
HHS Reporting Requirements for Provider Relief Fund Recipients

On September 19, 2020 HHS posted long-anticipated additional information about the [reporting requirements](#) for Provider Relief Fund recipients who received aggregated payments of more than \$10,000 and articulating in considerably more detail how lost revenues and expenses will be accounted.

The reporting requirements do not apply to the Nursing Home Infection Control distribution, Rural Health Clinic Testing distribution, or the HRSA Uninsured Program.

The notice includes the data elements and information that recipients will need to report to comply with the Terms and Conditions of receiving and using the funds. Given the additional detail and changes to the expense and lost revenue categories, it is important that your finance team focus on and assess the implications of this new guidance.

HHS had previously issued [guidance](#) stating that the reporting system will become available **October 1, 2020**. All Recipients are required to report on their expenditures by **February 15, 2021**.

Recipients who have expended funds in full prior to **December 31, 2020**, may submit a single final report by the **February 15, 2021** deadline, and Recipients with unexpended funds **after December 31, 2020**, must submit a second and final report by **July 31, 2021**.

We will continue to watch for any additional guidance documents.