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1 BACKGROUND INFORMATION, PURPOSE, AND GETTING STARTED

1.1 BACKGROUND INFORMATION

The Coronavirus Aid, Relief, and Economic Security (CARES) Act (P.L. 116-136), the Paycheck Protection Program (PPP) and Health Care Enhancement Act (P.L. 116-139), and the Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act (Division M of P.L. 116-260), and American Rescue Plan Act of 2021 (P.L. 117-2) appropriated funds to reimburse eligible healthcare providers for healthcare related expenses or lost revenues attributable to coronavirus. These funds were distributed by the Health Resources and Services Administration (HRSA) through the Provider Relief Fund (PRF) program. Recipients of these funds agreed to Terms and Conditions.

1.2 PURPOSE

The purpose of the Provider Relief Bureau (PRB) Decision Review (DR) Request Portal is to allow providers an opportunity to dispute a repayment request after receiving a final repayment notice. The DR request may only be submitted via the DR Request Portal and must include the relevant information and attached justification documentation for the decision review request to be considered.

1.3 BEFORE STARTING

The DR Request Portal is for providers who have received a final repayment notice letter from HRSA requesting repayment of funds associated with Provider Relief Fund (PRF) payments within 60 calendar days of the date of the letter. The letter will contain information needed to access and submit a request review in the DR Request Portal. The submission process must be completed in one session as it is not possible to save partially entered information.
Providers should ensure they have all the information required to register available before they begin. Information required to submit request:

1. Tax Identification number (TIN).
2. Repayment ID found in the final repayment notice received from HRSA.
3. The repayment amount specified in the final repayment notice received from HRSA.
4. The repayment amount provider is disputing (Whether it is the full repayment amount stated in the letter or a different amount).
5. A written narrative explaining why provider disagrees with HRSA’s repayment decision in Adobe PDF format.
6. Supporting documentation that substantiates provider’s narrative. Formula-based documentation must be provided in Microsoft Excel or Microsoft Excel-compatible format.
7. Business name (as it appears on the Internal Revenue Service (IRS) Form W-9 of the Reporting Entity).
8. Provider Type.
9. Contact and/or Submitters information if different (First Name, Last Name, Phone number, Title, Email)
10. Address as it appears on the IRS Form W-9 (Street 1, Street 2, City, State, five-digit ZIP code) of the Reporting Entity.

Identified providers must submit their request no later than 60 calendar days from the date of the final repayment notice. Late decision review submissions will not be considered. Inability to submit your request within 60 days of the final repayment notice means the initial determination of non-compliance will be upheld and any identified debt will be sent for official collection.

1.4 GETTING STARTED

The link to the PRB DR Request Portal is available in the final repayment notice or email received from HRSA.
2 PRB DR REQUEST PORTAL HOME PAGE

The PRB DR Request Portal home page allows providers to create a Decision Review Request.

2.1 HOW TO ACCESS

The PRB DR Request Portal can be accessed by clicking on the link provided in the final repayment notice from HRSA. The PRB DR Request Portal is only compatible with the most current version of Microsoft Edge, Google Chrome, or Mozilla Firefox.

2.2 GENERAL LAYOUT

A screenshot of the PRB DR Request Portal home page is shown in Figure 1 Decision Review Request Home page.

2.2.1 Technical Questions and Language Assistance

For technical questions regarding the use of the portal or questions regarding reporting that cannot be answered by this user guide or other available resources, portal users should contact the Decision Review Provider Support Line. The footer also has other web links to standard government websites and language assistance.
3 DECISION REVIEW REQUEST PROCESS

Accessing the DR URL is the first process required for providers to initiate their Decision Review Request. This section describes the steps involved to complete the review request process after portal users click the ‘Create New Request’ button on the PRB DR Request Portal home page.

3.1 STEP 1 – PROVIDER VALIDATION INFORMATION

The first step of the submission process is shown in Figure 2 Provider Validation Information. This step requires that Providers share identifying information including the TIN, Repayment ID and Repayment Amount. This information can be found in the final repayment notice letter received from HRSA.

