Rhode Island Pediatric Primary Care Relief Program – Application Instructions

Introduction & Checklist

Prior to beginning the application, please read the program guidance available at http://www.eohhs.ri.gov/Initiatives/PediRelief.aspx. To complete this application, you will need:

- The practice’s Tax Identification Number (TIN)
- The practice’s National Provider Identifier (NPI) (also referred to as a Type 2 NPI or Group NPI).
- The practice’s D-U-N-S (Data Universal Numbering System, or DUNS) number.
- The names and National Provider Identifier (NPI) numbers for each clinician with credentials MD, DO, NP, or PA who manages a patient panel at the practice site.
- The number of active patients as of May 31, 2020 who are children under the age of 18. Active patients are defined as those patients who have been served by the practice over the last two years: June 1, 2018 – May 31, 2020.
- Bank account information for electronic funds transfer.
- Completed IRS Form W-9 if the practice is not enrolled in the Medicaid Fee-for-Service Program. This form must be emailed to EOHHS at OHHS.PediRelief@ohhs.ri.gov.
- Completed Immunization Quality Improvement Plan
- Signed Financial Agreement

Payments will be processed by the Medicaid Management Information System (MMIS). You will be asked to report a Medicaid Legacy Provider ID if the practice has one. If you are not currently registered as a Medicaid Fee-for-Service provider, the state will register you for the purpose of processing payments under the Pediatric Primary Care Relief Program. This will not result in you becoming a Medicaid Fee-for-Service provider. You may receive an IRS Form 1099 from the State of Rhode Island.

Incomplete applications will not be accepted. If you have questions about this application, please contact OHHS.PediRelief@ohhs.ri.gov.

The Pediatric Primary Care Relief Program application requires reporting for several financial metrics in order to assess provider need. The definitions, to the extent possible, have been derived from federal Medicaid/CHIP Provider Relief Fund Guidance.
DUNS Number

Enter the practice’s D-U-N-S (Data Universal Numbering System, or DUNS) number.

If a practice does not have a DUNS number, one must be obtained prior to application. The practice can obtain one for free at this link: [https://www.dnb.com/duns-number/get-a-duns.html](https://www.dnb.com/duns-number/get-a-duns.html). Turn-around time for receiving a DUNS number is 1-2 business days.

If a practice has a DUNS number, but does not know it, the practice can search for it for free at this link: [https://www.dnb.com/duns-number/lookup.html](https://www.dnb.com/duns-number/lookup.html)

Additional third-party resources and tutorials:

- [What is a Dun & Bradstreet DUNS Number?](https://www.dnb.com/duns-number/get-a-duns.html)
- [Credit Suite – How to get a DUNS number](https://www.dnb.com/duns-number/get-a-duns.html)

Medicaid Legacy Provider ID

If the practice is already participating in the Medicaid Fee-For-Service program, enter the practice’s Medicaid Legacy Provider ID.

If the practice does not know its Medicaid Legacy Provider ID, the practice can call the DXC provider helpdesk at (401) 784-8100

Financial Reporting Definitions

**Gross Revenues**

Enter the applicant’s most recent gross revenues number from its federal tax return of 2017, 2018, or 2019. 2019 is preferred.

If the applicant for tax purposes is a …

... sole proprietor or disregarded entity owned by an individual: Enter Line 3 from IRS Form 1040, Schedule C excluding any income reported on W-2.

... partnership: Enter Line 1c minus Line 12 from IRS Form 1065.

... C corporation: Enter Line 1c minus Line 15 from IRS Form 1120.

... S corporation: Enter Line 1c minus Line 10 from IRS Form 1120-S.

... tax-exempt organization: Enter Line 9 from IRS Form 990 minus any joint venture income, if included in Part VIII lines 2a – 2f.

... trust or estate: Enter Line 3 from IRS Form 1040, Schedule C.
... entity not required to file any of the previously mentioned IRS forms: Enter a “net patient service revenue” number or equivalent from the applicant’s most recent audited financial statements (or management-prepared financial statements).

**Fiscal Year of Gross Revenues**

Enter the fiscal year of the applicant’s most recent federal income tax return.

Applicants that do not file a federal income tax return and have no ultimate parent entity filing a federal income tax return (e.g. state entities) should submit the fiscal year of the gross revenue information reported under **Gross Revenues**.

