Frequently Asked Questions
HHS Provider Relief Fund

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, such as Paycheck Protection Program (PPP) loans.

When is the deadline for dentists to apply?

The deadline to begin the application process has passed, it was September 13, 2020.

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.
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What are the reporting requirements going to be?

- On Sept. 19, HHS released Post-Payment Reporting Requirements outlining what health care providers who received funding from the Provider Relief Fund will need to do.
- Recipients are required to submit all health care-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 health care related expenses attributable to COVID-19 will be applied to lost revenues and represented as a negative change in the provider’s net patient care operating income. Recipients may apply PRF payments toward lost revenue, up to the amount of their 2019 net gain from health care related sources. Recipients who reported negative net operating income from patient care in 2019 may apply relief fund amounts to lost revenues up to a net zero gain/loss in 2020.
- 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.

I received a small payment from HHS months ago related to Medicare and haven’t been able to apply, when can I apply?

HHS announced that beginning August 10 and through September 13, these providers were eligible to complete an application and be considered for the balance of their additional funding up to 2 percent of their annual patient revenues. The ADA had been advocating for this eligibility restriction to be lifted.

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.
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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.

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 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. Application and they will use the most recent application on file in making a decision about your payment.

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.
- PRF Payment Portal User Guide
- HHS instructions for filling out application
- HHS Webinar Recordings
- HHS Frequently Asked Questions:
  - General Information about the PRF
  - Medicaid, CHIP and Dental Providers Distribution