USER GUIDE – REPORTING

PROVIDER RELIEF FUND (PRF) REPORTING PORTAL

Date: December 20, 2024

Table of Contents

1 GENERAL INFORMATION 1
1.1 Background Information 1
1.2 Purpose 1
1.3 Post-Payment Reporting Requirements 1
1.4 Responsibility for Reporting 2
1.5 Before Starting 3
1.6 Getting Started 8
2 HOME PAGE 9
2.1 Registration 10
2.1 Account Reactivation/Verification 10
2.2 Resources 10
2.3 Technical Questions 10
2.4 Log In 11
2.4.1 Password Reset 11
2.4.2 Setting Up Security Questions 13
2.4.3 Two-Factor Authentication 15
3 NAVIGATION WITHIN THE PORTAL 19
4 STEPS TO COMPLETE REPORTING 21
4.1 Terms and Conditions 21
4.1.1 Public Burden Statement 21
4.1.2 Contextual Help 22
4.1.3 Selection of User Type 27
4.2 Step 1 – Report Summary Landing Page 29
4.2.1 Modify 2FA Preference 32
4.2.2 Manage Security Questions 32
4.2.3 Multiple Users 32
4.2.4 Completion of Revision Reports 37
4.3 Step 2 – Entity Overview 37
4.4 Step 3 – Subsidiary Questionnaire 40
4.5 Step 4 – Subsidiary Information 43
4.6 Step 5 – Payments to Recipients 51
4.6.1 Duplicate Payments Found 57
4.7 Step 6 – Interest Earned on Payments, Tax Information, and Single Audit Information 59
4.8 Step 7 – Payments Summary 64
4.9 Step 8 – Other Assistance Received 67
4.10 Step 9 – Use of ARP Rural Distribution Payments (if applicable) for Eligible Expenses 70
4.11 Step 10 – Use of ARP Rural Distribution Payments (if applicable) for Lost Revenues 74

4.12 Step 11 – Nursing Home Infection Control (NHIC) Expenses For Payments Received During Payment Period 75
4.13 Step 12 – Other PRF Expenses for Payments Received During Payment Period 79
4.14 Step 13 – Unreimbursed Expenses Attributable to COVID-19 83
4.15 Step 14 – Actual Patient Care Revenue or Lost Revenues 84
4.15.1 Actual Patient Care Revenue 84
4.15.2 Lost Revenues Questionnaire 85
4.16 Step 15 – Lost Revenues Attributable to Coronavirus 87
4.16.1 2019 Actuals 88
4.16.2 Lost Revenues Attributable to Coronavirus Using Budgeted Revenue 91
4.16.3 Lost Revenues Attributable to Coronavirus Using Alternate Reasonable Methodology 96
4.16.4 Lost Revenues Summary: Period of Availability 100
4.17 Step 16 – Financial Summary 102
4.18 Step 17 – Personnel, Patient, and Facility Metrics 105
4.19 Step 18 – Survey 111
4.20 Step 19 – Review and Submit 114
4.21 Locked Page 128

Tables of Figures

Figure 1 Home Page 9
Figure 2 Enter Username 11
Figure 3 Password Reset 12
Figure 4 Password Policy 12
Figure 5 Successful Password Reset Pop-Up 13
Figure 6 Setting Up Security Questions 14
Figure 7 Errors While Setting Up Security Questions 15
Figure 8 Verification Code 16
Figure 9 Re-Send Verification Code 16
Figure 10 Two-Factor Authentication Preferences 17
Figure 11 Set SMS as Preferred 2FA Method 18
Figure 12 Mobile Phone Number 2FA Set Up Screen 18
Figure 13 Progress Bar 19
Figure 14 Page Navigation 19
Figure 15 Acceptance of Terms and Conditions 21
Figure 16 Public Burden Statement 22
Figure 17 Contextual Help 22
Figure 18 Help Topic(s) for Current Page 23
Figure 19 Create a Customer Support Case Form 24
Figure 20 Case Submitted 25
Figure 21 Case History/Status Button 26
Figure 22 See All Help Articles 26

Figure 23 Select Topic of Interest 27
Figure 24 Close List of All FAQs 27
Figure 25 Select User Type 28
Figure 26 Third-Party User 28
Figure 27 The Report Summary Landing Page 30
Figure 28 The Report Summary Landing Page Inactive Reports Tab 31
Figure 29 Manage Security Questions 32
Figure 30 Manage Users 33
Figure 31 Create User 34
Figure 32 Update User 36
Figure 33 Multiple Users Attempt to Open Report 37
Figure 34 Reporting Responsibilities After Report Unlock 37
Figure 35 Entity Overview 38
Figure 36 Entity Overview - Field Validations 40
Figure 37 Subsidiary Questionnaire – Required and Conditional Questions 41
Figure 38 Subsidiary Questionnaire Field Validations 42
Figure 39 Subsidiary Information 43
Figure 40 Change of Ownership Information – Entity Received General Distribution Payment(s) in Phase 1, 2 or 3 or a Targeted Distribution Payment Plus ARP Rural and/or General Distribution Phase 4 Payments 44
Figure 41 Change of Ownership Information – Entity Only Received ARP Rural and/or General Distribution Phase 4 Payments 44
Figure 42 Acquired/Divested/Merged Subsidiaries 45
Figure 43 Delete Confirmation 46
Figure 44 Acquired/Divested/Merged Table - Required Field Validations 47
Figure 45 Subsidiary Information Table 48
Figure 46 Subsidiary Information Table – Required Field Validation 50
Figure 47 Subsidiary TIN Cannot be That of Parent 51
Figure 48 Provider Relief Fund Payments (spreadsheet) 52
Figure 49 Reporting Portal Currently Under Maintenance 53
Figure 50 Payments to Recipient: Only Applicable Payments Shown 54
Figure 51 Certify Accuracy of Information 55
Figure 52 Certify Accuracy of Information- Dispute Comments 56
Figure 53 Contact Provider Support Pop-Up 56
Figure 54 $10,000 or Less Pop-Up 57
Figure 55 Payment Reported on by Parent Entity 58
Figure 56 Payment Reported on by Subsidiary Entity 58
Figure 57 Payment Reported on by Entity Other Than Parent 59
Figure 58 Interest Earned on Payments, Tax Information and Single Audit Information (all Conditional Payment Fields Shown) 60
Figure 59 Interest Earned on Payments, Tax Information and Single Audit Information (Provider Didn't Receive an NHIC Payment) 61
Figure 60 Federal Tax Classification 62
Figure 61 Fiscal Year End Date 63
Figure 62 Payments Summary: January 1, 2022 – June 30, 2022 66
Figure 63 Payments Summary: Only Applicable Payments Shown 66

Figure 64 Other Assistance Received 68
Figure 65 Other Assistance Received – Error Message 70
Figure 66 American Rescue Plan (ARP) Rural Expenses - Between $10,000.01 and $499,999 71
Figure 67 American Rescue Plan (ARP) Rural Expenses - $500,000 or More Table 74
Figure 68 American Rescue Plan (ARP) Rural Expenses – Lost Revenues Questionnaire ... 75
Figure 69 ARP Rural Funds Not Expended on ARP Rural Expenses & Lost Revenue 75
Figure 70 Nursing Home Infection Control Expenses- Between $10,000.01 and $499,999.. 77
Figure 71 Nursing Home Infection Control Expenses- $500,000 or More Table 79
Figure 72 Other PRF Expenses- Between $10,000.01 and $499,999 81
Figure 73 Other PRF Expenses- $500,000 or More Table 82
Figure 74 Unreimbursed Expenses Table 84
Figure 75 Actual Patient Care Revenue 85
Figure 76 Lost Revenues Questionnaire 86
Figure 77 Lost Revenues Path Verification 87
Figure 78 Total Revenue/Net Charges from Patient Care (2019 Actuals) 88
Figure 79 Blank Values in Lost Revenues (Actuals) 90
Figure 80 All Zeros in Lost Revenues (Actuals) 91
Figure 81 Total Revenue/Net Charges from Patient Care (Budgeted) 92
Figure 82 Upload Budget and Attestation 95
Figure 83 Lost Revenues Attributable to Coronavirus Using Budgeted Revenues (Error).... 96
Figure 84 Lost Revenues Alternate Reasonable Methodology 97
Figure 85 Upload Narrative and Calculation of Lost Revenues 99
Figure 86 Confirm File Deletion 99
Figure 87 Table Error Message 100
Figure 88 Total Revenue/Net Charges from Patient Care (2019 Actuals) Revenues Summary 100
Figure 89 All ARP Rural Funds Expended / Lost Revenues Available to be Used 101
Figure 90 Not All ARP Rural Funds Expended / Provider Owes Money to HRSA 101
Figure 91 Financial Summary-2019 Actual Revenues or Budgeted Revenue Path (Lost Revenues Available) 103
Figure 92 Financial Summary-Alternate Reasonable Methodology Lost Revenue Path (Lost Revenues Available) 104
Figure 93 Financial Summary-Only Applicable Payments Shown 105
Figure 94 Financial Summary-Lost Revenues Not Available 105
Figure 95 Personnel Metrics- Error Messages 107
Figure 96 Personnel Metrics 108
Figure 97 Patient Metrics 109
Figure 98 Facility Metrics 110
Figure 99 Personnel, Patients, and Facility Metrics Justification Required 111
Figure 100 Survey Financial Effects of Payment(s) 111
Figure 101 Conditional Question Financial Effects of Payment(s) 112
Figure 102 Survey Clinical Care Effects of Payment(s) 113
Figure 103 Conditional Question Survey Clinical Care Effects of Payment(s) 113
Figure 104 Review & Submit (Contact Information) 115
Figure 105 Review & Submit (Subsidiary & Payment Information) 116

Figure 106 Review & Submit (Interest Earned on Payments, Tax Information, and Single Audit Information) 117
Figure 107 Review & Submit (Payments Summary) 117
Figure 108 Review & Submit (Other Assistance Received) 118
Figure 109 Review & Submit (Expenses) 119
Figure 110 Review & Submit (Unreimbursed Expenses Attributable to Coronavirus) 119
Figure 111 Review & Submit (Lost Revenues) 120
Figure 112 Review & Submit (Lost Revenue Summary-All ARP Rural Funds Expended/Lost Revenues Available to be Used) 121
Figure 113 Review & Submit (Lost Revenue Summary-Not All ARP Rural Funds Expended/Provider Owes Money to HRSA) 121
Figure 114 Review & Submit (Financial Summary) 122
Figure 115 Review & Submit (Financial Summary-Lost Revenues Not Available) 123
Figure 116 Review & Submit (Personnel, Patient & Facility Metrics) 124
Figure 117 Review & Submit (Conclusion) 125
Figure 118 Submit Pop-Up 126
Figure 119 Reporting Successful Pop-Up 126
Figure 120 Duplicate Payments Found 127
Figure 121 Reporting Successful Email 128
Figure 122 Locked Page 128

1 GENERAL INFORMATION

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), the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSA) (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 health care-related expenses or lost revenues attributable to COVID-19. These funds were, or will be, distributed by the Health Resources and Services Administration (HRSA). Recipients of these funds agreed to Terms and Conditions, which require compliance with reporting requirements as specified by the Secretary of the U.S. Department of Health and Human Services (HHS) in program instructions.

1.2 PURPOSE

HRSA developed the PRF Reporting Portal to enable PRF and American Rescue Plan (ARP) Rural[1] recipients (also referred to as "reporting entities" throughout this document) to comply with mandatory reporting requirements. Reporting entities must complete a two-step process in the PRF Reporting Portal (also referred to as "the portal" throughout this document) to submit their reports to HRSA. To complete the two-step process, reporting entities must 1) register as users and 2) complete reporting on the use of funds. HRSA published the *PRF Reporting Portal User Guide-Registration* to assist reporting entities in the completion of the first step of the process. The purpose of the *PRF Reporting Portal User Guide-Reporting* is to assist reporting entities in the completion of the second step of the process – reporting on the use of funds.

1.3 POST-PAYMENT REPORTING REQUIREMENTS

Reporting entities should review the most recently published Post-Payment Notice of Reporting Requirements available on the PRF Reporting Requirements & Auditing website for information about reporting requirements. Recipients who received one or more General and Targeted Distributions, which includes the Nursing Home Infection Control (NHIC) Distribution[2] (formally known as the Skilled Nursing Facility and Nursing Home Infection Control Distribution), and/or ARP Rural Distribution payments exceeding $10,000 in the aggregate during a *Payment Received Period* are required to report in each applicable *Reporting Time Period* as shown *Table 1 Reporting Periods.*

[1] Previous documentation did not include information regarding the ARP Rural Distribution payment(s). ARP Rural payments are funded separately from the PRF General and Target Distribution payments.
[2] The NHIC Distribution is a Targeted Distribution payment. The Distribution includes payments made in August 2020 and Nursing Home Quality Incentive Payment Program (QIP) payments.

Reporting must be completed and submitted to HRSA by 11:59 PM Eastern Time on the last date of the Reporting Time Period. Only electronic submissions through the PRF Reporting Portal are permitted.

Reporting entities that do not report within the respective Reporting Time Period are out of compliance with payment Terms and Conditions and may be subject to repayment and/or debt collection.

If a reporting entity received payments meeting the established monetary threshold during multiple Payment Received Periods, the recipient is required to report during each of the corresponding Reporting Time Periods as shown in *Table 1 Reporting Periods.*

Table 1 Reporting Periods

Period	Payment Received Period	Period of Availability for Eligible Expenses	Period of Availability for Lost Revenues	Reporting Time Period
1	April 10, 2020, to June 30, 2020	January 1, 2020, to June 30, 2021	January 1, 2020, to June 30, 2021	July 1, 2021, to September 30, 2021
2	July 1, 2020, to December 31, 2020	January 1, 2020, to December 31, 2021	January 1, 2020, to December 31, 2021	January 1, 2022, to March 31, 2022
3	January 1, 2021, to June 30, 2021	January 1, 2020, to June 30, 2022	January 1, 2020, to June 30, 2022	July 1, 2022, to September 30, 2022
4	July 1, 2021, to December 31, 2021	January 1, 2020, to December 31, 2022	January 1, 2020, to December 31, 2022	January 1, 2023, to March 31, 2023
5	January 1, 2022, to June 30, 2022	January 1, 2020, to June 30, 2023	January 1, 2020, to June 30, 2023	July 1, 2023, to September 30, 2023
6	July 1, 2022, to December 31, 2022	January 1, 2020, to December 31, 2023	January 1, 2020, to June 30, 2023	January 1, 2024, to March 31, 2024
7	January 1, 2023, to June 30, 2023	January 1, 2020, to June 30, 2024	January 1, 2020, to June 30, 2023	July 1, 2024, to September 30, 2024

*Grace period ended November 30, 2021

1.4 RESPONSIBILITY FOR REPORTING

Reporting entities will complete and submit required reports for PRF and ARP Rural payments in the PRF Reporting Portal. The reporting entity may differ by type of payment, but generally HRSA defines this as the entity that registers its Tax Identification Number (TIN) and reports on payments received by that TIN and/or its subsidiary TINs.

A TIN is either an Employer Identification Number (EIN) or Social Security Number (SSN) and must be entered in a nine-digit format with no special characters.

- A parent entity may report on its subsidiaries' General Distribution payments, regardless of whether the subsidiary TINs received the General Distribution payments directly from HRSA or whether General Distribution payments were transferred to them by the parent entity.
- The parent entity may report on these General Distribution payments regardless of whether the parent or the subsidiary attested to the Terms and Conditions.
- The original recipient of a Targeted Distribution payment is always the reporting entity in accordance with the CRRSA Act.
- A parent entity may not report on its subsidiaries' Targeted Distribution. The TIN that qualified for Targeted Distribution payments must report on the use of funds in accordance with the CRRSA Act. This is required regardless of whether the qualifying recipient or its parent subsequently

transferred the payment. A reporting entity that is a subsidiary must indicate the payment amount of any of the Targeted Distributions it received that were transferred to/by the parent entity, if applicable.

- For ARP Rural payment recipients, regardless of whether or not a parent was obligated to distribute payments to its subsidiaries who qualified for ARP Rural payments, HRSA requires parent entities to report on ARP Rural payments they received from the agency.

1.5 BEFORE STARTING

Reporting entities must complete registration before beginning to report on the use of funds. The report must be completed and saved sequentially, and reporting entities are not allowed to skip steps. Data may be saved throughout the reporting process, so it is not necessary to complete the report at once. **A work session in the PRF Reporting Portal will timeout after 15 minutes of inactivity.** At the time of registration and at the end of the reporting process, portal users will receive an email notification from 'PRFReporting-NoReply@hrsa.gov.' Portal users should add this email address to their safe sender list before beginning. For instructions on adding 'PRFReporting-NoReply@hrsa.gov' as a safe email sender, portal users should follow the instructions of the email provider associated with the email account. As an example, instructions for Outlook users may be found at Adding Email Address to Safe Senders List. Please note that the 'PRFReporting-NoReply@hrsa.gov' account is not monitored and should not be used to communicate with HRSA staff.

Reporting entities should ensure they have all the information required to report available before they begin. Information required to report includes:

- Business name, address, and contact information (from Internal Revenue Service (IRS) Form W-9)
- Provider type and Provider Sub-Type:
  - Provider Types (Home and Community, Ancillary Services, Facilities, Outpatient and Professional, DME/ Suppliers, Other)
  - Provider Sub-types – conditional to Provider Types (e.g., Home Health Agencies, Dental Service Providers, Assisted Living Facilities, Pediatrics Practice, etc.)
- List (by TIN) of subsidiaries that are eligible healthcare providers[3]
- List (by TIN) of subsidiaries that were acquired, divested, or merged during the period of availability[4] and that are eligible healthcare providers
- If the reporting entity is a subsidiary:
  - Will a parent entity report on any of the reporting entity's **General Distribution** payments?
  - TIN(s) of parent entity reporting on its behalf for **General Distribution** payments
  - If any **Targeted Distribution** payments were transferred to/by a parent, the total dollar amount of the transferred payment(s)
- If the reporting entity acquired, divested, or merged subsidiaries during the period of availability of funds:

[3] For the purposes of reporting, "Eligible health care providers" means public entities, Medicare or Medicaid enrolled suppliers and providers, and such for-profit entities and not-for profit entities as the Secretary may specify, within the United States (including territories), that provide diagnoses, testing, or care for individuals with possible or actual cases of COVID-19.

[4] The period of availability of funds applies to all past and future PRF and ARP Rural payments and is based on the date the payment is received. The payment is received on the deposit date for automated clearing house (ACH) payments or the check cashed date. Providers must follow their basis of accounting (e.g.., cash, accrual, or modified accrual) to determine expenses.

- TIN(s) of Acquired/Divested/Merged Subsidiary(ies)
- Acquired, Divested or Merged
- Effective Date of the Acquisition/Divestiture/Merger
- TIN of Acquiring/Divesting/Merging Entity
- Total PRF Dollar Amount Received for the TIN
- Percentage of Ownership
- Controlling Interest

- Total payments received or rejected (attestation rejected) for the Payment Received Period that corresponds to the reporting period (i.e., Nursing Home Infection Control Distribution, including Quality Incentive Program (QIP) payments; General Distribution payments; Other Targeted Distribution payments)
  - TIN of Recipient
  - Distribution (General/Targeted/Nursing Home Infection Control)
  - Amount Deposited
  - Amount Returned
  - Amount Retained
  - Attestation Date

  NOTE: *If you've recently returned a full or partial payment, please wait 2-3 weeks for it to appear in the PRF Reporting Portal. Full returns will display in the Total Rejected Payments (Attestation Rejected) table on the Payments to Recipient page. Partial return will display under the column of "Amount Returned" under the "Total Skilled Nursing Facility and Nursing Home Infection Control Payments" table and "Total Other Provider Relief Fund Payments" table.*

If you have any questions, please call the Provider Support Line at (866) 569-3522; for TTY dial 711. Hours of operation are 8 a.m. to 4 p.m. CST (9 a.m. to 5 p.m. EST), Monday through Friday. Hours of operation are subject to change.

- Amount of interest earned on Nursing Home Infection Control Distribution payment(s) from payment date until expense date, if applicable
- Amount of interest earned on American Rescue Plan (ARP) Rural payment(s) from payment date until expense date, if applicable
- Amount of interest earned on Phase 4 General Distribution payment(s) from payment date until expense date, if applicable[5]
- Amount of interest earned on Other PRF Payments (all General and Targeted Distribution payments except for Nursing Home Infection Control payments) from payment date until expense date, if applicable
- Federal Tax Classification from IRS Form W-9, Exempt Payee Code (Optional) from IRS Form W-9, Exempt from Foreign Account Tax Compliance Act (FACTA) Reporting Code (Optional) from IRS Form W-9
- Fiscal Year End Date of Reporting Entity
- Reporting entity Subjected to Audit (45 CFR § 75 Subpart F)
  - If so, were PRF funds included in the audit?

[5] HRSA requires recipients of ARP Rural and PRF Phase 4 payments to hold those payments in an interest-bearing account. Reporting entities must report on the dollar value of interest earned on all retained ARP Rural payments separately from PRF Distributions. The total reportable amount of ARP Rural and PRF payments will include the interest earned.

- Other Assistance Received by the reporting entity during the period of availability (and its subsidiaries if included in the reporting) reported by calendar year quarter including:
    - Treasury, Small Business Administration (SBA) and the CARES Act/ PPP
    - Federal Emergency Management Agency (FEMA) Programs (CARES Act, Public Assistance, etc.)
    - HHS CARES Act Testing
    - Local, State, and Tribal Government Assistance
    - Business Insurance
    - Other Assistance
- Use of ARP Rural Distribution Payments and related earned interest (if applicable) on eligible expenses during the period of availability, by calendar year quarter:
    - General and Administrative (G&A) Expenses
        - If Total PRF and/or ARP Rural payments for the Payment Received Period is $500,000 or greater in aggregate, then expenses will be reported as:
            - Mortgage/Rent
            - Insurance
            - Personnel
            - Fringe Benefits
            - Lease Payments
            - Utilities/Operations
            - Other G&A Expenses
    - Healthcare Related Expenses
        - If Total PRF and/or ARP Rural payments for the Payment Received Period is $500,000 or greater in aggregate, then expenses will be reported as:
            - Supplies
            - Equipment
            - Information Technology (IT)
            - Facilities
            - Other Healthcare Expenses
    - Use of Nursing Home Infection Control Distribution payments (including QIP payments) for Nursing Home Infection Control expenses during the period of availability, by calendar year quarter:
    - General and Administrative (G&A) Expenses
        - If Total PRF and/or ARP Rural payments for the Payment Received Period is $500,000 or greater in aggregate, then expenses will be reported as:
            - Mortgage/Rent
            - Insurance
            - Personnel
            - Fringe Benefits
            - Lease Payments
            - Utilities/Operations
            - Other G&A Expenses

- Healthcare Related Expenses
  - If Total PRF and/or ARP Rural payments for the Payment Received Period is $500,000 or greater in aggregate, then expenses will be reported as:
    - Supplies
    - Equipment
    - Information Technology (IT)
    - Facilities
    - Other Healthcare Expenses

- Use of Other PRF Payments (i.e., General Distribution and Other Targeted Distribution payments) for COVID-19-related expenses during the period of availability, by calendar year quarter:
  - G&A Expenses
    - If Total PRF and/or ARP Rural payments for the Payment Received Period is $500,000 or greater in aggregate, then expenses will be reported as:
      - Mortgage/Rent
      - Insurance
      - Personnel
      - Fringe Benefits
      - Lease Payments
      - Utilities/Operations
      - Other G&A Expenses
  - Healthcare Related Expenses
    - If Total PRF and/or ARP Rural payments for the Payment Received Period is $500,000 or greater in aggregate, then expenses will be reported as:
      - Supplies
      - Equipment
      - IT
      - Facilities
      - Other Healthcare Expenses
- Unreimbursed Expenses Attributable to COVID-19
  - G&A Expenses
  - Healthcare Related Expenses
- If all Other PRF Payments were fully expended on eligible expenses[6], 2019, 2020, 2021, 2022, and 2023 Actual Patient Care Revenue
- If all Other PRF Payments were not fully expended on eligible expenses, then Reporting entities will select **one** of the following methods to report on PRF payments applied to lost revenues:
  - Actual Patient Care Revenue (2019 through the end of the period of availability) by calendar year quarter, split by payer type:
      - Medicare Part A + B
      - Medicare Part C (Medicare Advantage Plans/ MA Plan)

[6] Reporting entities must only use payments for eligible expenses, including services rendered and lost revenues (up to the end of the Public Health Emergency), during the period of availability.

        - Medicaid / Children's Health Insurance Program (CHIP)
        - Commercial Insurance
        - Self-Pay (No Insurance)
        - Other
    - Budgeted and Actual Patient Care Revenues for 2020, 2021, 2022, and 2023 (for the period of availability of funding) by calendar year quarter, split by payer type:
        - Medicare Part A + B
        - Medicare Part C (Medicare Advantage Plans/ MA Plan)
        - Medicaid / CHIP
        - Commercial Insurance
        - Self-Pay (No Insurance)
        - Other
        - Additional documentation as follows:
            - 2020, 2021, 2022, and 2023 budgets approved prior to March 27, 2020
            - Attestation by Chief Executive Officer (CEO), Chief Financial Officer (CFO), or similarly responsible individual representing the reporting entity on accuracy of budget
    - Alternate Method of calculating lost revenues by calendar year quarter, for the entire period of availability
        - Narrative document describing methodology, why the methodology is reasonable, and a description establishing how lost revenues were attributable to COVID-19, as opposed to a loss caused by any other source
        - Calculation of Lost Revenues using the methodology described in the narrative document
        - (Optional) Additional Supporting Documentation
            - Other Non-Financial Data reported by calendar year quarter (2019 through the end of the period of availability)
    - Personnel Metrics: Total number of clinical and non-clinical personnel by labor category (i.e., full-time, part-time, contract, furloughed, separated, hired)
    - Patient Metrics: Total number of inpatient admissions, outpatient visits (in-person and virtual), emergency department visits, and facility stays (for long-term and short-term residential facilities)
    - Facility Metrics: Total number of staffed beds for medical/surgical, critical care, and other beds
- Responses to survey questions on the impact PRF of payments received during the Payment Received Period that corresponds to the reporting period

If the reporting entity received Rural Health Clinic (RHC) COVID-19 Testing Program and/or RHC COVID-19 Testing and Mitigation Program[7] funds, did the entity complete reporting on the use of

[7] More information on reporting for the Rural Health Clinic COVID-19 Testing and Mitigation Program and the Rural Health Clinic COVID-19 Testing Program is available at https://www.rhccovidreporting.com.

these funds? Each of these data elements is explained more thoroughly within each corresponding section of the user guide.

1.6 GETTING STARTED

The portal must be accessed at: https://prfreporting.hrsa.gov/.The PRF Reporting Portal is only compatible with the latest versions of Microsoft Edge, Google Chrome, and Mozilla Firefox. For portal users that do not have a compatible web browser, one may be downloaded for free. The Reporting Portal is supported on phones and tablets that meet these mobile platform or desktop operating system and version requirements:

- Mac: macOS 10.14 (Mojave) or later
- Windows: Windows 7 or later
- iOS: iOS 13 or later
- Android: Android 5.0 (Lollipop) or later

If technical difficulties arise, users may contact the Provider Support Line at (866) 569-3522; for Teletypewriter (TTY) dial 711 for assistance.

In addition to this PRF Reporting Portal User Guide – Reporting, reporting entities should reference the following key PRF resources during the reporting process:

- PRF Reporting Portal User Guide – Registration (PDF)
- PRF Post-Payment Notice of Reporting Requirements (PDF)
- PRF Frequently Asked Questions (FAQs)
- PRF Reporting and Auditing Requirements
- PRF Terms and Conditions
- PRF General Information Home Page

Links to key PRF resources are available to reporting entities on the PRF Reporting Portal Home Page and throughout the portal. Please reference *Section 2 Home Page* to locate these resources.

For more information on how to navigate the portal, please reference *Section 3 Navigation within the Portal*.

For a step-by-step walkthrough of the PRF reporting process, please reference *Section 4 Steps to Complete Reporting*.

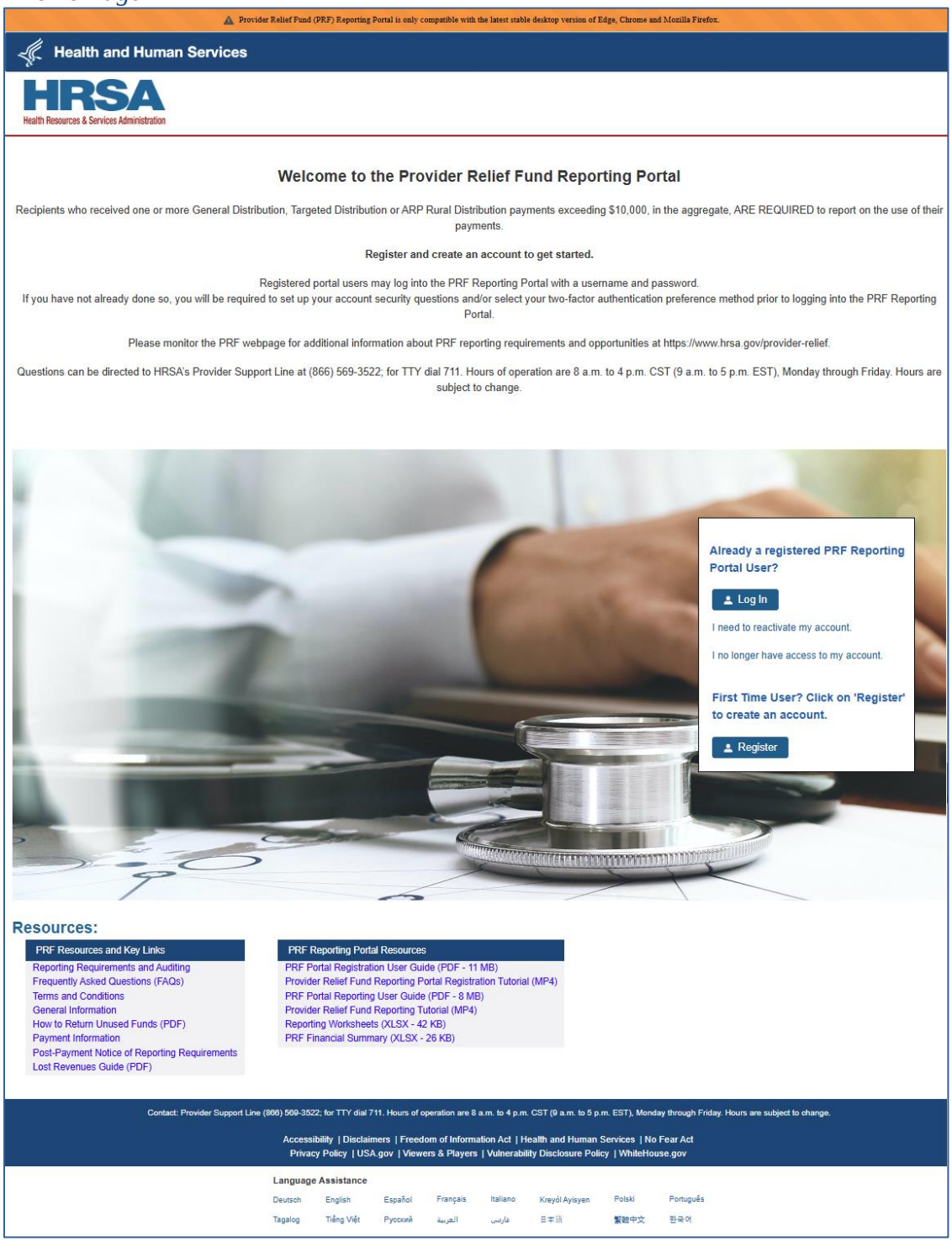
NOTE: *These reporting requirements do not apply to the Rural Health Clinic COVID-19 Disease 2019 (COVID-19) Testing and Mitigation Program 2 and the Rural Health Clinic COVID-19 Testing Program or claims reimbursements from the HRSA COVID-19 Uninsured Program and the HRSA COVID-19 Coverage Assistance Fund*[8]*. If the reporting entity received RHC COVID-19 Testing Program payments and/or RHC COVID-19 Testing and Mitigation Program payment(s), they are required to report separately on the use of those funds at https://www.rhccovidreporting.com.*

[8] More information on the COVID-19 Uninsured Program and Coverage Assistance Fund is available at: https://www.hrsa.gov/provider-relief/about/covid-uninsured-claim.

2 HOME PAGE

The PRF Reporting Portal Home Page allows reporting entities to register and log in to report on PRF and/or ARP Rural payments, and to access resources and frequently asked questions (FAQs). It can be accessed at https://prfreporting.hrsa.gov/. The key elements are shown on the *Figure 1 Home Page.*

Figure 1 Home Page



2.1 REGISTRATION

PRF Reporting Portal User registration is the first step in the reporting process. To begin registration, reporting entities should click the blue 'Register' button below the 'First Time User?' to create an account. Reporting entities must register for an account in the portal before reporting on the use of funds may begin. Reporting entities should follow the steps in the PRF Reporting Portal User Guide – Registration (PDF) for detailed instructions on the registration process.

2.1 ACCOUNT REACTIVATION/VERIFICATION

If an entity's account has been deactivated for any reason, click the *I need to reactivate my account* link and follow the instructions provided.

If an entity no longer has access to the account (e.g., previous user has left the company), click the *I no longer have access to my account* link and follow the instructions provided.

NOTE: If there are questions, reporting entities should contact the Provider Support Line at (866) 569-3522; for TTY dial 711.

2.2 RESOURCES

Reporting entities can access important PRF resources on the PRF Reporting Portal Home Page. These resources may also be accessed using the blue 'Resources & FAQs' button in the upper right corner on all pages throughout the portal after successful login. Clicking the 'Resources & FAQs' button will open a new browser tab which will not affect previously entered data.

2.3 TECHNICAL QUESTIONS

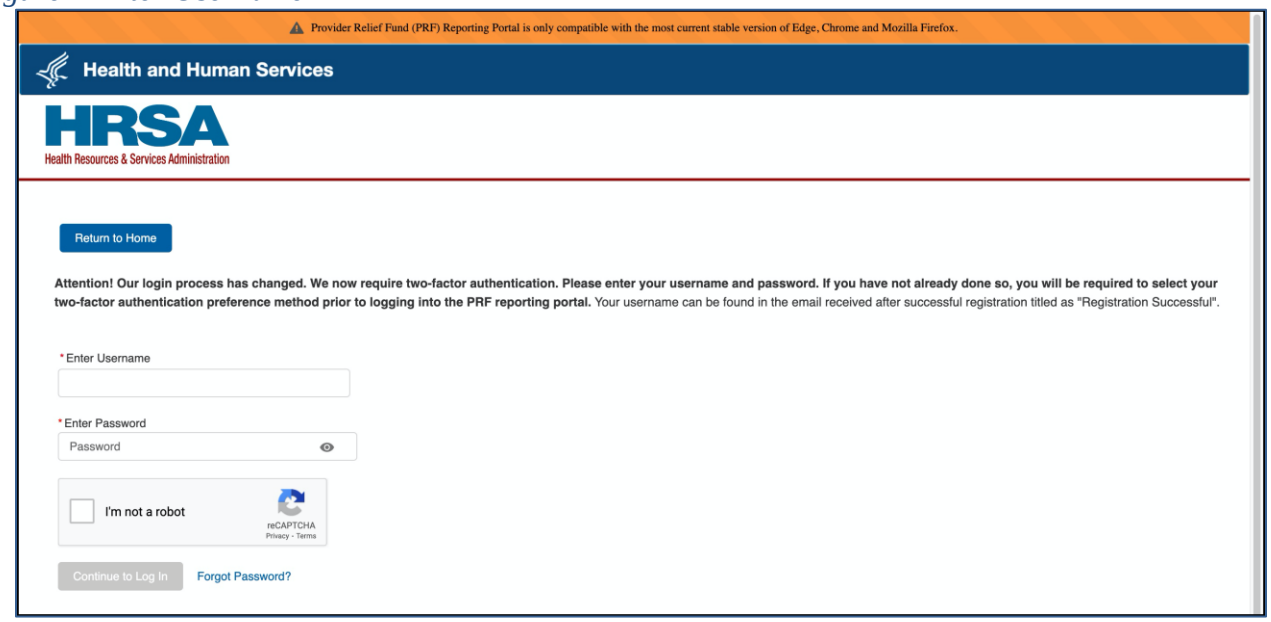
For technical questions regarding the use of the portal or questions regarding reporting that cannot be answered by this user guide or other available resources, reporting entities should contact the Provider Support Line at (866) 569-3522; for TTY dial 711. Provider Support Line contact information and hours of operation are found in the footer of the Reporting Portal Home Page and all subsequent pages. The footer also has other web links to standard government websites.

2.4 LOG IN

Reporting entities that are already registered as PRF Reporting Portal users can enter the portal by clicking on the 'Log In' button displayed under the 'Already a registered PRF Reporting Portal User?' heading. After clicking the 'Log In' button, portal users will be prompted to enter the username created during the registration process, complete the reCAPTCHA (i.e., check the 'I'm not a robot' button), and click the 'Continue to Log In' button as shown in *Figure 2 Enter Username*.

NOTE: After three failed attempts to enter the correct username/password combination, the account will be locked for 15 minutes before the provider can try again.

Figure 2 Enter Username

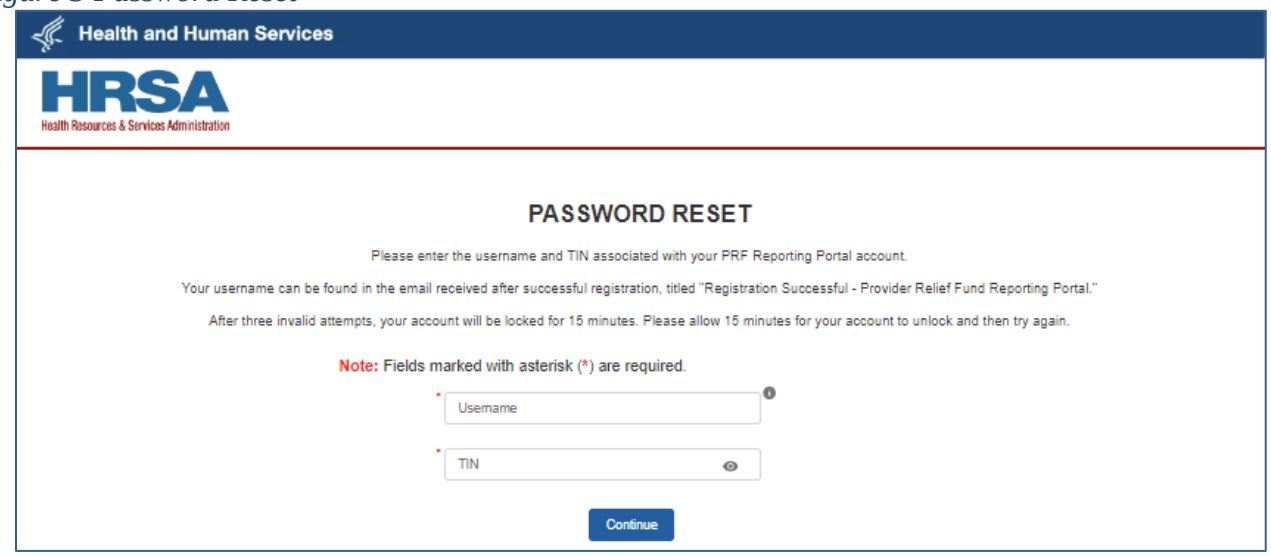


2.4.1 Password Reset

Portal users that do not remember their passwords can reset their passwords using the 'Forgot Password?' link on the Login page. Clicking the link will redirect users to the *Password Reset* screen where they will enter their username and TIN associated with their portal account to reset the password as shown in *Figure 3 Password Reset.*

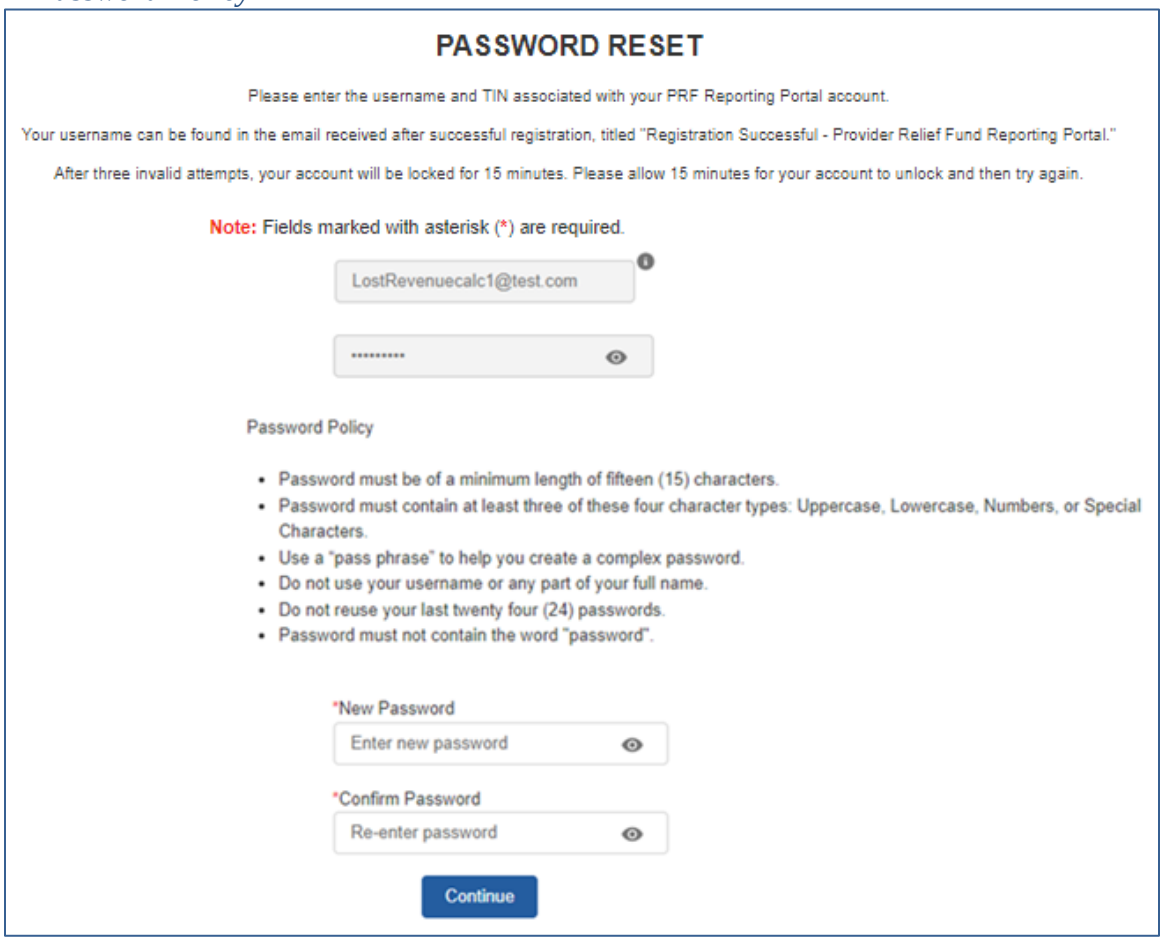
NOTE: After three failed attempts to enter the correct username/TIN combination, the account will be locked for 15 minutes before the provider can try again.

Figure 3 Password Reset



Upon validation of the username and TIN entered, the system will send a *password reset* link to the email address associated with the username. Upon click of this link, the user will be prompted to create a new password per the password policy as shown in *Figure 4 Password Policy*.

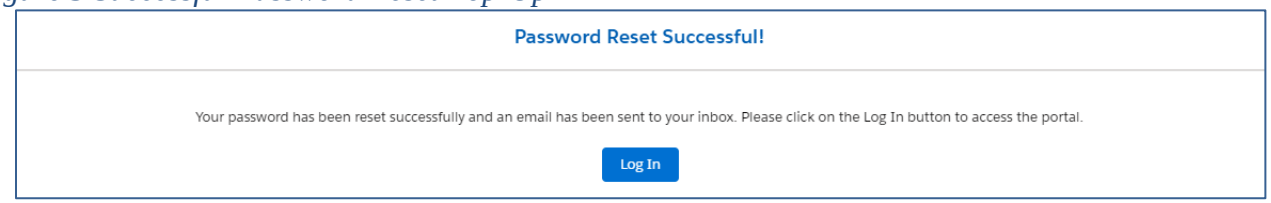
Figure 4 Password Policy



After the password is successfully reset, a pop-up window will appear with the message indicating a successful reset as shown in

Figure 5 Successful Password Reset Pop-Up. An email will also be sent to the user's email for confirmation. Reporting entities may contact the Provider Support Line at (866) 569-3522; for TTY dial 711 if they have forgotten their username or if they do not receive a link to reset their password. Hours of operation are 8 a.m. to 4 p.m. CST (9 a.m. to 5 p.m. EST), Monday through Friday. Hours of operation are subject to change.

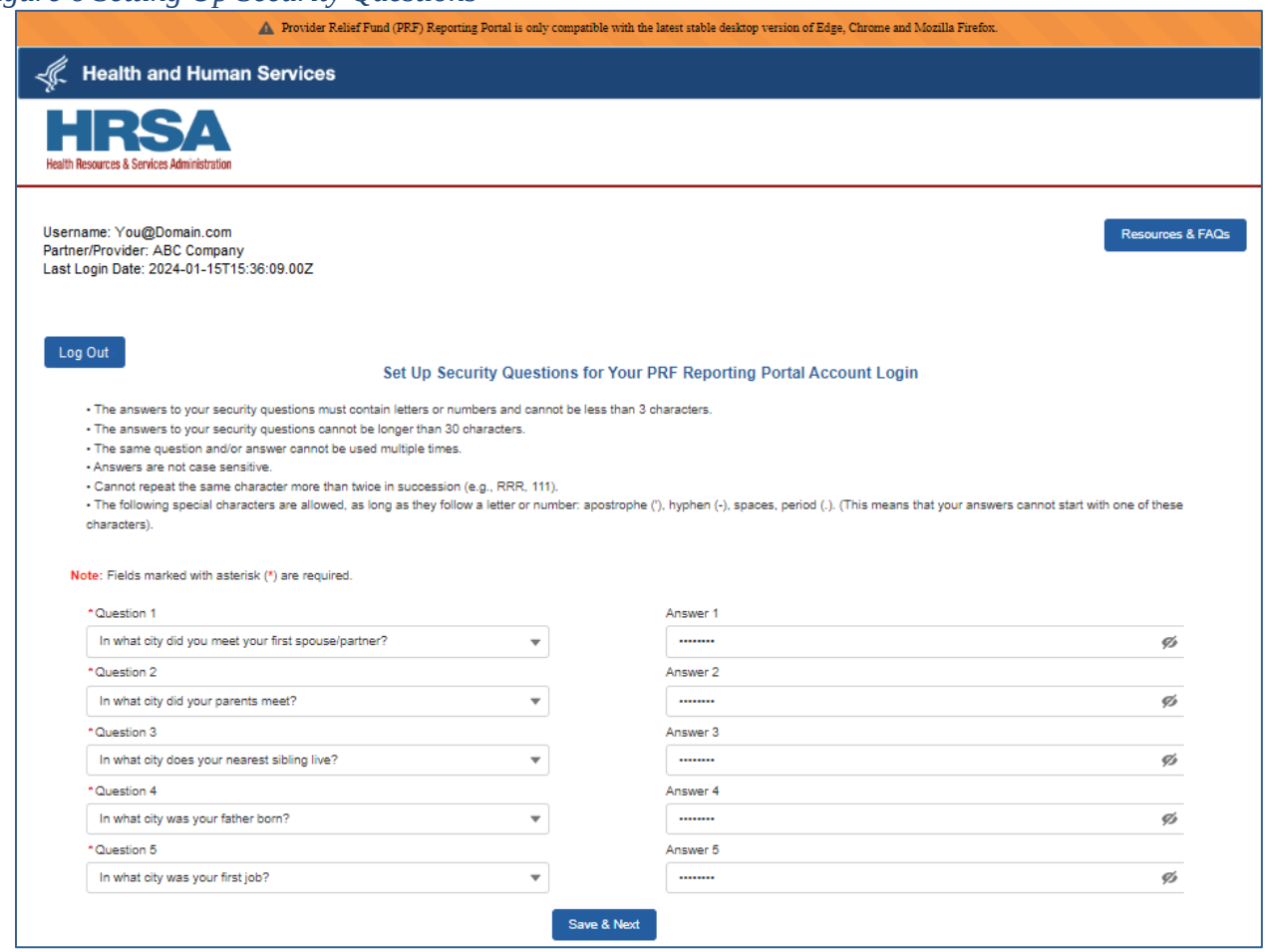
Figure 5 Successful Password Reset Pop-Up



2.4.2 Setting Up Security Questions

Cybercrime has been an increasingly severe problem in recent years. As a result, the Provider Relief Fund (PRF) has added a new security feature to the PRF Reporting Portal to comply with the HRSA Office of Information Technology security standards to improve account security. Upon logging in, the system will allow you to set up security questions on the PRF Reporting Portal as shown in *Figure 6 Setting Up Security Questions*, providing your account information with an extra layer of security.

Figure 6 Setting Up Security Questions



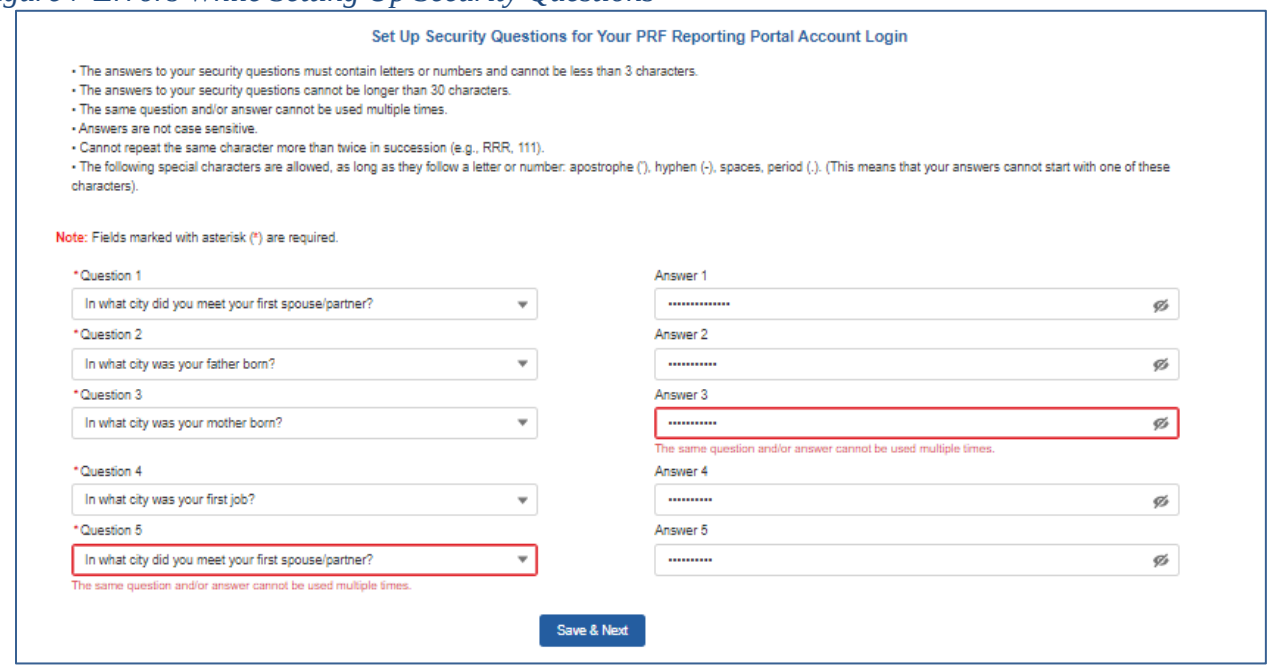
You will be required to select five (5) security questions/answers. Please follow the following rules for setting up your security questions/answers:

- The answers to your security questions must contain letters or numbers and cannot be less than three (3) characters.
- The answers to your security questions cannot be longer than 30 characters.
- The same question and/or answer cannot be used multiple times.
- Answers are not case sensitive.
- Cannot repeat the same character more than twice in succession (e.g., RRR, 111).
- The following special characters are allowed, as long as they follow a letter or number: apostrophe ('), hyphen (-), spaces, period (.). (This means that your answers cannot start with one of these characters).

If you want to check the answer you have entered for one of the security questions, click the *Show* icon as shown in *Figure 7 Errors While Setting Up Security Questions*.

If you do not follow all rules while creating your security questions/answers, you will receive error(s) as shown in *Figure 7 Errors While Setting Up Security Questions*.

Figure 7 Errors While Setting Up Security Questions



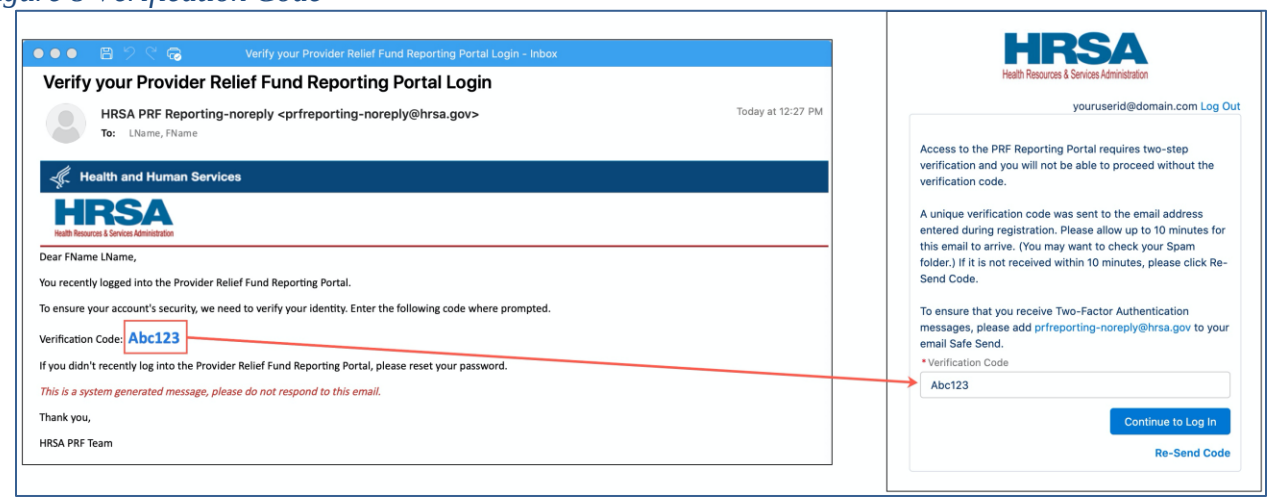
Once you have completed creation of all security questions/answers, you will proceed to the PRF Reporting Portal Terms and Conditions page.

2.4.3 Two-Factor Authentication

The PRF Reporting Portal has enhanced the portal security by integrating two-factor authentication (2FA). If you have not configured the 2FA preference, the portal login process will require the user to set up 2FA preference, please refer to the "Two-Factor Authentication Preferences" section below.

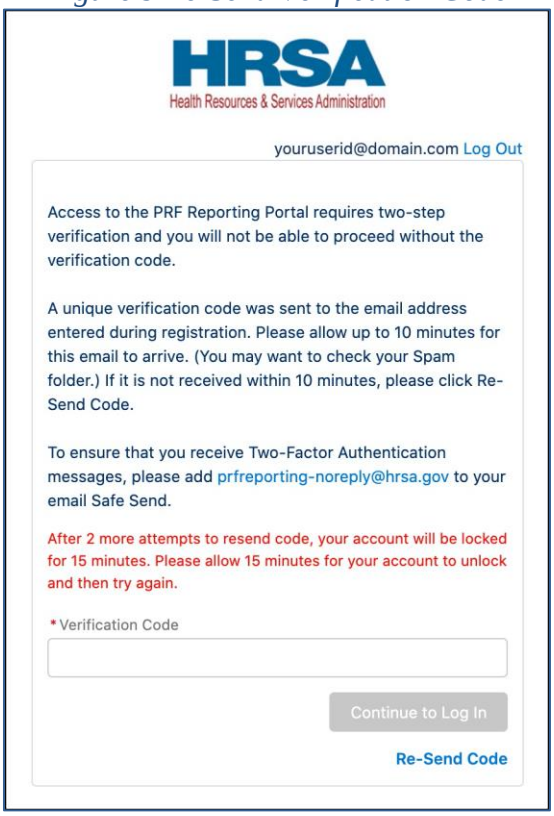
Upon successful validation of the username and password, a 2FA verification code will be emailed to the email addressed in the user's PRF Reporting Portal Contact profile. The email may take up to ten minutes to be received by the user. Once received, please enter the verification code in the "Verification Code" text box and click the "Continue to Log In" button. If the user has SMS as the preferred 2FA method, the verification code will be sent to the registered mobile number.

Figure 8 Verification Code



To receive a new verification code, click on the "Re-Send Code" hyperlink. A new verification code will be delivered to the preferred 2FA option. The 2FA verification code entry page will reload and display a warning message. Within a single login attempt, users are allowed to request re-sending three verification codes before the account is locked. If the account is locked, the user will have to wait fifteen (15) minutes before requesting another verification code.

