Wisconsin CARES Act Provider Payment Program – Help Document

Create and Submit an Application
(last revised: 8/26/20)

This help document is a living document and will be updated as needed. Check the [CARES Act Provider Payment Program](#) page for the latest version.

This document refers to "Phase 1" and "Phase 2". These are the same as "round one" and "round one" that have been described elsewhere.

Audience

Providers

Purpose

This document will outline how to create and submit a Wisconsin CARES Act Provider Payment Program application. You will have the option to copy your Phase 1 application, if applicable, and provide updated information, or start a new Phase 2 application.

Instructions begin on page 2.

Help Document: Create and Submit an Application

Instructions:

Accessing the Application

1. Log in to your account. *Note: Please refer to the Job Aid – How **to Create an Account** for instructions on how to create a new account and the Job Aid – **Log in to the CARES Act Provider Payment Application Portal** or log in if you already have an account. The required browser is Google Chrome™. Microsoft® Edge, Mozilla® Firefox®, and Apple® Safari® are also supported.*
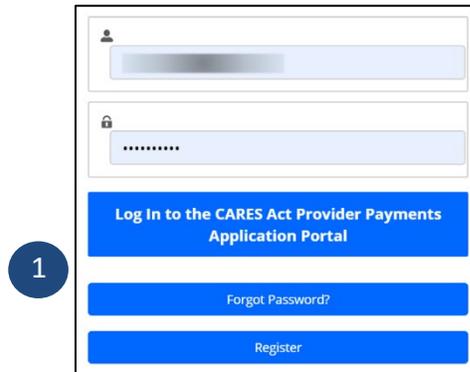
2. Navigate to the home page by clicking the home button (🏠) on the top left corner.

3. Click the **Submit New Application** button.
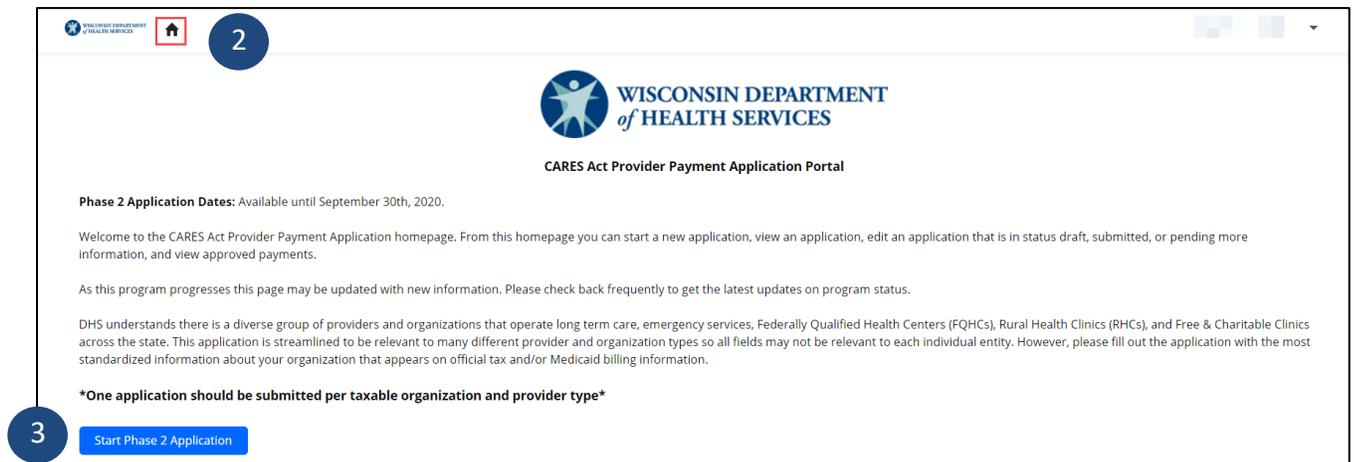
Help Document: Create and Submit an Application

4. A window will appear. You have the option to copy your Phase 1 Application, if you submitted one in June, or start a new Phase 2 Application. If this is your first time submitting a CARES Act Provider Payment Application, you will only be able to select **Start New Phase 2 Application**. Otherwise, select **Copy Phase 1 Application**. *Note: If you did not submit a phase 1 application and have created a new account, you will only see the Start New Phase 2 Application button.*

