

Update to Provider Relief Payment Reporting Requirements

By Christina Kuta

As detailed in our prior Alerts, persons receiving “Provider Relief Funds” in excess of \$150,000 through the Coronavirus Aid, Relief, and Economic Security (CARES) Act (Cares Act) were required to submit quarterly reports to the Department of Health and Human Services (HHS), beginning with the end of the second quarter (June 30, 2020). We have been waiting for specific guidance regarding the scope and manner for such reporting. On June 13, 2020, HHS issued guidance through an updated FAQ stating that this reporting will no longer be required:

The Terms and Conditions for all Provider Relief Fund payments require recipients who receive at least \$150,000 in the aggregate from any statute primarily making appropriations for the coronavirus response to submit quarterly reports to HHS and the Pandemic Response Accountability Committee. This requirement is from section 15011 of the CARES Act. What do providers need to do in order to be in compliance with this provision in the Terms and Conditions? (Added 6/13/2020)

Recipients of Provider Relief Fund payments do not need to submit a separate quarterly report to HHS or the Pandemic Response Accountability Committee. HHS will develop a report containing all information necessary for recipients of Provider Relief Fund payments to comply with this provision. For all providers who attest to receiving a Provider Relief Fund payment and agree to the Terms and Conditions (or retain such a payment for more than 90 days), HHS is posting the names of payment recipients and their payment amounts on its [public website](#). HHS is also working with the Department of Treasury to reflect the aggregate total of each recipient’s attested to Provider Relief Fund payments [here](#). Posting these data meets the reporting requirements of the CARES Act.

However, the Terms and Conditions for all Provider Relief Fund payments also require recipients to submit any reports requested by the Secretary that are necessary to allow HHS to ensure compliance with payment Terms and Conditions. HHS will be requiring recipients to submit future reports relating to the recipient’s use of its PRF [Provider Relief Fund] money. HHS will notify recipients of the content and due date(s) of such reports in the coming weeks.

As noted in the FAQ, anyone who receives Provider Relief Funds may be required to report information as requested by HHS to support the use of such fund and compliance with the associated Terms and Conditions. We expect any required reporting will include a review of whether the recipient maintains all policies mandated by the Terms and Conditions.

Roetzel’s health care team continues to monitor CARES Act developments closely. Please contact one of our health care attorneys for more information and to assist you in preparing the policies mandated by HHS as a condition of accepting Provider Relief Funds.

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