HHS COVID 19
New Phase 3
Provider Relief Funding

A practical "how to" guide for Medicaid PCS Assisted Living Facilities to apply for Phase III Provider Relief Funding

presented by

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And the

North Carolina Senior Living Association

HOW MUCH?

$20 Billion in new funding

WHO GETS ADDITIONAL FUNDS?

- First dibs on the money goes to those of you who have not yet received Relief Fund payments of 2 percent of patient revenue - you will receive a payment that, when combined with prior payments (if any), equals 2 percent of patient care revenue.
- Second, HHS will then calculate an equitable add-on payment that considers the following:
    - A provider’s change in operating revenues from patient care
    - A provider’s change in operating expenses from patient care, including expenses incurred related to coronavirus
    - Payments already received through prior Provider Relief Fund distributions.

WHO IS ELIGIBLE?

- Providers who previously received, rejected or accepted a General Distribution Provider Relief Fund payment. Providers that have already received payments of approximately 2% of annual revenue from patient care may submit more information to become eligible for an additional payment.
- Behavioral Health providers, including those that previously received funding and new providers.
- Healthcare providers that began practicing January 1, 2020 through March 31, 2020. This includes Medicare, Medicaid, CHIP, dentists, assisted living facilities and behavioral health providers.

WHO IS ELIGIBLE, continued… You must meet one of these criteria:

- **You billed Medicaid / CHIP programs** or **Medicaid managed care plans** for health-related services between Jan.1, 2018-Mar.31, 2020; or
- You billed a health insurance company for **oral healthcare-related services** as a dental service provider as of Mar. 31, 2020; or
- You are a licensed dental service provider as of Mar. 31, 2020 who does not accept insurance and has **billed patients for oral healthcare-related services**; or
- **You billed Medicare fee-for-service** during the period of Jan.1, 2019-Mar. 31, 2020; or
- You are a Medicare Part A provider that **experienced a CMS approved change in ownership** prior to Aug. 10, 2020; or
- You are a state-licensed / certified **assisted living facility** as of Mar. 31, 202o, or
- You are a **behavioral health provider** as of Mar. 31, 2020 who has billed a health insurance company or who does not accept insurance and has billed patients for healthcare-related services as of Mar. 31, 2020

And…

An applicant must have:

- Filed a **federal income tax return** for fiscal years 2017, 2018, 2019 if in operation before Jan. 1, 2020; or be exempt from filing a return; and
- **Provided patient care** after Jan. 31, 2020 (Note: patient care includes health care, services, and support, as provided in a medical setting, at home, or in the community); and
- **Not permanently ceased** providing patient care directly or indirectly; and
- For individuals providing care before Jan. 1, 2020, have gross receipts or sales from patient care reported on **Form 1040** (or other tax form)

How do I apply?

You submit your TIN and financial information to the Provider Relief Fund Application and Attestation Portal:

https://cares.linkhealth.com/#/

Which looks like this.

(If you don’t have an Optum ID, click **Set Up Optum ID)**

CARES
PROVIDER RELIEF FUND

Sign In

Welcome to the Provider Relief Fund Application and Attestation Portal

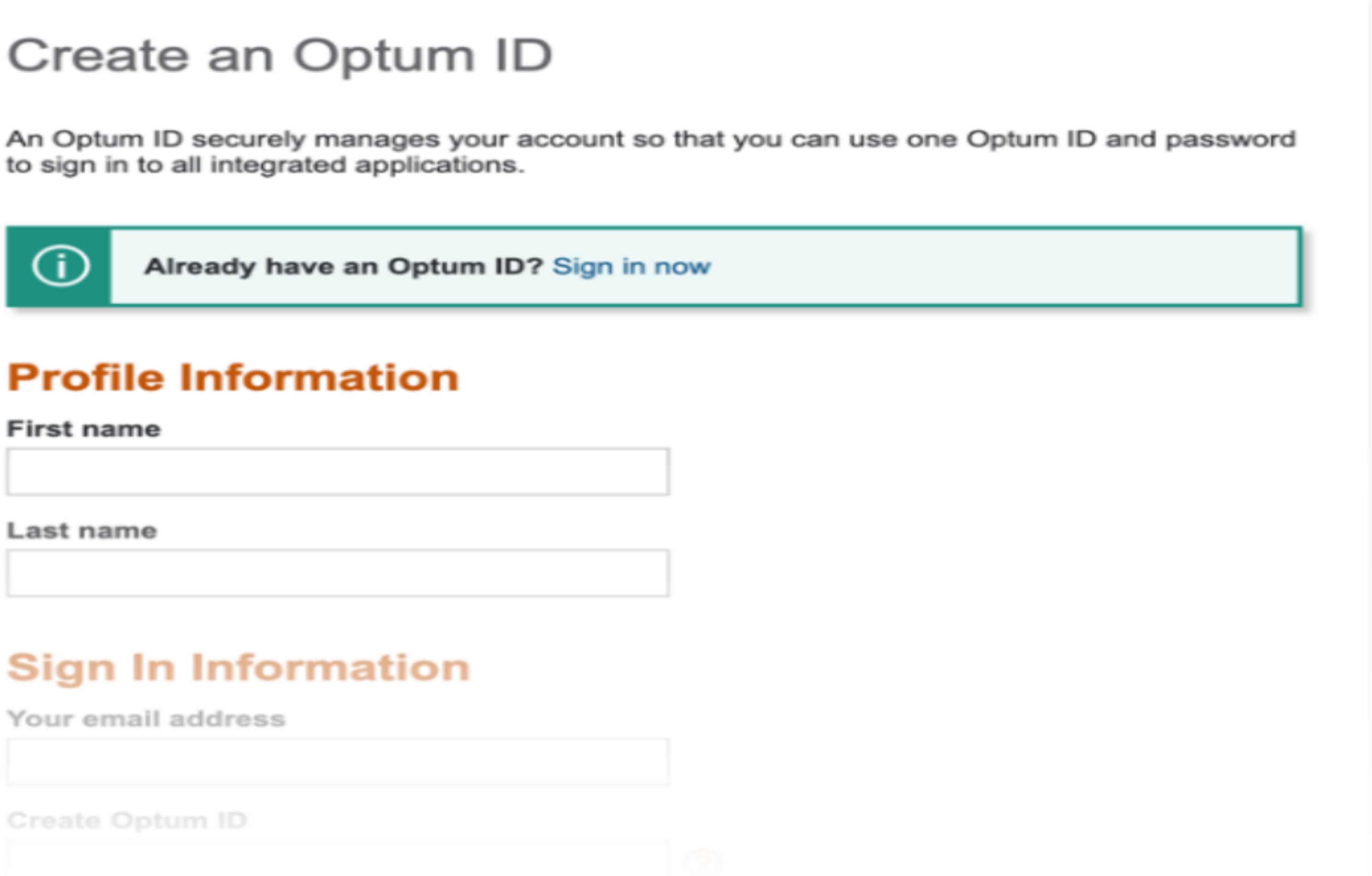
This portal allows providers to apply for and attest to relief fund payments made for healthcare-related expenses or lost revenue attributable to COVID-19.

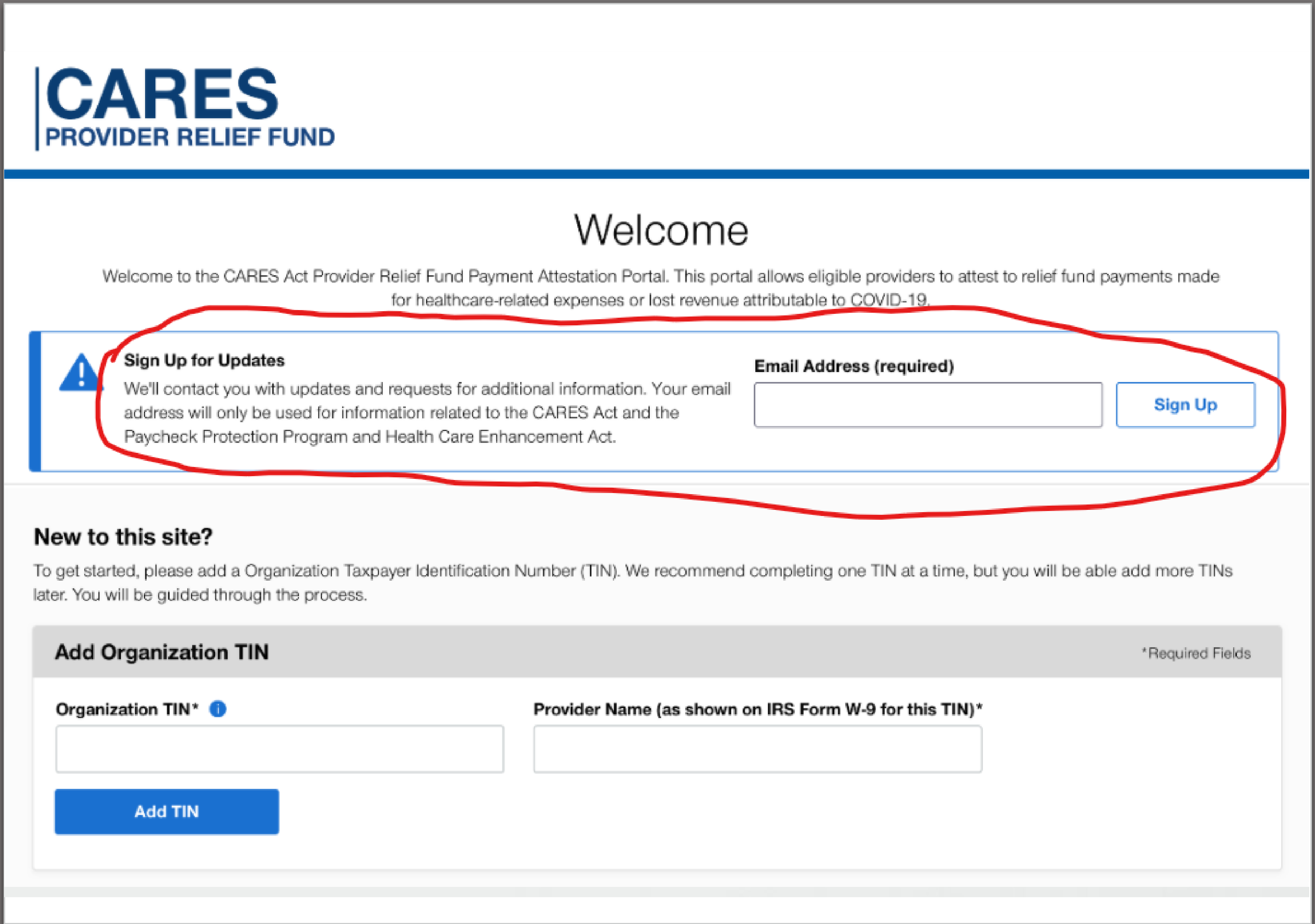
Overview | **Set Up Optum ID** | **What You Need** | **Resources and Support**

The Department of Health and Human Services (HHS) has announced $175 billion in relief funds, including to hospitals and other healthcare providers on the front lines of the coronavirus response as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act and the Paycheck Protection Program and Health Care Enhancement Act. This funding, along with additional relief funding outside of the CARES Act, supports healthcare-related expenses or lost revenue attributable to COVID-19 and ensures uninsured Americans can get treatment for COVID-19. This site is open to all providers who want to apply for a Provider Relief Fund payment, regardless of network affiliation or payer contract. HHS is contracting with UnitedHealth Group to facilitate delivery of the funds.

HHS plans to make publicly available the names of payment recipients and the amounts received, for all providers who attest to receipt of a payment and acceptance of the Terms and Conditions or who retain payments for more than 90 days and are deemed to have accepted the Terms and Conditions. By accepting funds, the recipient consents to the Department of Health and Human Services publicly disclosing the payments that recipient has received from the Relief Fund.

If you have an Optum ID, sign in. If you don’t start setting one up by providing your name and email address.




CARES
PROVIDER RELIEF FUND

Welcome

Welcome to the CARES Act Provider Relief Fund Payment Attestation Portal. This portal allows eligible providers to attest to relief fund payments made for healthcare-related expenses or lost revenue attributable to COVID-19.

Sign Up for Updates

We'll contact you with updates and requests for additional information. Your email address will only be used for information related to the CARES Act and the Paycheck Protection Program and Health Care Enhancement Act.

Email Address (required)

Sign Up

New to this site?

To get started, please add a Organization Taxpayer Identification Number (TIN). We recommend completing one TIN at a time, but you will be able add more TINs later. You will be guided through the process.

Add Organization TIN

*Required Fields

Organization TIN*

Provider Name (as shown on IRS Form W-9 for this TIN)*

Add TIN

Be sure to sign up for updates.

New to this site?

To get started, please add a Organization Taxpayer Identification Number (TIN). We recommend completing one TIN at a time, but you will be able add more TINs later. You will be guided through the process.

Add Organization TIN

*Required Fields

Organization TIN*

Provider Name (as shown on IRS Form W-9 for this TIN)*

Add TIN

Privacy Act Statement

The following statement serves to inform you of the purpose for collecting personal information required by the https://cares.linkhealth.com website and how it will be used.

AUTHORITY: 31 U.S.C. 3512, 3711, 3716, 3721, 1321 note; E.O. 13520

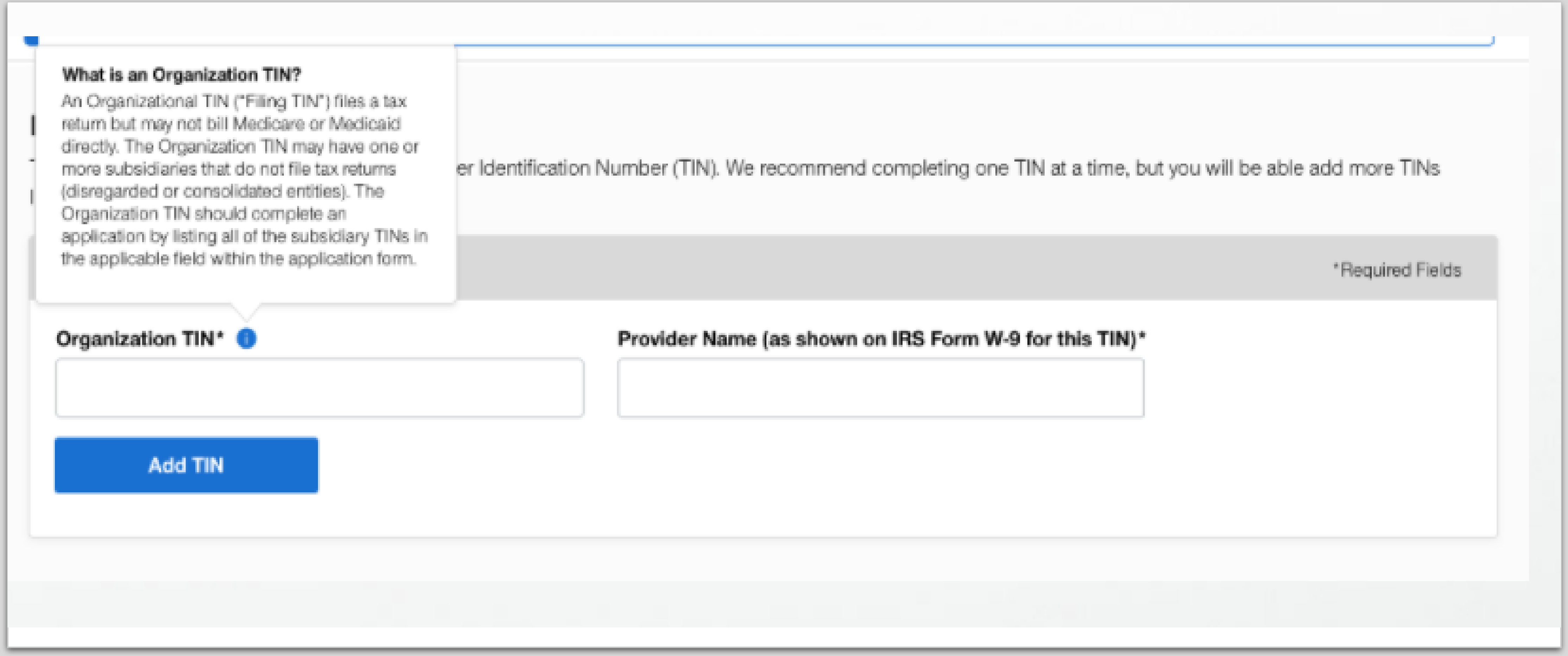
PURPOSE: To collect information to determine eligibility for CARES Act funds and process payments to you.

