

Department of Health and Human Services  
**Office of Inspector General**



Office of Audit Services

December 2025 | A-02-23-02009

# **Some Selected Health Centers Received Duplicate Reimbursement From HRSA for COVID-19 Testing Services**

# REPORT HIGHLIGHTS



December 2025 | A-02-23-02009

## Some Selected Health Centers Received Duplicate Reimbursement From HRSA for COVID-19 Testing Services

### Why OIG Did This Audit

- Congress appropriated \$8.2 billion for COVID-19 supplemental grant funding for the Health Resources and Services Administration (HRSA) Health Center Program from 2020 through 2022.
- Separately, during the same period, HRSA reimbursed providers more than \$24.5 billion in COVID-19 Uninsured Program (UIP) funds for providing COVID-19 testing and treatment services to uninsured individuals.
- Prior OIG audit work identified that some health centers charged costs for processing COVID-19 tests to their COVID-19 supplemental grant funding and also submitted claims and received reimbursement for the same services from the UIP.

### What OIG Found

- Twelve of 106 sampled health centers charged \$313,270 in laboratory costs for processing COVID-19 tests to their COVID-19 supplemental grants, submitted claims for the same services to the UIP, and received reimbursements from the UIP for these services.
- On the basis of our sample results, we estimated that health centers in our sample frame claimed \$673,962 in COVID-19 supplemental grant funds that were also reimbursed by the UIP for the same services.

### What OIG Recommends

We made two recommendations to HRSA, including that it require the 12 health centers to refund \$313,270 to the Federal Government. The full recommendations are in the report. HRSA concurred with both recommendations.

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## INTRODUCTION

### WHY WE DID THIS AUDIT

In response to the COVID-19 public health emergency (PHE), Congress appropriated approximately \$8.2 billion for supplemental grant funding for the Health Resources and Services Administration (HRSA) Health Center Program from 2020 through 2022. HRSA awarded this funding to health centers and made the funds immediately available to help detect, prevent, diagnose, and treat COVID-19.

Separately, during the same period, HRSA reimbursed providers more than \$24.5 billion in COVID-19 Uninsured Program (UIP) funds for providing COVID-19 testing and treatment services, to uninsured individuals. The UIP terms and conditions stated that recipients should consider payments from the UIP to be payment in full for COVID-19 testing and testing-related items and services, care or treatment, or administration of COVID-19 vaccinations. According to HRSA, health centers should not have charged any costs reimbursed through the UIP to their COVID-19 supplemental grant funding, including any difference between amounts claimed to the UIP and what the UIP reimbursed.

A prior Office of Inspector General (OIG) audit report identified that some health centers charged costs for processing COVID-19 tests to their COVID-19 supplemental grant funding and also submitted claims and received reimbursement for these same services from the UIP.<sup>1</sup> This audit focused on health centers that submitted claims for COVID-19 testing and received reimbursement from the UIP.

### OBJECTIVE

Our objective was to determine whether health centers that submitted claims for COVID-19 testing and received reimbursement from the UIP also received reimbursement from other COVID-19 supplemental grant funding for the same services.

### BACKGROUND

#### The Health Center Program

The Health Center Program, authorized under section 330 of the Public Health Service Act (42 U.S.C. § 254b), awards grants to health centers to provide primary health care services to populations with limited access to health care. Health centers focus on integrating care for their patients across a full range of statutorily required and additional services, including medical, dental, mental health, substance use disorder, and vision services. Within HHS, HRSA administers the Health Center Program.

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<sup>1</sup> OIG, [\*Seventeen of Thirty Selected Health Centers Did Not Use or May Not Have Used Their HRSA COVID-19 Supplemental Grant Funding in Accordance With Federal Requirements \(A-02-21-02005\)\*](#), issued May 18, 2023.

