

June 3, 2022

The Honorable Xavier Becerra  
Secretary  
U.S. Department of Health & Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Secretary Becerra:

On behalf of our physician and medical student members, the American Medical Association (AMA) implores your attention and action on critical issues related to the Provider Relief Fund (PRF) late reporting process. The AMA is concerned that the Health Resources and Services Administration's (HRSA) approach to the late reporting process will affect small and rural providers the most. As you know, qualified providers received PRF payments in several tranches to support their health care operations, expenses, and lost revenues due to COVID-19. Our physician members continue to thank the Administration and Congress for working together to provide this much needed support. Our physicians put the funds to appropriate use to keep their practices afloat, which ultimately allowed patients continued access to vital health care services.

The AMA met with the Health Resources and Services Administration (HRSA) on April 14, sent HRSA two letters (March 31 and April 22), and communicated early via email to raise significant concerns we gathered from our members on HRSA's process. The AMA urged HRSA to allow more time for late reporting of Period 1 Provider Relief Funds because we knew that the reporting requirement and deadline would come as a surprise to many physicians, especially those who received funds in Period 1, where no application for PRF was required. During our meeting, we learned from HRSA that our initial estimate of 10,000 providers who had not completed the Period 1 reporting was closer to 16,000—a 60 percent increase. The larger number of providers who needed to report was staggering. While we offered ways for the AMA to support HRSA's outreach, asked for feedback on the number of compliant providers for Period 1 reporting, and offered alternative ways to reach more providers, we never received data on the success of Period 1 reporting, our suggestions were not incorporated, and, in fact, the communication with HRSA on this issue has fallen silent.

To restate our concerns, the AMA has expressed that just two weeks for providers to complete the Request to Report Late form was insufficient to reach the physicians who missed the initial deadline. The AMA informed HRSA that practices reported they were unaware of the requirement to report due to COVID-19, staffing challenges, and turnover. We strongly refuted the statement we heard in our meeting with HRSA that some non-reporters were not in need of the money and purposely refused to complete the PRF report so their funds could be recouped. Based on the dire financial situation that physician practices faced in spring 2020 when the Centers for Medicare & Medicaid Services (CMS) recommended postponing non-essential procedures and many patients cancelled appointments to stop the spread of

COVID-19, the PRF dollars were essential to continue providing care to patients throughout America.<sup>1</sup> Instead, non-reporters were primarily small and rural providers who were overwhelmed and did not receive sufficient communications about the reporting requirements. Our members have noted the reporting process is cumbersome and serves as a deterrent to retaining the funding.

Since we communicated with HRSA, we have continued to hear from small practices or solo practitioners who received Provider Relief Funding during Period 1, and due to extenuating circumstances, including lack of awareness, staffing shortages, and COVID-19, did not report by the original deadline. HRSA sent these physicians letters notifying them that the funds would have to be repaid. Several physicians in receipt of the letter repaid the money, only to learn afterwards of the late reporting period option. These physicians completed the late reporting form and were approved to submit; however, they encountered two obstacles—first, since the funds were returned, the reporting system technology showed the physicians as now being “compliant,” and second, the physicians were told that HRSA will not consider their situation, will not allow them to appeal their specific situation, and that HRSA does not plan on returning the funds remitted before there was a late reporting option. **We urgently ask for the development of an appeals process to allow these physicians to have their cases reviewed and, in some instances, to have the funds they remitted returned to them.**

As many physicians battle with increasing numbers of COVID-19 cases, and we continue to prepare for a possible surge in new cases, we cannot afford to turn our backs on America’s physicians. This is particularly important to small and rural providers. It is sobering to consider that at least 16,000 providers who have received a minimum of \$10,000 in PRF received during Period 1 would have that money clawed back by the government. That translates to a minimum of \$160 million recovered from physicians serving their communities across the country. Without working with HRSA to quantify this problem, we can only imagine how significant it is for Period 1 and Period 2, and what it will be for Period 3 and Period 4.

The AMA has implored HRSA to work with us—to provide us insight and data points on the physicians who did not report in Period 1 and Period 2, and the number who filed for an extenuating circumstance. The AMA has also asked for the names of those physicians who have outstanding reports so that we can assist in outreach to them. There is precedent for releasing this information about physicians, as CMS [did](#) after several unsuccessful attempts to contact Qualifying Alternative Payment Model Participants (QPs) to reimburse them for their incentive payments. CMS continues to [release](#) the names and National Provider Identifiers (NPIs) of QPs. We also seek data on the number of providers who were approved for late reporting and how many did not upload the information. Additionally, we are very interested in the number of physicians who have returned PRF monies before the late reporting period was available. **We now ask you to help us to reset the communication with HRSA and other responsible agencies within the Department so that we can provide answers to our physicians about navigating the PRF late reporting process.**

We appreciate the work of you and your colleagues to establish PRF late reporting. We reiterate our interest in open communication with HRSA and the Department to get as many physicians as possible to report on their use of Provider Relief Funds. We continue to believe that more can be done when we work collaboratively to respond to the needs of our physicians. Please contact Margaret Garikes, Vice President of Federal Affairs, at 202-789-7409 or [margaret.garikes@ama-assn.org](mailto:margaret.garikes@ama-assn.org) so we can move forward on this important and timely issue.

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<sup>1</sup> See AMA Policy Research Perspectives: Impacts of the COVID-19 Pandemic on 2020 Medicare Physician Spending at <https://www.ama-assn.org/system/files/2020-prp-covid-impact-medicare-physician-spending.pdf>.

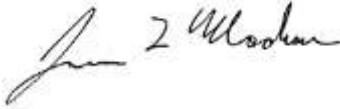
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As always, we thank you for your attention to this important matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim L. Madara". The signature is fluid and cursive, with the first name "Jim" being particularly prominent.

James L. Madara, MD

cc: Carole Johnson, Administrator, HRSA  
Diana Espinosa, Deputy Administrator, HRSA