**Percentage of Gross Revenues from Patient Care (Gross Patient Care Revenues)**

Enter the percentage of the applicant’s gross revenues that represents amounts received for patient care rendered for the fiscal year corresponding to the reported gross revenues. This percentage includes pharmacy revenue derived through the 340B program and should exclude non-patient care revenue, e.g., insurance, retail, or real estate revenues. For months in 2020, gross revenues from patient care should exclude any emergency advances of shared savings or other incentives payments that were made by local insurers in response to the pandemic.

**Gross revenues from March, April, and May 2019**

Enter gross revenues, as defined above, for the months of March, April, and May 2019.

**Gross patient care revenues from March, April, and May 2019**

Enter gross patient care revenues, as defined above, from March, April, and May 2019.

**Gross revenues from March, April, and May 2020**

Enter gross revenues, as defined above, for the months of March, April, and May 2020. Any shared savings or incentive payment advances that were made as a response to COVID-19 should be credited as gross revenue. Do not include these advances as gross patient care revenues.

**Gross patient care revenues from March, April, and May 2020**

Enter gross patient care revenues, as defined above, from March, April, and May 2020.

**Lost Revenues Due to COVID-19**

Enter the applicant’s lost revenues due to COVID-19 for March, April, and May 2020. A negative value in this field indicates a net loss due to COVID-19. A positive value in this field indicates a net gain due to COVID-19.

“Lost revenues due to COVID-19” means the amount of any patient care revenue that you as a healthcare provider lost due to coronavirus, net of any increased revenues due to coronavirus (e.g. insurance reimbursed treatment). This may include revenue losses associated with fewer outpatient visits, canceled elective procedures or services, increased bad debt, or other causes.

You may use any reasonable method of estimating the revenue during March, April, and May 2020 compared to the same period had COVID-19 not appeared. For example, if you have a

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budget prepared without taking into account the impact of COVID-19, the estimated lost revenue could be the difference between your budgeted revenue and actual revenue. It would also be reasonable to compare the revenues to the same period last year.

**Increased Expenses Due to COVID-19**

Enter the applicant’s increased expenses due to COVID-19 for March, April, and May 2020.

“Increased expenses due to COVID-19” is a broad term that may cover a range of items and services, including:

- supplies used to provide healthcare services for possible or actual COVID-19 patients (e.g. PPE);
- equipment used to provide healthcare services for possible or actual COVID-19 patients;
- workforce training;
- developing and staffing emergency operation centers;
- reporting COVID-19 test results to federal, state, or local governments;
- building or construction of temporary structures to expand capacity for COVID-19 patient care;
- building or construction of temporary structures to expand capacity for COVID-19 patient care or to provide healthcare services to non-COVID-19 patients in a separate area from where COVID19 patients are being treated; and
- additional staffing costs to expand capacity or to provide more intensive medical services.

**Total Amount Received from CARES Act Provider Relief Fund**

Enter the applicant’s total amount received from the federal CARES Act Provider Relief Fund as of the date of submission of the Rhode Island Pediatric Primary Care Relief application.

**Total Amount Received from Paycheck Protection Program (PPP) Loan**

Enter the total amount received from Treasury SBA / PPP by the applicant and its included subsidiaries as of the date of submission of the Rhode Island Pediatric Primary Care Relief application.

**What date was your Paycheck Protection Program loan disbursed**

Enter the date that the Paycheck Protection Program payment was disbursed to the practice.

**Immunization Quality Improvement Plan**

Applicants must submit a brief narrative (no more than 3 pages) describing the actions the practice is currently taking or planning to take to address the decline in immunization rates and catch their patients up with immunization schedules. Appropriate activities may include: participation in a state sponsored immunization learning collaborative, ACO or system of care led initiatives, or partnerships with community-based organizations or institutions.

Quality Improvement Plans should be attached to the application as word or PDF documents. The application will prompt applicants to attach their plan.
Submission of Completed IRS Form W9

If the practice is not enrolled in the state Medicaid Fee-for-Service Program, then the practice will need to submit a completed IRS Form W-9. This form must be emailed to EOHHS at OHHS.PediRelief@ohhs.ri.gov. Please include ATTN – W9 in the subject line of the email. The practice name, address, and Group NPI should be included in the body of the email.

If you have any questions about the application or the information being requested, please contact OHHS.PediRelief@ohhs.ri.gov.