

Phase 1 of Provider Relief Fund Reporting Deadline & \$25.5 Billion in Phase 4 Funds

The deadline to report your Phase 1 Provider Relief Funds is fast approaching. You will need to report via the [HHS Portal](#) by the September 30th deadline. Although the deadline remains in place, HHS “will not initiate collection activities or similar enforcement actions for non-compliant providers” during a 60-day grace period that will extend through November 30th. We still recommend that you submit by September 30th to avoid any unforeseen issues. If you need help during the reporting process, please refer to the [Registration User Guide](#) or this [Tutorial Video](#), both provided by HHS. Please note that the portal is **only** compatible with the most current versions of Google Chrome, Microsoft Edge, and Firefox. Finally, if you have yet to report, please reach out to your Practice Manager to have your 2019, 2020 and 2021 data sent to you that will be required during the reporting process.

\$25.5 Billion in Phase 4 Funds

The Department of Health and Human Services announced on September 10th that \$25.5 Billion in Phase 4 funds would become available for health care providers affected by the COVID-19 pandemic. Out of the \$25.5 Billion, \$17 Billion will be available based on expenses and lost revenue due to the COVID-19 pandemic. HHS will be providing a “bonus” payment based on the amount of service provided to Medicaid, Medicaid and Children’s Health Insurance Program (CHIP) and Medicare patients. This “bonus” will be priced at generally higher Medicare rates.

As part of President Biden’s administration’s efforts to promote equity and support smaller providers, the Health Resources and Services Administration (HRSA) will reimburse smaller providers at a higher rate due to the thin margins and often serve vulnerable or isolated communities. For this Phase, the providers’ lost revenue and expenditures incurred between July 1, 2020 and March 31, 2021 will be considered by HHS.

The remaining \$8.5 Billion will be allocated towards rural healthcare providers. Payments will be based on the amount and type of Medicare, Medicaid and CHIP services provided. Please [click here](#) and search your eligibility status to see if you are eligible.

Also, if your practice was involved in a merger or acquisition with another provider during the July 1, 2020 to March 31, 2021 timeframe, you must notify HHS. The reason is to “help ensure that these provider funds are used for patient care.” It is important to note that reporting a merger or acquisition will increase the chance that your provider distribution will be audited “to confirm their funds were used for coronavirus-related costs, consistent with an overall risk-based strategy.”

Providers will have about four weeks to apply, September 29th through roughly October 26th. That’s a shorter period than some previous PRF application windows.

As always, should you have any questions, please contact your Practice Manager.