## **COVID-19 Supplemental Grant Funding**

From fiscal years 2020 through 2022, HRSA awarded approximately \$8.2 billion in supplemental grant funding to 1,387 health centers nationwide to respond to the COVID-19 PHE.<sup>2, 3</sup> The funding was intended to support health centers' activities related to the detection, prevention, diagnosis, and treatment of COVID-19, including expanding COVID-19 testing and administering COVID-19 vaccines.<sup>4</sup> HRSA separately awarded grants under each of the COVID-19 supplemental grant funding appropriations with different activity codes to support its tracking of COVID-19-related spending.

To expedite the distribution of the COVID-19 supplemental grant funding, HRSA did not require health centers to apply for these funds. Instead, HRSA made the funds immediately available to health centers and generally required them to submit activity overviews and budget information within 30 days of the award release date.<sup>5</sup> Health centers were also required to submit quarterly progress reports to HRSA on the status of activities supported with each supplemental grant funding appropriation.<sup>6</sup> HRSA provided guidance to the health centers on allowable uses of the supplemental funds, including terms and conditions in its grant award notices. The grant terms stated that health centers were not to use their COVID-19 supplemental grant funding to support costs reimbursed or compensated by other Federal or State programs that provide for such benefits, including the UIP.<sup>7</sup>

### **HRSA COVID-19 Uninsured Program**

HRSA also administered the UIP, a Federal program established to address the COVID-19 PHE. The UIP allowed health care providers, including health centers, to enroll and submit claims for reimbursement of COVID-19 testing and treatment services, and vaccine administration

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<sup>2</sup> This included funding from four COVID-19 appropriation bills: (1) the Coronavirus Aid, Relief and Economic Security (CARES) Act (\$1.32 billion), (2) the Paycheck Protection Program and Health Care Enhancement Act (\$583 million), and (3) the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (\$100 million), and (4) the American Rescue Plan (ARP) Act (\$6.2 billion). We refer to the amount appropriated through these laws as COVID-19 supplemental grant funding.

<sup>3</sup> This audit did not include health center look-alikes, which meet all health center program requirements but do not receive health center program funding through the Public Health Service Act.

<sup>4</sup> All COVID-19 supplemental grant funding appropriations could be used to support COVID-19 testing and laboratory costs.

<sup>5</sup> During a normal grant application process, this information is usually submitted to, reviewed, and approved by HRSA before funds are awarded to a grant recipient.

<sup>6</sup> HRSA reviewed quarterly progress reports submitted by health centers for each award and monitored health centers' drawdown activities.

<sup>7</sup> Program Specific Terms in Notice of Grant Award.

provided to uninsured individuals.<sup>8</sup> HRSA reimbursed providers more than \$24.5 billion in UIP funds for providing COVID-19 testing and treatment services, and vaccine administration to uninsured individuals.

To process UIP claims, HRSA launched an online UIP portal. Providers submitted claims using patient information and the providers' associated taxpayer identification number (TIN).<sup>9</sup> Prior to submitting claims, providers were required to attest to UIP terms and conditions related to testing and treatment. Specifically, providers were required to accept reimbursement from the UIP for services provided as payment in full and not to engage in balance billing or charge patients any type of cost-sharing.

## **HOW WE CONDUCTED THIS AUDIT**

Our audit included health centers that (1) were awarded COVID-19 supplemental grant funding during fiscal years 2020 through 2022, (2) received \$5,000 or more in reimbursement from the UIP for COVID-19 testing claims based on the associated TIN and (3) were not previously reviewed by OIG. We identified 315 health centers that met these conditions and selected for audit a stratified random sample of 106 health centers. We limited our review of grant funds claimed by the health centers to expenditures associated with COVID-19 testing services, which totaled \$3,467,792 for our sample.<sup>10</sup>

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix A contains the details of our audit scope and methodology, Appendix B contains our statistical sampling methodology, and Appendix C contains our sample results and estimates.

## **FINDING**

Twelve of the 106 sampled health centers charged \$313,270 in laboratory costs for processing COVID-19 tests to their COVID-19 supplemental grants and received reimbursements from the UIP for the same services. This occurred because although HRSA provided supplemental grant

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<sup>8</sup> Division A, Title V of the Families First Coronavirus Response Act defines an uninsured individual as someone who is not enrolled in: (1) a Federal health care program (e.g., Medicare or Medicaid), (2) an individual health insurance coverage or a group health plan, or (3) the Federal Employees Health Benefits Program.