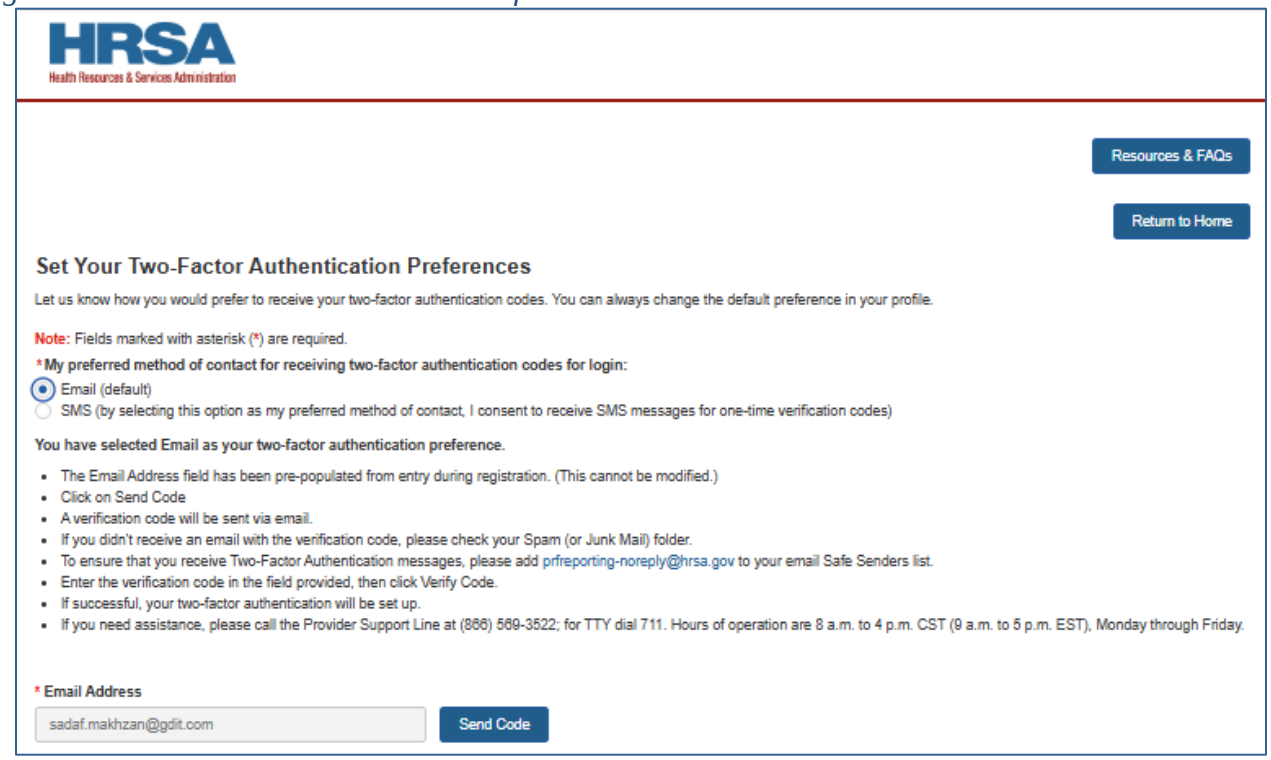
Figure 9 Re-Send Verification Code



2.4.3.1 Setting 2FA Authentication Preference

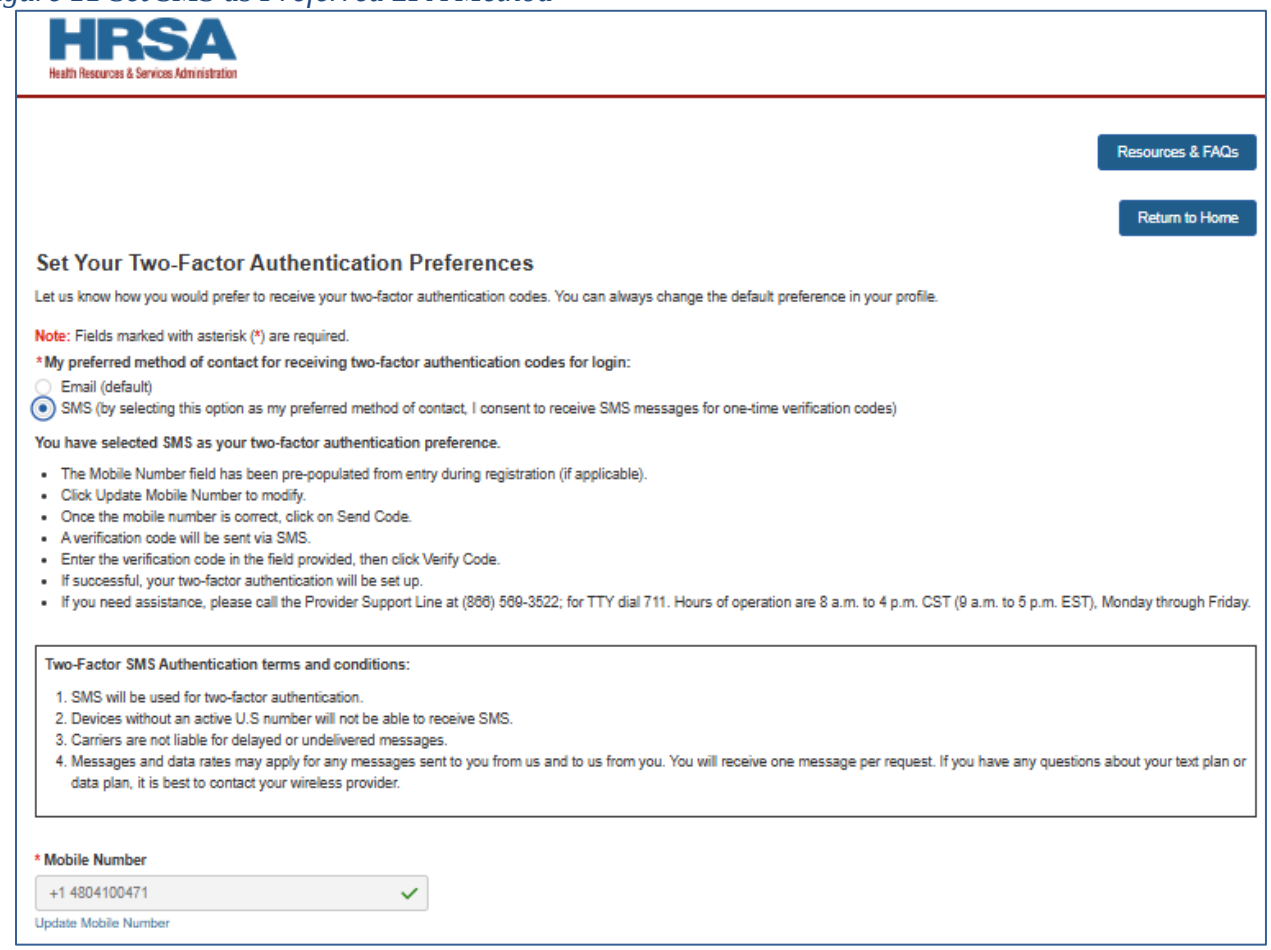
By default, 2FA method is set to email. The email address is read-only and is pulled from the user profile. The Reporting Portal preferred verification method is email.

Figure 10 Two-Factor Authentication Preferences



If the user is unable to receive email from the PRF Reporting Portal, the user may select to receive the 2FA verification code through SMS on a mobile device. To receive the verification code via SMS, please click on the SMS radio button and click on the “Update Mobile Number” hyperlink below the “Mobile Number” text box.

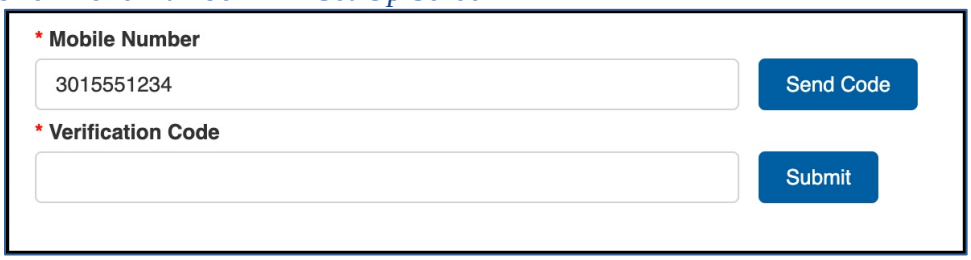
Figure 11 Set SMS as Preferred 2FA Method



The "Mobile Number" text box will be enabled allowing the user to enter the mobile phone number. The 2FA mobile phone number is not used for PRF communications. Entering a SMS enabled mobile phone number will not update the contact phone number in the "Entity Overview" page.

Once the user has entered a SMS-capable mobile phone number, click on the "Send Code" button. An email will be sent verifying a new verification method was added to the PRF Reporting Portal User account. The user will receive the verification code on the mobile phone. The user must enter the verification code in the text box and then click the "Submit" button.

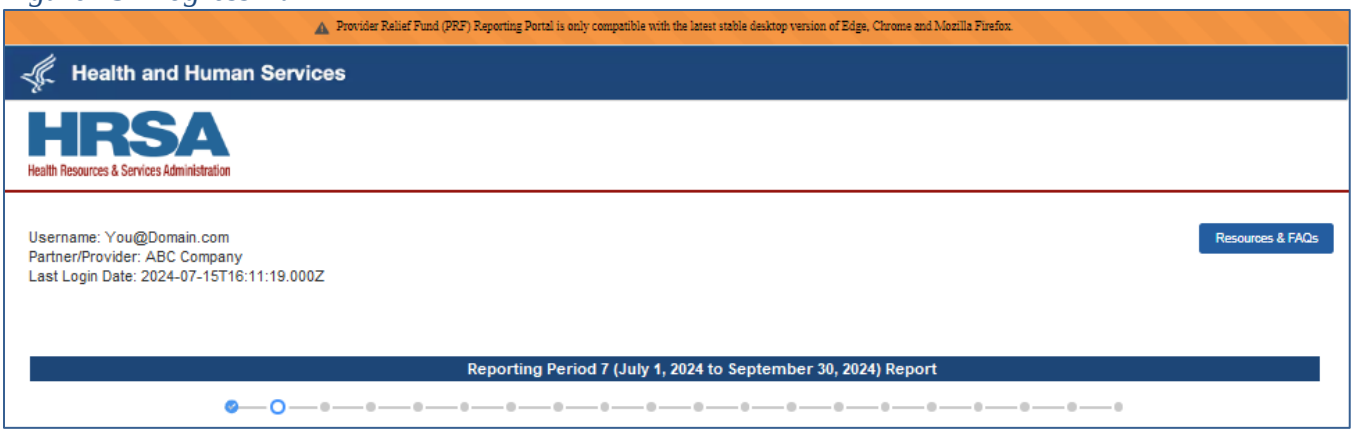
Figure 12 Mobile Phone Number 2FA Set Up Screen



3 NAVIGATION WITHIN THE PORTAL

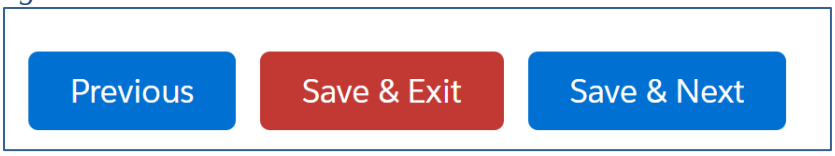
After a successful login, users will be able navigate the portal through a series of pages in a sequential order – completing data entry for one step before proceeding to the next. The progress can be observed by viewing the progress bar located at the top of each portal page as shown in *Figure 13 Progress Bar*. Blue circles represent steps that have been completed, a white circle with a blue outline represents the current step, and grey circles represent steps to be completed. It is not possible to skip steps to view subsequent pages.

Figure 13 Progress Bar



Users can save partial information throughout the portal as long as they save the information on the current page by clicking on the blue 'Save & Next' or the red 'Save & Exit' buttons as shown *Figure 14 Page Navigation.* Please note that the backward and forward navigation of the web browsers should not be used to navigate between steps. This will result in loss of data entered on the current page.

Figure 14 Page Navigation



Users can save information on the current page and advance to the next step by clicking the blue 'Save & Next' button, only if all required data fields are entered correctly without errors.

Users can return to a previous page by clicking the blue 'Previous' button. Please note that clicking on 'Previous' button without saving the information will result in data loss.

Users should exit the portal when they are not actively entering data by clicking the red 'Save & Exit' button. **Portal users should not exit the portal by closing the browser window or navigate away from the current page using the browser window as data entered on the current page will not be saved.**

To re-enter the PRF Reporting Portal, users will be required to log in using their username, TIN, and password. The portal will re-open onto the first step (Entity Overview page) and all information previously saved will be evident. Click the blue 'Save & Next' button to navigate to the desired page to enter new data or correct any of the previously entered data fields.

Red asterisks (*) denote required data entry fields on each portal page. If a required data entry field has not been completed, a red error message will appear, and the user must correct the error before proceeding to the next page within the portal.

Tooltips (denoted as) provide additional information about the data fields such as definitions and specifications for formatting. Users should hover over the tooltip icon ( ) with their mouse to learn additional details about the data entry fields. Reporting entities should reference these tooltips before directing any questions to the Provider Support Line.

Each portal page will also have the blue 'Resources & FAQs' button in the upper right corner for reporting entities to easily reference helpful resources that are also available on the home page. This will open the resources page in a new browser tab without losing data entered on the current page.

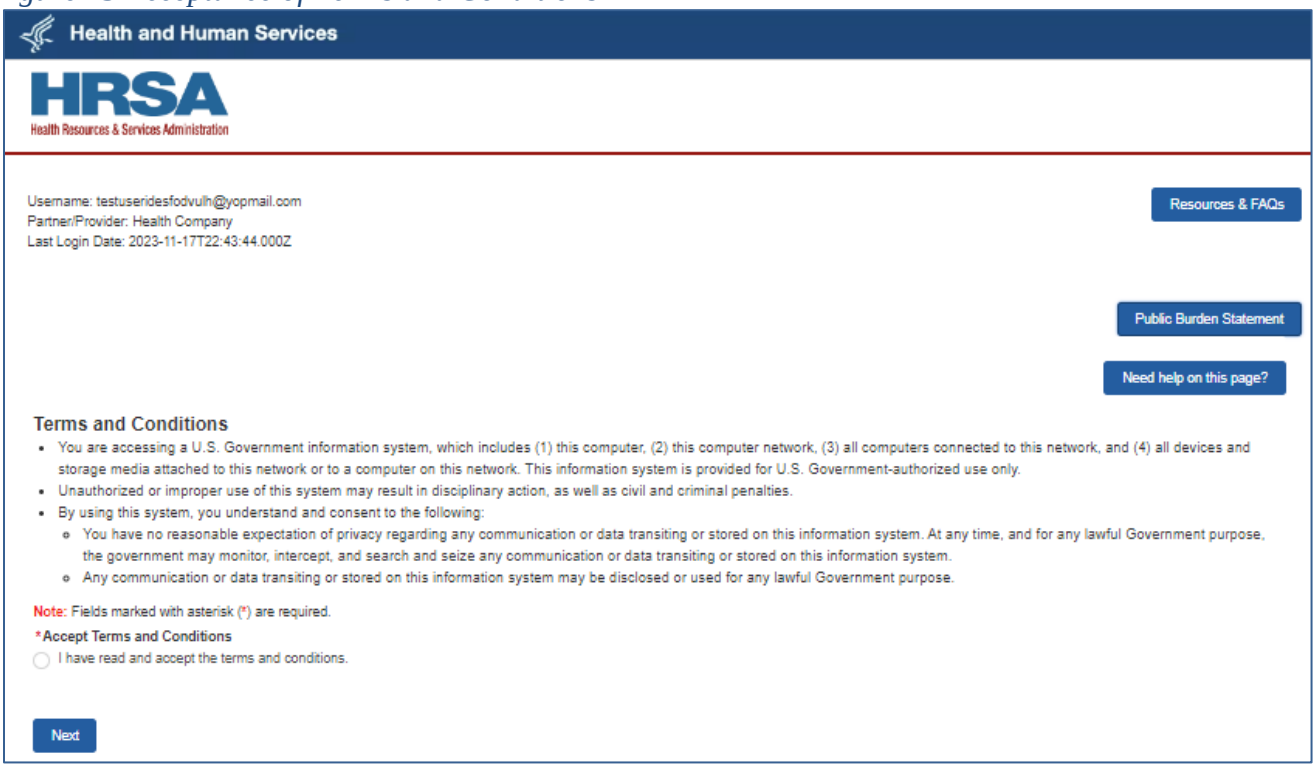
4 STEPS TO COMPLETE REPORTING

After completing registration, a user will be able to log into the PRF Reporting Portal with their username, TIN, and password.

4.1 TERMS AND CONDITIONS

After entering the valid username, TIN, and password, users must certify that they have read and accept the PRF Reporting Portal Terms and Conditions by clicking on the radio button located to the left of the text 'I have read and accept the Terms and Conditions.' The blue 'Next' button will appear after the radio button is selected as shown in *Figure 15 Acceptance of Terms and Conditions*. Clicking 'Next' will enable to the user to proceed to the next page.

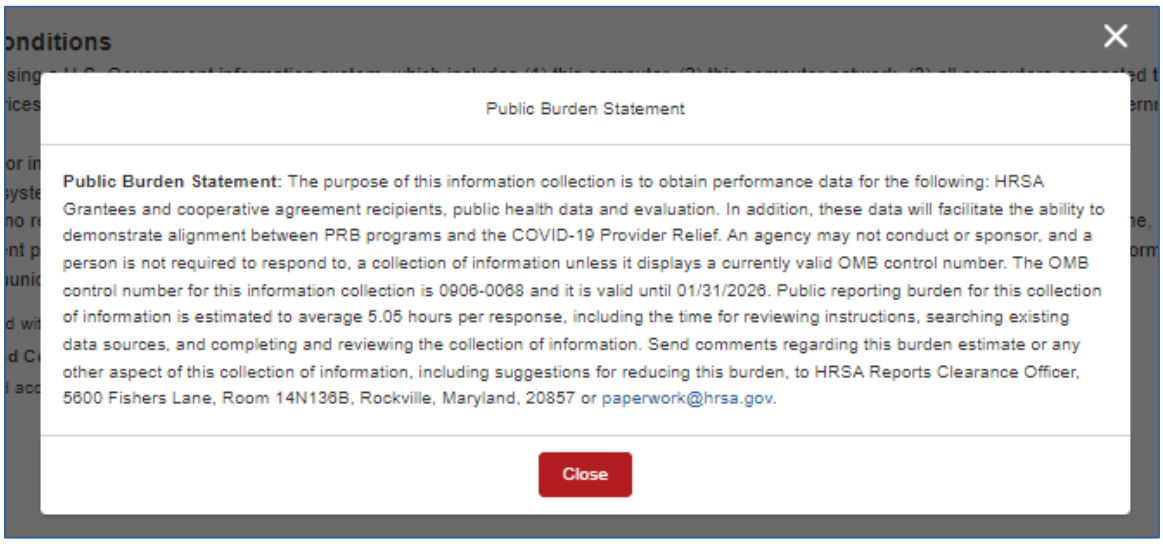
Figure 15 Acceptance of Terms and Conditions



4.1.1 Public Burden Statement

One of HRSA's goals is to consider and account for the impact on reporting entities when asking for information. This impact is called burden and includes the value of both the time and the effort required to fulfill reporting obligations. We are also obligated to provide the OMB control number for this information collection. To review this information, click the 'Public Burden Statement' button. (See *Figure 16 Public Burden Statement*.)

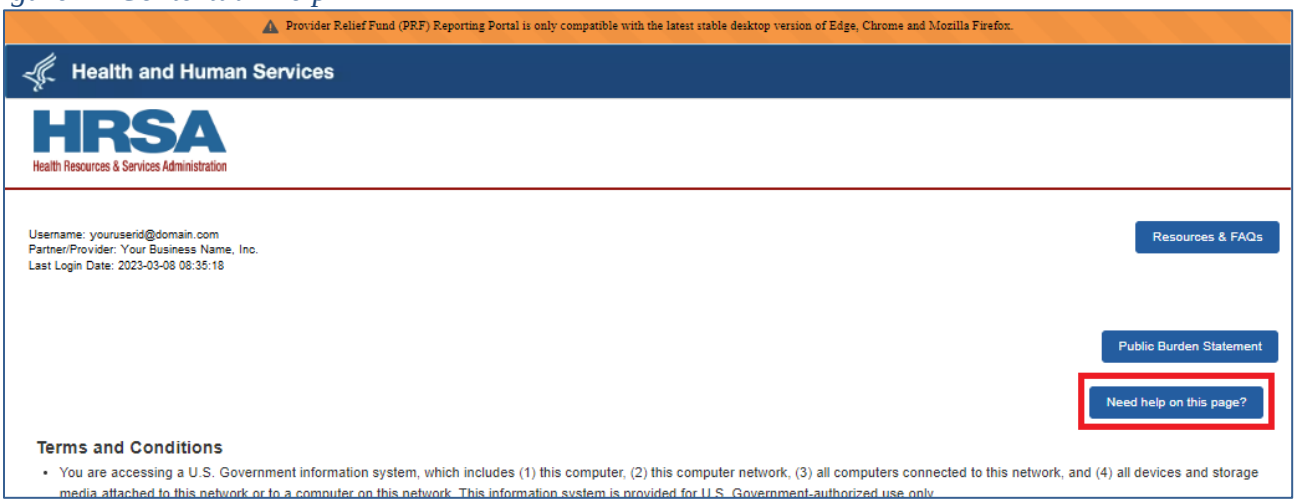
Figure 16 Public Burden Statement



4.1.2 Contextual Help

Contextual Help has been provided on every page of the PRF Reporting Portal to offer assistance without requiring the need to read the full documentation. To use this tool, click *Need help on this page?* as seen in *Figure 17 Contextual Help*.

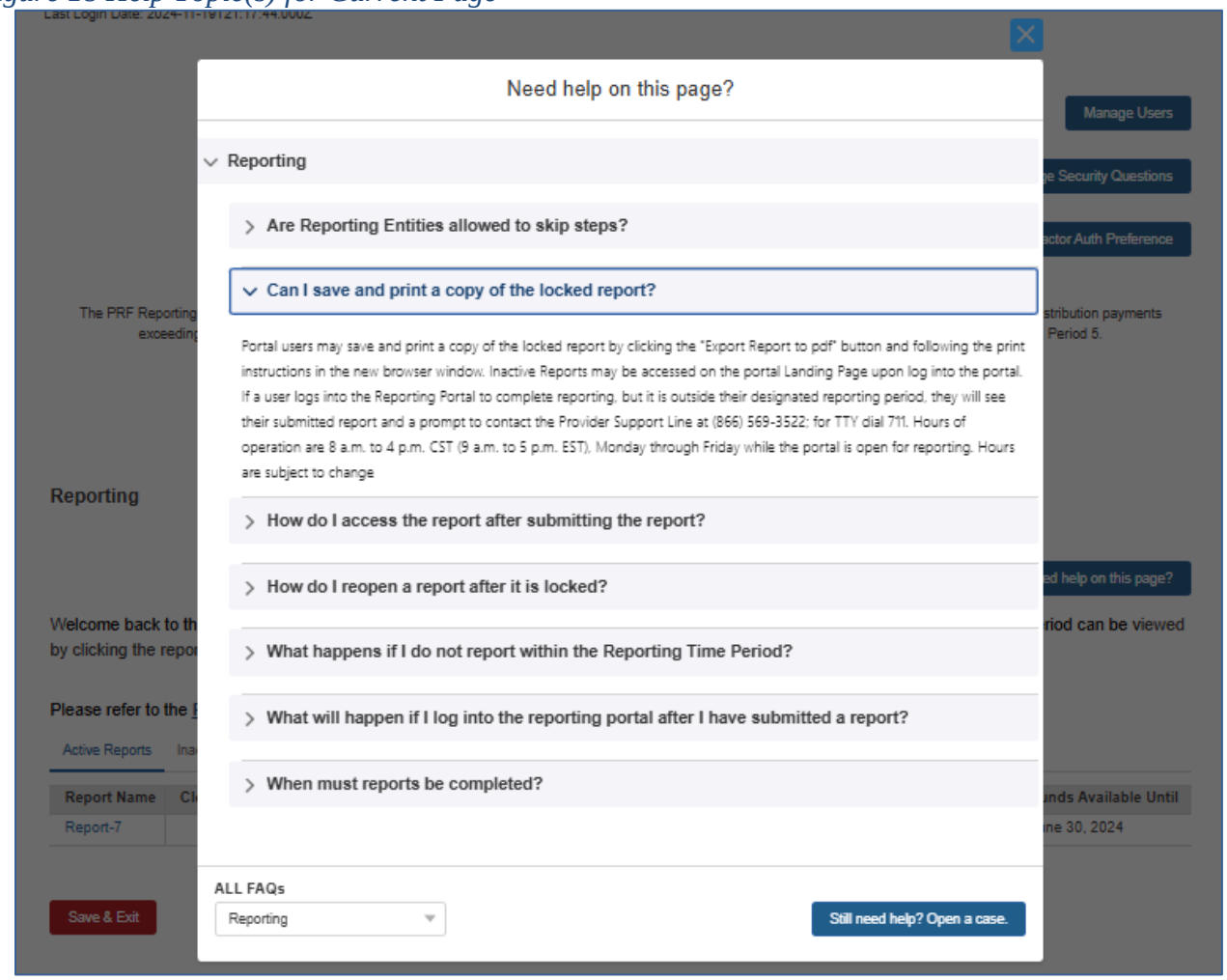
Figure 17 Contextual Help



The system will provide a pop-up with a list of help articles associated with the page.

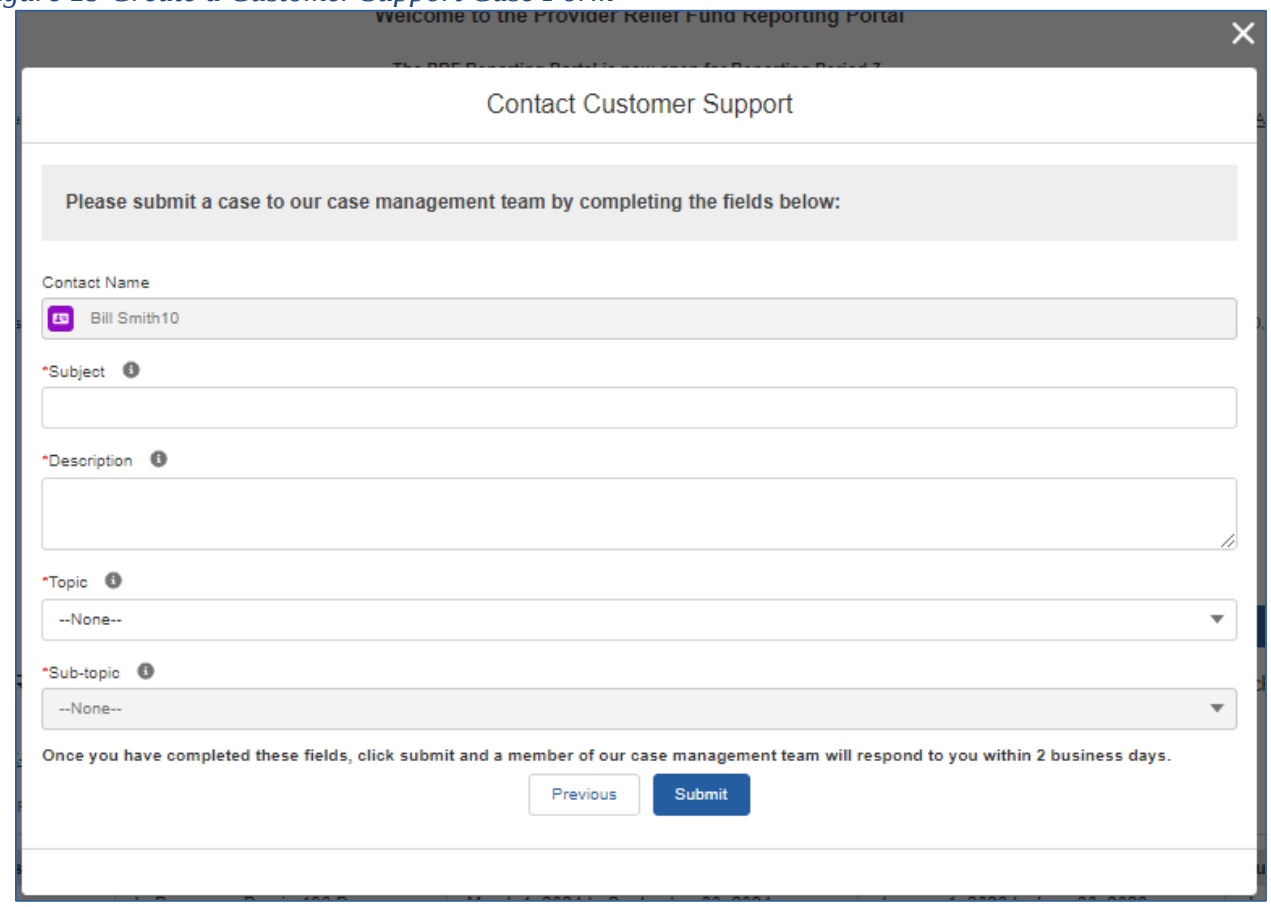
- Click the question you want the answer to, and it will be provided.
- Click the *close* icon to close the Contextual Help feature.
- If you still need more help, click *Still need help? Open a case* to create a Customer Support case.

Figure 18 Help Topic(s) for Current Page



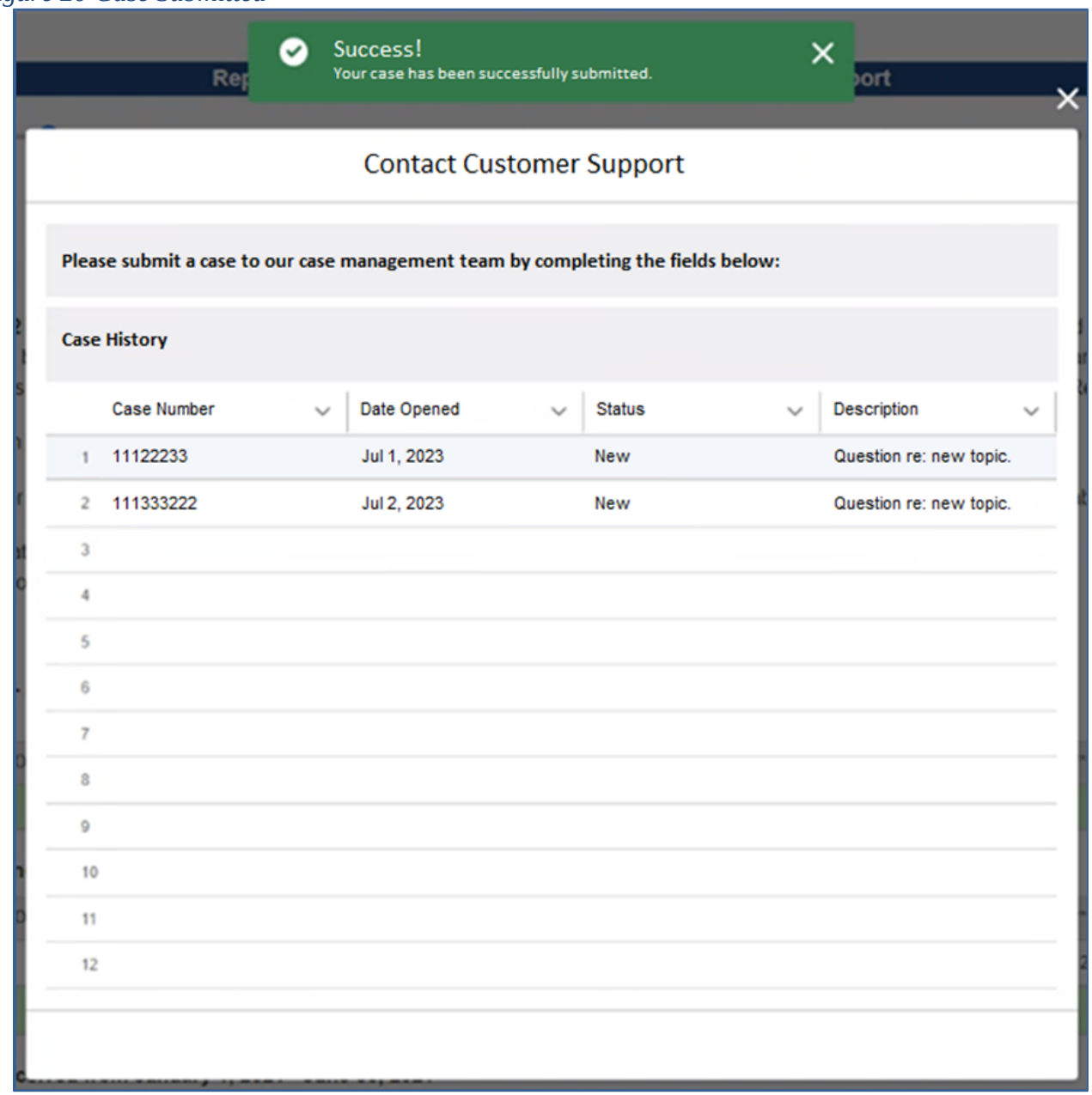
- A form will open, so that you can create a case for Customer Support.
- Your Contact Name will pre-populate; this cannot be modified.
- Complete the required fields; once done, click the Submit button.

Figure 19 Create a Customer Support Case Form



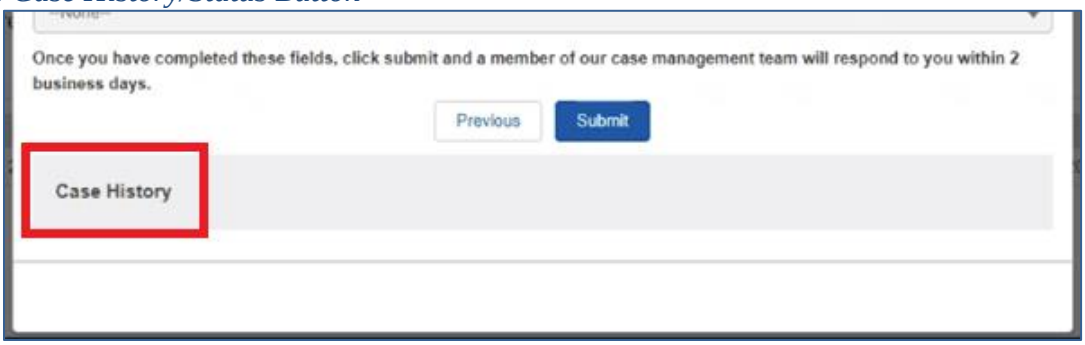
- The system will provide a message when the case has been submitted successfully.

Figure 20 Case Submitted



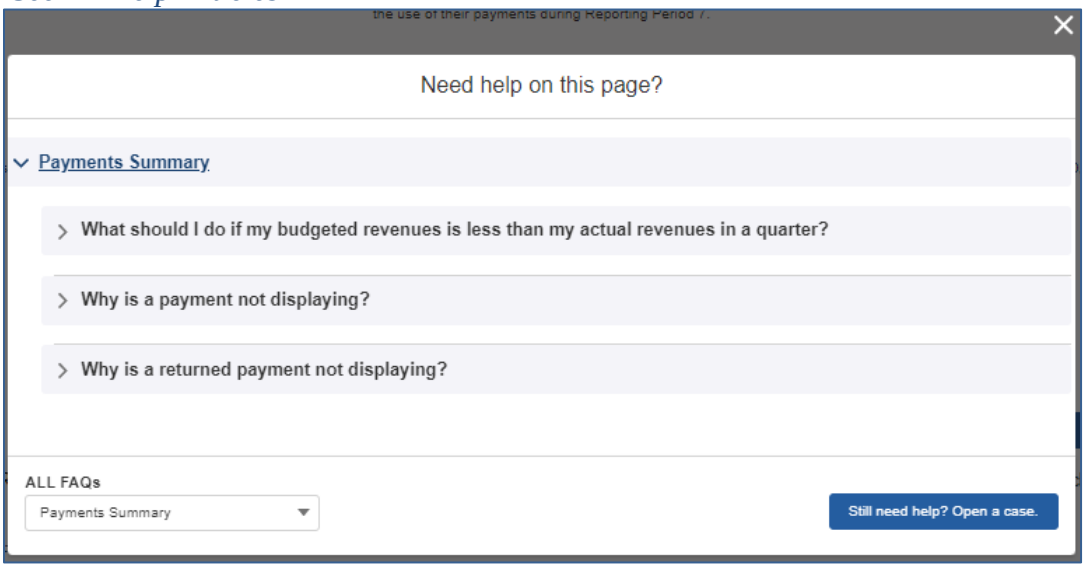
- Clicking the Case History button at any time will allow you to see all cases you have submitted and their statuses.

Figure 21 Case History/Status Button



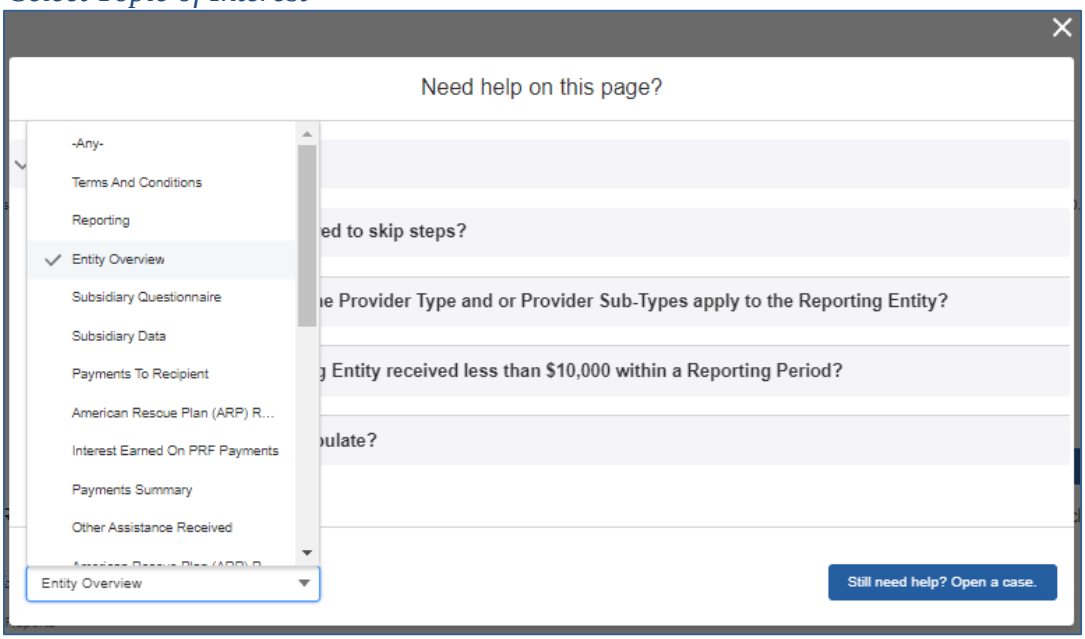
- To see a list of all help articles associated with the PRF Reporting Portal, click the *All FAQs* button.

Figure 22 See All Help Articles



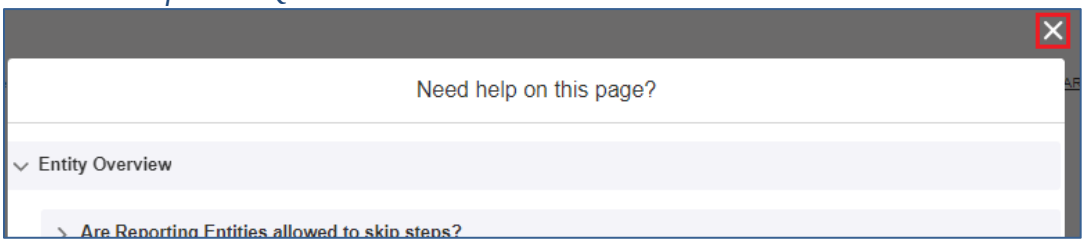
- The system will provide a list of the pages in the portal that contain help articles (by order of where the page falls in the reporting flow).

Figure 23 Select Topic of Interest



- Scroll through the list to select the topic you want more information about. When a topic is selected, the system will provide all related help articles (in alphabetical order).
- Click the close icon to close the pop-up.

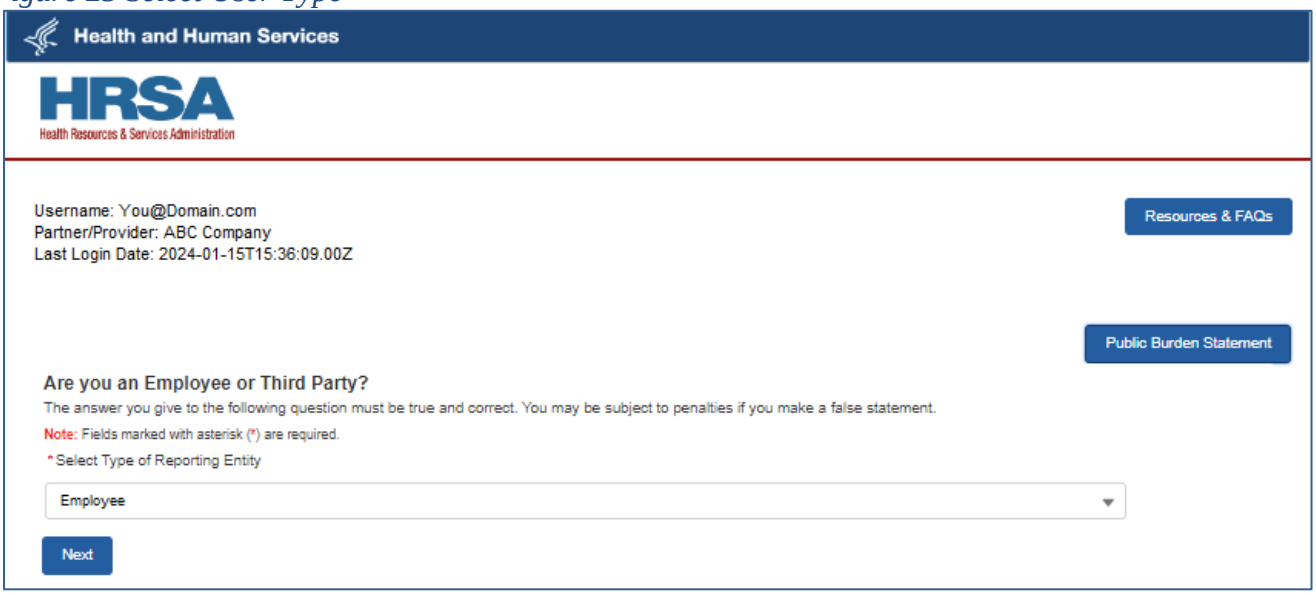
Figure 24 Close List of All FAQs



4.1.3 Selection of User Type

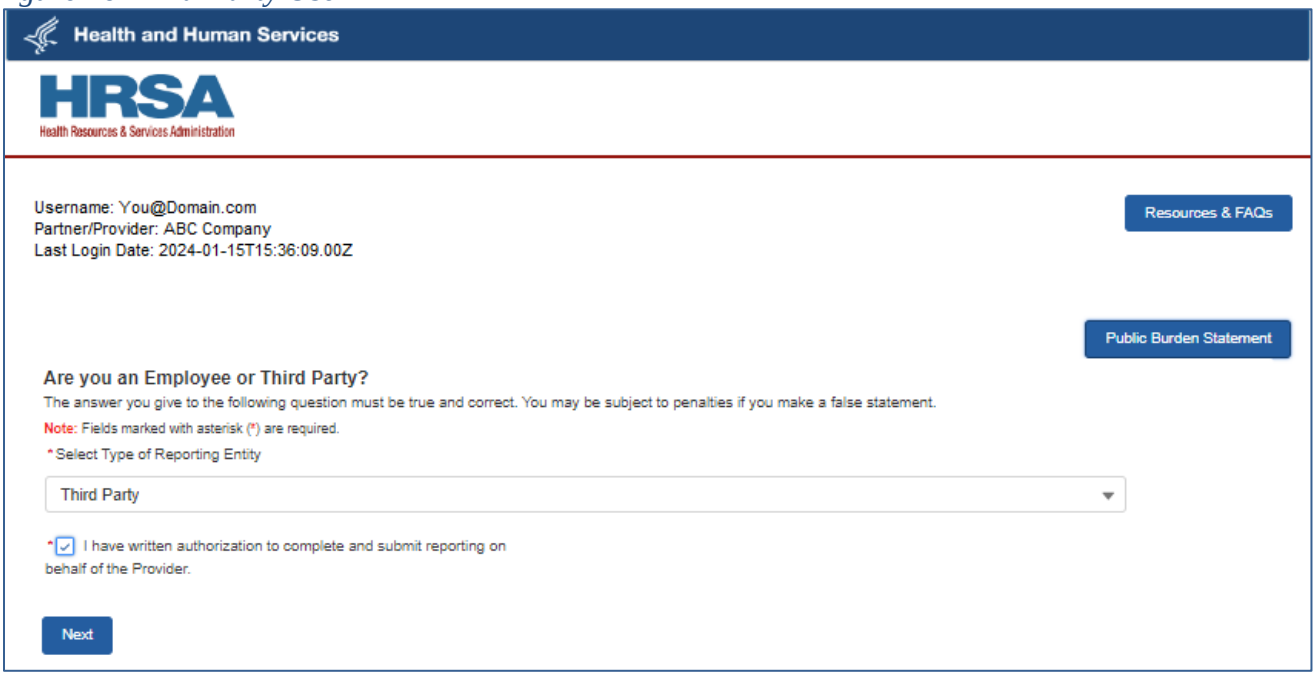
If not previously done, it is required that the user indicate whether they are an entity employee or with a third-party company, as shown in *Figure 25 Select User Type.*

Figure 25 Select User Type



If the user is with a third-party company, they will be required to indicate that they have written authorization to complete/submit reporting on behalf of the entity as shown in *Figure 26 Third-Party User*.

Figure 26 Third-Party User



Prior to leaving the page, the user will be required to certify that, under penalty of law, the selected User Type is correct.

4.2 STEP 1 – REPORT SUMMARY LANDING PAGE

The Report Summary Landing Page is the first page displayed after the user has read and accepted the PRF Reporting Portal Terms and Conditions. It includes the user's Active and Inactive Reports along with the report status, reporting period dates, payments received dates, and funds available until dates. The purpose of this page is to provide a summary view of all reports which are organized into the Active and Inactive Reports tabs as shown in *Figure 27 The Report Summary Landing Page*.

Upon login, the Active Registration information is displayed in the page header. The Active Registration information displays the PRF Portal username, the Partner/Provider name, and the Last Login Date. If the business has a Doing Business As (DBA) name in their profile, the DBA Name will be displayed. This information is displayed on the Landing Page and throughout the reporting webpages.

The first tab labeled Active Reports displays reports within the current reporting period or if a report has been unlocked. Users will be able to access their Active Reports by clicking the report name within the Active Reports table.

The second tab labeled Inactive Reports displays reports for future and past reporting periods. If the reporting period has ended or if the reporting period has yet to begin, the associated report will be displayed in the Inactive Reports table. Only Active Reports may be edited.

Figure 27 The Report Summary Landing Page

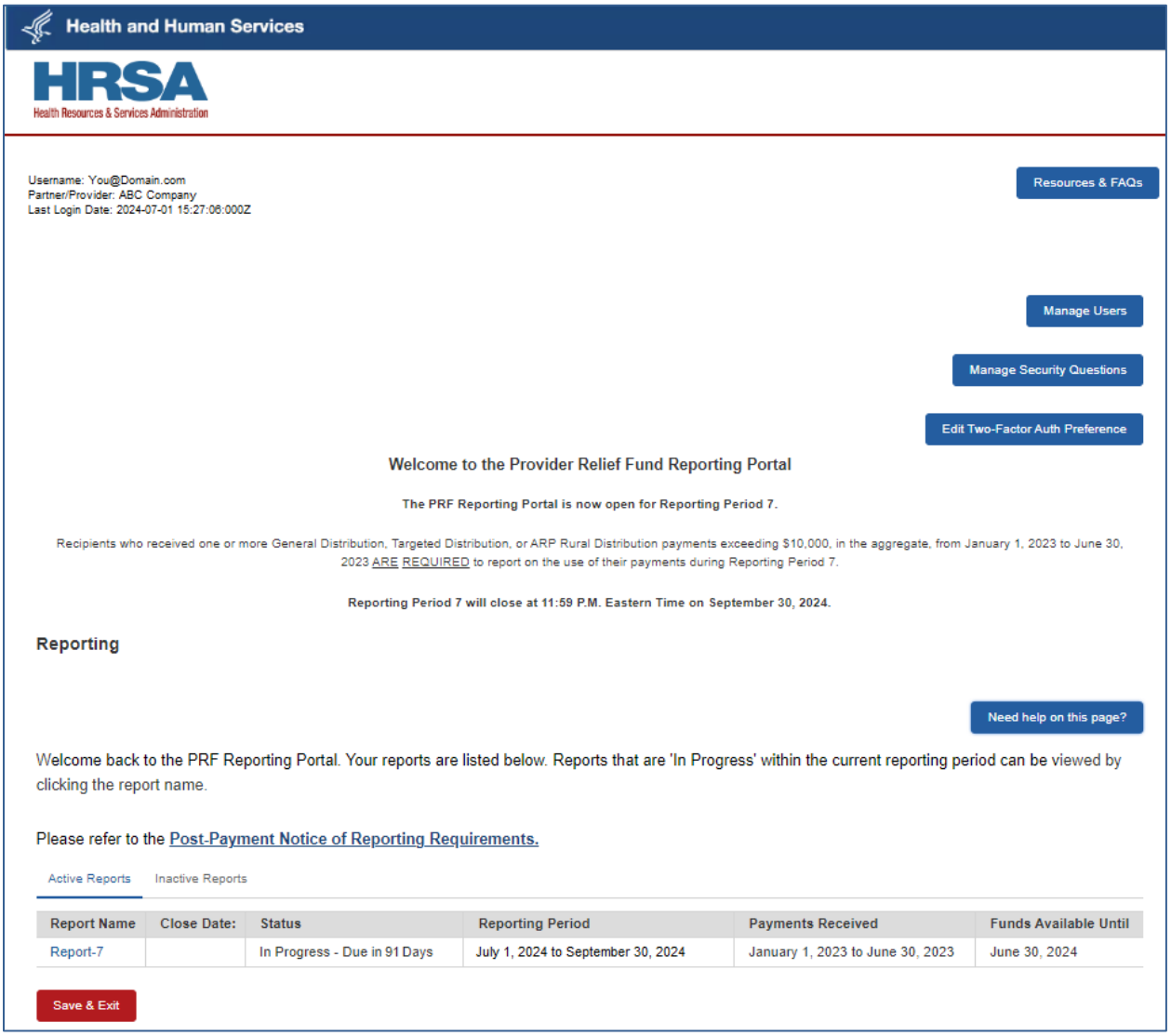
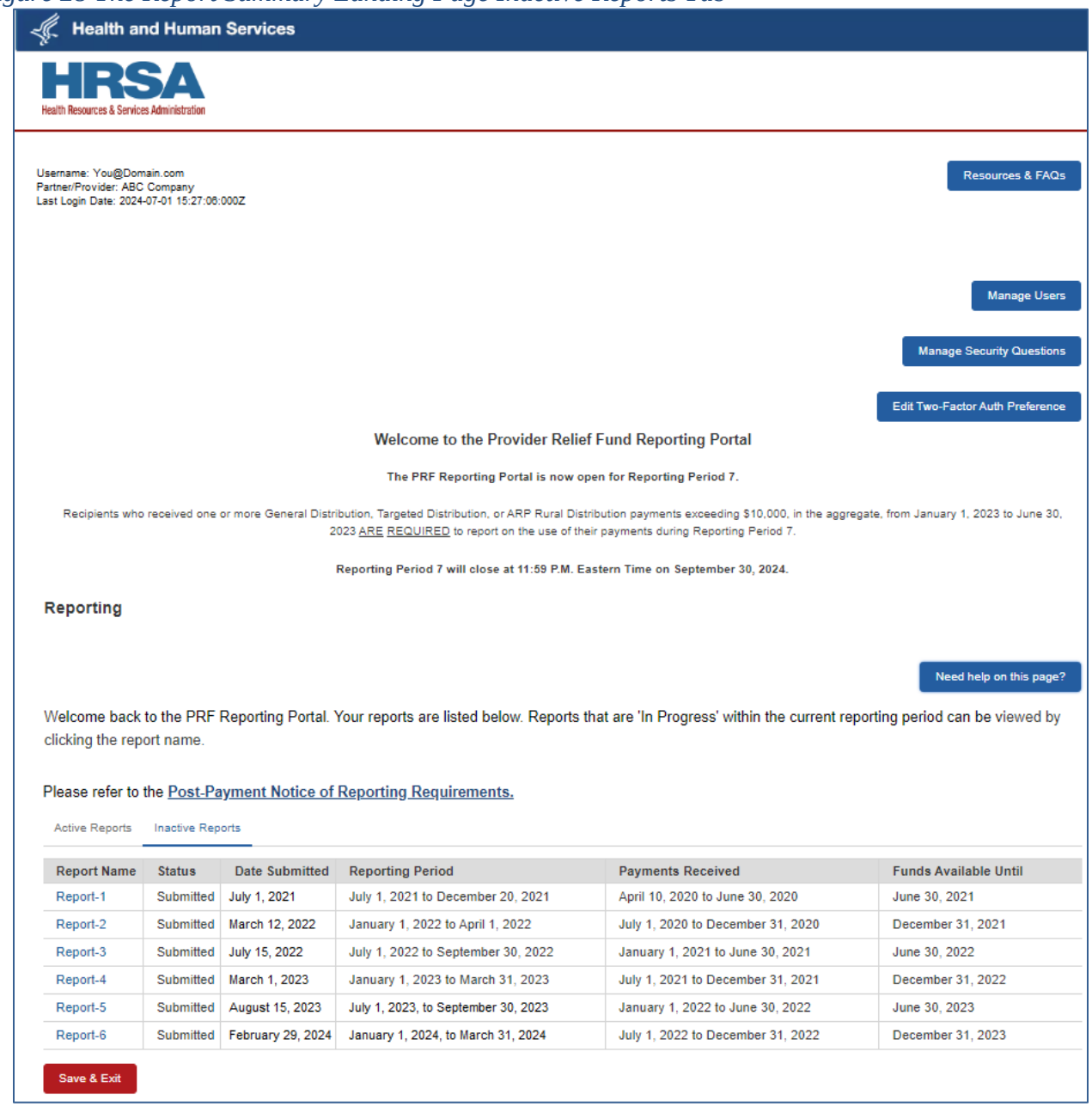


Figure 28 The Report Summary Landing Page Inactive Reports Tab



Changes allowed during inactive periods when reporting is not open:

Portal users can change the contact information associated with a portal account between reporting periods. To do this, users should click on the link associated with the last submitted report and click the 'Update Contact Information' button. This will not change contact information associated with a previously submitted report, however, the updated contact information will be pre-populated in future reports created. Users must keep the contact email address associated with the account updated because it will be used by HRSA for communications about PRF reporting and other issues.

4.2.1 Modify 2FA Preference

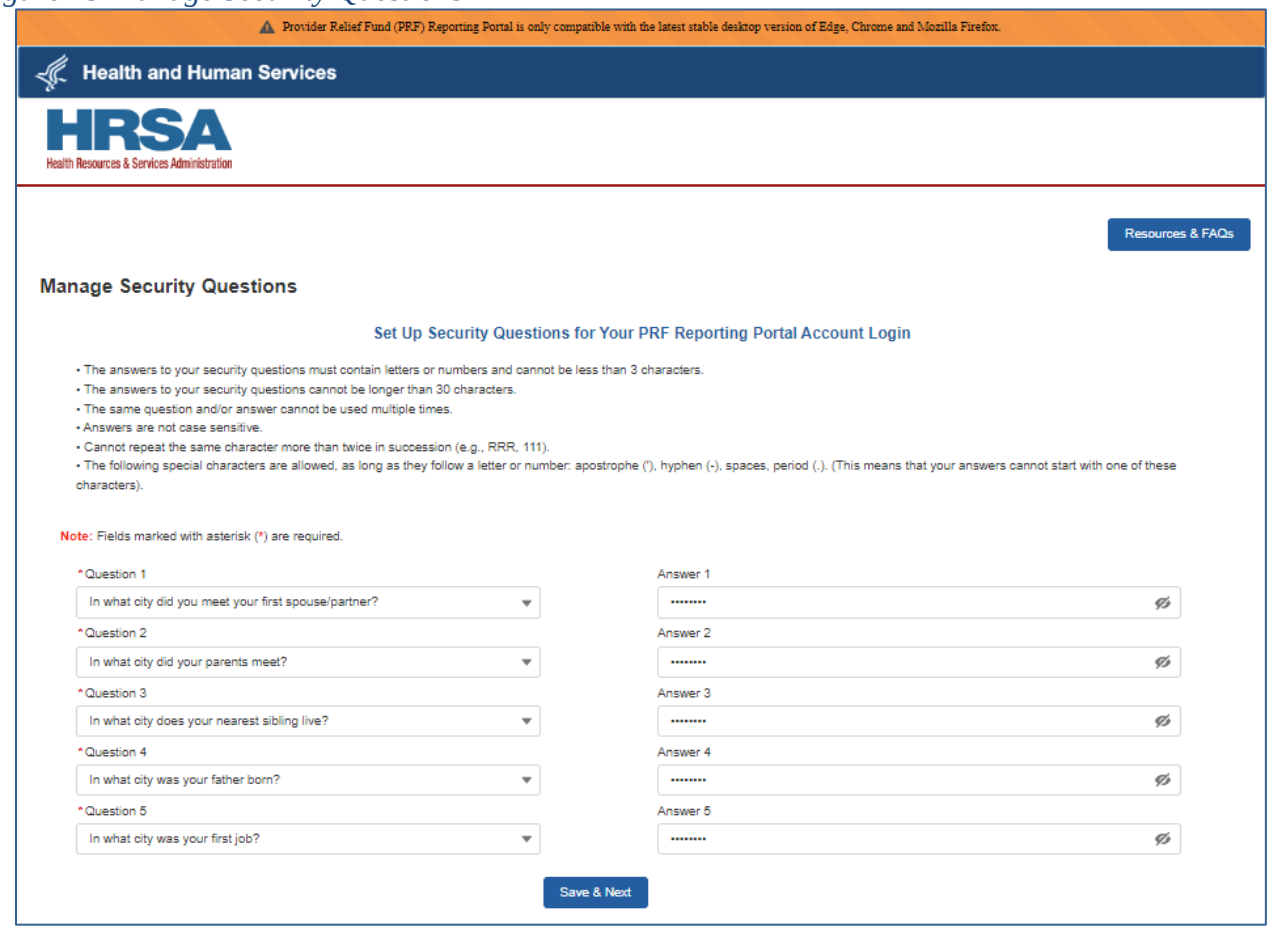
To modify your 2FA preference, refer to click the “Edit Two-Factor Auth Preference” button, then follow the steps for *Setting 2FA Authentication Preference*.