5. Click the **Next** button to continue.
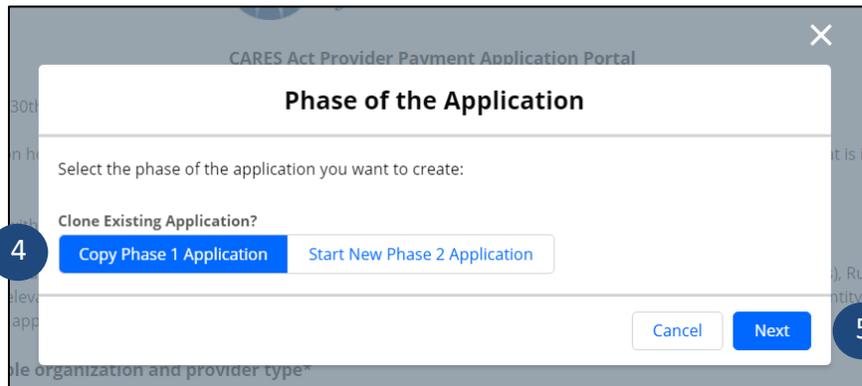
6. If you are starting a new Phase 2 Application, continue on to Step 7. Otherwise, you will be copying and adding on to your Phase 1 Application. Click the existing application you would like to copy to add your loss/expenses for the months of June to August 2020 by clicking the **Select** button next to the application. *Note: If you selected to Copy Phase 1 Application, certain fields throughout the application will be pre-populated based on the information provided on the Phase 1 application.*
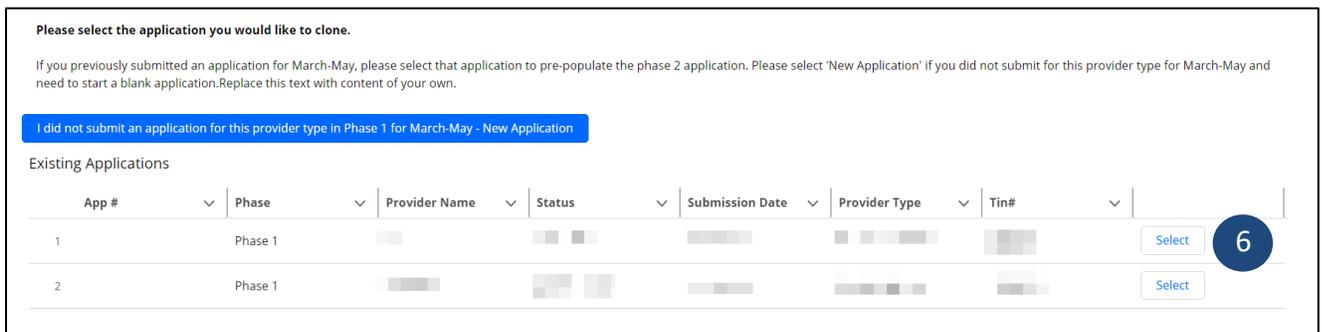
Help Document: Create and Submit an Application

7. On the first tab of the application, review the instructions. Click the **Next** button to continue.

Introduction

Before you start this application, please read the following:

- This application asks multiple details of your organization and also your organization's 2019 Tax Return, IRS Form W-9, and IRS Quarter 1 2020 and IRS Quarter 2 2020 IRS Form 941, as applicable. You can 'Save & Exit' the application if you need to gather more information after starting.

- This application will ask about details of losses and expenses directly related to the COVID-19 pandemic from March 1 - August 31, 2020. The application also asks if your organization or its subsidiaries have received any other payments or funding to offset COVID-19 losses. All information should be specific to your organization's operations in Wisconsin. If your organization is part of a multi-state corporation you will be required to provide support for the Wisconsin operations.

- For each Tax Identification Number or Tax Return, providers can submit only 1 application (1 application for March-August if no March-May application was submitted, or 1 application for June-August if a previous appication for March-May was submitted) per provider type (Assisted Living, Clinics, Emergency Medical Services, Home and Community Based Services, and Nursing Homes). If your organization has multiple locations of the same provider type that file under the same Tax Return, then only 1 application should be submitted for the organization and all subsidiaries of that provider type. If your organization has multiple Tax Identification Numbers or Tax Returns, you can submit multiple applications, 1 for each Tax Identification Number operating as each provider type. If your organization is reported for the purposes of tax filings under a parent or umbrella organization, corporation or partnership you will be required to upload additional information to explain the tax IDs and relationships to the applicant as well as calculations for the Wisconsin operations reported in the application.

