

Health Resources and Service Administration  
Processed by UnitedHealth Group  
PO Box 31376 Salt Lake City UT 84131-0376  
HCH-LTR



March 10, 2022

**Subject: Provider Relief Fund: Out of Compliance with Reporting Period 1 - TIN (last 3 digits):** 

Dear Valued Provider:

On behalf of the U.S. Department of Health and Human Services (HHS) Provider Relief Fund (PRF), this message is a notification that your organization was identified as a recipient of PRF payments exceeding \$10,000, in the aggregate, between April 10, 2020 and June 30, 2020, and was required to report in Reporting Period 1 (RP1). **Your organization failed to meet the reporting deadline for RP1 and is out of compliance with the Terms and Conditions for receipt of payment. Your organization must return all funds associated with RP1 within 30 days from the date of this notice.**

By keeping your PRF payment(s), you attested to [Terms and Conditions](https://www.hrsa.gov/provider-relief/past-payments/terms-conditions) located at <https://www.hrsa.gov/provider-relief/past-payments/terms-conditions> which includes a requirement to report on the use of the payment(s) in order to comply with the legal requirements of the CARES Act, which establishes that recipients of PRF payment must submit reports and maintain relevant documentation.<sup>1</sup>

For more details, review the [Reporting Non-Compliance Fact Sheet](https://www.hrsa.gov/sites/default/files/hrsa/provider-relief/reporting-non-compliance-fact-sheet.pdf) located at <https://www.hrsa.gov/sites/default/files/hrsa/provider-relief/reporting-non-compliance-fact-sheet.pdf>.

**By failing to submit a report in RP1, your organization must return all funds to HRSA that were received in Payment Received Period 1.** If you do not return the funds, HRSA will initiate the recovery of all funds not reported on during **RP1**. Please note that this communication is not a formal demand letter.

*If you have completed the return of funds associated with Reporting Period 1, you may disregard this Notice. If you are in the process of returning funds or have not taken this action, you must do so within 30 days from the date of this Notice or the enforcement actions outlined below will be initiated.*

#### **Next Steps**

**You have 30 days from the date of this Notice to return your PRF payments to HRSA before enforcement actions are initiated** (see below). There is a two-part process to return funds; both parts must be completed prior to this date.

<sup>1</sup> See Coronavirus Aid, Relief, and Economic Security Act ("CARES Act"), Pub. L. 116-136.

- Part 1: Complete an online form via the [Return Unused PRF Funds Portal](https://powerforms.docusign.net/69f95520-438e-48be-878e-09c9be4aa6b9?env=na3&acct=dd54316c-1c18-48c9-8864-0c38b91a6291&accountId=dd54316c-1c18-48c9-8864-0c38b91a6291) located at <https://powerforms.docusign.net/69f95520-438e-48be-878e-09c9be4aa6b9?env=na3&acct=dd54316c-1c18-48c9-8864-0c38b91a6291&accountId=dd54316c-1c18-48c9-8864-0c38b91a6291>
- Part 2: Transfer the unused funds via Pay.gov

For more information, refer to the [instructions for returning funds](https://na3.docusign.net/Signing/?inSession=1&tl=e5cad35b61624b3689904ba341b856e1) located at <https://na3.docusign.net/Signing/?inSession=1&tl=e5cad35b61624b3689904ba341b856e1> and [returning funds fact sheet](https://www.hrsa.gov/sites/default/files/hrsa/provider-relief/returning-funds-fact-sheet.pdf) located at <https://www.hrsa.gov/sites/default/files/hrsa/provider-relief/returning-funds-fact-sheet.pdf>.

#### **What are the consequences for failure to return funds?**

Providers who fail to return unused funds to HRSA will be subject to some or all of the following enforcement actions:

- Ineligibility for future PRF payments
- Initiation of debt collection and recovery

#### **If You Have Filed a Bankruptcy Petition:**

If you have filed a bankruptcy petition or are involved in a bankruptcy proceeding, federal financial obligations will be resolved in accordance with the applicable bankruptcy process, the Bankruptcy Code, and applicable non-bankruptcy federal law. Accordingly, we request that you immediately notify HRSA about your bankruptcy petition or involvement in a bankruptcy proceeding so that we may take the appropriate steps. When notifying HRSA about a bankruptcy, please include the name that the bankruptcy is filed under, the docket number, and the district where the bankruptcy is filed. You may submit this information to [PRFbankruptcy@hrsa.gov](mailto:PRFbankruptcy@hrsa.gov).

#### **Where can I find more information?**

Please visit <https://hrsa.gov/provider-relief> for the PRF Terms and Conditions and Frequently Asked Questions (FAQs). For additional information, please call the provider support line at (866) 569-3522; for TTY dial 711. Hours of operation are 8 a.m. to 10 p.m. Central Time, Monday through Friday.

Thank you for your cooperation in this matter.

Provider Relief Bureau  
Health Resources and Services Administration  
United States Department of Health and Human Services

Program eligibility and allocation of funds is determined by HHS/HRSA, subject to adjustment (as may be necessary) and available funding; see details at <https://www.hrsa.gov/provider-relief>. Terms and conditions will apply.

This communication was sent by United HealthCare Services, 9700 Health Care Lane, Minnetonka, MN 55343 USA on behalf of the U.S. Department of Health & Human Services, Health Resources and Services Administration, 5600 Fishers Lane Rockville MD 20857.