



Covid-19 Resources

FAQs – December 21, 2021

Getting you the answers to the many questions related to Covid-19 and its impact to you is our first priority. Things continue to evolve and change very rapidly, but please know that our team is working as quickly as possible to understand all that is taking place and going to the source for the answers. Our goal is to get you answers and information that is in **your** best interest and not get waylaid with distractions. Below are the most recent questions we have been fielding.

HHS Provider Relief Funds (PRF) Update

Q: How does the reporting work?

A: Click here for a tutorial on using the reporting portal: [Provider Relief Fund Reporting Tutorial - YouTube](#)
Click here for a User Guide I on using the reporting: [Provider Relief Fund Reporting – User Guide](#)

Q: When must I complete the reporting for the HHS funds I received?

A: See chart below – in most cases, the answer will be January 1, 2022 – March 31, 2022 but you will need to confirm the date you received your funds and if you received multiple payments you may need to report in multiple periods.

Summary of Reporting Requirements

	Payment Received Period (Payments Exceeding \$10,000 in Aggregate Received)	Deadline to Use Funds	Reporting Time Period
Period 1	From April 10, 2020 to June 30, 2020	June 30, 2021	July 1 to September 30, 2021
Period 2	From July 1, 2020 to December 31, 2020	December 31, 2021	January 1 to March 31, 2022
Period 3	From January 1, 2021 to June 30, 2021	June 30, 2022	July 1 to September 30, 2022
Period 4	From July 1, 2021 to December 31, 2021	December 31, 2022	January 1 to March 31, 2023

Q: What if I miss the deadline to report?

A: Providers that are required to report and do not submit a completed report by the applicable deadlines will be deemed out of compliance with the program Terms and Conditions and may be subject to repayment and/or recovery activities. **HRSA will not approve extensions on the use of funds for any providers.** Any unused funds must be returned to the government within 30 calendar days after the end of the relevant Reporting Time Period. If you must report between January 1 and March 31, please plan ahead and do this early to avoid having to repay all of those funds.

Q: May a practice complete this reporting early?

A: No, reporting must be completed during the assigned reporting time period based on the chart above.

Q: Are there any exceptions to the reporting requirement?

A: Yes, if your practice received less than \$10,000 in total during a period, the practice does not need to complete the reporting for that period.

Q: Does a practice that received payments in multiple periods need to complete multiple reports?

A: Yes, practices must complete the reporting requirements during the reporting time period for which payments were received. You may not “bunch” the reporting into one period if payments are in multiple periods.

Q: Where can I learn more information to help me prepare?

A: Click here for more information. [Provider Relief Fund Reporting Requirements and Auditing | Official web site of the U.S. Health Resources & Services Administration \(hrsa.gov\)](https://www.hrsa.gov/provider-relief-fund-reporting-requirements-and-auditing)

Most of the data requested are internal metrics – patient revenue by category, the number of employees, the number of patients by quarter, etc. This information can be found in your internal dental software and is not in QuickBooks.

Q: Will I be reporting expenses or lost revenue?

A: We expect most practices that received funds in the first three reporting periods to use lost revenues from March 2020 until the time you fully opened your practice.

Q: If I use lost revenue for all my HHS PRF funding, do I still need to list expenses?

A: According to the HHS video, if you enter \$0 on the unreimbursed expense screen, you can then apply PRF funds to the amount of lost revenue only. If the lost revenue exceeds the PRF fund of the current period, the excess may be applied toward future PRF payments.

Q: How do I calculate lost revenues?

Dental Group, LLC - We continue to work both in the office and remotely. Our meetings will be done via teleconference and or online collaboration. If you plan to drop off documents, please call ahead to coordinate a time when we will be in the office as there is no safe place to leave documents at the door. If you have any questions, please do not hesitate to contact us directly at (425) 216-1612.

A: You will compare quarterly revenue in 2020 compared to 2019. Click here for more information: [Provider Relief Fund - Lost Revenues Guide \(hrsa.gov\)](#)

Q: What expenses do I report?

A: If you have to use expenses in addition to lost revenue, then click here to learn what expenses are eligible: [Allowable Expenses Overview \(hrsa.gov\)](#). When considering expenses, ask yourself “Is this expense necessary and reasonable to support patient care efforts to prepare for, prevent, or respond to coronavirus?”

Q: How do I report the money I received?

A: Click here to register and complete the reporting [Home \(hrsa.gov\)](#)

Example:

Practice received \$5,000 in June 2020 (Q2), \$20,000 in September 2020 (Q3), and \$50,000 in January 2021(Q1).

Practice collections in Q2 2020 were \$100,000 less than in Q2 2019

Period 1: 4/10/20 – 6/30/20 (\$5,000)

Amount received is under \$10,000, no reporting requirement

Period 2: 7/1/20 – 12/31/20 (\$20,000)

Reporting must be completed between 1/1/22 and 3/31/22

\$100,000 of lost revenue reported, \$80,000 excess carried forward to next reporting period

Period 3: 1/1/21 – 6/30/21 (\$50,000)

Reporting must be completed between 7/1/22 and 9/30/22

\$80,000 excess lost revenue from prior period used towards \$50,000 PRF (HHS) money received.

\$30,000 excess lost revenue carried forward to Phase 4, if applicable

**If there is not sufficient lost revenue equal to the amount of HHS money received, expenses will need to be reported to avoid repayment

Q: Will a practice need to return these funds?

A: Practices will not need to return the funds, **IF** they are used for eligible uses not reimbursed from other sources and/or cover lost patient revenue.

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