

Provider Relief Fund: Medicaid and CHIP Provider Distribution

Information for providers in the Medicaid network

On June 9, 2020, the Department of Health and Human Services (HHS) announced the distribution of approximately \$15 billion from the Provider Relief Fund to eligible providers that participate in state Medicaid and Children's Health Insurance Program (CHIP) and have not received payment from the Provider Relief Fund General Distribution.

Time for submitting requests for funding is running out. Applications for Provider Relief Funding must be submitted by July 20, 2020.

Any provider that meets the eligibility and can attest to the Terms and Conditions associated with the Medicaid and CHIP Distribution is eligible for funding. Eligibility requirements include, but are not limited to the provider:

- Received no payment from the \$50 billion General Distribution to Medicare providers
- Billed Medicaid/CHIP programs or Medicaid Managed Care Plans (MCPs) for health care-related services between Jan. 1, 2018 through Dec. 31, 2019
- Provided patient care after Jan. 31, 2020
- Has not permanently ceased providing patient care directly, or indirectly
- Filed a federal income tax return for fiscal years 2017, 2018 or 2019; or be exempt from filing a return

For additional information on eligibility requirements, Terms and Conditions, and Frequently Asked Questions (FAQs) visit www.hhs.gov/providerrelief and select [FAQs](#).

To apply for funding:

- Providers should download the "Medicaid Provider Distribution Instructions" and "Medicaid Provider Distribution Application Form," available at www.hhs.gov/providerrelief by selecting "For Providers" and then viewing the "[Medicaid/CHIP Provider Relief Fund Payment Forms and Guidance](#)" section
- Apply through the "Enhanced Provider Relief Fund Payment Portal" located in the "Medicaid/CHIP Provider Relief Fund Payment Forms and Guidance" section

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Questions?

Provider Services – (855) 322-4079
8 a.m. to 5 p.m., Monday to Friday
(MyCare Ohio available until 6 p.m.)

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