<sup>9</sup> UIP payment data is based on the billing entity's TIN and may include claims submitted by other types of facilities such as hospitals that also bill under the same TIN as the health center. This audit only focused on claims submitted by health centers.

<sup>10</sup> Our audit did not cover services related to the treatment of COVID-19 or COVID-19 vaccine administration.

funding guidance, these health centers did not always follow the guidance. Also, the health centers did not always implement financial management systems and internal controls to ensure that only allowable and allocable costs were charged to their COVID-19 supplemental grant funding and the UIP.

On the basis of our sample results, we estimated that health centers in our sampling frame claimed \$673,962 in COVID-19 supplemental grant funds that were also reimbursed by the UIP for the same services.<sup>11</sup> These funds could have been used to provide essential testing services to monitor and suppress COVID-19.

### **HEALTH CENTERS USED COVID-19 SUPPLEMENTAL GRANT FUNDS FOR TESTING SERVICES ALSO PAID FOR BY HRSA'S COVID-19 UNINSURED PROGRAM**

Health centers were not to use their COVID-19 supplemental grant funding to support costs reimbursed or compensated by other Federal or State programs that provide for such benefits, including the UIP. Grant recipients were to consider payments from the UIP to be payment in full for COVID-19 testing and/or testing-related items and services, care or treatment, or administration of COVID-19 vaccinations.<sup>12</sup>

Twelve of the 106 sampled health centers charged laboratory costs for processing COVID-19 tests to their COVID-19 supplemental grants, submitted claims for the same services to the UIP, and received reimbursements from the UIP for these services. In total, the 12 health centers charged \$1,930,010 in laboratory costs related to COVID-19 testing to their COVID-19 supplemental grants. Of this amount, \$313,270 was associated with services for which the health centers also claimed and received UIP reimbursement.<sup>13</sup> According to HRSA, health centers should have accepted any payments from the UIP as payment in full and should not have charged the costs to their COVID-19 supplemental grant funding, including any difference between amounts claimed and subsequently reimbursed by the UIP.<sup>14</sup>

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<sup>11</sup> The 90-percent confidence interval for the grant funds that were also reimbursed by the UIP in the sampling frame was \$366,628 to \$981,296.

<sup>12</sup> HRSA, [\*Terms and Conditions for Participation in the HRSA COVID-19 Claims Reimbursement to Health Care Providers and Facilities for Testing, Treatment, and Vaccine Administration for the Uninsured Program\*](#).

<sup>13</sup> Our analysis of UIP COVID-19 testing claims was limited to claims that included procedure codes which we identified as relating to COVID-19 testing services. Reimbursement for these procedure codes varied and often exceeded the cost of the laboratory test. This resulted in a difference between the total laboratory costs reimbursed under the COVID-19 Supplemental grant funding and the payment amount of the matching UIP claim. UIP reimbursements, associated with the laboratory services that the 12 health centers charged to their COVID-19 supplemental grants, totaled \$557,462.

<sup>14</sup> For example, if a health center submitted a UIP claim for \$100 and received reimbursement for \$75, the balance of \$25 should not have been charged to their COVID-19 supplemental grant funding.

On the basis of our sample results, we estimated that health centers in our sampling frame claimed \$673,962 in COVID-19 supplemental grant funds that were also reimbursed by the UIP for the same services. These funds could have been used to provide more services related to the detection, prevention, diagnosis, and treatment of COVID-19.