ROUTINE USES: The information collected is used by HHS to determine eligibility for payments from the Public Health and Social Services Fund, maintain an accounting of payments, and process payments from the Fund. Examples of other permissible uses include, but are not limited to, a contractor (and/or to its subcontractor) who has been engaged to perform services on an automated data processing (ADP) system used in processing financial transactions, to appropriate law enforcement agencies when relevant to an investigation, to the Treasury Department, and to auditing organizations conducting financial or compliance audits. A complete list of routine uses may be found at https://www.federalregister.gov/documents/2015/11/03/2015-27980/privacy-act-of-1974-system-of-records-notice

DISCLOSURE: Voluntary. If you choose not to provide your information, absence of the requested information may result in administrative delays or the inability to process payments to you under the CARES Act.

Add your TIN, and the name that appears on the W-9 for this TIN.

What is a TIN? It is also called an EIN – nine digits long – it is your company's Federal Tax ID number.



Sometimes picking the right TIN to be the main “Organization” TIN is a bit complex:

Some companies may have a parent organization TIN (“Filing TIN”) where a parent company or entity files a tax return but may not itself bill Medicare or Medicaid directly – its subsidiaries do. Each of the subsidiaries may in turn have their own TINs but do not file their own tax returns (they are considered disregarded or consolidated entities). In such cases the parent Organization TIN should be listed on the application, and all of the subsidiary TINs that are disregarded should be placed in the applicable box field within the application form. Note that the money will be paid to the parent, which will distribute funds in its discretion to the subsidiaries.

If your TIN is recognized because it was previously verified in prior PRF distributions, or it appears on a state-provided 3rd party list…

It will be automatically validated, and you may re-enter the portal to complete your application.

(GO TO SLIDE 20 if you are automatically validated)

Nothing has happened yet…

What is taking so long?

Your TIN may not have been recognized.

If your TIN is not recognized, there is a 3 step validation process:**

1. HHS shares unrecognized provider TINs with 3rd party validators, including Medicaid / CHIP agencies, dental organizations, national provider organizations, etc. (*7-10 business days*)
2. Validator reviews applicant information for eligibility (e.g. actively in practice, in good standing, etc.) and shares results with HRSA (*7-10 business days**)
   **Assumes validator responds within requested timeframe*
3. HRSA accepts determination, updates portal, and notifies applicant they can re-enter portal to apply (*3-5 business days*)

***HHS asks that providers allow four weeks for TIN validation.*

After you add your TIN, you must complete the Program Administrator Attestation

- Keep in mind that only one person can serve as the program administrator per TIN
- As administrator, you are accepting responsibility to act on behalf of your organization
- You must agree to make your name and email address available to others within your organization for coordination of information.

Check the boxes and accept the Program Administrator Attestation

Program Administrator Attestation for Organization TIN 234234234

- [x] I attest that I am submitting on my own behalf and I am the provider associated with this Organization TIN; or I have the authority to submit a request on behalf of the provider group(s) associated with this Organization TIN.
- [x] I certify that all information provided as part of this process is true, accurate and complete, to the best of my knowledge.
- [x] I understand that any person who knowingly and with intent to defraud the Government or the Company, files information containing materially false information, or conceals for the purpose of misleading the company commits a fraudulent insurance act.
- [x] I understand that only one person may submit information on behalf of an Organization TIN. I understand that my name and email will be shared if duplicate information is received for the same Organization TIN. If I am no longer able to submit information on behalf of the provider group associated with this Organization TIN, then I will withdraw my name and a different person will be added in my place.

I'm not a robot

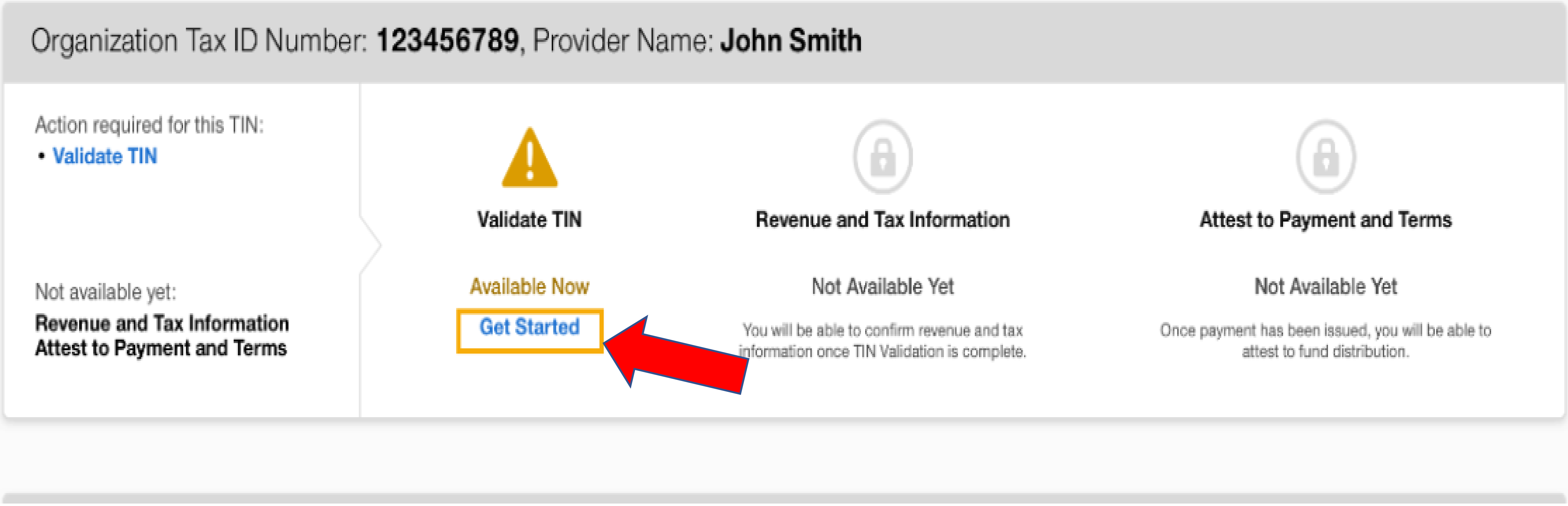
reCAPTCHA

Privacy - Terms

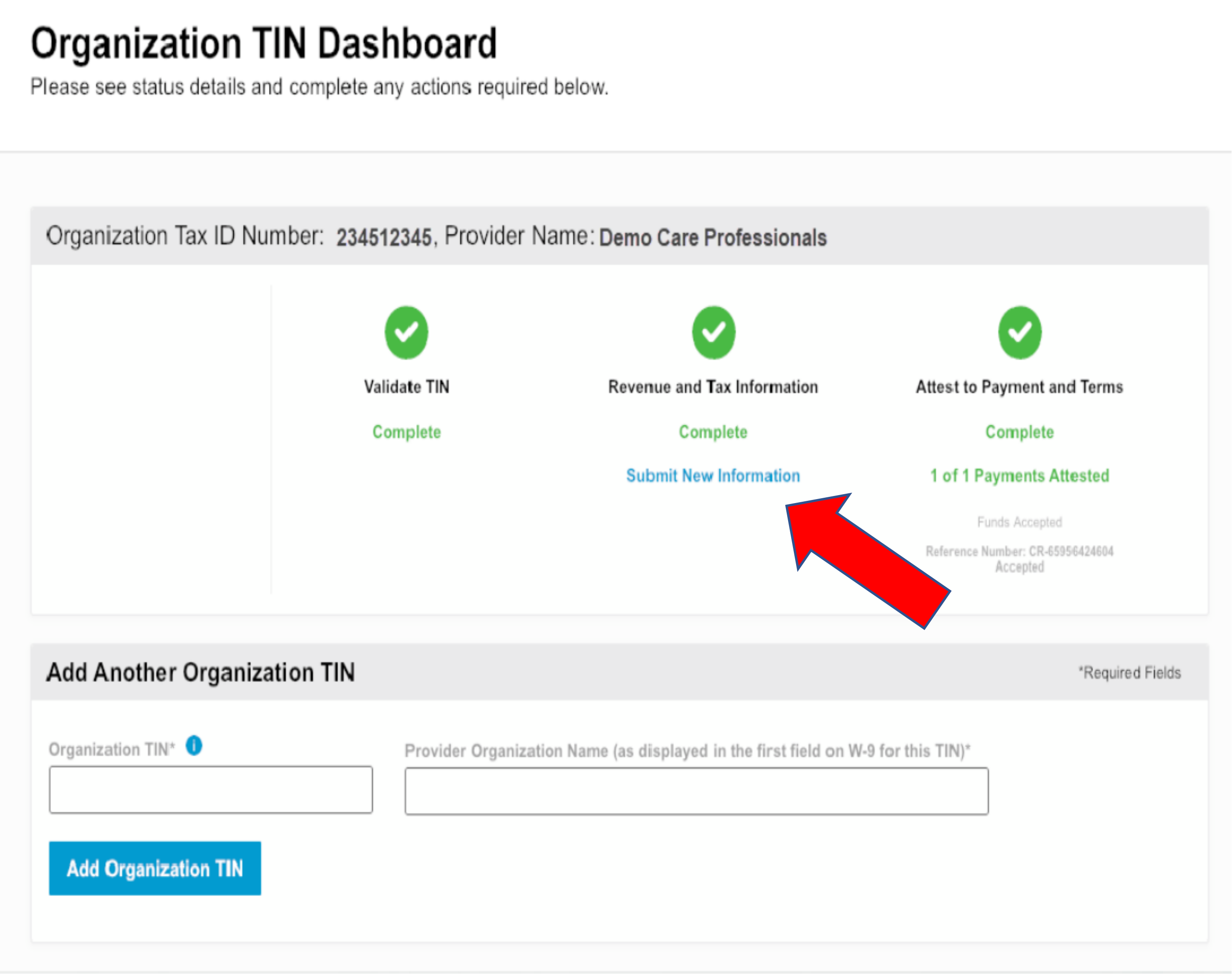
One you have your Optum ID, sign back into the Portal.

You will have to enter your TIN again to verify eligibility.

Click **Get Started**

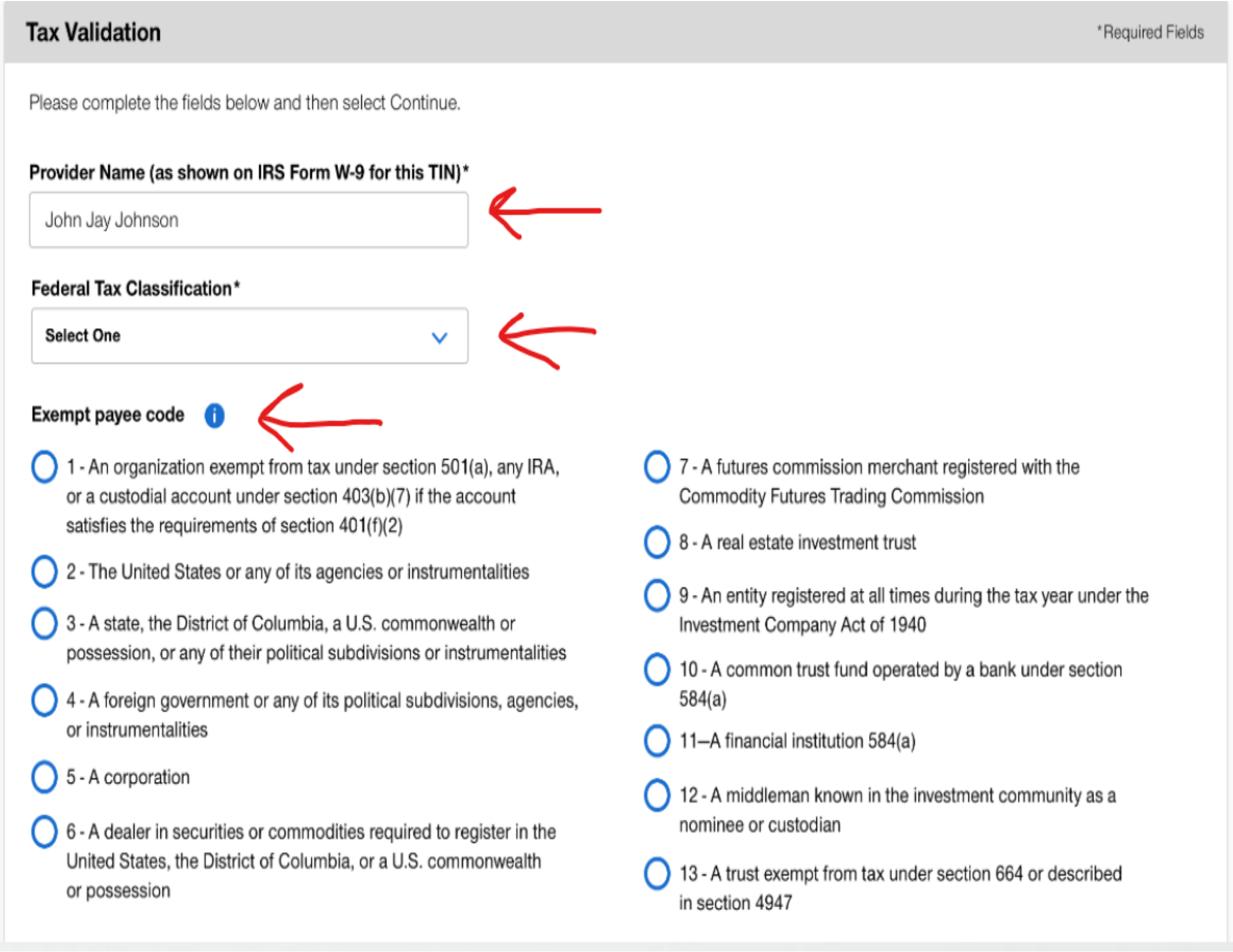


If you previously attested to a payment and are applying for additional funds, click **Submit New Information**, and complete the Application Form (see slide 34 and following slides)



For those of you new to the site, your tax validation may take 1-2 business days to process.

