

## Round 2 of Federal Emergency Funds

Congress has appropriated \$100 billion to reimburse providers for lost revenues and increased expenses due to the coronavirus pandemic. The first \$30 billion was directly deposited to your bank account associated with your traditional Medicare payments. Some of you received checks.

If you received an initial direct deposit or check from HHS, you are eligible for round two emergency funding, but this time you have to apply. If you sustained revenue losses because of COVID-19, see below instructions to attest to initial direct deposit (if already attested go to *Data* section) and prepare documents to apply through the portal for more funding. The funds do not need to be repaid if certain terms and conditions are met.

### What information do I need to have before I start the application process?

#### Eligibility

To enter the Provider Relief Fund Application Portal you must meet 2 criteria:

1. You must have already received a Provider Relief Fund Payment by 5:00 pm EST, Friday April 24<sup>th</sup>.
1. You must attest to having received the payment via the [Provider Attestation Portal](#), and you must agree to the Terms and Conditions on the attestation portal.

#### Data

Before you initiate your application via the [Provider Relief Fund Application Portal](#), please collect the following data:

1. The Taxpayer Identification Number for the organization applying for relief funds. (“Application TIN”)
2. The Taxpayer Identification Number(s) of any subsidiary organizations if and only if those organizations do not file separate tax returns, but rather consolidate into the returns of the “Application TIN”. If your organization has subsidiaries that file separate tax returns, a separate application must be made for each subsidiary that files a separate return.
3. An estimate the organization’s lost revenue for March 2020 and April 2020. Lost revenue can be estimated by comparing year-over-year revenue, or by comparing budgeted revenue to actual revenue. For April 2020, an estimate of the total monthly loss based on data from the first few weeks in April or by extrapolation from March data is acceptable.
4. A copy of the most recent tax form filed by the organization associated with the Application TIN.

If you have any questions, please review the HHS [FAQs](#). HHS also prepared a [guide](#) to assist with the application process.

HHS has also announced the setting up of a process for physicians who do not see traditional Medicare patients and consequently did not receive an initial payment.