Although HRSA provided supplemental grant funding guidance, including guidance on allowable uses of these funds, these health centers did not always follow HRSA's guidance. Also, the health centers did not always implement financial management systems and internal controls to ensure that only allowable and allocable costs were charged to their COVID-19 supplemental grants and the UIP. Specifically, officials at the 12 health centers that claimed duplicate reimbursements identified several challenges faced during the COVID-19 pandemic that may have contributed to the errors. For example, three health centers noted that a lack of communication between their billing and accounting departments led to certain testing services being charged to both the COVID-19 supplemental grants and the UIP. Six health centers explained that they were short staffed during the COVID-19 PHE or that the staff responsible for billing and management had been replaced, making it difficult to identify the root cause of the issue. Finally, eight of the health centers stated that HRSA provided limited guidance while funds were being rapidly distributed.<sup>15</sup>

## **RECOMMENDATIONS**

We recommend that the Health Resources and Services Administration:

- require the 12 health centers that charged unallowable COVID-19 supplemental grant costs to refund \$313,270 to the Federal Government and
- reiterate guidance to these 12 health centers for developing and maintaining financial management systems and internal controls that ensure that only allowable and allocable costs are charged to future HRSA programs similar in nature.

## **HEALTH RESOURCES AND SERVICES ADMINISTRATION COMMENTS**

In written comments on our draft report, HRSA concurred with our recommendations. Specifically, in response to our first recommendation, HRSA indicated that it will work with the 12 identified health centers to determine the amount of unallowable costs charged to their grants and require health centers to refund these amounts to the Federal Government. Regarding our second recommendation, HRSA indicated that it will provide education and technical assistance to the 12 health centers and conduct operational site visits at the health centers to review each health centers' financial management and accounting systems.

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<sup>15</sup> The total number of health centers referenced exceeds 12 because some health centers identified multiple causes for the duplicate reimbursements.



HRSA also provided technical comments, which we addressed as appropriate. HRSA's comments, excluding the technical comments, are included as Appendix D.

## APPENDIX A: AUDIT SCOPE AND METHODOLOGY

### SCOPE

We identified a sampling frame of 315 health centers that received \$2,293,199,746 in COVID-19 supplemental grant funding during the period from January 20, 2020, through March 31, 2023 (audit period)<sup>16</sup> and, based on the associated TIN, also received \$5,000 or more in reimbursement from the UIP for COVID-19 testing claims. We reviewed a stratified random sample of 106 health centers. We limited our review of COVID-19 supplemental grant funds claimed by the health centers to expenditures associated with COVID-19 testing services, which totaled \$3,467,792 for our sample.

We did not assess HRSA's or the health centers' overall internal control structure. Rather, we limited our review of HRSA's and the sampled health centers' internal controls to those applicable to our objective. This included reviewing policies and procedures related to COVID-19 supplemental grants and the UIP.

We conducted our audit work with HRSA and the health centers from November 2023 through June 2025.

### METHODOLOGY

To accomplish our objective, we:

- reviewed applicable Federal laws, regulations, and guidance;
- met with HRSA officials to gain an understanding of COVID-19 supplemental grant funding requirements and HRSA's oversight activities related to awarding, monitoring, and drawdown processes;
- obtained from the HRSA's grants database a list of the 1,387 health centers that received COVID-19 supplemental grant funding during the audit period, totaling \$8,193,955,317;
- obtained HRSA UIP data for health centers that received reimbursement from the UIP for COVID-19 testing services;<sup>17</sup>
- assessed the reliability of the HRSA data by (1) performing electronic testing for accuracy and completeness, (2) confirming the COVID-19 supplemental grant amounts

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<sup>16</sup> The HRSA UIP stopped accepting claims for testing services as of March 22, 2022; however, HRSA's contractor continued to adjudicate and pay claims that were submitted before the program submission deadline.

<sup>17</sup> Our analysis of UIP COVID-19 testing claims was limited to those claims which included procedures codes which we identified as related to COVID-19 testing services.

with each of the sampled health centers, and (3) confirming UIP reimbursements in instances for which we identified duplicate reimbursements, and determined that the data were sufficiently reliable for the purpose of accomplishing our objective;