W-9 Tax Validation



Tax Validation

*Required Fields

Please complete the fields below and then select Continue.

Provider Name (as shown on IRS Form W-9 for this TIN)*

John Jay Johnson

Federal Tax Classification*

Select One

Exempt payee code

1 - An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2 - The United States or any of its agencies or instrumentalities

3 - A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4 - A foreign government or any of its political subdivisions, agencies, or instrumentalities

5 - A corporation

6 - A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7 - A futures commission merchant registered with the Commodity Futures Trading Commission

8 - A real estate investment trust

9 - An entity registered at all times during the tax year under the Investment Company Act of 1940

10 - A common trust fund operated by a bank under section 584(a)

11—A financial institution 584(a)

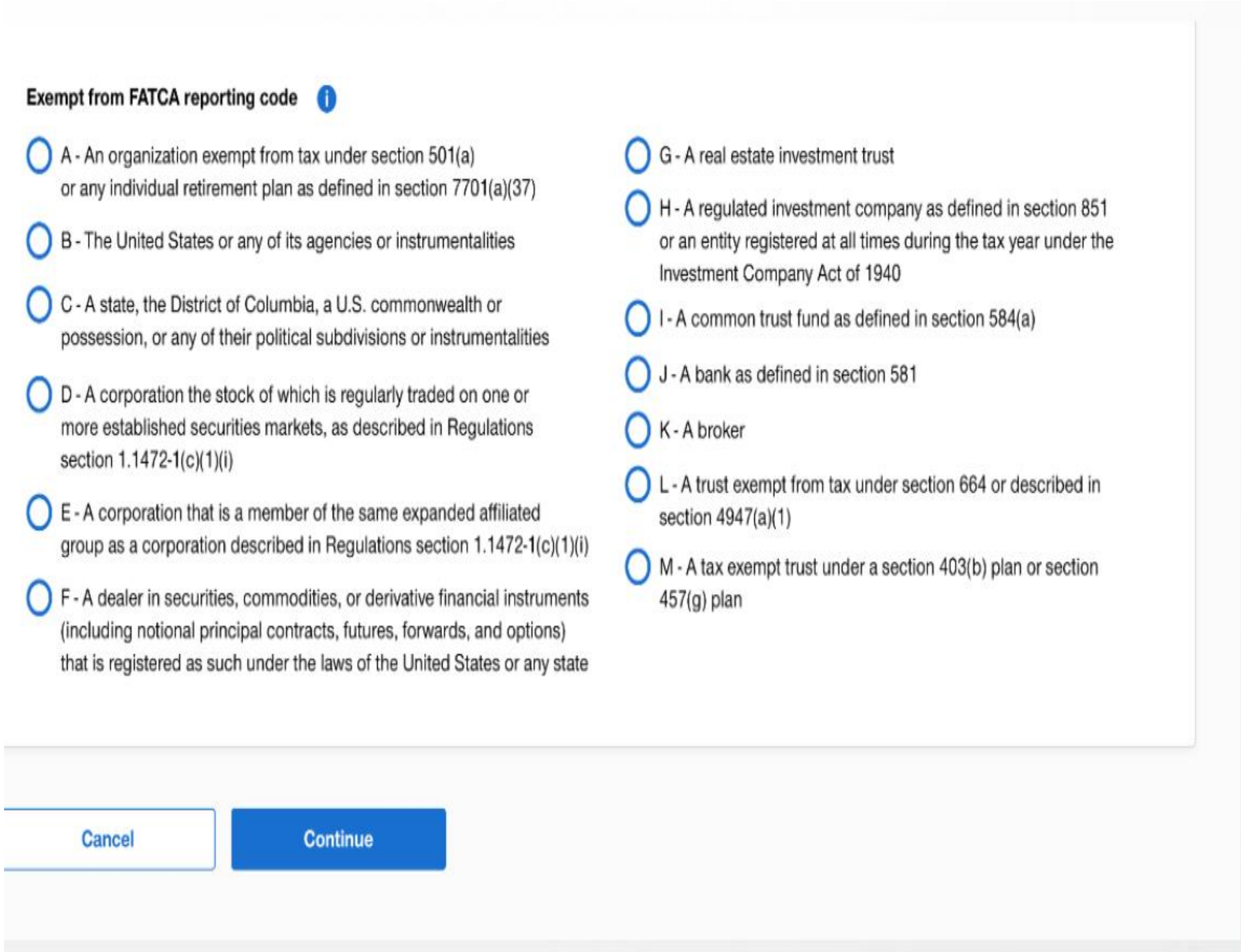
12 - A middleman known in the investment community as a nominee or custodian

13 - A trust exempt from tax under section 664 or described in section 4947

Verify information from your W-9

- Provider Name – make sure your company name is the same as it appears on your W-9
- Federal Tax Classification - select yours from the drop-down menu
- Exempt payee code – if you are a corporation, choose “5”

Tax validation continued



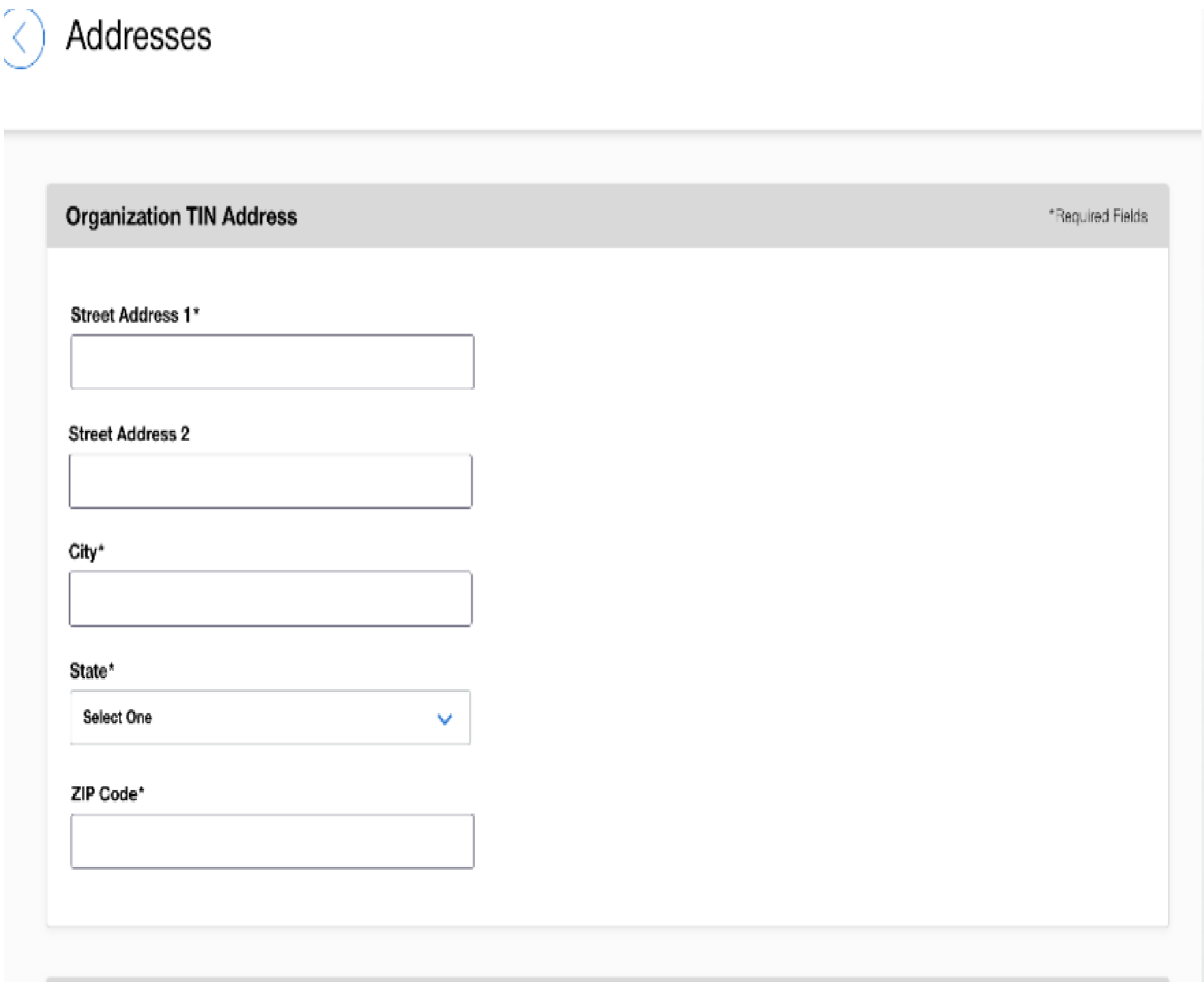
Exempt from FATCA reporting code

- A - An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B - The United States or any of its agencies or instrumentalities
- C - A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- D - A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)
- E - A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)
- F - A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
- G - A real estate investment trust
- H - A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I - A common trust fund as defined in section 584(a)
- J - A bank as defined in section 581
- K - A broker
- L - A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M - A tax exempt trust under a section 403(b) plan or section 457(g) plan

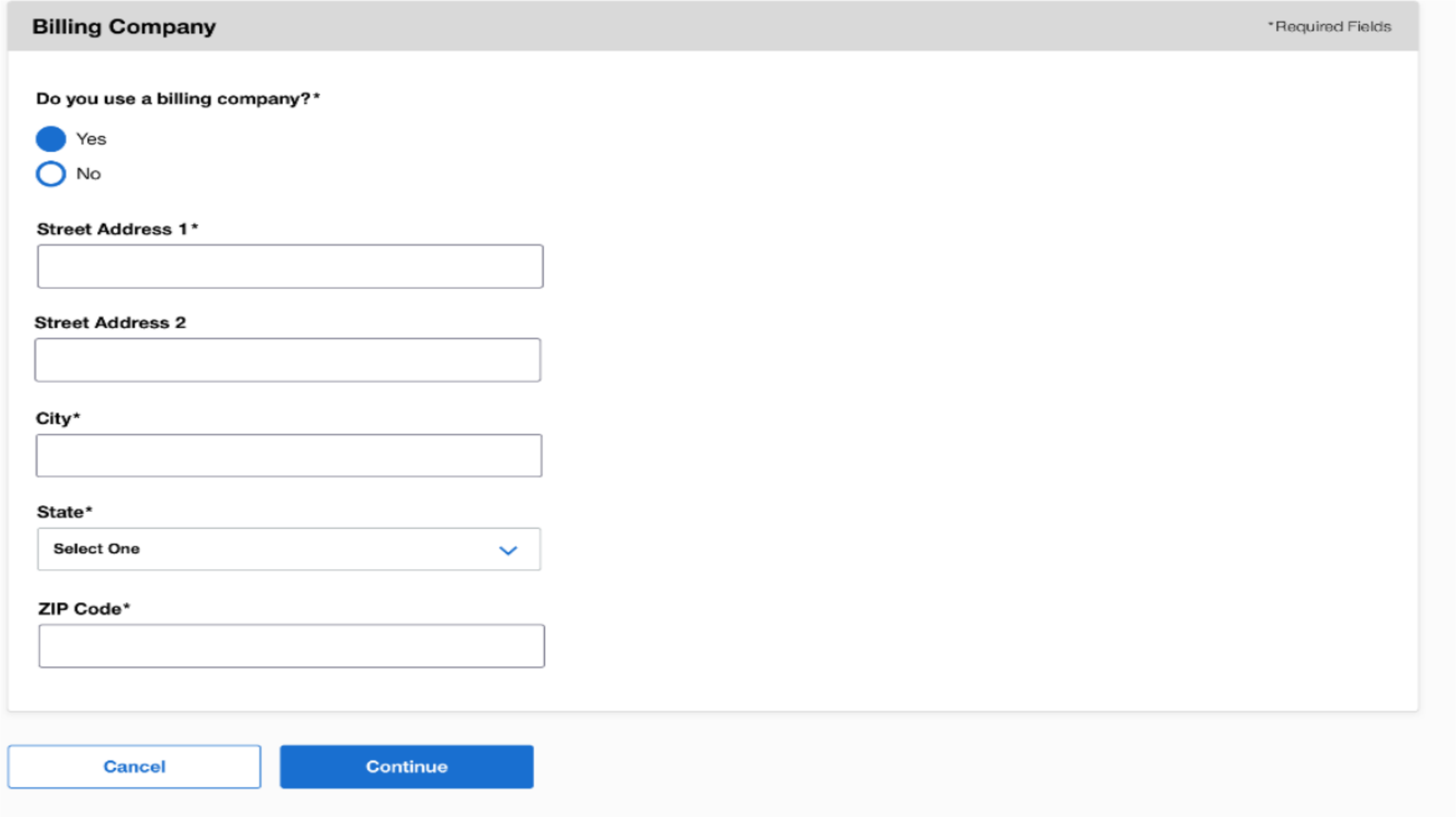
Cancel | Continue

- Exempt FATCA reporting code – does not apply to most of you so don’t make a choice.
- Click continue.

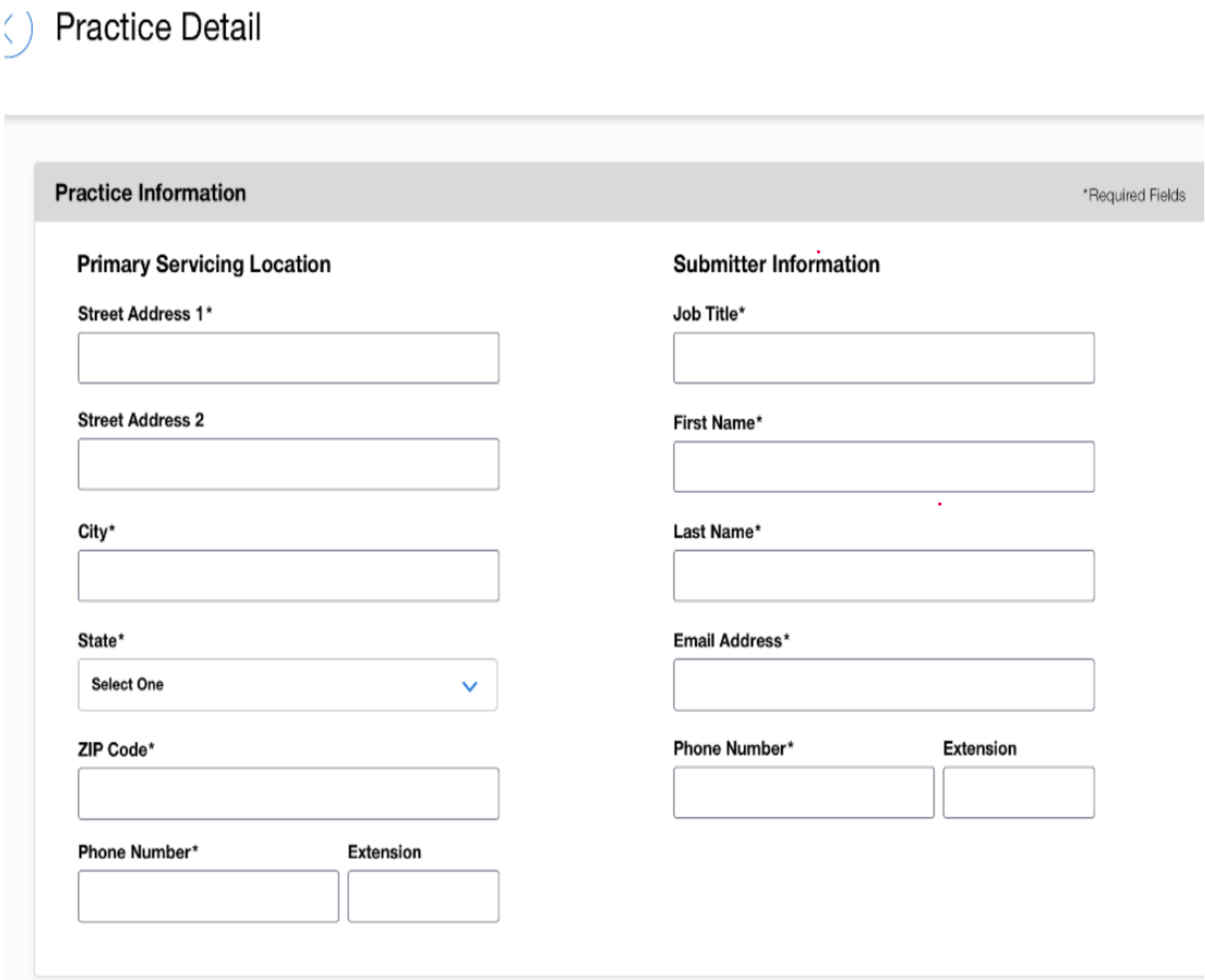
Enter Organization TIN address



Indicate if you use a billing company. If yes, complete the additional fields.