- The information you report should be specific to the provider type you are submitting the application for. For example, an organization that operates both an assisted living facility and a nursing home under the same Tax Identification Number should submit two applications. One application should report only the losses, expenses, funding received, beds, and payroll specific to the organization's assisted living operations. The organization should submit a separate application for the organization's nursing home operations. If your organization is reported for the purposes of tax filings under a parent or umbrella organization, corporation or partnership you will be required to upload additional information with the calculations for the Wisconsin operations reported in the application.

- New applications can be submitted until September 30th, 2020. Please make sure all applications are properly submitted by this date. Any in-progress applications after this date will not be accepted.

- You will receive an email notification if your application is approved. Applications may take up to 2 weeks to be approved.

Help Document: Create and Submit an Application

Company Info

On this tab of the application, enter your company information, exactly as entered on your taxes. Fields with a red asterisk [*] are required. *Note: Navigate over* ⓘ *for additional guidance for the field. If you copied your Phase 1 Application, certain information on this tab will be pre-populated. However, you are able to udpate the fields if necessary.*

1. Enter **First Name** and **Last Name** of the main Point of Contact who can be contacted regarding the application. **Phone Number** should be entered in the format of XXX-XXX-XXXX and **email** address in the format of name@domain.com. Also enter your **Role in Organization**.
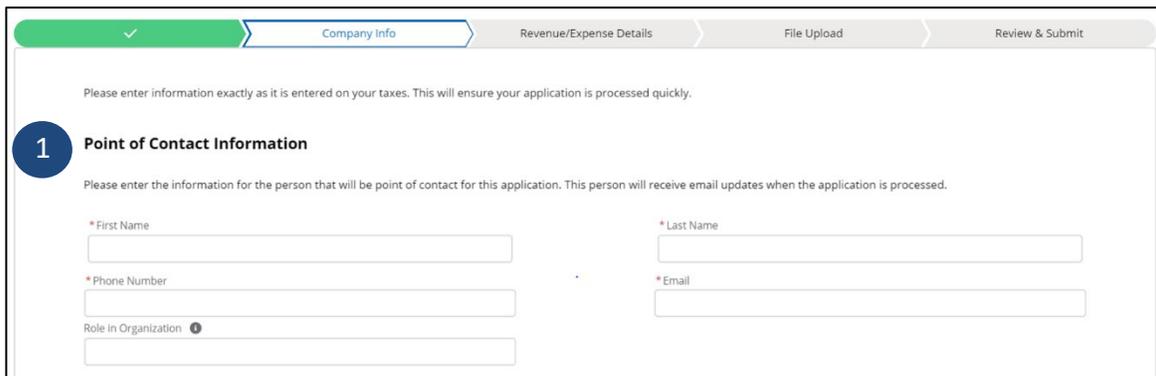
2. Using the drop down, select the **Provider Type** of your organization. Hover over the ⓘ for additional guidance on the different provider types. *Note: 1-2 bed adult family homes should select Assisted Living Facilities as the **Provider Type**. Additional fields will appear depending on the provider type selected.*

3. Enter the **Organization name**. This is the name of the facility/entity for which you are requesting funds. Ensure this is entered exactly as shown in tax documents.

4. Enter the **Tax Identification Number** (TIN) without the dashes. *Note: This field has a 10-character limit. Applicants may enter either their Federal Employer Identification Number (FEIN) or Social Security Number (SSN) as appropriate.*
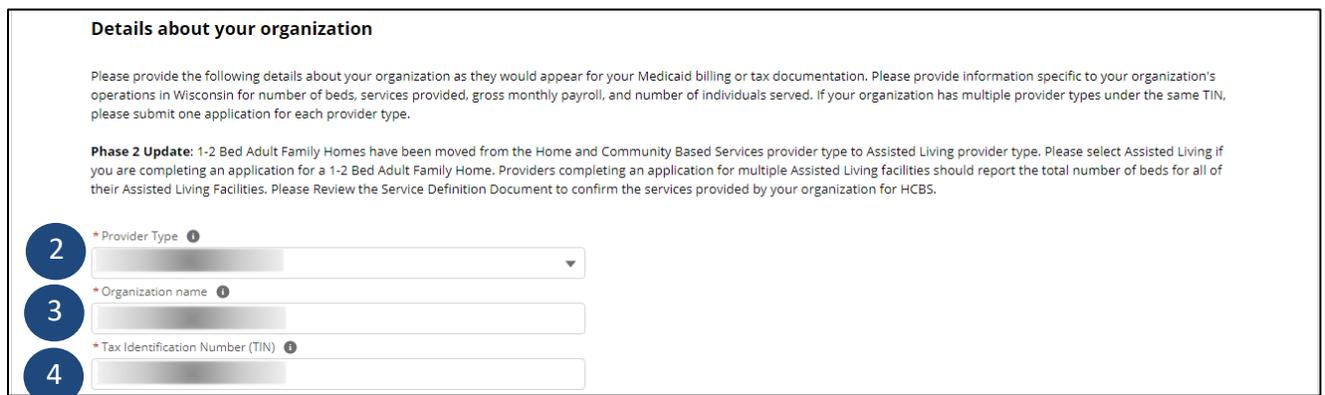
Help Document: Create and Submit an Application

