

## HHS Provider Relief Fund Cheat Sheet

Step one is submit ORGANIZATIONAL TIN for validation. This is the TIN that filed the tax return for the facilities with the NPI numbers.

The validation step takes about 24 hours.

Include tax entities even if they include Medicaid and non-Medicaid revenues, entities.

After validation:

**Note: I have not been able to start an application, save it and go back, without having to start all over again. I recommend having all this ready so you can finish once you start.**

One of the questions is what type of entity – we are RF. You can validate with the instructions.

You will need to gather the tax return for either 2019, 2018, or 2017 – you get to pick. Needs to be pdf format for uploading.

You will need total FTEs that work in ALL OF facilities covered by the tax return.

You will need total beds for all facilities covered by the tax return.

Make sure the total revenue line ties to the 1<sup>st</sup> line of the tax return. If you need to deduct revenues (Medicare or other non-associated revenues) refer to the instructions and there is a place to upload a “Gross Revenues” worksheet.

Estimate the % source of revenue, self-pay, Medicaid, other government, insurance etc.. Every block needs an entry and must total 100%.

You will need to gather entity names, EIN #s and NPI numbers for those that apply to enter on an “fte worksheet” in EXCEL and upload. Example provided, on what we submitted, with an example of a group that has NPI and some that do not.

As you are entering the FTE’s, refer to the instructions – all staff for AL go on “other provider” line.

You will need 1Q 2020 941s for all entities under the tax return. If your employees are paid at management company level and reimbursed, I would submit a word document explaining the relationship AND the 941 with a crosswalk of what is included

You will need lost revenue estimates for March & April 2020. These are estimates. MAKE SURE YOU KEY THEM INTO THE APPLICATION AS A NEGATIVE NUMBER

You will need increased expense estimates for March & April 2020. These are estimates. Enter as a positive number

Do not skip any fields, all require an entry.

CARES Act Provider Relief Fund  
FTE Worksheet (Form 1.0)

EXAMPLE SENIOR LIVING HOLDCO LLC

1.23E+08

(3) Primary provider FTE -> Enter in Field (27) on the application form

(4) Primary provider (see instructions for Field 31) information as of 5/31/2020:

| Number         | Last Name        | First Name     | NPI                | Physician<br>(P),<br>Dentist<br>(D), or<br>Other (O) | FTE                   |
|----------------|------------------|----------------|--------------------|--|-----------------------|
| <i>Example</i> | <i>Public</i>    | <i>John Q.</i> | <i>12345678910</i> | <i>O</i>   | <i>0.75</i>           |
| 1              | Starnes Holdings | 44-5556666     | 123456789          | <input type="radio"/>                                | <input type="radio"/> |
| 2              | Smith Holdings   | 55-9988888     | 234569780          | <input type="radio"/>                                | <input type="radio"/> |
| 3              | Jones Holdings   | 11-3344444     | 951478963          | <input type="radio"/>                                | <input type="radio"/> |
| 4              | Starr Holdings   | 66-4447788     | NA                 |  |                       |