

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?

September 13, 2020. Dentists (whether a Medicaid/CHIP provider or not) should [apply for funding through the Enhanced Provider Relief Fund \(PRF\) Payment Portal](#).

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?

- HHS released a [notice](#) about forthcoming reporting requirements for certain providers that accepted one or more payments exceeding \$10,000 in the aggregate from the Provider Relief Fund program. The reporting notice initially advised recipients that additional details regarding data elements would be provided by August 17, 2020. HRSA will now provide those additional details at a date later than August 17, 2020, but the exact date is not yet known.
- Providers will still be given the detailed PRF reporting instructions and a data collection template with the necessary data elements they will be asked to submit well in advance of the reporting system being made available – which is currently targeted for October 1, 2020. Providers should continue to check this [website](#) for the latest updates.
- The reporting system will become available to recipients for reporting on October 1, 2020. The reports will allow providers to demonstrate compliance with the terms and conditions, including use of funds for allowable purposes.
- 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.

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 will be 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.

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 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.

I made a mistake on my application and received a smaller amount than I should have, can I appeal or dispute the final payment with HHS?

No, there is no ability to appeal or dispute your payment. Please be sure to review your application thoroughly for accuracy before submitting. If you haven't yet received your payment, HHS does allow you to resubmit a new 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](#)