How to Complete the HRSA Consolidated Provider Relief Fund (PRF) Reporting Form

Purpose:

This document provides instructions on how PRF and American Rescue Plan (ARP) Rural recipients (also referred to as "reporting entities" throughout this document) can comply with mandatory requirements to report on the use of funds in the *HRSA Consolidated PRF Reporting Form.*

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

Pre-Work

1. **The report must be completed and submitted in one session – you will not be able to save your report and log-in later to complete.** Therefore, it is highly recommended that you download and complete the [Reporting Worksheets](#) first. After you have completed the Reporting Worksheets, proceed with logging into the *HRSA Consolidated PRF Reporting Form* to complete and submit your report.
2. If you are required to report on payments aligned to multiple reporting periods, please complete a separate Reporting Worksheets and report for each required reporting period.

Log-In Instructions

- Click the link provided in the *Opportunity to Report* email you received from HRSA. You will be directed to the screen below:

HRSA Provider Relief Bureau

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

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

Provider

Your Name: *

Full Name

Your Email: *

Email Address

Begin

- Enter your full name and email address.
- Click the yellow "Begin" button.
  - ➢ You will receive a validation code by email to enable access to the *HRSA Consolidated PRF Reporting 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:
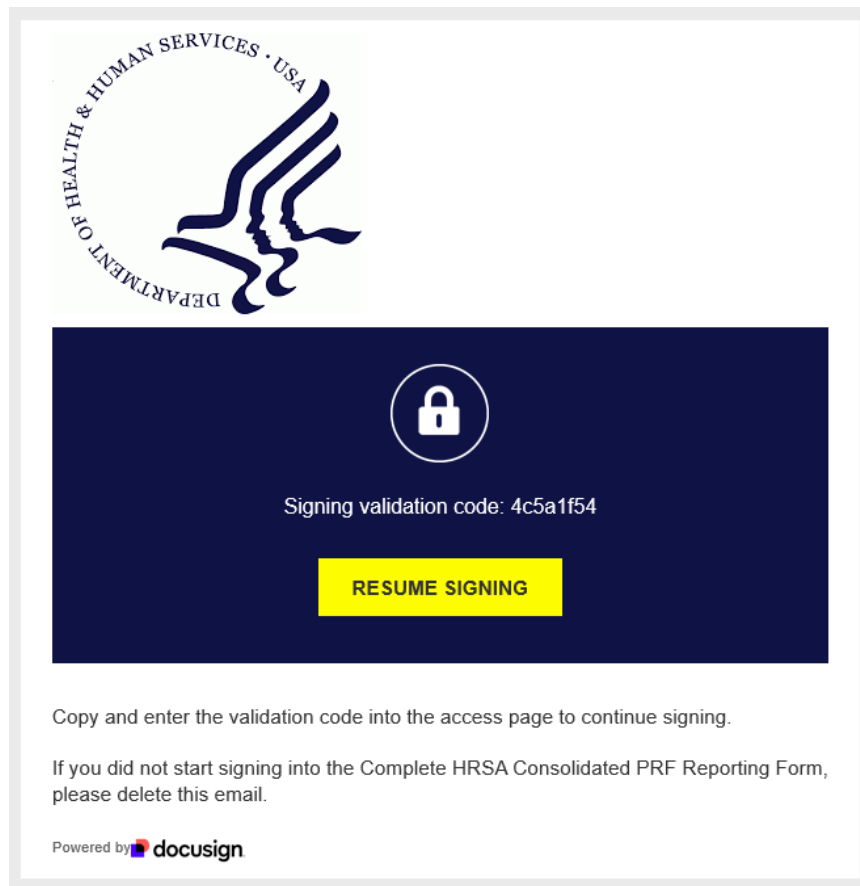
  - ➢ Hints to locate the emailed validation code:
    - o If you did not receive the validation code, please add 'dse_NA3@docusign.net' to the safe sender list, and start over at Step 1.
    - o The email subject is "**Email Validation: Complete HRSA Consolidated PRF Reporting Form**"

- After clicking on the yellow "RESUME SIGNING" button, you will be directed to the following page:

- Check the email account 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.

- Once you have entered in the validation code, click the yellow "VALIDATE" button.
- You will be directed to the following screen:

➢ Click the yellow button "Continue" to begin filling out the *HRSA Consolidated PRF Reporting Form*.

Form Field Instructions

Complete the form by filling in the form field.

