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# United States Senate

COMMITTEE ON FINANCE

WASHINGTON, DC 20510-6200

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June 11, 2020

The Honorable Alex Azar  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue S.W.  
Washington DC, 20201

Dear Secretary Azar:

We write to you today regarding the need for increased transparency of funds distributed to health care providers during the COVID-19 emergency. Congress has dedicated significant resources needed to help providers deal with the dire consequences of this unprecedented situation. Specific provider support programs administered by the Department of Health and Human Services (HHS) include a \$175 billion fund from which to provide grants and the opportunity to receive an advance on future Medicare payments. These two programs, discussed in detail below, have allocated almost \$210 billion to providers to date, with forthcoming distributions bringing the total to at least \$275 billion. The magnitude of these distributions alone—in the form of grants and advance payment loans—necessitates the utmost transparency to inform providers, the public, and Congress. Accordingly, we urge you to expeditiously establish a single, comprehensive and publicly available data source that easily shows the amount of funding received by each provider.

Congress provided \$100 billion for grants to health care providers in the Public Health and Social Services Emergency Fund (PHSSEF) as part of the Coronavirus Aid, Relief, and Economic Security Act, or CARES Act (P.L. 116-136), and subsequently added \$75 billion for this purpose in the Paycheck Protection Program Health Care Enhancement Act (P.L. 116-139). We appreciate your efforts to release information on a significant portion of the funds distributed to date from the PHSSEF, known as the Provider Relief Fund, by making public a list of providers who have attested to receiving these funds. However, the data have significant limitations, including the lack of unique provider identifiers, such as the National Provider Identifier (NPI) or the Centers for Medicare & Medicaid Services (CMS) Certification Number (CCN). This significantly limits meaningful analysis of this information. There is also no dataset that provides a breakdown of how much each provider has received from each distribution.

As part of the CARES Act, Congress also expanded the Medicare accelerated payment program, allowing more hospitals to receive Medicare Part A payments ahead of time and in larger amounts with relaxed repayment parameters. CMS subsequently expanded this program and the advance payment program under Medicare Part B, allowing all providers to access these payments. We

appreciate that data at the state, provider type, and provider levels has been made public for the more than \$100 billion lent out to providers under these programs within one month of the CARES Act being signed into law. However, the data does not distinguish between payments received under Part A and Part B, and the use of the Provider Transaction Access Number rather than a more commonly used unique identifier like the NPI or CCN limits the analysis of this information.

The inadequacy of incomplete and siloed public data is highlighted by the CMS statement that the agency is considering these funding streams together when making program decisions. In the press release announcing that it is reevaluating accelerated and pausing advance payments, CMS indicated it was doing so “in light of the \$175 billion recently appropriated for healthcare provider relief payments.”<sup>1</sup> On May 21, a dataset including the funding providers have received from the Provider Relief Fund and the Medicare accelerated and advance payment programs was posted to the Centers for Disease Control and Prevention (CDC) website.<sup>2</sup> Yet, neither CMS nor HHS has publicized this information, and the combined data has the same limitations as the separate datasets enumerated above.

While we are encouraged by a CMS and HHS effort to assess programs holistically to inform decision-making, Congress and the public also need this information in a usable format. We again call on you to prioritize transparency of all funds providers receive through these programs under the HHS purview. A single, comprehensive public source that includes meaningful data is urgently needed to: assess the provision of funds to date; understand the extent that constituent providers received funds; inform appropriate distribution of the remaining roughly \$65 billion in the Provider Relief Fund; evaluate the CMS pause in the accelerated and advance payment programs; and assess future provider needs.

In addition, we urge you to release additional details on the Provider Relief Fund general distribution Terms and Conditions requirement that providers receiving more than \$150,000 from HHS-administered COVID-19 funding sources must submit reports on the receipt and use of these funds. The scope, timing, and availability of this information is key to an even broader understanding of the effect of Congress’ response.

Thank you for your efforts and your attention to the important matter of transparency. If you have questions regarding this request, please contact Brett Baker, with Chairman Grassley at [Brett\\_Baker@finance.senate.gov](mailto:Brett_Baker@finance.senate.gov), or Elizabeth Jurinka, with Ranking Member Wyden at [Elizabeth\\_Jurinka@finance.senate.gov](mailto:Elizabeth_Jurinka@finance.senate.gov).

Sincerely,



Charles E. Grassley  
Chairman  
Senate Committee on Finance



Ron Wyden  
Ranking Member  
Senate Committee on Finance

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<sup>1</sup> <https://www.cms.gov/newsroom/press-releases/cms-reevaluates-accelerated-payment-program-and-suspends-advance-payment-program>

<sup>2</sup> <https://data.cdc.gov/Administrative/Provider-Relief-Fund-Accelerated-and-Advance-Payme/v2pi-w3up>