



# How to Return Funds for the HRSA PRF, ARP Rural, UIP, or CAF programs.

## Purpose

This document provides instructions on how to return funds from the Provider Relief Fund (PRF), American Rescue Plan (ARP) Rural, Uninsured Program (UIP), or Coverage Assistance Fund (CAF) that need to be returned to HHS/HRSA.

These instructions are applicable to PRF, ARP Rural, UIP, and CAF Covid programs due to overpayments, billing and claim adjustments, self-performed audit findings, HRSA audit findings, judgements, accrued interest, unused or unspent PRF/ARP Rural funds and other returns to the HHS/HRSA PRF, ARP Rural, UIP, or CAF programs.

**Recommended Browsers:** Google Chrome, Mozilla Firefox, or Microsoft Edge.

## Instructions – Returning PRF, ARP Rural, UIP, or CAF Funds

1. Click the link to access the Repayment Form; [click here](#). You will be directed to the screen below:
2. Enter your full name and email address.

**PowerForm Signer Information**

Fill in the name and email for each signing role listed below.  
Signers will receive an email inviting them to sign this document.

Before you continue, you will need the following information to return part of a Provider Relief Fund payment, such as unspent funds:

- The TIN(s) that received the payment from the Provider Relief Fund.
- The original payment amount and the settlement date.
- Any interest the payment accrued.
- The partial amount you are returning for each payment received, such as unspent funds.

This is a two-part process. Part 1 is to complete this form, next you will be redirected to Part 2 to transfer the funds via Pay.gov.

Please enter your name and email to begin the signing process.

**Provider**

**Your Name: \***

Full Name

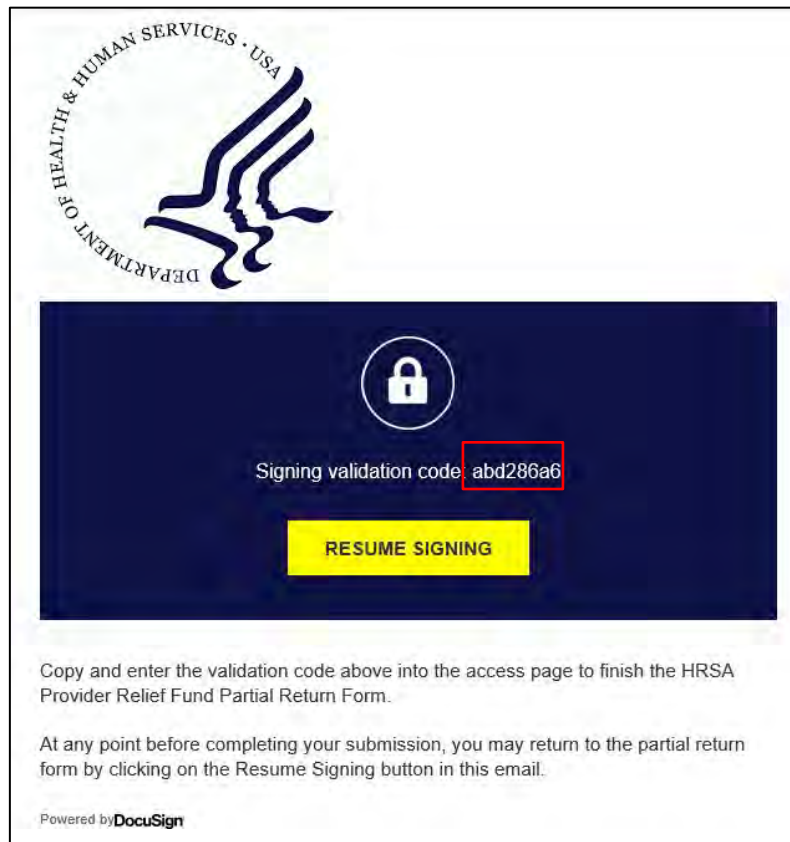
**Your Email: \***

Email Address

**BEGIN SIGNING**

3. Click the yellow “BEGIN SIGNING” button.
  - You will receive a validation code by email to enable access to the Partial Return Form. The validation code is required to log in as part of a two-step authentication process.

