related to coronavirus disease 2019 (COVID-19). All recipients of provider relief payments will be required to attest to receiving the Phase 3 General Distribution payment and accept HHS' associated terms and conditions.

To apply for provider relief funds, providers should submit annual patient revenue information to HHS' [Provider Relief Fund Payment Portal](#). More information about eligibility and the application process for Phase 3 HHS provider relief funds [is available on HHS' website](#).

Updated Reporting Requirements for Provider Relief Payments

HHS has also amended the reporting instructions related to the provider relief fund to increase flexibility around how providers can apply relief payment money toward COVID-19-related lost revenues. After reimbursing healthcare related expenses attributable to COVID-19 that were unreimbursed by other sources, providers may use their remaining relief funds to cover any lost revenue, measured as a negative change in year-over-year actual revenue from patient care related sources. Additional information on the updated reporting requirements can be reviewed on [HHS' website](#).

Detailed information about actions the South Carolina Department of Health and Human Services (SCDHHS) has taken to ensure access to care for beneficiaries, support providers and maintain clinically appropriate levels of care is available at www.scdhhs.gov/covid19.

Thank you for your continued support of the South Carolina Healthy Connections Medicaid program.