**Phase 3 Application Process Information from HHS Website**

**Eligibility**

All providers eligible for a previous PRF distribution, plus new 2020 providers and behavioral health providers may apply.

Providers may be eligible regardless of whether they were eligible for, applied for, received, accepted, or rejected payment from prior PRF distributions.

To be eligible to apply, the applicant must meet at least one of the following criteria:

* **Billed Medicaid / CHIP programs** or **Medicaid managed** **care plans** for health-related services between Jan.1, 2018-Mar.31, 2020; or
* Billed a health insurance company for **oral healthcare-related services** as a dental service provider as of Mar. 31, 2020; or
* Be a licensed dental service provider as of Mar. 31, 2020 who does not accept insurance and has **billed patients for oral healthcare-related services**; or
* **Billed Medicare fee-for-service** during the period of Jan.1, 2019-Mar. 31, 2020; or
* Be a Medicare Part A provider that **experienced a CMS approved change in ownership** prior to Aug. 10, 2020; or
* Be a state-licensed / certified **assisted living facility** as of Mar. 31, 2020
* Be a **behavioral health provider** as of Mar. 31, 2020 who has billed a health insurance company or who does not accept insurance and has billed patients for healthcare-related services as of Mar. 31, 2020

Additionally, to be eligible to apply, the applicant must meet all of the following requirements:

* Filed a **federal income tax return** for fiscal years 2017, 2018, 2019 if in operation before Jan. 1, 2020; or be exempt from filing a return; and
* **Provided patient care** after Jan. 31, 2020 (Note: patient care includes health care, services, and support, as provided in a medical setting, at home, or in the community); and
* **Did not permanently cease** providing patient care directly or indirectly; and
* For individuals providing care before Jan. 1, 2020, have gross receipts or sales from patient care reported on **Form 1040** (or other tax form)

**Note:** Receipt of funds from SBA and FEMA for coronavirus recovery or of Medicaid HCBS retainer payments does not preclude a healthcare provider from being eligible.

**TIN Validation**

Provider registers in portal and enters TIN

**Recognized TINs** will be automatically validated and the provider may re-enter portal to complete application. This includes:

* TINs from a state-provided 3rd party list
* TINs that were previously verified in prior PRF distributions

**Unrecognized TINs** will go through a three-step validation process. Please allow four weeks for TIN validation.

1. HHS shares unrecognized provider TINs with 3rd party validators, including Medicaid / CHIP agencies, dental organizations, national provider organizations, etc. (*7-10 business days*)
2. Validator reviews applicant information for eligibility (e.g. actively in practice, in good standing, etc.) and shares results with HRSA (*7-10 business days\**)  
   \**Assumes validator responds within requested timeframe*
3. HRSA accepts determination, updates portal, and notifies applicant they can re-enter portal to apply (*3-5 business days*)

**Applying for Funding**

All applicants must submit their TIN and financial information to the [Provider Relief Fund Application and Attestation Portal](https://cares.linkhealth.com/#/) [exit disclaimer icon](https://www.hhs.gov/disclaimer.html). Applicants who submit by**Friday, November 6, 2020 at 11:59 p.m. ET** will be considered for funding.

Providers are encouraged to submit their applications as soon as possible to expedite the calculation and distribution of payments. Providers should apply if they have **lost revenues and/or increased expenses attributable to COVID-19** that have not been reimbursed by other sources.

Required documentation:

* Most recent **federal income tax return** for 2017, 2018, or 2019, unless exempt
* [Revenue worksheet](https://hhs.gov/sites/default/files/prf-gross-revenues-worksheet.xlsx) (if required by Field 15)
* **Operating revenues and expenses** from patient care

**Note:** Providers will need to submit a new application, even if they previously submitted revenue details for a prior PRF distribution; the application has been updated to include some additional data entries in order to calculate payment based on financial impact of COVID-19.

**Receiving Payment**

* Phase 3 General Distribution supports providers who have been most significantly impacted by COVID-19, as measured by **changes in their revenues and expenses from patient care**
* If a provider did not previously receive approximately**2% of annual revenues from patient care**, they will receive this amount consistent with prior general distributions, plus their Phase 3 allocation
* Payments **received** **in prior PRF distributions will be considered** when calculating a provider's Phase 3 payment
* All PRF distributions will be paid to the **Filing or Organizational TIN**, and not directly to subsidiary TINs
* Providers receiving **>$100,000 must sign up for Optum Pay** in order to support program integrity