4.2.2 Manage Security Questions

To modify the security questions associated with an account login (see *Figure 29 Manage Security Questions*):

- Click the *Manage Security Questions* button located on the portal Landing Page.
- The *Manage Security Questions* page will be provided.
    - Users can update their security questions/answers using the fields provided.
    - For specific instructions to security question setup, see the *Setting Up Security Questions* section of this document.
- Upon clicking 'Save & Exit', the system information will be saved to the user's account.
- The user will be returned to the *Terms and Conditions* page.

Figure 29 Manage Security Questions



4.2.3 Multiple Users

Entities will now be able to have multiple users for their accounts. Dependent on permissions, users can access, modify, and submit reports. (Note that multiple users cannot edit reports at the same time.)

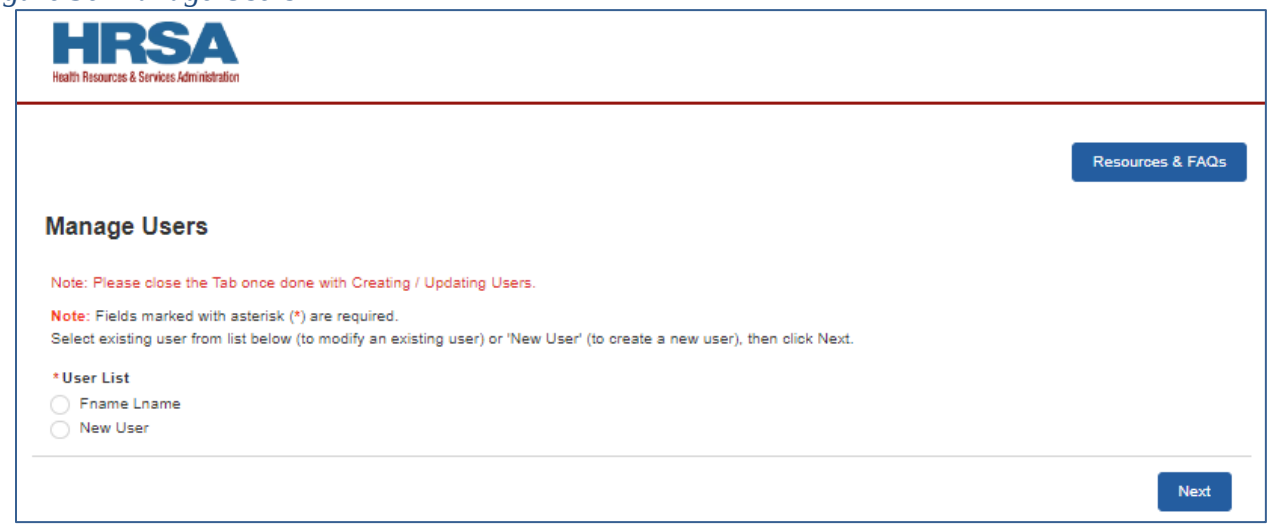
4.2.3.1 Manage User Base

Only authorized users will be able to manage an entity's user base.

Click the *Manage Users* button on the portal Landing Page. The *Manage Users* page will be provided in a new browser window. (See *Figure 30 Manage Users*.)

NOTE: Only authorized users will be able to manage the entity's user base. (See *Update User* section for more information.)

Figure 30 Manage Users



4.2.3.1.1 Creating Users

Outlined below are the instructions for creating a new user. (See *Figure 31 Create User*.)

NOTE: Fields marked with asterisk (*) are required.

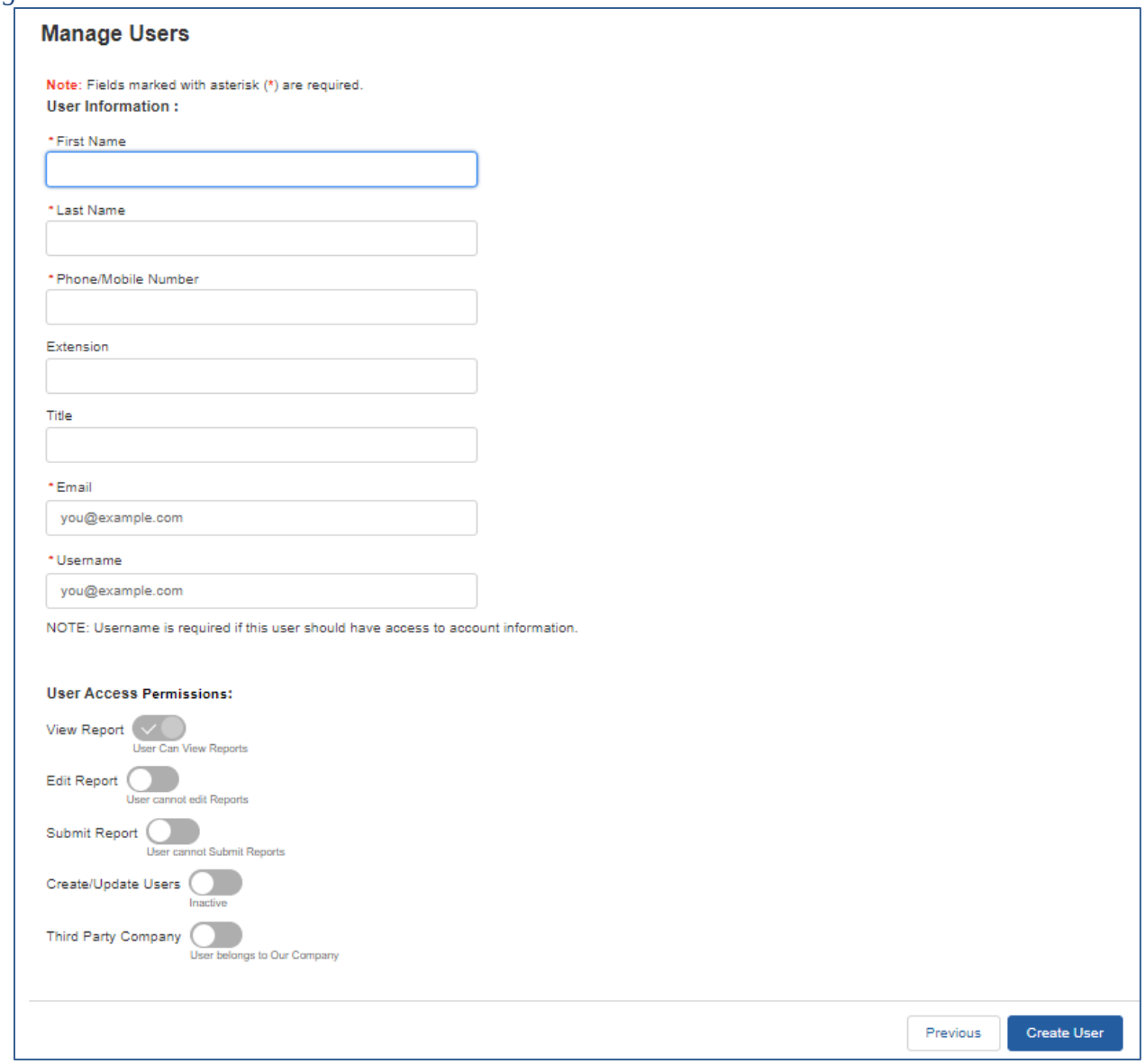
- Select the *New User* radio button, then click the *Next* button.
- A form will be provided so that the user's information can be entered.
  - First Name
  - Last Name
  - Phone/Mobile Number (*)
  - Extension
  - Title
  - Email (*)
  - Username (*)
  - User Access Permissions: Click the respective toggle button to turn on/off the permission.
    - View Report: Allows the user to log into the portal with view-only access to the entity's report. (This is defaulted as selected and cannot be modified.)
    - Edit Report: Allows the user to log into the portal and edit data within the entity's report. (User will be unable to submit a report.)
    - Submit Report: Allows the user to log into the portal, edit data within the entity's report and submit the report.
    - Create/Update Users: Allows user to manage the entity's user base.
    - Third-Party: Indicates that user is with a third-party company. If selected, it is required to:

- Indicate that the new user has authorization to complete/submit reporting on behalf of the entity.
- If the user has been given *Edit* and/or *Submit* permissions, certify that it is understood that the entity is responsible for ensuring that reporting remains compliant with the portal terms and conditions.

- Once all information has been entered, click the *Create User* button.
- The new user will now be listed on the *Manage Users* page.
  - An email will be sent to this user so that they can set up their password information.
  - Once the user defines their password, they will be able to log into the portal.

NOTE: They will be required to set up their security questions and 2FA preference.

Figure 31 Create User



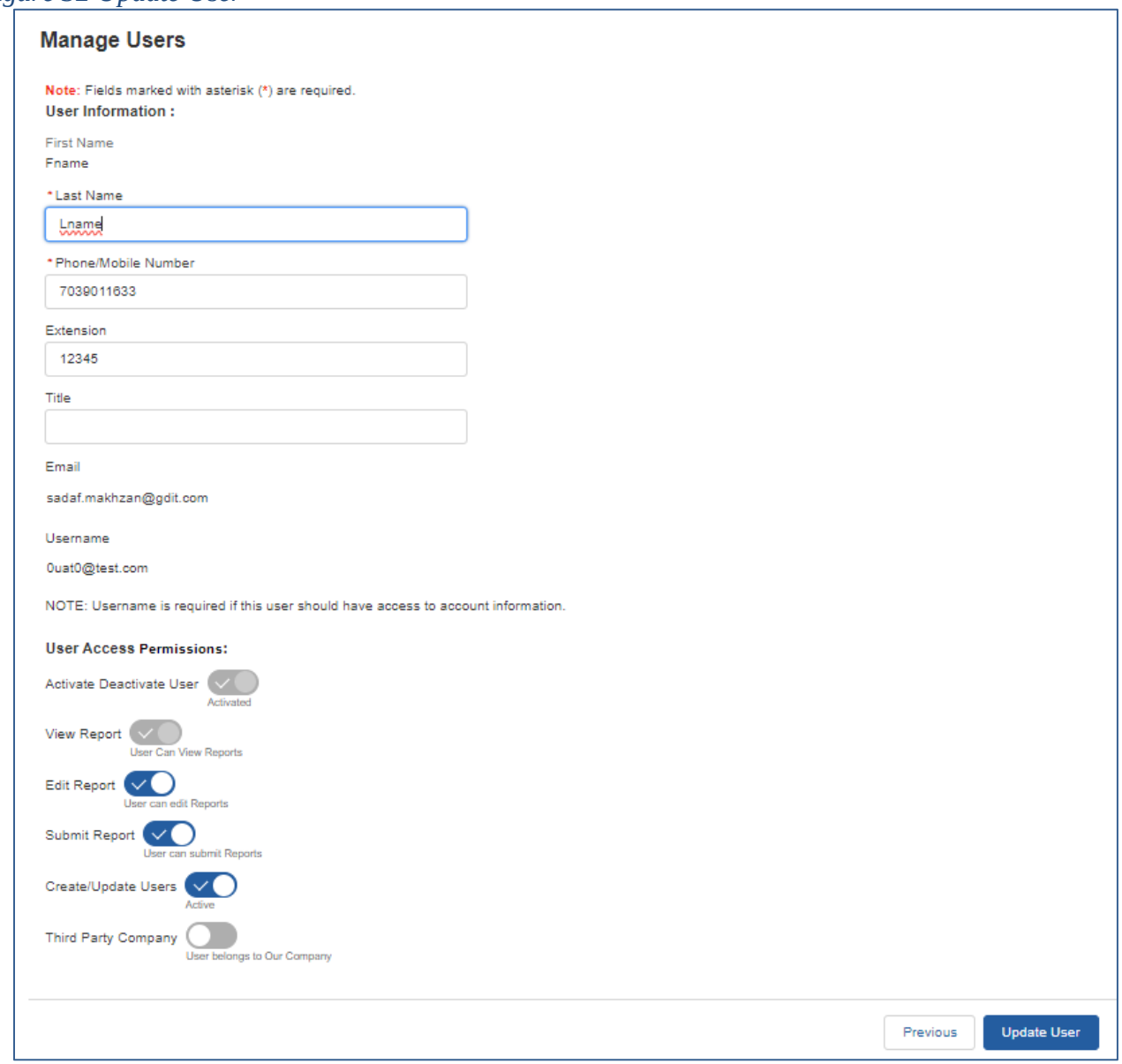
4.2.3.1.2 Update User

Outlined below are the instructions for updating an existing user. (See *Figure 32 Update User*.)

NOTE: Fields marked with asterisk (*) are required.

- Select the radio button next to an existing user, then click the *Next* button.
- A form will be provided so that the user's information can be updated.
    - First Name – Cannot be modified
    - Last Name
    - Phone/Mobile Number (*)
    - Extension
    - Title
    - Email – Cannot be modified
    - Username – Cannot be modified
    - User Access Permissions: Click the respective toggle button to turn on/off the permission
        - Activate/Deactivate User: Toggle to indicate that an existing user is active vs. inactive.
          WARNING: If the only account Admin attempts to deactivate themself without providing another user with the ability to create/update users, no other user associated with this account will be able to manage the account's user base.
        - View Report: Allows the user to log into the portal with view-only access to the entity's report. (This is defaulted as selected and cannot be modified.)
        - Edit Report: Allows the user to log into the portal and edit data within the entity's report. (User will be unable to submit a report.)
        - Submit Report: Allows the user to log into the portal, edit data within the entity's report and submit the report.
        - Create/Update Users: Allows user to manage the entity's user base.
            - Note that users with this permission are considered account Admins.
              WARNING: If the only account Admin attempts to deactivate their ability to create/update users without providing another user with the ability to do so, no other user associated with this account will be able to manage the account's user base.
        - Third-Party: Indicates that user is with a third-party company. If selected, it is required to:
            - Indicate that the new user has authorization to complete/submit reporting on behalf of the entity.
            - If the user has been given *Edit* and/or *Submit* permissions, certify that it is understood that the entity is responsible for ensuring that reporting remains compliant with the portal terms and conditions.
    - Once all information has been entered, click the *Update User* button.
    - The user will receive an email stating that changes have been made to their account.

Figure 32 Update User



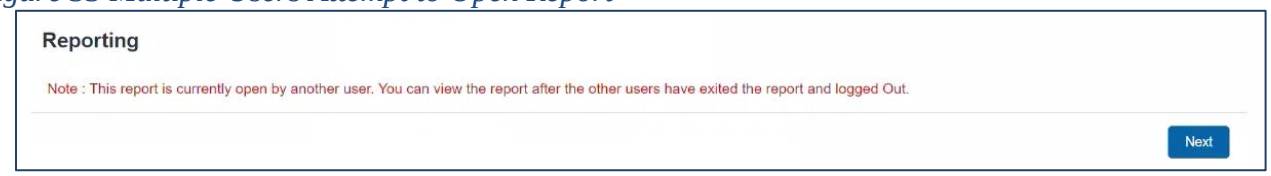
Important tip: Since it cannot be modified, if a user's email address changes, a new user account will need to be created, then their existing account will need to be deactivated.

4.2.3.2 Multi-User Report Access

Now that reporting entities can have multiple users for their account, there is the possibility that more than one user will attempt to access a report at the same time. When a user has a report open, then another user attempts to open the report, there will be an error (see *Figure 33 Multiple Users Attempt to Open Report*).

NOTE: Once the first user has logged out of the reporting portal, there is a 15-minute delay before the next user can access the report.

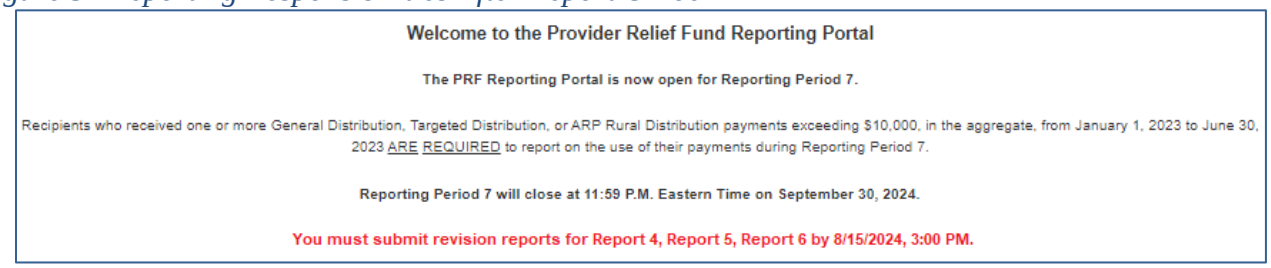
Figure 33 Multiple Users Attempt to Open Report



4.2.4 Completion of Revision Reports

Instances where a report has been unlocked, whether per request to Provider Support, or via mass unlock from HRSA, the system will provide information re: what reports will need to be completed because of the unlock. (See *Figure 34 Reporting Responsibilities After Report Unlock*.)

Figure 34 Reporting Responsibilities After Report Unlock



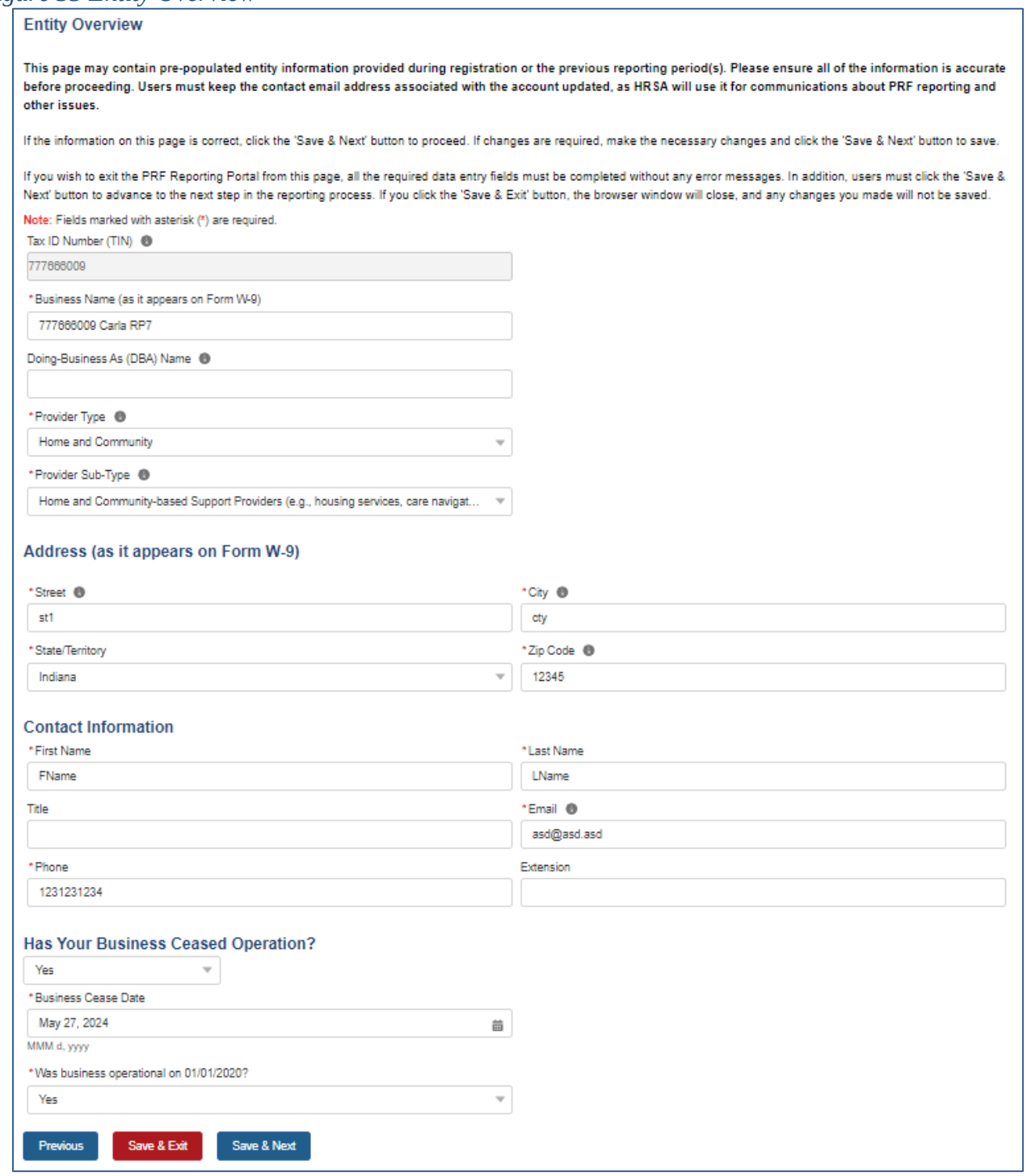
4.3 STEP 2 – ENTITY OVERVIEW

The first step of reporting requires the user to confirm the pre-populated entity information provided during registration or the previous reporting period is correct or to make corrections or add any newly required information.

The first section of the page under the header 'Entity Overview' includes the following required fields: TIN, Business Name, Provider Type (not pre-populated), and Provider Sub-Type (not pre-populated), as shown in *Figure 35 Entity Overview*. **The nine-digit TIN may not be changed and should be the TIN of the reporting entity.** The reporting entity may also provide a DBA Name (optional) which is not pre-populated for first time users.

NOTE: *It is important to confirm that the TIN is entered accurately as it cannot be changed.*

Figure 35 Entity Overview



Entity Overview

This page may contain pre-populated entity information provided during registration or the previous reporting period(s). Please ensure all of the information is accurate before proceeding. Users must keep the contact email address associated with the account updated, as HRSA will use it for communications about PRF reporting and other issues.

If the information on this page is correct, click the 'Save & Next' button to proceed. If changes are required, make the necessary changes and click the 'Save & Next' button to save.

If you wish to exit the PRF Reporting Portal from this page, all the required data entry fields must be completed without any error messages. In addition, users must click the 'Save & Next' button to advance to the next step in the reporting process. If you click the 'Save & Exit' button, the browser window will close, and any changes you made will not be saved.

Note: Fields marked with asterisk (*) are required.

Tax ID Number (TIN)
777666009

*Business Name (as it appears on Form W-9)
777666009 Carla RP7

Doing-Business As (DBA) Name

*Provider Type
Home and Community

*Provider Sub-Type
Home and Community-based Support Providers (e.g., housing services, care navigat...

Address (as it appears on Form W-9)

*Street
st1

*City
cty

*State/Territory
Indiana

*Zip Code
12345

Contact Information

*First Name
FName

*Last Name
LName

Title

*Email
asd@asd.asd

*Phone
1231231234

Extension

Has Your Business Ceased Operation?
Yes

*Business Cease Date
May 27, 2024
MMM d, yyyy

*Was business operational on 01/01/2020?
Yes

Previous | Save & Exit | Save & Next

NOTE: There was a recent change to the date format adopted by Salesforce to 'MMM d, yyyy' that you may notice while using the Reporting Portal. Please note that this is a functional change only that does not affect data integrity.

If a reporting entity has reported in a previous reporting period, previously entered data on the Entity Overview page will pre-populate, and may be edited. Please confirm all of the information is accurate and up-to-date before proceeding to the next page of reporting.

Reporting entities must select the Provider Type and Provider Sub-Type that best describes the type of practice by clicking the drop-down menus. The sub-types are conditional to the Provider Types. Select the combination that best describes the reporting entity's type of business. If multiple Provider Types or Provider Sub-Types apply, choose the pair that reflects the majority of the business.

After the Entity Overview information, the Address (as it appears on IRS Form W-9) and Contact Information sections are shown. All these data entry fields are pre-populated from registration or the previous reporting period, if applicable. If any information has changed, the reporting entity should update the fields. Address data entry fields are all required and include Street, State/Territory (selected from a drop-down list), City, and ZIP code (entered as five numeric digits).

Contact information includes First Name, Last Name, Title (optional), Email, and Phone Number. The email address must be a valid, monitored email address as it will be used for communication that is necessary in the future, including but not limited to, questions about the reporting on the use of funds and return of unused funds.

Reporting entities must also indicate whether their business has ceased operation. (Future dates cannot be selected.) If they have ceased operation, they will be required to enter the *business cease* date and indicate whether the business was operational on 01/01/2020.

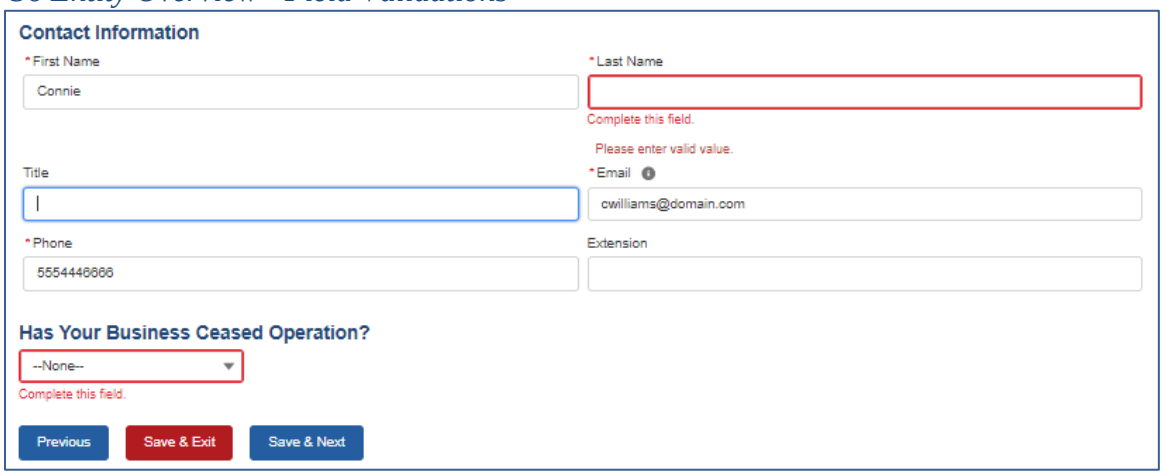
NOTE: If the reporting entity has ceased operation, they will still be responsible for reporting on funds received.

On this portal page, reporting entities should consider the following actions before saving:

1. Confirm the information in the Entity Overview and Address by using the same information on the IRS Form W-9.
2. Ensure the contact email address is a valid, monitored email address.
3. Ensure portal users can log in to the portal in the future and receive future communications regarding reporting, by adding 'PRFReporting-NoReply@hrsa.gov' to the safe sender list of the contact email address account owner.

If any of the information is missing when the user selects the 'Save & Next' button, an error message(s), like the one shown in *Figure 36 Entity Overview - Field Validations*, **will be displayed.**

Figure 36 Entity Overview - Field Validations



Before proceeding, confirm all information, including the TIN, has been accurately completed. If there is an issue with any of the information on this page, reporting entities should contact the Provider Support Line at (866) 569-3522; for TTY dial 711.

Only after all the required data entry fields in *Step 2 - Entity Overview* are completed without any error messages, will users be able to advance to the next step in the reporting process. Portal users must click the blue 'Save & Next' button to proceed to the next page, *Step 3 – Subsidiary Questionnaire*.

4.4 STEP 3 – SUBSIDIARY QUESTIONNAIRE

This page contains conditional questions that will affect how the reporting entity proceeds through the portal. The purpose of this page is to collect information about subsidiary entities for any reporting entities that are parent organizations and to collect information about parent entities for any reporting entities that are the subsidiary of a parent. Please refer to the PRF website for additional information regarding past payments, if needed.

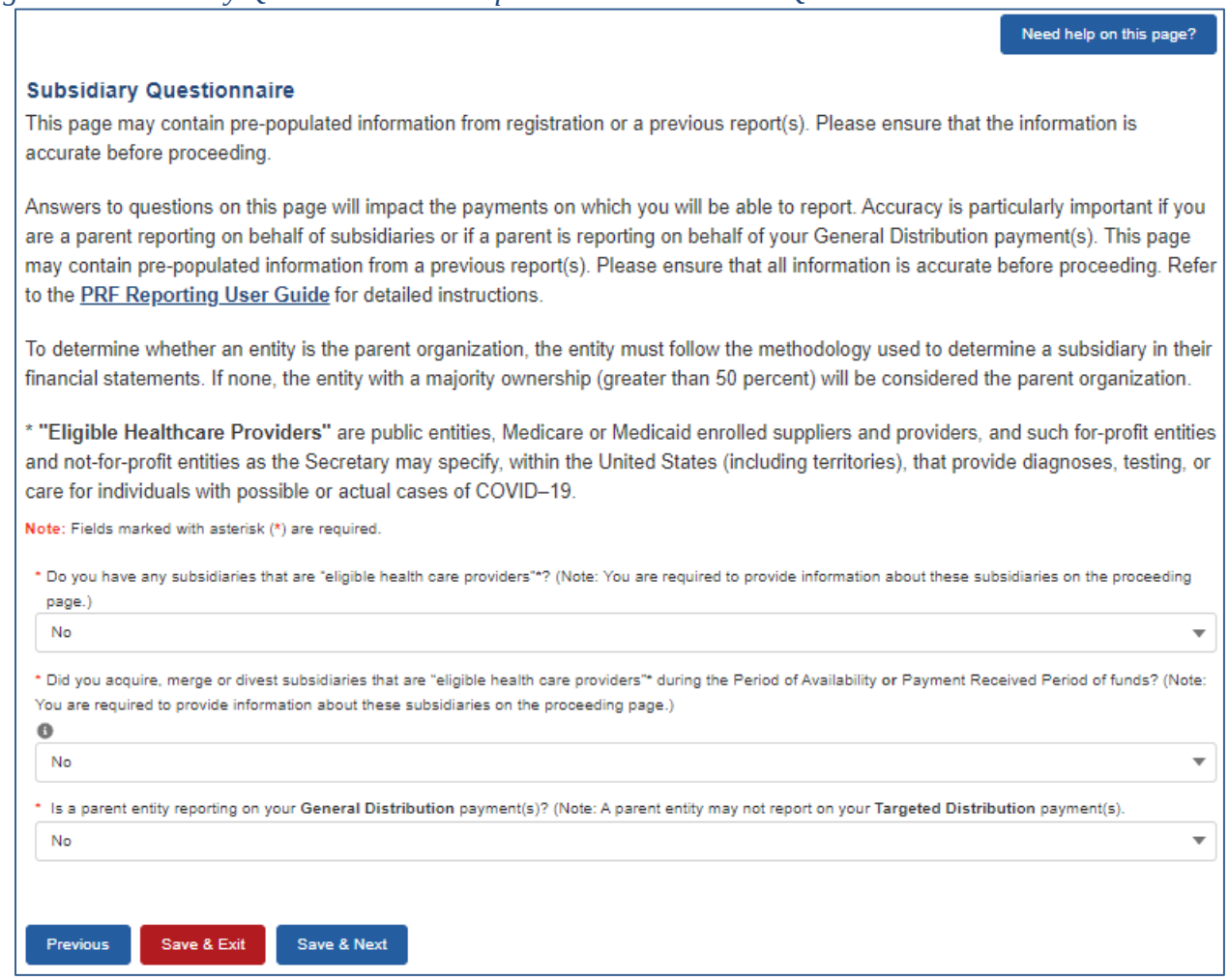
To determine whether an entity is the parent organization, the entity must follow the methodology used to determine a subsidiary in their financial statements. If none, the entity with a majority ownership (greater than 50 percent) will be considered the parent organization.

The Subsidiary Questionnaire consists of three required questions with two conditional questions depending on the reporting entity's answers as shown in *Figure 37 Subsidiary Questionnaire – Required and Conditional Questions.*

- Do you have any subsidiaries that are "eligible health care providers"*? *(**NOTE:** You are required to provide information about these subsidiaries on the proceeding page.)* ***It is very important that reporting entities answer this question correctly since this affects the data entry on the following page.***
- Did you acquire, divest or merge subsidiaries that are "eligible health care providers"* during the period of availability of funds? *(**NOTE:** You are required to provide information about these subsidiaries on the proceeding page.)* ***It is very important that reporting entities answer this question correctly since this affects the data entry on the following page.***

- Is a parent entity reporting on your **General Distribution** payment(s)? *(**NOTE:** A parent entity may not report on your **Targeted Distribution** payment(s))*. If the reporting entity is the parent, 'No' should be selected in response to this question.
    - (Conditional) If 'Yes,' please enter the TIN of the parent entity reporting on your behalf for the **General Distribution** payment(s). Please enter the dollar amount with up to two decimal points.

Figure 37 Subsidiary Questionnaire – Required and Conditional Questions


Need help on this page?

Subsidiary Questionnaire

This page may contain pre-populated information from registration or a previous report(s). Please ensure that the information is accurate before proceeding.

Answers to questions on this page will impact the payments on which you will be able to report. Accuracy is particularly important if you are a parent reporting on behalf of subsidiaries or if a parent is reporting on behalf of your General Distribution payment(s). This page may contain pre-populated information from a previous report(s). Please ensure that all information is accurate before proceeding. Refer to the PRF Reporting User Guide for detailed instructions.

To determine whether an entity is the parent organization, the entity must follow the methodology used to determine a subsidiary in their financial statements. If none, the entity with a majority ownership (greater than 50 percent) will be considered the parent organization.

* **"Eligible Healthcare Providers"** are public entities, Medicare or Medicaid enrolled suppliers and providers, and such for-profit entities and not-for-profit entities as the Secretary may specify, within the United States (including territories), that provide diagnoses, testing, or care for individuals with possible or actual cases of COVID–19.

Note: Fields marked with asterisk (*) are required.

* Do you have any subsidiaries that are "eligible health care providers"*? (Note: You are required to provide information about these subsidiaries on the proceeding page.)

No

* Did you acquire, merge or divest subsidiaries that are "eligible health care providers"* during the Period of Availability or Payment Received Period of funds? (Note: You are required to provide information about these subsidiaries on the proceeding page.)

No

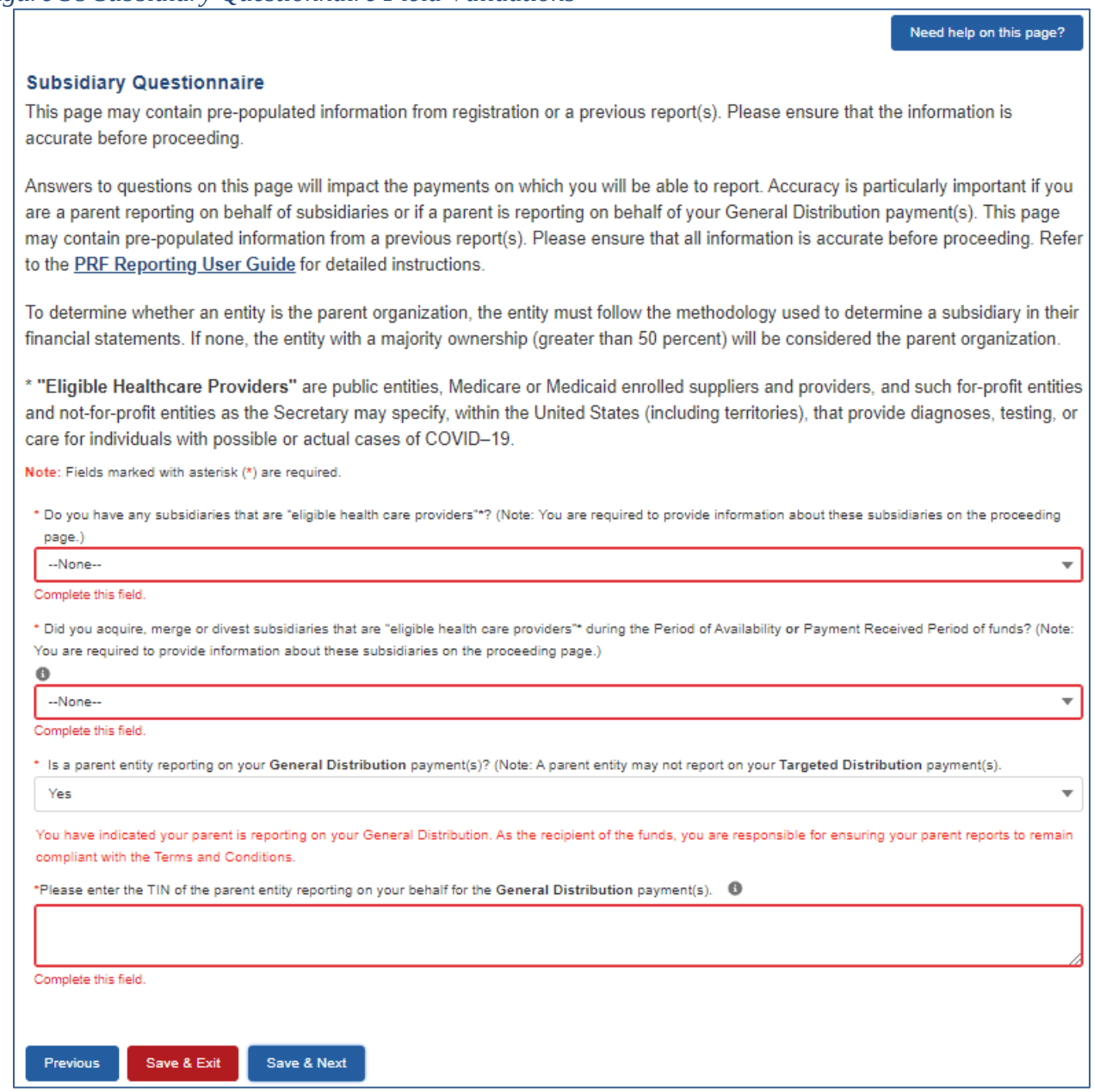
* Is a parent entity reporting on your **General Distribution** payment(s)? (Note: A parent entity may not report on your **Targeted Distribution** payment(s).

No

Previous | Save & Exit | Save & Next

The reporting entity should answer all questions and click 'Save & Next.' If any of the questions are not completed, an error message 'Complete this field.' will appear in red under the missing field, as shown in *Figure 38 Subsidiary Questionnaire Field Validations*.

Figure 38 Subsidiary Questionnaire Field Validations



Need help on this page?

Subsidiary Questionnaire

This page may contain pre-populated information from registration or a previous report(s). Please ensure that the information is accurate before proceeding.

Answers to questions on this page will impact the payments on which you will be able to report. Accuracy is particularly important if you are a parent reporting on behalf of subsidiaries or if a parent is reporting on behalf of your General Distribution payment(s). This page may contain pre-populated information from a previous report(s). Please ensure that all information is accurate before proceeding. Refer to the PRF Reporting User Guide for detailed instructions.

To determine whether an entity is the parent organization, the entity must follow the methodology used to determine a subsidiary in their financial statements. If none, the entity with a majority ownership (greater than 50 percent) will be considered the parent organization.

* **"Eligible Healthcare Providers"** are public entities, Medicare or Medicaid enrolled suppliers and providers, and such for-profit entities and not-for-profit entities as the Secretary may specify, within the United States (including territories), that provide diagnoses, testing, or care for individuals with possible or actual cases of COVID–19.

Note: Fields marked with asterisk (*) are required.

* Do you have any subsidiaries that are "eligible health care providers"*? (Note: You are required to provide information about these subsidiaries on the proceeding page.)

--None--

Complete this field.

* Did you acquire, merge or divest subsidiaries that are "eligible health care providers"* during the Period of Availability **or** Payment Received Period of funds? (Note: You are required to provide information about these subsidiaries on the proceeding page.)

--None--

Complete this field.

* Is a parent entity reporting on your **General Distribution** payment(s)? (Note: A parent entity may not report on your **Targeted Distribution** payment(s).

Yes

You have indicated your parent is reporting on your General Distribution. As the recipient of the funds, you are responsible for ensuring your parent reports to remain compliant with the Terms and Conditions.

*Please enter the TIN of the parent entity reporting on your behalf for the **General Distribution** payment(s).

Complete this field.

Previous | Save & Exit | Save & Next

The reporting entity's answers to the first and second questions determine the data entry fields on the next page. The reporting entity will be taken to *Step 4 – Subsidiary Information,* if the answer to either of the following questions is 'Yes':

- "Do you have any subsidiaries that are "eligible health care providers"*? *(**NOTE:** You are required to provide information about these subsidiaries on the proceeding page.)*"
- "Did you acquire, divest or merge subsidiaries that are "eligible health care providers"* during the period of availability of funds? *(**NOTE:** You are required to provide information about these subsidiaries on the proceeding page.)*"

If the user answers 'No' to both questions, the user will be taken directly to *Step 5 – Payments to Recipients*.

If a user has reported in a previous reporting period or revised a previous report, the responses to the first two questions of the Subsidiary Questionnaire page will pre-populate. Because the periods of availability for payments overlap, HRSA expects that providers that selected 'Yes' to the first two questions during a previous reporting period should not need to edit their responses to these questions.

Only after users have completed all the required data entry fields without any error messages appearing in red, will they be able to advance to the next step in the reporting process. Users must click the blue 'Save & Next' button to proceed to the next page, *Step 4 - Subsidiary Information*.

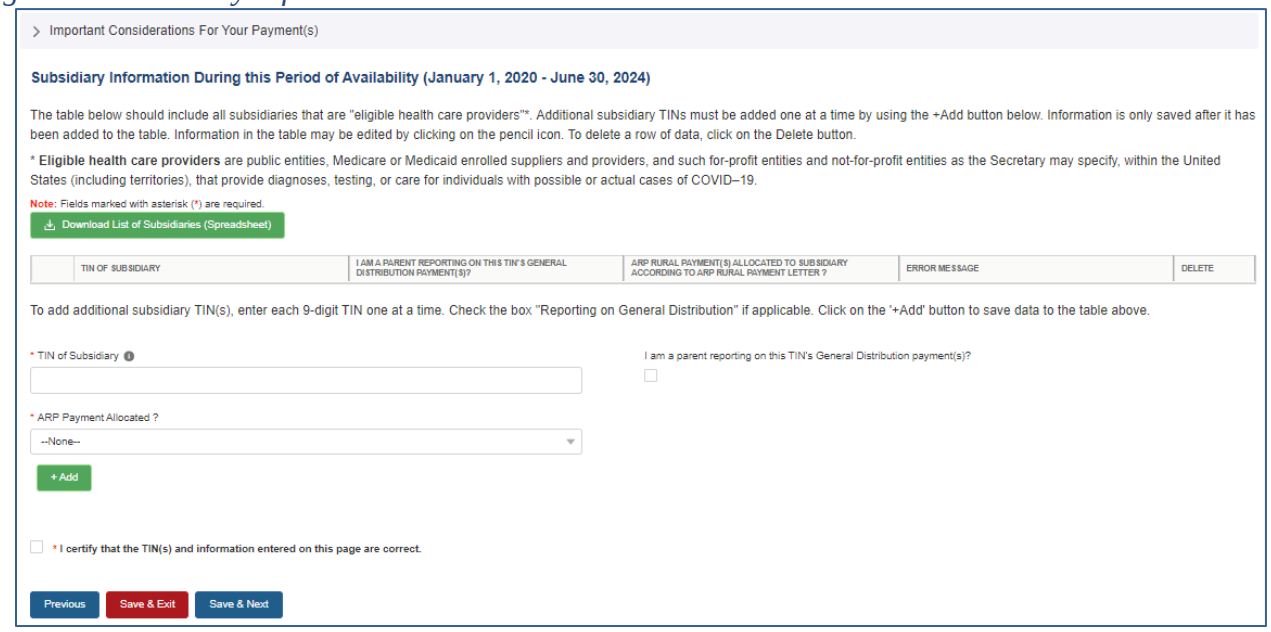
4.5 STEP 4 – SUBSIDIARY INFORMATION

Depending on the answers selected in *Step 3 – Subsidiary Questionnaire*, the Subsidiary Information page will render different data entry tables/fields.

Users need to add subsidiaries that are "eligible health care entities" even if they did not receive a PRF and/or ARP Rural payment and even if they are not reporting on PRF payments those subsidiaries received.

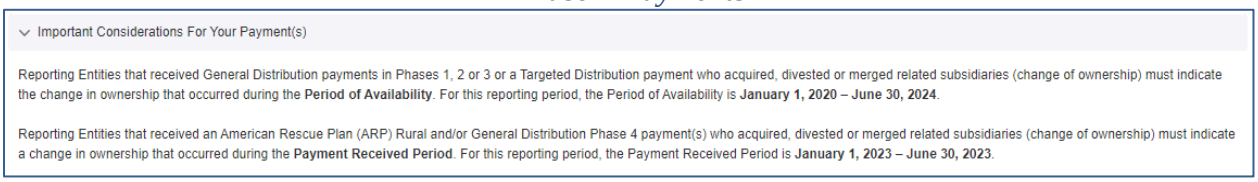
If a user has reported in a previous reporting period or revised a previous report, the Acquired/Divested/Merged Subsidiaries and Subsidiary Information tables on the Subsidiary Information page will pre-populate with previously submitted data. As shown in *Figure 39 Subsidiary Information*, edits may be made to the pre-populated data and all required fields must contain a response. Add any new applicable subsidiaries. Once pre-populated data has been altered, the portal cannot revert it back in case of error and information will need to be re-entered.

Figure 39 Subsidiary Information



To access additional information related to change of ownership, click the *Important Considerations For Your Payment(s)* accordion. The information shown will be based upon the payments received by the entity. See examples shown in *Figure 40* and *Figure 41*.

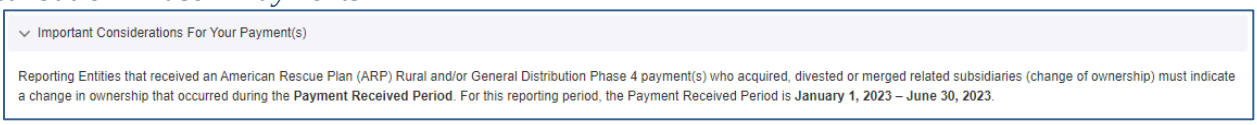
Figure 40 Change of Ownership Information – Entity Received General Distribution Payment(s) in Phase 1, 2 or 3 or a Targeted Distribution Payment Plus ARP Rural and/or General Distribution Phase 4 Payments


Important Considerations For Your Payment(s)

Reporting Entities that received General Distribution payments in Phases 1, 2 or 3 or a Targeted Distribution payment who acquired, divested or merged related subsidiaries (change of ownership) must indicate the change in ownership that occurred during the **Period of Availability**. For this reporting period, the Period of Availability is **January 1, 2020 – June 30, 2024**.

Reporting Entities that received an American Rescue Plan (ARP) Rural and/or General Distribution Phase 4 payment(s) who acquired, divested or merged related subsidiaries (change of ownership) must indicate a change in ownership that occurred during the **Payment Received Period**. For this reporting period, the Payment Received Period is **January 1, 2023 – June 30, 2023**.

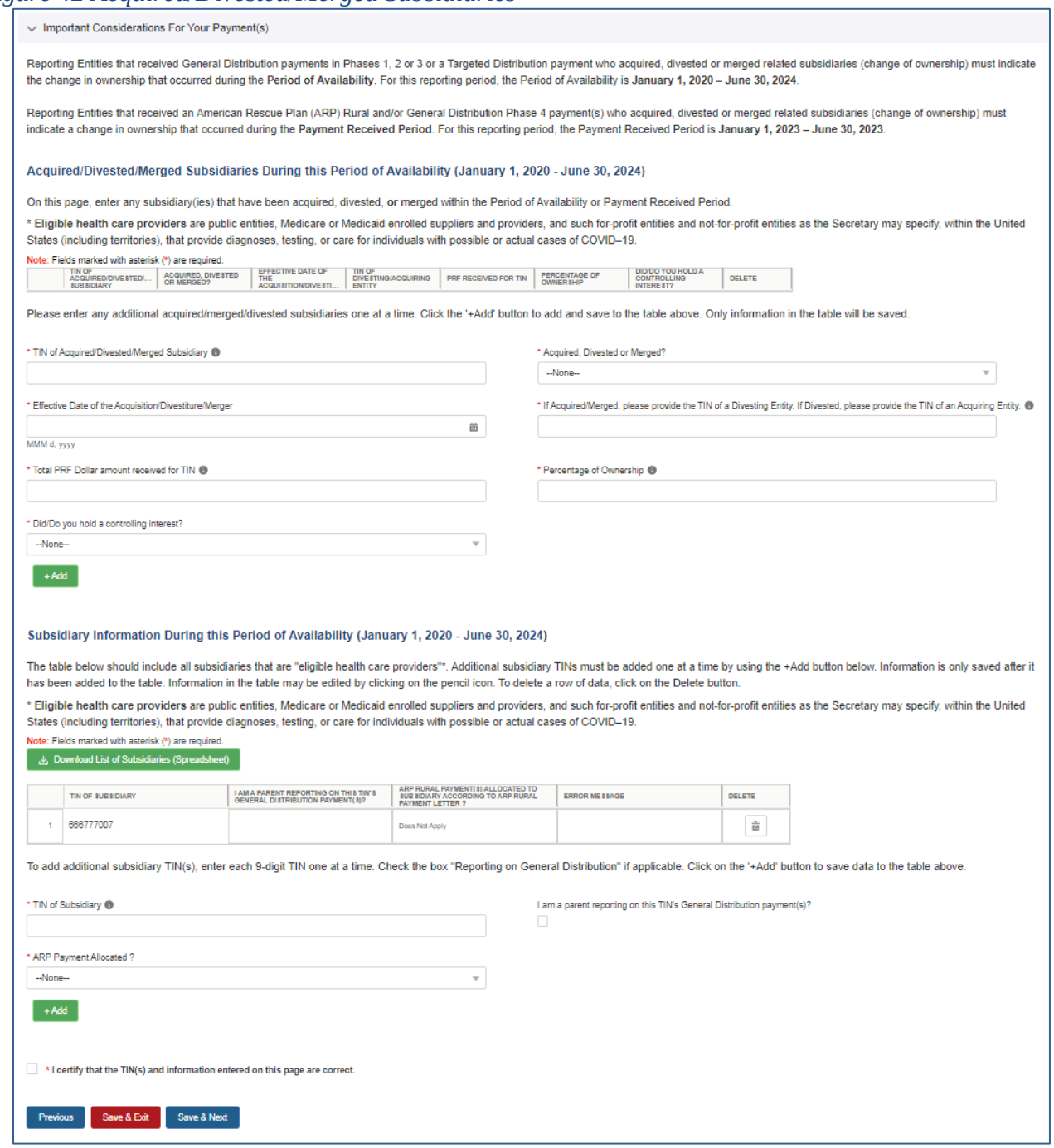
Figure 41 Change of Ownership Information – Entity Only Received ARP Rural and/or General Distribution Phase 4 Payments


Important Considerations For Your Payment(s)

Reporting Entities that received an American Rescue Plan (ARP) Rural and/or General Distribution Phase 4 payment(s) who acquired, divested or merged related subsidiaries (change of ownership) must indicate a change in ownership that occurred during the **Payment Received Period**. For this reporting period, the Payment Received Period is **January 1, 2023 – June 30, 2023**.

Acquired/Divested/Merged Subsidiaries will be shown only if the reporting entity selected 'Yes' to the second question "Did you acquire, divest or merge subsidiaries that are "eligible health care providers"* during the period of availability of funds?" on *Step 3 – Subsidiary Questionnaire* as shown in *Figure 42 Acquired/Divested/Merged Subsidiaries*.

Figure 42 Acquired/Divested/Merged Subsidiaries



For first time users, the Acquired/Divested/Merged Subsidiaries table will be blank and requires the reporting entity to complete it using the required input fields below the table. Reporting entities should enter information about all acquisitions and divestitures that occurred during the period of availability.

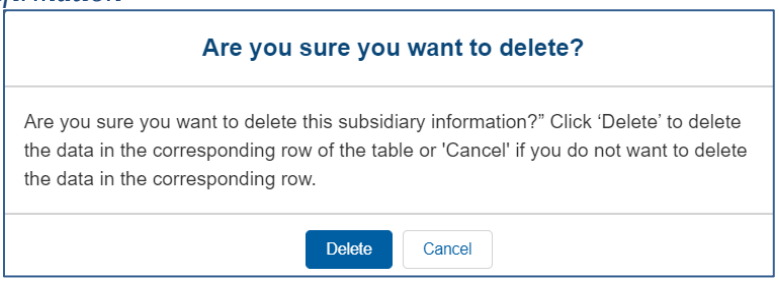
Reporting entities that acquired, divested, or merged related subsidiaries (change of ownership) during the period of availability must indicate the change in ownership. Users will complete the subsidiary table by entering the following fields and then click the green '+Add' button:

- TIN of Acquired/Divested/Merged Subsidiary: Users must enter the nine-digit TIN of the subsidiary. Special characters may not be used. The reporting entity will need to add the subsidiary TIN to the table even if the subsidiary did not receive and/or transfer a PRF and/or ARP Rural payment.
- Acquired, Divested or Merged? Users must choose Acquired, Divested or Merged from the drop-down list.
- Effective Date of the Acquisition/Divestiture/Merger: The effective date should fall within the period of availability.
- If acquired, provide the TIN of a Divesting Entity. If divested, provide the TIN of an Acquiring Entity. The TIN should be nine digits with no special characters.
- Total Dollar Amount Received for TIN: The dollar amount entered may be up to 14 digits, including two decimal places with no special characters. A dollar sign will auto-populate within the table.
- Percentage of Ownership: The percentage amount must be a whole number. Special characters may not be used.
- Did/Do you hold a controlling interest? Select 'Yes' or 'No' from the drop-down list.

Once all input fields are complete, the user should press the green '+Add' button to populate the table. Upon clicking '+Add,' data entry validations are run on the input fields. **Do not enter the reporting entity's TIN in the subsidiary table.**

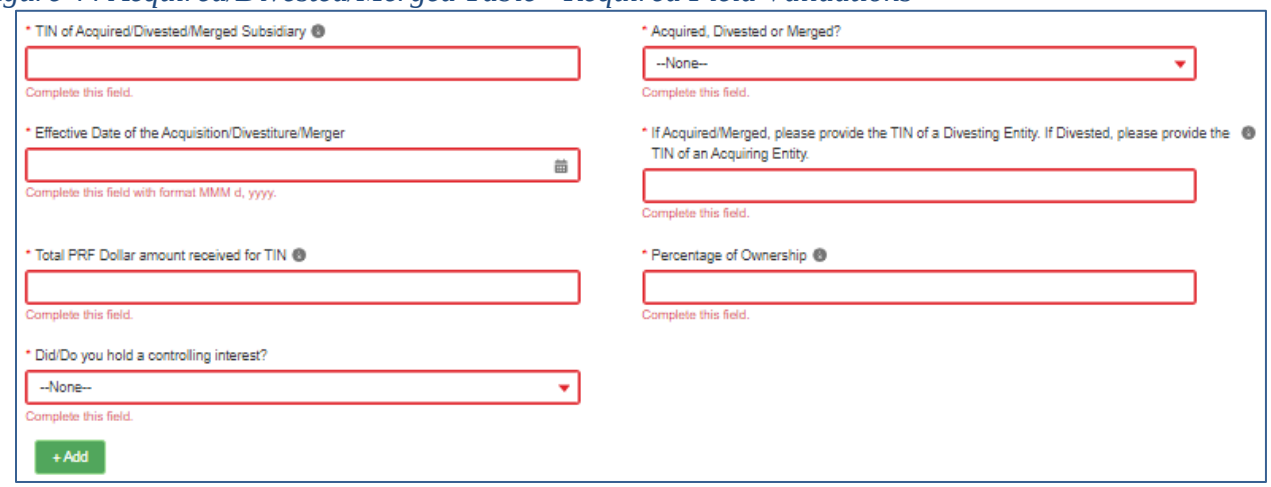
If any errors occur, messages in red will appear under the applicable input field. The same TIN cannot be added to the table more than once and if a TIN needs to be removed, the user must click on the trash bin (🗑) icon at the end of each row of the table. When the trash bin (🗑) icon is clicked, a confirmation pop-up as shown in *Figure 43 Delete Confirmation* displays.

Figure 43 Delete Confirmation



If the user has not completed a required field, a red error message will appear below the required data entry fields. The user will not be able to proceed to the next page until all required fields have been completed without errors as shown in *Figure 44 Acquired/Divested/Merged Table - Required Field Validations*.

