

Additional HHS Provider Relief Fund Distributions Available to Eligible Dental Providers Who Apply by July 24, 2020

07/17/20

On Friday, July 10, 2020, Health and Human Services (HHS) announced that a new application process is now open to dentists who were not previously eligible to receive funding through the CARES Act Provider Relief Fund.

Eligible dental providers may be able to receive a reimbursement of two percent of their annual reported patient revenue.

The deadline to apply for this dental distribution funding through the Enhanced Provider Relief Fund Payment Portal is **July 24, 2020**. As with the earlier Provider Relief Fund distributions, dental providers who apply for funds must agree to the Terms and Conditions applicable to Provider Relief Fund distributions.

On July 10, 2020, HHS also issued several FAQs on the new Dental Distributions as follows:

1. How were dental providers determined to be eligible for this distribution?

Many dental providers have already successfully applied for funding under the Medicaid-focused General Distribution. To support payments to dental providers who may not bill Medicare or Medicaid, HHS has developed a curated list of dental practice TINs from third party sources and HHS datasets. Providers with TINs on the curated list must meet other eligibility requirements including operating in good standing and not be excluded from receiving federal payments. As a next step, HHS will work with states and its vendors to authenticate dental providers not on the curated list.

2. What was the formula used to calculate the payment for the dental providers under this distribution?

Payment for dental providers under this distribution is the same as for other providers under this Medicaid-focused General Distribution. Payments will be based upon 2% of revenues from patient care for most recent tax filing, as reported by the applicant, and with accompanying submitted tax documentation. Payments will be made to applicant providers who are on the filing TIN curated list of known dental providers created by HHS or whose applications underwent additional validation by HHS. As a next step, HHS will work with states and its vendors to authenticate dental providers not on the curated list.

3. What data sources did HRSA use to identify the eligible dental providers to populate the curated list of known dental providers?

HHS used third-party and HHS datasets to identify the eligible dental providers to populate the curated list of known dental providers.

4. How can a dental provider find out if they are on the curated list?

When a dental provider applies, the first step of the application process is to validate that their TIN is on a curated list of known dental providers. HHS will work to validate applicants that are not on that list. If you are concerned you were not on the curated provider list, please ensure you have an active, verifiable dental

provider TIN and submit your information to the Provider Relief Fund application portal. You will be notified if you are permitted to continue your application for Provider Relief Fund payment. Any eligible dental providers not on the curated list will undergo additional review and if validated will be permitted to apply for funding.

5. Who is eligible for this distribution?

To be eligible to apply, a dental provider must meet all of the following requirements:

- Must not have received payment from the initial \$50 billion Medicare-focused General Distribution; and
 - Must not have received payment from the \$15 billion Medicaid and CHIP Distribution; and
 - Must have either (i) filed a federal income tax return for fiscal years 2017, 2018 or 2019 or (ii) be an entity exempt from the requirement to file a federal income tax return and have no beneficial owner that is required to file a federal income tax return. (e.g. a state-owned hospital or healthcare clinic); and
 - Must have provided patient dental care after January 31, 2020; and
 - Must not have permanently ceased providing patient dental care directly, or indirectly through included subsidiaries; and
 - If the applicant is an individual, have gross receipts or sales from providing patient dental care reported on Form 1040, Schedule C, Line 1, excluding income reported on a W-2 as a (statutory) employee.
- 6. If I rejected my initial Medicare-Focused General Distribution or Medicaid and CHIP General Distribution payment, can I apply for a new payment?**

If you received an initial Medicare-focused General Distribution or the Medicaid and CHIP General Distribution payment and rejected the payment, you are not eligible for an additional payment at this time. However, you may be eligible in future distributions of the Provider Relief Fund.

7. How would a healthcare provider know if they have received a payment from the Medicare-Focused General Distribution of the Provider Relief Fund?

Medicare-focused General Distribution payments were made between April 10 and April 17. Payments were primarily sent via Automated Clearing House (ACH). The automatic payments were sent via Optum Bank with "HHSPAYMENT" in the payment description. Payments were sent to the group's central billing office.

8. What are the reasons that I would not be eligible for a payment?

You must meet all six of the eligibility criteria described in the application instructions. You must not be currently terminated from participation in Medicare or precluded from receiving payment through Medicare Advantage or Part D; must not be currently excluded from participation in Medicare, Medicaid, and other Federal health care programs; and must not currently have Medicare billing privileges revoked. Your billing TIN must be included in the curated list of eligible dental providers or your application must pass additional validation by HHS. You also must not have previously received a payment from either the initial Provider Relief Fund \$50 billion Medicare-focused General Distribution or the \$15 billion Medicaid and CHIP General Distribution.

9. When is the deadline to submit the application?

The deadline to submit an application is July 24, 2020.

10. Where can I find the Terms and Conditions for this distribution?

The Terms and Conditions for this Distribution can be found on the [Provider Relief Fund](#).

11. What if a dental provider's TIN is flagged as invalid because it is not on the curated TIN list?

If a TIN is not on the curated list, it will be flagged as invalid. In these cases, HHS will conduct additional analysis related to the TIN and any active dental providers associated with the TIN. If the TIN is subsequently

marked as valid, the provider will be notified to proceed submitting data into DocuSign. TINs that cannot be validated will not receive funding. Please note, the additional TIN validation may result in a delay in processing the application.

12. How long will it take from portal submission to payment decision or receipt?

HHS is working to process all providers' submissions as quickly as possible. HHS may seek additional information from providers as necessary to complete its review.

13. What documentation must be uploaded to the application form?

- The applicant's most recent federal income tax return for 2017, 2018 or 2019 or a written statement explaining why the applicant is exempt from filing a federal income tax return (e.g., a state-owned hospital or healthcare clinic).
- The applicant's Employer's Quarterly Federal Tax Return on IRS Form 941 for Q1 2020, Employer's Annual Federal Unemployment (FUTA) Tax Return on IRS Form 940, or a statement explaining why the applicant is not required to submit either form (e.g. no employees).
- The applicant's FTE Worksheet (provided by HHS).
- If required by Field 15, the applicant's Gross Revenue Worksheet (provided by HHS).

14. What should I do if I do not have the federal tax form to submit my information?

Upload a statement explaining why the entity is not required to file a federal tax form (note that non-profit entities should submit a Form 990) or is unable to provide the required information. In addition, provide the most recent audited financial statements (or management prepared financial statements) for the TIN entity. If the financial information of a TIN entity is reported as part of a parent organization, it may be necessary to provide consolidating audited financial statements that breakout the revenue and expenses for the TIN entity.

15. Will payments be sent at one time, or disbursed in phases?

Payments will be disbursed on a rolling basis, as information is validated. HHS may seek additional information from providers as necessary to complete its review.

Access the HHS application portal [here](#).

Access the HHS FAQs [here](#).

If you have questions about this alert or the Provider Relief Fund, please contact [Grace Mack](#) or any member of the [Health Law](#) team.

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