Enter Practice and submitter information.


Practice Detail

Practice Information *Required Fields

Primary Servicing Location

Street Address 1*

Street Address 2

City*

State*

Select One

ZIP Code*

Phone Number* Extension

Submitter Information

Job Title*

First Name*

Last Name*

Email Address*

Phone Number* Extension

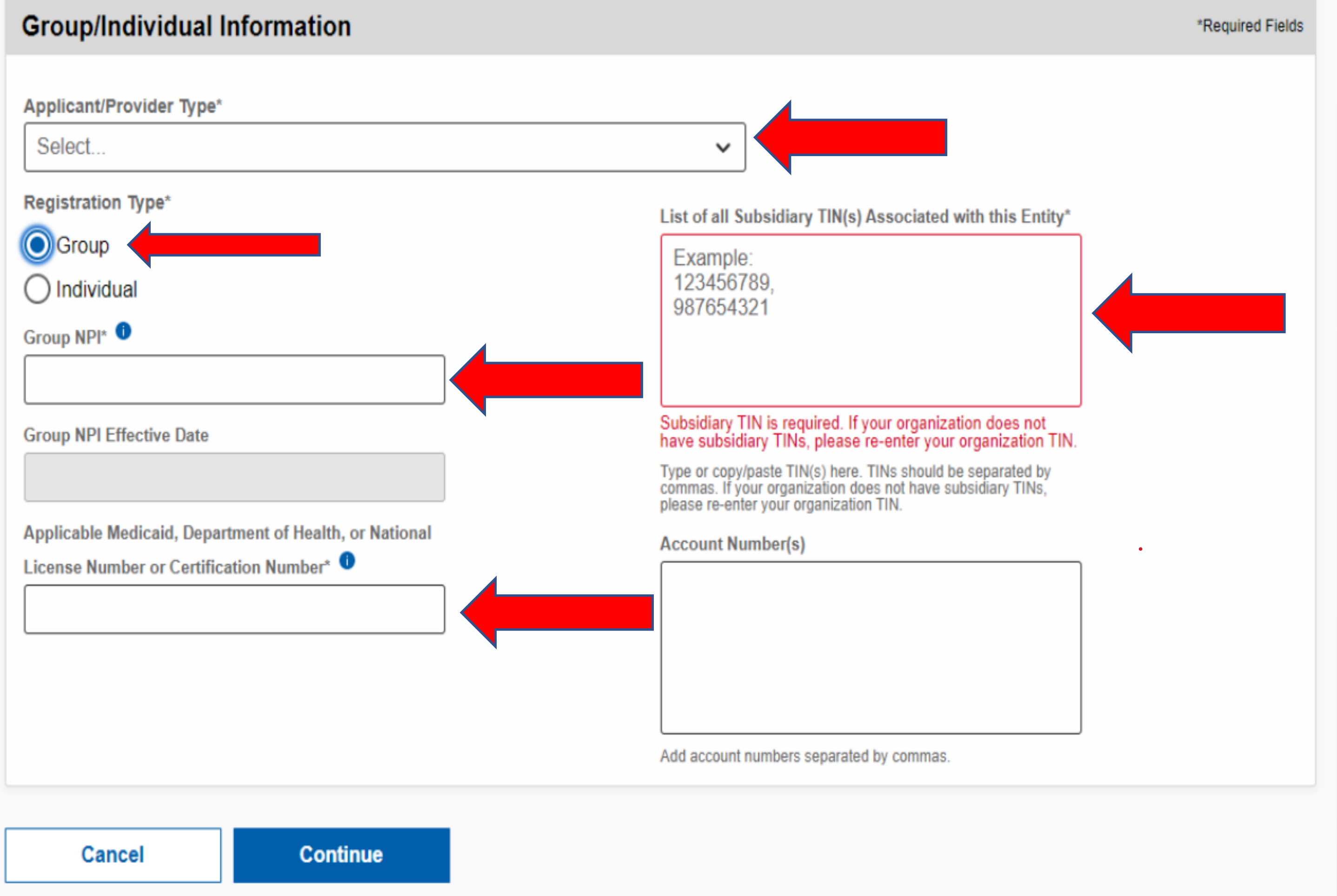
- Your Primary Service Location is your main office address (and is usually the same as your Organization TIN address.
- Your Group NPI is the NPI for the TIN and Primary Service Address.

Next, you are asked to select whether you are a Group or Individual. (See next slides for examples) Select Group.

Fields will adjust according to your selection

- **Group:** Group National Provider Identifier (NPI), Group NPI Effective Date, Medical/ Department of Health (DOH)/ License Number.
- Enter Account Number(s) and Subsidiary TINs Associated with this Entity in the appropriate boxes separated by commas. **If your organization does not have subsidiary TINs, please re-enter your organization TIN.**

Group Information

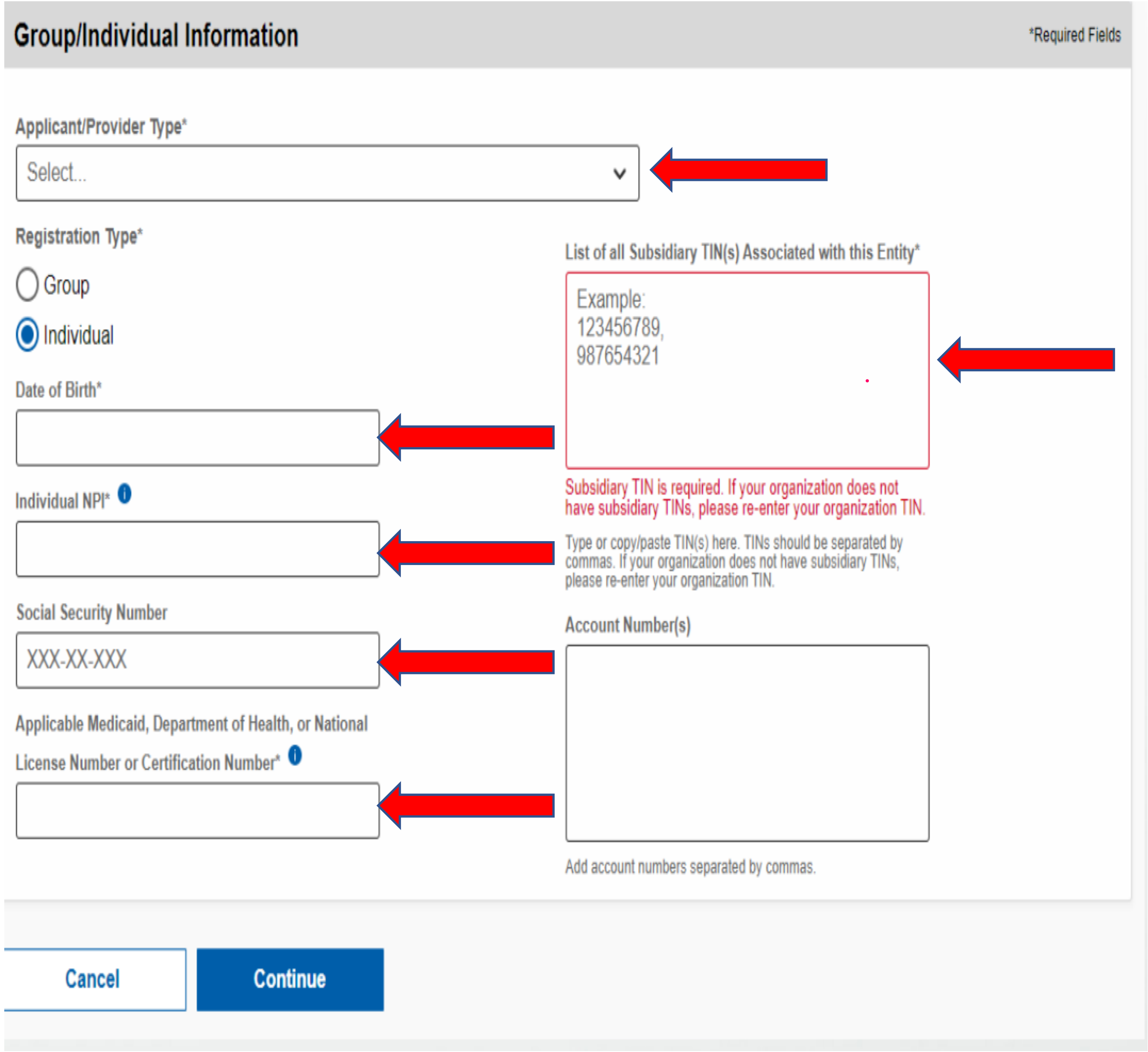


Select your applicant type from the drop-down menu.

Enter your:

- Group National Provider Identifier (NPI)
- Group NPI Effective Date
- Medical/ Department of Health (DOH)/ License Number.
- In the box for Subsidiary TINs, enter your TIN again

Individual Information



Select your applicant type from the drop-down menu,* then enter your:

- Date of Birth
- Individual NPI
- Social Security Number (if there is no NPI)
- Medical/DOH/License Number
- In the box for Subsidiary TINs, enter your TIN again

*OT for Home Care Agency or RF for Adult and Family Care Homes

Then review the information on the confirmation screen and submit your TIN

Demo Care Professionals Inc.

Business Name
Demo Care Professionals Inc.

Federal Tax Classification
S Corporation

Exempt Payee Code
-

Exempt from FATCA reporting code
-

Submitter Name
Practice Admin Dem User

Submitter Phone Number
(777) 777-7777

Submitter Email
sample@mail.com

Organization TIN Address
123 Sample St
City , VA 23456

Primary Service
321 Demo St
Sample, VA 23456
(555) 555-5555

Account Number(s)
123451234512

List of all Subsidiary TINs Associated with this Entity
234512345

Applicant/Provider Type
Other

Registration Type
Individual

Date of Birth
01/29/1984

Individual NPI
Not Applicable

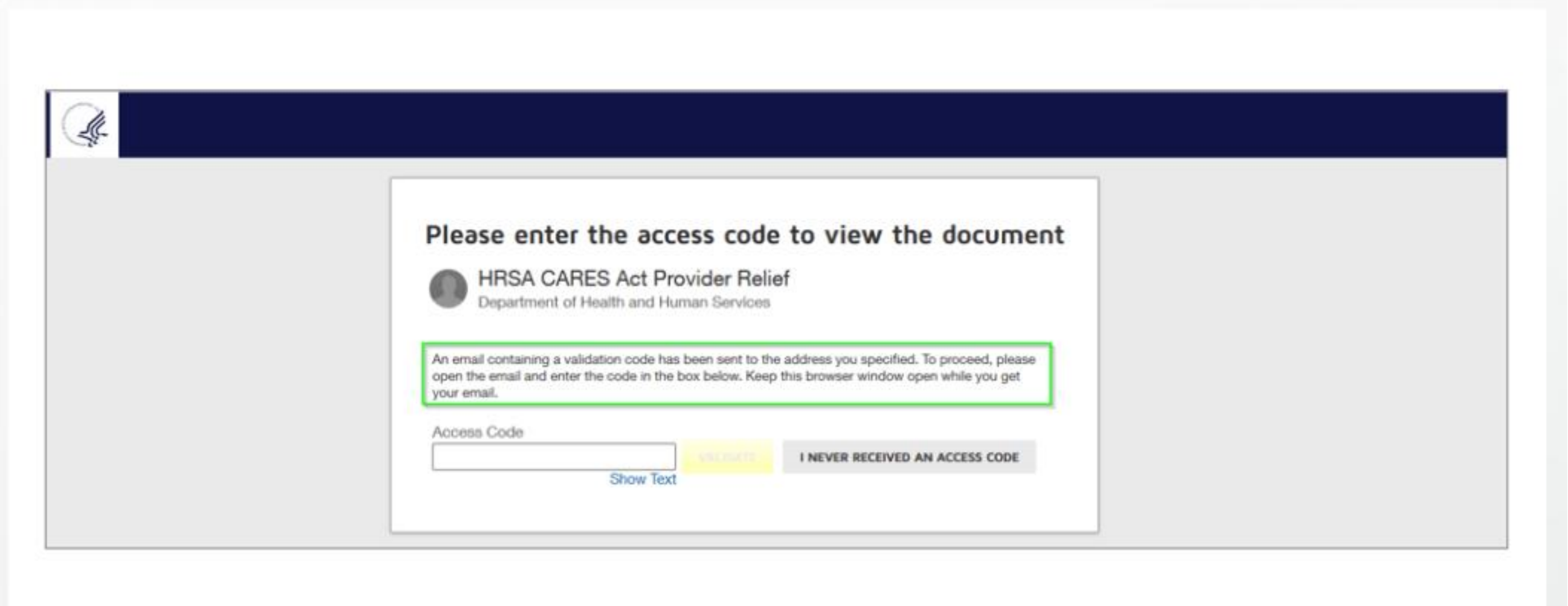
Social Security Number
XXX-XX-2345

Applicable Medicaid, Department of Health, or National License Number or Certification Number
Not Applicable

