The following is a resource for healthcare providers operating small businesses and are interested in loans or financial assistance related to COVID-19. Additional information will be added to this document as new developments arise.

**SBA Paycheck Protection Program**

- A round of funding was made available on April 27, 2020. This initiative provides 100% federally guaranteed loans to small businesses (generally 500 or fewer employees).
- Loans may be forgiven if borrowers maintain their payrolls during the crisis or restore their payrolls afterward.
- Loans can be up to 2.5 times the borrower’s average monthly payroll costs, not to exceed $10 million.
- Loans are made available through local lenders in conjunction with the U.S. Small Business Administration. A significant amount was made to small and regional banks.
- For additional details and application information: [https://www.ncmedsoc.org/wp-content/uploads/2020/03/Paycheck-Protection-Program-SBA.pdf](https://www.ncmedsoc.org/wp-content/uploads/2020/03/Paycheck-Protection-Program-SBA.pdf)
- The Small Business Administration (SBA) also recently released its 11-page Paycheck Protection Program (PPP) Loan Forgiveness Application, which, among other information, provides borrowers with instructions on how to calculate eligibility for forgiveness of their PPP loans and the necessary documentation under the Coronavirus Aid, Relief and Economic Security (CARES) Act.
- The SBA also will soon issue regulations to further assist borrowers as they complete their application and provide guidance to lenders on their responsibilities. Lenders will likely have their own procedures for borrowers to request forgiveness as well.
- Download the PPP Loan Forgiveness Application.
- Also, keep in mind, Congress is considering a proposal that would extend the current 8-week covered period for the PPP; allow for loan terms of more than 2 years; extend the rehiring date past June 30 to offset the effect of enhanced unemployment benefits and allow more employers with PPP loans to defer payroll taxes, among other provisions.
- Learn more about the PPP and loan forgiveness here.

**COVID-19 Uninsured Program Portal**

- The U.S. Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), launched a new COVID-19 Uninsured Program Portal.
- This allows health care providers who have conducted COVID-19 testing or provided treatment for uninsured COVID-19 individuals on or after February 4, 2020 to submit claims for reimbursement.
- Providers can access the portal at [COVIDUninsuredClaim.HRSA.gov](https://COVIDUninsuredClaim.HRSA.gov).
CARES Act Provider Relief Fund

- This program distributes payments (not loans) via direct deposit beginning April 10th to eligible providers’ TIN.
- All facilities and providers that received Medicare FFS reimbursement in 2019 are eligible.
- Providers must agree not to seek collection of out of pocket payments from a COVID-19 patient that are greater than what the patient would have otherwise been required to pay if the care had been provided by an in-network provider.
- Quick dispersal of funds will provide relief to providers heavily impacted by COVID-19 and who are struggling to remain open due to patients delaying care and cancelled elective services.
- If the provider ceased operation as a result of COVID-19, the provider may receive funds as long as the provider diagnosed, treated or cared for individuals with possible or actual cases of COVID-19.
- $50 billion of the Provider Relief Fund is allocated for general distribution to facilities and providers that billed Medicare in 2019, and that are impacted by COVID-19, based on providers’ 2018 net patient revenue.
- Of this $50 billion, the initial $30 billion was distributed between April 10 and April 17, and payments to providers from that $30 billion were calculated based on providers’ portion of Medicare fee-for-service revenue.
- Payments to providers from the remaining $20 billion of the general distribution are calculated so that a provider’s allocation from the entire $50 billion general distribution is a portion of provider’s 2018 net patient revenue.
- Total revenue of Medicare facilities and providers is estimated to be approximately $2.5 trillion. Providers can estimate their approximate expected combined general revenue distribution through the following formula: \[( \text{Individual Provider Revenues} / \$2.5 \text{ Trillion}) \times \$50 \text{ Billion} = \text{Expected Combined General Distribution} \]
- HHS began distribution to providers of the remaining $20 billion of the $50 billion general allocation on April 24. Where possible, advance payments were sent to providers based on the revenue data they submit in CMS cost reports.
- Providers without sufficient cost report data on file for HHS to distribute funds will need to submit their revenue information to the General Distribution Portal in order to receive additional general distribution funds. This portal is now open.
- US HHS partnered with UnitedHealth Group (UHG) to provide rapid payment to eligible providers via Automated Clearing House account information on file with UHG or CMS. Automatic payments will come to providers via Optum Bank with “HHSPAYMENT” as the payment description. Providers who normally receive a paper check reimbursement by CMS will receive a paper check within a few weeks.
• If you have not already completed attestation confirming receipt of previous funds, begin by doing so on the CARES Act Provider Relief Fund Payment Attestation Portal, including agreeing to the Terms and Conditions.
• Next, submit your revenue information to the General Distribution Portal for consideration to receive additional general distribution funds. All providers are required under the Terms and Conditions to submit revenue information to the provider portal for later verification.
• Payments will go out weekly, on a rolling basis, as information is validated.
• For additional information, please visit hhs.gov/providerrelief or call the CARES Provider Relief line at (866) 569-3522, TTY 711.

**Medicare Merit-Based Incentive Payment System (MIPS)**

For MIPS participating providers, the data submission deadline was extended to April 30th, 2020 at 8pm, EST if there is interest in submission.

• If there is no submission made by this deadline, the automatic Extreme and Uncontrollable Policy will be applied.
• Providers will receive a neutral payment adjustment for the 2021 payment year.
• If the provider already submitted and wants an exception, the provider still can with the exception of groups and virtual groups who fully submitted data. The provider must apply by April 30th, 2020.
• More information is available at: https://qpp.cms.gov/mips/exception-applications.

**North Carolina COVID-19 Rapid Recovery for Small Businesses (Supported by Golden Leaf Foundation)**

• The NC Rapid Recovery Program is a loan program for small businesses including healthcare providers.
• The program is supported by the Golden Leaf Foundation and other lending partners.
• The loans are granted up to $50,000, based on the business’ current revenue, and capped at two months of current revenue.
• Terms are six months of 0% interest and no payments, followed by 48 months of principal and interest payment of 5.5%.
• Eligibility criteria include the following: applicant must be a NC small business affected by COVID-19, must have at least one employee (can be the self-employed owner), start-up operations must have begun prior to March 23, 2020.
• To apply for assistance online or for more information: https://ncrapidrecovery.org/
**Rural Health Provider Relief Fund**

- $10 billion was awarded from the Provider Relief Fund to rural hospitals, rural health clinics and rural federally qualified health centers.
- Providers do not need to apply. Deposits should appear in the bank account during the week of May 6th, 2020. Rural health clinics will receive the funds directly. For clinics owned by critical access or rural hospitals, funds will be included in the distribution to the hospital account.
- The received amount will vary depending on the operating expenses of the clinic but every rural health clinic will receive no less than $100,000 and each critical access or rural hospital will receive no less than $1,000,000.