



Reporting Period 3 Provider Webcast Returning Reporting Entities

July 13, 2022

Provider Relief Bureau

Vision: Healthy Communities, Healthy People



Speakers

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Agenda

- Provider Relief Fund (PRF) Background
- Reporting Requirements
- PRF Reporting Portal Walkthrough
- Reporting Resources



Provider Relief Programs

Provider Relief Fund and ARP Rural payments may be used to reimburse recipients for health care related expenses to **prevent, prepare for, and respond to coronavirus** or lost revenues attributable to COVID-19.

The Coronavirus Aid, Relief and Economic Security Act (CARES)

- Appropriated **\$100B** for a Public Health and Social Services Emergency Fund
- The funds are to **remain until expended**
- Signed into law March 27, 2020

Coronavirus Response and Relief Supplemental Appropriations Act (CRRSA)

- Allocated an **additional \$3B**
- Signed into law December 27, 2020

Paycheck Protection Program and Health Care Enhancement Act (PPHCEA)

- Allocated an **additional \$75B**
- Signed into law April 4, 2020

America Rescue Plan Act (ARP)

- Provided **\$8.5B** for rural providers
- Signed into law March 11, 2021
- ARP funding **is not** part of the PRF, but payments are administered via the Provider Relief Bureau



Reporting Requirements

- PRF recipients attest to Terms and Conditions, which require compliance with reporting requirements.
- Reporting requirements are statutorily required for PRF payments.
- PRF Recipients who received **one or more payments exceeding \$10,000** in the aggregate during a Payment Received Period are required to report in each applicable Reporting Time Period.
- Recipients of PRF General and Targeted Distributions (including the Nursing Home Infection Control Distribution) **are required** to report use of funds.
- The reporting time periods apply to all past and future PRF payments and recipients not in compliance may be subject to repayment and/or debt collection.

These reporting requirements do not apply to 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.



Period of Availability

Reporting Period	Payment Received Period (Payments Exceeding \$10,000 in Aggregate Received)	Period of Availability	Reporting Time Period
Period 1	April 10, 2020 to June 30, 2020	January 1, 2020 to June 30, 2021	July 1, 2021 to September 30, 2021 *
Period 2	July 1, 2020 to December 31, 2020	January 1, 2020 to December 31, 2021	January 1, 2022 to March 31, 2022
Period 3	January 1, 2021 to June 30, 2021	January 1, 2020 to June 30, 2022	July 1, 2022 to September 30, 2022
Period 4	July 1, 2021 to December 31, 2021	January 1, 2020 to December 31, 2022	January 1, 2023 to March 31, 2023

* Grace Period ended November 30, 2021



Use of Nursing Home Infection Control Payments

- Type of Targeted Distribution payment formally known as the Skilled Nursing Facility and Nursing Home Infection Control Distribution
- Included an incentive payment structure called the Quality Incentive Payment (QIP) Program.
- **May only** be used to reimburse infection control expenses.
- This particular Targeted Distribution **may not** be used to reimburse lost revenues.
- Examples of allowable expenses include:
 - Costs of reporting COVID-19 test results to local, state, or federal governments
 - Hiring staff to provide patient care or administrative support
 - Expenses incurred to improve infection control
 - Providing additional services to residents, such as technology that permits residents to connect with their families if the families are not able to visit in person



Use of Other PRF Payments

- The reporting portal will refer to General and Other Targeted Distribution payments with the exception of the Nursing Home Infection Control payments as “Other PRF Payments.”
- Terms and Conditions state that recipients may use PRF payments for eligible health care-related expenses and lost revenues **to prevent, prepare for, and respond to coronavirus.**
- When reporting, you must:
 - follow your basis of accounting, such as cash, accrual, or another method to determine expenses;
 - maintain adequate documentation to substantiate the use of PRF payments; and
 - ensure that PRF expenses and lost revenues have not already been reimbursed **and** are not obligated to be reimbursed by other sources.



PRF Reporting Portal Overview

Log in and Landing Page

- Report by logging in with the information used to create the PRF Portal account during Registration.
- Landing Page



Provider Relief Fund (PRF) Reporting Portal is only compatible with the most current stable version of Edge, Chrome and Mozilla Firefox.