- Below is an example of the email you will receive within 15 minutes:



- Hints to locate the emailed validation code:
  - If you did not receive the validation code, please add 'dse\_NA3@docusign.net' to the safe sender list, and start over at Step 1.
  - The email subject is **"Email Validation: HHS-HRSA Provider Relief Bureau - Return of Funds"**
  - Invalid Access Code Troubleshooting Tip:** If you receive an error after copying and pasting the validation code, **make sure there is no space at the end of the access code after pasting it** into the code field.

4. After clicking on the yellow "BEGIN SIGNING" button, you will be directed to the following page:

**Please enter the access code to view the document**

**HRSA PRF Returns**  
Health and Human Services

An email has just been sent to your email address with a special validation code in it. To proceed to sign your documents please open your email, and enter the code into the box below. Keep this browser window open while you get your email.


Access Code

[Show Text](#)

**I NEVER RECEIVED AN ACCESS CODE**

5. Check the email that you entered in Step 2 for the validation code. Enter the validation code you receive into the “Access Code” field exactly as it is written in the email.

Please enter the access code to view the document

HRSA PRF Returns  
Health and Human Services

An email has just been sent to your email address with a special validation code in it. To proceed to sign your documents please open your email, and enter the code into the box below. Keep this browser window open while you get your email.

Access Code


abd286a6

Hide Text

VALIDATE


I NEVER RECEIVED AN ACCESS CODE

6. Once you have entered in the validation code, click the yellow “VALIDATE” button.
7. You will be directed to Repayment Form;



**HRSA PRP Returns**  
Health and Human Services

# Please Review & Act on These Documents



Powered by **DocuSign**

Please review the documents below.

CONTINUE

OTHER ACTIONS +

Instructions: Use this form to return only partial amounts of an original payment, such as unused funds, overpayments, or other reasons. For example if original payment was \$100 and you need to return \$20 of the \$100, then use this form.

If you need to return the full amount of an original payment, please see the [original instructions](#) for [this form](#).

You may use this form to return several partial payments.

Tax ID Number:

Name as known on your income tax return

Business Name (if different)

Street 1

Street 2

City

State

Zip

Contact Person Name

Contact Person Title

Contact Person Phone Number

- Click the yellow button “CONTINUE” to begin filling out the Partial Return Form.
- *Note:* The fields with red boxes around them are fields that are required in order to submit this Form.

8. Complete the form by filling in the form field:

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### **Field Instructions**

- Tax ID Number (TIN) *(Required field)*
  - i. The 9-digit TIN that received the payment(s) from HHS-HRSA.
  - ii. *Note: Do not include a hyphen.*
- Provider or Entity Name (as shown on IRS Form W-9 for this TIN) *(Required field)*
  - iii. *Note: This field is a case sensitive field.* Please ensure that the letter-case of your organization's name matches your most recent Internal Revenue Service (IRS) Form W-9 for this TIN. For example, the organization name of "Health and Human Services" is not the same as "HEALTH AND HUMAN SERVICES."
  - iv. Business Name (if different) *(Optional field)*
- Address Information for this TIN
  - i. Street 1 *(Required field)*
  - ii. Street 2 *(Optional field)*
  - iii. City *(Required field)*
  - iv. State *(Required field: please enter your state's 2-letter abbreviation code)*
  - v. Zip *(Required field: please enter your 5-digit zip code with no extension)*
- Contact Person Name *(Required field)*
- Contact Person Title *(Required field)*
- Contact Person Phone Number *(Required field)*
  - i. *Note: The contact phone number must be entered as a 10 digit number with no special characters.*
- Contact Person Email *(Required field)*
  - i. *Note: The email address must be a valid, monitored email address.*

### **Repayment Transaction Summary – Form section instructions**

Use the table to enter your itemized return(s) by program and reason. If you need to submit more than 3 itemized returns, you will need to submit another Form to HHS/HRSA.

