HHS Provider Relief Fund & Post-Payment Reporting Requirements – Frequently Asked Questions (FAQs)*

Important Information for Dentists

What is the Health and Human Services (HHS) Provider Relief Fund?
The Provider Relief Fund is a U.S. Department of Health and Human Services (HHS) program designed to support American families, workers, and the heroic health care providers in the battle against the COVID-19 outbreak. HHS was distributing $175 billion to hospitals, dentists, and health care providers on the front lines of the coronavirus response. These funds may not need to be repaid if certain terms and conditions are met.

On July 10, 2020, the HHS announced that the Enhanced Provider Relief Fund Payment Portal is open to dentists who may not have previously been eligible to receive funding through the Provider Relief Fund. Eligible dentists will receive a reimbursement of 2% of their annual reported patient revenue through the Enhanced Provider Relief Fund Payment Portal.

On September 19, 2020, HHS issued a notice “Post-Payment Notice of Reporting Requirements” outlining the reporting requirements applicable to health care providers who received funding from the Provider Relief Fund. This notice provides guidance on the permissible application for health care related expenses or lost revenue as a result of the COVID-19 pandemic. For more information about the reporting requirements, please click here.

General FAQ’s related to the HHS Provider Relief Fund

When is the deadline to apply?
The deadline for eligible dentists to apply has passed, this was September 13, 2020.

Am I 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.

Who was eligible to apply?
To have applied, a dentist/provider must have met the requirements listed on the HHS website.

How did I need to apply for funding?
Providers must have applied via the Enhanced Provider Relief Fund Payment Portal. You need to have had or created an “Optum” ID in order to access the portal established by the program administrator. Once your ‘Optum ID” is created you would have needed to; validate your Taxpayer Identification Number (TIN), confirm revenue and tax information, and receive and attest payment within 90 days.

Is there a user guide or training materials available?
Yes. A CARES Act Provider Relief Fund Payment Portal User Guide is available, here.

Updated as of 09/30/2020
HHS Provider Relief Fund & Post-Payment Reporting Requirements – Frequently Asked Questions (FAQs)*

Important Information for Dentists

If I would like more information, where should I go?
Please visit https://hhs.gov/providerrelief for additional information regarding this program.

If I need help, who should I contact?
Please contact the Provider Support Line at (866) 569-3522; for TTY dial 711. The hours of operation are 7 a.m. to 10 p.m. Central Time, Monday – Friday.

FAQ’s related to Post-Payment Reporting Requirements

Am I required to accept Medicare, Medicaid, or certain insurance networks and their fees if I accept an HHS relief payment?
No. You do not need to accept Medicare, Medicaid, or certain insurance networks/fees to accept an HHS relief payment.

What are the related expenses or lost revenues to consider for reimbursement from the Provider Relief Fund?
The related expenses or lost revenues are a range of expenses and services purchased to prevent, prepare for, and respond to coronavirus. This includes:
- **Related Expenses** such as supplies, equipment, information technology (IT), facilities, and other health care related expenses.
- **Lost Revenues** such as employee or contractor payroll, employee health insurance, rent or mortgage payments, equipment lease payments, and electronic health record licensing fees.

For more information, please view the notice here. 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.

What are the post-payment reporting requirements?
1. 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 (G&A) or health care related operating expenses”.

2. Provider Relief Fund payment amounts not fully expended on health care related expenses, attributable to coronavirus, are then applied to lost revenues, represented as a negative change in year-over-year net patient care operating income. Recipients that reported negative net operating income from patient care in 2019 may apply PRF amounts to lost revenues up to a net zero gain/loss in 2020.

If recipients do not expend PRF funds in full by the end of calendar year 2020, they will have an additional six months in which to use remaining amounts toward expenses attributable to coronavirus but not reimbursed by other sources, or to apply toward lost revenues in an amount not to exceed the 2019 net gain. For example, the reporting period January – June 2021 will be compared to the same period in 2019.

Updated as of 09/30/2020
HHS Provider Relief Fund & Post-Payment Reporting Requirements – Frequently Asked Questions (FAQs)*

Important Information for Dentists

Can providers choose to have their payment data omitted from the Provider Relief Fund public list on the CDC (Centers for Disease Control and Prevention) website?
No. HHS will publish the names of payment recipients and the amounts accepted and attested to by the payment recipient, for transparency.

*The information contained herein is intended to be informative in nature and it is not intended to be a substitute for professional advice. The information was obtained from sources we believe to be reliable but is not guaranteed. This situation is dynamic and continuing to change daily. Henry Schein does not undertake any obligation to update or revise any statements contained herein, or correct inaccuracies whether as result of new information, future events, or otherwise. Dental and Medical professionals must make their own business decisions and may wish to seek professional advice before acting with regard to subject mentioned herein. Nothing contained herein should be treated as legal, business, accounting, international, insurance, tax, financial or other professional advice.