![Figure 2 Provider Validation Information](image)

Portal users must enter all of the required information (marked by a red asterisk[*]) and click ‘Next’ at the bottom of the page.

**The user will not be able to proceed to the next page until all required fields have been completed without errors.**
If the portal user continues to have difficulty entering information, they believe to be valid, they should contact the Decision Review Provider Support Line at (844) -968-4207.

If the user has not completed a required field, an error message in red will appear below the required data entry fields as shown in Image 3 Provider Validation Information – Required Field Error.

After the system successfully validates information entered, user can click on the Next button to proceed to the next page. Information entered by portal users in the validation page will be saved and carried over to the next page. Users cannot edit this information once submitted as shown in Image 4 Provider Successful Validation Page.
Figure 4 Provider Successful Validation Page
3.2 STEP 2 – PROVIDER IDENTITY INFORMATION

After completing the Provider Validation Information page, the portal user is taken to the Provider Demographics page as shown below in Figure 5 Provider Demographics Page.
This step requires that providers share identifying information including the business name (as it appears on IRS Form W-9), provider type, contact and/or submitter information, and address. The amount in dispute field is pre-populated with the Repayment Amount entered in the validation page. The provider is required to update the value in the amount in dispute field if different from the pre-populated repayment amount and attach justification documents. Justification documents should include a clear and concise written narrative in pdf format and supporting documentation to substantiate the request for decision review. The file names should include the name of the business, repayment Id and contents of the file (example: yourbusinessname_001-0000001_generalledger.xlsx). User may upload a maximum of three attachments with a maximum 25MB per file. Formula-based documentation must also be provided in Microsoft excel or Microsoft excel-compatible format.

Portal users must enter all of the required information (marked by a red asterisk[*]) and click ‘Review’ at the bottom of the page. If a user clicks the ‘Review’ button without providing information in a required field, an error message will appear in red below the required data entry fields as shown in Figure 6 Provider Identity Information – Required Field Error.

The user will not be able to proceed to the next page until all required fields have been completed without errors.

Figure 6 Provider Identity Information – Required Field Error
Users should hover or click on the tooltip icon (🛈) to see additional details about the data entry fields. For some data entry fields, users are required to enter information in a particular format or style. For example, the phone number must consist of only ten digits and no special characters, such as brackets and dashes (‘(‘, ‘)’, ‘-‘); the user email address is not case sensitive (i.e., AbC123@xyz.org); the ZIP code must be five digits. After portal users have completed all of the required data entry fields without errors, they will be allowed to advance to the next page.

### 3.3 STEP 3 – PROVIDER INFORMATION REVIEW

After completing the provider identity information page, the portal user is taken to the provider information review page. Providers will be presented with a review page based upon the information entered in previous pages as shown in **Figure 7 Provider Information Review**.
At this time, portal users will be able to review all the data entered throughout the request submission process for accuracy.

If a user determines that they need to change or update information displayed on this page, they should click the ‘Previous’ button to return to the Provider Demographics page to correct the inaccurate data. Data previously entered will not be lost unless the user closes their browser. The Tax Identification Number, Repayment ID and Repayment Amount fields cannot be edited.

If a user determines that all information displayed on this page is accurate, they must certify to the accuracy of the information by checking the attestation check boxes to activate and click on the ‘Submit’ button. As seen below in Figure 8 Completed Provider Information Review.
3.4 STEP 4 – DECISION REVIEW REQUEST SUBMISSION

Submission is complete after a provider certifies the accuracy of the information and clicks the ‘Submit’ button. Providers that successfully complete Step 3 – Provider Information Review, will be directed to the final success page as shown in Figure 9 Successful Submission Page.

Providers are unable to make any changes or upload any additional documentation once the review request is submitted successfully.

If the portal user requires any additional assistance after submission, they should contact the Decision Review Provider Support Line at (844) -968-4207 and provide their system generated Request Number.

Once the Decision Review Request is created for a provider, the provider will not be able to re-access the URL link to submit a case using the same Tax Identification, Repayment ID and Repayment Amount combination.