



Department of Health & Human Services Provider Relief Fund

Overview: Congress appropriated¹ \$178 billion to reimburse eligible health care providers for health care related expenses or lost patient care revenue attributable to coronavirus. These funds are being distributed by the Health Resources & Services Administration (HRSA) of the Department of Health & Human Services (HHS) through the Provider Relief Fund (PRF) program.

PRF payments to providers have been made using “[general distributions](#)” intended to provide financial relief during the COVID-19 public health emergency to all eligible providers. Additionally, specific [targeted distributions](#) were made to address COVID-19 challenges certain providers faced, such as treating high volumes of COVID-19 patients, serving vulnerable populations in rural areas, or serving as a safety net institution.

Terms and Conditions: Recipients of these funds agreed to [Terms and Conditions](#), which require compliance with reporting requirements as specified by the HHS Secretary in program instructions. These reports will demonstrate compliance with the Terms & Conditions.

Mandatory Reporting: Recipients of PRFs over \$10,000 in aggregated PRF payments received during a single “payment received period” (see table below) must report their use of payments by submitting the following information related to health care expenses and lost patient care revenue attributable to COVID-19:

- *Health Care Expenses:* These expenses are limited to costs incurred to prevent, prepare for, and/or respond to coronavirus that another source² has not reimbursed and is not obligated to reimburse. Reporting entities that received \$500,000 or more in PRF payments are required to report their health care expenses attributable to coronavirus in granular detail.
- *Lost Patient Care Revenue:* PRF payment amounts not fully expended on coronavirus-related health care expenses may be applied to lost patient care revenue attributable to coronavirus. This may be calculated by comparing the difference between prior period and actual patient care revenue, budgeted and actual patient care revenue, or any reasonable method of estimating patient care revenue³.

¹ The Coronavirus Aid, Relief, and Economic Security (CARES) Act, the Paycheck Protection Program (PPP) and Health Care Enhancement Act, and the Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act

² Examples of other sources include payments from health insurance, other funds received from the Federal Emergency Management Agency, the Provider Relief Fund COVID-19 Claims Reimbursement to Health Care Providers and Facilities for Testing, Treatment, and Vaccine Administration for the Uninsured, and the Small Business Administration (SBA) and Department of Treasury’s Paycheck Protection Program (PPP).

³ Recipients using an alternate methodology face an increased likelihood of an audit by HRSA.

In addition to [reporting requirements](#), HHS provides guidance to PRF recipients on determining health care expenses and lost patient care revenue related to coronavirus through [extensive FAQs](#). As shown in the table below, PRF recipients have at least 12 months from the date they receive a payment to expend the funds.

Period	Payment Received Period	Deadline to Use Funds	Reporting Time Period
Period 1	April 10, 2020 to June 30, 2020	June 30, 2021	July 1, 2021 to September 30, 2021
Period 2	July 1, 2020 to December 31, 2020	December 31, 2021	January 1, 2022 to March 31, 2022
Period 3	January 1, 2021 to June 30, 2021	June 30, 2022	July 1, 2022 to September 30, 2022
Period 4	July 1, 2021 to December 31, 2021	December 31, 2022	January 1, 2023 to March 31, 2023

Audit and Recoupment: HHS is authorized to audit PRF recipients to ensure that program requirements are met. PRF payments that were made in error, exceed lost revenue or expenses due to COVID-19, or do not otherwise meet applicable legal and program requirements must be returned to HHS. HHS is authorized to recoup these funds.

For more information, contact:

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