



INFORMATIONAL MEMO

TITLE:	NEW PHASE OF PROVIDER RELIEF FUNDING THROUGH U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) OPEN FOR APPLICATIONS
SUPERSEDES NUMBER:	N/A
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HCPF Memo Series can be accessed online: <https://www.colorado.gov/hcpf/memo-series>

Purpose and Audience:

The purpose of this Informational Memo is to inform all Medicaid providers of additional provider relief funding available through the U.S. Department of Health and Human Services (HHS).

Information:

HHS, via the Health Resources and Services Administration (HRSA), has announced \$25.5 billion in new funding for health care providers affected by the COVID-19 pandemic. Any provider of health care, services, and support in a medical setting, at home, or in the community, including members of our association, can apply to receive financial assistance.

This includes \$8.5 billion in American Rescue Plan Act (ARPA) Rural payments and an additional \$17 billion for Provider Relief Fund (PRF) Phase 4 payments for a broad range of providers who can document changes in operating revenues and expenses.



The four-week application period opened on **Sept. 29, 2021**. There is a single combined application for both programs. Providers can opt in to be considered for payments from both simultaneously. Providers must submit their completed application by the final deadline of **Oct. 26, 2021 at 9:59 p.m. MT**. Providers, who have previously created an account in the Provider Relief Fund Application and Attestation Portal and have not logged in for more than 90 days, will need to first reset their password before starting a new application.

Providers may be eligible for Phase 4 and/or ARPA Rural funding regardless of whether providers previously were eligible for, applied for, received, accepted, or rejected PRF payments.

What should providers know about Phase 4?

- Payments are based on changes in operating revenue and expenses between July 1, 2020 and March 31, 2021.
- HRSA is reimbursing smaller providers for changes in operating revenues and expenses at a higher percentage compared to larger providers.
- HRSA will provide "bonus" payments based on the amount and types of services applicants provided to Medicaid, Children's Health Insurance Program (CHIP), and Medicare patients, using claims from Jan. 1, 2019 through Sept. 30, 2020, priced at the generally higher Medicare rates.

What should providers know about ARPA Rural?

- Payments are based on the amount and type of Medicare, Medicaid, and CHIP services provided to rural patients from Jan. 1, 2019 through Sept. 30, 2020, priced at the generally higher Medicare rates.
- Providers do not need to verify whether their patients live in an area that meets the definition of rural. Simply select whether your organization would like to be considered for ARPA Rural payments during the application process, and HRSA will use existing Medicaid, CHIP, and Medicare claims data to determine payments.
- Eligible providers who may not operate in an area classified as rural, but who serve rural patients, may receive ARPA Rural payments.

HRSA will host technical assistance webcasts for potential applicants to review the application process and have questions answered. Register below:

[Wednesday, Oct. 13, 1 – 2 p.m. MT](#)

[Thursday, Oct. 21, 1 – 2 p.m. MT](#)



How to apply?

- Review the [instructions page](#) for an overview of the application process.
- Learn more about [how payments will be calculated](#).
- Visit the [Provider Relief Fund Application and Attestation Portal](#) to begin an application.
- Visit hrsa.gov/provider-relief to learn more and find additional resources.