**The information entered into this table is used by HHS-HRSA to reconcile the funds so that you receive credit for your return.** Please ensure the information is accurate and correct. Once you complete this form and click submit, you will be redirected to pay.gov to return the total funds identified in this table.

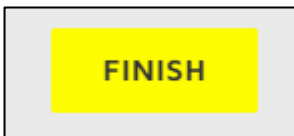
**Important for UIP and CAF Overpayment funding returns:** Please roll up individual billing and claim adjustments into the fewest possible transactions. **For example:** if you are returning UIP funds for 100 overpaid claims, 25 duplicate claims, and 45 billing errors. Select "UIP" as the Payment type, "Overpayment" as the Repayment Reason, and enter one total amount in field (e) Repayment Amount that accounts for all of the adjustments.

REPAYMENT TRANSACTIONS SUMMARY						
Please ensure the information below is accurate. Errors will delay the processing of your repayment.						
Once you complete this form and click submit, you will be redirected to pay.gov to repay the total funds identified in this table.						
Additional instructions can be found here: <a href="#">click here</a> .						
1	(a) Payment Type	-- select --				
	(b) Repayment Reason	-- select --				
	(c) TIN	(d) Original Payment Amount	Repayment Information (e) Repayment Amount	Repayment Information (f) Extrapolated Amount (if applicable)	Repayment Information (g) Fines/ Penalties/ Interest (if applicable)	Subtotal
		\$	\$	\$	\$	\$

### Repayment Transaction Table Field Instructions:

- (a) Payment Type *(Required)*
  - i. Select the program that you are returning funds to from the dropdown list.
    1. Uninsured Program (UIP)
    2. Coverage Assistance Fund (CAF)
    3. ARP Rural Distribution
    4. Provider Relief Fund (PRF)
- (b) Repayment Reason *(Required)*
  - i. Select the reason you are returning your payment from the dropdown list. Your options are the following:
    1. Overpayment refund: billing or claim adjustment, duplicate claim or payment, billing/clerical error, or other adjustment reason.
    2. Unspent Funds: any unused, or unspent funds; see the reporting requirements for additional details.
    3. Overpayment: received more funds than anticipated, returning the excess funds.
    4. Change of Ownership: original owner received funds, but sold the entity and is returning unused funds because PRF Funds cannot be transferred to the new owner.
    5. Judgement: This includes any court orders, settlements, rulings, etc.
    6. Full return: returning the entire amount of a single General or Targeted Distribution payment, including any accrued interest, issued by the PRF
- (c) Tax ID Number (TIN) *(Required)*
  - i. Enter the 9-digit TIN which received the payment with no hyphens.
- (d) Original Payment Amount ***(Required for PRF/ARP Rural | Optional for UIP and CAF)***
  - i. Enter the exact dollar amount of the PRF/ARP Rural payment received; this is the dollar amount with cents. It must be a non-negative number with up to 2 decimal places.
  - ii. For UIP or CAF returns or refunds – leave this field blank.
- (e) Repayment Return Amount *(Required)*
  - i. Enter the partial amount of funds you are returning. This is the dollar amount with cents. It must be a non-negative number with up to 2 decimal places.
- (f) Extrapolated Amount *(Optional)*

- i. How much of the total in field (e) Repayment Return Amount, was calculated based on an extrapolation formula.
    - ii. For example, if you conducted an internal audit using a stratified sample of the payments you received from the UIP claim reimbursements and extrapolated that you were overpaid by \$1,000, then you would leave (d) Original Payment Amount blank, and input “1000” into field (e) Repayment Return Amount and input “1000” into field (f) Extrapolated Amount.
  - (g) Interest Return Amount (*Optional*)
    - i. If applicable, enter the dollar amount of interest earned on the payments that you are returning; this dollar amount must be a non-negative number with up to 2 decimal places.
    - ii. *Note:* For PRF, ARP Rural, UIP, and CAF payments that were held in an interest-bearing account, the provider must return the accrued interest associated with the amount being returned to HHS. However, if the funds were not held in an interest-bearing account, there is no obligation for the provider to return any additional amount other than the payment being returned to HHS-HRSA. HHS-HRSA reserves the right to audit recipients in the future to ensure that payments that were held in an interest-bearing account were subsequently returned with accrued interest.
9. Once all required and optional fields are completed, click the yellow “Finish” button at the bottom of the form, or on the top right-hand corner.



