



News Release

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FOR IMMEDIATE RELEASE

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Providers Must Act by June 3, 2020 to Receive Additional General Distribution Payment

Today, the U.S. Department of Health and Human Services (HHS) is reminding eligible providers that they have until June 3, 2020, to accept the Terms and Conditions and submit their revenue information to support receiving an additional payment from the Provider Relief Fund \$50 billion General Distribution. All providers who automatically received an additional General Distribution payment prior to 5:00 pm, Friday, April 24th, must provide HHS with an accounting of their annual revenues by submitting tax forms or financial statements. These providers must also agree to the program Terms and Conditions if they wish to keep the funds. Providers who have cases pending before the department for adjudication with regard to eligibility for general distribution funding will not be impacted by this closure. All cases needing individual adjudication will need to be received by HHS no later than June 3, 2020.

The submission of tax forms or financial statements to the portal will also serve as an application for additional funding for those providers that have not already received an additional General Distribution payment. If these providers do not submit their revenue information by June 3, they will no longer be eligible to receive potential additional funding from the \$50 billion General Distribution.

President Trump is providing support to healthcare providers fighting the COVID-19 pandemic through the bipartisan *CARES Act* and the *Paycheck Protection Program and Health Care Enhancement Act*, which provide \$175 billion in relief funds to hospitals and other healthcare providers, including those on the front lines of the coronavirus response. This funding supports healthcare-related expenses or lost revenue attributable to COVID-19 and ensures uninsured Americans can get treatment for COVID-19.

HHS previously announced \$50 billion of the Provider Relief Fund was allocated for general distribution to facilities and providers that bill Medicare and were impacted by COVID-19, based on eligible providers' net patient revenue. To expedite providers getting money as quickly as possible, HHS distributed \$30 billion immediately, proportionate to providers' share of Medicare fee-for-service reimbursements in 2019. Then, beginning on April 24, HHS began distributing an additional \$20 billion to providers based on their share of net patient revenue, and began accepting submissions from eligible providers of their financial data. Providers have 45 days from the date they received a payment to attest

and accept the Terms and Conditions or return the funds. Providers that do not log into the provider portal and accept the Terms and Conditions after 45 days of receipt will be deemed to have accepted the Terms and Conditions.

Other allocations have included \$12 billion for hospitals in COVID-19 high-impact areas, \$10 billion for rural providers, and \$400 million for tribal healthcare providers. Some providers may receive further, separate funding, including skilled nursing facilities, dentists, and providers that solely take Medicaid. A portion of the Provider Relief Fund is being used to reimburse healthcare providers, generally at Medicare rates, for COVID-related treatment of the uninsured.

Visit hhs.gov/providerrelief for more information.