Health and Human Services

HRSA
Health Resources & Services Administration

[Resources & FAQs](#)

Reporting

Welcome back to the PRF Reporting Portal. Your reports are listed below. Reports that are 'In Progress' within the current reporting period can be viewed by clicking the report name.

Please refer to Resources & FAQs section for the Post-Payment Notice of Reporting Requirements.

[Active Reports](#) [Inactive Reports](#)

Report Name	Close Date:	Status	Reporting Period	Payments Received	Funds Available Until
Report-2		In Progress - Due in 85 Days	December 30 to March 31, 2022	July 1 to December 31, 2020	December 31, 2021

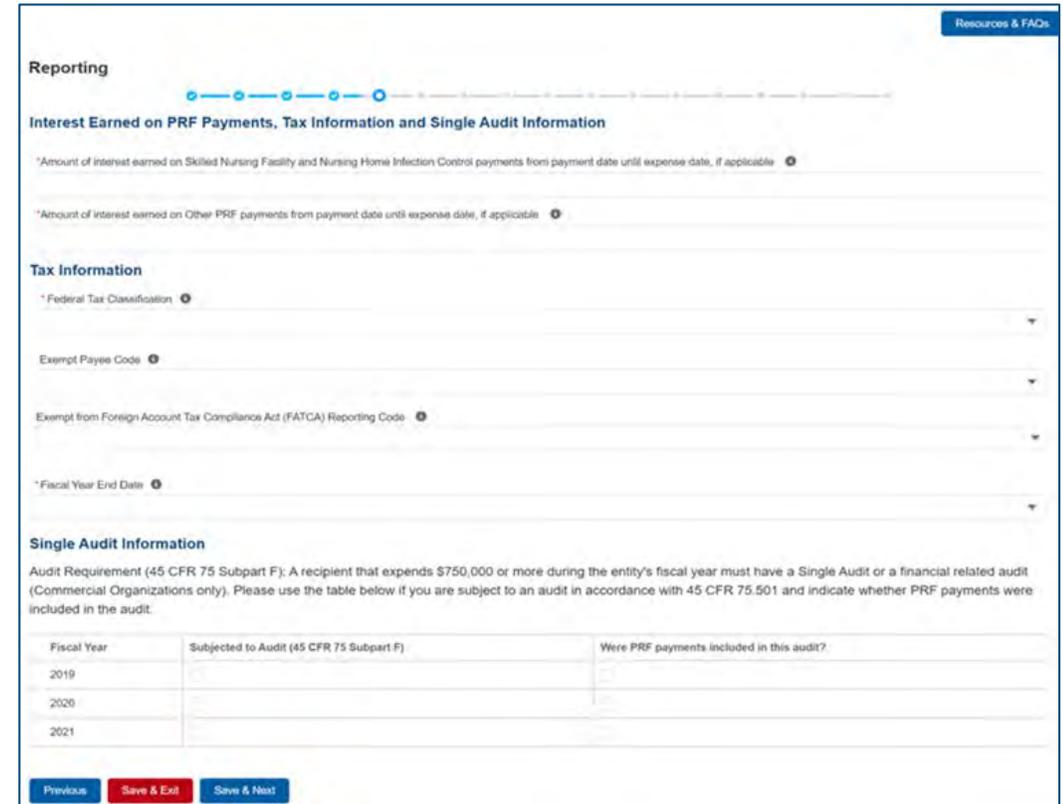
[Save & Exit](#)



Review of Portal Basics

On each PRF Portal web page, you will see:

- Resources and FAQs Button
- Journey bar
- Required fields to complete
- Tool tips
- Use of “Previous” “Save and Next” or “Save and Exit” buttons to navigate portal
- Provider Support Line contact Information
- Language and Government Resources



The screenshot displays a web form titled "Reporting" with a progress bar at the top. The form is divided into three main sections: "Reporting", "Tax Information", and "Single Audit Information".