Figure 44 Acquired/Divested/Merged Table - Required Field Validations



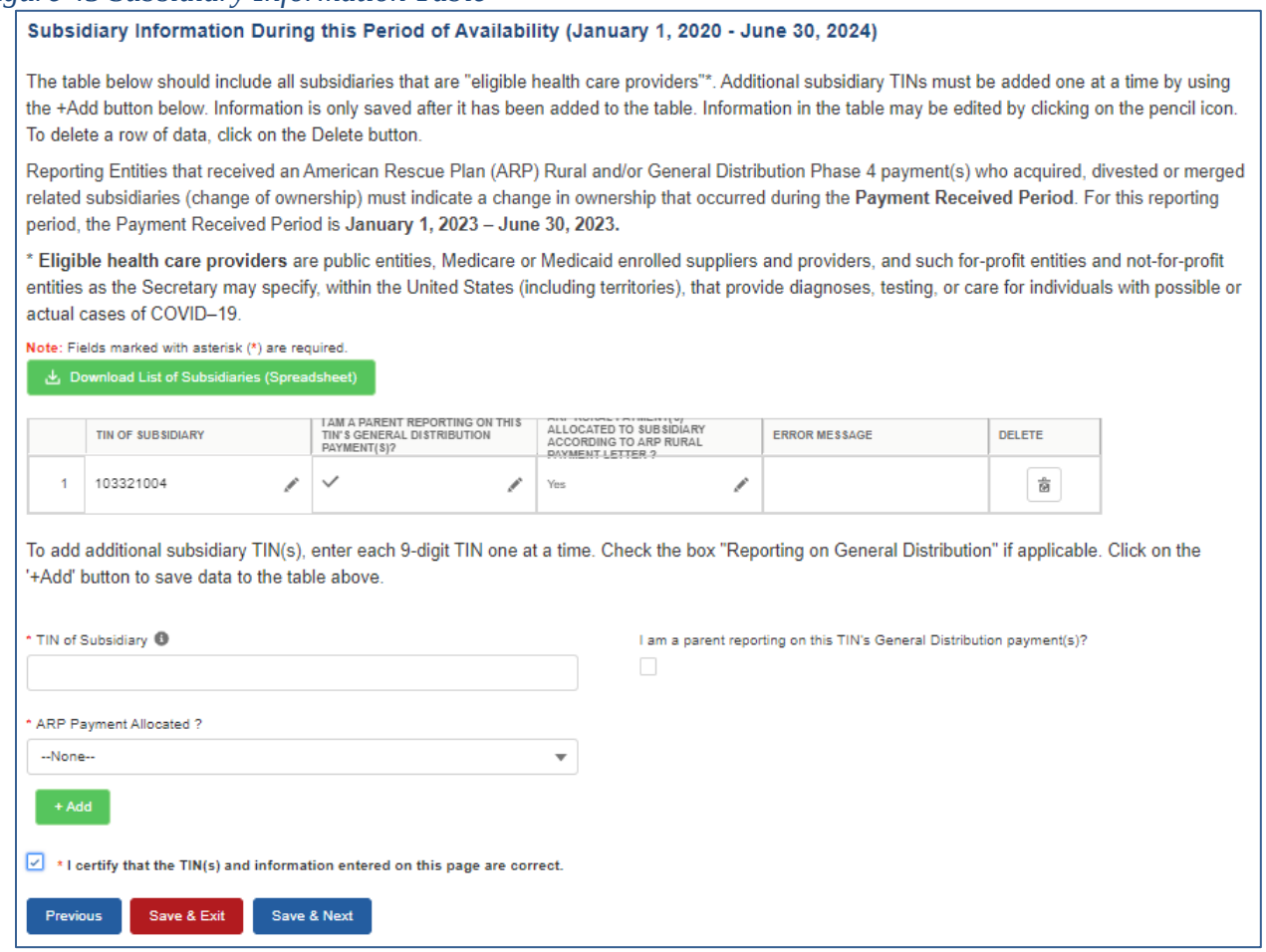
If a user has reported in a previous reporting period or revised a previous report, the Acquired/Divested/Merged table will contain data from the previous reporting period(s). The user must ensure data is accurate. Because the periods of availability of funds overlap, data entered during previous reporting period(s) should be accurate.

NOTE: *TIN(s) that were divested in a previous reporting period should not populate in the current reporting period.*

Subsidiary Information

Figure 45 Subsidiary Information Table will be shown only if the reporting entity selected 'Yes' to the first question "Do you have any subsidiaries that are "eligible health care providers"*?" on *Step 3 – Subsidiary Questionnaire*.

Figure 45 Subsidiary Information Table



The Subsidiary Information table will be pre-populated if one or more subsidiary TINs were provided during registration or during a previous reporting period. If no subsidiary TINs were previously provided during registration or during a previous reporting period, the table will have a title row but will otherwise have no data. Reporting entities must complete the table by using the required input fields below the table. **Reporting entities must add all subsidiaries that meet the definition of "eligible health care providers," even if there is no General Distribution payment to report on and even if subsidiaries did not receive a PRF payment.**

For the purposes of PRF reporting, "eligible health care providers" are defined as public entities, Medicare or Medicaid enrolled suppliers and providers, and such for-profit entities and not-for-profit entities as the Secretary may specify, within the United States (including territories), that provide diagnoses, testing, or care for individuals with possible or actual cases of COVID–19.

To add a subsidiary to the table, the reporting entity must enter a nine-digit TIN; and, if applicable, check the box 'I am a parent reporting on this TIN's General Distribution payment(s).'

Parent entities that received ARP Rural Distribution payments on behalf of their subsidiaries must also report and attest that the ARP Rural payment(s) were allocated according to the ARP Rural Payment letter.

- If the subsidiary is eligible for ARP Rural payments, select 'Yes'.

- If the subsidiary is not eligible for ARP Rural payments, select 'Does Not Apply'.

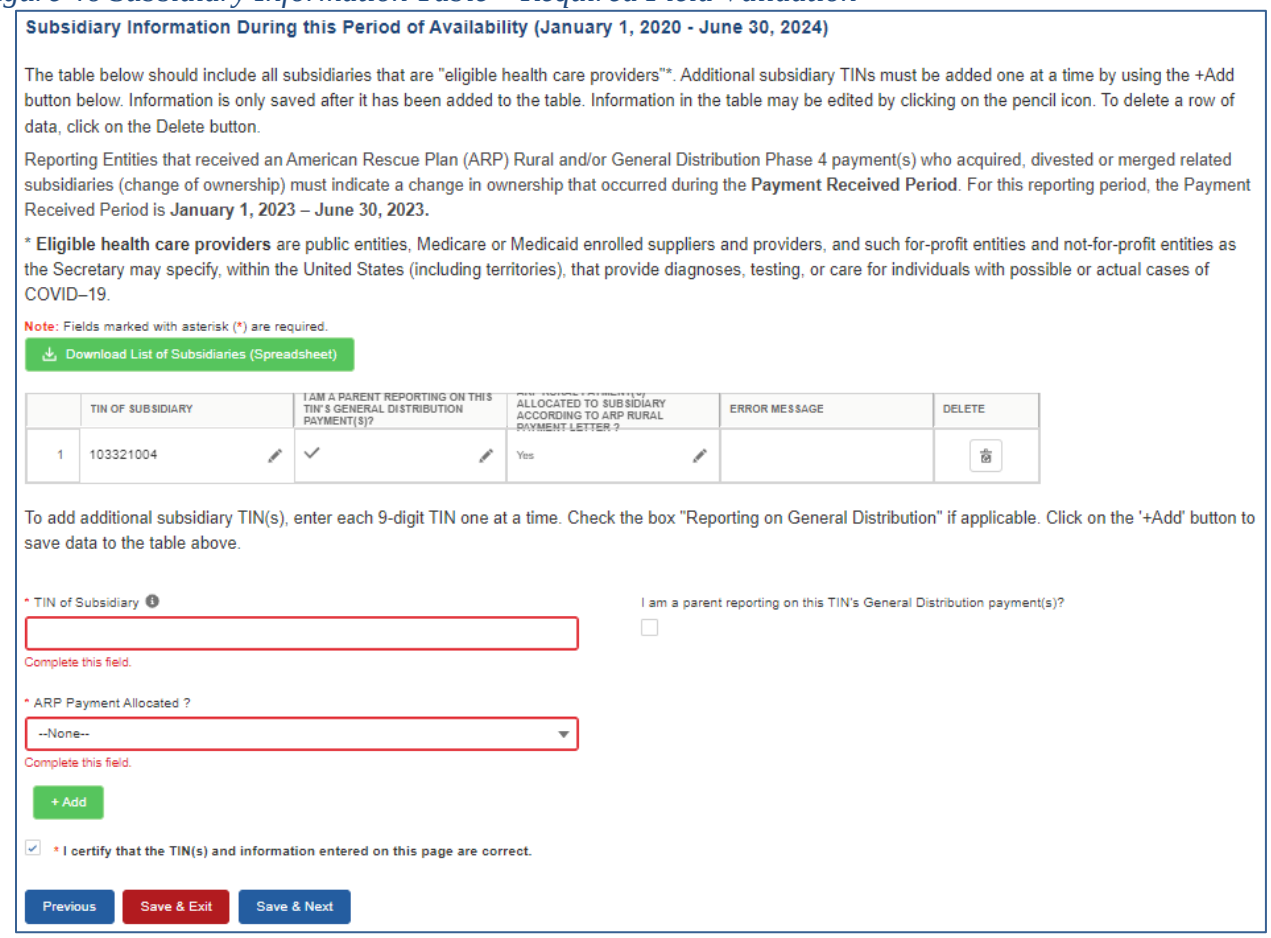
NOTE: For ARP Rural payment recipients, regardless of whether a parent was obligated to distribute payments to its subsidiaries who qualified for ARP Rural payments, HRSA requires parent entities to report on ARP Rural payments they received from the agency. Therefore, it was recommended that we reference the payment letter regarding ARP payments.

Information is only saved after it has been added to the table. Once the tables are complete, they will not be saved until the red 'Save & Exit' or blue 'Save & Next' button is clicked.

To assist with the reporting process, reporting entities have the option to download a list of subsidiaries as a spreadsheet after completing the table by clicking the 'Download List of Subsidiaries (Spreadsheet)' button. This summary can be used to confirm the correct TIN(s) of subsidiaries have been entered. **It is very important that the table of subsidiaries is correct because the reporting entity will only be able to report on a subsidiary's General Distribution payment if the subsidiary TIN is correct in this table and if the box 'I am a parent reporting on this TIN's General Distribution payment(s)' is selected.**

If the portal user has not completed the 'TIN of Subsidiary' field, a red error message will appear as shown in *Figure 46 Subsidiary Information Table – Required Field Validation.* The user will not be able to proceed to the next page until the field has been completed without errors.

Figure 46 Subsidiary Information Table – Required Field Validation

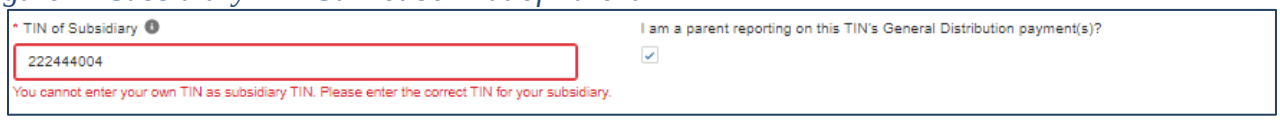


After the table has been populated, the 'TIN of Subsidiary', 'Parent Reporting on General Distribution' and/or 'ARP Rural Payment allocation' columns may be edited by clicking on the pencil icon (✎). If there is a mistake in the table, the subsidiary may be completely deleted from the table by clicking on the trash bin icon (🗑). A pop-up confirmation will appear asking if the deletion is needed.

Users should add a 'TIN of Subsidiary' into the table using the input fields, by selecting if 'I am a parent reporting on this TIN's General Distribution payment(s)?' and pressing the green '+Add' button. The TIN will be inserted into the table and automatically validated against HRSA's PRF payment file. If the subsidiary TIN did not receive a PRF payment in the corresponding Payment Received Period, the message "TIN not found in the PRF payment file" is shown in the 'Error Message' column. TINs with error messages are automatically moved to the top of the table for easy identification. **Reporting entities should keep in mind that they are required to enter subsidiary TINs of eligible health care providers, but they do not need to check the box 'I am a parent reporting on this TIN's General Distribution payment(s)?' for TINs without payments in the current reporting period.** A pop-up will appear reminding the reporting entity to carefully review the information for accuracy. After users have completed all the required data entry fields, they will be able to advance to the next step in the reporting process, *Step 5 - Payments to Recipients*. Users must click the blue 'Save & Next' button to proceed to the next page.

If a user has reported in a previous reporting period or revised a previous report, the Acquired/Divested/Merged table will contain data from the previous reporting period(s). The user must ensure data is accurate. Because the periods of availability of funds overlap, data entered during previous reporting period(s) should be accurate.
If a user enters their own TIN as a subsidiary, the system will provide an error, as shown in *Figure 47 Subsidiary TIN Cannot be That of Parent*.

Figure 47 Subsidiary TIN Cannot be That of Parent



4.6 STEP 5 – PAYMENTS TO RECIPIENTS

The user is directed to the Payments to Recipient page after successfully completing *Step 4 – Subsidiary Information* or if they answered 'No' to the following questions in *Step 3 – Subsidiary Questionnaire*:

- Do you have any subsidiaries that are "eligible health care providers"*?
- Did you acquire, divest or merge subsidiaries that are "eligible health care providers"* and that received PRF payments during the period of availability of funds?

The read-only tables of information presented in *Step 5 - Payments to Recipients* highlight the payments made to the reporting entity (and its subsidiaries, if applicable) within the Payment Received Period that corresponds to the current Reporting Period as shown in *Table 1 Reporting Periods.* Information is pre-populated, including the type of PRF distribution. ***As a reminder, payments made to subsidiaries will be included in the summary tables based on the subsidiary information entered on the previous Subsidiary Information page.***

The user may download a spreadsheet with all payment information shown on the Payments to Recipients page by clicking the green 'Provider Relief Fund Payments (Spreadsheet)' button as shown in *Figure 48 Provider Relief Fund Payments (spreadsheet).* This functionality is intended to assist portal users in reconciling the payment amounts for the reporting period and the download is recommended but not required.

The Payments to Recipient page consists of three required questions with two conditional questions depending on the reporting entity's answers as shown in *Figure 48 Provider Relief Fund Payments (spreadsheet).*

- Were any **Targeted Distribution** payment(s)[9] transferred to you from another entity? If yes, enter dollar amount. (This response will not affect their reporting data.)
  - (Conditional) If 'Yes,' what is the total dollar amount of your transferred **Targeted Distribution** payment(s)? Please enter the dollar amount with up to two decimal points.
- Were any **Targeted Distribution** payment(s) you are currently reporting on transferred from you to another entity? If yes, enter dollar amount.

[9] Transferred Targeted Distribution payments face an increased likelihood of an audit by HRSA.

- (Conditional) If 'Yes,' what is the total dollar amount of your transferred **Targeted Distribution** payment(s)? Please enter the dollar amount with up to two decimal points.

- Do you certify that the above information is accurate to the best of your knowledge?

NOTE: *If there is an error in the Already Reported column, this means that a payment has already been reported on by another TIN. You will need to correct this before proceeding.*
NOTE: If the system is undergoing maintenance that affects the accuracy of the payment information provided on this page, there will be an error as shown in *Figure 49 Reporting Portal Currently Under Maintenance*.

Figure 48 Provider Relief Fund Payments (spreadsheet)

Payments to Recipient: January 1, 2023 - June 30, 2023

If applicable, the payments reflected on this page: American Rescue Plan (ARP) Rural, Provider Relief Fund General Distribution, Provider Relief Fund Targeted Distribution and Nursing Home Infection Control Payments.

PRF recipients must report **July 1, 2024 through September 30, 2024** on payments received **January 1, 2023 through June 30, 2023**. You must verify that each payment made to you (and any subsidiaries on whose behalf you are reporting, if applicable) from **January 1, 2023 through June 30, 2023** is shown in one of the tables below and that payment information is accurate. Payment information will be accurate only if questions on the Subsidiary Questionnaire and (if applicable) information in the Subsidiary Data table on the previous page(s) are correct. You may download a spreadsheet with all of the payment information shown below by clicking the green 'Provider Relief Fund Payments– Current Reporting Period (Spreadsheet)' button below.

During this reporting period, PRF recipients will not be able to report on PRF payments made outside of the payment received period **January 1, 2023 through June 30, 2023**.

Rural Health Clinic (RHC) COVID-19 Testing Program payments and/or RHC COVID-19 Testing and Mitigation Program payments made to PRF recipients are not included in the summary tables below as these payments are separate reporting requirements.

If you believe that the payment information below is incorrect, verify that the subsidiary questionnaire and subsidiary data tables on the previous portal pages are correct. If you are unable to certify the accuracy of the payment information below, contact the Provider Support Line before proceeding with reporting.

Provider Relief Fund Payments (Spreadsheet)

Note: Fields marked with asterisk (*) are required.

Total American Rescue Plan (ARP) Rural Payments: January 1, 2023 - June 30, 2023
Additional reporting for subsidiaries required on next page

TIN OF RECIPIENT	DISTRIBUTION*	AMOUNT DEPOSITED	AMOUNT RETURNED	AMOUNT RETAINED**	ALREADY REPORTED***	ATTESTATION DATE****
777666009	ARP	$50,000.00	$0.00	$50,000.00	N/A	Apr 20, 2023
Sub Totals		**$50,000.00**	**$0.00**	**$50,000.00**		

Total Nursing Home Infection Control Payments: January 1, 2023 - June 30, 2023
(Includes Quality Incentive Program payments.)

TIN OF RECIPIENT	DISTRIBUTION*	AMOUNT DEPOSITED	AMOUNT RETURNED	AMOUNT RETAINED**	ALREADY REPORTED***	ATTESTATION DATE****
777666009	Infection Control	$50,000.00	$0.00	$50,000.00	N/A	Apr 20, 2023
Sub Totals		**$50,000.00**	**$0.00**	**$50,000.00**		

Total Other Provider Relief Funds Payments (Including Phase 4): January 1, 2023 - June 30, 2023

TIN OF RECIPIENT	DISTRIBUTION*	AMOUNT DEPOSITED	AMOUNT RETURNED	AMOUNT RETAINED**	ALREADY REPORTED***	ATTESTATION DATE****
777666009	General Distribution	$50,000.00	$0.00	$50,000.00		Apr 20, 2023
777666009	Phase 4 General Distribution	$50,000.00	$0.00	$50,000.00		Apr 20, 2023
777666009	Targeted Distribution	$50,000.00	$0.00	$50,000.00	N/A	Apr 20, 2023
Sub Totals		**$150,000.00**	**$0.00**	**$150,000.00**		

NOTE: If you've recently returned a full or partial payment, please wait 2-3 weeks for it to appear in the PRF Reporting Portal. Payments that were rejected during the attestation process, and returned within the allotted timeframe, will appear in the Total Rejected Payments (Attestation Rejected) table on the Payments to Recipient page. Partial returns will display under the column of "Amount Returned" under the **Total American Rescue Plan (ARP) Rural Payments table,Total Nursing Home Infection Control Payments table and Total Other Provider Relief Fund Payments (Including Phase 4) table.** Full returns will not be displayed. If you have any questions, please call the Provider Support Line at (866) 569-3522; for TTY dial 711. Hours of operation are 8 a.m. to 4 p.m. CST (9 a.m. to 5 p.m. EST), Monday through Friday. Hours are subject to change.

* General Distribution may include Medicare, Medicaid, CHIP, Dental, etc.
** Amount Retained accounts for the funds retained by the recipient.
*** A payment has already been reported on by another TIN.
**** If Attestation Date is blank, attestation was accepted by default. If a recipient retains a Provider Relief Fund payment for at least 90 days without attesting to or rejecting the payment Terms and Conditions, the recipient is deemed to have accepted the Terms and Conditions.

Note: Payments are only included in the tables above if the information you entered on the Subsidiary Questionnaire and (if applicable) in the Subsidiary Data table on the previous page(s) are accurate.

* Were any **Targeted Distribution** payment(s) transferred to you from another entity? If yes, enter dollar amount.
Yes

* What is the total dollar amount of the **Targeted Distribution** payment(s) that was transferred to you?
$ 321,312.00

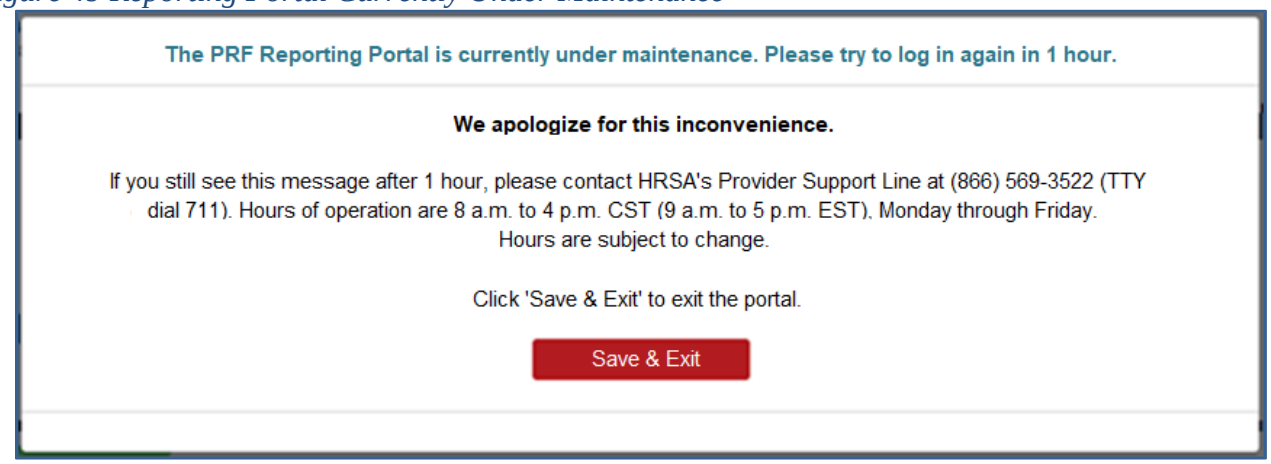
* Were any **Targeted Distribution** payment(s) you are currently reporting on transferred from you to another entity? If yes, enter dollar amount.
Yes

* What is the total dollar amount of the **Targeted Distribution** payment(s) that was transferred from you?
$ 1,231,232.00

***Do you certify that the above information is accurate to the best of your knowledge?**
Yes

Previous | Save & Exit | Save & Next

Figure 49 Reporting Portal Currently Under Maintenance



The tables displayed on this portal page summarize all payments made during the Payment Received Period corresponding to the reporting period:

1. Total American Rescue Plan (ARP) Rural Payments
2. Total Nursing Home Infection Control Payments (includes QIP payments)[10]
3. Total Other PRF Payments [i.e., all General Distribution payments and Other Targeted Distribution Payments (Other Targeted Distribution payments are defined as Targeted Distribution payments except for those that are Nursing Home Infection Control)]
4. Total Rejected Payments (Attestation Rejected).[11] Reporting entities that reject the attestation upon receipt of payment will not be able to report on these rejected payments. If a reporting entity rejects the attestation for a payment and later decided to keep the payment and report on it, the recipient must contact the Provider Support Line for instructions on how to reverse the rejection of the attestation. Rejected payments are not included in the total payments on which reporting entities are required to report.

Please note: *if the attestation was rejected, the recipient should have returned the payment within 15 days of the rejection in accordance with the payment Terms and Conditions. Reporting entities that do not return payments in a timely manner will be sent to debt collection.*

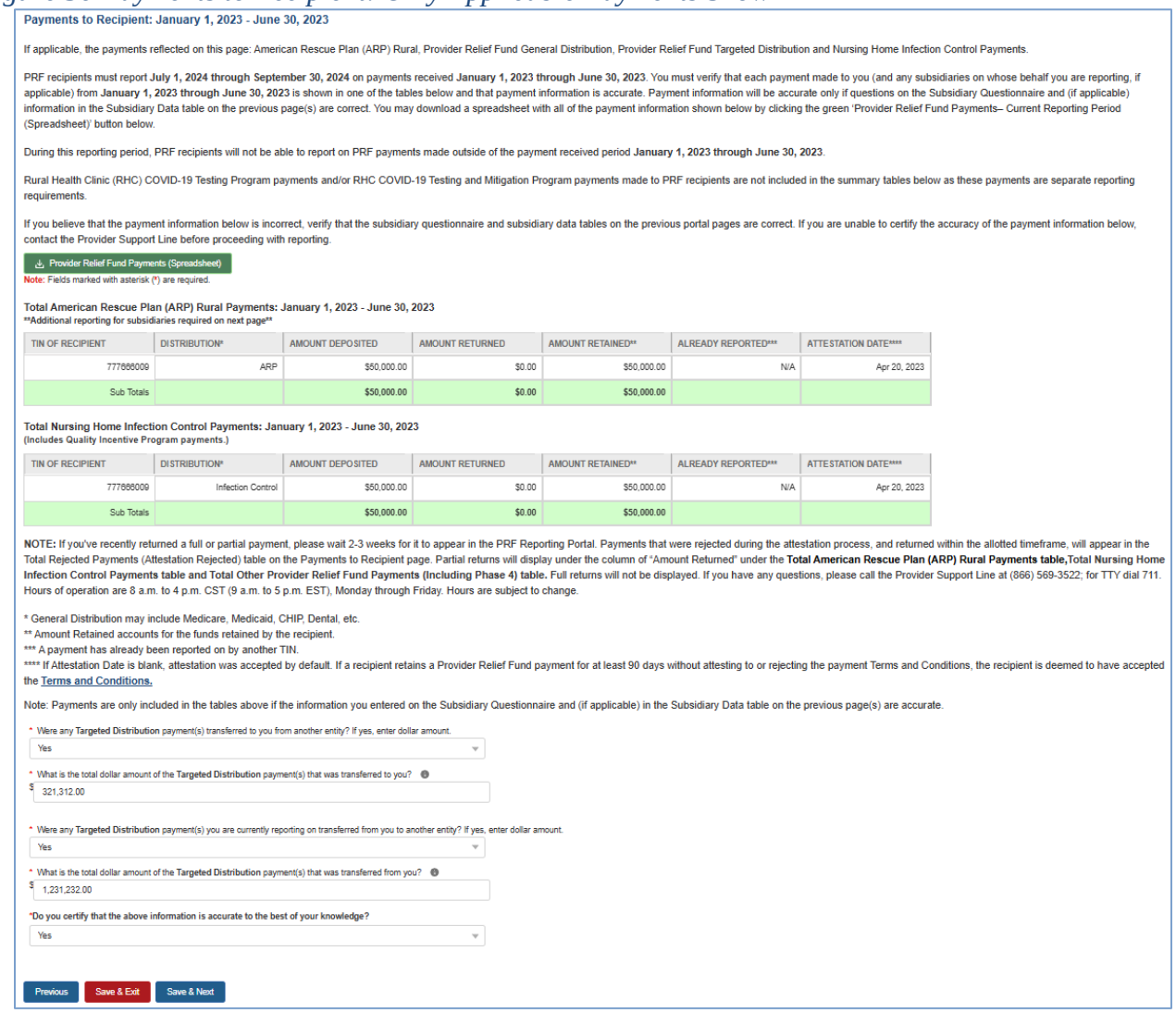
5. General Distribution (Including Phase 4) Payments to be Reported on your Behalf by Patent TIN. If you have indicated that a parent is reporting on your General Distribution payment on the *Step 3: Subsidiary Questionnaire*, parent TIN entered will be displayed in this table along with the applicable payment information.

[10] Only select providers were eligible for, and received, these payments. While this is the formal title of the Distribution, it is known informally as Nursing Home Infection Control.

[11] reporting entities do not need to report on the Rejected Payments. This table is shown to assist reporting entities in ensuring that rejected payments are returned to HRSA as required. [If you've recently returned a full or partial payment, please wait 2-3 weeks for it to appear in the PRF Reporting Portal. Full returns will display in the Total Rejected Payments (Attestation Rejected) table on the Payments to Recipient page. Partial return will display under the column of "Amount Returned" under the "Total Skilled Nursing Facility and Nursing Home Infection Control Payments" table and "Total Other Provider Relief Fund Payments" table.]

Each table on the Payments to Recipient page will have column headers and payment information if a payment was received during the corresponding Payment Received Period. (See *Figure 50 Payments to Recipient: Only Applicable Payments Shown*.) The payment period summary table can be used to confirm for each payment: (1) TIN of recipient, (2) distribution type[12], (3) (dollar) amount deposited (*i.e.*, amount of original payment), (4) (dollar) amount returned (by recipient)[13], (5) dollar amount retained (calculated as amount deposited – amount returned), and (6) attestation date. The Attestation Date field will be blank if the attestation was accepted by default. **If a recipient retains a PRF and/or ARP Rural payment for at least 90 days without attesting to or rejecting the payment Terms and Conditions, the recipient is deemed to have accepted the Terms and Conditions by default.**

Figure 50 Payments to Recipient: Only Applicable Payments Shown



Payments to Recipient: January 1, 2023 - June 30, 2023

If applicable, the payments reflected on this page: American Rescue Plan (ARP) Rural, Provider Relief Fund General Distribution, Provider Relief Fund Targeted Distribution and Nursing Home Infection Control Payments.

PRF recipients must report **July 1, 2024 through September 30, 2024** on payments received **January 1, 2023 through June 30, 2023**. You must verify that each payment made to you (and any subsidiaries on whose behalf you are reporting, if applicable) from **January 1, 2023 through June 30, 2023** is shown in one of the tables below and that payment information is accurate. Payment information will be accurate only if questions on the Subsidiary Questionnaire and (if applicable) information in the Subsidiary Data table on the previous page(s) are correct. You may download a spreadsheet with all of the payment information shown below by clicking the green 'Provider Relief Fund Payments– Current Reporting Period (Spreadsheet)' button below.

During this reporting period, PRF recipients will not be able to report on PRF payments made outside of the payment received period **January 1, 2023 through June 30, 2023**.

Rural Health Clinic (RHC) COVID-19 Testing Program payments and/or RHC COVID-19 Testing and Mitigation Program payments made to PRF recipients are not included in the summary tables below as these payments are separate reporting requirements.

If you believe that the payment information below is incorrect, verify that the subsidiary questionnaire and subsidiary data tables on the previous portal pages are correct. If you are unable to certify the accuracy of the payment information below, contact the Provider Support Line before proceeding with reporting.

Provider Relief Fund Payments (Spreadsheet)

Note: Fields marked with asterisk (*) are required.

Total American Rescue Plan (ARP) Rural Payments: January 1, 2023 - June 30, 2023
Additional reporting for subsidiaries required on next page

TIN OF RECIPIENT	DISTRIBUTION*	AMOUNT DEPOSITED	AMOUNT RETURNED	AMOUNT RETAINED**	ALREADY REPORTED***	ATTESTATION DATE****
777666009	ARP	$50,000.00	$0.00	$50,000.00	N/A	Apr 20, 2023
Sub Totals		$50,000.00	$0.00	$50,000.00		

Total Nursing Home Infection Control Payments: January 1, 2023 - June 30, 2023
(Includes Quality Incentive Program payments.)

TIN OF RECIPIENT	DISTRIBUTION*	AMOUNT DEPOSITED	AMOUNT RETURNED	AMOUNT RETAINED**	ALREADY REPORTED***	ATTESTATION DATE****
777666009	Infection Control	$50,000.00	$0.00	$50,000.00	N/A	Apr 20, 2023
Sub Totals		$50,000.00	$0.00	$50,000.00		

NOTE: If you've recently returned a full or partial payment, please wait 2-3 weeks for it to appear in the PRF Reporting Portal. Payments that were rejected during the attestation process, and returned within the allotted timeframe, will appear in the Total Rejected Payments (Attestation Rejected) table on the Payments to Recipient page. Partial returns will display under the column of "Amount Returned" under the **Total American Rescue Plan (ARP) Rural Payments table,Total Nursing Home Infection Control Payments table and Total Other Provider Relief Fund Payments (Including Phase 4) table.** Full returns will not be displayed. If you have any questions, please call the Provider Support Line at (866) 569-3522; for TTY dial 711. Hours of operation are 8 a.m. to 4 p.m. CST (9 a.m. to 5 p.m. EST), Monday through Friday. Hours are subject to change.

* General Distribution may include Medicare, Medicaid, CHIP, Dental, etc.
** Amount Retained accounts for the funds retained by the recipient.
*** A payment has already been reported on by another TIN.
**** If Attestation Date is blank, attestation was accepted by default. If a recipient retains a Provider Relief Fund payment for at least 90 days without attesting to or rejecting the payment Terms and Conditions, the recipient is deemed to have accepted the Terms and Conditions.

Note: Payments are only included in the tables above if the information you entered on the Subsidiary Questionnaire and (if applicable) in the Subsidiary Data table on the previous page(s) are accurate.

* Were any **Targeted Distribution** payment(s) transferred to you from another entity? If yes, enter dollar amount.
Yes

* What is the total dollar amount of the **Targeted Distribution** payment(s) that was transferred to you?
$ 321,312.00

* Were any **Targeted Distribution** payment(s) you are currently reporting on transferred from you to another entity? If yes, enter dollar amount.
Yes

* What is the total dollar amount of the **Targeted Distribution** payment(s) that was transferred from you?
$ 1,231,232.00

***Do you certify that the above information is accurate to the best of your knowledge?**
Yes

Previous | Save & Exit | Save & Next

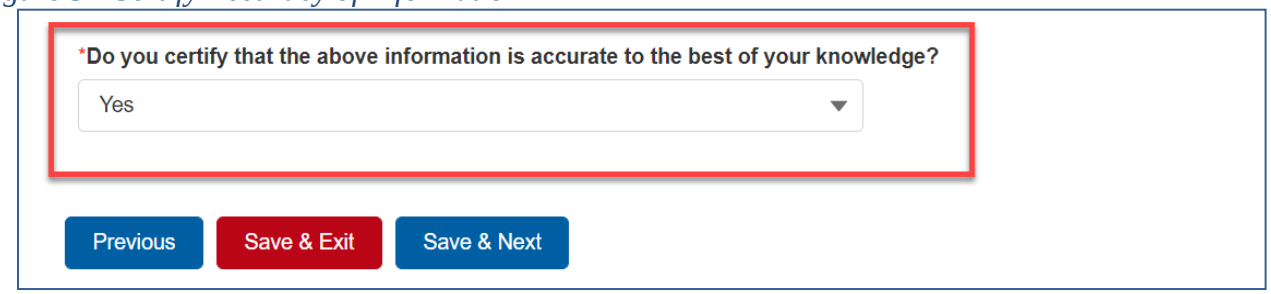
Nursing Home Infection Control payments are separated from all General Distribution and Other Targeted Distribution payments because the funds may only be used for specific purposes as indicated

[12] Nursing Home Infection Control payments are a type of Targeted Distribution payment, but in order to distinguish from other Targeted Distribution payments for the purposes of reporting, they are labeled Infection Control payments on this portal page.
[13] There may be a significant delay between the time a payment is returned and when the payment is reconciled by HRSA.

in the payment Terms and Conditions. Reporting entities will report on the expenses for the Nursing Home Infection Control payments separately from expenses for other payments. ***NOTE:*** *Payments are only included in the Payments to Recipients tables if the information entered on the Subsidiary Questionnaire and (if applicable) in the Subsidiary Data table on the previous page(s) are accurate. For any reporting entity that is a subsidiary and indicated that a parent is reporting on behalf of its General Distribution payment(s), the reporting entity will not see those General Distribution payments in the applicable tables. Reporting entities that are parent entities will never see the Targeted Distribution payments of their subsidiaries in the applicable tables because parent entities are not allowed to report on their subsidiaries' Targeted Distribution payments.*

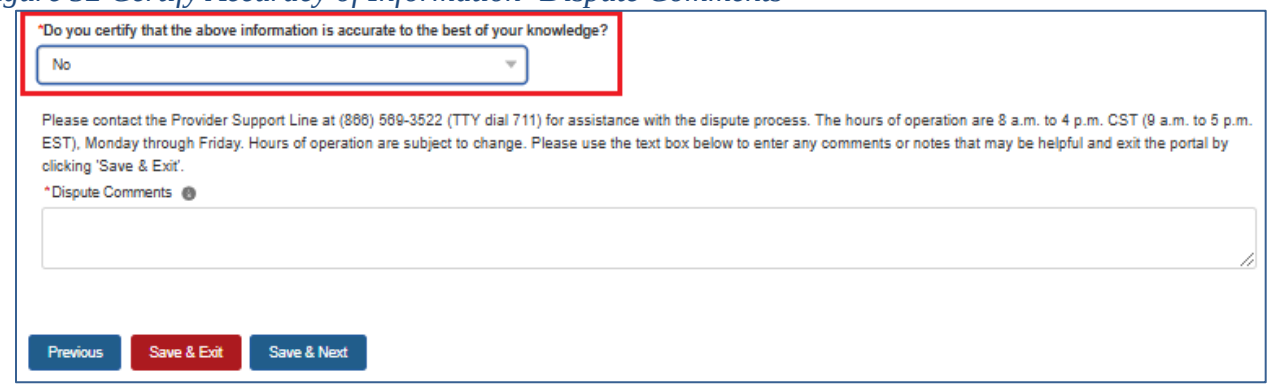
The reporting entity must certify the accuracy of the information at the bottom of this page before preceding to the next step of reporting. If the information is accurate, users must select 'Yes' and click the 'Save & Next' button as shown in *Figure 51 Certify Accuracy of Information.*

Figure 51 Certify Accuracy of Information



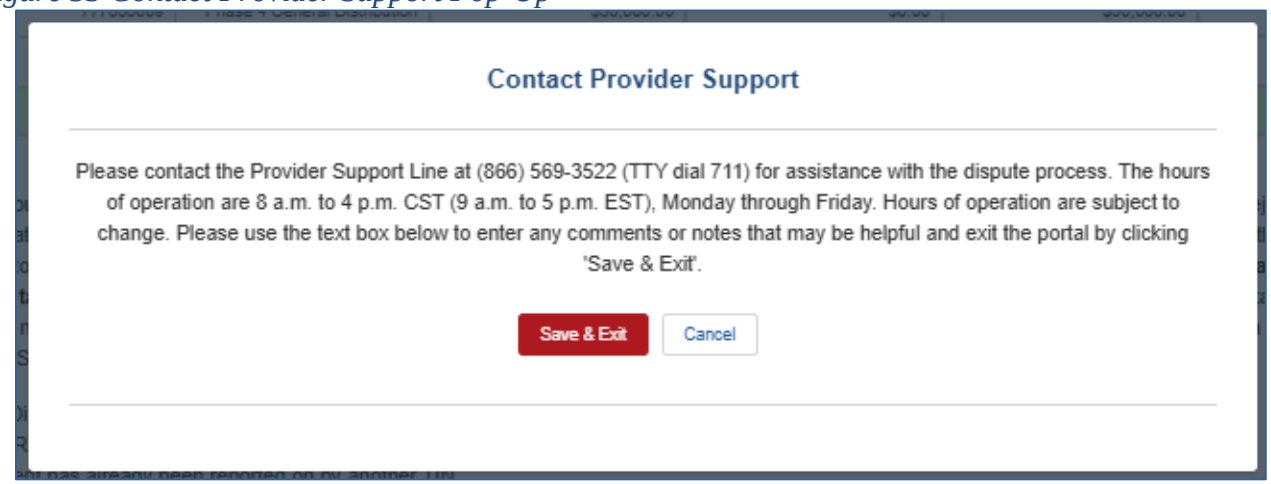
If the information on this page is not accurate, portal users should select 'No' and provide a description of the reason the information is inaccurate in the 'Dispute Comments' data entry field as shown in *Figure 52 Certify Accuracy of Information- Dispute Comments.* This field will appear only if 'No' is selected. The reporting entity must enter a text narrative in the Dispute Comments field and click 'Save & Next.' The portal user is then asked to call the Provider Support Line to resolve the incorrect payment data. **The reporting entity must resolve the dispute as soon as possible as they will be unable to proceed to the next step in the reporting process until the dispute is resolved.** To resolve the dispute, the reporting entity must: 1) **complete the Dispute Comments data entry field, and 2) call the Provider Support Line at (866) 569-3522; for TTY dial 711. Hours of operation are 8 a.m. to 4 p.m. CST (9 a.m. to 5 p.m. EST), Monday through Friday. Hours of operation are subject to change. Users should note that the dispute comment is not sent to HRSA but is a way for the user to take notes on information they believe is inaccurate.**

Figure 52 Certify Accuracy of Information- Dispute Comments



Once providing Dispute Comments and clicking 'Save& Next,' the user will see the pop-up as displayed in *Figure 53 Contact Provider Support Pop-Up*.

Figure 53 Contact Provider Support Pop-Up

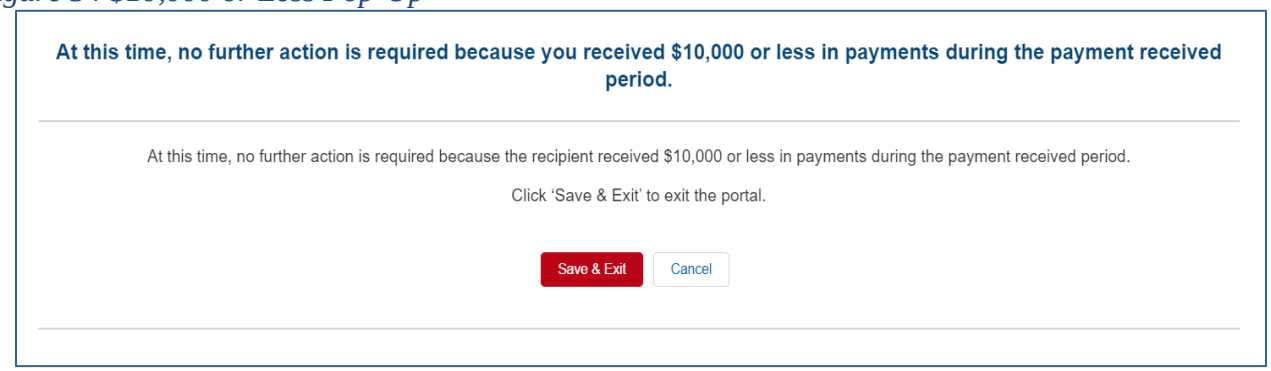


The reporting entity will be able to proceed with the reporting process only after the user is able to certify the accuracy of the information on this portal page.

If a reporting entity certifies that the information on this portal page is accurate but has not received PRF and/or ARP Rural payments exceeding **$10,000 in the aggregate during the Payment Received Period** corresponding to the reporting period as shown in *Table 1 Reporting Periods*, the reporting process will not proceed and the user will receive a pop-up message as shown in *Figure 54 $10,000 or Less Pop-Up*. Reporting entities will not be able to report on the use of funds if their payments during the Payment Received Period do not exceed $10,000 in the aggregate. Users should click 'Save & Exit' to return to the Reporting Portal Home Page if they are not required to report.

If the reporting entity has General Distribution and Targeted Distribution payments in aggregate of more than $10K, and a parent TIN has reported on their General Distribution, the reporting entity would still be required to report on their Targeted Distribution payment.

Figure 54 $10,000 or Less Pop-Up



Only after reporting entities have certified the accuracy of the information on this portal page will they be able to advance to the next step in the reporting process, *Step 6 - Interest Earned on Payments, Tax Information, and Single Audit Information*. Portal users must click the blue 'Save & Next' button to proceed to the next page.

4.6.1 Duplicate Payments Found

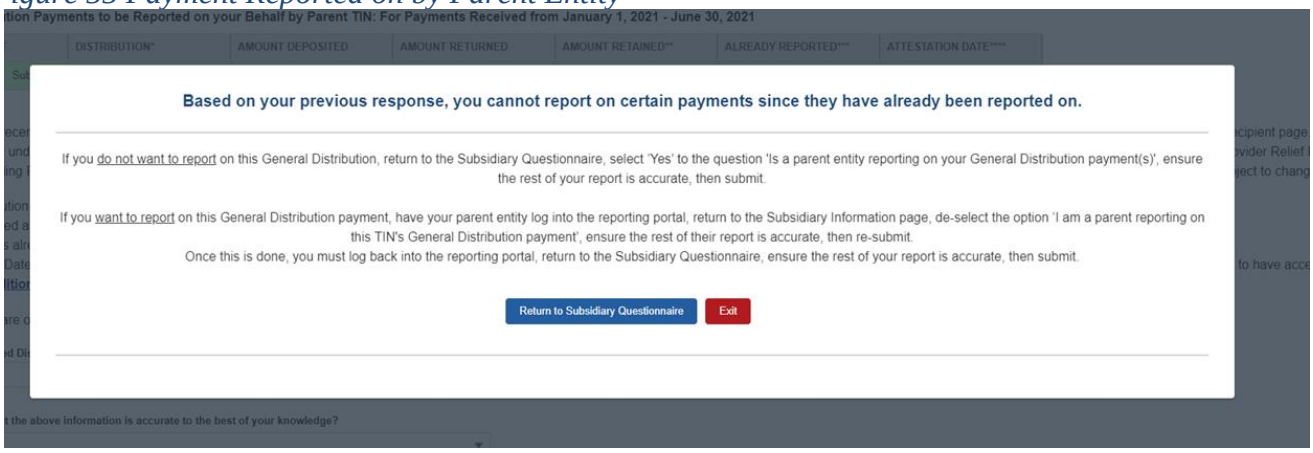
If it is determined that any of the payments you are reporting on have also been reported on by another entity, you will be directed to return to the respective page in the Reporting Portal to make corrections prior to submitting your report. Once corrections are made, you will be taken to the *Payments to Recipient* page to re-review your payment information. If you have not made the required changes prior to returning to this page, and attempt to proceed, you will receive one of the following messages.

4.6.1.1 General Distribution Payment Already Reported on by a Parent Entity (see Figure 55 Payment Reported on by Parent Entity)

If you are reporting on a payment that has already been reported on by a parent TIN, the correction made would depend on the following:

- If you do not want to report on the General Distribution payment, return to the *Subsidiary Questionnaire*, select 'Yes' to indicate that a parent entity is reporting on the payment and enter the parent TIN in the field provided.
- If you want to report on the General Distribution payment, contact your parent entity, have them return to the *Subsidiary Information* page and de-select the option indicating that they are reporting on your General Distribution payment. (Once they have made the correction, you can log back into the reporting portal and continue reporting on your General Distribution payment.)

Figure 55 Payment Reported on by Parent Entity

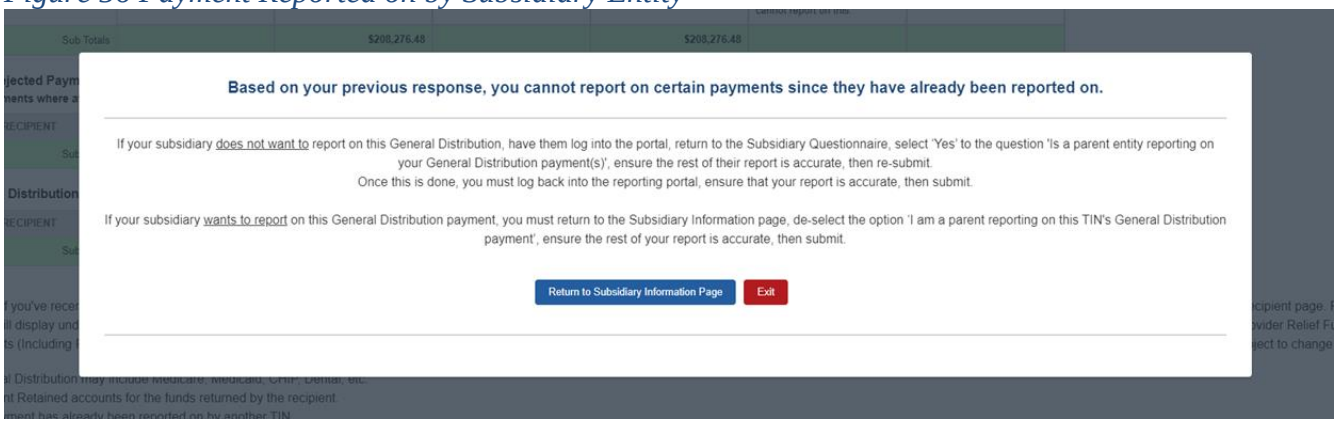


4.6.1.2 General Distribution Payment Already Reported on by a Subsidiary Entity (see Figure 56 Payment Reported on by Subsidiary Entity)

If you are reporting on a payment that has already been reported on by a subsidiary TIN, the correction made would depend on the following:

- If your subsidiary does not want to report on the General Distribution payment, have them return to the *Subsidiary Questionnaire* and select 'Yes' to indicate that a parent entity is reporting on the payment and enter your TIN in the field provided. (Once they have made the correction, you can log back into the reporting portal and continue reporting on your General Distribution payment.)
- If your subsidiary wants to report on the General Distribution payment, return to the *Subsidiary Information* page and de-select the option indicating that you are reporting on their General Distribution payment.

Figure 56 Payment Reported on by Subsidiary Entity

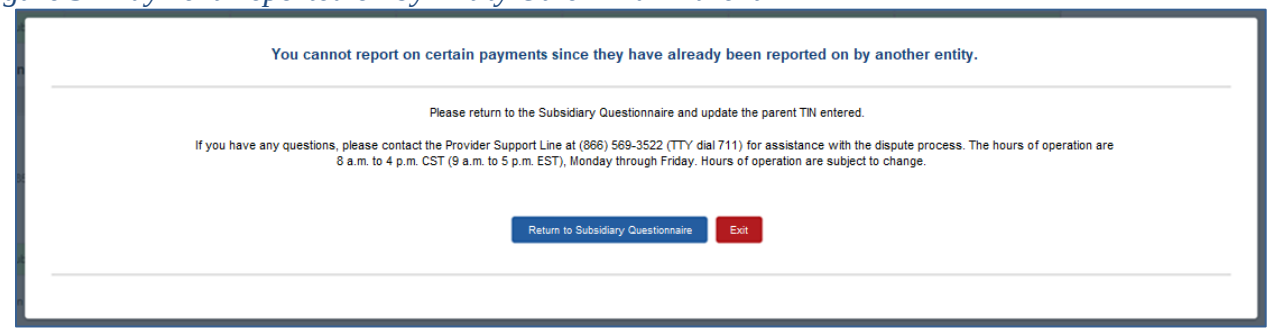


4.6.1.3 General Distribution Payment Already Reported on by an Entity Other Than Parent (see Figure 57 Payment Reported on by Entity Other Than Parent)

If you are reporting on a payment that has already been reported on by an entity that is not your parent, the correction made would depend on the following:

- Return to the *Subsidiary Questionnaire* and ensure that the parent TIN provided is correct.
- If the parent TIN is correct, contact Provider Support for assistance with the dispute process.

Figure 57 Payment Reported on by Entity Other Than Parent



4.7 STEP 6 – INTEREST EARNED ON PAYMENTS, TAX INFORMATION, AND SINGLE AUDIT INFORMATION

Interest Earned

If a reporting entity received more than $10,000 in aggregate in PRF and/or ARP Rural payments for the Payment Received Period corresponding to the current reporting period, the reporting entity is directed to Step 6 – Interest Earned on Payments, Tax Information, and Single Audit Information. On this page, the reporting entity is required to answer the conditional questions regarding interest earned on PRF and/or ARP Rural payments received "Amount of interest earned on Total Nursing Home Infection Control payments from payment date until expense date, if applicable" conditionally displayed if Nursing Home Infection Control (NHIC) funds were received, "Amount of interest earned on Total American Rescue Plan (ARP) Rural payments from payment date until expense date, if applicable" conditionally displayed if ARP Rural funds were received, "Amount of interest earned on Phase 4 General Distribution payments from payment date until expense date, if applicable" conditionally displayed if Phase 4 General Distribution funds were received[14] and "Amount of interest earned on Other PRF Payments from payment date until expense date, if applicable" conditionally displayed if Other PRF payment funds were received), tax information, and Single Audit Information as shown in *Figure 58 Interest Earned on Payments, Tax Information and Single Audit Information (all Conditional Payment Fields Shown)* and *Figure 59 Interest Earned on Payments, Tax Information and Single Audit Information (Provider Didn't Receive an NHIC Payment)*.

[14] HRSA requires recipients of ARP Rural and PRF Phase 4 payments to hold those payments in an interest-bearing account. Reporting entities must report on the dollar value of interest earned on all retained ARP Rural payments separately from PRF Distributions. The total reportable amount of ARP Rural and PRF payments will include the interest earned.

Figure 58 Interest Earned on Payments, Tax Information and Single Audit Information (all Conditional Payment Fields Shown)

Interest Earned on Payments, Tax Information, and Single Audit Information

This page may contain pre-populated information from registration or a previous report(s). Please ensure that the information is accurate before proceeding.

Note: Fields marked with asterisk (*) are required.

*Amount of interest earned on American Rescue Plan (ARP) Rural payments from payment date until expense date, if applicable.

100.00

*Amount of interest earned on Total Nursing Home Infection Control payments from payment date until expense date, if applicable

100.00

*Amount of interest earned on Phase 4 General Distribution payments from payment date until expense date, if applicable.

100.00

*Amount of interest earned on Other PRF payments from payment date until expense date, if applicable

100.00

Tax Information

*Federal Tax Classification

Individual/Sole Proprietor or Single-Member LLC

Exempt Payee Code

--None--

Exempt from Foreign Account Tax Compliance Act (FATCA) Reporting Code

--None--

*Fiscal Year End Date

August 31

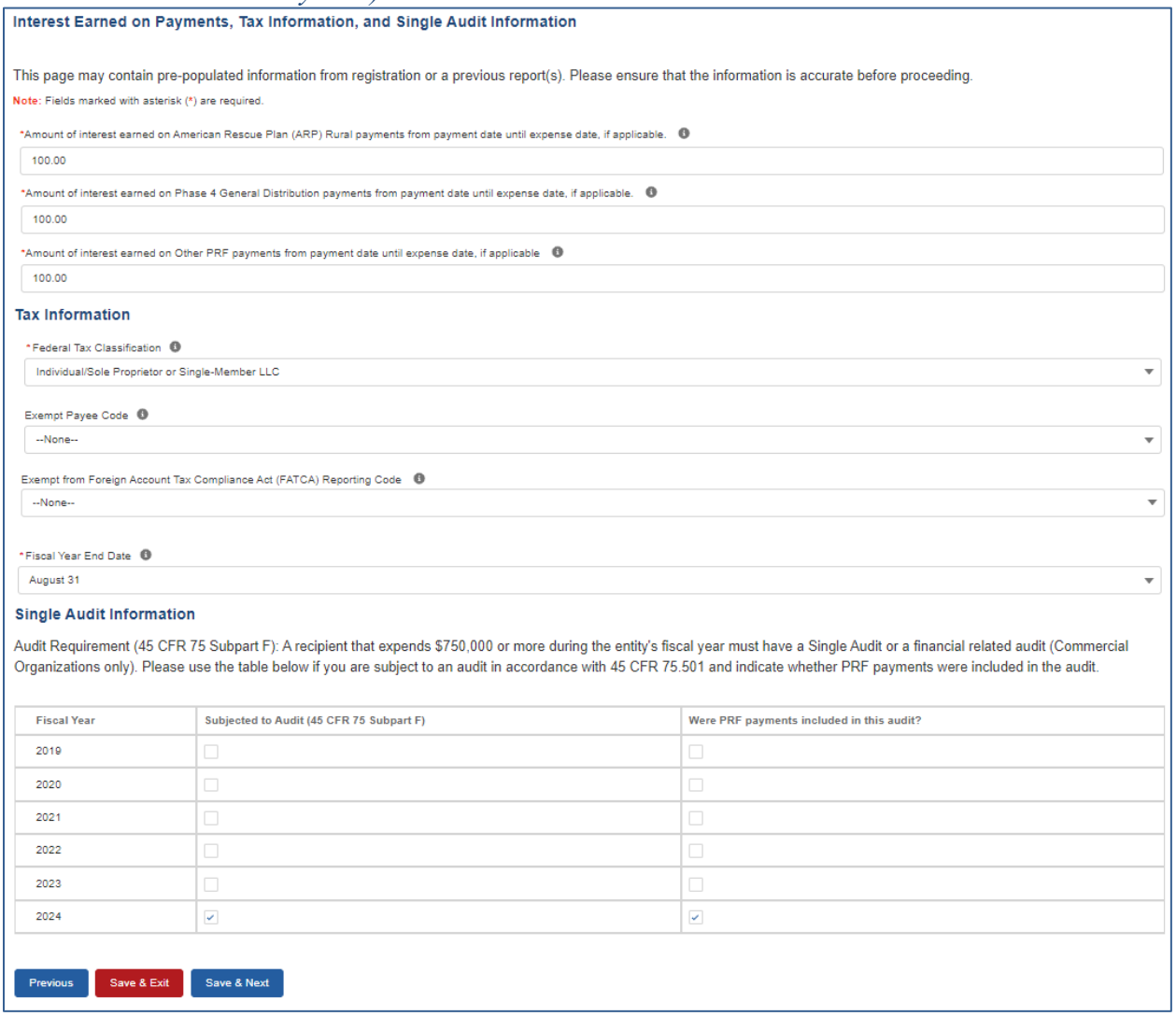
Single Audit Information

Audit Requirement (45 CFR 75 Subpart F): A recipient that expends $750,000 or more during the entity's fiscal year must have a Single Audit or a financial related audit (Commercial Organizations only). Please use the table below if you are subject to an audit in accordance with 45 CFR 75.501 and indicate whether PRF payments were included in the audit.