Note: Certain fields are required in order to submit this form (see grey "Required" text when hovering over field):

Additional reporting instructions can be found here: Reporting Instructions 🔗

Required

Repayment ID: [   ]

Repayment ID: [   ]

Taxpayer Identification Number (TIN): [   ]

Provider or Entity Name: [   ]

Business Name (if different): [   ]

Address 1: [   ]

Address 2: [   ]

City: [   ] State: [   ] ZIP: [   ]

Contact Person Name: [   ]

Title: [   ]

Phone Number: [   ]

List (by TIN) subsidiaries: [   ]

List (by TIN) acquired subsidiaries: [   ]

List (by TIN) divested subsidiaries: [   ]

Field Instructions

- Repayment ID: *(Required field)*
  - ➤ The 9-digit alphanumeric identifier (XXX-XXXXXX) included in your *Opportunity to Report* email
- Tax Identification Number (TIN): *(Required field)*
  - ➤ The 9-digit TIN (XXXXXXXXX) that received the payment(s) from HHS-HRSA.
    Note: Do not include a hyphen.
- Provider or Entity Name: *(Required field)*
- Business Name (if different): *(Optional field)*
- Address 1: *(Required field)*
- Address 2: *(Optional field)*
- City: *(Required field)*
- State: (*Required field*)
  - ➤ Enter your state's 2-letter abbreviation code

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- ZIP: (*Required field)*
  - ➢ Enter your 5-digit zip code with no extension
- Contact Person Name: *(Required field)*
- Title: *(Required field)*
  - ➢ Title of contact person
- Phone Number: *(Required field)*
  - ➢ Phone number of contact person
    Note: The phone number must be entered as a 10-digit number with no special characters.
- List (by TIN) subsidiaries: *(Optional field)*
  - ➢ List the subsidiary TINs during the fund availability period. Enter "N/A" if none.
- List (by TIN) acquired subsidiaries: *(Optional field)*
  - ➢ List the subsidiary TINs acquired during the fund availability period. Enter "N/A" if none.
- List (by TIN) divested subsidiaries: *(Optional field)*
  - ➢ List the subsidiary TINS divested during the fund availability period. Enter "N/A" if none.

Consolidated PRF Reporting – Form Instructions

Use the table to enter the totals for each respective section. You are required to upload your reporting worksheet and additional supporting documentation.

PAYMENTS RECEIVED

PRF Detail per Reporting Period	Amounts
Select the Reporting Period you are reporting on	-- select --
PRF Funding Received	$
Nursing Home Infection Control Funding Received	$
ARP Rural Funding Received	$
Interest Earned on PRF, Nursing Home Infection Control, and/or ARP Rural Funding	$
Total Reportable Funding Received	$ 0.00
Other Government Assistance Received	$

- Select your Reporting Period *(Required)*
  - ➢ From the dropdown menu, select the Reporting Period that you are reporting (included in your *Opportunity to Report* email)
- PRF Funding Received *(Required)*
  - ➢ Enter the total PRF funding received in the Reporting Period for which you are reporting (included in your *Opportunity to Report* email). If you did not receive PRF funding, enter '0'.
- Nursing Home Infection Control Funding Received *(Required)*
  - ➢ Enter the total Nursing Home Infection Control funding received in the Reporting Period for which you are reporting (included in your *Opportunity to Report* email). If you did not receive Nursing Home Infection Control funding, enter '0'.
- ARP Rural Funding Received *(Required)*
  - ➢ Enter the total ARP Rural Funding received in the Reporting Period for which you are reporting (included in your *Opportunity to Report* email). If you did not receive ARP Rural funding, enter '0'.
- Interest Earned on PRF, Nursing Home Infection Control Funding, and/or ARP Rural Funding *(Required)*
  - ➢ Enter the total interest earned on the PRF, ARP Rural, and/or Nursing Home Infection Control funding received in the Reporting Period for which you are reporting. If you did not earn any interest, enter '0'.
- Total Reportable Funding Received *(Form will Calculate)*
- Other Government Assistance Received *(Required)*
  - ➢ Enter the total Other Government Assistance received in the Reporting Period for which you are reporting. If you did not receive Other Government Assistance, enter '0'.
    TIP: Refer to *Other Assistance Received* tab in the Reporting Worksheets and enter the sum total across all other assistance and calendar year quarters.

EXPENSES

Amount Spent on Infection Control	$ _____
Amount Spent on General and Administrative Related Expenses	$ _____
Amount Spent on Healthcare Related Expenses	$ _____

- Amount Spent on Infection Control *(Required)*
  - ➤ Enter the amount spent on Infection Control. If you had no expenses related to infection control, enter '0'.
    TIP: Refer to the *Infection Control* tabs in the Reporting Worksheets and enter the sum total of G&A Expenses and Healthcare Related Expenses across calendar year quarters.
- Amount Spent on General and Administrative Related Expenses *(Required)*
  - ➤ Enter the amount spent on General and Administrative Related Expenses. If you had no General and Administrative related expenses, enter '0'.
    TIP: Refer to the *ARP Rural* and the *Other PRF Payments* tabs in the Reporting Worksheets and enter the sum total of G&A for ARP Rural and G&A for Other PRF Payments across calendar year quarters.
- Amount Spent on Healthcare Related Expenses *(Required)*
  - ➤ Enter the amount spent on Healthcare Related Expenses. If you had no Healthcare Related expenses, enter '0'.
    TIP: Refer to the *ARP Rural* and the *Other PRF Payments* tabs in the Reporting Worksheets and enter the sum total of Healthcare Related Expenses for ARP Rural and Healthcare Related Expenses for Other PRF Payments across calendar year quarters.

