

# Frequently Asked Questions

## HHS Provider Relief Fund (PRF)

### When is the deadline for dentists to apply?

November 6. Phase 3 of the Provider Relief Payment Fund is open for applications from October 5 through November 6, 2020. HHS encourages application sooner rather than later.

### Who is impacted by Phase 3 of the Provider Relief Fund?

- **Newly eligible:** Dentists who began practicing January 1 – March 30, 2020.
- **Add-on Payment:** All dentists who previously received, rejected or accepted payment from the Provider Relief Fund are going to be able to submit more information to become eligible for an additional payment.
  - *This is meant to support providers who have been most significantly impacted by COVID-19, as measured by changes in their revenues and expenses from patient care.*
- **Corrections:** All dentists who previously received, rejected or accepted a General Distribution Provider Relief Fund payment and did not previously receive approximately 2% of annual revenues from patient care will now receive this amount consistent with prior general distributions, plus a Phase 3 allocation.

Required documentation:

- 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

Note: Providers will need to submit a new application even if they previously submitted revenue details for a prior PRF distribution; the application has been updated to include some additional data entries in order to calculate payment based on the financial impact of COVID-19. The actual percentage paid to providers will be in part dependent of how many providers apply in Phase 3, and will be determined after the application deadline.

### If I never applied before, can I still apply now?

Yes, Phase 3 is open to dentists who did not previously apply for Provider Relief Funding. Please begin step one, the Taxpayer Identification Number (TIN) validation, as soon as possible.

### Do I have to accept Medicare, Medicaid, or certain insurance networks and their fees if I accept this Department of Health and Human Services (HHS) relief payment?

No. There is no correlation between accepting payments from HHS and being forced to accept or enroll into Medicare, Medicaid, or insurance.

### What expenses or lost revenues are considered eligible for reimbursement from the Provider Relief Fund?

The term *“healthcare related expenses attributable to coronavirus”* is a broad term that may cover a range of items and services purchased to prevent, prepare for, and respond to coronavirus, including:

- Supplies & equipment to provide healthcare services for possible or actual COVID-19 patients;
- Workforce training;
- Developing and staffing emergency operation centers; and
- Acquiring additional resources, including facilities, equipment, supplies, healthcare practices, staffing, and technology to expand or preserve care delivery.

The term *“lost revenues that are attributable to coronavirus”* means any revenue that you as a healthcare provider lost due to coronavirus, these could include:

- Employee or contractor payroll;
- Employee health insurance;
- Rent or mortgage payments;
- Equipment lease payments; and
- Electronic health record licensing fees.

Note: Payments cannot be used to “reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse.”

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## **I've seen one of the terms was on balance billing (surprise billing), does this apply to my dental practice?**

The ADA worked with HHS to set the record straight and they've now clarified that:

- Dental providers who are not caring for patients with presumptive or actual cases of COVID-19 are not subject to balance billing prohibitions. 'Presumptive' is defined as a case where a patient's medical record documentation supports a diagnosis of COVID-19.
- HHS thinks few, if any, dentists are performing dental work on **active** COVID-19 patients. So, there should be very few dental patients covered by this bar.
- Qualifying for payment from the PRF has to do with **past** treatment earlier this year when HHS broadly viewed every patient as a possible case of COVID-19. Balance billing prohibitions apply only to treating current **active** COVID-19 patients with a medical record that supports a diagnosis of COVID-19.

## **What are the reporting requirements going to be?**

- HHS has a section of their [website](#) dedicated to Provider Relief Fund Reporting Requirements.
- Recipients with over \$10,000 in aggregate payment are required to submit all healthcare-related expenses attributed to COVID-19 that "another source has not reimbursed and is not obligated to reimburse, which may include general and administrative or health care-related operating expenses."
- Provider Relief Fund payments not fully expended on healthcare related expenses attributable to COVID-19 will be applied to lost revenues, represented as a negative change in year-over-year actual revenue from patient care related sources. If recipients do not expect PRF funds in full by the end of 2020, they will have an additional six months in which to use remaining amounts toward expenses or lost revenues in an amount not to exceed the 2019 net gain.
- Recipients of PRF payments **do not** need to submit a separate quarterly report to HHS or the Pandemic Response Accountability Committee.
- There are plans by HHS to provide recipients with Question and Answer (Q&A) sessions via webinar in advance of the submission deadline and HRSA will also issue Frequently Asked Questions.
- While HHS stipulates that every payment made to providers from the PRF **may** be subject to an audit, those entities that expended \$750,000 or more in aggregated federal financial assistance in 2020 (including PRF payments and other federal financial assistance) are subject to Single Audit requirements and recipients "must indicate if they are subject to Single Audit requirements in 2020, and if yes, whether the auditors selected PRF payments to be within the scope of the Single Audit (if known at the time the Reporting Entity submits report.)" All recipients of PRF payments should also maintain appropriate records and cost documentation.

## **Can a provider choose to have their payment data omitted from the Provider Relief Fund public list on the Centers for Disease Control and Prevention (CDC) website?**

No. To ensure transparency, HHS will publish the names of payment recipients and the amounts accepted and attested to by the payment recipient.

HHS has posted a [public list](#) of providers and their payments once they attest to receiving the money and agree to the Terms and Conditions. All providers that received a payment from the Provider Relief Fund and retain that payment for at least 90 days without rejecting the funds are deemed to have accepted the Terms and Conditions. Providers that affirmatively attest through the Payment Attestation Portal or that retain the funds past 90 days, but do not attest, will be included in the public release of providers and payments. The list includes current total amounts attested to by providers from each of the Provider Relief Fund distributions, including the General Distribution and Targeted Distributions.

## **Are 1099/employee dentists eligible for Provider Relief Funding?**


Applicants must have a Taxpayer Identification Number (TIN) as the first step in the validation process, and if applying as an individual, they must have gross receipts or sales from providing patient care reported on Form 1040.

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## **Am I be eligible to receive a payment from the Provider Relief Fund even if I received funding from the Small Business Administration (SBA)?**

Yes. Receipt of funds from SBA (such as the Paycheck Protection Program, or PPP) for coronavirus recovery does not preclude a dental provider from being eligible for the Medicaid, Children's Health Insurance Program (CHIP), or Dental Providers Distribution of the Provider Relief Fund. However, PRF payments cannot be used to reimburse expenses that have already been reimbursed by PPP loans.

## **Where can I find help completing the application?**

- Provider Support Line: 866-569-3522
  - Real-time technical support, as well as service and payment support.
  - Hours of operation are 7 a.m. to 10 p.m. Central Time, Monday – Friday.
- [Application Instructions](#)
- [Sample Application Form - PDF](#) *For reference only.*
- All applications must be submitted through the [Provider Relief Application and Attestation Portal](#) .
- [Phase 3 General Distribution Relief Fund Terms and Conditions - PDF](#)
- [Phase 2 General Distribution Relief Fund Payment Terms and Conditions - PDF](#)
- [Final Reporting Requirements: Data Elements](#)
  - [Reporting Requirements Policy Update](#) (10/22/20)