10. After you click on the “FINISH” button, a modal dialog will pop up. Click “Download” to save your form and click “Close”. A copy of your form will appear on the screen. **Take note of your DocuSign Envelope ID**, you will need it for the Pay.gov form



- **IMPORTANT NOTE:** please write down the field “Total amount you’re returning” as that

will be used in second part to transfer the funds via Pay.gov.

11. After you click the “CLOSE” button, you will see your completed Return Form.
12. Click the yellow “CONTINUE” button on the bottom of the page and you will be redirected to Pay.gov to return the indicated amount on this form back to HHS-HRSA.

## Part 2: Transferring the Funds to HHS-HRSA with Pay.gov

At this time, you should be redirected to Pay.gov, the page will look like the following:

**Pay.gov** MENU

### Provider Relief Fund (PRF) Uninsured Program (UIP) Returns

1 Before You Begin 2 Complete Agency Form 3 Enter Payment Info 4 Review & Submit 5 Confirmation

**About this form**

This form may be used only to return funds distributed by the HRSA Provider Relief Fund (PRF) Uninsured Program (UIP). Do not use this form if you have a delinquent PRF/UIP debt currently in collections. To repay a delinquent debt, follow the instructions in the demand letter you received.

**Accepted Payment Methods:**

- Bank account (ACH)
- Debit or credit card

**With an account you can:**

- See the payments you made since you created an account.
- Store payment information so you don't have to re-enter it.
- Copy a form you already submitted the next time you need to make a payment.

To take advantage of these benefits, you can [Sign In](#). If you don't have an existing account, you will have the option to create an account on the sign-in page. To continue as a guest user, click the 'Continue to the Form' button.

[Preview Form](#) [Cancel](#) [Continue to the Form](#)

This is a secure service provided by United States Department of the Treasury. The information you will enter will remain private. [Please review our privacy policy](#) for more information.

We're here to help! +

## Pay.gov Instructions

1. Click the blue “Continue to the Form” button to proceed to the next step.
2. You will proceed to the next step of returning your payment to HHS-HRSA. You will need to enter the following information:
  - a. Individual/Business Indicator
  - b. Business Name *(Required)*
    - i. Legal business name that received payment(s) entered in Part 1.
  - c. Invoice or Ticket Number *(Required)*
    - i. Please enter one of the following in this field:
      - For PRB Audit Returns: Enter “YYYY-PRB-[PRF|LR|CAF|UIP]-Three\_Digit\_Audit\_Number” on the letter.
      - For OIG Audit Returns: Enter the OIG Audit Number from the subject line.
      - For Final Repayment Notice: Enter the Repayment ID number.
      - All others: Enter the organization’s TIN that you entered in Part 1.
  - d. Contract/Agreement Number/DocuSign Envelope ID *(Required)*
    - i. Please enter your DocuSign Envelope ID in this field.

- i. Hint: You can locate your 36-character DocuSign Envelope ID can be found in your downloaded PDF form at the top left corner of the document. You can locate your Envelope ID in your email by searching for the subject “Completed: HHS-HRSA Provider Relief Fund - Partial Return”, for additional help, [click here](#).
- e. First Name (Point of Contact)
- f. Last Name (Point of Contact)
- g. Telephone (Point of Contact)
- h. Extension (Point of Contact)
  - i. If available, please enter your phone extension in this field.
- i. Payment Amount
  - i. Enter the “Total amount you’re returning” dollar amount from Part 1.