Fiscal Year	Subjected to Audit (45 CFR 75 Subpart F)	Were PRF payments included in this audit?
2019	☐	☐
2020	☐	☐
2021	☐	☐
2022	☐	☐
2023	☐	☐
2024	☑	☑

Previous | Save & Exit | Save & Next

Figure 59 Interest Earned on Payments, Tax Information and Single Audit Information (Provider Didn't Receive an NHIC Payment)



Interest Earned on Payments, Tax Information, and Single Audit Information

This page may contain pre-populated information from registration or a previous report(s). Please ensure that the information is accurate before proceeding.

Note: Fields marked with asterisk (*) are required.

*Amount of interest earned on American Rescue Plan (ARP) Rural payments from payment date until expense date, if applicable.

100.00

*Amount of interest earned on Phase 4 General Distribution payments from payment date until expense date, if applicable.

100.00

*Amount of interest earned on Other PRF payments from payment date until expense date, if applicable

100.00

Tax Information

*Federal Tax Classification

Individual/Sole Proprietor or Single-Member LLC

Exempt Payee Code

--None--

Exempt from Foreign Account Tax Compliance Act (FATCA) Reporting Code

--None--

*Fiscal Year End Date

August 31

Single Audit Information

Audit Requirement (45 CFR 75 Subpart F): A recipient that expends $750,000 or more during the entity's fiscal year must have a Single Audit or a financial related audit (Commercial Organizations only). Please use the table below if you are subject to an audit in accordance with 45 CFR 75.501 and indicate whether PRF payments were included in the audit.

Fiscal Year	Subjected to Audit (45 CFR 75 Subpart F)	Were PRF payments included in this audit?
2019	☐	☐
2020	☐	☐
2021	☐	☐
2022	☐	☐
2023	☐	☐
2024	☑	☑

Previous | Save & Exit | Save & Next

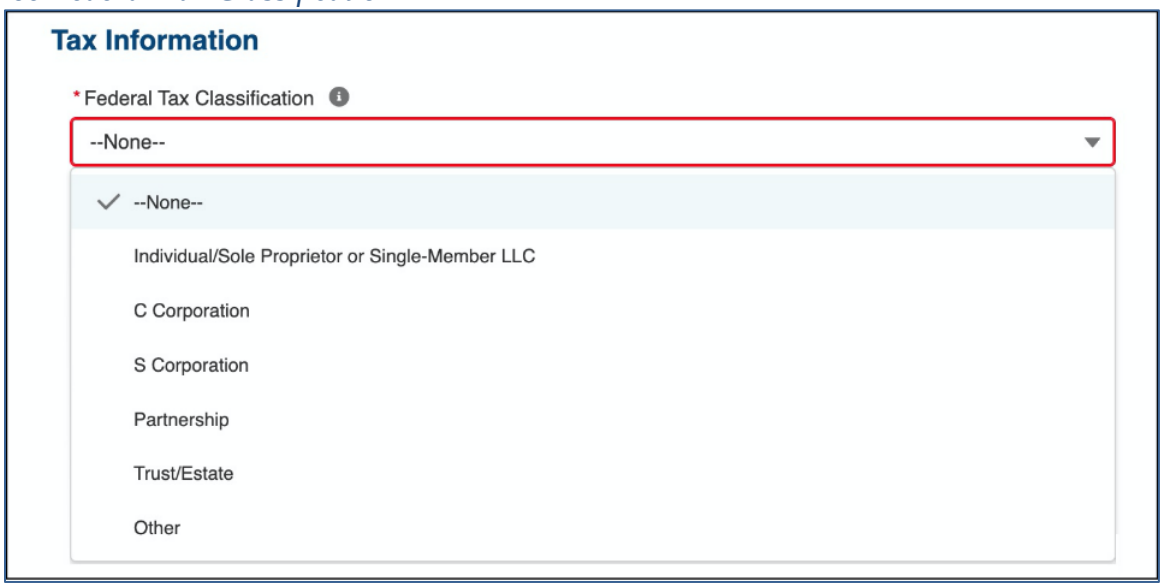
If PRF and/or ARP Rural payments were held in an interest-bearing account, these interest amounts must be reported to HRSA and must be used only for allowable expenses or lost revenues. If interest is earned on PRF and/or ARP Rural payments received in the Payment Received Period corresponding to the current reporting period, interest must be applied toward a reportable use of funds.[15] Interest should be calculated from the date the payment was received until the date of expenditure (or the date of return in the case of unused PRF and/or ARP Rural payments). Interest must be broken down into four categories: (1) total amount of interest earned on NHIC Payments (if applicable), (2) total amount of interest earned on ARP Rural payments (if applicable), (3) total amount of interest earned on Phase 4 General Distribution payments (if applicable) and (4) total amount of interest earned on all Other PRF Payments. The total amount of interest reported must be a number with up to two decimal points. A zero (0) value must be entered if the PRF and/or ARP Rural payments were not held in an interest-bearing account or if no interest was earned on the payments.

[15] If interest is earned on funds that are only partially expended, the interest earned on remaining unused funds must be calculated, reported, and returned.

Federal Tax Classification

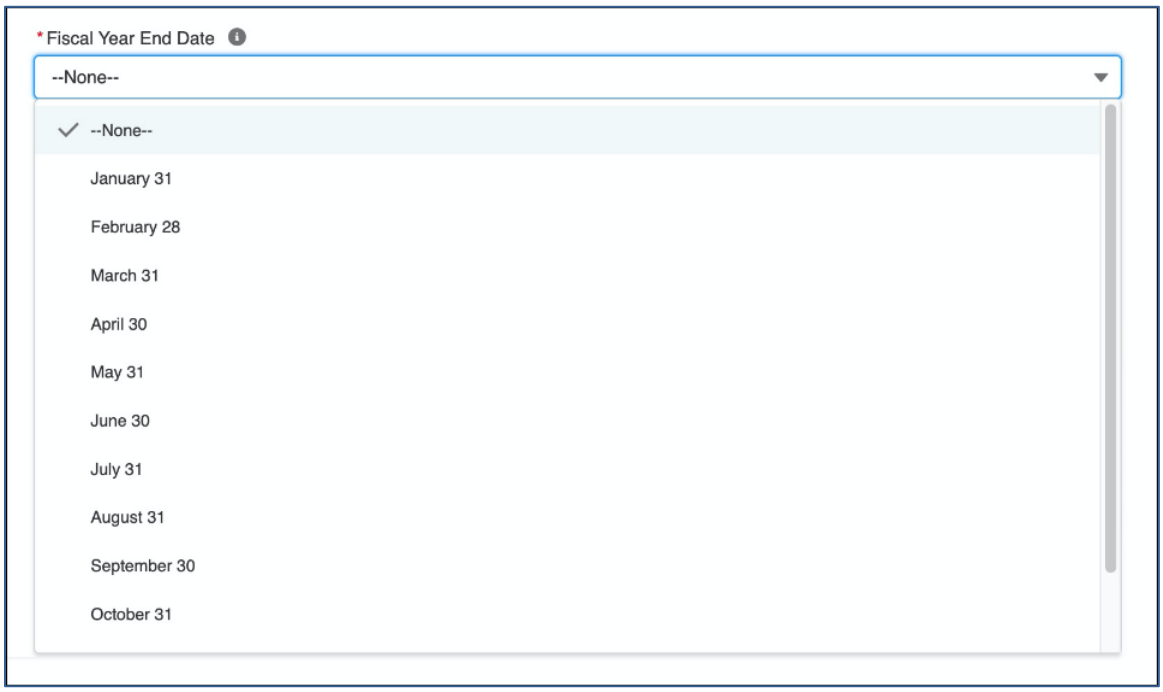
The reporting entity must select from a drop-down list to choose the federal tax classification, the designated business type associated with the reporting entity's primary TIN used for filing taxes. The reporting entity may refer to IRS Form W-9 for information regarding the federal tax classification, Exempt Payee Code (optional), and Exempt from Foreign Account Tax Compliance Act status (optional). Federal tax classification may be reported as Individual/Sole proprietor or Single-Member LLC, C Corporation, S Corporation, Partnership, Trust/Estate, or Other. If the reporting entity selects 'Other,' a new data entry field will appear, and the reporting entity will have to specify the designated business type as shown in *Figure 60 Federal Tax Classification*. The reporting entity may opt to enter the same Exempt Payee Code and Exempt from Foreign Account Tax Compliance Act (FATCA) Reporting Code as designated on their IRS Form W-9. The drop-down lists for these fields are the same as the available selections on IRS Form W-9.

Figure 60 Federal Tax Classification



The reporting entity must select from the drop-down list the Fiscal Year End Date that accurately matches the month in which the reporting entity reports its fiscal year financial results as shown in *Figure 61 Fiscal Year End Date*. If the fiscal year end date has changed, the reporting entity should enter the fiscal year end date applicable at the time of reporting.

Figure 61 Fiscal Year End Date



Single Audit Information

Recipients that expend a total of $750,000 or more in federal funds (including PRF and/or ARP Rural payments and other federal financial assistance) during their fiscal year are subject to Single Audit requirements, as set forth in the regulations at 45 CFR § 75 Subpart F. The Schedule of Expenditures of Federal Awards (SEFA) audit is typically performed by an independent certified public accountant (CPA).

Non-federal entities must have a Single Audit conducted in accordance with 45 CFR § 75.514 that must be submitted electronically to the Federal Audit Clearinghouse.

Commercial organizations have two options under 45 CFR § 75.216(d) and § 75.501(i): 1) a financial related audit of the award or awards conducted in accordance with Generally Accepted Government Auditing Standards; or 2) an audit in conformance with the requirements of 45 CFR § 75.514 - Single Audit). Audit reports of commercial organizations must be submitted via email to HRSA's Division of Financial Integrity at PRFaudits@hrsa.gov.

The reporting entity must complete the Audit Requirement table on this portal page by indicating for Fiscal Years 2019, 2020, 2021, and 2022, whether the recipient was subject to audit (45 CFR § 75 Subpart F) and whether PRF and/or ARP Rural payments were included in the audit by checking the appropriate boxes. While these data entry fields must be completed accurately, the fields should only be checked as appropriate.

Only after users have completed all the required data entry fields without any error messages appearing in red, will they be able to advance to the next step, *Step 7 – Payments Summary*, in the reporting process. Users must click the blue 'Save & Next' button to proceed to the next page, *Step 7 – Payments Summary*. To return to a previous page, users should click the blue 'Previous' button. Portal users should exit the PRF Reporting Portal when they are not actively entering data and should do this by clicking the red 'Save & Exit' button. **Portal users should not exit the portal by closing the browser**

window or navigate away from the current page using the browser window as data entered on the current page will not be saved.

If a user has reported in a previous reporting period or revised a previous report, some of the information on the Interest earned on Payments, Tax Information, and Single Audit page will pre-populate with previously reported data. Edits may be made to the pre-populated data and all required fields must contain a response. **Once pre-populated data has been altered, the portal cannot revert it back in case of error and information will need to be re-entered.** Please confirm all information is accurate and up-to-date before proceeding to the next screen.

NOTE: *Interest earned will not be pre-populated.*

4.8 STEP 7 – PAYMENTS SUMMARY

The Payments Summary page is pre-populated based on the reporting entity's answers to previous questions and payments received during the Payment Received Period which corresponds to the current reporting period as shown in *Table 1 Reporting Periods*. There is no validation or data entry required on the read-only Payments Summary page. The reporting entity should carefully review the dollar amounts shown and click 'Save & Next' if all amounts are correct. If the payment information does not appear correct, the reporting entity should navigate to the previous pages and ensure the data was entered correctly.

The *Step 7 – Payments Summary* page will display total reportable payment amounts as shown in *Figure 62 Payments Summary: January 1, 2022 – June 30, 2022.* Based upon the payments received by the entity as shown in *Figure 63 Payments Summary: Only Applicable Payments Shown.* The reportable payment amounts do not include payments received by the reporting entity and/or its subsidiaries outside of the current reporting period or where the attestation for the payment was rejected.

PRF and/or ARP Rural payments received and retained are reportable as is any interest earned on those payments. The summary on this page includes the following:

- Total American Rescue Plan (ARP) Rural Payments (if applicable)
- Total NHIC Distribution (includes QIP) Payments[16] (if applicable)
- Total Other PRF Payments (includes all General Distributions including Phase 4) and all Other Targeted Distribution Payments (if applicable)
- Total Interest Earned on ARP Rural Payments (if applicable, as reported during *Step 6 – Interest Earned on Payments, Tax Information, and Single Audit Information*)
- Total Interest Earned on NHIC Payments (if applicable, as reported during *Step 6 – Interest Earned on Payments, Tax Information, and Single Audit Information*)
- Total Interest Earned on Other PRF Payments (as reported during *Step 6 – Interest Earned on Payments, Tax Information, and Single Audit Information*)

[16] Abbreviated from formal name "Skilled Nursing Facility and Nursing Home Infection Control Distribution Payments."

- Total Interest Earned on Phase 4 General Distribution Payments (if applicable, as reported during *Step 6 – Interest Earned on Payments, Tax Information, and Single Audit Information*)
- Gross Payments (including Interest Earned) – Calculated as
  Total of 'Total American Rescue Plan (ARP) Rural Payments' + 'Total Nursing Home Infection Control Payments' + 'Total Other PRF Payments (Including Phase 4)' + 'Total Interest Earned on ARP Rural Payments' + 'Total Interest Earned on Nursing Home Infection Control Payments' + 'Total Interest Earned on Other PRF Payments' + 'Total Interest Earned on Phase 4 General Distribution Payments'
- Total Returned Payments – Calculated as Amount Returned' from ARP Rural Payments + 'Amount Returned' from Nursing Home Infection Control Payments + 'Amount Returned' from Other PRF Payments (Including Phase 4) Total Reportable NHIC Payments (if applicable) - Calculated as Total NHIC Payments + Total Interest Earned on NHIC Payments
- Total Reportable ARP Rural Payments – Calculated as 'Total ARP Rural Payments' + 'Total Interest Earned on ARP Rural Payments' - 'Amount Returned' from the Total ARP Rural Payments (from the Payments to Recipient page)
- Total Reportable Nursing Home Infection Control Payments – Calculated as ‘Total Nursing Home Infection Control Payments’ + ‘Total Interest Earned on Nursing Home Infection Control Payments’ - 'Amount Returned' from the ‘Total Skilled Nursing Facility and Nursing Home Infection Control Payments’ (from the Payments to Recipient page)
- Total Reportable Other PRF Payments – Calculated as ‘Total Other PRF Payments (Including Phase 4)’ + ‘Total Interest Earned on Other PRF Payments’ + ‘Total Interest Earned on Phase 4 General Distribution Payments’ - ‘Total Other Provider Relief Fund Payments (Including Phase 4)’ (from the Payments to Recipient page)
- Total Reportable Payments – Calculated as ‘Total Reportable ARP Rural Payments’ + ‘Total Reportable Nursing Home Infection Control Payments’ + ‘Total Reportable Other PRF Payments (Including Phase 4)’ (should equal ‘Gross Payments (including Interest Earned)’ - ‘Total Returned Payments’.)-

Figure 62 Payments Summary: January 1, 2022 – June 30, 2022

Payments Summary: January 1, 2023 - June 30, 2023

These totals do not include payments received outside the period **January 1, 2023 - June 30, 2023** or where the payments were rejected (attestation rejected).

	Amount	
Total American Rescue Plan (ARP) Rural Payments:	$50,000.00	
Total Nursing Home Infection Control Payments:	$50,000.00	
Total Other PRF Payments (Including Phase 4):	$150,000.00	
Total Interest Earned on ARP Rural Payments:	$10,000.00	
Total Interest Earned on Nursing Home Infection Control Payments:	$10,000.00	
Total Interest Earned on Other PRF Payments:	$10,000.00	
Total Interest Earned on Phase 4 General Distribution Payments:	$10,000.00	
Gross Payments (including Interest Earned):	$290,000.00	
Total Reportable ARP Rural Payments:	$80,000.00	
Total Reportable Nursing Home Infection Control Payments:	$80,000.00	
Total Reportable Other PRF Payments (Including Phase 4):	$170,000.00	
Total Reportable Payments:	$290,000.00	

Previous | Save & Exit | Save & Next

Figure 63 Payments Summary: Only Applicable Payments Shown

Payments Summary: January 1, 2023 - June 30, 2023

These totals do not include payments received outside the period **January 1, 2023 - June 30, 2023** or where the payments were rejected (attestation rejected).

	Amount	
Total American Rescue Plan (ARP) Rural Payments:	$50,000.00	
Total Other PRF Payments (Including Phase 4):	$150,000.00	
Total Interest Earned on ARP Rural Payments:	$10,000.00	
Total Interest Earned on Other PRF Payments:	$10,000.00	
Total Interest Earned on Phase 4 General Distribution Payments:	$10,000.00	
Gross Payments (including Interest Earned):	$230,000.00	
Total Reportable ARP Rural Payments:	$80,000.00	
Total Reportable Other PRF Payments (Including Phase 4):	$170,000.00	
Total Reportable Payments:	$230,000.00	

Previous | Save & Exit | Save & Next

Users must click the blue 'Save & Next' button to proceed to the next page, *Step 8 - Other Assistance Received*. To return to a previous page, users should click the blue 'Previous' button. Portal users should exit the PRF Reporting Portal when they are not actively entering data and should do this by clicking the red 'Save & Exit' button. **Portal users should not exit the portal by closing the browser window or navigate away from the current page using the browser window as data entered on the current page will not be saved.**

4.9 STEP 8 – OTHER ASSISTANCE RECEIVED

The *Step 8 – Other Assistance Received* page is comprised of one large table where reporting entities must report other related assistance received by the reporting entity (and its subsidiaries included in reporting as applicable), by quarter, during the period of availability that corresponds to the current reporting period as shown in *Figure 64 Other Assistance Received* (Refer to: *Table 1 Reporting Periods.*) **The information reported in this table is not used in subsequent calculations in the portal.**

If a user has reported in a previous reporting period or revised a previous report, some of the information on the Other Assistance Received page will pre-populate. All required data must be entered without error messages. Edits may be made to the pre-populated data and all required fields must contain a response. Once pre-populated data has been altered, the portal cannot revert it back in case of error and information will need to be re-entered. Please confirm all information is accurate and up-to-date before proceeding to the next screen.

Automated calculations will appear by row and column. The 'tab' key may be used to navigate between cells during data entry. All cells are required data entry fields, and entries are restricted to 14 digits including up to two decimals. Negative numbers may not be entered. If zero, the reporting entity must enter a ‘0’. If the reporting entity is reporting on behalf of subsidiaries, the assistance received for each category must be aggregated across each of the subsidiaries included in the report. **The Other Assistance Received reported to HRSA will not be used in the calculation of expenses or lost revenues.** Reporting entities are expected to make a determination of their expenses applied to PRF and/or ARP Rural payments after considering Other Assistance Received and taking into account that PRF and/or ARP Rural payments may not be used for expenses or lost revenues that other sources have reimbursed or that other sources are obligated to reimburse.

Figure 64 Other Assistance Received

Other Assistance Received

This page may contain pre-populated information from registration or a previous report(s). Please ensure that the information is accurate before proceeding.

On this worksheet, you must enter other assistance received by quarter during the period of availability (**January 1, 2020 to June 30, 2024**). All fields marked with an asterisk are required. If zero, you must enter a '0'. The number entered may be a value up to 14 digits, including 2 decimal places. If you are reporting on behalf of subsidiaries, the assistance received by these subsidiaries should be included in the report. The 'Tab' key may be used to navigate between cells during data entry.

All Other Assistance Received must be reported on this page. Do not include payments on this page if they are Provider Relief Fund General Distribution, Provider Relief Fund Targeted Distribution, American Rescue Plan (ARP) Rural and Nursing Home Infection Control Payments.

Note: Fields marked with asterisk (*) are required.

Other Assistance	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Q3 (2021)	Q4 (2021)	Q1 (2022)	Q2 (2022)	Q3 (2022)	Q4 (2022)	Q1 (2023)	Q2 (2023)	Q3 (2023)	Q4 (2023)	Q1 (2024)	Q2 (2024)	Total
RHC COVID-19 Testing Funds Received																			$0.00
RHC COVID-19 Testing and Mitigation Funds Received																			$0.00
Treasury, Small Business Administration (SBA) (e.g., CARES Act/Paycheck Protection Program (PPP))	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	$90.00
FEMA Programs (Testing, Public Assistance, Supplies, etc.)	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	$90.00
HHS Cares Act Testing (COVID-19)	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	$90.00
Local, State, and Tribal Government Assistance	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	$90.00
Business Insurance	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	$90.00
Other Assistance	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	* $5.00	$90.00
Total	$30.00	$30.00	$30.00	$30.00	$30.00	$30.00	$30.00	$30.00	$30.00	$30.00	$30.00	$30.00	$30.00	$30.00	$30.00	$30.00	$30.00	$30.00	$540.00

Previous | Save & Exit | Save & Next

The reporting entity must enter Other Assistance Received by calendar year quarters in the period of availability of funds that corresponds to the current reporting period. Calendar year quarters are defined as follows:

- Quarter 1 (Q1): January 1 – March 31
- Quarter 2 (Q2): April 1 – June 30
- Quarter 3 (Q3): July 1 – September 30
- Quarter 4 (Q4): October 1 – December 31

Other Assistance Received will be reported for the period of availability by calendar year quarter for the reporting entity (and its subsidiaries included in reporting) as follows:

- **Rural Health Clinic (RHC) COVID-19 Testing Funds Received:** There are two rows to display RHC payments. The RHC payments are auto-populated by the Reporting Portal.
    - *RHC COVID-19 Testing:* Total amount of RHC payments received for COVID-19 Testing.
    - *RHC COVID-19 Testing and Mitigation:* Total amount of RHC payments received for COVID-19 Testing and Mitigation.
- **Department of the Treasury (Treasury) and/or Small Business Administration (SBA) Assistance:** Total amount of COVID-19-related relief received from Treasury and/or SBA, including the PPP, by the reporting entity during the period of availability.
- **Federal Emergency Management Agency (FEMA) Programs**: Total amount of COVID-19-related relief received from FEMA by the reporting entity during the period of availability.
- **HHS CARES Act Testing:** Total amount of relief received from HHS by the reporting entity for COVID-19 testing-related activities during the period of availability.

- **Local, State, and Tribal Government Assistance:** Total amount of COVID-19-related relief received by the reporting entity from other Local, State, or Tribal government sources during the period of availability.
- **Business Insurance:** Paid claims against insurance policies intended to cover losses related to various types of health care business interruption during the period of availability.
- **Other Assistance:** Total amount of other federal and/or COVID-19-related assistance received by the reporting entity during the period of availability.

Loan programs such as the Centers for Medicare and Medicaid Systems (CMS) Advanced and Accelerated Payments are expected to be reported as Other Assistance Received when reporting. The Other Assistance Received reported to HRSA will not be used in the calculation of expenses or lost revenues. Reporting entities are expected to make a determination of their expenses applied to PRF and/or ARP Rural payments after considering Other Assistance Received and taking into account that PRF and/or ARP Rural payment may not be used for expenses or lost revenues that other sources have reimbursed or that other sources are obligated to reimburse. If the reporting entity is reporting on behalf of subsidiaries, the assistance received for each category must be aggregated across each of the subsidiaries included in the report.

NOTE: *If the reporting entity received funds from the RHC COVID-19 Testing Program and/or the RHC COVID-19 Testing and Mitigation Program, the total dollar amount received will be pre-populated in the table of Other Assistance Received in the first row. RHC COVID-19 Testing Program and RHC COVID-19 Testing and Mitigation Program payments* ***are not*** *PRF payments. If you received RHC COVID-19 Testing funds Program and/or RHC COVID-19 Testing and Mitigation Program, you are required to report separately on the use of those funds at https://www.rhccovidreporting.com.*

An error message in red will appear if the required fields are missing information or are not formatted properly as shown in *Figure 65 Other Assistance Received – Error Message*.

Figure 65 Other Assistance Received – Error Message

Other Assistance Received

This page may contain pre-populated information from registration or a previous report(s). Please ensure that the information is accurate before proceeding.

On this worksheet, you must enter other assistance received by quarter during the period of availability (**January 1, 2020 to June 30, 2024**). All fields marked with an asterisk are required. If zero, you must enter a '0'. The number entered may be a value up to 14 digits, including 2 decimal places. If you are reporting on behalf of subsidiaries, the assistance received by these subsidiaries should be included in the report. The 'Tab' key may be used to navigate between cells during data entry.

All Other Assistance Received must be reported on this page. Do not include payments on this page if they are Provider Relief Fund General Distribution, Provider Relief Fund Targeted Distribution, American Rescue Plan (ARP) Rural and Nursing Home Infection Control Payments.

Note: Fields marked with asterisk (*) are required.

Other Assistance	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Q3 (2021)	Q4 (2021)	Q1 (2022)	Q2 (2022)	Q3 (2022)	Q4 (2022)	Q1 (2023)	Q2 (2023)	Q3 (2023)	Q4 (2023)	Q1 (2024)	Q2 (2024)	Total
RHC COVID-19 Testing Funds Received																			$0.00
RHC COVID-19 Testing and Mitigation Funds Received																			$0.00
Treasury, Small Business Administration (SBA) (e.g., CARES Act/Paycheck Protection Program (PPP))	$.00 Please complete this field.	$.00 Please complete this field.	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$80.00
FEMA Programs (Testing, Public Assistance, Supplies, etc.)	$5.00	$5.00	$.00 Please complete this field.	$.00 Please complete this field.	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$80.00
HHS Cares Act Testing (COVID-19)	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$90.00
Local, State, and Tribal Government Assistance	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$.00 Please complete this field.	$.00 Please complete this field.	$.00 Please complete this field.	$5.00	$5.00	$5.00	$5.00	$75.00
Business Insurance	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$90.00
Other Assistance	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$90.00
Total	$25.00	$25.00	$25.00	$25.00	$30.00	$30.00	$30.00	$30.00	$30.00	$30.00	$30.00	$25.00	$25.00	$25.00	$30.00	$30.00	$30.00	$30.00	$505.00

Previous | Save & Exit | Save & Next

Users must click the blue 'Save & Next' button to proceed to *Step 11 – Nursing Home Infection Control (NHIC) Expenses for Payments Received During Reporting Period*. To return to a previous page, users should click the blue 'Previous' button. Portal users should exit the PRF Reporting Portal when they are not actively entering data and should do this by clicking the red 'Save & Exit' button. **Portal users should not exit the portal by closing the browser window or navigate away from the current page using the browser window as data entered on the current page will not be saved.**

4.10 STEP 9 – USE OF ARP RURAL DISTRIBUTION PAYMENTS (IF APPLICABLE) FOR ELIGIBLE EXPENSES

After *Step 8 – Other Assistance Received* is complete, the reporting entity will report on expenses paid for with ARP Rural payments (including any interest earned). Expense categories will include General and Administrative and/or other Health Care-Related Expenses by calendar year quarter. If the reporting entity *did not* receive ARP Rural Payments during the applicable Payment Received Period, this page will be skipped, and the user will be taken directly to *Step 11 – Nursing Home Infection Control (NHIC) Expenses for Payments Received During Reporting Period*.

The Total Reportable ARP Rural payment amount is shown in **bold** above the table and corresponds to the same value displayed in *Step 7 – Payments Summary*. As a reminder, the total reportable ARP Rural payment amount includes the total dollar value of payments received during the corresponding Payment Received Period in addition to interest earned on those payments (as reported on the previous page). The total dollar value of expenses reported on this page may not exceed the dollar value of the Total Reportable ARP Rural Payments. The purpose of this worksheet is for the reporting entity to show HRSA how ARP Rural payments were applied toward expenses during the period of availability. Expenses that were not reimbursed with ARP Rural payments should not be reported on this page.

The reporting entity will report on the use of all ARP Rural payments by entering the calendar year quarterly expenses unreimbursed by other sources and those other sources were not obligated to reimburse that were applied to these payments. The 'tab' key may be used to navigate between cells during data entry. All data entry fields must be completed, each cell is limited to 14 digits, including up to two decimal places, and all values must be positive. If expenses are zero, the reporting entity must enter a '0.' Totals will automatically calculate by corresponding column and row as information is entered. Expenses must be reported by calendar year quarter.

Calendar year quarters are defined as follows:

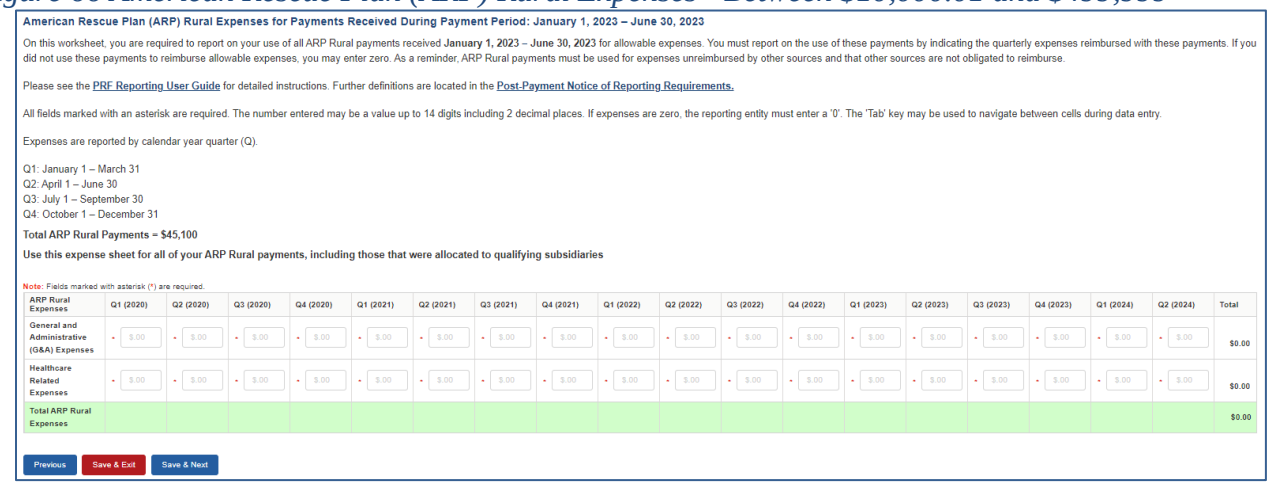
- Quarter 1 (Q1): January 1 – March 31
- Quarter 2 (Q2): April 1– June 30
- Quarter 3 (Q3): July 1– September 30
- Quarter 4 (Q4): October 1 – December 31

Reporting entities that received between **$10,000.01 and $499,999 in aggregated PRF and/or ARP Rural payments during the Payment Received Period** (shown in the table on *Step 7 – Payments Summary*) are required to report by calendar quarter on the use of ARP Rural payments in two categories: (1) G&A Expenses and (2) Healthcare Related Expenses as shown in *Figure 66 American Rescue Plan (ARP) Rural Expenses - Between $10,000.01 and $499,999.*

Please note additional logic when reporting includes parent/subsidiary relationship:

- If the reporting entity has a net kept amount of greater than/equal to $500K (Parent TIN plus Subsidiary TINs) then Detailed expense page(s) will be provided.
- If the reporting entity has a net kept amount of less than $500K (Parent TIN plus Subsidiary TINs) then Abbreviated expense page(s) will be provided.
- If the reporting entity has subsidiary(ies) that have an aggregate result of over $500K, and they are reporting on their own payments, the Provider will not see Detailed expenses.

Figure 66 American Rescue Plan (ARP) Rural Expenses - Between $10,000.01 and $499,999



American Rescue Plan (ARP) Rural Expenses for Payments Received During Payment Period: January 1, 2023 – June 30, 2023

On this worksheet, you are required to report on your use of all ARP Rural payments received **January 1, 2023 – June 30, 2023** for allowable expenses. You must report on the use of these payments by indicating the quarterly expenses reimbursed with these payments. If you did not use these payments to reimburse allowable expenses, you may enter zero. As a reminder, ARP Rural payments must be used for expenses unreimbursed by other sources and that other sources are not obligated to reimburse.

Please see the PRF Reporting User Guide for detailed instructions. Further definitions are located in the Post-Payment Notice of Reporting Requirements.

All fields marked with an asterisk are required. The number entered may be a value up to 14 digits including 2 decimal places. If expenses are zero, the reporting entity must enter a '0'. The 'Tab' key may be used to navigate between cells during data entry.

Expenses are reported by calendar year quarter (Q).

Q1: January 1 – March 31
Q2: April 1 – June 30
Q3: July 1 – September 30
Q4: October 1 – December 31

Total ARP Rural Payments = $45,100

Use this expense sheet for all of your ARP Rural payments, including those that were allocated to qualifying subsidiaries

Note: Fields marked with asterisk (*) are required.

ARP Rural Expenses	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Q3 (2021)	Q4 (2021)	Q1 (2022)	Q2 (2022)	Q3 (2022)	Q4 (2022)	Q1 (2023)	Q2 (2023)	Q3 (2023)	Q4 (2023)	Q1 (2024)	Q2 (2024)	Total
General and Administrative (G&A) Expenses	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	$0.00
Healthcare Related Expenses	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	$0.00
Total ARP Rural Expenses																			$0.00

Previous | Save & Exit | Save & Next

Reporting entities that received **$500,000 or more in aggregated PRF and/or ARP Rural payments during the Payment Received Period** (shown in the table on *Step 7 – Payments Summary*) are required to report by calendar year quarter on the use of NHIC Distribution payments in greater detail

than the two categories of G&A Expenses and Healthcare Related Expenses as shown in *Figure 71 Nursing Home Infection Control Expenses- $500,000 or More Table* according to the following sub-categories of expenses:

General and Administrative (G&A) Expenses for Nursing Home Infection Control Distribution Payments (includes QIP payments) Received During Payment Period

- **Mortgage/Rent:** Payments related to mortgage or rent for a facility specifically for infection control.
- **Insurance:** Premiums paid for property, malpractice, business insurance, or other insurance relevant to operations for infection control.
- **Personnel:** [17] Workforce-related expenses as outlined in the Terms and Conditions such as personnel costs associated with administering COVID-19 testing; reporting COVID-19 test results to local, state, or federal governments; hiring staff to provide patient care or administrative support; providing additional services to residents; workforce training; and mentorship programs to improve infection control; or other personnel costs incurred for infection control. Staffing, including temporary employee or contractor payroll and overhead employees, is included.
- **Fringe Benefits**: Extra benefits supplementing an employee's salary, which may include hazard pay, travel reimbursement, and employee health insurance. May only be charged in proportion to salary costs for infection control.
- **Lease Payments:** New equipment or software leases, fleet cars, and medical equipment that is not purchased and will be returned to its owner, so long as it is used for infection control.
- **Utilities/Operations:** Lighting, cooling/ventilation, cleaning, or additional third-party vendor services not included in the "Personnel" sub-category and whose purpose is for infection control.
- **Other General and Administrative Expenses:** Expenses not captured above that are for infection control and generally considered part of G&A expenses.

Health Care-Related Expenses for Nursing Home Infection Control Distribution Payments (includes QIP payments) Received During Payment Period

- **Supplies:** Expenses paid for purchase of supplies (*e.g.*, single use or reusable patient care devices, cleaning supplies, office supplies, etc.) used for the purpose of infection control during the period of availability. Such items may include personal protective equipment (PPE), hand sanitizer, and supplies for patient or staff COVID-19 testing, or expenses associated with distribution of a COVID-19 vaccine licensed or authorized by the Food and Drug Administration (FDA).

[17] The Terms and Conditions associated with each PRF and/or ARP Rural payment do not permit recipients to use PRF and/or ARP Rural payments to pay any salary at a rate in excess of Executive Level II which is set at $197,300 (2020), $199,300 (2021), $203,700 (2022), $212,100 (2023). For the purposes of the salary limitation, the direct salary is exclusive of fringe benefits and indirect costs. The limitation only applies to the rate of pay charged to PRF and/or ARP Rural payments and other HHS awards. An organization receiving PRF and/or ARP Rural payments may pay an individual's salary amount in excess of the salary cap with non-federal funds.

- **Equipment:** Expenses paid for purchase of equipment used for infection control, such as updates to Heating, Ventilation, and Air Conditioning (HVAC) systems or sanitizing equipment.
- **Information Technology (IT):** Expenses paid for IT or interoperability systems to expand or preserve infection control during the reporting period, such as telehealth infrastructure, increased bandwidth, technology that permits residents to connect with their families, and teleworking to support remote workforce.
- **Facilities:** Expenses such as lease or purchase of permanent or temporary structures, or to retrofit facilities to accommodate revised patient treatment practices to support infection control during the period of availability.
- **Other Health Care-Related Expenses:** Expenses not captured above that are for infection control and are health care-related expenses.

Figure 67 American Rescue Plan (ARP) Rural Expenses - $500,000 or More Table

American Rescue Plan (ARP) Rural Expenses for Payments Received During Payment Period: January 1, 2023 – June 30, 2023

On this worksheet, you are required to report on your use of all ARP Rural payments received **January 1, 2023 – June 30, 2023** for allowable expenses. You must report on the use of these payments by indicating the quarterly expenses reimbursed with these payments. If you did not use these payments to reimburse allowable expenses, you may enter zero. As a reminder, ARP Rural payments must be used for expenses unreimbursed by other sources and that other sources are not obligated to reimburse.

Please see the PRF Reporting User Guide for detailed instructions. Further definitions are located in the Post-Payment Notice of Reporting Requirements.

All fields marked with an asterisk are required. The number entered may be a value up to 14 digits including 2 decimal places. If expenses are zero, the reporting entity must enter a '0'. The 'Tab' key may be used to navigate between cells during data entry.

Expenses are reported by calendar year quarter (Q).

Q1: January 1 – March 31
Q2: April 1 – June 30
Q3: July 1 – September 30
Q4: October 1 – December 31

Total ARP Rural Payments = $45,100

Use this expense sheet for all of your ARP Rural payments, including those that were allocated to qualifying subsidiaries

Note: Fields marked with asterisk (*) are required.

ARP Rural Expenses	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Q3 (2021)	Q4 (2021)	Q1 (2022)	Q2 (2022)	Q3 (2022)	Q4 (2022)	Q1 (2023)	Q2 (2023)	Q3 (2023)	Q4 (2023)	Q1 (2024)	Q2 (2024)	Total
General and Administrative (G&A) Expenses																			$0.00
Mortgage/Rent	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	$0.00
Insurance	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	$0.00
Personnel	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	$0.00
Fringe Benefits	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	$0.00
Lease Payments	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	$0.00
Utilities/Operations	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	$0.00
Other G&A Expenses	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	$0.00
Healthcare Related Expenses																			$0.00
Supplies	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	$0.00
Equipment	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	$0.00
Information Technology (IT)	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	$0.00
Facilities	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	$0.00
Other Healthcare Expenses	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	$0.00
Total ARP Rural Expenses																			$0.00

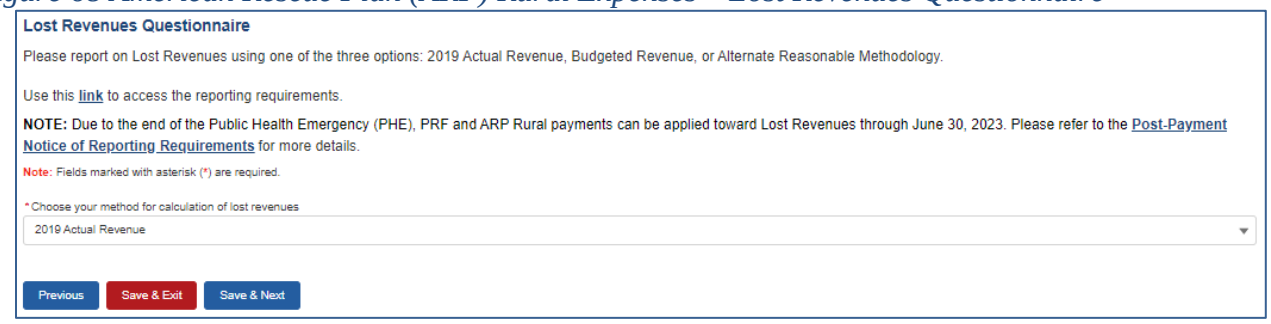
Previous | Save & Exit | Save & Next

4.11 STEP 10 – USE OF ARP RURAL DISTRIBUTION PAYMENTS (IF APPLICABLE) FOR LOST REVENUES

Reporting entities may apply ARP Rural amounts not fully expended on health care-related expenses attributable to COVID-19 to patient care lost revenues up to the end of the quarter in which the Public Health Emergency ends, if applicable. Recipients may choose to apply ARP Rural payments toward lost revenues using one of three options, up to the amount:

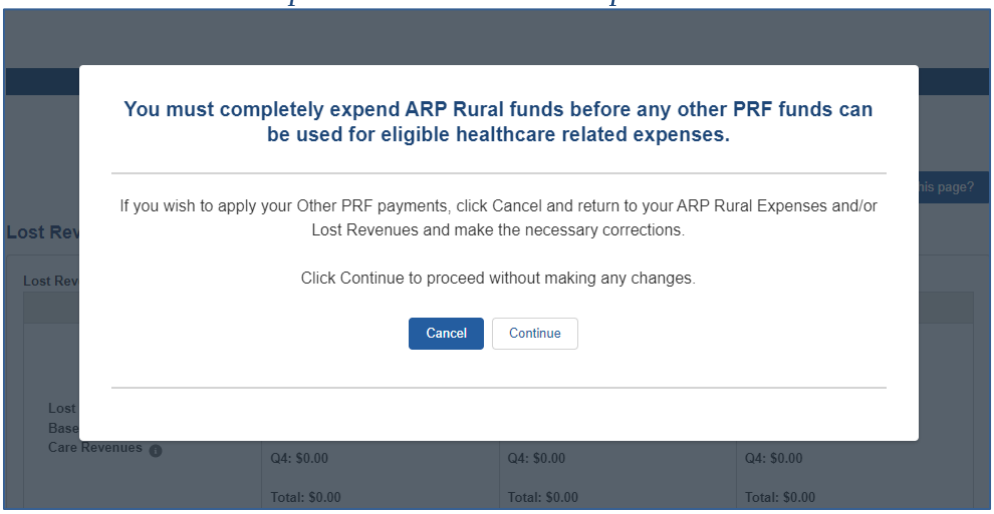
- **Option i:** of the difference between actual patient care revenues.
- **Option ii:** of the difference between budgeted (approved prior to March 27, 2020) and actual patient care revenues.
- **Option iii:** calculated by any reasonable method of estimating revenues.

Figure 68 American Rescue Plan (ARP) Rural Expenses – Lost Revenues Questionnaire



If the reporting entity does not use all of their ARP Rural funds on ARP Rural expenses, they would enter their lost revenues. (See the *Step 15 - Lost Revenues* section of this guide.) If the reporting entity does not expend their remaining ARP Rural funds on lost revenues, the system will provide an error message. The reporting entity may either make the necessary corrections or proceed without making any changes. After completing the ARP Rural section, the provider is taken to the NHIC expense pages.

Figure 69 ARP Rural Funds Not Expended on ARP Rural Expenses & Lost Revenue



4.12 STEP 11 – NURSING HOME INFECTION CONTROL (NHIC) EXPENSES FOR PAYMENTS RECEIVED DURING PAYMENT PERIOD

Each reporting entity that received NHIC Distribution payments[18] during the Payment Received Period that corresponds to the current Reporting Time Period is directed to report on the use of those funds. If the reporting entity *did not* receive NHIC Payments during the applicable Payment Received Period, this page will be skipped and the user will be taken directly to *Step 12 – Other PRF Expenses for Payments Received During Payment Period*.

The Total Reportable NHIC Distribution payment amount is shown in **bold** above the table and corresponds to the same value displayed in *Step 7 – Payments Summary*. As a reminder, the total

[18] Nursing Home Infection Control Payments are Targeted Distributions with associated Terms and Conditions and include QIP payments.

reportable NHIC payment amount includes the total dollar value of payments received during the corresponding Payment Received Period in addition to interest earned on those payments (as reported on the previous page). The total dollar value of expenses reported on this page may not exceed the dollar value of the Total Reportable NHIC Payments. The purpose of this worksheet is for the reporting entity to show HRSA how NHIC Distribution payments were applied toward expenses during the period of availability. Expenses that were not reimbursed with NHIC Distribution payments should not be reported on this page.

The reporting entity will report on the use of all NHIC Distribution (including QIP) payments by entering the calendar year quarterly expenses unreimbursed by other sources and those other sources were not obligated to reimburse that were applied to these payments. The 'tab' key may be used to navigate between cells during data entry. All data entry fields must be completed, each cell is limited to 14 digits, including up to two decimal places, and all values must be positive. If expenses are zero, the reporting entity must enter a '0.' Totals will automatically calculate by corresponding column and row as information is entered. Expenses must be reported by calendar year quarter.

Calendar year quarters are defined as follows:

- Quarter 1 (Q1): January 1 – March 31
- Quarter 2 (Q2): April 1– June 30
- Quarter 3 (Q3): July 1– September 30
- Quarter 4 (Q4): October 1 – December 31

As outlined in the most recently published Post-Payment Notice of Reporting Requirements, NHIC Distribution payments may be used for infection control expenses limited to those outlined in the Terms and Conditions as follows:

- Costs associated with administering COVID-19 testing;
- Reporting COVID-19 test results to local, state, or federal governments;
- Hiring staff to provide patient care or administrative support;
- Providing additional services to residents; or
- Other expenses incurred to improve infection control.

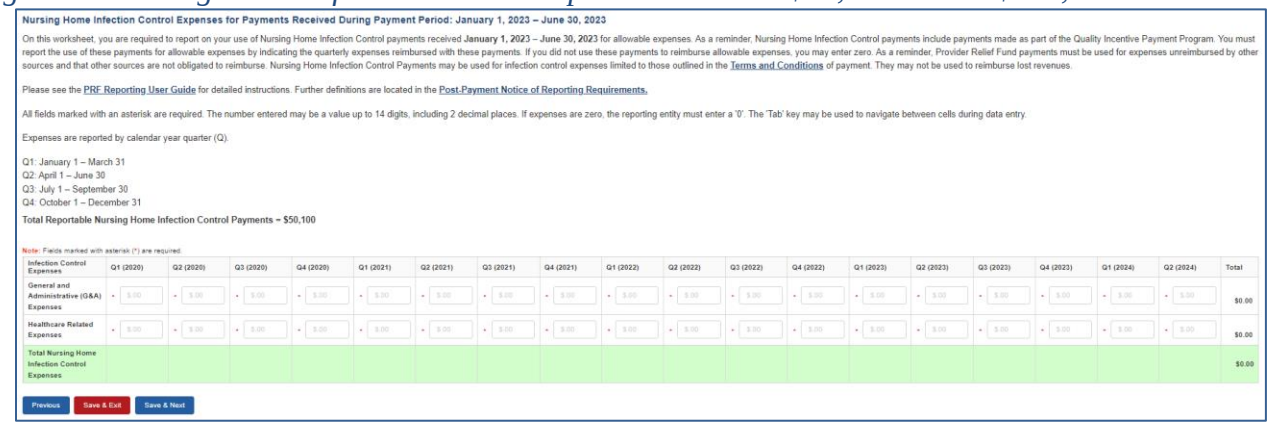
Reporting entities that received between **$10,000.01 and $499,999 in aggregated PRF and/or ARP Rural payments during the Payment Received Period** (shown in the table on *Step 7 – Payments Summary*) are required to report by calendar quarter on the use of NHIC Distribution payments in two categories: (1) G&A Expenses and (2) Healthcare Related Expenses as shown in *Figure 70 Nursing Home Infection Control Expenses- Between $10,000.01 and $499,999.*

Please note additional logic when reporting includes parent/subsidiary relationship:

- If the reporting entity has a net kept amount of greater than/equal to $500K (Parent TIN plus Subsidiary TINs) then Detailed expense page(s) will be provided (see *Figure 71 Nursing Home Infection Control Expenses- $500,000 or More Table*).
- If the reporting entity has a net kept amount of less than $500K (Parent TIN plus Subsidiary TINs) then Abbreviated expense page(s) will be provided (see *Figure 70 Nursing Home Infection Control Expenses- Between $10,000.01 and $499,999*).

- If the reporting entity has subsidiary(ies) that have an aggregate result of over $500K, and they are reporting on their own payments, the Provider will not see Detailed expenses.

Figure 70 Nursing Home Infection Control Expenses- Between $10,000.01 and $499,999



Nursing Home Infection Control Expenses for Payments Received During Payment Period: January 1, 2023 – June 30, 2023

On this worksheet, you are required to report on your use of Nursing Home Infection Control payments received **January 1, 2023 – June 30, 2023** for allowable expenses. As a reminder, Nursing Home Infection Control payments include payments made as part of the Quality Incentive Payment Program. You must report the use of these payments for allowable expenses by indicating the quarterly expenses reimbursed with these payments. If you did not use these payments to reimburse allowable expenses, you may enter zero. As a reminder, Provider Relief Fund payments must be used for expenses unreimbursed by other sources and that other sources are not obligated to reimburse. Nursing Home Infection Control Payments may be used for infection control expenses limited to those outlined in the Terms and Conditions of payment. They may not be used to reimburse lost revenues.

Please see the PRF Reporting User Guide for detailed instructions. Further definitions are located in the Post-Payment Notice of Reporting Requirements.

All fields marked with an asterisk are required. The number entered may be a value up to 14 digits, including 2 decimal places. If expenses are zero, the reporting entity must enter a '0'. The 'Tab' key may be used to navigate between cells during data entry.

Expenses are reported by calendar year quarter (Q).

Q1: January 1 – March 31
Q2: April 1 – June 30
Q3: July 1 – September 30
Q4: October 1 – December 31

Total Reportable Nursing Home Infection Control Payments = $50,100

Note: Fields marked with asterisk (*) are required.

Infection Control Expenses	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Q3 (2021)	Q4 (2021)	Q1 (2022)	Q2 (2022)	Q3 (2022)	Q4 (2022)	Q1 (2023)	Q2 (2023)	Q3 (2023)	Q4 (2023)	Q1 (2024)	Q2 (2024)	Total
General and Administrative (G&A) Expenses	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	$0.00
Healthcare Related Expenses	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	$0.00
Total Nursing Home Infection Control Expenses																			$0.00

Previous | Save & Exit | Save & Next

Reporting entities that received **$500,000 or more in aggregated PRF and/or ARP Rural payments during the Payment Received Period** (shown in the table on *Step 7 – Payments Summary*) are required to report by calendar year quarter on the use of NHIC Distribution payments in greater detail than the two categories of G&A Expenses and Healthcare Related Expenses as shown in *Figure 71 Nursing Home Infection Control Expenses- $500,000 or More Table* according to the following sub-categories of expenses:

General and Administrative (G&A) Expenses for Nursing Home Infection Control Distribution Payments (includes QIP payments) Received During Payment Period

- **Mortgage/Rent:** Payments related to mortgage or rent for a facility specifically for infection control.
- **Insurance:** Premiums paid for property, malpractice, business insurance, or other insurance relevant to operations for infection control.
- **Personnel:** [19] Workforce-related expenses as outlined in the Terms and Conditions such as personnel costs associated with administering COVID-19 testing; reporting COVID-19 test results to local, state, or federal governments; hiring staff to provide patient care or administrative support; providing additional services to residents; workforce training; and mentorship programs to improve infection control; or other personnel costs incurred for infection control. Staffing, including temporary employee or contractor payroll and overhead employees, is included.
- **Fringe Benefits**: Extra benefits supplementing an employee's salary, which may include hazard pay, travel reimbursement, and employee health insurance. May only be charged in proportion to salary costs for infection control.

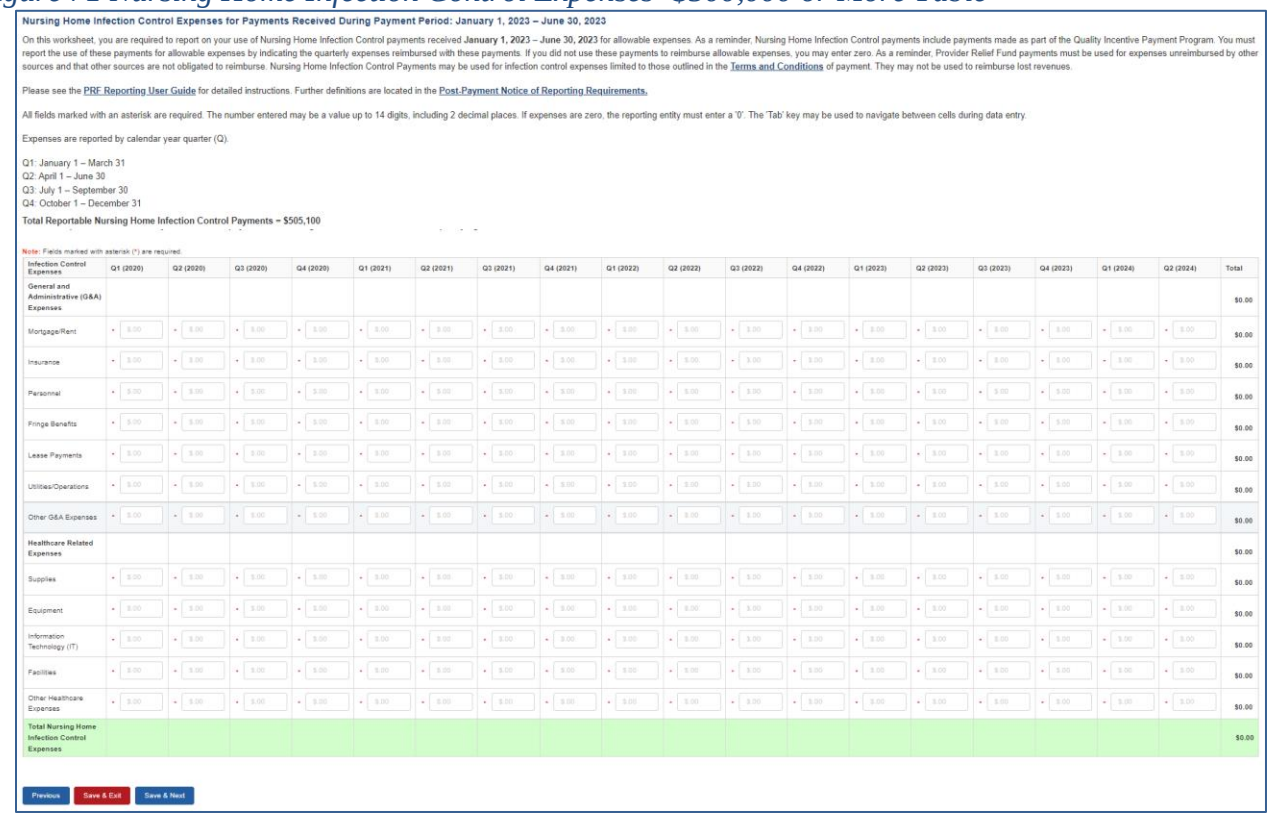
[19] The Terms and Conditions associated with each PRF and/or ARP Rural payment do not permit recipients to use PRF and/or ARP Rural payments to pay any salary at a rate in excess of Executive Level II which is set at $197,300 (2020), $199,300 (2021), $203,700 (2022), $212,100 (2023). For the purposes of the salary limitation, the direct salary is exclusive of fringe benefits and indirect costs. The limitation only applies to the rate of pay charged to PRF and/or ARP Rural payments and other HHS awards. An organization receiving PRF and/or ARP Rural payments may pay an individual's salary amount in excess of the salary cap with non-federal funds.

- **Lease Payments:** New equipment or software leases, fleet cars, and medical equipment that is not purchased and will be returned to its owner, so long as it is used for infection control.
- **Utilities/Operations:** Lighting, cooling/ventilation, cleaning, or additional third-party vendor services not included in the "Personnel" sub-category and whose purpose is for infection control.
- **Other General and Administrative Expenses:** Expenses not captured above that are for infection control and generally considered part of G&A expenses.

Health Care-Related Expenses for Nursing Home Infection Control Distribution Payments (includes QIP payments) Received During Payment Period

- **Supplies:** Expenses paid for purchase of supplies (*e.g.*, single use or reusable patient care devices, cleaning supplies, office supplies, etc.) used for the purpose of infection control during the period of availability. Such items may include personal protective equipment (PPE), hand sanitizer, and supplies for patient or staff COVID-19 testing, or expenses associated with distribution of a COVID-19 vaccine licensed or authorized by the Food and Drug Administration (FDA).
- **Equipment:** Expenses paid for purchase of equipment used for infection control, such as updates to Heating, Ventilation, and Air Conditioning (HVAC) systems or sanitizing equipment.
- **Information Technology (IT):** Expenses paid for IT or interoperability systems to expand or preserve infection control during the reporting period, such as telehealth infrastructure, increased bandwidth, technology that permits residents to connect with their families, and teleworking to support remote workforce.
- **Facilities:** Expenses such as lease or purchase of permanent or temporary structures, or to retrofit facilities to accommodate revised patient treatment practices to support infection control during the period of availability.
- **Other Health Care-Related Expenses:** Expenses not captured above that are for infection control and are health care-related expenses.