5. Using the drop down, select whether your documents match the inputted Provider Name, TIN, and address. If you select **No**, a field will appear below. Use the field to provide an explanation of why the information provided and documents do not match.

6. If your organization is exempt from reporting service revenue in your annual return (such as some owner occupied assisted living facilities), check the box.

7. If your organization's annual Tax or Information Return is filed under a different TIN, check the box.

8. Using the drop down, indicate whether you have **paid employees** reported to IRS on Form 941 or 944. If you select Yes, additional fields regarding Gross Monthly Payroll will appear. In those fields, enter your organization's Gross Monthly Payroll for Wisconsin operations for each month between January through August 2020 under the Tax ID and provider type you are submitting for this application. Sole proprietors should enter their net income for the specified months.

9. Using the drop down, indicate whether you are reporting as a **management company**. If you select Yes, an additional field will appear prompting you to enter the Subsidiary Businesses Name, Address & TIN. Please enter all subsidiaries of that management company.

10. If available, complete additional fields: **Medicare Number**, **STAR Supplier Id**, **National Provider Identifier (NPI)**, **Medicaid ID**, and **Counties of Operation**. *Note: The DQA State License Number is required for Provider Types – Assisted Living Facilities and Nursing Homes. 1-2 bed adult family homes are not licensed by DQA and are not required to submit a DQA State License Number.*

Help Document: Create and Submit an Application

11. If you selected the provider type **Home and Community Based Service Providers** OR **Assisted Living Facilities,** additional fields will appear on the application. Enter the **Number of Individuals Served** by your organization each month between January and August 2020 in the provide field. Continue to step 13.

12. If you selected the provider type **Nursing Homes**, additional fields will appear on the application. Enter the **Number of Patient Days** each month from January through August 2019 and January through August 2020. Continue to step 13.

Help Document: Create and Submit an Application

13. Indicate whether or not you are submitting this application on behalf of a provider that is owned or operated by a Wisconsin County, City, Village, or Town, or other public local government entity authorized under Wisconsin Law. This includes providers that are jointly owned by multiple local government entities.

14. Scroll down and complete the **Mailing Address** and **Physical Address.**

15. Click **Next.** *Note: Any errors on this page will prevent you from continuing with the application.*

Help Document: Create and Submit an Application

16. Click the **plus sign** to use the validated physical address or leave it unchecked to use the physical address you entered.

17. Click the **plus sign** to use the validated mailing address or leave it unchecked to use the mailing address you entered

18. Click **Next.**

Help Document: Create and Submit an Application

Revenue / Expense Details

On this tab of the application, you will enter your organization's lost revenue and expenses related to COVID-19. *Note: If you copied your Phase 1 Application, any expenses/losses you previously reported will be pre-populated, and you will not be able to enter additional March – May expenses/losses.*

1. Enter your organization's Wisconsin **2019 Gross Revenue** for the provider type identified on this application, as shown on your tax documents.

2. If your organization has received any other CARES Act Provider Relief Fund Payments, select Yes. If not, select No and skip to step 6.

3. If you select Yes, click the **Add** button to add information on the funds you received.

4. A screen will appear. Complete all the fields regarding the other funding received. *Note: If you submitted a Phase 1 application, you will not be able to add funding received during Phase 1.*

5. Click the **Save** button. *Note: You can add multiple other funds by clicking **Add** after saving each expense entry.*

Help Document: Create and Submit an Application

6. If you wish to edit fund entries, click [▼] for an entry. Select **Edit**. To delete fund entries, select **Delete** from the drop down.

