COSMOS
Navigate the Compliance Universe

Report on Medicare Compliance Volume 29, Number 36. October 12, 2020
HRSA Plans Several Audits of Provider Relief Fund; Reporting Requirements Raise Alarm

By Nina Youngstrom

Providers should brace themselves for several different types of audits by the HHS Health Resources and Services Administration (HRSA), which administers the COVID-19 Provider Relief Fund. It has a "strong and robust program integrity component," according to Joe Roach, the leader of the Program Integrity Team in the Office of Provider Relief at HRSA.

HRSA's program integrity strategy has four prongs.[1] "They're our way of establishing clear strategies used to monitor mission results" and address potential problems, Roach said Oct. 1 at the Fraud and Compliance Forum sponsored by the American Health Law Association (AHLA). His team is using automation and data analytics to "eliminate manual, repetitive tasks in the program integrity area."

The Provider Relief Fund, which was created by the Coronavirus Aid, Relief, and Economic Security Act, made $175 billion available to hospitals and other providers for diagnosing and treating patients and replacing revenue lost because of the pandemic.[2] Providers must submit an attestation that they will comply with the terms and conditions attached to the money, and in the latest development, HHS on Sept. 19 posted a post-payment notice of reporting requirements.[3] They apply to providers that received $10,000 or more in aggregate Provider Relief Fund dollars.

The Provider Relief Fund's program integrity team is responsible for ensuring the accuracy of provider payments and that they are given to eligible recipients, "not duplicative and free of waste and abuse," Roach said. HRSA will pull data that comes in through the new reporting requirements and blend them with information HRSA receives from attestations and financial information. "It gives us broader information about how providers are using the funds, which will drive audit selection," he explained.