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The mission of ADEA is to lead institutions and individuals in the dental education community to address contemporary issues influencing education, research and the delivery of oral health care for the overall health and safety of the public.

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August 11, 2020

The Honorable Alex Azar
Office of the Secretary
Department of Health and Human Services
200 Independence Avenue, SE
Washington, DC 20201

Dear Mr. Secretary,

The nation, and my colleagues in dental education, are grateful to you and the entire team at the Department of Health and Human Services (HHS) for the tireless work that everyone has been doing the last several months. Your team's dedication and professionalism demonstrate the best of public health.

The 68 dental schools and more than 300 dental hygiene programs that are members of the American Dental Education Association (ADEA) have a problem.

The Provider Relief Fund (PRF) was enacted in the CARES Act. (P.L. 116-136) in part to reimburse health care practitioners for lost revenue brought on by the closure of some dental and medical patient care operations resulting from the novel coronavirus (COVID-19) pandemic.

Each of these dental schools and dental hygiene programs have patient care clinics that provide vital dental care in their communities and assist in educating and training dental professionals. When the COVID-19 crisis erupted, and college campuses closed, the dental school clinics (which function as dental hospitals within the dental school building) remained open to handle emergency cases, with faculty and residents providing the care. But while this care remained available to the majority of patients, many of them Medicaid or CHIP beneficiaries, many patients were not able to receive care and the clinics lost substantial amounts of revenue (see our letter to you dated April 18, which detailed this predicament).

The PRF was intended to assist such providers in recouping these lost revenues. However, in the case of dental school clinics, this has not been the case. Since ADEA first raised this matter, we have heard from several institutions that they have been declared ineligible to receive assistance because they received a de minimis payment in the initial Medicare allocation from the PRF. The problem appears to lie in the fact that, where they exist at the same institution, the academic medical center (which would likely have received an allocation in the initial tranche of payments) and the dental school share a tax identification number. For academic dental and medical facilities this administratively makes sense, creates efficiency and reduces the possibility of duplication. However, it also likely ensures that a dental school clinic would be ineligible under the current payment clerical rules.

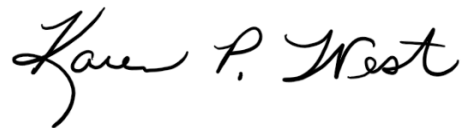
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ADEA understands that Medicaid payments are made directly to dental hygiene programs and therefore should be eligible to receive payments, but we are not aware that any have successfully applied yet.

We request a call or virtual meeting with the appropriate persons on your staff to discuss and resolve this issue with our experts so the PRF can fulfill its legislative and public health purpose. The Department has extended until Aug. 28 the period during which Medicaid providers may submit requests for assistance, so time is of the essence.

Thank you for your prompt attention to this request. If you have any questions, would like more information or to schedule a meeting, please do not hesitate to contact me or Tim Leeth, ADEA Chief Advocacy Officer, at leeth@adea.org or 202-236-5354.

Sincerely,

A handwritten signature in black ink that reads "Karen P. West". The signature is written in a cursive style with a large, looping initial 'K'.

Karen P. West, D.M.D., M.P.H.
President and CEO