Figure 71 Nursing Home Infection Control Expenses- $500,000 or More Table



Nursing Home Infection Control Expenses for Payments Received During Payment Period: January 1, 2023 – June 30, 2023

On this worksheet, you are required to report on your use of Nursing Home Infection Control payments received **January 1, 2023 – June 30, 2023** for allowable expenses. As a reminder, Nursing Home Infection Control payments include payments made as part of the Quality Incentive Payment Program. You must report the use of these payments for allowable expenses by indicating the quarterly expenses reimbursed with these payments. If you did not use these payments to reimburse allowable expenses, you may enter zero. As a reminder, Provider Relief Fund payments must be used for expenses unreimbursed by other sources and that other sources are not obligated to reimburse. Nursing Home Infection Control Payments may be used for infection control expenses limited to those outlined in the Terms and Conditions of payment. They may not be used to reimburse lost revenues.

Please see the PRF Reporting User Guide for detailed instructions. Further definitions are located in the Post-Payment Notice of Reporting Requirements.

All fields marked with an asterisk are required. The number entered may be a value up to 14 digits, including 2 decimal places. If expenses are zero, the reporting entity must enter a '0'. The 'Tab' key may be used to navigate between cells during data entry.

Expenses are reported by calendar year quarter (Q).

Q1: January 1 – March 31
Q2: April 1 – June 30
Q3: July 1 – September 30
Q4: October 1 – December 31

Total Reportable Nursing Home Infection Control Payments = $505,100

Note: Fields marked with asterisk (*) are required.

Infection Control Expenses	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Q3 (2021)	Q4 (2021)	Q1 (2022)	Q2 (2022)	Q3 (2022)	Q4 (2022)	Q1 (2023)	Q2 (2023)	Q3 (2023)	Q4 (2023)	Q1 (2024)	Q2 (2024)	Total
General and Administrative (G&A) Expenses																			$0.00
Mortgage/Rent	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	$0.00
Insurance	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	$0.00
Personnel	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	$0.00
Fringe Benefits	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	$0.00
Lease Payments	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	$0.00
Utilities/Operations	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	$0.00
Other G&A Expenses	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	$0.00
Healthcare Related Expenses																			$0.00
Supplies	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	$0.00
Equipment	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	$0.00
Information Technology (IT)	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	$0.00
Facilities	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	$0.00
Other Healthcare Expenses	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	$0.00
Total Nursing Home Infection Control Expenses																			$0.00

Previous | Save & Exit | Save & Next

Users must click the blue 'Save & Next' button to proceed to *Step 12 – Other Provider Relief Fund Expenses for Payments Received During Payment Period*. To return to a previous page, users should click the blue 'Previous' button. Portal users should exit the PRF Reporting Portal when they are not actively entering data and should do this by clicking the red 'Save & Exit' button. **Portal users should not exit the portal by closing the browser window or navigate away from the current page using the browser window as data entered on the current page will not be saved.**

4.13 STEP 12 – OTHER PRF EXPENSES FOR PAYMENTS RECEIVED DURING PAYMENT PERIOD

After *Step 11 – NHIC Expenses for Payments Received During Reporting Period* is complete, the reporting entity is directed to report *Step 12 – Other PRF Expenses for Payments Received During Payment Period*. On this page, the reporting entity is required to report on the use of all "Other PRF Payments" by indicating the quarterly expenses reimbursed with these payments. PRF payments must be used for expenses unreimbursed by other sources and that other sources are not obligated to reimburse. "Other PRF Payments" includes all General Distribution payments and Targeted Distribution payments, *except* for those payments categorized as NHIC[20] payments. The reporting entity must report the use of these payments by indicating the quarterly expenses reimbursed with these payments.

[20] As a reminder, Nursing Home Infection Control payments include QIP payments.

Reporting entities are required to:

- Maintain adequate documentation to substantiate that the PRF payments were used for healthcare related expenses or lost revenues attributable to COVID-19; and
- Ensure that those expenses or losses were not reimbursed from other sources, and other sources were not obligated to reimburse them.

The Total Reportable Other PRF Payment amount is shown in **bold** above the table and corresponds to the same value displayed in *Step 7 – Payments Summary*. As a reminder, the Total Reportable Other PRF Payment amount includes the total dollar value of payments received during the corresponding Payment Received Period in addition to interest earned on those payments (as reported on the previous page). The total dollar value of expenses reported on this page may not exceed the Total Reportable Other PRF Payments. The purpose of this worksheet is for the reporting entity to show HRSA how Other PRF payment amounts were applied toward expenses during the period of availability. Expenses that were not reimbursed with Other PRF Payments should not be reported on this page. The reporting entity will report on the use of all Other PRF Payments by indicating the calendar year quarterly expenses (unreimbursed by other sources and that other sources were not obligated to reimburse) that the Other PRF Payments were used for. The 'tab' key may be used to navigate between cells during data entry. All data entry fields must be completed, are limited to 14 digits, and all values must be positive. If expenses are zero, the reporting entity must enter a '0.' Totals will automatically calculate by corresponding column and row as information is entered. Expenses are reported by calendar year quarter.

Calendar year quarters are defined as follows:

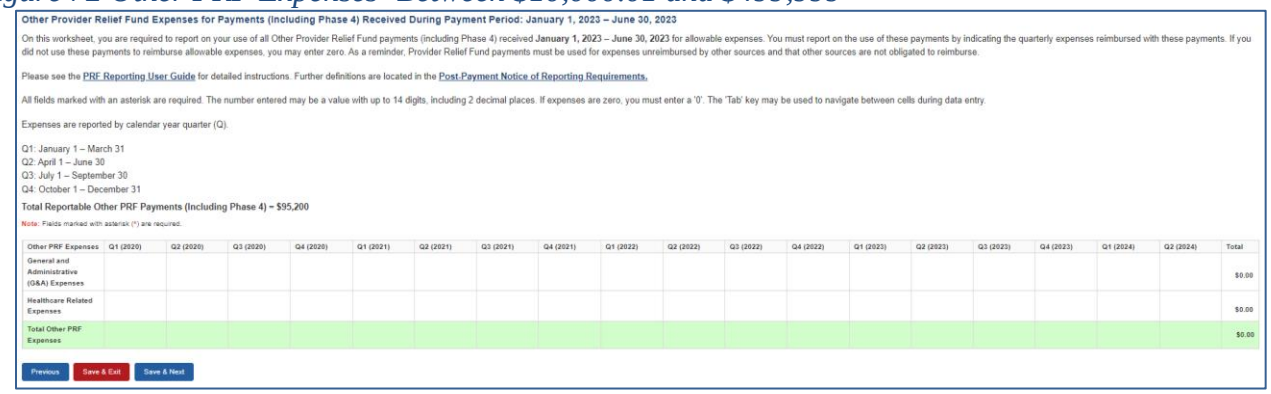
- Quarter 1 (Q1): January 1 – March 31
- Quarter 2 (Q2): April 1 – June 30
- Quarter 3 (Q3): July 1– September 30
- Quarter 4 (Q4): October 1– December 31

Reporting entities that received **between $10,000.01 and $499,999 in aggregated PRF and/or ARP Rural payments during the Payment Received Period** (shown in the table on *Step 7 – Payments Summary*) are required to report on the use of Other PRF Payments in two categories: (1) G&A Expenses and (2) Healthcare Related Expenses as shown in *Figure 72 Other PRF Expenses- Between $10,000.01 and $499,999.*

Please note additional logic when reporting includes parent/subsidiary relationship:

- If the reporting entity has a net kept amount of greater than/equal to $500K (Parent TIN plus Subsidiary TINs) then Detailed expense page(s) will be provided.
- If the reporting entity has a net kept amount of less than $500K (Parent TIN plus Subsidiary TINs) then Abbreviated expense page(s) will be provided.
- If the reporting entity has subsidiary(ies) that have an aggregate result of over $500K, and they are reporting on their own payments, the Provider will not see Detailed expenses.

Figure 72 Other PRF Expenses- Between $10,000.01 and $499,999



Other Provider Relief Fund Expenses for Payments (Including Phase 4) Received During Payment Period: January 1, 2023 – June 30, 2023

On this worksheet, you are required to report on your use of all Other Provider Relief Fund payments (including Phase 4) received **January 1, 2023 – June 30, 2023** for allowable expenses. You must report on the use of these payments by indicating the quarterly expenses reimbursed with these payments. If you did not use these payments to reimburse allowable expenses, you may enter zero. As a reminder, Provider Relief Fund payments must be used for expenses unreimbursed by other sources and that other sources are not obligated to reimburse.

Please see the PRF Reporting User Guide for detailed instructions. Further definitions are located in the Post-Payment Notice of Reporting Requirements.

All fields marked with an asterisk are required. The number entered may be a value with up to 14 digits, including 2 decimal places. If expenses are zero, you must enter a '0'. The 'Tab' key may be used to navigate between cells during data entry.

Expenses are reported by calendar year quarter (Q).

Q1: January 1 – March 31
Q2: April 1 – June 30
Q3: July 1 – September 30
Q4: October 1 – December 31

Total Reportable Other PRF Payments (Including Phase 4) = $95,200

Note: Fields marked with asterisk (*) are required.

Other PRF Expenses	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Q3 (2021)	Q4 (2021)	Q1 (2022)	Q2 (2022)	Q3 (2022)	Q4 (2022)	Q1 (2023)	Q2 (2023)	Q3 (2023)	Q4 (2023)	Q1 (2024)	Q2 (2024)	Total
General and Administrative (G&A) Expenses																			$0.00
Healthcare Related Expenses																			$0.00
Total Other PRF Expenses																			$0.00

Previous | Save & Exit | Save & Next

Reporting entities that received **$500,000 or more in aggregated PRF and/or ARP Rural payments during the Payment Received Period** (shown in the table on *Step 7 – Payments Summary*) are required to report on the use of Other PRF Payments in greater detail than the two categories of G&A Expenses and Healthcare Related Expenses as shown in *Figure 73 Other PRF Expenses- $500,000 or More Table* according to the following sub-categories of expenses:

General and Administrative (G&A) Expenses for Other PRF Payments Received During Payment Period

- **Mortgage/Rent:** Payments related to mortgage or rent for a facility.
- **Insurance:** Premiums paid for property, malpractice, business insurance, or other insurance relevant to operations.
- **Personnel:**[21] Workforce-related actual expenses paid to prevent, prepare for, or respond to COVID-19 during the reporting period, such as workforce training, staffing, temporary employee or contractor payroll, overhead employees, or security personnel.
- **Fringe Benefits:** Extra benefits supplementing an employee's salary, which may include hazard pay, travel reimbursement, and employee health insurance.
- **Lease Payments:** New equipment or software leases, such as fleet cars and medical equipment that is not purchased and will be returned to the owner.
- **Utilities/Operations:** Lighting, cooling/ventilation, cleaning, or additional third-party vendor services not included in the "Personnel" sub-category.
- **Other General and Administrative Expenses:** Expenses not captured above that are generally considered part of General and Administrative expenses.

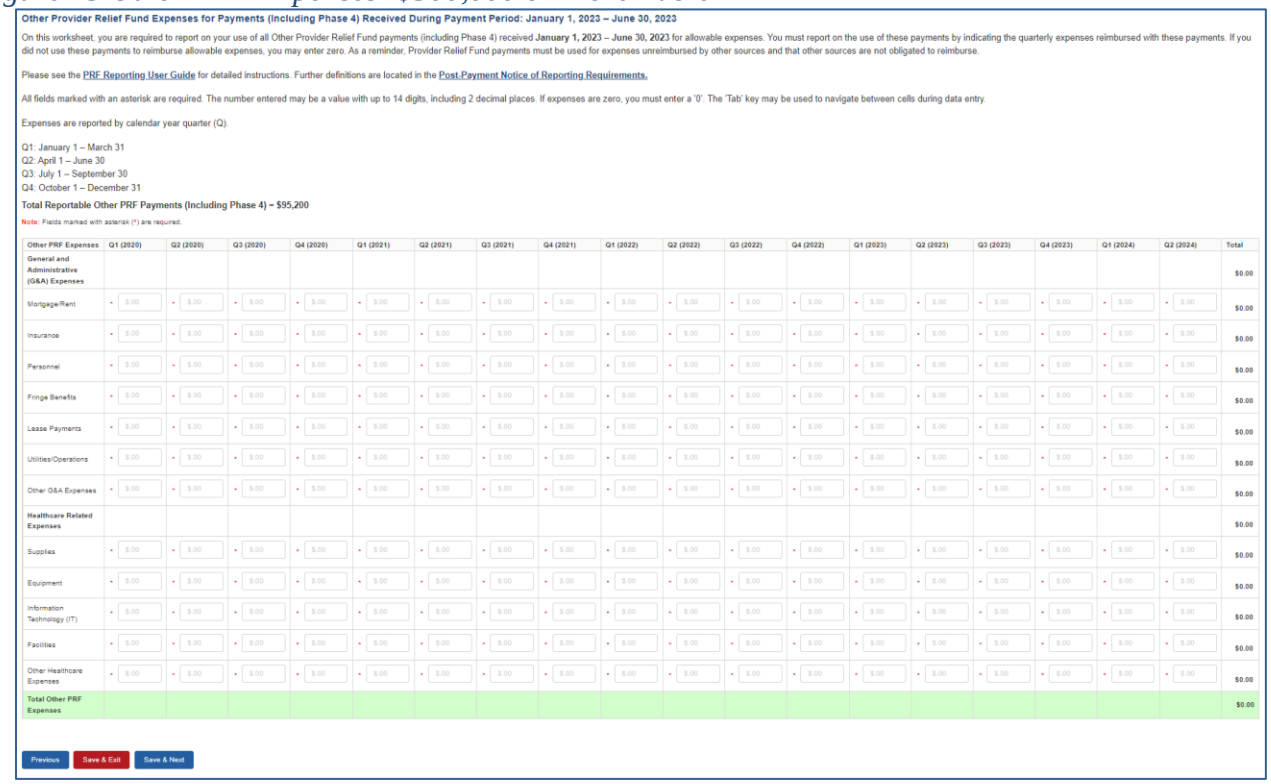
Healthcare Related Expenses Attributable to COVID-19

- **Supplies:** Expenses paid for purchase of supplies (e.g., single use or reusable patient care devices, cleaning supplies, office supplies, etc.) used to prevent, prepare for, and/or respond to COVID-19 during the reporting period. Such items may include PPE, hand sanitizer, supplies for patient screening, or vaccination administration materials.

[21] The Terms and Conditions associated with each PRF and/or ARP Rural payment do not permit recipients to use PRF and/or ARP Rural money to pay any salary at a rate in excess of Executive Level II which is set at $197,300 (2020), $199,300 (2021), $203,700 (2022), $212,100 (2023). For the purposes of the salary limitation, the direct salary is exclusive of fringe benefits and indirect costs. The limitation only applies to the rate of pay charged to PRF and/or ARP Rural payments and other HHS awards. An organization receiving PRF and/or ARP Rural funds may pay an individual's salary amount in excess of the salary cap with non-federal funds.

- **Equipment:** Expenses paid for purchase of equipment, such as ventilators, refrigeration systems for COVID-19 vaccines, or updates to HVAC systems.
- **Information Technology (IT):** Expenses paid for IT or interoperability systems to expand or preserve COVID-19 care delivery during the reporting period, such as electronic health record licensing fees, telehealth infrastructure, increased bandwidth, and teleworking to support remote workforce.
- **Facilities:** Expenses such as lease or purchase of permanent or temporary structures, or to retrofit facilities to accommodate revised patient treatment practices, used to prevent, prepare for, and/or respond to COVID-19 during the reporting period.
- **Other Healthcare Expenses:** Expenses, not previously captured above, that were paid to prevent, prepare for, and/or respond to COVID-19.

Figure 73 Other PRF Expenses- $500,000 or More Table



Other Provider Relief Fund Expenses for Payments (Including Phase 4) Received During Payment Period: January 1, 2023 – June 30, 2023

On this worksheet, you are required to report on your use of all Other Provider Relief Fund payments (including Phase 4) received **January 1, 2023 – June 30, 2023** for allowable expenses. You must report on the use of these payments by indicating the quarterly expenses reimbursed with these payments. If you did not use these payments to reimburse allowable expenses, you may enter zero. As a reminder, Provider Relief Fund payments must be used for expenses unreimbursed by other sources and that other sources are not obligated to reimburse.

Please see the PRF Reporting User Guide for detailed instructions. Further definitions are located in the Post-Payment Notice of Reporting Requirements.

All fields marked with an asterisk are required. The number entered may be a value with up to 14 digits, including 2 decimal places. If expenses are zero, you must enter a '0'. The 'Tab' key may be used to navigate between cells during data entry.

Expenses are reported by calendar year quarter (Q).

Q1: January 1 – March 31
Q2: April 1 – June 30
Q3: July 1 – September 30
Q4: October 1 – December 31

Total Reportable Other PRF Payments (Including Phase 4) – $95,200

Note: Fields marked with asterisk (*) are required.

Other PRF Expenses	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Q3 (2021)	Q4 (2021)	Q1 (2022)	Q2 (2022)	Q3 (2022)	Q4 (2022)	Q1 (2023)	Q2 (2023)	Q3 (2023)	Q4 (2023)	Q1 (2024)	Q2 (2024)	Total
General and Administrative (G&A) Expenses																			$0.00
Mortgage/Rent	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	$0.00
Insurance	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	$0.00
Personnel	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	$0.00
Fringe Benefits	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	$0.00
Lease Payments	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	$0.00
Utilities/Operations	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	$0.00
Other G&A Expenses	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	$0.00
Healthcare Related Expenses																			$0.00
Supplies	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	$0.00
Equipment	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	$0.00
Information Technology (IT)	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	$0.00
Facilities	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	$0.00
Other Healthcare Expenses	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	$0.00
Total Other PRF Expenses																			$0.00

Previous | Save & Exit | Save & Next

Users must click the blue 'Save & Next' button to proceed to *Step 13 – Unreimbursed Expenses Attributable to COVID-19*. To return to a previous page, users should click the blue 'Previous' button. Portal users should exit the PRF Reporting Portal when they are not actively entering data and should do this by clicking the red 'Save & Exit' button. **Portal users should not exit the portal by closing the browser window or navigate away from the current page by using the browser window as data entered on the current page will not be saved.**

4.14 STEP 13 – UNREIMBURSED EXPENSES ATTRIBUTABLE TO COVID-19

After *Step 12 – Other PRF Expenses for Payments Received During Payment Period* is complete, reporting entities will complete *Step 13 – Unreimbursed Expenses Attributable to COVID-19*. The purpose of this worksheet is for reporting entities to describe to HRSA whether there are expenses that remain unreimbursed after considering all assistance received by HRSA and all other sources. On this worksheet, the reporting entity is required to report on the net unreimbursed expenses attributable to COVID-19 that have not been reimbursed by other sources and that other sources are not obligated to reimburse. Reporting entities must consider all other financial assistance received by HRSA and other sources, including Other PRF Payments, when determining net unreimbursed expenses attributable to COVID-19 reported on this worksheet. **The net unreimbursed expenses attributable to COVID-19 reported to HRSA will not be used in the calculation of expenses or lost revenues.**[22] Reporting entities are expected to determine whether there are net unreimbursed expenses attributable to COVID-19 after taking into consideration the application of Other Assistance Received and all PRF and/or ARP Rural payments.

On this worksheet, the reporting entity is required to report on the net unreimbursed expenses attributable to COVID-19 (net after Other Assistance Received and PRF and/or ARP Rural payments are applied) by indicating the calendar year quarterly expenses during the period of availability of the Payments Received that correspond to the current reporting period.

Calendar year quarters are defined as follows:

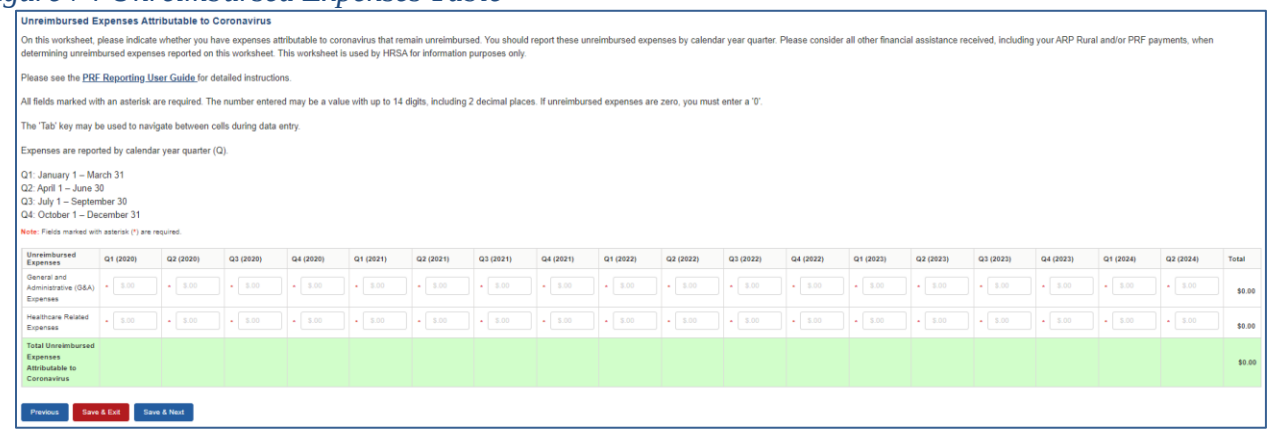
- Quarter 1 (Q1): January 1 – March 31
- Quarter 2 (Q2): April 1 – June 30
- Quarter 3 (Q3): July 1 – September 30
- Quarter 4 (Q4): October 1 – December 31

The 'tab' key may be used to navigate between cells during data entry. All data entry fields must be completed. Each cell is limited to 14 digits, including up to two (2) decimal places, and all values must be positive numbers. If expenses are zero, the reporting entity must enter a ‘0.’ Totals will automatically calculate by corresponding column and row as information is entered.

Expenses are reported in two categories: (1) G&A Expenses and (2) Healthcare Related Expenses as shown in *Figure 74 Unreimbursed Expenses Table*.

[22] HRSA is gathering this data for informational purposes only and will have no impact on other calculations in the report. However, legislation stipulates that organizations use PRF funds for expenses that have not been reimbursed and are not obligated to reimburse by another source. As a result, HRSA expects organizations to determine if there are net unreimbursed expenses attributable to COVID-19 after applying Other Assistance Received and all PRF and ARP Rural payments.

Figure 74 Unreimbursed Expenses Table



Unreimbursed Expenses Attributable to Coronavirus

On this worksheet, please indicate whether you have expenses attributable to coronavirus that remain unreimbursed. You should report these unreimbursed expenses by calendar year quarter. Please consider all other financial assistance received, including your ARP Rural and/or PRF payments, when determining unreimbursed expenses reported on this worksheet. This worksheet is used by HRSA for information purposes only.

Please see the PRF Reporting User Guide for detailed instructions.

All fields marked with an asterisk are required. The number entered may be a value with up to 14 digits, including 2 decimal places. If unreimbursed expenses are zero, you must enter a '0'.

The 'Tab' key may be used to navigate between cells during data entry.

Expenses are reported by calendar year quarter (Q).

Q1: January 1 – March 31
Q2: April 1 – June 30
Q3: July 1 – September 30
Q4: October 1 – December 31

Note: Fields marked with asterisk (*) are required.

Unreimbursed Expenses	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Q3 (2021)	Q4 (2021)	Q1 (2022)	Q2 (2022)	Q3 (2022)	Q4 (2022)	Q1 (2023)	Q2 (2023)	Q3 (2023)	Q4 (2023)	Q1 (2024)	Q2 (2024)	Total
General and Administrative (G&A) Expenses	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	$0.00
Healthcare Related Expenses	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	* $.00	$0.00
Total Unreimbursed Expenses Attributable to Coronavirus																			$0.00

Previous | Save & Exit | Save & Next

Users must click the blue 'Save & Next' button to proceed to *Step 14 – Actual Patient Care Revenue or Lost Revenues*. To return to a previous page, users should click the blue 'Previous' button. Portal users should exit the PRF Reporting Portal when they are not actively entering data and should do this by clicking the red 'Save & Exit' button. **Portal users should not exit the portal by closing the browser window or navigate away from the current page using the browser window as data entered on the current page will not be saved.**

4.15 STEP 14 – ACTUAL PATIENT CARE REVENUE OR LOST REVENUES

Depending on data from previous pages, one of two pages will be automatically displayed.

4.15.1 Actual Patient Care Revenue

If Total Reportable Other PRF Payments (from *Step 7 – Payments Summary*) is equal to Total Other PRF Expenses (from *Step 12 – Other PRF Expenses for Payments Received During Payment Period*), the Actual Patient Care Revenue page displays as shown in *Figure 75 Actual Patient Care Revenue*. Otherwise, the *Lost Revenues Questionnaire* is displayed .

Figure 75 Actual Patient Care Revenue

Please confirm Actual Patient Care Revenue data entered into the portal is accurate and concise.

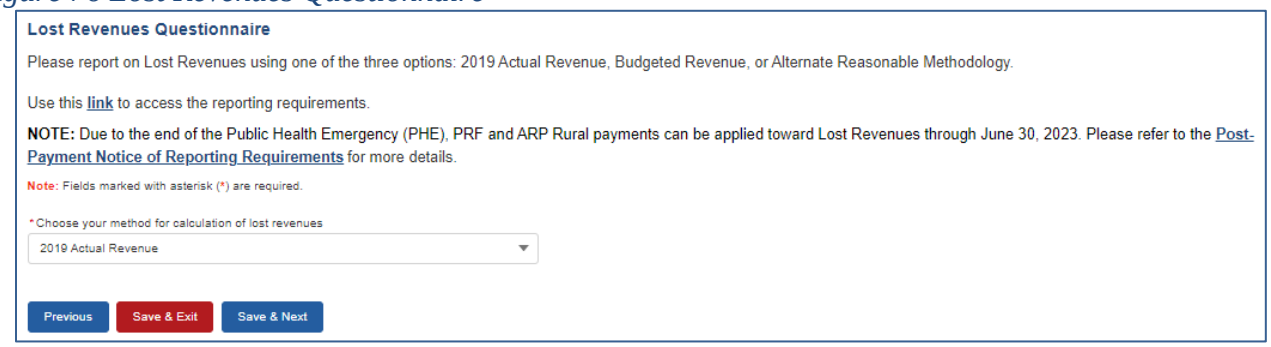
The Actual Patient Care Revenue page is only shown if all Other PRF Payments were used for expenses reported on previous portal pages and reporting entities do not need to select a method for reporting lost revenues. (As a reminder, NHIC Payments **may not be used to reimburse lost revenues.**) On the Actual Patient Care Revenue page, the reporting entity must provide total Actual Patient Care Revenue for the completed calendar years within the period of availability for the payments received that correspond to the current reporting period. Both fields are required, limited to 14 digits including two (2) decimal places, and actual revenue must be positive values. If the revenues are zero, the reporting entity must enter a '0.'

After the user clicks the blue 'Save & Next' button, they skip *Step 15 – Lost Revenues* and are taken directly to *Step 16 – Financial Summary*. To return to a previous page, users should click the blue 'Previous' button. Portal users should exit the PRF Reporting Portal when they are not actively entering data and should do this by clicking the red 'Save & Exit' button. **Portal users should not exit the portal by closing the browser window or navigate away from the current page by using the browser window as data entered on the current page will not be saved.**

4.15.2 Lost Revenues Questionnaire

If the Total Reportable Other PRF Payments (from *Step 7 – Payments Summary*) is greater than the Total Other PRF Expenses reported (from *Step 12 – Other PRF Expenses for Payments Received During Reporting Period*), then the reporting entity has PRF and/or ARP Rural payments remaining to apply to lost revenues and the Lost Revenues Questionnaire page is shown. The Lost Revenues Questionnaire is shown in *Figure 76 Lost Revenues Questionnaire*.

Figure 76 Lost Revenues Questionnaire



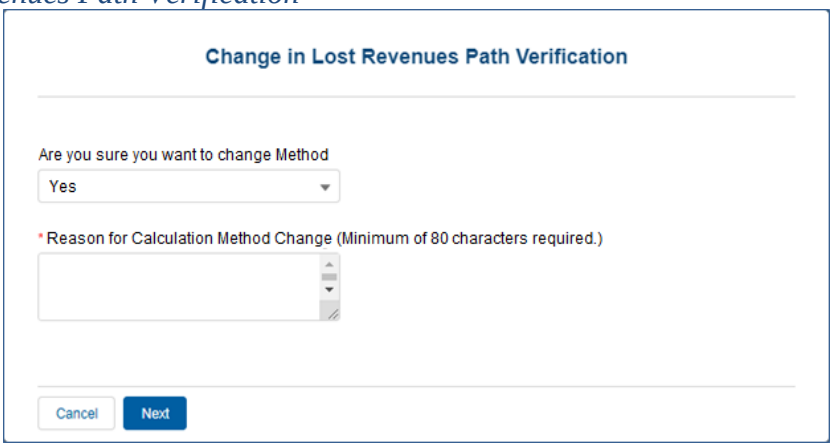
The Lost Revenues Questionnaire requires the reporting entity to select the method they will use to calculate lost revenues. This Reporting Portal page also contains a link to the most recently published Post-Payment Notice of Reporting Requirements, which will open in a new browser tab so as to not affect data entered. The reporting entity must select one of three methods as described in the most recently published Post-Payment Notice of Reporting Requirements:

1. **2019 Actual Revenue:** The difference between **actual patient care revenues** (uses 2019 calendar year quarters as the baseline); or
2. **Budgeted Revenue:** The difference between **budgeted** (budget covering the entire period of availability and approved prior to March 27, 2020) and actual patient care revenues (uses the approved budget as the baseline); or
3. **Alternate Reasonable Methodology:** Calculated by **any reasonable method** of estimating revenues.

Depending on which method is selected, one of the three pages below will be shown.

If a user has reported during a previous reporting period: Portal users will be able to change the selected path for lost revenue calculation in proceeding reporting periods. However, if they choose to do this, they will need to recalculate the lost revenue for the **entire** period of availability. Once the user selects a different method for calculation of lost revenues, the "Change in Lost Revenue Path Verification" pop-up will appear as shown in *Figure 77 Lost Revenues Path Verification*. The user will respond to 'Are you sure you want to change method?' by selecting 'Yes' or 'No' from the drop-down list. If making a change in the method, the user should select 'Yes' from the drop-down list. **Once 'Yes' is selected, a conditional field 'Reason for Calculation Method Change' is provided for a required reason for the change in lost revenues path.** If choosing 'No,' the user will click 'Cancel' to return to the Lost Revenues Questionnaire page to select again. Reporting entities are expected to use the same method for lost revenue calculation for all reporting periods in which they are required to report.

Figure 77 Lost Revenues Path Verification



4.16 STEP 15 – LOST REVENUES ATTRIBUTABLE TO CORONAVIRUS

If the reporting entity was shown the *Step 14 - Actual Patient Care Revenue or Lost Revenues* page, they will be directed to *Step 16 – Financial Summary* instead of the following page options. Depending on the reporting entity's selection on the *Lost Revenues Questionnaire*, one of the three pages below will be shown. Each of the three pages will determine the calculation of all lost revenues and the calculation will be applied to the balance of the Other PRF Payments (after reported expenses are deducted) to determine the total dollar amount of PRF and/or ARP Rural payments expended for the Payment Received Period. Please ensure data entered into the portal is accurate and concise. As a reminder, **NHIC Payments may not be used for lost revenues and will not figure into the calculation of PRF and/or ARP Rural payments applied to the lost revenues.**

Reporting entities are required to:

- Maintain adequate documentation to substantiate that the PRF and/or ARP Rural payments were used for healthcare related expenses or lost revenues attributable to COVID-19; and
- Ensure that those expenses or losses were not reimbursed from other sources, and other sources were not obligated to reimburse them.

NOTE: *NHIC Distribution payments cannot be used to reimburse lost revenues.*

Warning: *Reporting Period 5 is the last opportunity for you to apply your PRF and ARP Rural payments towards lost revenues.*

If a user has reported during a previous reporting period: the user may choose to use a different lost revenues methodology or values during the current reporting period than they used in a prior reporting period. On the Calculation of Lost Revenues Attributable to COVID-19 page, the user will respond to 'Are you sure you want to change your **method** for calculation of lost revenue?' by selecting 'Yes' or 'No' from the drop-down list. If making a change in lost revenues methodology, the user should select 'Yes' from the drop-down list. **Once 'Yes' is selected, a conditional field 'Justification for change in lost revenues calculation method' is provided for a required narrative justification for the change in lost revenues calculation methodology.** The justification is limited to 1000 characters, with a minimum of 80 characters. If choosing 'No,' the user will be returned to the Lost Revenues Questionnaire page to select again.

Once changes are made to pre-populated fields, the data cannot be reverted back to previously saved by the portal; they must be entered manually. All fields must contain accurate and complete data before proceeding to the next page.

Refer to the latest version of the Post-Payment Notice of Reporting Requirements or read the Lost Revenues Guide (PDF - 302 KB).

Please note that once information in the portal is changed, it cannot be reverted back to previously reported values; data must be re-entered for each required field.

4.16.1 2019 Actuals

If in the *Lost Revenues Questionnaire*, the reporting entity selects the 2019 Actual Revenue method (option i), the page will appear as shown in *Figure 78 Total Revenue/Net Charges from Patient Care (2019 Actuals)*.

Figure 78 Total Revenue/Net Charges from Patient Care (2019 Actuals)

Lost Revenues Attributable to Coronavirus Using 2019 Actuals

Please fill out the table below with the quarterly revenue information for each calendar year. In the Total Revenue/Net Charges from Patient Care section, please report the Patient Revenue, split by Payer Type.

All fields marked with an asterisk are required. The number entered may be a value with up to 14 digits, including 2 decimal places. If there is no revenue to report for a quarter, the reporting entity must enter '0'. The 'Tab' key may be used to navigate between cells during data entry.

NOTE: Due to the end of the Public Health Emergency (PHE), PRF and ARP Rural payments can be applied toward Lost Revenues through June 30, 2023. Please refer to the Post-Payment Notice of Reporting Requirements for more details.

Note: Fields marked with asterisk (*) are required.

* Do you want to change values from the previous reporting period?

No

2019 Actuals | 2020 Actuals | 2021 Actuals | 2022 Actuals | 2023 Actuals

Total Revenue/Net Charges from Patient Care (2019 Actuals)

	Q1 (2019)	Q2 (2019)	Q3 (2019)	Q4 (2019)	Total (2019)
Medicare A+B	* $50,000.00	* $1,000,000.00	* $1,000,000.00	* $1,000,000.00	$3,050,000.00
Medicare C	* $1,000,000.00	* $1,000,000.00	* $1,000,000.00	* $1,000,000.00	$4,000,000.00
Medicaid/Children's Health Insurance Program (CHIP)	* $1,000,000.00	* $1,000,000.00	* $1,000,000.00	* $1,000,000.00	$4,000,000.00
Commercial Insurance	* $1,000,000.00	* $1,000,000.00	* $1,000,000.00	* $1,000,000.00	$4,000,000.00
Self-Pay (No Insurance)	* $1,000,000.00	* $1,000,000.00	* $1,000,000.00	* $1,000,000.00	$4,000,000.00
Other	* $1,000,000.00	* $1,000,000.00	* $1,000,000.00	* $1,000,000.00	$4,000,000.00
Total Revenue/Net Charges from Patient Care	$5,050,000.00	$6,000,000.00	$6,000,000.00	$6,000,000.00	$23,050,000.00

Previous | Save & Exit | Save & Next

The reporting entity must complete four (4) tables with actual quarterly revenue information for calendar years 2019 to the end of the period of availability. Reporting entities will submit revenues[23]

[23] Net of uncollectible patient service revenues recognized as bad debts.

net charges from patient care[24] (prior to netting with expenses) split by payer mix (including out of pocket charges), and by calendar year quarter for each quarter during the period of availability.

Calendar year quarters are defined as follows:

- Quarter 1 (Q1): January 1 – March 31
- Quarter 2 (Q2): April 1 – June 30
- Quarter 3 (Q3): July 1 – September 30
- Quarter 4 (Q4): October 1 – December 31

The reporting entity will report on total revenue/net charges from patient care split by payer type for each of the relevant calendar year quarters as follows:

- **Medicare Part A + B:** actual revenues/net charges received from Medicare Part A + B for patient care.
- **Medicare Part C (Medicare Advantage):** actual revenues/net charges received from Medicare Part C for patient care.
- **Medicaid/Children's Health Insurance Program (CHIP):** actual revenues/net charges received from Medicaid/CHIP for patient care.
- **Commercial Insurance:** actual revenues/net charges from commercial insurance payers for patient care.
- **Self-Pay (No Insurance):** actual revenues/net charges received from self-pay patients, including the uninsured or individuals without insurance who bear the burden of paying for health care themselves.
- **Other:** actual revenues/net charges from other sources received for patient care services and not included in the list above.

If a user reported in a previous reporting period: If using the same lost revenues methodology as in a prior reporting period, previously reporting values on the Actual Revenue (Calculation of Lost Revenues Attributable to COVID-19) will pre-populate. There is a required question, 'Do you want to change values from the previous reporting period?', which 'Yes' or 'No' can be selected from the drop-down list. *(This is a conditional question.)* If 'Yes', the Reporting entity will be required to enter a justification for the change with a description. The justification is limited to 1000 characters, with a minimum of 80 characters. Selecting 'Yes' will overwrite the pre-populated information. However, once changes are made to pre-populated fields, the user can revert to the previously reporting lost revenue method by selecting 'No' to the question, 'Do you want to change values from the previous reporting period?' Once changed to 'No', the system will restore the values with the previously pre-populated report values. All fields must contain accurate and complete data before proceeding to the next page.

The 'tab' key may be used to navigate between cells during data entry. All data entry fields are required, each cell is limited to 14 digits including two decimal places, and all values must be positive numbers.

[24] "Patient care" means health care, services, and supports, as provided in a medical setting, at home/telehealth, or in the community. It should not include non-patient care revenue such as insurance, retail, or real estate revenues (exception for nursing and assisted living facilities' real estate revenues where resident fees are allowable); prescription sales revenues (exception when derived through the 340B program); grants or tuition; contractual adjustments from all third-party payers; charity care adjustments; bad debt; and any gains and/or losses on investments.

If there is no revenue to report for a quarter, the reporting entity must enter '0'. Patient care revenue totals will automatically calculate within a table by corresponding column and row as information is entered. The user will be able to move between the three tables by clicking the '2019 Actuals,' '2020 Actuals,' '2021 Actuals,' '2022 Actuals,' and '2023 Actuals' tabs, without losing data. However, the data on this page will not be saved until the blue 'Save & Next' button is selected. ***NOTE:*** *Clicking 'Previous' will take the user to the previous page, not move between the tables in this page.*

The total lost revenues calculated by the system will not appear on this page. Reporting entities should be aware however, that if they choose this method, lost revenues will be calculated for each quarter during the period of availability, as a standalone calculation, with 2019 quarters serving as a baseline. For each calendar year of reporting, the applicable quarters where lost revenues were demonstrated are totaled to determine an annual lost revenues amount. The annual lost revenues are then added together to determine a total that can be applied to PRF and/or ARP Rural payments.

If a table or data entry field has not been completed or has an invalid value, a red error message will appear both above and below the table directing the user to correct the error. Once complete, the user must click the blue 'Save & Next' button to go to *Step 16 – Financial Summary*. To return to a previous page, users should click the blue 'Previous' button. Portal users should exit the PRF Reporting Portal when they are not actively entering data and should do this by clicking the red 'Save & Exit' button. **Portal users should not exit the portal by closing the browser window or navigate away from the current page using the browser window as data entered on the current page will not be saved.**

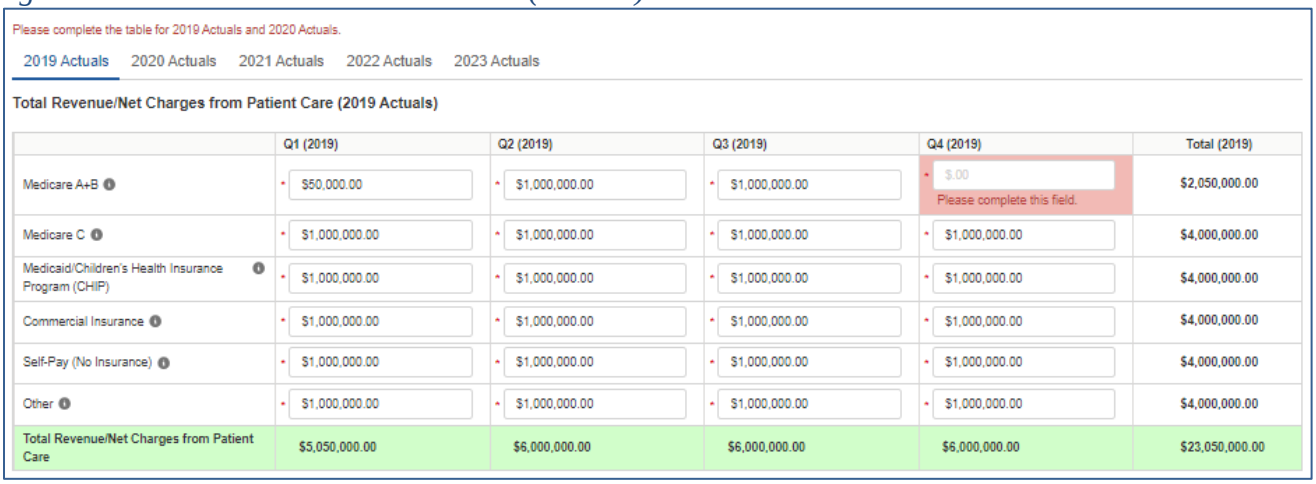
4.16.1.1 Lost Revenues Attributable to Coronavirus Using 2019 Actuals

Users will be required to provide a justification on the Calculation of Lost Revenues page for Actual Revenue if the total value for any tab on the page is zero (0).

All the values are required, and the portal will display an error message if values are missing in any table, as seen in *Figure 79 Blank Values in Lost Revenues (Actuals)*.

- Depending on what tables are left blank, the system will prompt the message "Please complete the table for 2019 Actuals, 2020 Actuals, 2021 Actuals, 2022 Actuals, and 2023 Actuals."

Figure 79 Blank Values in Lost Revenues (Actuals)


Please complete the table for 2019 Actuals and 2020 Actuals.

2019 Actuals | 2020 Actuals | 2021 Actuals | 2022 Actuals | 2023 Actuals

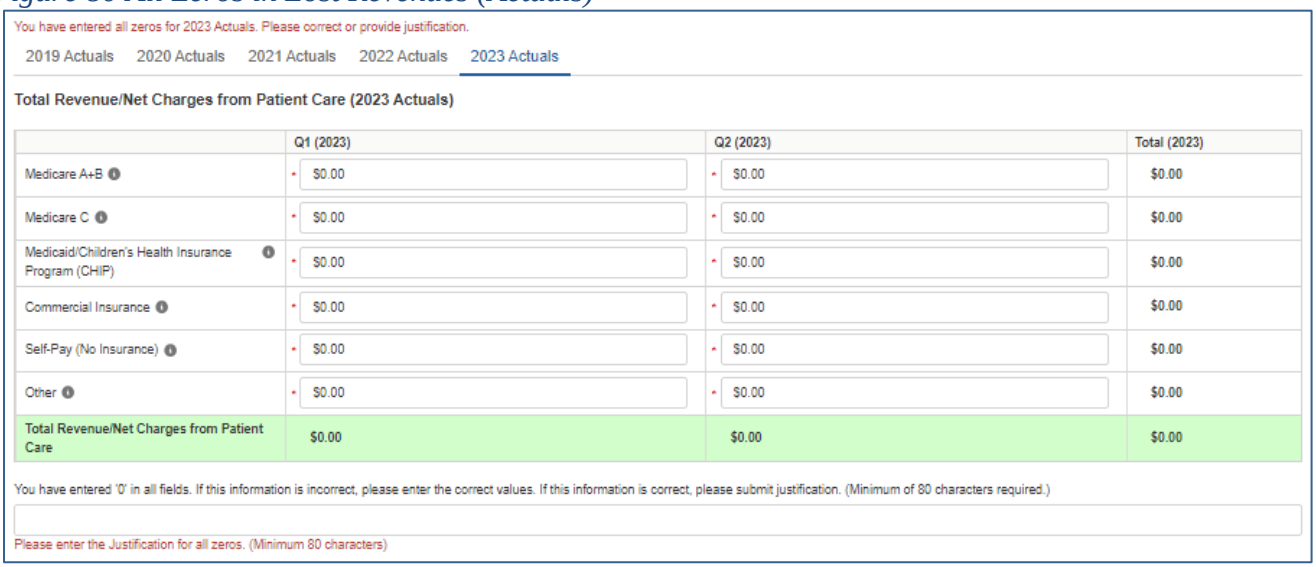
Total Revenue/Net Charges from Patient Care (2019 Actuals)

	Q1 (2019)	Q2 (2019)	Q3 (2019)	Q4 (2019)	Total (2019)
Medicare A+B	$50,000.00	$1,000,000.00	$1,000,000.00	$.00 Please complete this field.	$2,050,000.00
Medicare C	$1,000,000.00	$1,000,000.00	$1,000,000.00	$1,000,000.00	$4,000,000.00
Medicaid/Children's Health Insurance Program (CHIP)	$1,000,000.00	$1,000,000.00	$1,000,000.00	$1,000,000.00	$4,000,000.00
Commercial Insurance	$1,000,000.00	$1,000,000.00	$1,000,000.00	$1,000,000.00	$4,000,000.00
Self-Pay (No Insurance)	$1,000,000.00	$1,000,000.00	$1,000,000.00	$1,000,000.00	$4,000,000.00
Other	$1,000,000.00	$1,000,000.00	$1,000,000.00	$1,000,000.00	$4,000,000.00
Total Revenue/Net Charges from Patient Care	$5,050,000.00	$6,000,000.00	$6,000,000.00	$6,000,000.00	$23,050,000.00

When the sum of any table is zero (0):

- The system will prompt the message "You have entered all zeros for [YYYY Type]. Please correct or provide justification. (Minimum 80 characters.)".
  NOTE: *[YYYY Type] relates to the title of the applicable tab(s). See message in Figure 80 All Zeros in Lost Revenues (Actuals). (If more than one table is applicable, the message will reflect this.)*
- The system will display a justification text box below the respective table prompting users "Please enter the justification for all zeros. (Minimum 80 characters.)".
- A justification (80-character minimum) will be required before the system allows you to save and proceed to the next step.

Figure 80 All Zeros in Lost Revenues (Actuals)


You have entered all zeros for 2023 Actuals. Please correct or provide justification.

2019 Actuals | 2020 Actuals | 2021 Actuals | 2022 Actuals | 2023 Actuals

Total Revenue/Net Charges from Patient Care (2023 Actuals)

	Q1 (2023)	Q2 (2023)	Total (2023)
Medicare A+B	$0.00	$0.00	$0.00
Medicare C	$0.00	$0.00	$0.00
Medicaid/Children's Health Insurance Program (CHIP)	$0.00	$0.00	$0.00
Commercial Insurance	$0.00	$0.00	$0.00
Self-Pay (No Insurance)	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00
Total Revenue/Net Charges from Patient Care	$0.00	$0.00	$0.00

You have entered '0' in all fields. If this information is incorrect, please enter the correct values. If this information is correct, please submit justification. (Minimum of 80 characters required.)

Please enter the Justification for all zeros. (Minimum 80 characters)

4.16.2 Lost Revenues Attributable to Coronavirus Using Budgeted Revenue

If in the *Lost Revenues Questionnaire*, the reporting entity selects the 2020 Budgeted Revenue method (option ii), the page will appear as shown in *Figure 81 Total Revenue/Net Charges from Patient Care (Budgeted).*

Figure 81 Total Revenue/Net Charges from Patient Care (Budgeted)

Lost Revenues Attributable to Coronavirus Using Budgeted Revenue

Please fill out the table below with the quarterly revenue information for each calendar year. In the Total Revenue/Net Charges from Patient Care section, please report the Patient Revenue, split by Payer Type.

All fields marked with an asterisk are required. The number entered may be a value with up to 14 digits, including 2 decimal places. If there is no revenue to report for a quarter, the reporting entity must enter '0'. The 'Tab' key may be used to navigate between cells during data entry.

If you wish to calculate lost revenues attributable to coronavirus using the difference between the 2020/2021/2022/2023 budgeted and 2020/2021/2022/2023 actual patient care revenue, you must submit:

1) A budget for your 2020, 2021, 2022 and 2023 budgeted amount of patient care revenue approved before March 27, 2020.
2) An attestation from the Reporting Entity's Chief Executive Officer, Chief Financial Officer, or similar responsible individual, attesting under 18 USC § 1001 that the exact budget being submitted was established and approved prior to March 27, 2020.

NOTE: Due to the end of the Public Health Emergency (PHE), PRF and ARP Rural payments can be applied toward Lost Revenues through June 30, 2023. Please refer to the Post-Payment Notice of Reporting Requirements for more details.

Note: Fields marked with asterisk (*) are required.

* Do you want to change values from the previous reporting period?
No

2020 Budgeted | 2020 Actuals | 2021 Budgeted | 2021 Actuals | 2022 Budgeted | 2022 Actuals | 2023 Budgeted | 2023 Actuals

Total Revenue/Net Charges from Patient Care (2023 Budgeted)

	Q1 (2023)	Q2 (2023)	Total (2023)
Medicare A+B	* $.00	* $.00	$
Medicare C	* $.00	* $.00	$
Medicaid/Children's Health Insurance Program (CHIP)	* $.00	* $.00	$
Commercial Insurance	* $.00	* $.00	$
Self-Pay (No Insurance)	* $.00	* $.00	$
Other	* $.00	* $.00	$
Total Revenue/Net Charges from Patient Care	$	$	$

Note: The preview function will not work properly if uploading an Excel document or any document in landscape mode.

Upload Budget approved prior to March 27, 2020
Accepted Formats: .xlsx, .xls, .docx, .doc, .pdf

Upload Attestation by CEO, CFO, or Similar Responsibility on accuracy of budget submitted
Accepted Formats: .pdf

Previous | Save & Exit | Save & Next

The reporting entity must complete six (6) tables with quarterly revenue information for calendar years 2020 through the end of the period of availability. Reporting entities will submit both (1) budgeted and (2) actuals for their revenues[25]/net charges from patient care[26] (prior to netting with expenses) split by payer mix (including out of pocket charges), and by calendar year quarter for each quarter during the period of availability. Calendar year quarters are defined as follows:

- Quarter 1 (Q1): January 1 – March 31

[25] Net of uncollectible patient service revenues recognized as bad debts.
[26] "Patient care" means health care, services, and supports, as provided in a medical setting, at home/telehealth, or in the community. It should not include non-patient care revenue such as insurance, retail, or real estate revenues (exception for nursing and assisted living facilities' real estate revenues where resident fees are allowable); prescription sales revenues (exception when derived through the 340B program); grants or tuition; contractual adjustments from all third-party payers; charity care adjustments; bad debt; and any gains and/or losses on investments.

- Quarter 2 (Q2): April 1 – June 30
- Quarter 3 (Q3): July 1 – September 30
- Quarter 4 (Q4): October 1 – December 31

The reporting entity will report on (1) budgeted and (2) actual total revenue/net charges from patient care by payer type for each of the relevant quarters as follows:

- **Medicare Part A + B:** actual revenues/net charges received from Medicare Part A + B for patient care.
- **Medicare Part C (Medicare Advantage):** actual revenues/net charges received from Medicare Part C/ Medicare Advantage for patient care.
- **Medicaid/Children's Health Insurance Program (CHIP):** actual revenues/net charges received from Medicaid/CHIP for patient care.
- **Commercial Insurance:** actual revenues/net charges from commercial insurance payers for patient care.
- **Self-Pay (No Insurance):** actual revenues/net charges received from self-pay patients, including the uninsured or individuals without insurance who bear the burden of paying for health care themselves.
- **Other:** actual revenues/net charges from other sources received for patient care services and not included in the list above.

If a user reported in a previous reporting period on the Budgeted Revenue (Calculation of Lost Revenues Attributable to COVID-19) page, there is a required question, 'Do you want to change values from the previous reporting period?', which 'Yes' or 'No' can be selected from the drop-down list. *(This is a conditional question.)* If 'Yes', the reporting entity will be required to enter a justification for the change with a description. The justification is limited to 1000 characters, with a minimum of 80 characters. Selecting 'Yes' will overwrite the pre-populated information. However, once changes are made to pre-populated fields, the user can revert to the previously reported lost revenue method by selecting 'No' to the question 'Do you want to change values from the previous reporting period?' Once changed to 'No', the system will restore the values with the previously pre-populated report values. All fields must contain accurate and complete data before proceeding to the next page.

If a user reported in a previous reporting period, information on the Budgeted Revenue (Calculation of Lost Revenues Attributable to COVID-19) page will be pre-populated for Q1 (2020) – Q4 (2021), Q1 and Q2 for 2022 will require input of values. Please confirm all information is accurate and up-to-date. If there were previously submitted uploads during a prior reporting period, they may be reviewed by clicking on 'Preview' or 'Download.' Uploads submitted during a previous reporting period **may not** be deleted. If choosing the 2020 Budgeted Revenue (option ii) methodology in the current reporting period, the user will need to upload new documents to the Reporting Portal.

The 'tab' key may be used to navigate between cells during data entry. All data entry fields are required, each cell is limited to 14 digits including two decimal places, and all values must be positive numbers. If there is no revenue to report for a quarter, the reporting entity must enter '0.' Patient care revenue totals will automatically calculate within a table by corresponding column and row as information is entered. The user will be able to move between the four tables without losing data by clicking '2020 Budgeted,' '2020 Actuals,' '2021 Budgeted,' '2021 Actuals,' '2022 Budgeted,' '2022 Actuals,' '2023

Budgeted,' and '2023 Actuals' tabs. However, the data on this page will not be saved until the blue 'Save & Next' button is selected.

NOTE: *Clicking 'Previous' will take the user to the previous page, not move between the tables in this page.*

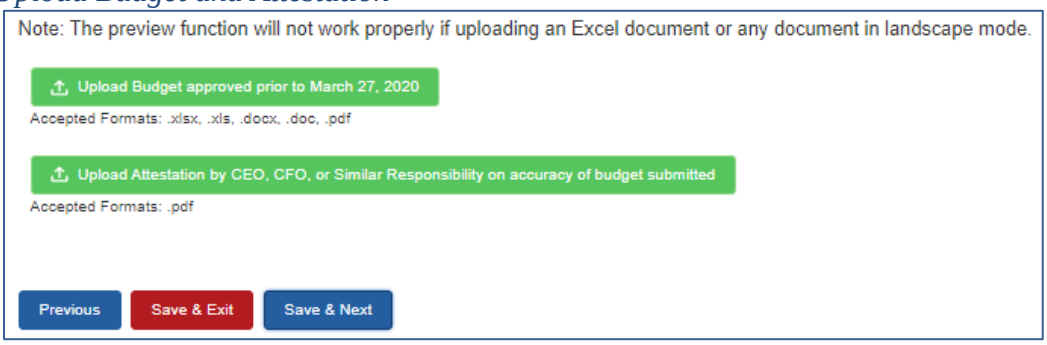
The total lost revenues for the reporting period that is calculated by the system will not appear on this page. Reporting entities should be aware however, that if they choose this method, lost revenues that can be applied to PRF and/or ARP Rural payments will be calculated *by calendar year quarter* for each quarter during the period of availability, as a standalone calculation, with 2020, 2021, 2022 or 2023 quarters serving as a baseline. For each calendar year of reporting, the applicable quarters where lost revenues are demonstrated are totaled to determine an annual lost revenues amount. The annual lost revenues are then added together to determine a total that can be applied to PRF and/or ARP Rural payments.

In addition to completing four tables with budgeted and actuals for total revenue/net charges from patient care, reporting entities that select this method of calculating lost revenues must submit the following documentation:

1. A copy of the budget approved prior to March 27, 2020, that covers the entire period of availability. The budget must be submitted in one of the following accepted file formats:.xlsx,.xls,.docx,.doc, or.pdf.
2. Attestation by a CEO, CFO, or other similarly responsible individual representing the reporting entity on the accuracy of the budget submitted. The attestation must be submitted in a.pdf file format. The attestation should state that the budget was established and approved prior to March 27, 2020, be submitted on organizational letterhead, and include a signature and complete contact information.

Documentation must be uploaded by clicking the green 'Upload' buttons as shown in *Figure 82 Upload Budget and Attestation.* Once uploaded, the name of the attachment will be displayed to the right of the 'Upload' button and the documentation may be previewed to ensure it has been submitted correctly. Portal users may also download or remove uploaded documentation from the current reporting period only. If removing an uploaded file, a pop-up will appear asking to confirm the deletion. Select 'Delete' to remove the file or 'Cancel' to keep the uploaded file as shown in *Figure 82 Upload Budget and Attestation.* Uploads from any previous reporting period may be previewed or downloaded only; they cannot be deleted from the portal. To preview documents in.pdf format, the latest version of Adobe Acrobat Reader must be installed. If needed, instructions to download Adobe Acrobat Reader are located at https://get.adobe.com/reader/. The preview function is not available for documents in.xlsx or.xls formats or any document in landscape mode. The maximum upload file size is 2GB.

Figure 82 Upload Budget and Attestation



If a data entry field has not been completed, has an invalid value, or if a required document is not uploaded, a red error message will appear directing the user to correct the error. Once complete, the user must click the blue 'Save & Next' button to go to *Step 16 – Financial Summary*. To return to a previous page, users should click the blue 'Previous' button. Portal users should exit the PRF Reporting Portal when they are not actively entering data and should do this by clicking the red 'Save & Exit' button. **Portal users should not exit the portal by closing the browser window or navigate away from the current page using the browser window as data entered on the current page will not be saved.**

4.16.2.1 Lost Revenues Attributable to Coronavirus Using Budgeted Revenue

Users will be required to provide a justification on the Calculation of Lost Revenues page for Budgeted Revenue if the total value for any tab on the page is zero (0).