Reporting Section:

- Section title: **Interest Earned on PRF Payments, Tax Information and Single Audit Information**
- Field 1: *Amount of interest earned on Skilled Nursing Facility and Nursing Home Infection Control payments from payment date until expense date, if applicable. (Required field)
- Field 2: *Amount of interest earned on Other PRF payments from payment date until expense date, if applicable. (Required field)

Tax Information Section:

- Field 1: *Federal Tax Classification. (Required field)
- Field 2: Exempt Payee Code. (Required field)
- Field 3: Exempt from Foreign Account Tax Compliance Act (FATCA) Reporting Code. (Required field)
- Field 4: *Fiscal Year End Date. (Required field)

Single Audit Information Section:

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	<input type="checkbox"/>	<input type="checkbox"/>
2020	<input type="checkbox"/>	<input type="checkbox"/>
2021	<input type="checkbox"/>	<input type="checkbox"/>

At the bottom of the form, there are three buttons: "Previous", "Save & Exit", and "Save & Next".



Entity Overview

- Entity Overview includes address and contact information.
- All of the required fields are prepopulated with data previously entered during previous reporting period(s).
- You must ensure accuracy of all information before proceeding.

If information on this page is correct, click the 'Next' button to proceed to the next page. Clicking the "Next" button will save any data changed on this page. If you wish to exit the PRF Reporting Portal at any time, please click the 'Save & Exit' button. Any data you change will not be saved if you exit by closing the browser window.

Entity Overview

Tax ID Number (TIN)

*Business Name (as it appears on W9)

Doing Business As (DBA) Name

*Provider Type

*Provider Sub-Type

Address (as it appears on Form W-9)

*Street *City

*State/Territory *Zip Code

Contact Information

*First Name *Last Name

Title *Phone

*Email



Subsidiary Questionnaire

- The Subsidiary Questionnaire collects information about:
 - subsidiary entities for any Reporting Entities that are parent organizations
 - parent entities for any Reporting Entities that are a subsidiaries
- **These questions will affect your journey through the portal:**
 - Do you have any subsidiaries that are “eligible health care providers?” *
 - Did you acquire or divest subsidiaries that are “eligible health care providers” during the period of availability of funds? *
 - Is a parent entity reporting on your **General Distribution** payment(s)?
 - Were any **Targeted Distribution** payment(s) you are currently reporting on transferred to or by a parent entity?

*Pre-populated data fields



Subsidiary Data Tables (If Applicable)

Acquisitions/ Divested Table:

- The effective date for the divestiture or acquisition should fall within the period of availability **and** must indicate the change in ownership.

Subsidiary Information Table:

- Subsidiary data previously entered will pre-populate.
- The table must be correct to report on a subsidiary's General Distribution.
- Add **all** subsidiaries that meet the definition of "eligible health care providers" – even if it says, "TIN not found in the PRF payment file."

Recommended: Download the list of subsidiaries as a spreadsheet to confirm submitted subsidiary TINs.

Subsidiary Information

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

The table below should include all subsidiaries that are "eligible health care providers". Additional subsidiary TINs must be added one at a time by using the '+Add' button below. Information is only saved after it has been added to the table. Information in the table may be edited by clicking on the pencil icon. To delete a row of data, click on the 'Delete' button.

* "Eligible health care 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.

[Download List of Subsidiaries \(Spreadsheet\)](#)

TIN OF SUBSIDIARY	I AM A PARENT REPORTING ON THIS TIN'S GENERAL DISTRIBUTION PAYMENT(S)?	ERROR MESSAGE	DELETE
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To add additional subsidiary TIN(s), enter each 9-digit TIN one at a time. Check the box "Reporting on General Distribution" if applicable. Click on the '+Add' button to save data to the table above.

* TIN of Subsidiary

I am a parent reporting on this TIN's General Distribution payment(s)?

[+ Add](#)

[Previous](#) [Save & Exit](#) [Save & Next](#)

OMB Number: 0906-0068
Expiration Date: 01/31/2023

* Total PRF Dollar Amount Received for TIN

* Did/Do you hold a controlling interest?

[+ Add](#)



Payments to the Recipient

Payments made to subsidiaries will be included in the summary tables based on the subsidiary information entered on the previous Subsidiary Data page.

Recommended: Reconcile the payment amounts for the reporting period by downloading the Provider Relief Fund Payments Spreadsheet.

Check Point: If any payment information is incorrect, contact the Provider Support Line.

