

HHS Provider Relief Fund – 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 healthcare providers in the battle against the COVID-19 outbreak. HHS is 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 now 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.

Who is eligible to apply?

To apply, a **dentist**/provider must meet all of the following requirements:

- The provider did not receive payment from the initial \$50 billion Medicare-focused General Distribution.
- The provider did not receive payment from the \$15 billion Medicaid and CHIP Distribution.
- The provider either (i) filed a federal income tax return for fiscal years 2017, 2018 or 2019; or (ii) is exempt from the requirement to file a federal income tax return and has no beneficial owner that is required to file a federal income tax return (e.g., a state-owned hospital or healthcare clinic).
- The applicant provided patient dental care after Jan. 31, 2020.
- The provider did not permanently cease providing patient dental care directly, or indirectly through included subsidiaries.
- If the applicant is an individual, he or she must 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.
- A dental provider must not be excluded, terminated from, or have had billing privileges revoked by federal healthcare programs (including Medicare, Medicare Advantage, Medicare Part D or Medicaid).

When is the deadline to apply?

The deadline for eligible dentists to apply has been extended until August 3, 2020.

How can I apply for funding?

Providers must apply via the Enhanced Provider Relief Fund Payment Portal [here](#).

You will need to have or create an ID in order to access the portal established by the program administrator.

What is an 'Optum ID'? Do I need it to apply?

The Department of Health and Human Services has contracted with UnitedHealth Group to administer Provider Relief Fund payments. Note, that while you are required to set up an ID, you will not be credentialing or contracting with them, this is strictly to administer the Provider Relief Fund payment. Specifically, you'll need to set up an 'Optum ID' in order to access the portal and for some steps of the process. To set up an 'Optum ID' to access the portal, start registration [here](#) to begin.

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What will I need to apply?

After you create an 'Optum ID', you will need to provide the following to apply:

1. Validate Taxpayer Identification Number (TIN)

This should be the organization TIN ("Filing TIN") you will use in applying for relief funds. The Organization TIN may have one or more subsidiaries that do not file tax returns (disregarded or consolidated entities). The Organization TIN should complete an application by listing all of the subsidiary TINs in the applicable field within the application form. TIN Validation can take 1-2 business days to process.

2. Confirm Revenue and Tax information

You will need to provide specific revenue and tax information through the portal once TIN Validation is complete.

3. Receive and Attest to Payment

Within 90 days of receiving this payment, you must sign an attestation confirming receipt of the funds and agreeing to the Terms and Conditions of payment. Should you choose to reject the funds, you must also complete the attestation to indicate this. The CARES Act Provider Relief Fund Payment Attestation Portal will guide you through the attestation process to accept or reject the funds. If you do not return the payment within 90 days of receipt you will be viewed as having accepted the payment and will be bound by the Terms and Conditions.

Is there a user guide or training materials available?

Yes. A CARES Act Provider Relief Fund Payment Portal User Guide is available.

- The CARES Act Provider Relief Fund Payment Portal User Guide is available [here](#).

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.

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