All the values are required, and the portal will display an error message if values are missing in any table (see *Figure 83 Lost Revenues Attributable to Coronavirus Using Budgeted Revenues (Error)*).

When the sum of any table is zero (0):

- The system will prompt the message "You have entered all zeros for [YYYY Type]. Please correct or provide justification. (Minimum 80 characters.)".
  NOTE: *[YYYY Type] relates to the title of the applicable tab(s). (If more than one table is applicable, the message will reflect this.)*
- The system will display a justification text box below the respective table prompting users "Please enter the justification for all zeros. (Minimum 80 characters.)".
- A justification (80-character minimum) will be required before the system allows you to save and proceed to the next steps.

Figure 83 Lost Revenues Attributable to Coronavirus Using Budgeted Revenues (Error)

Please complete the table for 2020 Actuals, 2021 Budgeted, 2021 Actuals, 2022 Budgeted, 2022 Actuals, 2023 Budgeted and 2023 Actuals.

2020 Budgeted | 2020 Actuals | 2021 Budgeted | 2021 Actuals | 2022 Budgeted | 2022 Actuals | 2023 Budgeted | 2023 Actuals

Total Revenue/Net Charges from Patient Care (2020 Budgeted)

	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Total (2020)
Medicare A+B	$10,000.00	$10,000.00	$10,000.00	$10,000.00	$40,000.00
Medicare C	$10,000.00	$10,000.00	$10,000.00	$10,000.00	$40,000.00
Medicaid/Children's Health Insurance Program (CHIP)	$10,000.00	$10,000.00	$10,000.00	$10,000.00	$40,000.00
Commercial Insurance	$10,000.00	$10,000.00	$10,000.00	$10,000.00	$40,000.00
Self-Pay (No Insurance)	$10,000.00	$10,000.00	$10,000.00	$10,000.00	$40,000.00
Other	$10,000.00	$10,000.00	$10,000.00	$10,000.00	$40,000.00
Total Revenue/Net Charges from Patient Care	$60,000.00	$60,000.00	$60,000.00	$60,000.00	$240,000.00

4.16.3 Lost Revenues Attributable to Coronavirus Using Alternate Reasonable Methodology

If the reporting entity selects the Alternate Reasonable Methodology method in the *Lost Revenues Questionnaire*, the Lost Revenues Attributable to Coronavirus Using Alternate Reasonable Methodology (option iii) page will appear as shown in *Figure 84 Lost Revenues Alternate Reasonable Methodology*. All recipients seeking to use an alternate methodology face an increased likelihood of an audit by HRSA.

HRSA will notify a reporting entity if their proposed methodology is not reasonable, including if it does not demonstrate with a reasonable certainty that claimed lost revenues were caused by COVID-19. If HRSA determines that a reporting entity's proposed alternate methodology is not reasonable, HRSA will require the reporting entity to resubmit its report within 30 days of notification using one of the other options to calculate lost revenues attributable to COVID-19 (*i.e.*, Actuals or Budgeted).

Figure 84 Lost Revenues Alternate Reasonable Methodology

Lost Revenues Attributable to Coronavirus Using Alternate Reasonable Methodology

Please fill out the table below with the calculated quarterly lost revenues amount for each calendar year.

All fields marked with an asterisk are required. The lost revenues must be entered as a positive value with up to 14 digits, including 2 decimal places. If there is an increase in revenues during a quarter, the reporting entity must enter '0'. The 'Tab' key may be used to navigate between cells during data entry.

NOTE: Due to the end of the Public Health Emergency (PHE), PRF and ARP Rural payments can be applied toward Lost Revenues through June 30, 2023. Please refer to the Post-Payment Notice of Reporting Requirements for more details.

Note: Fields marked with asterisk (*) are required.

* Do you want to change values from the previous reporting period?

No

	Q1	Q2	Q3	Q4	Total
2020 Lost Revenue	* $100,000.00	* $100,000.00	* $100,000.00	* $100,000.00	* $400,000.00
2021 Lost Revenue	* $100,000.00	* $100,000.00	* $100,000.00	* $100,000.00	* $400,000.00
2022 Lost Revenue	* $100,000.00	* $100,000.00	* $100,000.00	* $100,000.00	* $400,000.00
2023 Lost Revenue	* $100,000.00	* $100,000.00			* $200,000.00
Lost Revenues	**$400,000.00**	**$400,000.00**	**$300,000.00**	**$300,000.00**	**$1,400,000.00**

Instructions for Uploading Documents:

If you wish to use an alternate reasonable methodology for calculating lost revenues attributable to coronavirus, you must submit documentation covering the period of availability. If you have previously reported, please upload new documentation reflecting your lost revenues calculations. You must submit:

1. A narrative document describing methodology, an explanation of why the methodology is reasonable, and a description establishing how lost revenues were attributable to coronavirus, as opposed to a loss caused by any other source.
2. A calculation of lost revenues attributable to coronavirus using the methodology described in the narrative document.

Additional supporting documentation may be submitted.

Note: The preview function will not work properly if uploading an Excel document or any document in landscape mode.

Upload Narrative Document
Accepted Formats: .docx, .doc, .pdf

Upload Calculation of Lost Revenues
Accepted Formats: .xlsx, .xls, .docx, .doc, .pdf

Upload Additional Supporting Documentation (Optional)
Accepted Formats: .xlsx, .xls, .docx, .doc, .pdf

Previous | Save & Exit | Save & Next

The reporting entity is required to complete one (1) table with the calculated quarterly lost revenues values (using the alternate reasonable method calculation) for calendar years 2020 through the end of the period of availability.

Calendar year quarters are defined as follows:

- Quarter 1 (Q1): January 1 – March 31
- Quarter 2 (Q2): April 1 – June 30
- Quarter 3 (Q3): July 1 – September 30
- Quarter 4 (Q4): October 1 – December 31

If a user has reported in a previous reporting period or revised a previous report, some of the information on the Lost Revenues Attributable to Coronavirus Using Alternate Reasonable Methodology page will pre-populate. Please confirm all information is accurate and up-to-date before proceeding. New uploaded documentation for the current reporting period must be submitted if choosing the Alternate Method of Calculating Lost Revenues (option iii). Uploads from the previous reporting period may not deleted, but may be previewed or downloaded.

If a user has reported in a previous reporting period or revised a previous report: If the user would like to edit any pre-populated data, there is a required question, 'Do you want to change values from the previous reporting period?', which 'Yes' or 'No' can be selected from the drop-down list. (Conditional) If 'Yes,' the reporting entity will be required to enter a justification for the change with a description. The justification is limited to 1000 characters, with a minimum of 80 characters. Selecting 'Yes' will overwrite the pre-populated information. However, once changes are made to pre-populated fields, the user can revert to the previously reported lost revenue method by selecting 'No' to the question, 'Do you want to change values from the previous reporting period?' Once changed to 'No', the system will restore the values with the previously pre-populated report values. All fields must contain accurate and complete data before proceeding to the next page.

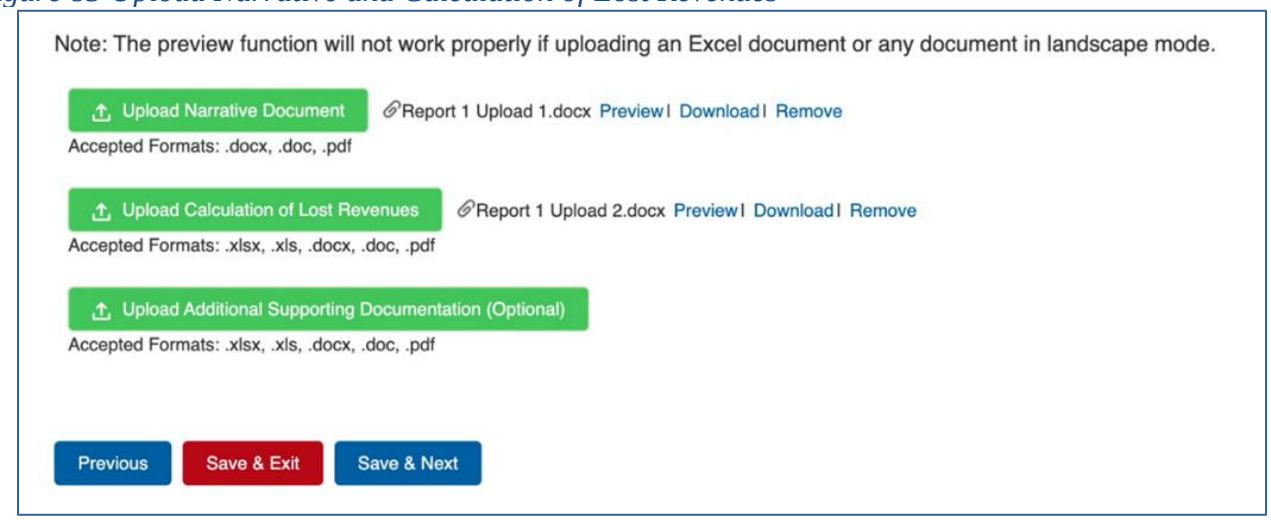
The 'tab' key may be used to navigate between cells during data entry. All data entry fields in the table are required and each cell is limited to 14 digits, including two decimal places. **If there is an increase in revenues during any quarter during the period of availability, the reporting entity must enter '0' to indicate that there were no lost revenues.** Totals will automatically calculate within the table by corresponding column and row as information is entered.

Reporting entities selecting the alternate reasonable methodology are required to submit additional documentation, with maximum file size of 2GB, as follows:

1. **Narrative Document:** The narrative document must describe the methodology, an explanation of why the methodology is reasonable, and a description establishing how lost revenues were attributable to COVID-19 (as opposed to a loss caused by any other source). Acceptable file formats for the narrative document are.docx,.doc, or.pdf.
2. **Calculation of Lost Revenues:** The Calculation of Lost Revenues Attributable to COVID-19 must use the methodology described in the Narrative Document described above. Acceptable file formats for the calculation of lost revenues documentation are.xlsx,.xls,.docx,.doc, or.pdf.
3. ***Optional**:* Additional Supporting Documentation: One file of additional documentation may be submitted. Acceptable file formats for the supporting documentation are:.xlsx,.xls,.docx,.doc, or.pdf.

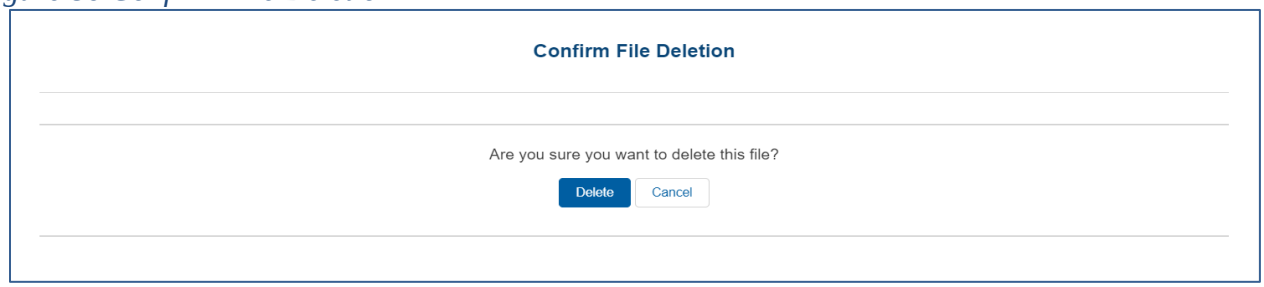
Documentation must be uploaded by clicking the corresponding green 'Upload' buttons as shown in *Figure 85 Upload Narrative and Calculation of Lost Revenues.*

Figure 85 Upload Narrative and Calculation of Lost Revenues



Once uploaded, the name of the attachment will be displayed to the right of the 'Upload' button and the documentation may be previewed to ensure it has been attached correctly. Reporting entities may also download or remove uploaded documentation from the current reporting period only. To preview documents in.pdf format, the latest version of Adobe Acrobat Reader must be installed. If needed, instructions to download Adobe Acrobat Reader are located at https://get.adobe.com/reader/. The preview function is not available for documents in.xlsx or.xls formats or any document in landscape mode. If removing an uploaded file, a pop-up will appear asking to confirm the deletion. Select 'Delete' to remove the file or 'Cancel' to keep the uploaded file as shown in *Figure 86 Confirm File Deletion*.

Figure 86 Confirm File Deletion



Uploads from any previous reporting period will be located in the "Previously Submitted Documents from Reprting Period" section and may be previewed or downloaded only; they cannot be deleted from the portal.

If a data entry field has not been completed or has an invalid value or if a required document is not uploaded, a red error message will appear directing the user to correct the error as shown in *Figure 87 Table Error Message*.

Figure 87 Table Error Message

	Q1	Q2	Q3	Q4	Total
2020 Lost Revenue	$.00 Please complete this field.	$.00 Please complete this field.	$.00 Please complete this field.	$.00 Please complete this field.	$0.00
2021 Lost Revenue	$.00 Please complete this field.	$.00 Please complete this field.	$.00 Please complete this field.	$.00 Please complete this field.	$0.00
2022 Lost Revenue	$.00 Please complete this field.	$.00 Please complete this field.	$.00 Please complete this field.	$.00 Please complete this field.	$0.00
2023 Lost Revenue	$.00 Please complete this field.	$.00 Please complete this field.			$0.00
Lost Revenues					$0.00

Once complete, the user must click the blue 'Save & Next' button to go to *Step 16 – Financial Summary*.

If a user has reported in a previous reporting period or revised a previous report:

To return to a previous page, users should click the blue 'Previous' button. Portal users should exit the PRF Reporting Portal when they are not actively entering data and should do this by clicking the red 'Save & Exit' button. **Portal users should not exit the portal by closing the browser window or navigate away from the current page using the browser window as data entered on the current page will not be saved.**

4.16.4 Lost Revenues Summary: Period of Availability

Once portal users complete their method to calculate lost revenues, the Lost Revenue Summary page will appear as shown in *Figure 88 Total Revenue/Net Charges from Patient Care (2019 Actuals) Revenues Summary*. The Lost Revenue Summary page displays the 'Lost Revenues by Quarter Based on Change in Patient Care Revenues' (for 2019 Actuals and Budgeted Lost Revenue path) or the 'Estimated Lost Revenues' (for Alternative Methodology path), 'Cumulative Lost Revenue Total' and 'Total Payments Used for Lost Revenues in the Previous Reporting Period(s).'

Figure 88 Total Revenue/Net Charges from Patient Care (2019 Actuals) Revenues Summary

Lost Revenues Summary: Period of Availability

Lost Revenues - Period of Availability

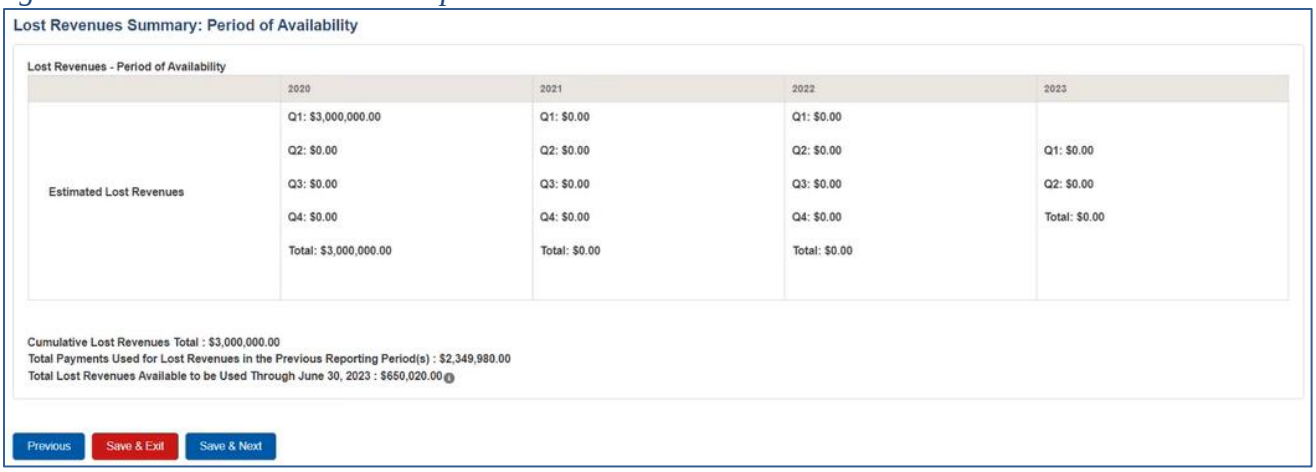
	2020	2021	2022	2023
Estimated Lost Revenues	Q1: $3,000,000.00 Q2: $0.00 Q3: $0.00 Q4: $0.00 Total: $3,000,000.00	Q1: $0.00 Q2: $0.00 Q3: $0.00 Q4: $0.00 Total: $0.00	Q1: $0.00 Q2: $0.00 Q3: $0.00 Q4: $0.00 Total: $0.00	Q1: $0.00 Q2: $0.00 Total: $0.00

Cumulative Lost Revenues Total : $3,000,000.00
Total Payments Used for Lost Revenues in the Previous Reporting Period(s) : $2,349,980.00
Total Lost Revenues Available to be Used Through June 30, 2023 : $650,020.00

Previous | Save & Exit | Save & Next

If the entity received an ARP Rural payment, and all ARP Rural funds were expended with ARP Rural expenses and/or Lost Revenues, 'Total Lost Revenues Available to be Used Through June 30, 2023' will be provided as shown in *Figure 89 All ARP Rural Funds Expended / Lost Revenues Available to be Used*.

Figure 89 All ARP Rural Funds Expended / Lost Revenues Available to be Used



Lost Revenues Summary: Period of Availability

Lost Revenues - Period of Availability

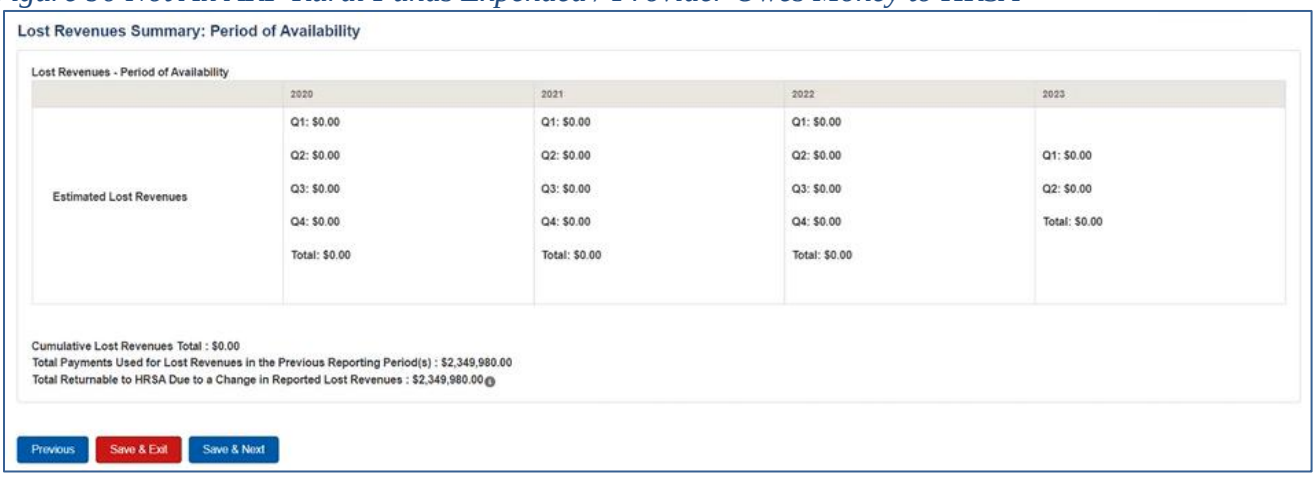
	2020	2021	2022	2023
Estimated Lost Revenues	Q1: $3,000,000.00 Q2: $0.00 Q3: $0.00 Q4: $0.00 Total: $3,000,000.00	Q1: $0.00 Q2: $0.00 Q3: $0.00 Q4: $0.00 Total: $0.00	Q1: $0.00 Q2: $0.00 Q3: $0.00 Q4: $0.00 Total: $0.00	Q1: $0.00 Q2: $0.00 Total: $0.00

Cumulative Lost Revenues Total : $3,000,000.00
Total Payments Used for Lost Revenues in the Previous Reporting Period(s) : $2,349,980.00
Total Lost Revenues Available to be Used Through June 30, 2023 : $650,020.00

Previous | Save & Exit | Save & Next

If the entity received an ARP Rural payment, and all ARP Rural funds were not expended with ARP Rural expenses and/or Lost Revenues, 'Total Returnable to HRSA Due to a Change in Reported Lost Revenues' will be provided as shown in *Figure 90 Not All ARP Rural Funds Expended / Provider Owes Money to HRSA*.

Figure 90 Not All ARP Rural Funds Expended / Provider Owes Money to HRSA



Lost Revenues Summary: Period of Availability

Lost Revenues - Period of Availability

	2020	2021	2022	2023
Estimated Lost Revenues	Q1: $0.00 Q2: $0.00 Q3: $0.00 Q4: $0.00 Total: $0.00	Q1: $0.00 Q2: $0.00 Q3: $0.00 Q4: $0.00 Total: $0.00	Q1: $0.00 Q2: $0.00 Q3: $0.00 Q4: $0.00 Total: $0.00	Q1: $0.00 Q2: $0.00 Total: $0.00

Cumulative Lost Revenues Total : $0.00
Total Payments Used for Lost Revenues in the Previous Reporting Period(s) : $2,349,980.00
Total Returnable to HRSA Due to a Change in Reported Lost Revenues : $2,349,980.00

Previous | Save & Exit | Save & Next

Reporting entities should verify the accuracy of the information displayed on this page. If all information appears to be accurate, the user should click the 'Save & Next' button at the bottom of the page. If any information appears to be inaccurate, the user should navigate back to the previous pages of the portal. The user can access previous pages by clicking the blue 'Previous' button at the bottom of the page. Increase in revenue from the corresponding quarter of the previous year will result in $0.00 of lost revenues for that quarter.

Warning: *Reporting Period 5 is the last opportunity for you to apply your PRF and ARP Rural payments towards lost revenues.*

4.17 STEP 16 – FINANCIAL SUMMARY

The *Step 16 – Financial Summary* page displays read-only pre-populated values based on calculations from data entered during the reporting process as shown in *Figure 91 Financial Summary-2019 Actual Revenues or Budgeted Revenue Path* and *Figure 92 Financial Summary-Alternate Reasonable Methodology Lost Revenue Path* and will only display values based upon payments received by the entity (see *Figure 93 Financial Summary-Only Applicable Payments Shown*). Depending on whether Actual Patient Care Revenue or Lost Revenues were reported, the look of the Financial Summary page will vary. **There is no validation or data entry required on this page.** The Financial Summary may be printed using the web browser. Please note that this screen is specific to Reporting Period 4 and will not be available for Reporting Periods 1,2, or 3.

Warning: *Reporting Period 5 is the last opportunity for you to apply your PRF and ARP Rural payments towards lost revenues.*

Figure 91 Financial Summary-2019 Actual Revenues or Budgeted Revenue Path (Lost Revenues Available)

Financial Summary Reporting Period 7 (Payments received from January 1, 2023 - June 30, 2023)

ARP Rural Summary

	Amount
Total Reportable ARP Rural Payments in this Reporting Period	$45,100.00
Total Reportable ARP Rural Expenses Used in this Reporting Period	$29,600.00
Total Remaining Unused ARP Rural Payments	$15,500.00

Nursing Home Infection Control Summary

	Amount
Total Reportable Nursing Home Infection Control Payments in this Reporting Period	$505,100.00
Total Reportable Nursing Home Infection Control Expenses Used in this Reporting Period	$414,000.00
Total Remaining Unused Nursing Home Infection Control Funds Due Within 30 days to HRSA	$91,100.00

Other PRF (Including Phase 4) Summary

	Amount
Total Reportable Other PRF Payments (Including Phase 4) in this Reporting Period	$95,200.00
Total Reportable Other PRF Expenses (Including Phase 4) Used in this Reporting Period	$95,200.00
Total Remaining Unused Other PRF Payments (Including Phase 4)	$0.00

Lost Revenues Summary

	Amount
Total Lost Revenues for the Period of Availability (January 1, 2020 to June 30, 2023)	$534,600.00
Total Payments Used for Lost Revenues in the Previous Reporting Period(s)	$0.00
Total Lost Revenues Available to be Used Through June 30, 2023	$534,600.00
Total ARP Rural Payments Used for Lost Revenues Through June 30, 2023	$15,500.00
Total Other PRF Payments (Including Phase 4) Used for Lost Revenues Through June 30, 2023	$0.00
Total Payments Used for Lost Revenues Through June 30, 2023	$15,500.00
Total Unused Lost Revenues	$519,100.00
Total ARP Rural Payments Not Applied to Expenses or Lost Revenues	$0.00
Total Other PRF Payments (Including Phase 4) Not Applied to Expenses or Lost Revenues	$0.00

Report Reconciliation

	Amount
Unused ARP Rural Payments in this Reporting Period	$0.00
Unused Nursing Home Infection Control Funds in this Reporting Period	$91,100.00
Unused Other PRF Payments (Including Phase 4) in this Reporting Period	$0.00
Total Unused Amount Due Within 30 Days to HRSA	$91,100.00
Total Unused Lost Revenues	$519,100.00

Previous | Save & Exit | Save & Next

Figure 92 Financial Summary-Alternate Reasonable Methodology Lost Revenue Path (Lost Revenues Available)

Financial Summary Reporting Period 7 (Payments received from January 1, 2023 - June 30, 2023)

ARP Rural Summary

	Amount
Total Reportable ARP Rural Payments in this Reporting Period	$45,100.00
Total Reportable ARP Rural Expenses Used in this Reporting Period	$29,600.00
Total Remaining Unused ARP Rural Payments	$15,500.00

Nursing Home Infection Control Summary

	Amount
Total Reportable Nursing Home Infection Control Payments in this Reporting Period	$505,100.00
Total Reportable Nursing Home Infection Control Expenses Used in this Reporting Period	$414,000.00
Total Remaining Unused Nursing Home Infection Control Funds Due Within 30 days to HRSA	$91,100.00

Other PRF (Including Phase 4) Summary

	Amount
Total Reportable Other PRF Payments (Including Phase 4) in this Reporting Period	$95,200.00
Total Reportable Other PRF Expenses (Including Phase 4) Used in this Reporting Period	$95,200.00
Total Remaining Unused Other PRF Payments (Including Phase 4)	$0.00

Lost Revenues Summary

	Amount
Total Lost Revenues for the Period of Availability (January 1, 2020 to June 30, 2023)	$280,000.00
Total Payments Used for Lost Revenues in the Previous Reporting Period(s)	$0.00
Total Lost Revenues Available to be Used Through June 30, 2023	$280,000.00
Total ARP Rural Payments Used for Lost Revenues Through June 30, 2023	$15,500.00
Total Other PRF Payments (Including Phase 4) Used for Lost Revenues Through June 30, 2023	$0.00
Total Payments Used for Lost Revenues Through June 30, 2023	$15,500.00
Total Unused Lost Revenues	$264,500.00
Total ARP Rural Payments Not Applied to Expenses or Lost Revenues	$0.00
Total Other PRF Payments (Including Phase 4) Not Applied to Expenses or Lost Revenues	$0.00

Report Reconciliation

	Amount
Unused ARP Rural Payments in this Reporting Period	$0.00
Unused Nursing Home Infection Control Funds in this Reporting Period	$91,100.00
Unused Other PRF Payments (Including Phase 4) in this Reporting Period	$0.00
Total Unused Amount Due Within 30 Days to HRSA	$91,100.00
Total Unused Lost Revenues	$264,500.00

Previous | Save & Exit | Save & Next

Figure 93 Financial Summary-Only Applicable Payments Shown

ARP Rural Summary

	Amount
Total Reportable ARP Rural Payments in this Reporting Period	$45,100.00
Total Reportable ARP Rural Expenses Used in this Reporting Period	$29,600.00
Total Remaining Unused ARP Rural Payments	$15,500.00

Other PRF (Including Phase 4) Summary

	Amount
Total Reportable Other PRF Payments (Including Phase 4) in this Reporting Period	$95,200.00
Total Reportable Other PRF Expenses (Including Phase 4) Used in this Reporting Period	$95,200.00
Total Remaining Unused Other PRF Payments (Including Phase 4)	$0.00

Lost Revenues Summary

If the entity received an ARP Rural payment, and all ARP Rural funds were not expended with ARP Rural expenses and/or Lost Revenues, the entity would be unable to report on NHIC and/or Other PRF (Including Phase 4) expenses. Upon access to the Financial Summary, the 'Total Returnable to HRSA Due to a Change in Reported Lost Revenues' will be provided in the Lost Revenues Summary as shown in *Figure 94 Financial Summary-Lost Revenues Not Available*.

Figure 94 Financial Summary-Lost Revenues Not Available

Lost Revenues Summary

	Amount
Total Lost Revenues for the Period of Availability (January 1, 2020 to June 30, 2023)	$1,400,000.00
Total Payments Used for Lost Revenues in the Previous Reporting Period(s)	$2,800,000.00
Total Returnable to HRSA Due to a Change in Reported Lost Revenues	$1,400,000.00
Total ARP Rural Payments Used for Lost Revenues Through June 30, 2023	($1,400,000.00)
Total Other PRF Payments (Including Phase 4) Used for Lost Revenues Through June 30, 2023	$0.00
Total Payments Used for Lost Revenues Through June 30, 2023	($1,400,000.00)
Total Unused Lost Revenues	$0.00
Total ARP Rural Payments Not Applied to Expenses or Lost Revenues	$3,100.00
Total Other PRF Payments (Including Phase 4) Not Applied to Expenses or Lost Revenues	$95,200.00

Report Reconciliation

Reporting entities should verify the accuracy of the financial summary information on this page. If all information appears to be accurate, the user should click the 'Save & Next' button at the bottom of the page. If any information appears to be inaccurate, the user should navigate back to the applicable portal pages to make edits. The user can access previous pages by clicking the blue 'Previous' button at the bottom of the page.

4.18 STEP 17 – PERSONNEL, PATIENT, AND FACILITY METRICS

The purpose of *Step 17 - Personnel, Patient, and Facility Metrics* is to quantify the impact of COVID-19 on the reporting entity's personnel, patient, and facility metrics. The Personnel, Patient, and Facility Metrics page is comprised of three tables. Metric fields are not split by subsidiary TIN. The reporting

for non-financial metrics is consolidated. These tables will capture different metrics, but all cells are required, restricted to eight digits with no decimals, and must be positive values. If the value for a cell is zero or does not apply, the user must enter "0." The 'tab' key may be used to navigate between cells during data entry. A horizontal scroll bar may appear at the bottom of each table, depending upon the portal user's monitor size. As the user enters values in each field, the last column and row will auto-calculate totals. The user will be able to move between the tabs and tables without losing data, however, the data on this page will not be saved until the data entry is complete and the blue 'Save & Next' button is selected.

NOTE: *If there was a Change of Ownership in the parent-subsidiary relationship during the period of availability, personnel, patient, and facility metrics would be applicable from the time of the acquisition to the end of the period of availability.*

If a provider has reported in a previous reporting period, some of the information on the Personnel, Patient, and Facility Metrics page will pre-populate. The user needs to enter additional data for the current reporting period for each of the tables accurately and up-to-date before proceeding to the next page.

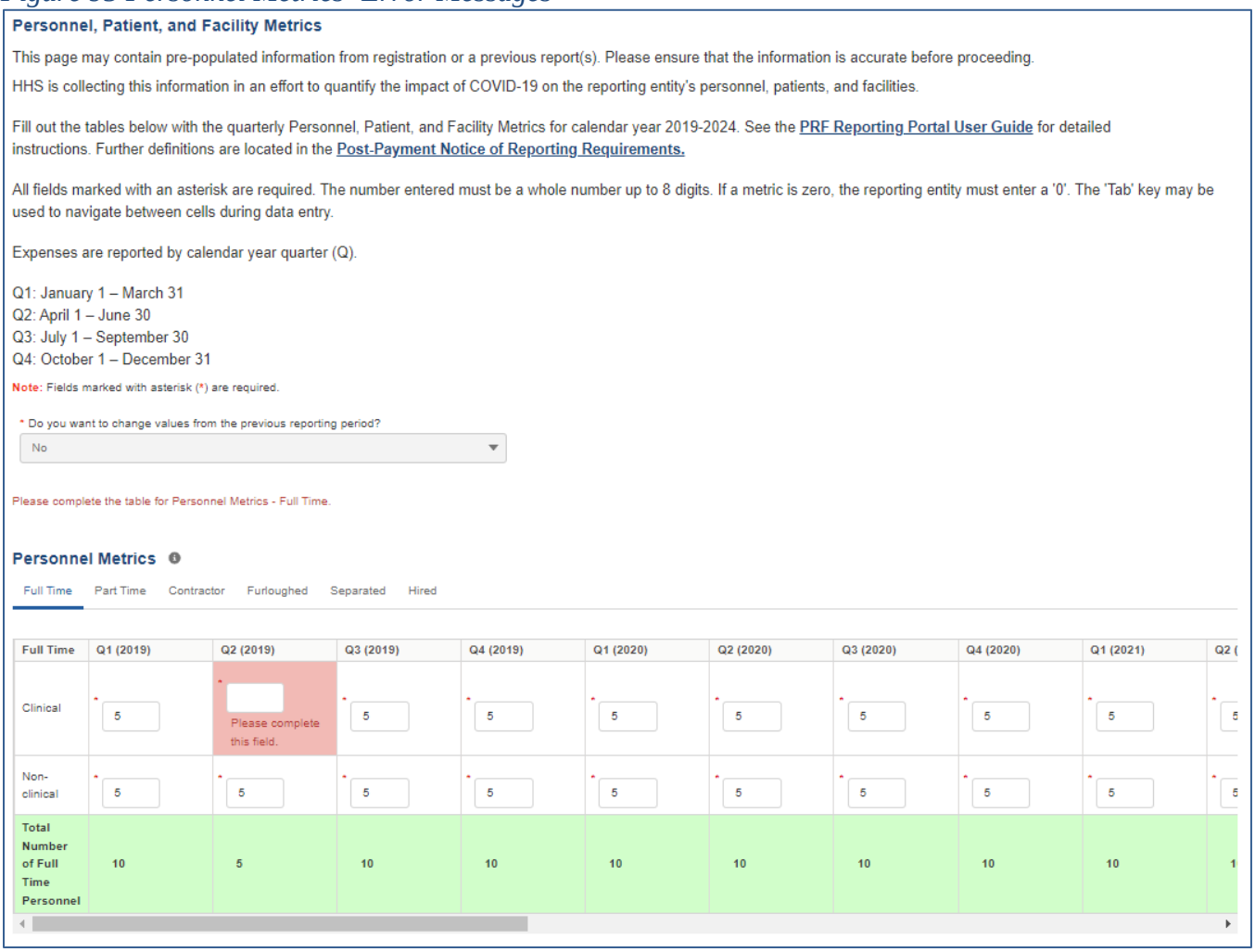
If a user has reported in a previous reporting period: If the user would like to edit any pre-populated data on the Personnel, Patient, and Facility Metrics page, there is a required question, 'Do you want to change values from the previous reporting period?' which 'Yes' or 'No' can be selected from the drop-down list. (Conditional) If 'Yes,' the reporting entity will be required to enter a justification for the change with a description. The justification is limited to 1000 characters, with a minimum of 80 characters. However, once changes are made to pre-populated fields, the user can revert to the previously reported metrics by selecting 'No' to the question, 'Do you want to change values from the previous reporting period?' Once changed to 'No', the system will repopulate the fields with the previously pre-populated report values. All fields must contain accurate and complete data before proceeding to the next page.

Calendar year quarters are defined as follows:

- Quarter 1 (Q1): January 1– March 31
- Quarter 2 (Q2): April 1 – June 30
- Quarter 3 (Q3): July 1 – September 30
- Quarter 4 (Q4): October 1 – December 31

An error message will appear if the user tries to proceed to the next page with an empty data entry field or if the value does not meet validation checks (e.g., justification for all zeros). The portal user must correct errors before proceeding to the next page as shown in *Figure 95 Personnel Metrics- Error Messages*.

Figure 95 Personnel Metrics- Error Messages



Personnel Metrics

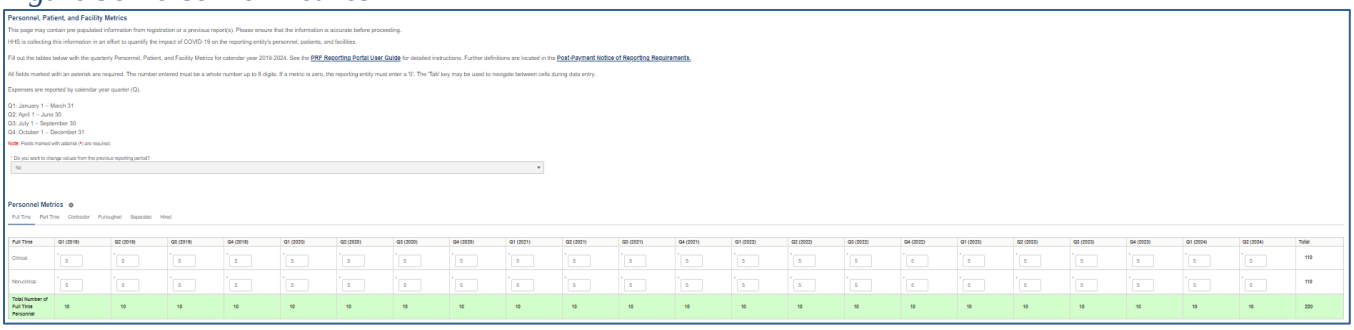
The Personnel Metrics data table will require reporting entities to calculate a total number of people employed (across all TINs included in the consolidated reporting) by labor category for all clinical and non-clinical staff as defined below, by quarter. The Personnel Metrics seek to gather information on the number of employees working with reporting entities. Values should be considered as of the quarter end date. Reporting entities will include metrics for personnel for calendar year 2019 through the end of the period of availability of the funds on which the provider is reporting. The number of personnel reported are not intended to be indicative of how PRF and/or ARP Rural payments were used. In other words, personnel numbers should be reported here whether or not their salaries and/or benefits were paid using the PRF and/or ARP Rural payments included in the reporting. If providers find that they cannot identify their staff in one of these employee types, they should estimate to the best of their ability.

The Personnel Metrics table is comprised of six tables as shown in *Figure 96 Personnel Metrics*. All six tables must be completed. A horizontal scroll bar may appear at the bottom of each table, depending upon the portal user's monitor size. The 'tab' key may be used to navigate between cells during data entry. The user will be able to move between the tabs and tables by clicking the relevant header,

without losing data. However, the data on this page will not be saved until the blue 'Save & Next' button is selected.

NOTE: *Clicking 'Previous' will take the user to the previous page, not move between the tables or tabs in this page.*

Figure 96 Personnel Metrics



Personnel, Patient, and Facility Metrics

This page may contain pre-populated information from registration or a previous report(s). Please ensure that the information is accurate before proceeding.

HHS is collecting this information in an effort to quantify the impact of COVID-19 on the reporting entity's personnel, patients, and facilities.

Fill out the tables below with the quarterly Personnel, Patient, and Facility Metrics for calendar year 2019-2024. See the PRF Reporting Portal User Guide for detailed instructions. Further definitions are located in the Post-Payment Notice of Reporting Requirements.

All fields marked with an asterisk are required. The number entered must be a whole number up to 8 digits. If a metric is zero, the reporting entity must enter a '0'. The 'Tab' key may be used to navigate between cells during data entry.

Expenses are reported by calendar year quarter (Q).

Q1: January 1 – March 31
Q2: April 1 – June 30
Q3: July 1 – September 30
Q4: October 1 – December 31

NOTE: Fields marked with asterisk (*) are required.

* Do you want to change values from the previous reporting period?
No

Personnel Metrics

Full Time | Part Time | Contractor | Furloughed | Separated | Hired

Full Time	Q1 (2019)	Q2 (2019)	Q3 (2019)	Q4 (2019)	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Q3 (2021)	Q4 (2021)	Q1 (2022)	Q2 (2022)	Q3 (2022)	Q4 (2022)	Q1 (2023)	Q2 (2023)	Q3 (2023)	Q4 (2023)	Q1 (2024)	Q2 (2024)	Total
Clinical	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	110
Non-clinical	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	110
Total Number of Full Time Personnel	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	220

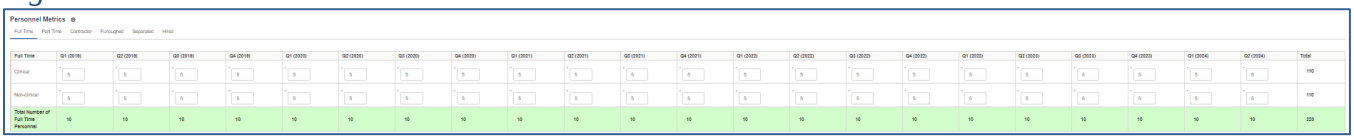
Definitions of Personnel Metrics are as follows:

- **Clinical**: Total number of clinical personnel providing direct patient care by labor category (full-time, part-time, contract, furloughed, separated, hired). Clinical staff provides direct patient care and may provide direct diagnosis, treatment, or care for the patient. Clinical roles often require certifications or licensure. Clinical personnel may include physicians, hospitalists, physician assistants, nurse practitioners, registered nurses, nursing assistants, patient care technicians, social workers, and therapists. Personnel must be categorized as clinical if 50% or more of their time is spent delivering direct patient care.
- **Non-Clinical**: Total number of non-clinical personnel by labor category (full-time, part-time, contract, furloughed, separated, hired). Personnel must be categorized as non-clinical if less than 50% of their time is spent delivering direct patient care. Non-clinical personnel may support patient care. Non-clinical personnel may include medical billers and coders, transcriptionists, hospital executives, and receptionists.
- All clinical and non-clinical personnel employed at any point and in any capacity during a calendar year quarter by the reporting entity (or its subsidiaries included in the report) must be categorized into one of the following labor categories. The labor categories are mutually exclusive, and each employee should only be included in one labor category per quarter. If a hiring action (*e.g.*, furloughed, separated, hired) occurred during the quarter personnel should be considered non-clinical if less than 50% of their time does not involve direct patient care. The employee should be identified in the category that occurred closest to the end of the quarter. All full-time, part-time, or contractor personnel should be those that experienced no hiring action during the respective quarter.
- **Full-time**: Number of personnel employed on average 30 hours of service per week, or 130 hours for a calendar month. However, health care practices may have exceptions to this, such as nursing shifts.
- **Part-time**: Number of personnel employed any time between 1 and 34 hours per week, whom may or may not qualify for benefits.

- **Contractor**: Number of personnel employed as an individual or under organizational contracts and do not receive direct benefits or compensation from the employer/provider.
- **Furloughed**: Number of personnel on temporary involuntary and unpaid leave of absence.
- **Separated**: Number of personnel who 1) voluntarily submit a written or verbal notice of resignation or 2) the employer/provider decided to terminate its relationship with the employee(s) (includes lay-offs and expired contracts).
- **Hired**: Number of personnel 1) not previously employed by the employer or 2) that left an employer due to voluntary or involuntary separation and are brought back to work by employer.

The Patient Metrics tab is comprised of one table that gathers patient visit metrics as shown in *Figure 97 Patient Metrics*. These metrics seek to gather information on the number of patients treated by reporting entities. Reporting entities will report on their patient metrics using their basis of counting beds, census, and other patient metrics. If providers find that they cannot identify their patient encounters in one of these patient visit types, they should count the distinct encounters or visits in the most reasonable category. e.g., home health providers can count their distinct visits in outpatient; anesthesiologists may count some of their services as inpatient and some as outpatient.

Figure 97 Patient Metrics

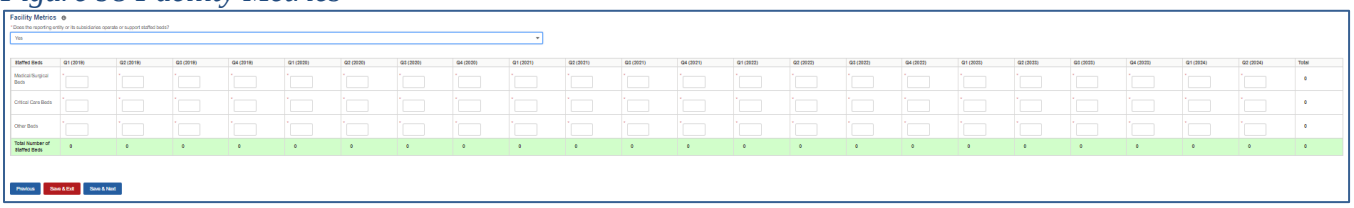


Definitions of patient metrics are as follows:

- **Inpatient Admissions**: Number of hospital admissions on a clinician's order (*i.e.*, direct admit) or formally admitted from the emergency department to the hospital (*i.e.*, emergency admission). Nursery and labor beds are typically considered ward beds/ med-surgical beds.
- **Outpatient Visits (in-person and virtual)**: Number of in-person or virtual patient encounters with a clinician in an office-based, clinic, or hospital outpatient department setting that do not require an inpatient admission.
- **Emergency Visits**: Number of emergency department encounters for care or treatment. This may include patients on observation status who are cared for no longer than 72 hours and not formally admitted to a hospital.
- **Facility Stays (for Long- and Short-term Residential Facilities)**: Number of stays (defined as unique admissions) for patients residing in a long-term or short-term care or treatment facility.

The Facility Metrics table has a required question, 'Does the reporting entity or its subsidiaries operate or support staffed beds?' A staffed bed is defined as a licensed and physically available bed with staff on hand to attend to patients; includes both occupied and available beds. If the answer to the question is 'No,' and the Personnel and Patient Metrics tables are complete, the user may click the blue 'Save & Next' button to proceed to the next page. If the answer to the question is 'Yes,' the Facilities table will need to be completed as shown in *Figure 98 Facility Metrics*.

Figure 98 Facility Metrics



Definitions of facility metrics are as follows:

- **Medical/Surgical Beds**: Number of general *medical/surgical beds, which* are the *beds* used for routine care or "ward" beds.
- **Critical Care Beds**: Number of beds in Intensive Care Units (ICUs), Critical Care Units (CCUs) or Intensive Therapy Units (ITUs).
- **Other Beds**: Number of any other type of staffed bed that the facility has physically available and licensed to operate.

Users must click the blue 'Save & Next' button to proceed to *Step 18 – Survey*. To return to a previous page, users should click the blue 'Previous' button. Portal users should exit the PRF Reporting Portal when they are not actively entering data and should do this by clicking the red 'Save & Exit' button. **Portal users should not exit the portal by closing the browser window or navigate away from the current page using the browser window as data entered on the current page will not be saved.**

Personnel, Patients, and Facility Metrics Justification

Users will be required to provide a justification on the Personnel, Patients, and Facility Metrics page if the provider enters zero (0) for all the values in the Personnel and Patients tables and selects 'No' for the Facility Metrics.

When the sum of any metrics table is zero (0):

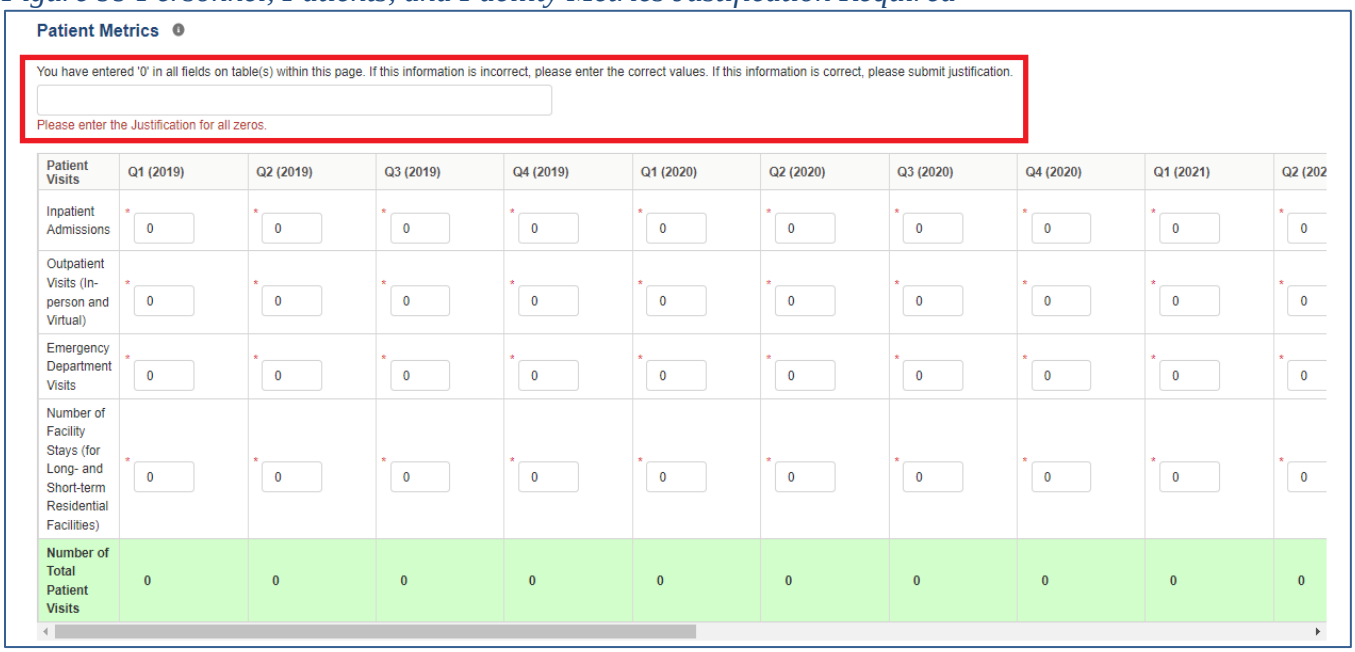
- The system will prompt the message "You have entered '0' in all fields of table(s) within this page. If this information is incorrect, please enter the correct values. If this information is correct, please submit justification.".
- The system will display a justification text box below the respective table prompting users "Please enter the justification for all zeros.".
- A justification (80-character minimum) will be required before the system allows you to save and proceed to the next step.

All the values are required, and the portal will display an error message if values are missing in the metrics table. When the sum of any table is zero, the system will prompt the message "You have entered '0' in all fields of table(s) within this page. If this information is incorrect, please enter the correct values. If this information is correct, please submit a justification."

If a user enters zero for all the Personnel and Patients metrics values, the system will display a justification text box prompting users "You have entered '0' in all fields on table(s) within this page. If this information is incorrect, please enter the correct values. If this information is correct, please submit justification."

A justification (80-character minimum) will be required before the system allows you to save and proceed to the next step.

Figure 99 Personnel, Patients, and Facility Metrics Justification Required



Patient Metrics

You have entered '0' in all fields on table(s) within this page. If this information is incorrect, please enter the correct values. If this information is correct, please submit justification.

Please enter the Justification for all zeros.

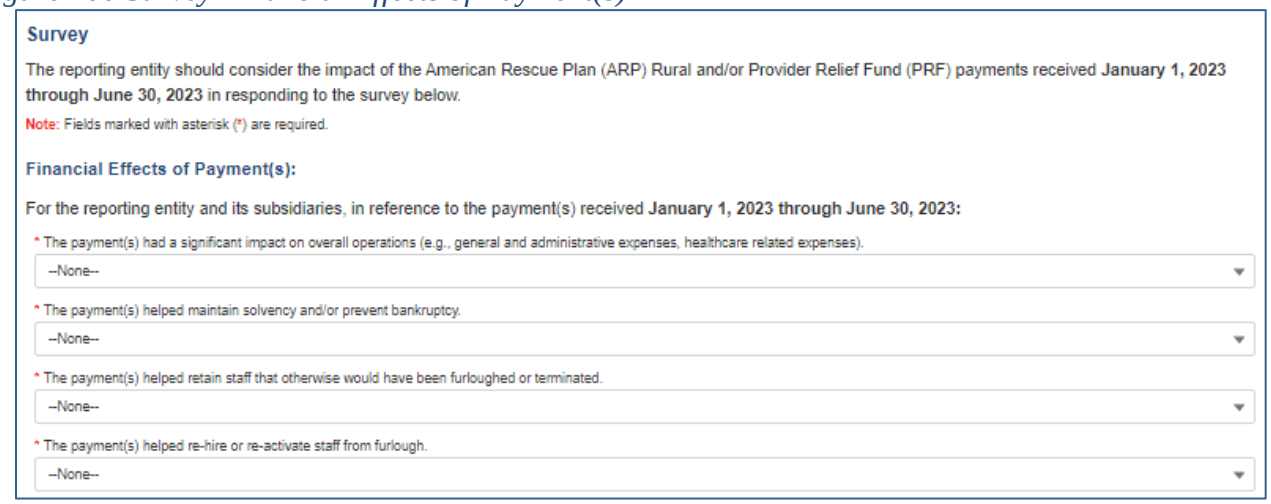
Patient Visits	Q1 (2019)	Q2 (2019)	Q3 (2019)	Q4 (2019)	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (202
Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
Outpatient Visits (In-person and Virtual)	0	0	0	0	0	0	0	0	0	0
Emergency Department Visits	0	0	0	0	0	0	0	0	0	0
Number of Facility Stays (for Long- and Short-term Residential Facilities)	0	0	0	0	0	0	0	0	0	0
Number of Total Patient Visits	0	0	0	0	0	0	0	0	0	0

4.19 STEP 18 – SURVEY

Step 18 – Survey is the last data entry page in the report and is included to evaluate the impact of PRF and/or ARP Rural payment(s) on the reporting entity's financial and clinical care situation during the period of availability of funding that corresponds to the current reporting period. The reporting entity should consider the impact of the PRF and/or ARP Rural payments received during the Payment Received Period that corresponds to the current reporting period as shown in *Table 1 Reporting Periods*. Therefore, a new survey will be required for each reporting period. The survey consists of two sections: 1) Financial Effects of Payment(s) and 2) Clinical care Effects of Payment(s).

Responses to the following statements and questions are required as part of the Section: Financial Effects of Payment(s) as shown in *Figure 100 Survey Financial Effects of Payment(s)*.

Figure 100 Survey Financial Effects of Payment(s)



Survey

The reporting entity should consider the impact of the American Rescue Plan (ARP) Rural and/or Provider Relief Fund (PRF) payments received **January 1, 2023 through June 30, 2023** in responding to the survey below.

Note: Fields marked with asterisk (*) are required.

Financial Effects of Payment(s):

For the reporting entity and its subsidiaries, in reference to the payment(s) received **January 1, 2023 through June 30, 2023:**

* The payment(s) had a significant impact on overall operations (e.g., general and administrative expenses, healthcare related expenses).

--None--

* The payment(s) helped maintain solvency and/or prevent bankruptcy.

--None--

* The payment(s) helped retain staff that otherwise would have been furloughed or terminated.

--None--

* The payment(s) helped re-hire or re-activate staff from furlough.

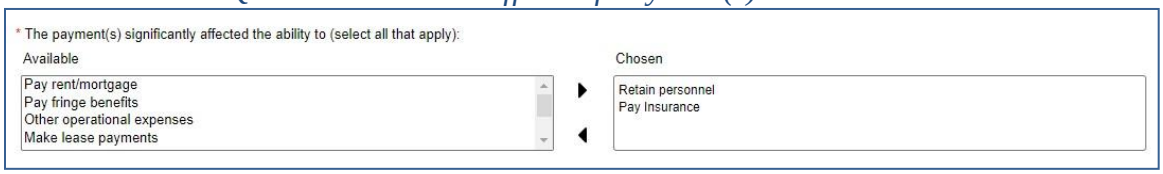
--None--

Financial Effects of Payments:

For the reporting entity (and its subsidiaries as applicable), in reference to payments received during the Payment Received Period that corresponds to the current reporting period:

1. The payment(s) had a significant impact on overall operations (*e.g.*, G&A expenses, healthcare related expenses).
   A response must be selected from the drop-down list as follows: 'Strongly Agree,' 'Agree,' 'Neutral,' 'Disagree,' or 'Strongly Disagree.' If the respondent selects 'Strongly Agree' or 'Agree' to this question an additional question will be required, as shown in *Figure 101 Conditional Question Financial Effects of Payment(s).*
2. (Conditional) payment(s) significantly affected the ability to (select all that apply):
   Responses should be selected from the following options: retain personnel, pay fringe benefits, pay insurance, pay other operational expenses, make lease payments, or pay utilities/operations. Multiple selections may be made. The user should click on each response applicable under the 'Options' table and after each selection, use the right-facing arrow to move the response to the 'Selected' table. To remove a selected value, the user should click on the response in the 'Selected' table and use the left-facing arrow to move it back to the 'Options' table.