Reporting Period 3 (July 1, 2022 to September 30, 2022) Report

[Payments to Recipient: January 1, 2021 - June 30, 2021](#)

PRF recipients must report July 1, 2022 through September 30, 2022 on payments received January 1, 2021 through June 30, 2021. You must verify that each payment made to you (and any subsidiaries on whose behalf you are reporting, if applicable) from January 1, 2021 through June 30, 2021 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, 2021 through June 30, 2021.

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 have 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 \(Spreadsheet\)](#)

Total Nursing Home Infection Control Payments: January 1, 2021 - June 30, 2021
(Includes Quality Incentive Program payments.)

TIN OF RECIPIENT	DISTRIBUTION*	AMOUNT DEPOSITED	AMOUNT RETURNED	AMOUNT RETAINED**	ATTESTATION DATE***
222112138	Infection Control	\$100,000.00	\$0.00	\$100,000.00	Mar 20, 2021
Sub Totals		\$100,000.00	\$0.00	\$100,000.00	

Total Other Provider Relief Funds Payments: January 1, 2021 - June 30, 2021

TIN OF RECIPIENT	DISTRIBUTION*	AMOUNT DEPOSITED	AMOUNT RETURNED	AMOUNT RETAINED**	ATTESTATION DATE***
222112138	Targeted Distribution	\$100,000.00	\$0.00	\$100,000.00	Mar 20, 2021
Sub Totals		\$100,000.00	\$0.00	\$100,000.00	

Total Rejected Payments (Attestation Rejected): For Payments Received from January 1, 2021 - June 30, 2021
(For payments where attestation was rejected, recipients must return payment within 15 days of the rejection.)

TIN OF RECIPIENT	DISTRIBUTION*	AMOUNT DEPOSITED	AMOUNT RETURNED	AMOUNT RETAINED**	ATTESTATION DATE***
Sub Totals					

* General Distribution may include Medicare, Medicaid, CHIP, Dental, etc.
 ** Amount Retained accounts for the funds returned by the recipient.
 *** 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.

Do you certify that the above information is accurate to the best of your knowledge?
 Yes No



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

- **Interest Earned** on PRF payments is from receipt of the payments until the expenditure date of those PRF payments.
- **Tax Information** is based on IRS Form W-9. Select the options that best apply to you and your organization. **This will be pre-populated from previous reporting period(s).**
- **Single Audit table** is for the fiscal years for which you are required by 45 CFR § 75.501 to complete a Single Audit, which states that when you expend \$750,000 or more in federal funds (including PRF payments) during your fiscal year, you must have a Single Audit or a related financial audit. **This will be pre-populated from previous reporting period(s).**

Interest Earned on PRF 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.

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

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

Tax Information

* Federal Tax Classification

Exempt Payee Code

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

* Fiscal Year End Date

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	<input type="text"/>	<input type="text"/>
2020	<input type="text"/>	<input type="text"/>
2021	<input type="text"/>	<input type="text"/>
2022	<input type="text"/>	<input type="text"/>



Payments Summary

Recommended: Print this page for your records.

The read-only summary includes the following:

- Total Nursing Home Infection Control Distribution (includes Quality Incentive Program) Payments (if applicable)
- Total Other PRF Payments
- Total Interest Earned on Nursing Home Infection Control Payments (if applicable)
- Total Interest Earned on Other PRF Payments
- Gross PRF Payments (including Interest Earned)
- Total PRF Returned Payments
- Total Reportable Nursing Home Infection Control Payments, including any interest (if applicable)
- Total Reportable Other PRF Payments, including interest
- Total Reportable PRF Payments

Username: youruserid@domain.com
Partner/Provider: Your Business Name, Inc.
Last Login Date: 2022-03-24T20:17:20.000Z

[Resources & FAQs](#)

Reporting Period 3 (July 1, 2022 to September 30, 2022) Report

← → ↻ ⌂

Payments Summary: January 1, 2021 - June 30, 2021

These totals do not include payments received outside the period **January 1, 2021 - June 30, 2021** or where the payments were rejected (attestation rejected).