7. If your organization does <u>not</u> have **subsidiaries** of the same provider type, select No and continue to step 10. If your organization does, select Yes. An additional question will appear.

8. If your subsidiary of the same provider type has <u>not</u> been approved or received additional CARES Act Provider Relief Fund Payment, select No. Continue to step 10. Otherwise, select Yes. You will be prompted to add Subsidiary Other Funds.

9. Click the **Add** button to add funds your subsidiaries have been approved for or received.

10. Complete the information regarding the additional funds. Click **Save**. *Note: You can add numerous 'New Other Funds' by clicking **Add** after saving each expense entry.*
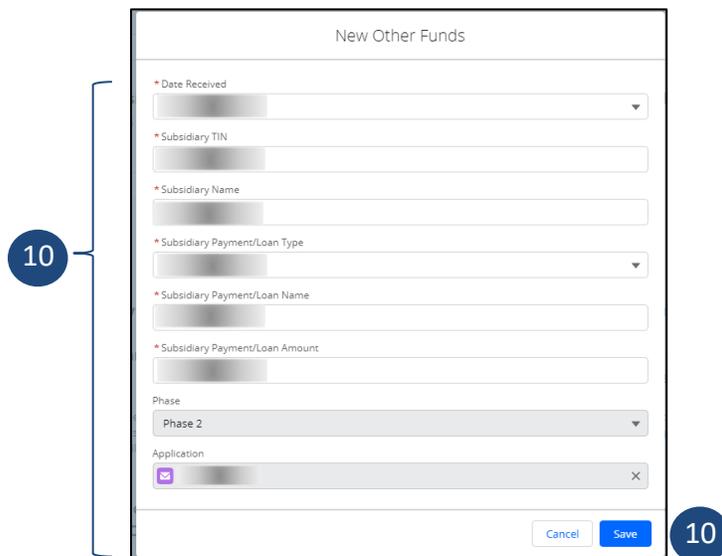
Help Document: Create and Submit an Application

11. For the following questions, only enter expenses/losses for the months of January through August 2020. However, you will be asked to separately enter your March – May 2020 and June – August 2020 expenses/losses by selecting the appropriate date range.

12. If your organization did <u>not</u> experience a loss of revenue for the months of March through May 2020 and June through August 2020 due to COVID-19, continue to step 15.

13. Click the Add button to enter your organization's **lost revenue**. *Note: Follow the instructions in the application for how to calculate your organization's lost revenue.*

Please enter the amount of lost revenue for your organization and provider type directly related to lower Wisconsin service needs associated with the COVID-19 pandemic from March 1, 2020 to August 31, 2020.

Only enter lost revenue that is directly related to business within Wisconsin due to COVID 19. Organizations should calculate lost revenue by taking their total revenue for March, April, May, June, July, and Aug of 2019 and subtracting their total revenue for March, April, May, June, July, and Aug of 2020. For example, if your organization received a total of $150,000 in revenue for March, April, May, June, July, and Aug of 2019 but only received $110,000 in revenue for those same six months in 2020, you would enter $40,000.

Organizations submitting an application for nursing homes will have their lost revenue calculated by taking the difference in patient days from March through August of 2020 and March through August of 2019 and multiplying difference by their average all payor per diem rate for their facilities' 2019 fiscal year.

Lost Revenue   (13) Add

14. Enter the lost revenue (Amount) for March – May 2020 and June – August 2020 by selecting the appropriate date range and entering the amount.

15. Click the **Save** button.

New Expense

* Date
--None--   (14)

* Amount

Phase
Phase 2

Application

Cancel   Save   (15)
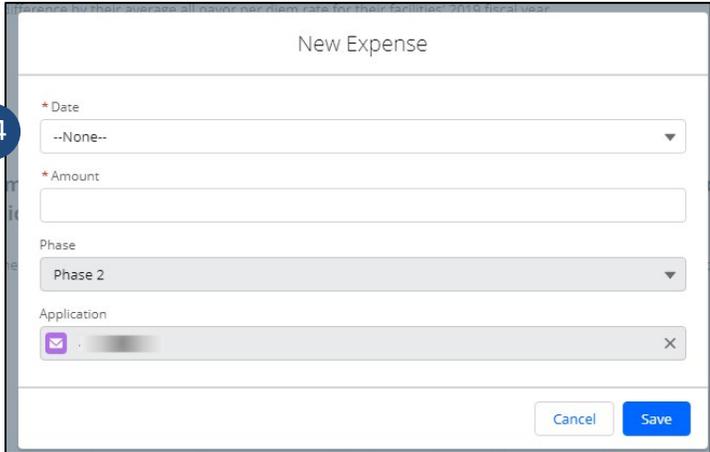
16. If your organization did <u>not</u> have any equipment expenses associated with COVID-19 during the months of March through May 2020 and June through August 2020, continue to step 19.