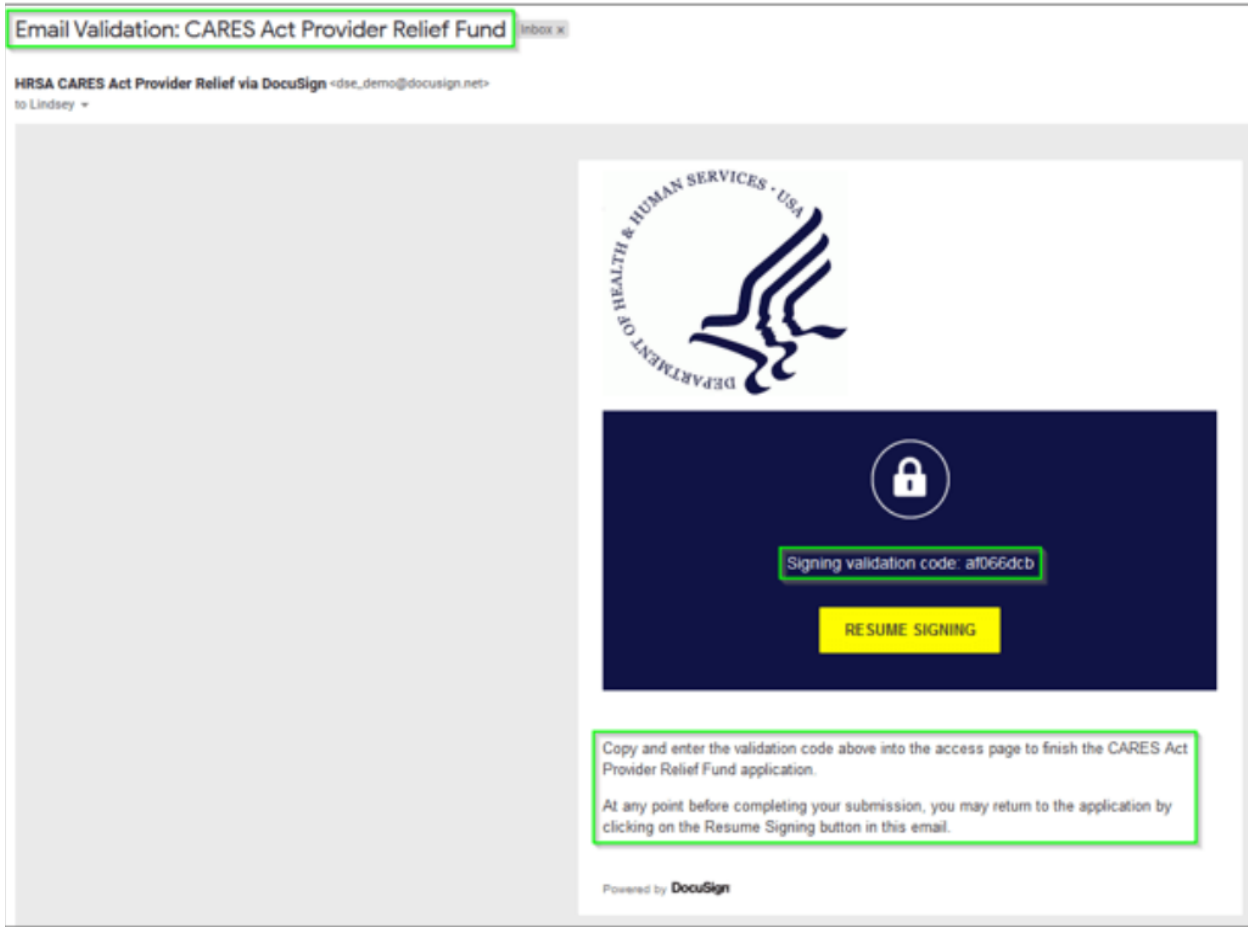
You may have your TIN validated quickly or it may take a few hours or days.

- Sign back into the Provider Relief Fund Application and Attestation Portal with your Optum ID and check your Organization TIN Dashboard to see if your TIN has been validated.

If it happens quickly for you, you should be redirected to an Authentication page, where you will need to enter an access code that will be emailed to you.



Leave your browser open, and check for an email from HRSA Cares Act Provider Relief via Docusign.

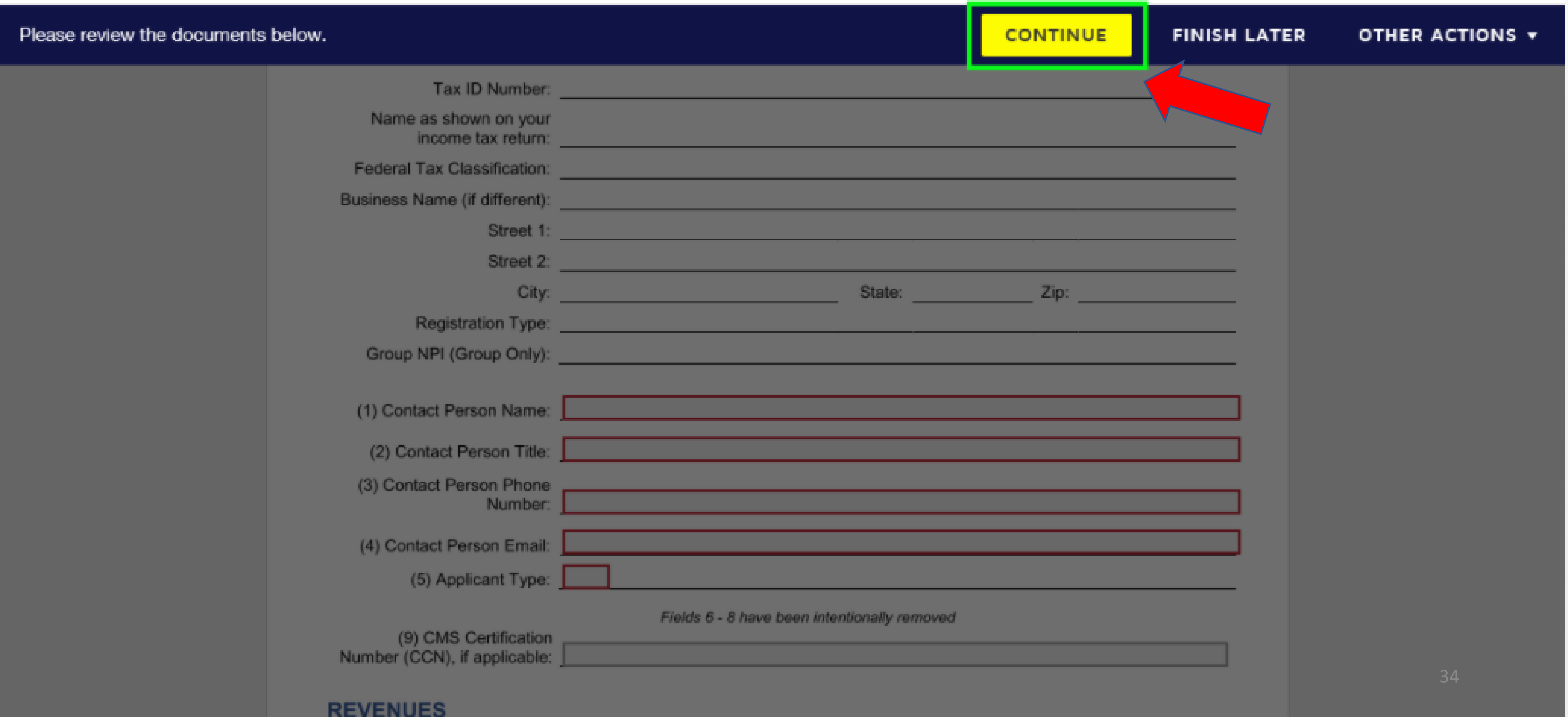


Once you have found the email…

Copy the Signing Validation Code and paste it into the Authentication Page in your web browser.

Please Review & Act on These Documents

The Application will open. You will need to select **Continue** in the upper righthand corner to access the document.



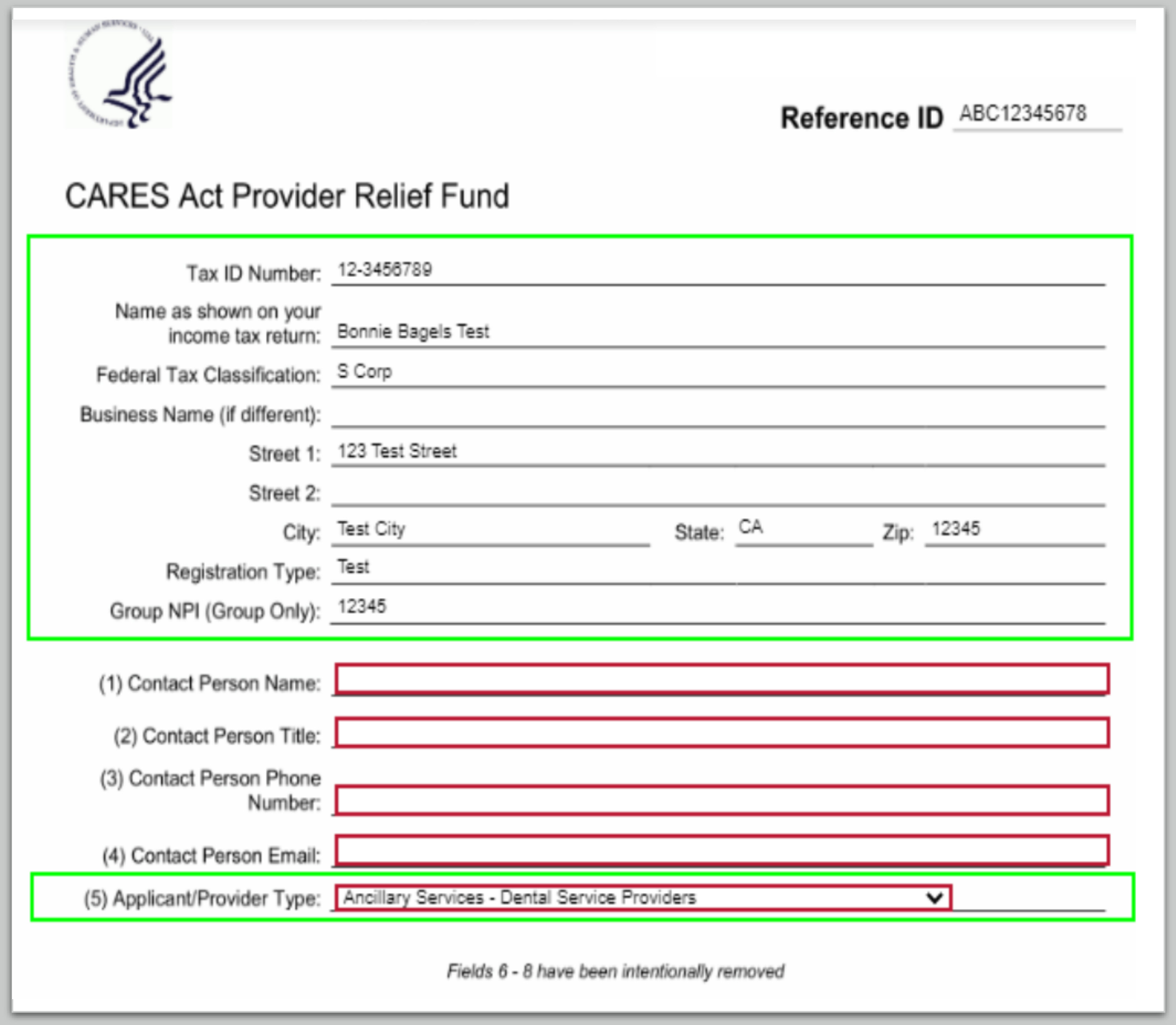
You will need:

- Your most recent federal income tax return for 2017, 2018 or 2019, unless exempt
- Revenue worksheet (if required by Field 15)
- Operating revenues and expenses from patient care

Top part of page 1

Filling out the application:

- Some of the fields will already be filled out automatically. You cannot change them.
- You MUST complete all items in Red



Reference ID ABC12345678

CARES Act Provider Relief Fund

Tax ID Number: 12-3456789

Name as shown on your income tax return: Bonnie Bagels Test

Federal Tax Classification: S Corp

Business Name (if different):

Street 1: 123 Test Street

Street 2:

City: Test City State: CA Zip: 12345

Registration Type: Test

Group NPI (Group Only): 12345

(1) Contact Person Name:

(2) Contact Person Title:

(3) Contact Person Phone Number:

(4) Contact Person Email:

(5) Applicant/Provider Type: Ancillary Services - Dental Service Providers

Fields 6 - 8 have been intentionally removed

Field 5 – Applicant Type

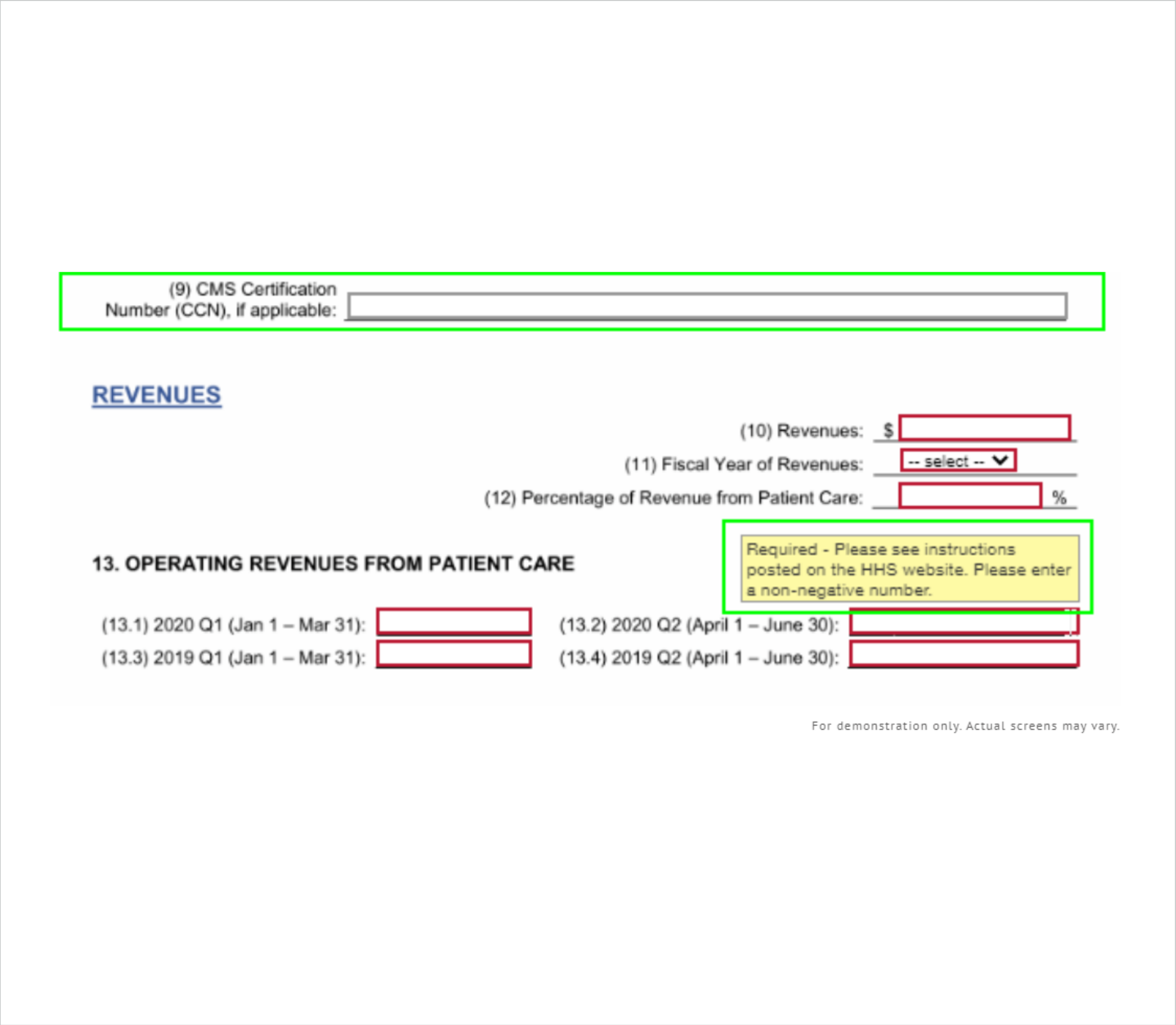
From the drop-down menu, choose the two-character series of letters that generally summarizes your organization's purpose.