Total Nursing Home Infection Control Payments:	\$100,000.00
Total Other PRF Payments:	\$100,000.00
Total Interest Earned on Nursing Home Infection Control Payments:	\$1,111,111.00
Total Interest Earned on Other PRF Payments:	\$1,111,111.00
Gross PRF Payments (including Interest Earned):	\$2,422,222.00
Total PRF Returned Payments:	\$0.00
Total Reportable Nursing Home Infection Control Payments:	\$1,211,111.00
Total Reportable Other PRF Payments:	\$1,211,111.00
Total Reportable PRF Payments:	\$2,422,222.00

[Previous](#) [Save & Exit](#) [Save & Next](#)



Other Assistance Received

- Quarters reported during previous reporting period(s) are pre-populated.
- “Other Assistance Received” will not be used in subsequent calculation in the portal to determine a provider’s use of PRF payments.
- Reminder to providers that PRF payments **may not** be used to reimburse expenses that other sources have reimbursed or are obligated to reimburse.

Reporting Period 3 (July 1, 2022 to September 30, 2022) Report

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. 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.

Other Assistance	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Q3 (2021)	Q4 (2021)	Q1 (2022)	Q2 (2022)	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)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FEMA Programs (Testing, Public Assistance, Supplies, etc.)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
HHS Cares Act Testing (COVID-19)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Local, State, and Tribal Government Assistance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Business Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Assistance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00										

[Previous](#)
[Save & Exit](#)
[Save & Next](#)

OMB Number: 0906-0068
 Expiration Date: 01/31/2023



Nursing Home Infection Control Expenses

- Nursing Home Infection Control payments may be used for infection control expenses **only** and may not be used to reimburse lost revenues.
- The purpose of this worksheet is to describe exactly how Nursing Home Infection Control payments reimbursed infection control expenses.
- The total dollar value of expenses reported on this page may not exceed the dollar value of the Total Reportable Nursing Home Infection Control Payments.

Reporting Period 2 (January 1, 2022 to March 31, 2022) Report

Nursing Home Infection Control Expenses for Payments Received During Payment Period: July 1, 2020 – December 31, 2020

On this worksheet, you are required to report on your use of Nursing Home Infection Control payments received **July 1, 2020 – December 31, 2020** 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 = \$15,000

Infection Control Expenses	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Q3 (2021)	Q4 (2021)	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
Healthcare Related Expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Nursing Home Infection Control Expenses									



Other PRF Expenses

- Demonstrate 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.
- PRF payments may be used for eligible expenses or lost revenues incurred prior to receipt of those payments so long as they are **to prevent, prepare for, and respond to coronavirus**.

Total Reportable Other PRF Payments = \$1,211,111

Other PRF Expenses	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Q3 (2021)	Q4 (2021)	Q1 (2022)	Q2 (2022)	Total
General and Administrative (G&A) Expenses	\$414,141.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$414,141.00
Mortgage/Rent	- \$414,141.00	- \$0.00	- \$0.00	- \$0.00	- \$0.00	- \$0.00	- \$0.00	- \$0.00	- \$0.00	- \$0.00	\$414,141.00
Insurance	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	\$0.00
Personnel	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	\$0.00
Fringe Benefits	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	\$0.00
Lease Payments	+ \$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
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
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
Supplies	- \$0.00	- \$0.00	- \$0.00	- \$0.00	- \$0.00	- \$0.00	- \$0.00	- \$0.00	- \$0.00	- \$0.00	\$0.00
Equipment	+ \$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
Facilities	+ \$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
Total Other PRF Expenses	\$414,141.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$414,141.00



Unreimbursed Expenses Attributable to Coronavirus

- Reporting Entities describe if there are expenses that still remain unreimbursed after considering all assistance received by HRSA and all other sources.
- 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 coronavirus reported on this worksheet.
- The net unreimbursed expenses attributable to coronavirus reported to HRSA will not be used in the calculation of expenses or lost revenues.

Unreimbursed Expenses	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Q3 (2021)	Q4 (2021)	Q1 (2022)	Q2 (2022)	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
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
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

Previous Save & Exit Save & Next

OMB Number: 0906-0068
Expiration Date: 01/31/2023



Actual Patient Care Revenue

- This page appears **if** PRF payments were fully expended on coronavirus related expenses and if PRF payments were fully expended on expenses during Reporting Period 1 or 2.
- You must submit the total calendar year 2019, 2020, 2021, and 2022 Actual Patient Care Revenue.

