

HHS Provider Relief Fund (PPP)

January 2021

Overview

The Coronavirus Aid, Relief and Economic Security (CARES) Act, the Paycheck Protection Program (PPP) and Health Care Enhancement Act appropriated funds to reimburse eligible healthcare providers for healthcare related expenses or lost revenues attributable to the coronavirus. These funds were distributed by the Health Resources and Services Administration (HRSA) through the CARES Act Provider Relief Fund (PRF) program. Recipients of the PRF agreed to Terms and Conditions, which require compliance with reporting requirements as specified by the Secretary of Health and Human Services in program instructions.

Key Dates

- January 15, 2021- Reporting system opens for recipients who received funds in excess of \$10,000.
- February 15, 2021- First reporting deadline for all providers on use of funds.
- July 31, 2021- Final reporting deadline for providers who did not fully spend PRF funds prior to December 31, 2021.

Required Reporting Elements

1. Basic Organization Information

- a. Tax Identification Number (TIN)
- b. Fiscal Year-End Date
- c. Federal Tax Classification

2. Expenses Attributable to Coronavirus

Reporting Entities that received over \$10,000 in aggregated PRF payments are required to report healthcare related expenses attributable to coronavirus, net of other reimbursed sources (e.g., payments received from insurance and/or patients, and amounts received from federal, state or local governments, etc.) in two aggregated categories: **(1)** G&A expenses and **(2)** other healthcare related expenses. These are the actual expenses incurred over and above what have been reimbursed by other sources.

G&A expense examples:

- **Mortgage/rent:** rent for a clinical setting, medical office building, etc.
- **Insurance:** property, malpractice or other business insurance
- **Personnel:** direct employee expenses for staff such as nurses, administrators or support personnel
- **Fringe Benefits:** health insurance, childcare assistance, overtime pay, hiring bonuses, or retention payments to expand or maintain patient care capacity
- **Lease payments:** diagnostic equipment leases or clinical care software leases
- **Utilities/operations:** HVAC services, environmental services for cleaning, or food and nutrition services

Health care-related expense examples:

- **Supplies:** N95 of surgical masks, gowns, temperature monitoring devices, or cleaning agents
- **Equipment:** ventilators, HVAC systems or improved filtration for infection control, or lab and radiology diagnostic equipment
- **Information technology:** telehealth software and hardware, improved internet services to support increased telehealth or remote working, or new Electronic Medical Record modules to support patient care
- **Facilities:** temporary Emergency Department expansions for patient volume increases, inpatient unit retrofits to accommodate COVID-19 or other patients, or outpatient clinic enhancements for improved infection control.

3. Lost Revenues Attribution to Coronavirus

- Total Revenue/Net Charges from Patient Care Related Sources (2019/2020)
- Revenue by Patient Care Payor Mix

4. Other Assistance Received in 2020

- Treasury, Small Business Administration (SBA) and the CARES Act/Paycheck Protection Program (PPP)
- FEMA CARES Act
- CARES Act Testing
- Local, State and Tribal Government Assistance
- Business Insurance
- Other Assistance

5. Non-Financial Information

- **Personnel Metrics:** Total personnel by labor category (full-time, part-time, contract, other: recipient must define), total re-hires, total new hires, and total personnel separations by labor category.
- **Patient Metrics:** Total number of patient visits (in-person or telehealth), total number of patients admitted, and total number of resident patients.
- **Facility Metrics:** Total available staffed beds for medical/surgical, critical care, and other beds.