LOST REVENUES

| Select the method used to calculate Lost Revenues:	-- select -- ▼
	-- select --
Lost Revenue documentation requirements	Option i Actual Revenue comparison
	Option ii Budgeted Revenue vs Actual comparison
	Option iii Alternate Reasonable Methodology

- Select the method by which you calculated Lost Revenues: *(Required)*
  - ➤ From the dropdown menu, select the method (Option i, Option ii, or Option iii) that you used to calculate your lost revenues.

LOST REVENUE DOCUMENTATION UPLOAD

- Select the blue paperclip image button to begin process to upload the associated documentation:
    - PRF Reporting Worksheets *(required)*
    - Approved budget *(required for Option ii)*
    - Narrative describing methodology *(required for Option iii)*
    - Calculation of lost revenues using methodology *(required for Option iii)*
    - Additional supporting documentation *(optional)*
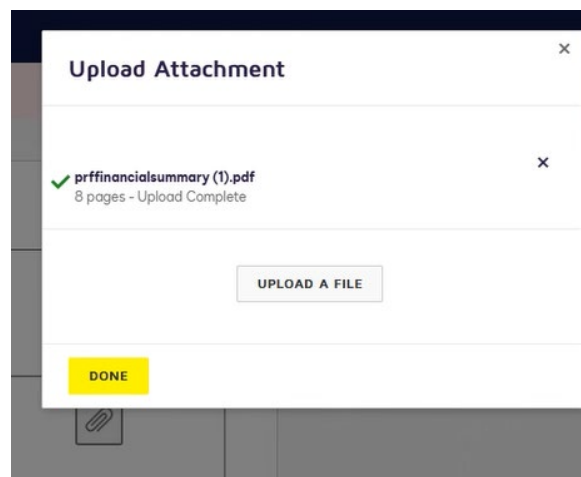
Tooltip: You will receive confirmation that the upload was successful in a pop-up screen. The icon in the upload table will also change from a blue paperclip image to a grey paperclip image

TERMS AND CONDITIONS

Options i and iii

Terms and Conditions

☐ By checking this box, I attest and certify that I am the bonafide legal representative of the entities represented herein and that all of the information I am submitting to a Federal Government System, under penalty and perjury of law, is true, correct, accurate, and I have uploaded all of the required documents for the lost revenue method selected. I understand that non-compliance with any Term or Condition or any applicable statutes and regulations will result in administrative, civil, and/or criminal action being taken against me.

☐ I understand and agree to retain and maintain supporting documentation that demonstrates any allowable expenses and lost revenues were incurred during the period of availability. This documentation must be kept for 3 years after reporting and must be made available upon request by the Secretary of the Department of Health and Human Services.
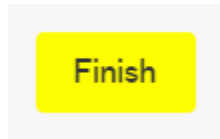
Sign

Option ii

Terms and Conditions

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☐ I understand and agree to retain and maintain supporting documentation that demonstrates any allowable expenses and lost revenues were incurred during the period of availability. This documentation must be kept for 3 years after reporting and must be made available upon request by the Secretary of the Department of Health and Human Services.

☐ I attest under 18 USC § 1001 that the exact budget being submitted was established and approved prior to March 27, 2020.

Sign

- Read the Terms and Conditions and then check the boxes to attest and certify.
- Digitally sign the form.

Report Submission

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.

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 for your records.**
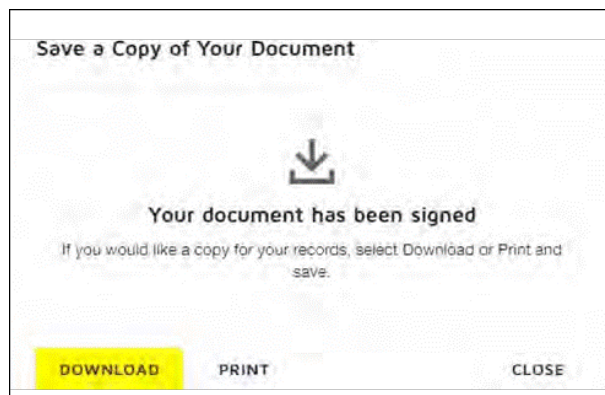
Click the yellow "Continue" button to return to the PRF homepage or close the window to exit**.**