Reporting Period 2 (January 1, 2022 to March 31, 2022) Report

Reporting

Actual Patient Care Revenue

The recipient is required to submit calendar year 2019, 2020 and 2021 actual patient care revenue.

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, the reporting entity must enter '0'.

* 2019 Actuals (Calendar Year)
\$

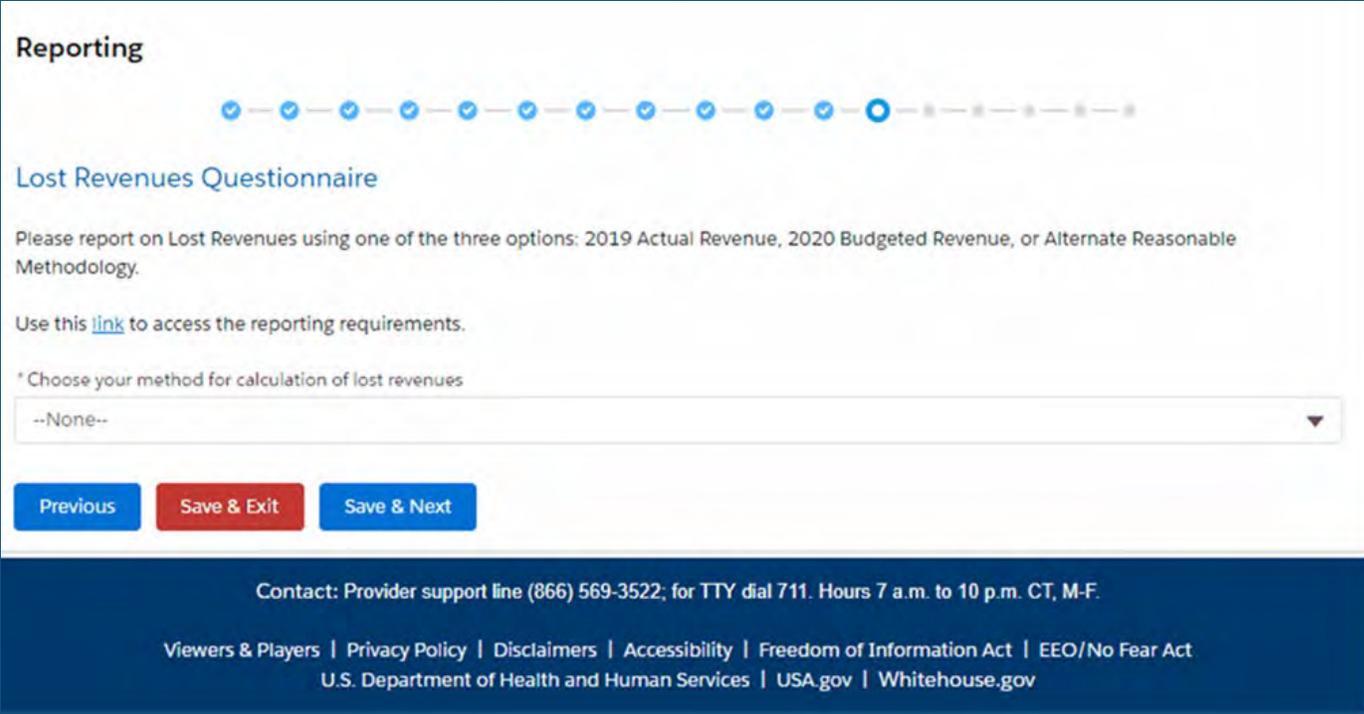
* 2020 Actuals (Calendar Year)
\$

* 2021 Actuals (Calendar Year)
\$



Lost Revenue Questionnaire

- Complete this questionnaire only if PRF payments were not fully expended on expenses.
- Nursing Home Infection Control payments may not be used to reimburse lost revenues.
- There are three methods for calculating lost revenues. Select one.
- Many resources are available to assist with the lost revenues reporting requirements.



