

## HRSA To Allow Late Reporting of Provider Relief Funds

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Many healthcare providers received Provider Relief Fund payments as a result of the COVID-19 pandemic. Initially there were no strings attached or reporting requirements for the use of those funds. Subsequently, the Health Resources & Services Administration (“HRSA”), published reporting requirements for providers who received the funds. Unfortunately, many providers were unaware of the reporting requirements (or missed the reporting deadlines for other reasons) and HRSA began demanding repayment of the funds received in the first phase of relief last Fall. Thankfully, however, HRSA announced on Wednesday, April 6, that it will reopen the reporting portal to providers who failed to meet reporting deadlines related to receipt of Provider Relief Funds if providers experienced “extenuating circumstances” during a reporting period.

If a provider received over \$10,000 in Provider Relief Funds between April 10, 2020, and June 30, 2020 (“Phase 1 Funds”), such provider was obligated to report certain data elements regarding the Phase 1 Funds to HRSA by September 30, 2021. This initial September deadline was then extended into November due to grace periods allowed by HRSA. If a provider received over \$10,000 in Provider Relief Funds between July 1, 2020, and December 31, 2020 (“Phase 2 Funds”), such provider was obligated to report certain data elements regarding the Phase 2 Funds to HRSA by March 31, 2022.

Providers who received Phase 1 or Phase 2 Funds but failed to report by the applicable deadline will now be given an opportunity to report such funds if they experienced “extenuating circumstances.” The following are extenuating circumstances that must have applied at the time of the deadline:

1. Severe illness or death – a severe medical condition or death of a provider or key staff member responsible for reporting hindered the organization’s ability to complete the report during the Reporting Period;
2. Impacted by natural disaster – a natural disaster occurred during or in close proximity of the end of the Reporting Period damaging the organization’s records or IT;
3. Lack of receipt of reporting communications – an incorrect email or mailing address on file with HRSA prevented the organization from receiving instructions prior to the Reporting Period deadline;
4. Failure to click “Submit” – the organization registered and prepared a report in the PRF Reporting Portal, but failed to take the final step to click “Submit” prior to the deadline;
5. Internal miscommunication or error – internal miscommunication or error regarding the individual who was authorized and expected to submit the report on behalf of the organization and/or the registered point of contact in the PRF Reporting Portal;

6. Incomplete Targeted Distribution Payments – the organization’s parent entity completed all General Distribution payments, but a Targeted Distribution was not reported on by the subsidiary.

If a provider was impacted by any of these circumstances during the appropriate timeframe above, the following is the process for submitting a request as outlined by HRSA:

1. All providers who are considered non-compliant (i.e., missed the reporting deadline) will be notified by HRSA after the conclusion of the Reporting Period and be given details on how to submit a Request to Report Late Due to Extenuating Circumstances. If a provider plans on submitting a Request to Report Late Due to Extenuating Circumstances, but has not registered in the PRF Reporting Portal, the provider should complete registration prior to submitting their request. Registration instructions are on the PRF Reporting webpage.
2. Providers will submit a Request to Report Late Due to Extenuating Circumstances Form to indicate the extenuating circumstance. Providers must indicate and attest to a clear and concise explanation related to the applicable extenuating circumstance; however, supporting documentation will not be required. Providers must attest to the truthfulness and accuracy of their extenuating circumstance(s) within the Form.
3. Providers who submit a Request to Report Late Due to Extenuating Circumstances will be notified by HRSA if their request is approved or denied.
4. Providers whose request is approved will receive a notification to proceed with completing the report. Providers will have 10 days from the date the notification is received to submit a report in the PRF Reporting Portal.

The timeline to submit requests is quickly approaching. Submission forms will become available by Monday, April 11, 2022. Requests for relief can be submitted starting Monday, April 11 through Friday, April 22, 2022, at 11:59 PM Eastern Standard Time. Providers should be on the look out for correspondence from HRSA regarding the process for submitting a request; however, it is presently unclear if affirmative correspondence will be sent to all providers who missed the reporting deadline, or if prior notices of noncompliance will be deemed sufficient. Providers need to be aware of the short deadline noted above. We would recommend that providers with extenuating circumstances causing them to miss the Phase 1 reporting deadline submit a request before April 22 regardless of whether they received the aforementioned correspondence from HRSA. As noted below, HRSA will be following up with extended reporting instructions for Phase 2.

Providers should also be aware that submitting a request does not guarantee it will be approved; such requests are subject to approval by HRSA. If a request is denied, providers will remain non-compliant with the terms and conditions of receiving the Provider Relief Funds. Furthermore, requests cannot be made to make any edits or adjustments to already submitted reports.

As of the date of this article, HRSA has only provided a timeline to request reporting late for Phase 1 Funds. HRSA has indicated, however, that it will be allowing late reporting for Phase 2 Funds as well. As a reminder, if a provider received over \$10,000 in Provider Relief Funds between July 1, 2020, and December 31, 2020 (“Phase 2 Funds”), such provider was obligated to report certain

data elements regarding the Phase 2 Funds to HRSA by March 31, 2022. Thus, recipients of funds who missed the March 31 deadline should stay tuned to further guidance from HRSA regarding late reporting for Phase 2 Funds.

Looking ahead, the following chart provides upcoming reporting deadlines for the remaining Provider Relief Fund distributions:

Phase Number	Payment Received Period (Exceeding \$10,000 in the Aggregate)	Deadline to Use Funds	Reporting Time Period
3	January 1, 2021 to June 30, 2021	June 30, 2022	July 1, 2022 to September 30, 2022
4	July 1, 2021 to December 31, 2021	December 31, 2022	January 1, 2023 to March 31, 2023
5	January 1, 2022 to June 30, 2022	June 30, 2023	July 1, 2023 to September 30, 2023

If you are a recipient of Provider Relief Funds and have any questions regarding your obligations for reporting, please contact any member of the [Koley Jessen Health Law Practice Group](#).