You should choose **Facilities – Assisted Living Facilities**

Ancillary Services – Dental Service Providers
Ancillary Services – Diagnostics (e.g., independent imaging, radiology, labs)
Ancillary Services – Eye and Vision Service Providers
Ancillary Services – Other Ancillary Service Providers (e.g., chiropractors, sp
pathologists, physical therapy, occupational therapy)
DME / Suppliers
Facilities – Acute Care Hospital
Facilities – Assisted Living Facilities
Facilities – Inpatient Behavioral Health Facilities (e.g., inpatient psychiatric fa
abuse treatment centers)
Facilities – Nursing Homes (e.g., skilled nursing facilities)
Facilities – Other Inpatient Facilities (e.g., inpatient rehabilitation facilities, l
other residential facilities)
Home and Community – Home Health Agencies
Home and Community – Home and Community-based Support Providers (e.g
navigators, case management)
Home and Community – Other Services (e.g., foster care, developmental disa
Outpatient and Professional – Ambulatory Surgical Center
Outpatient and Professional – Behavioral Health Providers (e.g., substance us
psychiatric services)
Outpatient and Professional – Multi-specialty Practice
Outpatient and Professional – Other Outpatient Clinic (e.g., urgent care, dialy
Outpatient and Professional – Other Single Specialty Practice
Outpatient and Professional – Pediatrics Practice
Outpatient and Professional – Primary Care Practice

Bottom part of page 1

- Fields with GRAY boxes are optional
- Additional instructions appear as you hover over each field with your cursor



Field 10 – Revenues: Enter the most recent revenues number from your organization's federal tax return of 2017, 2018, or 2019.

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).
- Applicants with gross revenue adjustments should enter an adjusted gross revenues number as calculated using the Gross Revenues Worksheet in Field 15.

Do I report net patient revenue, gross patient revenue, or total operating income?

The amount reported in Field 10 should be net patient revenue plus other operating income. Net patient revenue is gross patient revenue less contractual adjustments, charity care/financial assistance, and bad debt expense.

Other revenues, such as rental income, grants and contributions, joint venture income, and investment income, should be excluded from the amount reported in Field 10.

Field 11- Fiscal year of revenues?

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

Field 12 - Percentage of Revenues from Patient Care?

- Enter the percentage of the revenues entered in Field 10 that represents amounts received for patient care rendered for the same fiscal year entered in Field 11.
- This should **exclude** non-patient care revenue, such as:
    - Insurance, retail, real estate revenues
    - Pharmacy revenues (except when derived through the 340B program)
    - Grants or tuition
    - Contractual adjustments from third party payors
    - Charity care adjustments
    - Bad debt
    - Gains or losses on investments
    - Any prior Provider Relief Funds received

Fields 13.1 – 13.4 - What are your <u>operating revenues</u> from patient care?

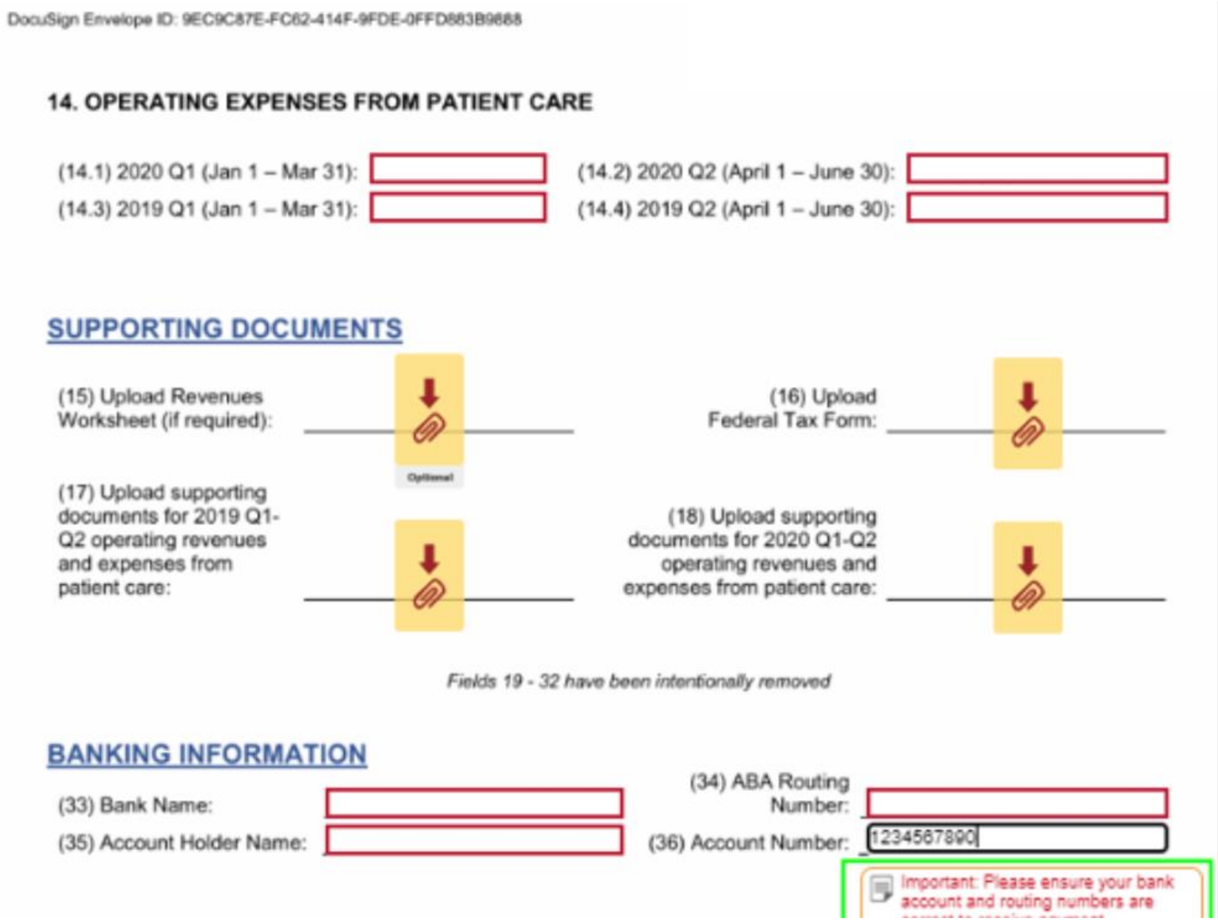
- HHS considers "operating revenues from patient care" to be net patient service revenue from the delivery of health care services directly to patients.
- "Net patient service revenue" is defined as gross charges for patient services delivered, minus contractual adjustments from all third party payors, charity care adjustments, bad debt, and any other discounts or adjustments necessary to arrive at net patient service revenue.

Fields 14.1-14.4 – what are your <u>operating expenses</u> from patient care?

- HHS considers "operating expenses from patient care" to be the operating expenses incurred as part of the delivery of care, including salaries, benefits, medical supplies, contracted and/or employed physicians, interest, and depreciations on buildings used in the provision of patient care.
- Operating expenses from patient care should not include any non-operating expenses, such as costs incurred on any rental property (exception for nursing and assisted living facilities' real estate costs where resident costs are allowable) as well as contributions made, gains, and/or losses on investments.

Page 2

- Scan your supporting documents onto your hard drive before you start your application!
- You will need to upload supporting documents for fields 15, 16, 17, 18
- Field 15 – upload only if required
- Field 16 – your most recently filed Federal Tax return
- Field 17 – your 2019 Q1-Q2 operating revenues and expenses from patient care
- Field 18 – your 2020 Q1-Q2 operating revenues and expenses from patient care


DocuSign Envelope ID: 9EC9C87E-FC62-414F-9FDE-0FFD883B9888

14. OPERATING EXPENSES FROM PATIENT CARE

(14.1) 2020 Q1 (Jan 1 – Mar 31):
(14.2) 2020 Q2 (April 1 – June 30):
(14.3) 2019 Q1 (Jan 1 – Mar 31):
(14.4) 2019 Q2 (April 1 – June 30):

SUPPORTING DOCUMENTS

(15) Upload Revenues Worksheet (if required):
Optional
(16) Upload Federal Tax Form:
(17) Upload supporting documents for 2019 Q1-Q2 operating revenues and expenses from patient care:
(18) Upload supporting documents for 2020 Q1-Q2 operating revenues and expenses from patient care:

Fields 19 - 32 have been intentionally removed

BANKING INFORMATION

(33) Bank Name:
(34) ABA Routing Number:
(35) Account Holder Name:
(36) Account Number: 1234567890

Important: Please ensure your bank account and routing numbers are

Field 15 - Gross Revenues

Unless you bought or sold a building or agency in the tax year you are uploading, you are not required to upload a Gross Revenues Worksheet.

Field 16 - Federal Tax Form

Upload your most recent filed federal income tax form for fiscal years 2017, 2018, or 2019 if in operation before January 1, 2020.

If you are a:

- Sole proprietor or disregarded entity owned by an individual: Upload IRS Form 1040, including Schedule C
- Partnership: Upload IRS Form 1065
- C Corporation: Upload IRS Form 1120
- S Corporation: Upload IRS Form 1120-S
- Tax-exempt organization: Upload IRS Form 1041 including Schedule C
- Entity not required to file any of the previously mentioned IRS Forms: Upload a statement explaining why you are not required to file a federal tax return.

Field 17 - Supporting documents for 2019 Q1-Q2 Operating Revenues and Expenses from Patient Care

- Upload supporting documents substantiating operating revenues and expenses reported in Fields 13.3, 13.4, 14.3 and 14.4.
- Examples of supporting documents could include internally-generated financial statements.

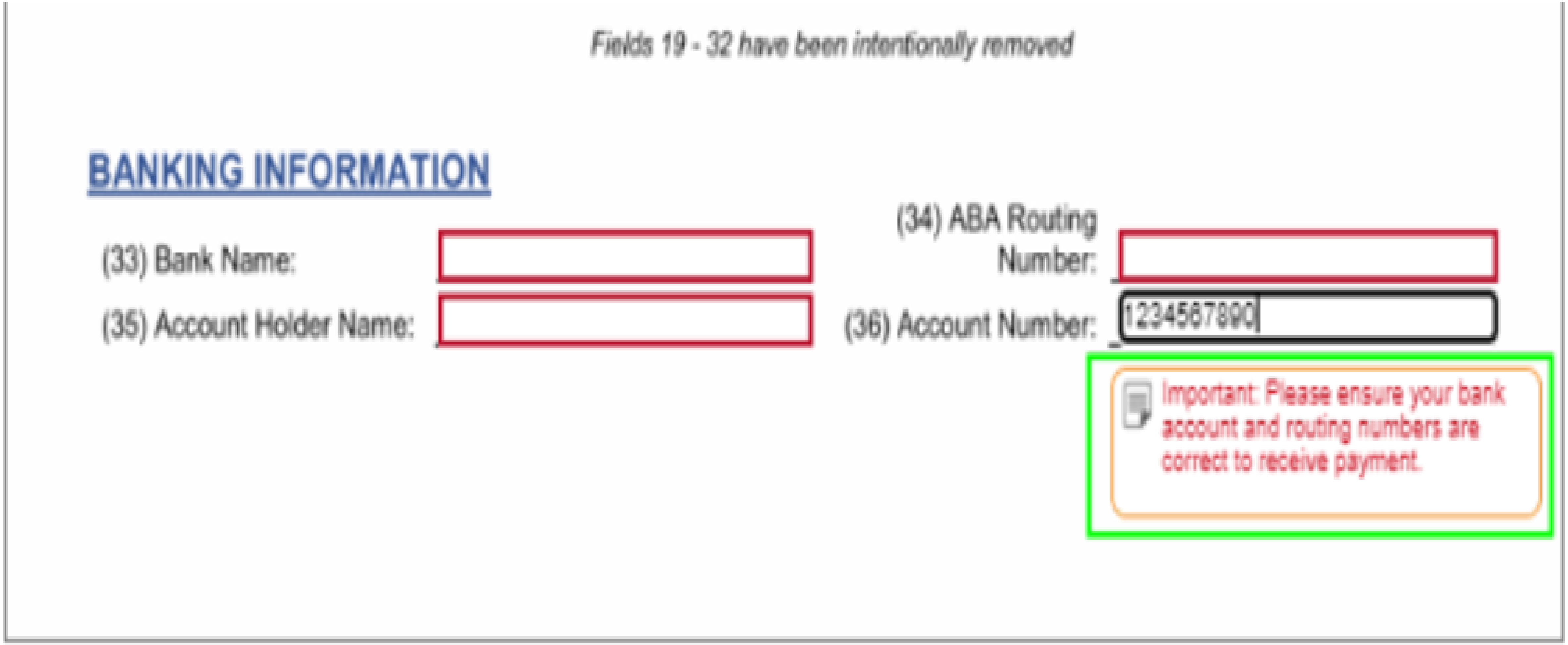
Field 18 - Supporting documents for 2020 Q1-Q2 Operating Revenues and Expenses from Patient Care

- Upload supporting documents substantiating operating revenues and expenses reported in Fields 13.1, 13.2, 14.1 and 14.2.
- Examples of supporting documents could include internally-generated financial statements.

Enter your banking information

Once all the actions are completed, click finish at the end of the document or the top right of the page.