- constructed a sampling frame of 315 health centers that received reimbursement from COVID-19 supplemental grant funding and, based on the associated TIN, also received \$5,000 or more in reimbursement from the UIP for COVID-19 testing claims, and selected a stratified random sample of 106 health centers;
- for each of the 106 sampled health centers, we requested and reviewed grant award notices, Federal Financial Reports, accounting records for all grant expenses, applicable laboratory records (e.g., invoices and patient data), and other records, to determine whether the health center:
  - submitted claims to the UIP for the same COVID-19 testing services by comparing the patient's name, date of birth and date of service on the UIP claims and in the laboratory records for testing costs charged to the grants and
  - complied with grant terms prohibiting the use of COVID-19 supplemental grant funding to support costs that were reimbursed or compensated by the UIP;
- met with the 12 health centers that claimed duplicate reimbursements to determine the cause of the duplicate reimbursements;
- used the results of the sample to estimate the amount that health centers in our sampling frame claimed in COVID-19 supplemental grant funds that were also reimbursed by the UIP for the same services (i.e., COVID-19 testing); and
- discussed the results of our audit with HRSA officials.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

## APPENDIX B: STATISTICAL SAMPLING METHODOLOGY

### SAMPLING FRAME

Our sampling frame contained 315 health centers that received COVID-19 supplemental grant funding totaling \$2,293,199,746 during the audit period and, based on the associated TIN, also received \$5,000 or more in reimbursement from the UIP for COVID-19 testing claims and were not previously reviewed by OIG.

### SAMPLE UNIT

The sample unit was a health center.

### SAMPLE DESIGN AND SAMPLE SIZE

We used a stratified random sample. We divided the sampling frame into three strata based on the total UIP payments received by health center TIN for COVID-19 testing claims:

Stratum	Range of Total UIP Payments by Heath Center TIN	Frame Count	Frame Dollar Value (COVID-19 supplemental grant funding)	Sample Size
1	> \$5,000 and ≤ \$98,343	225	\$1,396,004,402	50
2	> \$98,343 and ≤ \$1,559,188	84	\$830,226,076	50
3	> \$1,559,188	6	\$66,969,268	6
Totals		315	\$2,293,199,746	106

### SOURCE OF RANDOM NUMBERS

We generated the random numbers with the OIG, Office of Audit Services (OAS) statistical software.

### METHOD OF SELECTING SAMPLE UNITS

We sorted the items in strata 1 and 2 by health center TIN in ascending order and then consecutively numbered the items in each stratum in the sampling frame. We selected all six health center TINs in stratum 3 for review. After generating random numbers according to our sample design, we selected the corresponding frame items for review.

### ESTIMATION METHODOLOGY

We used the OIG, OAS statistical software to calculate the point estimate and 90-percent confidence interval for the total amount of COVID-19 supplemental grant funding claimed for costs reimbursed under the UIP in the sampling frame.

## APPENDIX C: SAMPLE RESULTS AND ESTIMATES

### Sample Details and Results

Stratum	Number of Health Centers in Frame	Frame Dollar Value	Sample Size	Sample Expenditures Associated with COVID-19 Testing Services	Health Centers with Duplicate Reimbursements	
					Total Number	Total Value
1	225	\$1,396,004,402	50	\$1,892,406	7	\$52,365
2	84	830,226,076	50	1,575,386	5	260,905
3	6	66,969,268	6	0	0	0
<b>Totals</b>	<b>315</b>	<b>\$2,293,199,746</b>	<b>106</b>	<b>\$3,467,792</b>	<b>12</b>	<b>\$313,270</b>

**Estimated Value of COVID-19 Supplemental Grant Funding Claimed for Costs Reimbursed Under the UIP in the Sampling Frame**  
*(Limits Calculated for a 90-Percent Confidence Interval)*

	Total Value of Health Center Duplicate Reimbursements
<b>Point Estimate</b>	\$673,962
<b>Lower Limit</b>	\$366,628
<b>Upper Limit</b>	\$981,296

## APPENDIX D: HEALTH RESOURCES AND SERVICES ADMINISTRATION COMMENTS



Health Resources & Services Administration

**Office of Federal Assistance and Acquisition Management**

5600 Fishers Lane  
Rockville, MD 20857



**DATE:** September 10, 2025

**TO:** Carla J. Lewis  
Acting Deputy Inspector General for Audit Services

**FROM:** Cynthia Baugh  
Associate Administrator

**SUBJECT:** OIG Draft Report: A-02-23-02009

Attached is the Health Resources and Services Administration's response to the above subject report. If you have any questions, please contact Sandy Seaton in the Health Resources and Services Administration's Office of Federal Assistance and Acquisition Management at (301) 443-2432.

