## Healthcare Law Alert: HHS Announces Reporting Requirements for Provider Relief Fund Recipients and Final Date To Use Funds

August 25, 2020

The Department of Health and Human Services (HHS) has issued a public notice that recipients of Provider Relief Fund payments exceeding \$10,000 in the aggregate will be required to submit a report on the provider's use of the funds, no later than July 31, 2021, demonstrating compliance with the Terms and Conditions to which providers attested. Providers will need to submit documentation to substantiate that the funds were used for increased healthcare-related expenses or lost revenue attributable to coronavirus. Details of the reporting requirements, originally scheduled for release on August 17, 2020, will be released in the coming weeks.

HHS has also clarified that it expects providers to fully expend their Provider Relief payment(s) by July 31, 2021.

The reporting requirements will apply to providers who received grant payments from any phase of the Medicare General Distribution payments; the Medicaid, Dental & CHIP Targeted Distributions; and any of the other Targeted Distribution payments.

An online reporting system will become available to Provider Relief Fund recipients on October 1, 2020. Within 45 days of the end of calendar year 2020, recipients must report on their expenditures through the period ending December 31, 2020. Recipients who have expended funds in full prior to December 31, 2020 may submit a single final report at any time during the period October 1, 2020 through February 15, 2021. Recipients with funds unexpended after December 31, 2020, must submit a second and final report no later than July 31, 2021. Detailed reporting instructions and a data collection template with the necessary data elements will be available through the Health Resources & Services Administration (HRSA) website and at the Provider Relief Fund webpage before October 1, 2020.

If you have any questions about this alert or any other Healthcare Law issue, please contact:

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