At the bottom of page 2, enter your banking information:



Fields 19 - 32 have been intentionally removed

BANKING INFORMATION

(33) Bank Name:

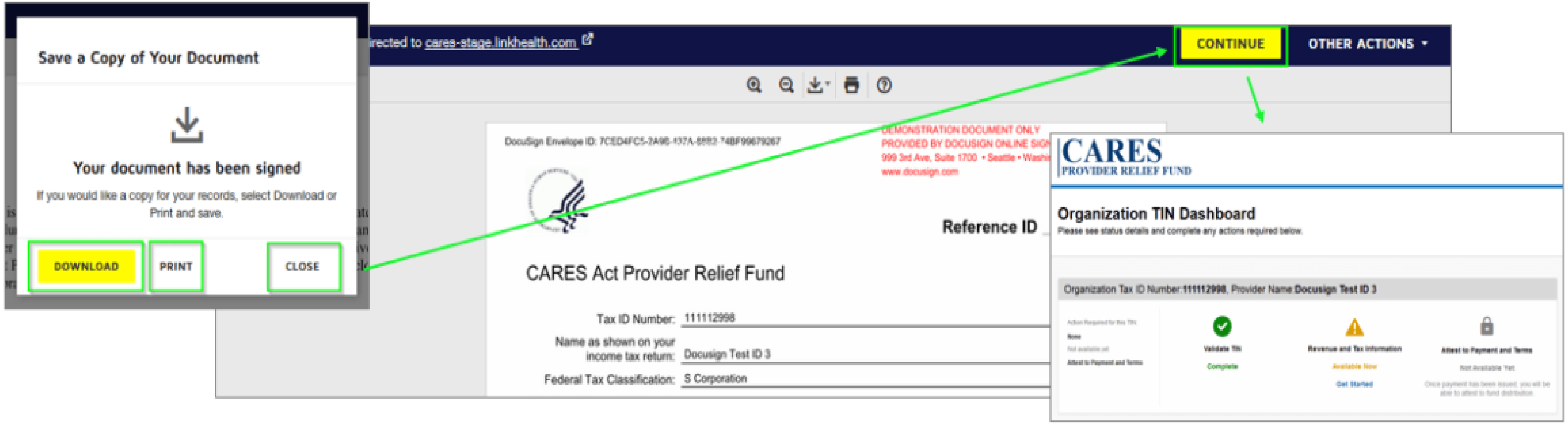
(34) ABA Routing Number:

(35) Account Holder Name:

(36) Account Number: 1234567890

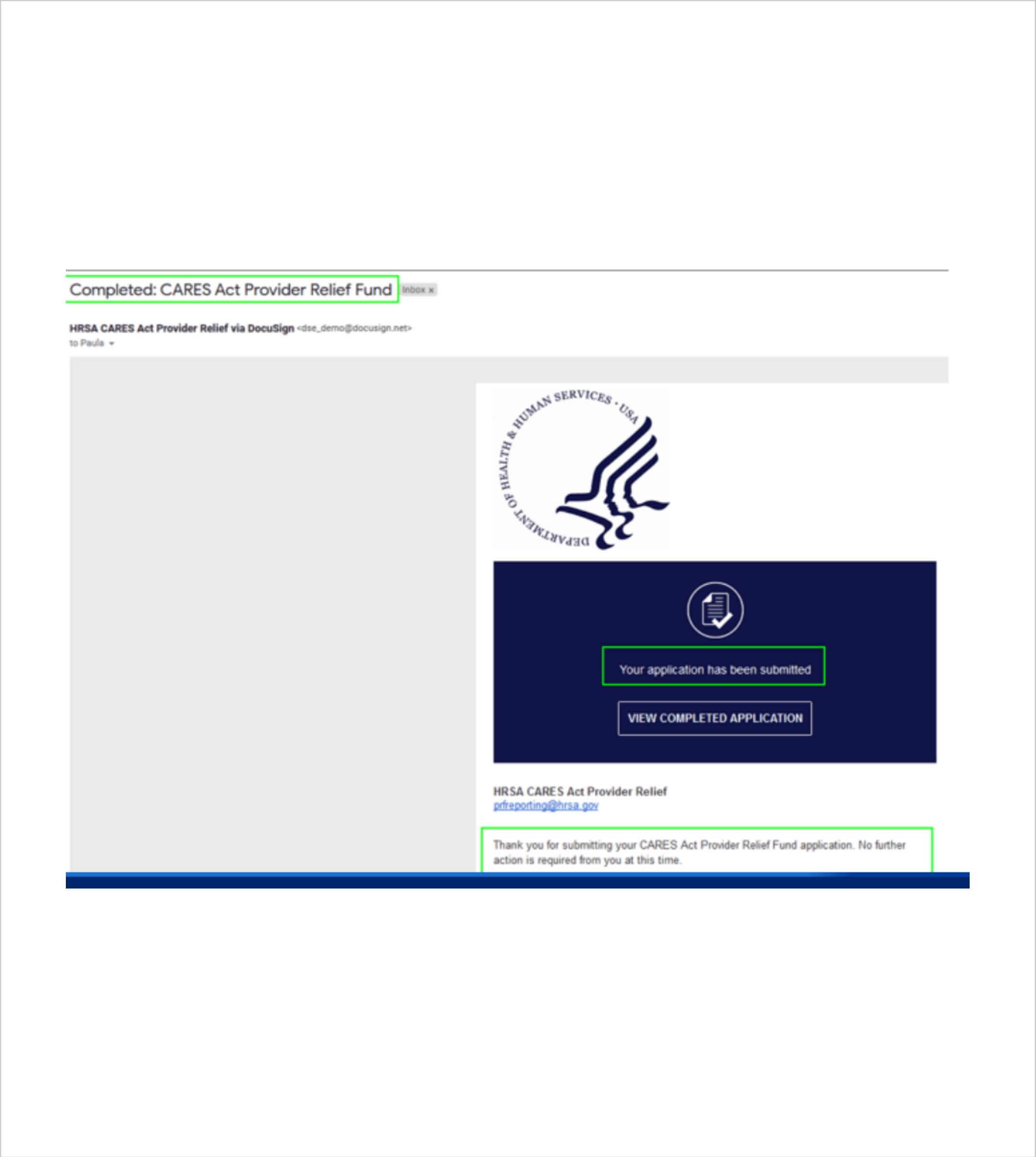
Important: Please ensure your bank account and routing numbers are correct to receive payment.

Next…You should see a pop-up that gives you the option to **Download** or **Print** the completed documents. You **should** have a copy for your records…
Then click **Close** to exit.
A completed copy of the documents will appear. Click **Continue** and you will be redirected to your Organization TIN dashboard



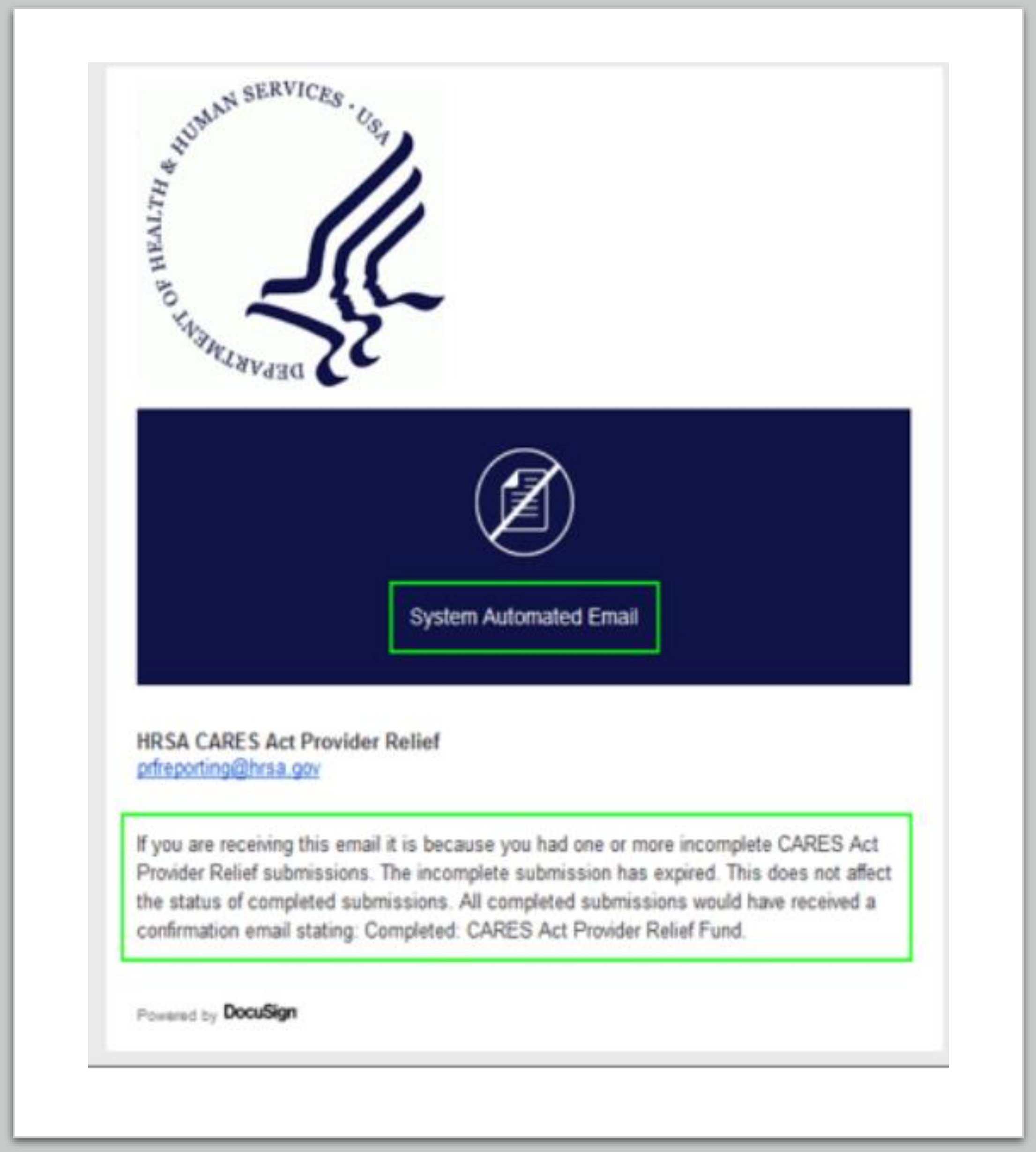
Completed Envelope

- After your application is finished, a completion email will be sent to you.
- You can view the completed application by clicking the View Completed Application link in the email.



Voided Envelope

- This is the email notification you would receive if you began an application but never finished it.
- It does not affect the status of completed submissions.
- All completed submissions would receive a confirmation email stating: Completed: CARES Act Provider Relief Fund.



AFTER YOUR MONEY ARRIVES...

Sign back into the portal and go to your dashboard

WITHIN 90 DAYS OF RECEIVING YOUR PAYMENT, YOU MUST SIGN AN ATTESTATION CONFIRMING THAT YOU GOT THE MONEY AND THAT YOU AGREE TO THE TERMS AND CONDITIONS OF PAYMENT.

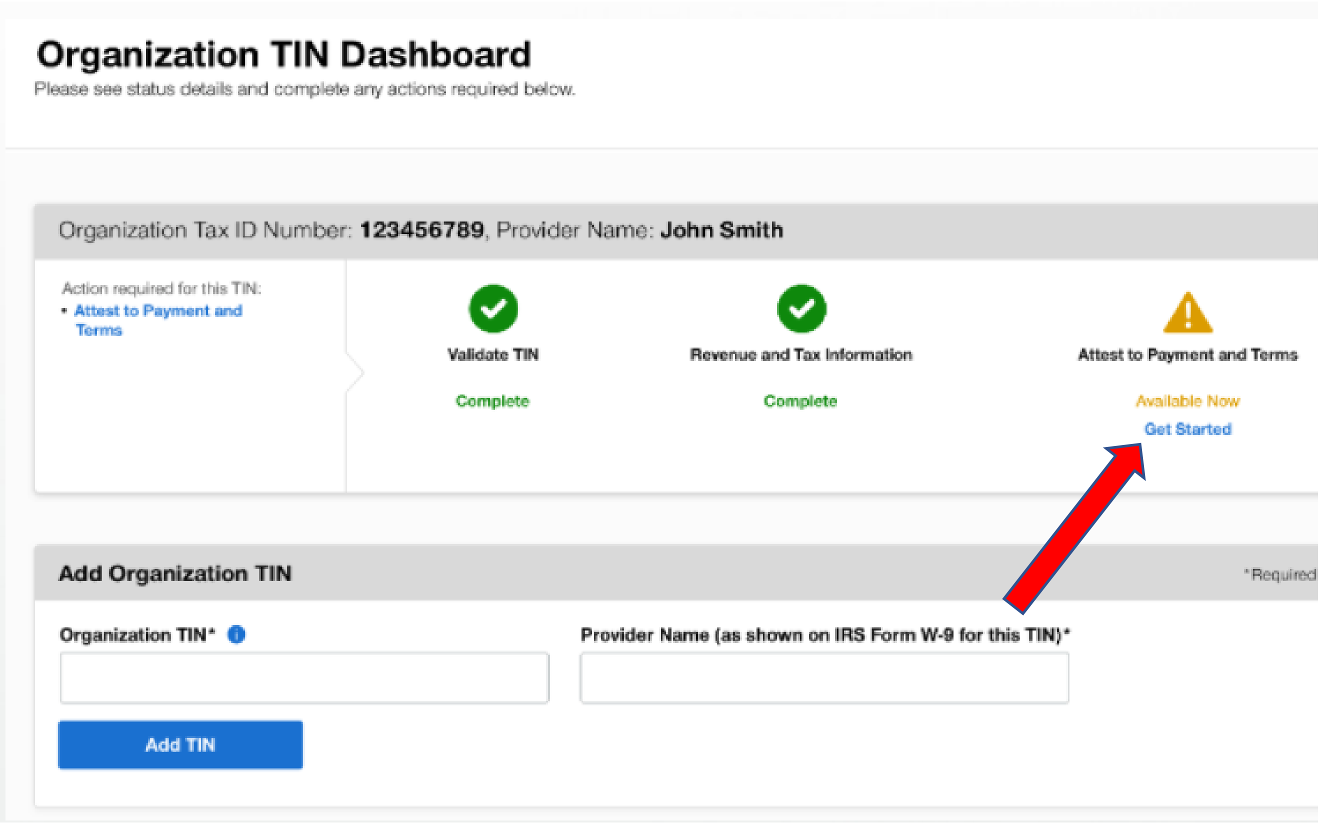
IF YOU CHOOSE TO REJECT THE PAYMENT, YOU MUST ALSO COMPLETE THE ATTESTATION TO INDICATE THIS.

THE PORTAL WILL GUIDE YOU THROUGH THE ATTESTATION PROCESS TO ACCEPT OR REJECT THE FUNDS.