Figure 101 Conditional Question Financial Effects of Payment(s)

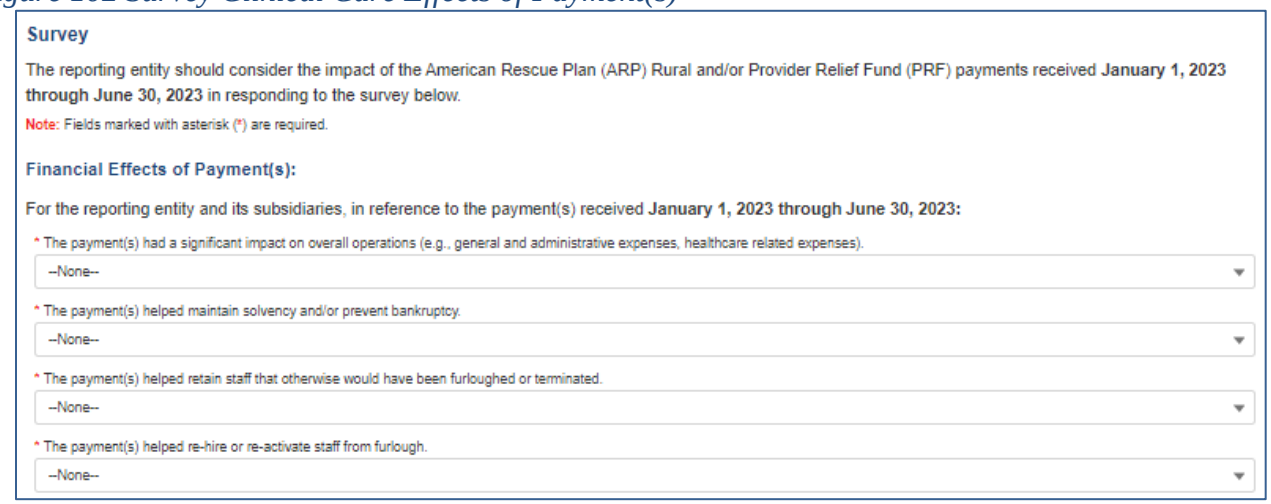


3. The payment(s) helped maintain solvency and/or prevent bankruptcy.
   A response must be selected from the drop-down list as follows: 'Yes,' 'No,' or 'Not Applicable.'
4. The payment(s) helped retain staff that otherwise would have been furloughed or terminated.
   A response must be selected from the drop-down list as follows: 'Yes,' 'No,' or 'Not Applicable.'
5. The payment(s) helped re-hire or reactivate staff from furlough.
   A response must be selected from the drop-down list as follows: 'Yes,' 'No,' or 'Not Applicable.'

Clinical Care Effects of Payment(s):

Responses to the following statements and questions are required as part of the Section: Financial Effects of Payment(s) as shown in *Figure 102 Survey Clinical Care Effects of Payment(s).*

Figure 102 Survey Clinical Care Effects of Payment(s)



For the reporting entity (and its subsidiaries as applicable), in reference to payments received during the Payment Received Period that corresponds to the current reporting period:

6. The payment(s) helped to make the changes needed to operate during the pandemic (*e.g.*, by acquiring PPE, creating temporary facilities, providing for virtual visits, *etc.*).
   A response must be selected from the drop-down list as follows: 'Strongly Agree,' 'Agree,' 'Neutral,' 'Disagree,' or 'Strongly Disagree.' If the respondent selects 'Strongly Agree' or 'Agree' to this question an additional question will be required, as shown in *Figure 103 Conditional Question Survey Clinical Care Effects of Payment(s)*.
7. (Conditional) payment(s) helped facility operations and patient care by allowing our facility to (select all that apply):
   Responses should be selected from the following options: buy testing equipment, buy PPE, buy other equipment, buy supplies, enhance IT, enhance, or implement telemedicine services, improve facilities, increase testing capacity, other healthcare related expenses. Multiple selections may be made. The user should click on each response applicable under the 'Options' table and after each selection, use the right-facing arrow to move the response to the 'Selected' table. To remove a selected value, the user should click on the response in the 'Selected' table and use the left-facing arrow to move it back to the 'Options' table.

Figure 103 Conditional Question Survey Clinical Care Effects of Payment(s)

8. The payment(s) helped care for and/or treat patients with COVID-19 (for applicable treatment facilities).

A response must be selected from the menu: 'Strongly Agree,' 'Agree,' 'Neutral,' 'Disagree,' or 'Strongly Disagree.' The reporting entity should use the drop-down menus to select the best response.

The final data field of the survey is optional. HRSA strongly encourages reporting entities to provide narrative feedback on the impact of the payment(s) received during the Payment Received Period that corresponds to the current reporting period. HRSA is interested in receiving feedback regarding both positive impact of the payments, limitations of the payments, and other comments or concerns that relate to the applicable payment(s). The narrative response is limited to 1000 characters.

9. Please describe the impact payment(s) received during the Payment Received Period corresponding with the current reporting period as shown in *Table 1 Reporting Periods* had on business or patient services.

If a portal user has previously reported: The survey will not be pre-populated. Reporting entities must consider the effect on the payments reported on during each reporting period separately when considering responses to the survey questions. As payments received during each Payment Received Period may have had different benefits and uses, the survey will not be copied from the prior reporting period.

Users must click the blue 'Save & Next' button to proceed to *Step 19 - Review and Submit*. To return to a previous page, users should click the blue 'Previous' button. Portal users should exit the PRF Reporting Portal when they are not actively entering data and should do this by clicking the red 'Save & Exit' button. **Portal users should not exit the portal by closing the browser window or navigate away from the current page using the browser window as data entered on the current page will not be saved.**

4.20 STEP 19 – REVIEW AND SUBMIT

Step 19 - Review and Submit **is a summary of all data entered in the report. Portal users will only be able to reach this portal page if the data entry on all prior pages is complete.** The user representing the reporting entity in its submission of a final report to HRSA must carefully review this summary for accuracy before submitting the report to HRSA.

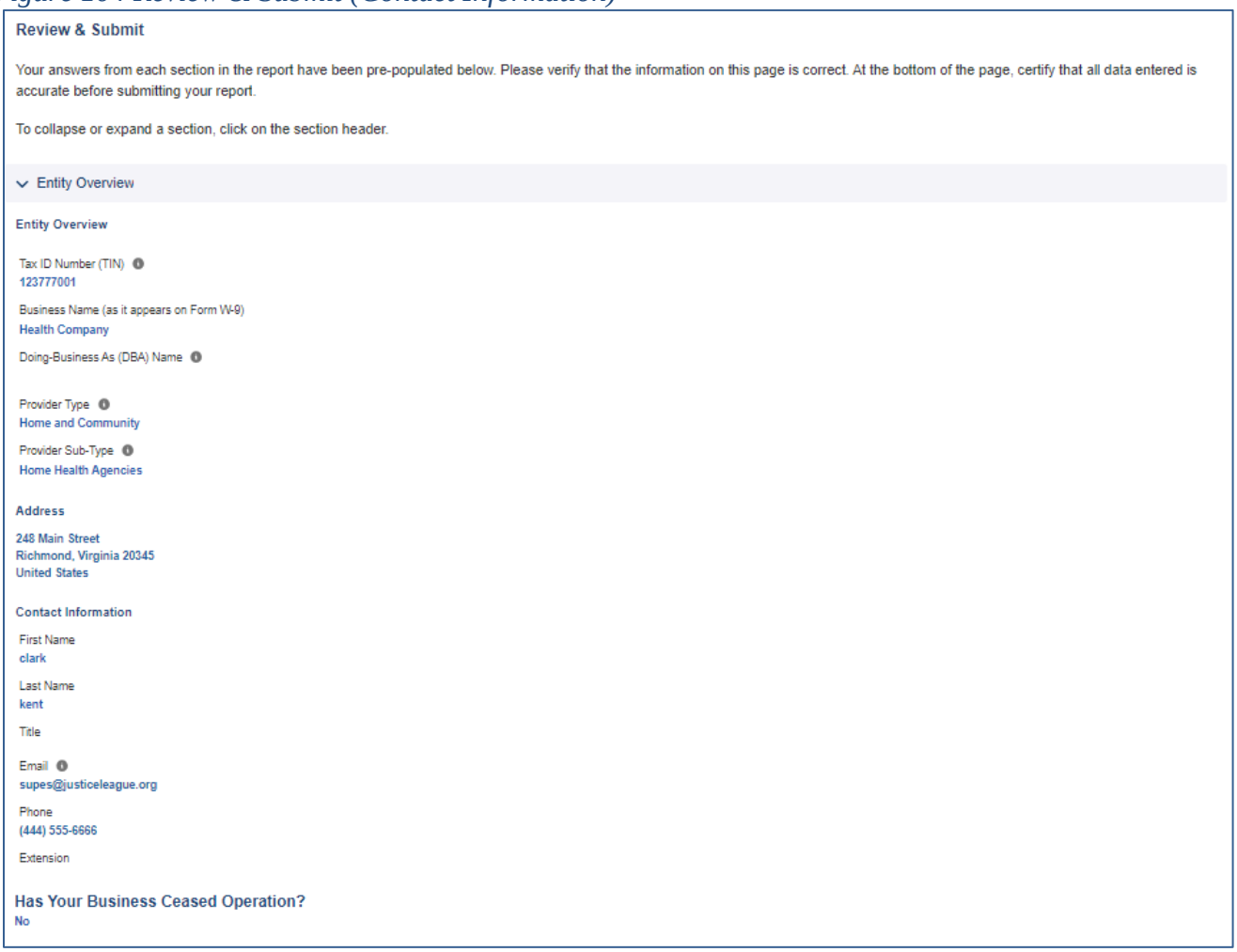
Headers in this section are collapsible. To collapse or expand a header, click the arrowhead ( ) before each section header. Data on this page cannot be edited, but if the portal user sees an error, they should navigate back to the appropriate page using the blue 'Previous' button. Portal users may choose to print the page as a record by using the print option on their web browser. Once the report is submitted, the reporting entity will no longer be able to edit the report.

If the report on the use of funds indicates that the reporting entity (or its subsidiaries as applicable) has unused PRF and/or ARP Rural payments for the Payment Received Period that corresponds with the Reporting Time Period, the user will be directed in red text to follow the instructions located on the PRF website to return unused PRF and/or ARP Rural payments. *(This statement only appears if the provider has unused PRF and/or ARP Rural payments.)*

The reporting entity is presented with the following questions for response as shown in *Figure 117 Review & Submit (Conclusion)*:

- Did you report on the use of your RHC COVID-19 Testing Program and/ or RHC COVID-19 Testing and Mitigation Program funds in the RHC portal? Select 'Yes' or 'No' from the drop-down list. *(This question only appears if the reporting entity (or its subsidiaries as applicable) received RHC COVID-19 Testing Program and/or RHC COVID-19 Testing and Mitigation Program payments.)*
- Do you certify that the above information is accurate to the best of your knowledge?
    - If 'No' is selected, the reporting entity will see the following message: 'Please click on the 'Previous' button at the bottom of the page to go back to correct the inaccurate data.'
    - If 'Yes' is selected, the reporting entity may click the blue 'Submit' button.

Figure 104 Review & Submit (Contact Information)


Review & Submit

Your answers from each section in the report have been pre-populated below. Please verify that the information on this page is correct. At the bottom of the page, certify that all data entered is accurate before submitting your report.

To collapse or expand a section, click on the section header.

Entity Overview

Entity Overview

Tax ID Number (TIN)
123777001

Business Name (as it appears on Form W-9)
Health Company

Doing-Business As (DBA) Name

Provider Type
Home and Community

Provider Sub-Type
Home Health Agencies

Address

248 Main Street
Richmond, Virginia 20345
United States

Contact Information

First Name
clark

Last Name
kent

Title

Email
supes@justiceleague.org

Phone
(444) 555-6666

Extension

Has Your Business Ceased Operation?
No

Figure 105 Review & Submit (Subsidiary & Payment Information)

Subsidiary Data

Acquired/Divested Subsidiaries

TIN OF ACQUIRED/DIVESTED/M... SUBSIDIARY	ACQUIRED, DIVESTED OR MERGED?	EFFECTIVE DATE OF THE ACQUISITION/DIVESTITU...	TIN OF DIVESTING/ACQUIRING ENTITY	PRF RECEIVED FOR TIN	PERCENTAGE OF OWNERSHIP	DID/DO YOU HOLD A CONTROLLING INTEREST?
123777020	Acquired	Oct 15, 2023	123456002	$50,000.00	30	No

Subsidiary Information

TIN OF SUBSIDIARY	I AM A PARENT REPORTING ON THIS TIN'S GENERAL DISTRIBUTION PAYMENT(S)?	ARP RURAL PAYMENT(S) ALLOCATED TO SUBSIDIARY ACCORDING TO ARP RURAL PAYMENT LETTER ?	ERROR MESSAGE
123777021	✓	Yes	

Payments to Recipient: January 1, 2023 - June 30, 2023

Were any Targeted Distribution payment(s) transferred to you from another entity?
No

Were any Targeted Distribution payment(s) you are currently reporting on transferred from you to another entity?
No

Total American Rescue Plan (ARP) Rural Payments: January 1, 2023 - June 30, 2023

TIN OF RECIPIENT	DISTRIBUTION*	AMOUNT DEPOSITED	AMOUNT RETURNED	AMOUNT RETAINED**	ALREADY REPORTED***	ATTESTATION DATE****
321126850	ARP	$50,000.00	$5,000.00	$45,000.00	N/A	Aug 20, 2022
Sub Totals		$50,000.00	$5,000.00	$45,000.00		

Nursing Home Infection Control Payments: January 1, 2023 - June 30, 2023
(Includes Quality Incentive Program payments)

TIN OF RECIPIENT	DISTRIBUTION*	AMOUNT DEPOSITED	AMOUNT RETURNED	AMOUNT RETAINED**	ALREADY REPORTED***	ATTESTATION DATE****
321126850	Infection Control	$510,000.00	$5,000.00	$505,000.00	N/A	Aug 20, 2022
Sub Totals		$510,000.00	$5,000.00	$505,000.00		

Total Other Provider Relief Fund Payments: January 1, 2023 - June 30, 2023

TIN OF RECIPIENT	DISTRIBUTION*	AMOUNT DEPOSITED	AMOUNT RETURNED	AMOUNT RETAINED**	ALREADY REPORTED***	ATTESTATION DATE****
321126850	Targeted Distribution	$50,000.00	$5,000.00	$45,000.00	N/A	Aug 20, 2022
321126850	Phase 4 General Distribution	$50,000.00		$50,000.00		Aug 20, 2022
Sub Totals		$100,000.00	$5,000.00	$95,000.00		

Figure 106 Review & Submit (Interest Earned on Payments, Tax Information, and Single Audit Information)

Interest Earned on Payments, Tax Information and Single Audit Information

Amount of interest earned on American Rescue Plan (ARP) Rural payments, if any:
$100.00

Amount of interest earned on Nursing Home Infection Control payments, if any:
$100.00

Amount of interest earned on Phase 4 General Distribution payments, if any:
$100.00

Amount of interest earned on Other PRF payments from payments, if any:
$100.00

Tax Information

Federal Tax Classification
Individual/Sole Proprietor or Single-Member LLC

Exempt Payee Code

Exempt from Foreign Account Tax Compliance Act (FATCA) Reporting Code

Fiscal Year End Date
August 31

Single Audit Information

Fiscal Year	Subjected to Audit (45 CFR 75 Subpart F)	Were PRF payments included in this audit?
2019	☐	☐
2020	☐	☐
2021	☐	☐
2022	☐	☐
2023	☐	☐
2024	☑	☑

Figure 107 Review & Submit (Payments Summary)

Payment Summary: January 1,2023 to June 30, 2023

Total American Rescue Plan (ARP) Rural Payments:	$50,000.00
Total Nursing Home Infection Control Payments:	$510,000.00
Total Other PRF Payments (Including Phase 4):	$100,000.00
Total Interest Earned on ARP Rural Payments:	$100.00
Total Interest Earned on Nursing Home Infection Control Payments:	$100.00
Total Interest Earned on Other PRF Payments:	$100.00
Total Interest Earned on Phase 4 General Distribution Payments:	$100.00
Gross Payments (including Interest Earned):	$660,400.00
Total Returned Payments:	$15,000.00
Total Reportable ARP Rural Payments:	$45,100.00
Total Reportable Nursing Home Infection Control Payments:	$505,100.00
Total Reportable Other PRF Payments (Including Phase 4):	$95,200.00
Total Reportable Payments:	$645,400.00

Figure 108 Review & Submit (Other Assistance Received)

Other Assistance Received

Other Assistance	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Q3 (2021)	Q4 (2021)	Q1 (2022)	Q2 (2022)	Q3 (2022)	Q4 (2022)	Q1 (2023)	Q2 (2023)	Q3 (2023)	Q4 (2023)	Q1 (2024)	Q2 (2024)	Total
RHC COVID-19 Testing Funds Received																			$0.00
RHC COVID-19 Testing and Mitigation Funds Received																			$0.00
Treasury, Small Business Administration (SBA) (e.g., CARES Act/Paycheck Protection Program (PPP))	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$90.00
FEMA Programs (Testing, Public Assistance, Supplies, etc.)	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$90.00
HHS Cares Act Testing (COVID-19)	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$90.00
Local, State, and Tribal Government Assistance	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$90.00
Business Insurance	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$90.00
Other Assistance	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$90.00
Total	**$30.00**	**$30.00**	**$30.00**	**$30.00**	**$30.00**	**$30.00**	**$30.00**	**$30.00**	**$30.00**	**$30.00**	**$30.00**	**$30.00**	**$30.00**	**$30.00**	**$30.00**	**$30.00**	**$30.00**	**$30.00**	**$540.00**

Figure 109 Review & Submit (Expenses)

American Rescue Plan (ARP) Rural Expenses for Payments Received During Payment Period January 1, 2023 to June 30, 2023

ARP Rural Expenses	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Q3 (2021)	Q4 (2021)	Q1 (2022)	Q2 (2022)	Q3 (2022)	Q4 (2022)	Q1 (2023)	Q2 (2023)	Q3 (2023)	Q4 (2023)	Q1 (2024)	Q2 (2024)	Total
General and Administrative (G&A) Expenses	**$1,000.00**	**$1,000.00**	**$1,000.00**	**$1,000.00**	**$1,000.00**	**$1,000.00**	**$1,000.00**	**$1,000.00**	**$1,000.00**	**$1,000.00**	**$1,000.00**	**$1,000.00**	**$1,000.00**	**$1,000.00**	**$1,000.00**	**$1,000.00**	**$1,000.00**	**$1,000.00**	**$18,000.00**
Mortgage/Rent	$500.00	$500.00	$500.00	$500.00	$500.00	$500.00	$500.00	$500.00	$500.00	$500.00	$500.00	$500.00	$500.00	$500.00	$500.00	$500.00	$500.00	$500.00	**$9,000.00**
Insurance	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
Personnel	$500.00	$500.00	$500.00	$500.00	$500.00	$500.00	$500.00	$500.00	$500.00	$500.00	$500.00	$500.00	$500.00	$500.00	$500.00	$500.00	$500.00	$500.00	**$9,000.00**
Fringe Benefits	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
Lease Payments	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
Utilities/Operations	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
Other G&A Expenses	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
Healthcare Related Expenses	**$500.00**	**$500.00**	**$500.00**	**$500.00**	**$500.00**	**$500.00**	**$500.00**	**$500.00**	**$500.00**	**$500.00**	**$500.00**	**$500.00**	**$500.00**	**$1,000.00**	**$1,000.00**	**$1,000.00**	**$1,000.00**	**$1,100.00**	**$11,600.00**
Supplies	$500.00	$500.00	$500.00	$500.00	$500.00	$500.00	$500.00	$500.00	$500.00	$500.00	$500.00	$500.00	$500.00	$500.00	$500.00	$500.00	$500.00	$500.00	**$9,000.00**
Equipment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
Information Technology (IT)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$500.00	$500.00	$500.00	$500.00	$600.00	**$2,600.00**
Facilities	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
Other Healthcare Expenses	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
Total ARP Rural Expenses	**$1,500.00**	**$1,500.00**	**$1,500.00**	**$1,500.00**	**$1,500.00**	**$1,500.00**	**$1,500.00**	**$1,500.00**	**$1,500.00**	**$1,500.00**	**$1,500.00**	**$1,500.00**	**$1,500.00**	**$2,000.00**	**$2,000.00**	**$2,000.00**	**$2,000.00**	**$2,100.00**	**$29,600.00**

Nursing Home Infection Control Expenses for Payments Received During Payment Period: January 1, 2023 to June 30, 2023

Infection Control Expenses	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Q3 (2021)	Q4 (2021)	Q1 (2022)	Q2 (2022)	Q3 (2022)	Q4 (2022)	Q1 (2023)	Q2 (2023)	Q3 (2023)	Q4 (2023)	Q1 (2024)	Q2 (2024)	Total
General and Administrative (G&A) Expenses	**$9,000.00**	**$9,000.00**	**$9,000.00**	**$7,000.00**	**$9,000.00**	**$7,000.00**	**$11,000.00**	**$7,000.00**	**$7,000.00**	**$9,000.00**	**$9,000.00**	**$9,000.00**	**$9,000.00**	**$7,000.00**	**$7,000.00**	**$11,000.00**	**$7,000.00**	**$7,000.00**	**$150,000.00**
Mortgage/Rent	$3,000.00	$3,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	**$22,000.00**
Insurance	$1,000.00	$1,000.00	$3,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$3,000.00	$1,000.00	$1,000.00	**$22,000.00**
Personnel	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$3,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	**$20,000.00**
Fringe Benefits	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$3,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	**$20,000.00**
Lease Payments	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$3,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	**$20,000.00**
Utilities/Operations	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$3,000.00	$1,000.00	$1,000.00	$3,000.00	$1,000.00	$1,000.00	$3,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	**$24,000.00**
Other G&A Expenses	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$3,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$3,000.00	$1,000.00	$1,000.00	**$22,000.00**
Healthcare Related Expenses	**$16,000.00**	**$14,000.00**	**$16,000.00**	**$14,000.00**	**$16,000.00**	**$14,000.00**	**$14,000.00**	**$14,000.00**	**$16,000.00**	**$14,000.00**	**$14,000.00**	**$16,000.00**	**$16,000.00**	**$14,000.00**	**$14,000.00**	**$14,000.00**	**$14,000.00**	**$14,000.00**	**$264,000.00**
Supplies	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$3,000.00	$3,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	**$22,000.00**
Equipment	$3,000.00	$1,000.00	$3,000.00	$1,000.00	$3,000.00	$1,000.00	$1,000.00	$1,000.00	$3,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	**$26,000.00**
Information Technology (IT)	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	**$18,000.00**
Facilities	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	**$18,000.00**
Other Healthcare Expenses	$10,000.00	$10,000.00	$10,000.00	$10,000.00	$10,000.00	$10,000.00	$10,000.00	$10,000.00	$10,000.00	$10,000.00	$10,000.00	$10,000.00	$10,000.00	$10,000.00	$10,000.00	$10,000.00	$10,000.00	$10,000.00	**$180,000.00**
Total Nursing Home Infection Control Expenses	**$25,000.00**	**$23,000.00**	**$25,000.00**	**$21,000.00**	**$25,000.00**	**$21,000.00**	**$25,000.00**	**$21,000.00**	**$23,000.00**	**$23,000.00**	**$23,000.00**	**$25,000.00**	**$25,000.00**	**$21,000.00**	**$21,000.00**	**$25,000.00**	**$21,000.00**	**$21,000.00**	**$414,000.00**

Other Provider Relief Fund (Including Phase 4) Expenses for Payments Received During Payment Period: January 1, 2023 to June 30, 2023

Other PRF Expenses	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Q3 (2021)	Q4 (2021)	Q1 (2022)	Q2 (2022)	Q3 (2022)	Q4 (2022)	Q1 (2023)	Q2 (2023)	Q3 (2023)	Q4 (2023)	Q1 (2024)	Q2 (2024)	Total
General and Administrative (G&A) Expenses	**$5,000.00**	**$5,000.00**	**$5,000.00**	**$5,000.00**	**$5,000.00**	**$5,000.00**	**$5,000.00**	**$5,000.00**	**$5,000.00**	**$5,000.00**	**$5,000.00**	**$5,000.00**	**$5,000.00**	**$5,000.00**	**$5,000.00**	**$5,000.00**	**$5,000.00**	**$5,000.00**	**$90,000.00**
Mortgage/Rent	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	**$18,000.00**
Insurance	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	**$18,000.00**
Personnel	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	**$18,000.00**
Fringe Benefits	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	**$18,000.00**
Lease Payments	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	$1,000.00	**$18,000.00**
Utilities/Operations	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
Other G&A Expenses	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
Healthcare Related Expenses	**$300.00**	**$300.00**	**$300.00**	**$300.00**	**$300.00**	**$300.00**	**$300.00**	**$300.00**	**$300.00**	**$300.00**	**$300.00**	**$300.00**	**$300.00**	**$300.00**	**$300.00**	**$300.00**	**$200.00**	**$200.00**	**$5,200.00**
Supplies	$100.00	$100.00	$100.00	$100.00	$100.00	$100.00	$100.00	$100.00	$100.00	$100.00	$100.00	$100.00	$100.00	$100.00	$100.00	$100.00	$100.00	$100.00	**$1,800.00**
Equipment	$100.00	$100.00	$100.00	$100.00	$100.00	$100.00	$100.00	$100.00	$100.00	$100.00	$100.00	$100.00	$100.00	$100.00	$100.00	$100.00	$100.00	$100.00	**$1,800.00**
Information Technology (IT)	$100.00	$100.00	$100.00	$100.00	$100.00	$100.00	$100.00	$100.00	$100.00	$100.00	$100.00	$100.00	$100.00	$100.00	$100.00	$100.00	$0.00	$0.00	**$1,600.00**
Facilities	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
Other Healthcare Expenses	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
Total Other PRF Expenses	**$5,300.00**	**$5,300.00**	**$5,300.00**	**$5,300.00**	**$5,300.00**	**$5,300.00**	**$5,300.00**	**$5,300.00**	**$5,300.00**	**$5,300.00**	**$5,300.00**	**$5,300.00**	**$5,300.00**	**$5,300.00**	**$5,300.00**	**$5,300.00**	**$5,200.00**	**$5,200.00**	**$95,200.00**

Figure 110 Review & Submit (Unreimbursed Expenses Attributable to Coronavirus)

Unreimbursed Expenses Attributable to Coronavirus

Unreimbursed Expenses	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Q3 (2021)	Q4 (2021)	Q1 (2022)	Q2 (2022)	Q3 (2022)	Q4 (2022)	Q1 (2023)	Q2 (2023)	Q3 (2023)	Q4 (2023)	Q1 (2024)	Q2 (2024)	Total
General and Administrative (G&A) Expenses	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
Healthcare Related Expenses	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
Total Unreimbursed Expenses Attributable to Coronavirus	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**

Figure 111 Review & Submit (Lost Revenues)

Lost Revenues

Lost Revenues Reporting Method: 2019 Actual Revenue

Total Revenue/Net Charges from Patient Care (2019 Actuals)

	Q1 (2019)	Q2 (2019)	Q3 (2019)	Q4 (2019)	Total (2019)
Medicare A+B	$10,000.00	$10,000.00	$10,000.00	$10,000.00	$40,000.00
Medicare C	$10,000.00	$10,000.00	$10,000.00	$10,000.00	$40,000.00
Medicaid/Children's Health Insurance Program (CHIP)	$10,000.00	$10,000.00	$10,000.00	$10,000.00	$40,000.00
Commercial Insurance	$10,000.00	$10,000.00	$10,000.00	$10,000.00	$40,000.00
Self-Pay (No Insurance)	$10,000.00	$10,000.00	$10,000.00	$10,000.00	$40,000.00
Other	$10,000.00	$10,000.00	$10,000.00	$10,000.00	$40,000.00
Total Revenue/Net Charges from Patient Care	**$60,000.00**	**$60,000.00**	**$60,000.00**	**$60,000.00**	**$240,000.00**

Total Revenue/Net Charges from Patient Care (2020 Actuals)

	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Total (2020)
Medicare A+B	$10,000.00	$10,000.00	$10,000.00	$10,000.00	$40,000.00
Medicare C	$10,000.00	$10,000.00	$10,000.00	$10,000.00	$40,000.00
Medicaid/Children's Health Insurance Program (CHIP)	$10,000.00	$10,000.00	$10,000.00	$10,000.00	$40,000.00
Commercial Insurance	$10,000.00	$10,000.00	$10,000.00	$10,000.00	$40,000.00
Self-Pay (No Insurance)	$10,000.00	$10,000.00	$10,000.00	$10,000.00	$40,000.00
Other	$10,000.00	$10,000.00	$10,000.00	$10,000.00	$40,000.00
Total Revenue/Net Charges from Patient Care	**$60,000.00**	**$60,000.00**	**$60,000.00**	**$60,000.00**	**$240,000.00**

Total Revenue/Net Charges from Patient Care (2021 Actuals)

	Q1 (2021)	Q2 (2021)	Q3 (2021)	Q4 (2021)	Total (2021)
Medicare A+B	$100.00	$100.00	$100.00	$100.00	$400.00
Medicare C	$100.00	$100.00	$100.00	$100.00	$400.00
Medicaid/Children's Health Insurance Program (CHIP)	$100.00	$100.00	$100.00	$100.00	$400.00
Commercial Insurance	$100.00	$100.00	$100.00	$100.00	$400.00
Self-Pay (No Insurance)	$100.00	$100.00	$100.00	$100.00	$400.00
Other	$100.00	$100,100.00	$100.00	$100.00	$100,400.00
Total Revenue/Net Charges from Patient Care	**$600.00**	**$100,600.00**	**$600.00**	**$600.00**	**$102,400.00**

Total Revenue/Net Charges from Patient Care (2022 Actuals)

	Q1 (2022)	Q2 (2022)	Q3 (2022)	Q4 (2022)	Total (2022)
Medicare A+B	$100.00	$100.00	$100.00	$100.00	$400.00
Medicare C	$100.00	$100.00	$100.00	$100.00	$400.00
Medicaid/Children's Health Insurance Program (CHIP)	$100.00	$100.00	$100.00	$100.00	$400.00
Commercial Insurance	$100.00	$100.00	$100.00	$100.00	$400.00
Self-Pay (No Insurance)	$100.00	$100.00	$100.00	$100.00	$400.00
Other	$100.00	$100.00	$100.00	$100.00	$400.00
Total Revenue/Net Charges from Patient Care	**$600.00**	**$600.00**	**$600.00**	**$600.00**	**$2,400.00**

Total Revenue/Net Charges from Patient Care (2023 Actuals)

	Q1 (2023)	Q2 (2023)	Total (2023)
Medicare A+B	$100.00	$100.00	$200.00
Medicare C	$100.00	$100.00	$200.00
Medicaid/Children's Health Insurance Program (CHIP)	$100.00	$100.00	$200.00
Commercial Insurance	$100.00	$100.00	$200.00
Self-Pay (No Insurance)	$100.00	$100.00	$200.00
Other	$100.00	$100.00	$200.00
Total Revenue/Net Charges from Patient Care	**$600.00**	**$600.00**	**$1,200.00**

If the entity received an ARP Rural payment, and all ARP Rural funds were expended with ARP Rural expenses and/or Lost Revenues, 'Total Lost Revenues Available to be Used Through June 30, 2023' will be provided as shown in *Figure 112 Review & Submit (Lost Revenue Summary-All ARP Rural Funds Expended/Lost Revenues Available to be Used)*.

Figure 112 Review & Submit (Lost Revenue Summary-All ARP Rural Funds Expended/Lost Revenues Available to be Used)

Lost Revenues Summary: Period of Availability

	2020	2021	2022	2023
Lost Revenues by Quarter Based on Change in Patient Care Revenues	Q1: $0.00 Q2: $0.00 Q3: $0.00 Q4: $0.00 Total: $0.00	Q1: $59,400.00 Q2: $0.00 Q3: $59,400.00 Q4: $59,400.00 Total: $178,200.00	Q1: $59,400.00 Q2: $59,400.00 Q3: $59,400.00 Q4: $59,400.00 Total: $237,600.00	Q1: $59,400.00 Q2: $59,400.00 Total: $118,800.00

Cumulative Lost Revenues Total : $534,600.00
Total Payments Used for Lost Revenues in the Previous Reporting Period(s) : $0.00
Total Lost Revenues Available to be Used Through June 30, 2023 : $534,600.00

If the entity received an ARP Rural payment, and all ARP Rural funds were not expended with ARP Rural expenses and/or Lost Revenues, 'Total Returnable to HRSA Due to a Change in Reported Lost Revenues' will be provided as shown in *Figure 113 Review & Submit (Lost Revenue Summary-Not All ARP Rural Funds Expended/Provider Owes Money to HRSA)*.

Figure 113 Review & Submit (Lost Revenue Summary-Not All ARP Rural Funds Expended/Provider Owes Money to HRSA)

Lost Revenues Summary: Period of Availability

	2020	2021	2022	2023
Lost Revenues by Quarter Based on Change in Patient Care Revenues	Q1: $30,000.00 Q2: $30,000.00 Q3: $30,000.00 Q4: $30,000.00 Total: $120,000.00	Q1: $25,200.00 Q2: $25,200.00 Q3: $25,200.00 Q4: $25,200.00 Total: $100,800.00	Q1: $24,000.00 Q2: $24,000.00 Q3: $24,000.00 Q4: $24,000.00 Total: $96,000.00	Q1: $28,200.00 Q2: $28,200.00 Total: $56,400.00

Cumulative Lost Revenues Total : $373,200.00
Total Payments Used for Lost Revenues in Previous Reporting Period(s): $400,000.00
Total Returnable to HRSA Due to a Change in Reported Lost Revenues : $26,800.00

Figure 114 Review & Submit (Financial Summary)

Financial Summary for Payments Received During Payment Period: January 1, 2023 - June 30, 2023

ARP Rural Summary

	Amount
Total Reportable ARP Rural Payments in this Reporting Period	$45,100.00
Total Reportable ARP Rural Expenses Used in this Reporting Period	$29,600.00
Total Remaining Unused ARP Rural Payments	$15,500.00

Nursing Home Infection Control Summary

	Amount
Total Reportable Nursing Home Infection Control Payments in this Reporting Period	$505,100.00
Total Reportable Nursing Home Infection Control Expenses Used in this Reporting Period	$414,000.00
Total Remaining Unused Nursing Home Infection Control Funds Due Within 30 days to HRSA	$91,100.00

Other PRF (Including Phase 4) Summary

	Amount
Total Reportable Other PRF Payments (Including Phase 4) in this Reporting Period	$95,200.00
Total Reportable Other PRF Expenses (Including Phase 4) Used in this Reporting Period	$95,200.00
Total Remaining Unused Other PRF Payments (Including Phase 4)	$0.00

Lost Revenues Summary

	Amount
Total Lost Revenues for the Period of Availability (January 1, 2020 to June 30, 2023)	$534,600.00
Total Payments Used for Lost Revenues in the Previous Reporting Period(s)	$0.00
Total Lost Revenues Available to be Used Through June 30, 2023	$534,600.00
Total ARP Rural Payments Used for Lost Revenues Through June 30, 2023	$15,500.00
Total Other PRF Payments (Including Phase 4) Used for Lost Revenues Through June 30, 2023	$0.00
Total Payments Used for Lost Revenues Through June 30, 2023	$15,500.00
Total Unused Lost Revenues	$519,100.00
Total ARP Rural Payments Not Applied to Expenses or Lost Revenues	$0.00
Total Other PRF Payments (Including Phase 4) Not Applied to Expenses or Lost Revenues	$0.00

Report Reconciliation

	Amount
Unused ARP Rural Payments in this Reporting Period	$0.00
Unused Nursing Home Infection Control Funds in this Reporting Period	$91,100.00
Unused Other PRF Payments (Including Phase 4) in this Reporting Period	$0.00
Total Unused Amount Due Within 30 Days to HRSA	$91,100.00
Total Unused Lost Revenues	$519,100.00

If the entity received an ARP Rural payment, and all ARP Rural funds were not expended with ARP Rural expenses and/or Lost Revenues, the entity would be unable to report on NHIC and/or Other PRF (Including Phase 4) expenses. Upon access to the Financial Summary, the 'Total Returnable to HRSA Due to a Change in Reported Lost Revenues' will be provided in the Lost Revenues Summary as shown in *Figure 115 Review & Submit (Financial Summary-Lost Revenues Not Available)*.

Figure 115 Review & Submit (Financial Summary-Lost Revenues Not Available)

Financial Summary for Payments Received During Payment Period: January 1, 2023 - June 30, 2023

ARP Rural Summary

	Amount
Total Reportable ARP Rural Payments in this Reporting Period	$45,100.00
Total Reportable ARP Rural Expenses Used in this Reporting Period	$42,000.00
Total Remaining Unused ARP Rural Payments	$3,100.00

Nursing Home Infection Control Summary

	Amount
Total Reportable Nursing Home Infection Control Payments in this Reporting Period	$505,100.00
Total Reportable Nursing Home Infection Control Expenses Used in this Reporting Period	$0.00
Total Remaining Unused Nursing Home Infection Control Funds Due Within 30 days to HRSA	$505,100.00

Other PRF (Including Phase 4) Summary

	Amount
Total Reportable Other PRF Payments (Including Phase 4) in this Reporting Period	$95,200.00
Total Reportable Other PRF Expenses (Including Phase 4) Used in this Reporting Period	$00.00
Total Remaining Unused Other PRF Payments (Including Phase 4)	$95,200.00

Lost Revenues Summary

	Amount
Total Lost Revenues for the Period of Availability (January 1, 2020 to June 30, 2023)	$1,400,000.00
Total Payments Used for Lost Revenues in the Previous Reporting Period(s)	$2,800,000.00
Total Returnable to HRSA Due to a Change in Reported Lost Revenues	$1,400,000.00
Total ARP Rural Payments Used for Lost Revenues Through June 30, 2023	($1,400,000.00)
Total Other PRF Payments (Including Phase 4) Used for Lost Revenues Through June 30, 2023	$0.00
Total Payments Used for Lost Revenues Through June 30, 2023	($1,400,000.00)
Total Unused Lost Revenues	$0.00
Total ARP Rural Payments Not Applied to Expenses or Lost Revenues	$3,100.00
Total Other PRF Payments (Including Phase 4) Not Applied to Expenses or Lost Revenues	$95,200.00

Report Reconciliation

	Amount
Unused ARP Rural Payments in this Reporting Period	$3,100.00
Unused Nursing Home Infection Control Funds in this Reporting Period	$505,100.00
Unused Other PRF Payments (Including Phase 4) in this Reporting Period	$95,200.00
Total Unused Amount Due Within 30 Days to HRSA	$603,400.00
Total Unused Lost Revenues	$0.00

Figure 116 Review & Submit (Personnel, Patient & Facility Metrics)

Personnel, Patient, and Facility Metrics

Personnel Metrics

Justification for 0's in all fields:

Full Time	Q1 (2019)	Q2 (2019)	Q3 (2019)	Q4 (2019)	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Q3 (2021)	Q4 (2021)	Q1 (2022)	Q2 (2022)	Q3 (2022)	Q4 (2022)	Q1 (2023)	Q2 (2023)	Q3 (2023)	Q4 (2023)	Q1 (2024)	Q2 (2024)	Total
Clinical	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	110
Non-clinical	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	110
Total Number of Full Time Personnel	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**220**

Part Time	Q1 (2019)	Q2 (2019)	Q3 (2019)	Q4 (2019)	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Q3 (2021)	Q4 (2021)	Q1 (2022)	Q2 (2022)	Q3 (2022)	Q4 (2022)	Q1 (2023)	Q2 (2023)	Q3 (2023)	Q4 (2023)	Q1 (2024)	Q2 (2024)	Total
Clinical	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	110
Non-clinical	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	110
Total Number of Part Time Personnel	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**220**

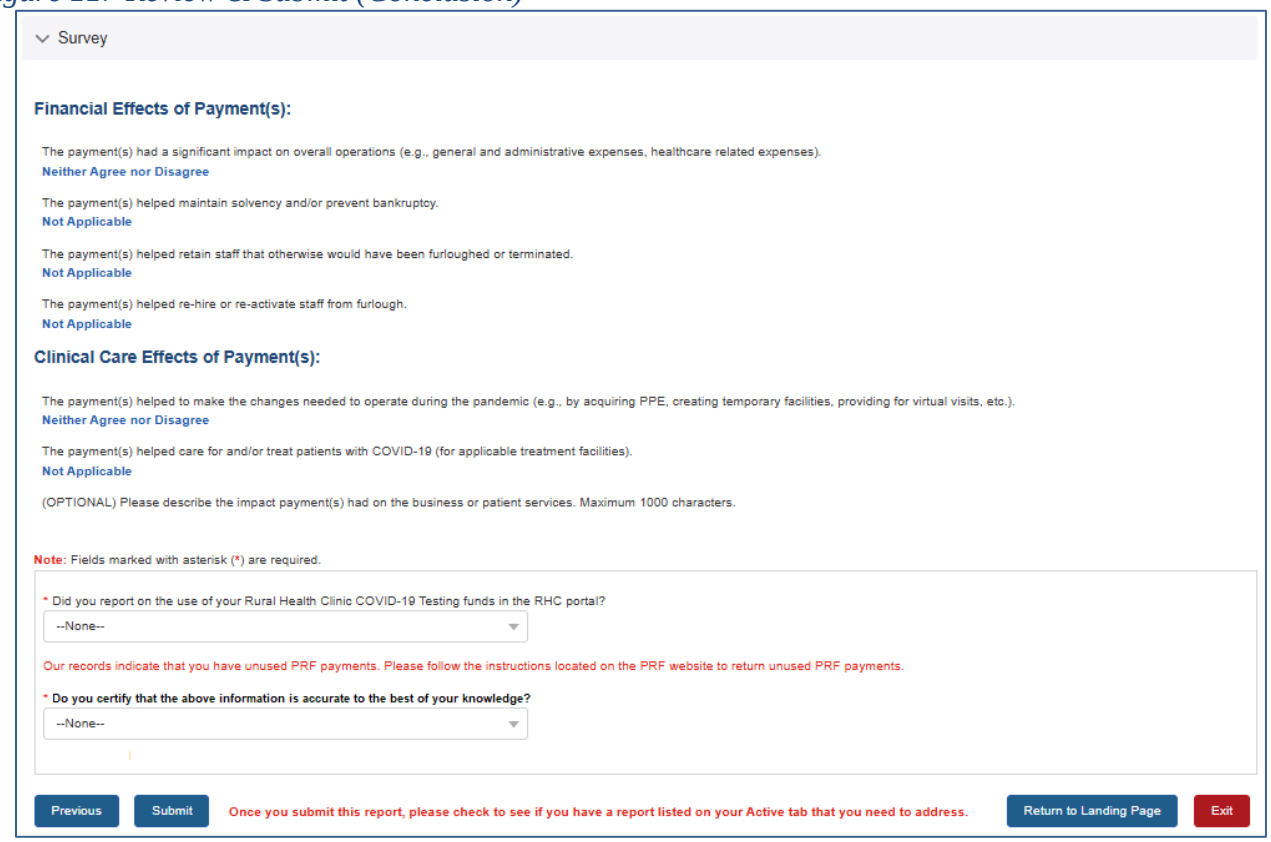
Contractor	Q1 (2019)	Q2 (2019)	Q3 (2019)	Q4 (2019)	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Q3 (2021)	Q4 (2021)	Q1 (2022)	Q2 (2022)	Q3 (2022)	Q4 (2022)	Q1 (2023)	Q2 (2023)	Q3 (2023)	Q4 (2023)	Q1 (2024)	Q2 (2024)	Total
Clinical	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	44
Non-clinical	2	2	2	2	2	2	2	2	2	2	2	2	23	2	2	2	2	2	2	2	2	2	65
Total Number of Contractors	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**25**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**109**

Furloughed	Q1 (2019)	Q2 (2019)	Q3 (2019)	Q4 (2019)	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Q3 (2021)	Q4 (2021)	Q1 (2022)	Q2 (2022)	Q3 (2022)	Q4 (2022)	Q1 (2023)	Q2 (2023)	Q3 (2023)	Q4 (2023)	Q1 (2024)	Q2 (2024)	Total
Clinical	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	22
Non-clinical	1	12	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	33
Total Number of Furloughed Personnel	**2**	**13**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**55**

Separated	Q1 (2019)	Q2 (2019)	Q3 (2019)	Q4 (2019)	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Q3 (2021)	Q4 (2021)	Q1 (2022)	Q2 (2022)	Q3 (2022)	Q4 (2022)	Q1 (2023)	Q2 (2023)	Q3 (2023)	Q4 (2023)	Q1 (2024)	Q2 (2024)	Total
Clinical	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	22
Non-clinical	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	22
Total Number of Separated Personnel	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**44**

Hired	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Total

Figure 117 Review & Submit (Conclusion)

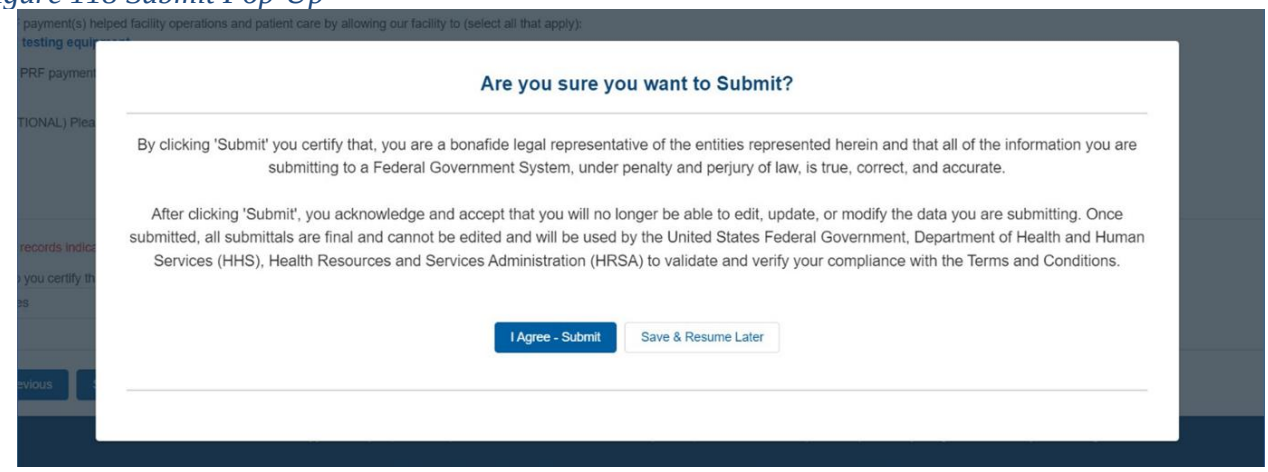


If the data is correct, and the user clicks the blue 'Submit' button, a pop-up message will appear as shown in *Figure 118 Submit Pop-Up* confirming the intent to submit. If the user would like to submit the report at this time, they must select 'I Agree – Submit.' If the user does not want to submit at this time, they can select 'Save & Resume Later.' All data will be saved, and the user will be taken back to *Step 19 – Review and Submit*.

If the report is not ready for submission, you can either click:

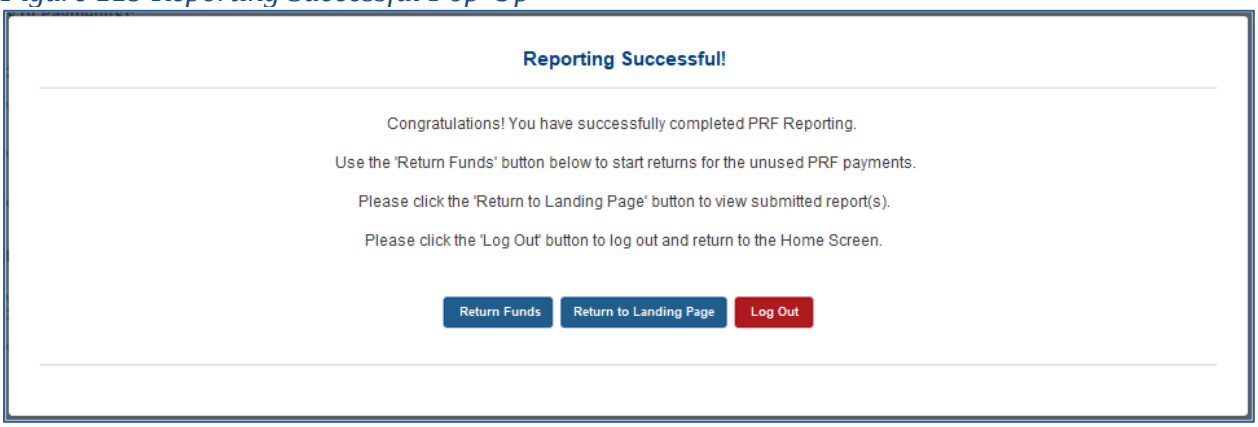
- 'Previous' to make any corrections or re-review the data entered.
- 'Return to Landing Page' to remain logged in and return to the PRF Reporting Portal Landing Page.
- 'Exit' to be logged out of the PRF Reporting Portal.

Figure 118 Submit Pop-Up



Once the 'Submit' button is clicked, a pop-up will appear confirming the submission was made as shown in *Figure 119 Reporting Successful Pop-Up*. If the reporting entity received additional PRF and/or ARP Rural payments in other Payment Received Periods, additional information will be provided in the pop-up message. Reporting entities with unused funds from the current reporting period will see a blue 'Return Funds' button next to the red 'Log Out' button and may click on the link to begin the return of unused funds.

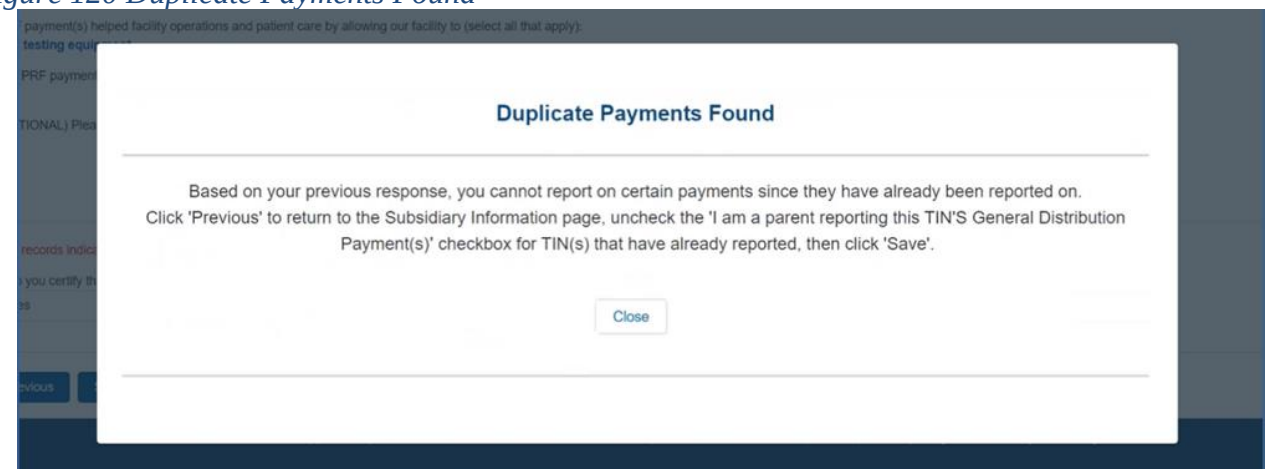
Figure 119 Reporting Successful Pop-Up



There may be a delay in processing the return, especially if repaying by paper check. If you have additional questions, please call the Provider Support Line at (866) 569-3522 (for TTY, dial 711).

Duplicate Payments Found: If, upon submission, the system determines that any of the payments you have reported on have also been reported on by another entity, you will receive an error as seen in *Figure 120 Duplicate Payments Found.* You will need to return to the *Step 4 - Subsidiary Information* page to correct the error prior to submitting your report.

Figure 120 Duplicate Payments Found



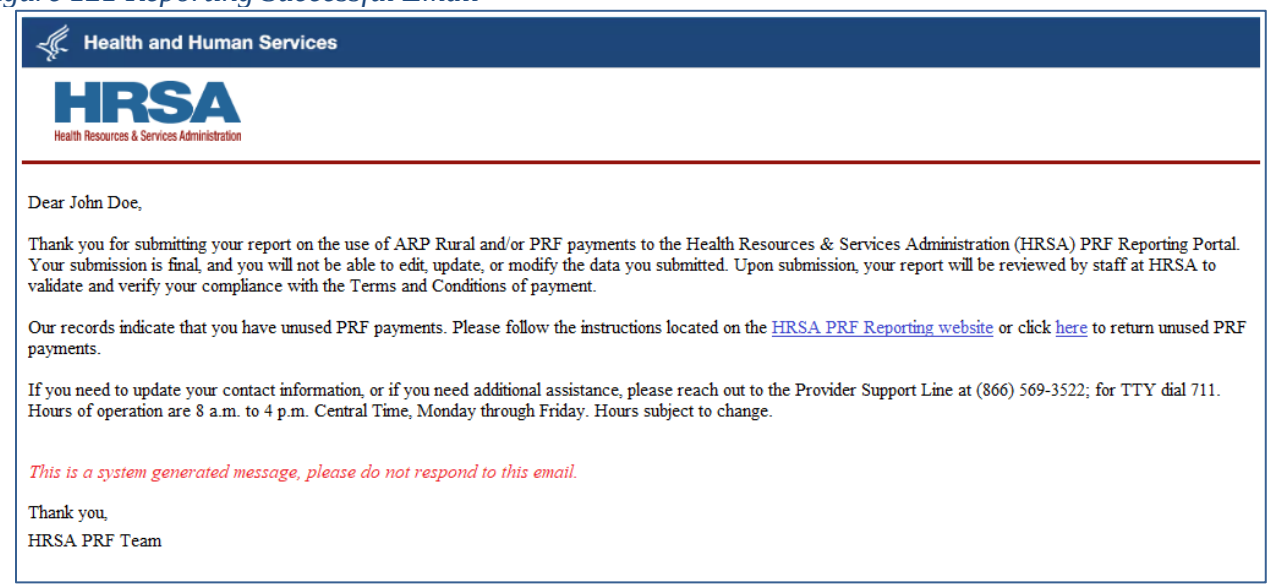
Regarding a Filed Bankruptcy Petition: If the reporting entity has filed a bankruptcy petition or are involved in a bankruptcy proceeding, federal financial obligations will be resolved in accordance with the applicable bankruptcy process, the Bankruptcy Code, and applicable non-bankruptcy federal law. Accordingly, we request that you immediately notify HRSA about your bankruptcy petition or involvement in a bankruptcy proceeding so that we may take the appropriate steps. When notifying HRSA about a bankruptcy, please include the name that the bankruptcy is filed under, the docket number, and the district where the bankruptcy is filed. You may submit this information to PRFbankruptcy@hrsa.gov.

Where can I find more information?
Please visit hrsa.gov/provider-relief for the Terms and Conditions and Frequently Asked Questions (FAQs). For additional information, please call the Provider Support Line at (866) 569-3522; for TTY dial 711. Hours of operation are 8 a.m. to 4 p.m. CST (9 a.m. to 5 p.m. EST), Monday through Friday. Hours of operation are subject to change.

Reminder: Reporting must be completed and submitted to HRSA by 11:59 PM Eastern Time on the last date of the Reporting Time Period. Only electronic submissions through the PRF Reporting Portal are permitted.

Upon submission of the report, the reporting entity will receive a confirmation email from 'PRFReporting-NoReply@hrsa.gov.' If the reporting entity has received additional PRF and/or ARP Rural payments in other Payment Received Periods, has indicated that they have not reported on the use of RHC COVID-19 Testing Program and/or RHC COVID-19 Testing and Mitigation Program funds, or has unused PRF and/or ARP Rural payments from the Payment Received Period corresponding to the current reporting period, additional information will be provided in the email as shown in *Figure 121 Reporting Successful Email*.

Figure 121 Reporting Successful Email



Health and Human Services

HRSA
Health Resources & Services Administration

Dear John Doe,

Thank you for submitting your report on the use of ARP Rural and/or PRF payments to the Health Resources & Services Administration (HRSA) PRF Reporting Portal. Your submission is final, and you will not be able to edit, update, or modify the data you submitted. Upon submission, your report will be reviewed by staff at HRSA to validate and verify your compliance with the Terms and Conditions of payment.

Our records indicate that you have unused PRF payments. Please follow the instructions located on the HRSA PRF Reporting website or click here to return unused PRF payments.

If you need to update your contact information, or if you need additional assistance, please reach out to the Provider Support Line at (866) 569-3522; for TTY dial 711. Hours of operation are 8 a.m. to 4 p.m. Central Time, Monday through Friday. Hours subject to change.

This is a system generated message, please do not respond to this email.

Thank you,
HRSA PRF Team

4.21 LOCKED PAGE

If a user logs into the Reporting Portal after they have successfully submitted their report, and selects the submitted report from the inactive tab, they will see a page as shown in *Figure 122 Locked Page. This page cannot be edited*.

Figure 122 Locked Page

Reporting

Export Report to pdf

Your report was submitted for Reporting Period 7 on: 7/15/2024, 10:57 AM CDT

Click on a section header to collapse/expand it.

Entity Overview

Entity Overview

Parent_TIN
321126850
Business Name (as it appears on Form W-9)
321126850test
Doing-Business As (DBA) Name

Provider Type
Home and Community
Provider Sub-Type
Home Health Agencies

Portal users may save and print a copy of the locked report by clicking the “Export Report to pdf” button and following the print instructions in the new browser window. Inactive Reports may be accessed on the portal Landing Page upon log into the portal. If a user logs into the Reporting Portal to complete reporting, but it is outside their designated reporting period, they will see their submitted report and a prompt to contact the Provider Support Line at (866) 569-3522; for TTY dial 711.

Hours of operation are 8 a.m. to 4 p.m. CST (9 a.m. to 5 p.m. EST), Monday through Friday. Hours of operation are subject to change.