The screenshot shows a web interface for reporting lost revenues. At the top, there is a progress bar with 14 steps, where the 14th step is highlighted with a blue circle. Below the progress bar, the title "Lost Revenues Questionnaire" is displayed. The main text reads: "Please report on Lost Revenues using one of the three options: 2019 Actual Revenue, 2020 Budgeted Revenue, or Alternate Reasonable Methodology." Below this, there is a link: "Use this [link](#) to access the reporting requirements." A dropdown menu is labeled "* Choose your method for calculation of lost revenues" and currently shows "--None--". At the bottom of the form area, there are three buttons: "Previous" (blue), "Save & Exit" (red), and "Save & Next" (blue). A dark blue footer contains contact information: "Contact: Provider support line (866) 569-3522; for TTY dial 711. Hours 7 a.m. to 10 p.m. CT, M-F." and a list of links: "Viewers & Players | Privacy Policy | Disclaimers | Accessibility | Freedom of Information Act | EEO/No Fear Act | U.S. Department of Health and Human Services | USA.gov | Whitehouse.gov".



Lost Revenues: Actual Revenue

- Option i per Post-Payment Notice of Reporting Requirements is the difference between actual patient care revenues
- Lost revenues will be calculated for each quarter during the period of availability, as a standalone calculation
- Baseline is 2019
- 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 payments

* Choose your method for calculation of lost revenues

-None-

2019 Actual Revenue

2020 Budgeted Revenue

Alternate Reasonable Methodology

Reporting

Calculation of Lost Revenues Attributable to Coronavirus

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.

* Do you want to change values from Reporting Period 1?

No

2019 Actuals 2020 Actuals 2021 Actuals

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

	Q1 (2019)	Q2 (2019)	Q3 (2019)	Q4 (2019)	Total (2019)
Medicare A+B	+\$ 0.00	+\$ 0.00	+\$ 0.00	+\$ 0.00	\$
Medicare C	+\$ 0.00	+\$ 0.00	+\$ 0.00	+\$ 0.00	\$
Medicaid/Children's Health Insurance Program (CHIP)	+\$ 0.00	+\$ 0.00	+\$ 0.00	+\$ 0.00	\$
Commercial Insurance	+\$ 0.00	+\$ 0.00	+\$ 0.00	+\$ 0.00	\$
Self-Pay (No Insurance)	+\$ 0.00	+\$ 0.00	+\$ 0.00	+\$ 0.00	\$
Other	+\$ 0.00	+\$ 0.00	+\$ 0.00	+\$ 0.00	\$



Lost Revenues: Budgeted Revenue

- Option ii per Post-Payment Notice of Reporting Requirements is the difference between budgeted and actual revenue
- Budgeted Revenue: The difference between budgeted (prior to March 27, 2020) and actual patient care revenues
- Lost revenues will be calculated for each quarter during the period of availability, as a standalone calculation
- 2 Required Uploads:
 - Budget approved prior to March 27, 2020
 - Attestation on accuracy of budget submitted
- Save files in a secure area. At this time, the documents may not be retrieved after submission.

The screenshot shows a web portal interface for reporting lost revenues. At the top, there is a progress bar with several steps. Below the progress bar, there is a section titled "Lost Revenues: Budgeted Revenue" with a sub-section "To Report Lost Revenues for Q1 2020". This section contains a table with columns for "Q1 2020", "Q2 2020", "Q3 2020", "Q4 2020", and "Total". Each column has a "Budget" field and an "Actual" field. Below the table, there are two green buttons: "Submit Budget" and "Submit Attestation".



Lost Revenues: Alternate Reasonable Methodology

- Option iii per Post-Payment Notice of Reporting Requirements
- Alternate Reasonable Methodology: Calculated by any reasonable method of estimating revenues
- If there is an increase in revenues during any quarter during the period of availability, you must enter '0' to indicate that there were no lost revenues
- Required Documentation
 - A narrative document describing methodology, explanation, and a description
 - A calculation of lost revenues
 - Optional: Supporting Document
- Save files in a secure area. At this time, the documents may not be retrieved after submission.

The screenshot displays a web-based reporting interface. At the top, there is a progress bar with several steps. Below it, a header reads "Enter Method of Estimating Revenue Methodology". The main area contains a form with several input fields and a table. The table has columns for "Quarter", "Lost Revenue", and "Methodology". Below the table, there are sections for "Required Documentation" with checkboxes for "Narrative Document", "Calculation of Lost Revenues", and "Supporting Document". At the bottom, there are buttons for "Save", "Cancel", and "Next Step".