NOTE: IF YOU DO NOT RETURN THE PAYMENT WITHIN 90 DAYS OF RECEIPT, YOU WILL BE VIEWED AS HAVING ACCEPTED THE TERMS AND CONDITIONS

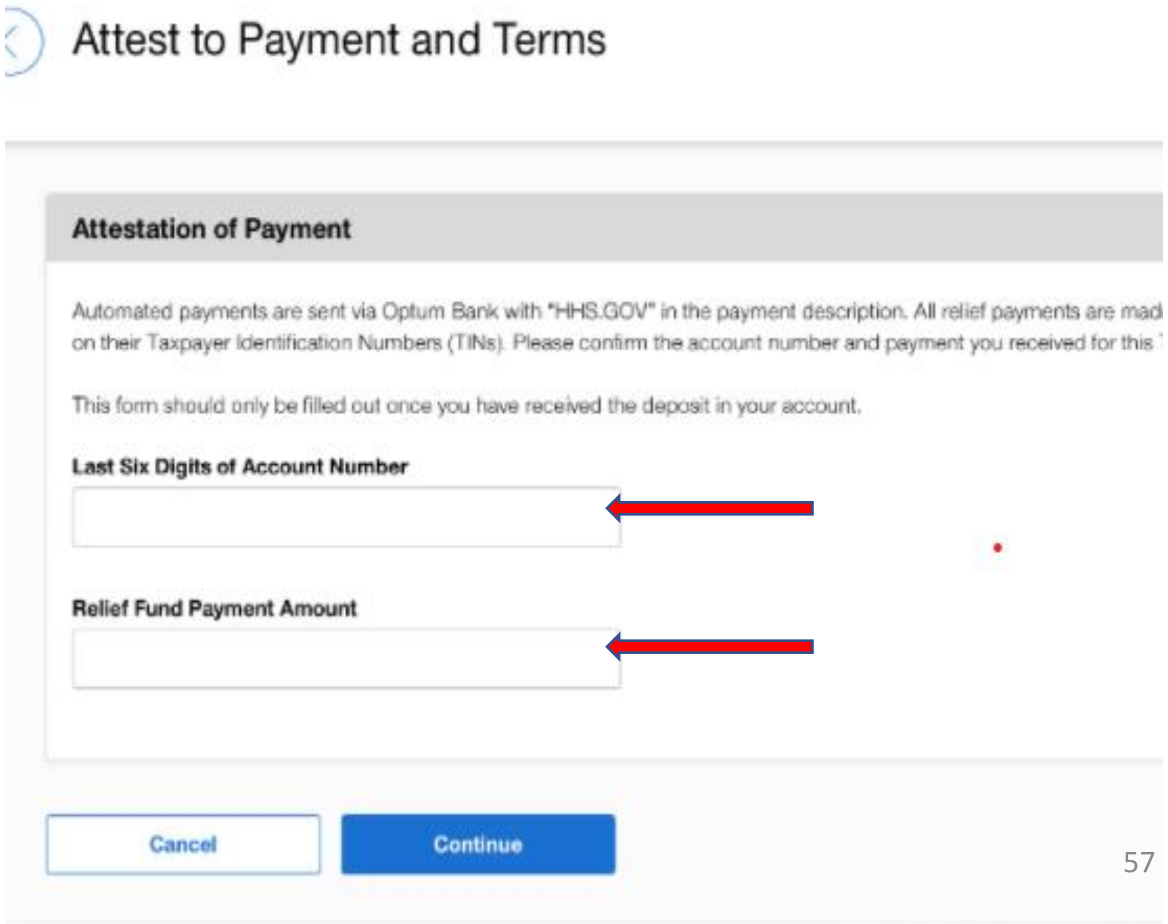
It should look like this.

Select **Get Started under the “Attest to Payment and Terms” section**



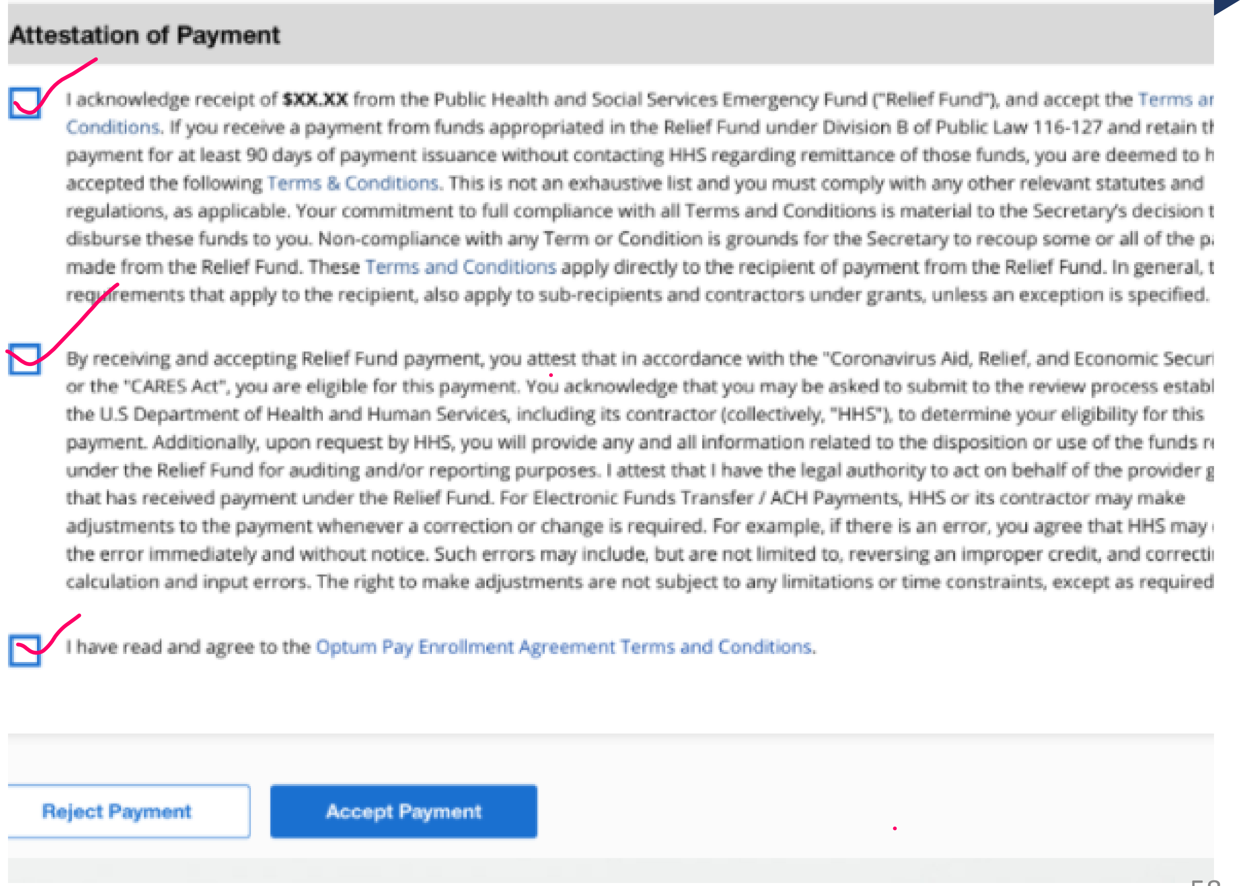
Automated Payment Attestation

- Confirm the account number by entering the last six digits of the account which received the payment
- Enter the payment amount you received for this TIN



Automated Payment Attestation continued-

- Review the information and check the boxes to confirm receipt of the funds and agree to the Terms and Conditions to accept payment. This is your Attestation.
- Click Accept Payment
- If you choose to reject the payment, you must also complete the attestation to indicate that you reject the funds and then follow the instructions on how to return the funds.
- If you “reject” the funds, but do not return them within 90 days, you will be viewed as having accepted the Terms and Conditions



Important Information: Rejected Payments

How do I return a direct deposit payment?

To return the money you must contact your financial institution and ask them to refuse the received Automated Clearing House (ACH) credit by initiating ACH return code of "R23-Credit Entry Refused by Receiver".

- You are not required to call back to confirm that the funds have been received by Optum Bank.

What is the required timeframe to return the money?

Within 90 days of payment issuance.

Can I return the money a different way than how it was received?

No, you must return the money using the same method the money was sent to you.

Can I return a portion of the money?

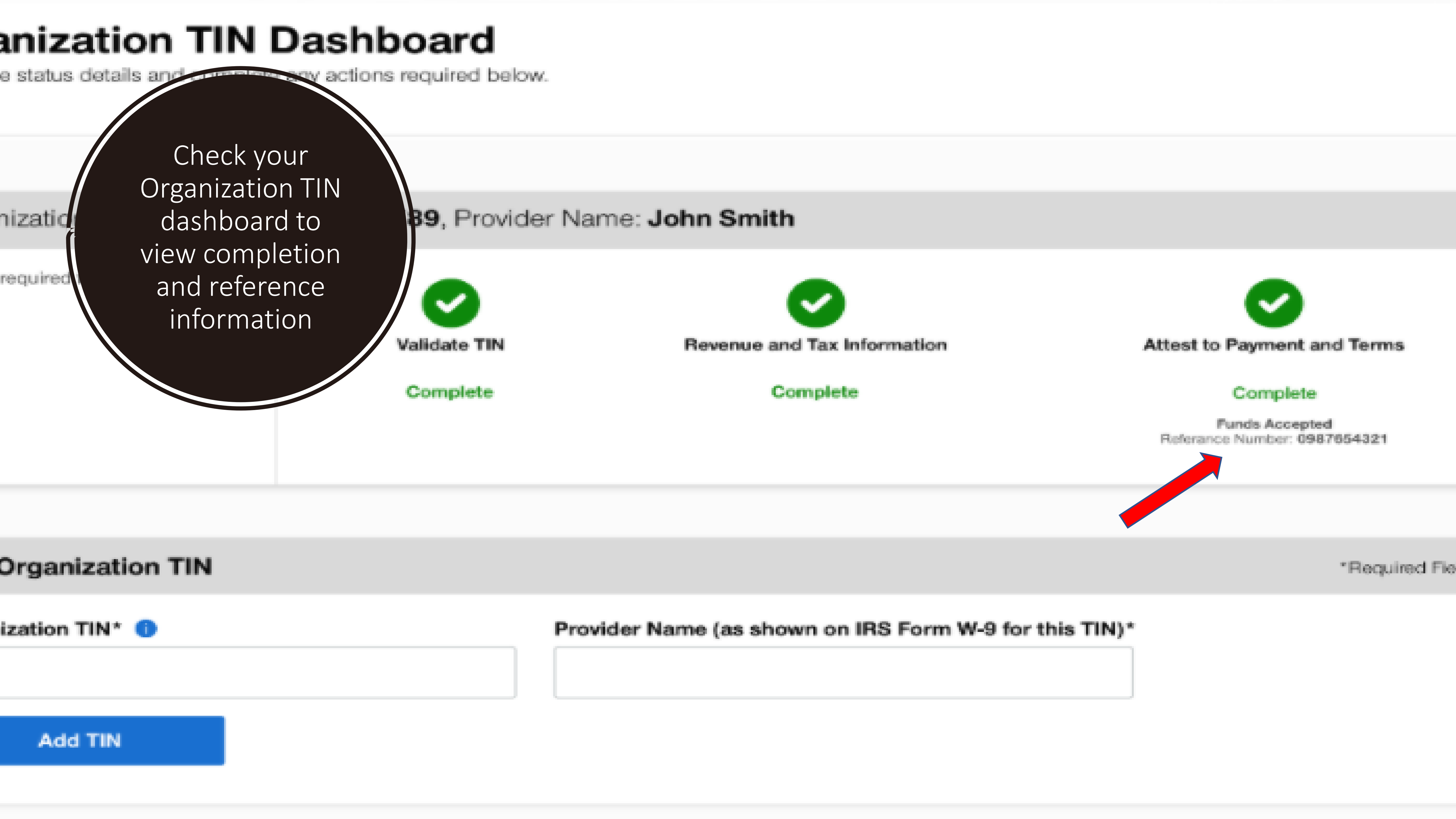
No, you must return the full amount received.

Contact Us

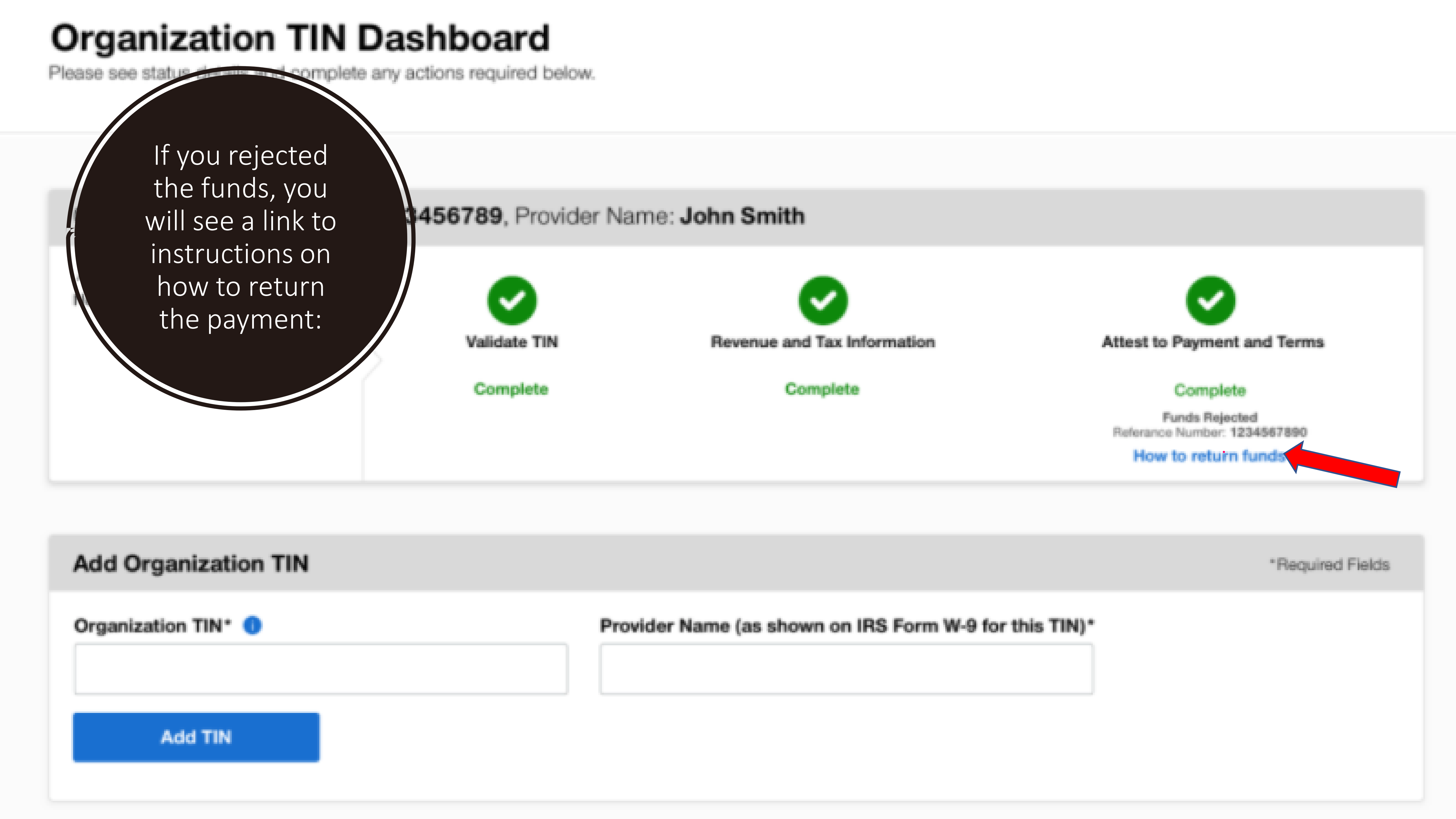
For additional information, please contact our Provider Support Line at (866) 569-3522; for TTY dial 711.

Cancel

Reject Payment


anization TIN Dashboard
e status details and complete any actions required below.
Check your Organization TIN dashboard to view completion and reference information
nizatio
89, Provider Name: John Smith
required
Validate TIN
Complete
Revenue and Tax Information
Complete
Attest to Payment and Terms
Complete
Funds Accepted
Referance Number: 0987654321
Organization TIN
*Required Fie
ization TIN*
Provider Name (as shown on IRS Form W-9 for this TIN)*
Add TIN

If you rejected the funds, you will see a link to instructions on how to return the payment:



Questions???

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