An example is shown below:

**Health and Human Services**  
Provider Relief Fund (PRF) Uninsured Program (UIP) Returns

\* Required Field

**Individual/Business Information**

Individual/Business Indicator \*

☐ Individual

☒ Business

Business Name \*

LEGAL BUSINESS NAME THAT RECEIVED FUNDS

Invoice or Ticket Number \*

YYYY-PRB-PRF-123

Contract/Agreement Number/DocuSign Envelope ID \*

b27f1153-8f5e-42d9-b84a-a41159866447

**Point of Contact**

First Name

JOHN

Last Name

DOE

Telephone \*

(123) 456-7890

Extension

Email Address \*

JOHN.DOE@EXAMPLE.COM

Payment Amount \*

\$100,000.00

**Continue** **View PDF**

3. Once Part 2, Step 3 is completed, click the gray “Continue” button.

4. You will be directed to the following page:

The screenshot shows a web page titled "HHS HQ" with a progress bar at the top. The progress bar has five steps: "Before You Begin" (checked), "Complete Agency Form" (checked), "Enter Payment Info" (active, circled with a 3), "Review & Submit" (4), and "Confirmation" (5). Below the progress bar, the "Payment Information" section displays "Payment Amount \$100,000.00". Under the heading "\* I want to pay with my", there are two radio button options: "Bank account (ACH)" and "Debit or credit card". At the bottom of the form, there are four buttons: "Previous", "Return to Form", "Cancel", and "Next" (highlighted in blue). A footer bar contains the text "We're here to help!" and a plus sign icon.

5. Select one of the following options that you would like to utilize to return your PRF payment:
- Bank account (ACH)
    - Please use direct debit (Bank account (ACH)) using your bank account and routing number, up to \$99 million.
    - If you are returning more than \$99 million by Pay.gov please submit multiple transactions of less than \$99 million.
  - Debit or credit card
    - If you are returning more than \$24,999.99 by debit or credit card through Pay.gov, please use direct debit (Bank account (ACH)) using your bank account and routing number.
6. Select the blue "Next" button.

- ✓ ✓ **3** 4 5

Before You Begin
Complete Agency Form
**Enter Payment Info**
Review & Submit
Confirmation

Please provide the payment information below. Required fields are marked with an \*

\* Payment Amount

\* Payment Date (mm/dd/yyyy)


Earliest Payment Date

Choose Payment Date


\* Account Holder Name

\* Select Account Type

Select ...
▼



routing and  
transfer #    checking  
account #    check #



check #    routing and  
transfer #    checking  
account #

\* Routing Number

\* Account Number

\* Confirm Account Number

- b. If you selected 6b – Debit or credit card, you will enter the following information shown in this screenshot below:

Please provide the payment information below. Required fields are marked with an \*

\* Payment Amount

\* Cardholder Name

\* Cardholder Billing Address

Billing Address 2


City

\* Country

\* State/Province

\* ZIP/Postal Code

\* Card Number



\* Expiration Date

Security Code

[What's this?](#)

7. Once you have completed Step 7a or Step 7b, click the blue “Review and Submit Payment” button located on the bottom right hand corner of the page.

**Review and Submit Payment**

8. Once you complete Step 8, review your Payment and Account information on your screen for completeness and accuracy.
  - a. If the information you entered is not correct, use the “Previous” button to go back to the previous step of the form and make the correction.
  - b. If the information you entered is all correct, proceed to the next step.
9. Enter and confirm your Email Address and add any personnel you would like to also receive the confirmation.
  - a. Within the “CC” field, you may enter multiple email addresses. Separate each email addresses with a comma.
10. Next, review the Authorization and Disclosure Statement and click the checkbox that states, “I agree to the Pay.gov authorization and disclosure statement”.
11. Click the blue “Submit Payment” button to complete the Partial Return transaction.
12. You and anyone you requested be copied (step 10) will receive an email confirmation for your PRF Partial Return transaction.