Attachments

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Health Resources and Services Administration  
[www.hrsa.gov](http://www.hrsa.gov)

**Draft Report titled “Some Selected Health Centers Received Duplicate Reimbursement  
From HRSA for COVID-19 Testing Services, A-02-23-02009”**

**General Comments**

The Health Resources and Services Administration (HRSA) appreciates the opportunity to comment on the Office of Inspector General’s (OIG) draft audit report titled “*Some Selected Health Centers Received Duplicate Reimbursement From HRSA for COVID-19 Testing Services.*”

- \* During the Exit Conference with HRSA, OIG indicated that the Health Center Program was operating as it should, and the results of this audit are not significant and do not represent systematic issues with the operation of the program. HRSA recommends contextualizing this understanding of the results in the Final Report to provide clarification to external audiences.

HRSA’s responses to the OIG Draft Report recommendations are as follows:

**OIG Recommendation 1**

The OIG recommended that HRSA require the 12 health centers that charged unallowable COVID-19 supplemental grant costs to refund \$313,270 to the Federal Government.

**HRSA Response**

HRSA concurs with OIG’s recommendation. HRSA will work with the 12 health centers to determine the amount of unallowable costs charged to their grants and will require these amounts be refunded to the federal government, as appropriate.

**OIG Recommendation 2**

The OIG recommended that HRSA reiterate guidance to these 12 health centers for developing and maintaining financial management systems and internal controls that ensure that only allowable and allocable costs are charged to future HRSA programs similar in nature.

**HRSA Response**

HRSA concurs with OIG’s recommendation. HRSA is committed to ensuring that the 12 health centers identified in the audit report have the necessary guidance to assist them in developing and maintaining adequate financial management systems and internal controls. HRSA uses various methods and tools to ensure recipients understand the federal requirements for creating and using a system of internal controls to separately manage, track, and report on the federal funds they are awarded.

Following the resolution of Recommendation 1, HRSA will provide education and technical assistance to the 12 identified health centers, as needed. HRSA provides a wide range of technical assistance resources accessible to all HRSA award recipients, which can be shared with these 12 health centers. These resources focus on best practices for managing HRSA grant funds and preventing unallowable costs. For example, HRSA sponsors annual Healthy Grants Workshops, which include a number of sessions on financial management requirements and best practices. The sessions and other resource materials are available for download on HRSA’s

\* **OIG Note:** We limited our review of COVID-19 supplemental grant funds claimed by the health centers to expenditures associated with COVID-19 testing services and therefore did not assess the overall operations of the Health Center Program.

**Draft Report titled “Some Selected Health Centers Received Duplicate Reimbursement From HRSA for COVID-19 Testing Services, A-02-23-02009”**

**General Comments**

“Manage Your Grant” website at <https://www.hrsa.gov/grants/manage-your-grant>. Additionally, a page of the “Manage Your Grant” website contains specific information for award recipients on financial management, including legislative mandates, policy bulletins, financial management requirements, and materials from HRSA’s quarterly grants management calls, available at <https://www.hrsa.gov/grants/manage-your-grant/financial-management>.

HRSA also provides fiscal technical assistance to individual Health Centers as needed, and through its oversight and monitoring processes, provides examples of best practices when requested to assist in developing a financial management system and internal controls that effectively and accurately track federal funds and ensure compliance with federal requirements.

As part of HRSA’s routine monitoring of Health Center Program projects awarded through Section 330 of the Public Health Service Act, each of these 12 health centers will receive an operational site visit once each project period. The site visit will include reviewing the health center’s systems for financial management and accounting as outlined in the Health Center Compliance Manual Chapter 15: Financial Management and Accounting. See [Chapter 15 of the Site Visit Protocol](#) for more information.



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