



ACTION REQUIRED: CARES Act Provider Relief Fund Nursing Home Distribution

Attention:

PROVIDER NAME

TIN (Last 3 digits): **XXX**

Dear Valued Provider:

The Trump Administration through the Department of Health and Human Services' (HHS) Health Resources and Services Administration (HRSA) previously announced the distribution of \$5 billion in Provider Relief Fund payments to eligible nursing homes, skilled nursing facilities, and long-term care facilities to protect residents from the impact of coronavirus disease 2019 (COVID-19). Currently, HHS is distributing an initial \$2.5 billion of this funding to support facilities' COVID-19 infection control efforts, including by conducting appropriate testing, acquiring necessary personal protective equipment (PPE), investing in staff, and establishing COVID-19 isolation facilities. **Your organization will receive funding under this allocation.**

Additionally, the balance of this \$5 billion in funding will be distributed at a later time based on nursing home performance in improving safety and minimizing COVID-19 spread and COVID-19 related fatalities among residents.

How were payment amounts determined?

Eligible facilities will receive a per-facility payment of \$10,000 plus a per-bed payment of \$1,450 in this initial distribution. A facility has to have at least 6 certified beds to be deemed as eligible for payment.

How will payments be distributed?

Funds will be delivered by UnitedHealth Group. Your organization's payment will be sent via Automated Clearing House (ACH). The automated payments are sent via Optum Bank with "CARES Act NH Pmt*HHS.GOV" in the payment description. Payments are sent to the group's central billing office. All relief payments are made to provider billing organizations based on their Taxpayer Identification Numbers (TINs).

What action should I take?

Within 90 days of receiving this payment, you must sign an attestation confirming receipt of the funds and agreeing to the Terms and Conditions of payment. Should you choose to reject the funds, you must also complete the attestation to indicate this. The [Provider Relief Fund Application and Attestation Portal](#) will guide you through the attestation process to accept or reject the funds. Not returning the payment within 90 days of receipt will be deemed acceptance of the Terms and Conditions.

Please note that the Terms and Conditions for this nursing home distribution are different than the Terms and Conditions associated with prior PRF distributions.

Where can I find more information?

For additional information, please call the provider support line at (866) 569-3522; for TTY dial 711. Hours of operation are 7 a.m. to 10 p.m. Central Time, Monday through Friday. Service staff members are available to provide real-time technical assistance, as well as service and payment support.

Thank you for all you are doing to support and protect the American people during this difficult time. The Trump Administration remains committed to working with you to support the ongoing response to COVID-19, including shipping supplemental PPE and testing supplies and providing additional training resources.

Thomas J. Engels
Administrator
Health Resources and Services Administration
United States Department of Health and Human Services

Program eligibility and allocation of funds is determined by HHS, subject to adjustment (as may be necessary) and available funding; see details at <https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/index.html>. Terms and conditions will apply. This email was sent by United HealthCare Services, 9700 Health Care Lane, Minnetonka, MN 55343 USA on behalf of the U.S. Department of Health & Human Services, 200 Independence Ave SW Washington DC 20201.

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