Help Document: Create and Submit an Application

17. Enter any **Equipment expenses** associated with COVID-19 during the months of March – May 2020 and June – August 2020 by clicking **Add.** *Note: You can add multiple expense entries by clicking **Add** after saving each expense entry.*

> **Please enter the type and amount of expenses for your organization and provider type related to additional staffing necessary for Wisconsin service provision during the COVID-19 pandemic March 1, 2020 to Aug 31, 2020.**
>
> Expenses related to the purchase equipment and supplies may include PPE, disinfectants, other equipment or supplies, technology, or facility modifications for service provision during the COVID-19 pandemic.
>
> Equipment Expenses (0)   **17**   Add

18. A window will appear. Complete all the fields and click **Save**.

> **New Expense**
>
> **18**
>
> * Date
> --None--
>
> * Amount
>
> * Equipment/Staffing Types
> --None--
>
> If other, please describe
>
> Phase
> Phase 2
>
> Application
>
> Cancel   Save   **18**

19. If your organization did <u>not</u> have any staffing expenses associated with COVID-19 during the months of March – May 2020 and June – August 2020, continue to step 22.

20. Enter any additional **Staffing expenses** associated with COVID-19 during the months of March – May 2020 and June – August 2020 by clicking **Add**. *Note: You can enter multiple staffing expense entries by clicking **Add** after saving each expense entry.*

> **Please enter the type and amount of expenses for your organization and provider type related to additional staffing necessary for Wisconsin service provision during the COVID-19 pandemic March 1, 2020 to Aug 31, 2020.**
>
> Expenses related to additional staffing costs may include hazard pay, retainer payments to staff, overtime payments, sick leave, or other additional staffing costs necessary for service provision during the COVID-19 pandemic.
>
> Staffing Expenses (0)   **20**   Add

Help Document: Create and Submit an Application

21. A window will appear. Complete all the fields and click **Save**.

22. If your organization did <u>not</u> have any telehealth expenses associated with COVID-19 during the months of March – May 2020 and June – August 2020, continue to step 25.

23. Enter any **Telehealth expenses** associated with COVID-19 during the months of March – May 2020 and June – August 2020 by clicking **Add**. *Note: You can enter multiple expense entries by clicking **Add** after saving each expense entry.*

24. A window will appear. Complete all the fields and click **Save**.

Help Document: Create and Submit an Application

25. Click the **Next** button at the bottom right of the page to continue to the next section.

Please enter the amount of expenses related to telehealth software that was purchased and necessary for Wisconsin service provision during the COVID-19 pandemic from March 1, 2020 to Aug 31, 2020.

Telehealth expenses include video conferencing or communication software used to aid with virtual communication with patients.

Telehealth Expenses (1)   Add

EXPENSE NAME	Phase	Date	Telehealth Expenses Amo...	Please describe what was ...	
					▼

⚠ Please ensure you have entered all of your Wisconsin COVID-19 expenses and lost revenue. You are not eligible for funding if you do not have any relevant COVID-19 Wisconsin expenses or lost revenue.

Save & Exit   Back   Next   **25**

Help Document: Create and Submit an Application

File Upload

On this tab of the application, you will upload a copy of your required documents. Refer to the text on the application to identify the respective document you are required to submit based on your provider type and situation.

1. Click the **Upload Files** button to upload a copy of your required documents.

2. A window will show the status of your upload.

3. When the file(s) are uploaded, as signified with the green check mark, click the **Done** button.

4. Select the files you will be uploading by marking the checkbox. *Note: All applications are required to submit a copy of the current IRS W-9 form and DOA-6460 form.*

5. Click the **Next** button on the bottom right corner.

Help Document: Create and Submit an Application

Review & Submit

1. On the final Submission page, review the text and your application. You can review the information by clicking the **Back** button.

2. Complete all fields. *Note: The person completing the electronic signature acknowledgement and attestation must be authorized to do so on behalf of their organization. In most cases, this should be an officer of the organization.*

3. Click the **Submit** button.

Help Document: Create and Submit an Application

4. Upon successful submission, you will see the following page.