Lost Revenues Summary: Period of Availability

- This conditional page displays a read-only table of Lost Revenues by calendar year quarter for 2020, 2021, and 2022 based on the change in Patient Care Revenues.
- A cumulative lost revenues total will display at the bottom of the table.

Lost Revenues Summary: Period of Availability

Lost Revenues - Period of Availability			
	2020	2021	2022
	Q1: \$97,000.00	Q1: \$96,000.00	
	Q2: \$0.00	Q2: \$0.00	Q1: \$95,000.00
Lost Revenues by Quarter Based on Change in Patient Care Revenues ⓘ	Q3: \$0.00	Q3: \$0.00	Q2: \$0.00
	Q4: \$0.00	Q4: \$0.00	Total: \$95,000.00
	Total: \$97,000.00	Total: \$96,000.00	
	Cumulative Lost Revenues Total : \$288,000.00		

[Previous](#) [Save & Exit](#) [Save & Next](#)



PRF Financial Summary: Reporting Period 3

- The PRF reconciliation will only include line items relevant to a Reporting Entity report.
- Verify the accuracy of the financial summary information on this page.
- **Recommendation:** Print this read-only screen from your web browser.
- Upon submission of your report, you will be able to continue to log in and see the information on this page.

Reporting Period 3 (July 1, 2022 to September 30, 2022) Report

PRF Financial Summary Reporting Period 3 (Payments received from January 1, 2021 - June 30, 2021)

Other PRF Summary (Payments Received from January 1, 2021 to June 30, 2021)	
	Amount
Total Reportable Other PRF Payments	\$1,211,111.00
Total Other PRF Expenses	\$414,141.00
Total Reportable Other PRF Remaining to be applied to Lost Revenues	\$796,970.00

PRF Lost Revenues Summary (Period of Availability)	
	Amount
Total Lost Revenues for the Period of Availability	\$288,000.00
Total PRF Previously Applied to Lost Revenues	\$0.00
Total Unreimbursed Lost Revenues available to be applied to this Reporting Period	\$288,000.00
Total PRF Applied to Lost Revenues in this Reporting Period	\$288,000.00
Total Unused Lost Revenues	\$0.00
Total PRF Payments not applied to expenses or Lost Revenues	\$508,970.00

Nursing Home Infection Control Summary (Payments Received from January 1, 2021 to June 30, 2021)	
	Amount
Total Reportable Nursing Home Infection Control Payments	\$1,211,111.00
Total Nursing Home Infection Control Expenses	\$0.00
Remaining Total Reportable Nursing Home Infection Control Funds	\$1,211,111.00

PRF Reconciliation (Period of Availability)	
	Amount
Unused Other PRF in this Reporting Period	\$508,970.00
Unused Nursing Home Infection Control Funds in this Reporting Period	\$1,211,111.00
Total Unused PRF Amount Returnable to HRSA in this Reporting Period	\$1,720,081.00
Total Unused Lost Revenues	\$0.00

Previous Save & Exit Save & Next



Unused PRF Payments

- Unused funds that cannot be expended on allowable expenses or lost revenues attributable to coronavirus by the applicable deadline to use funds (June 30, 2022 for Reporting Period 3) must return those funds to HRSA.
- Unused interest earned, if any, must be returned
- Any unused funds from the period of availability ***must be returned within 30 days after the end of the Reporting Time Period.***
- The [Returning Funds](#) webpage has information about the return of unused funds
- HRSA will pursue enforcement actions – including repayment and/or debt collection – for any unreturned PRF payments.

Reporting Period	Reporting Time Period	Deadline for Returning Unused Funds
Period 1	July 1, 2021 to September 30, 2021	October 30, 2021*
Period 2	January 1, 2022 to March 31, 2022	April 30, 2022
Period 3	July 1, 2022 to September 30, 2022	October 30, 2022
Period 4	January 1, 2023 to March 31, 2023	April 30, 2023

* Extension to December 30, 2021



Personnel, Patient, and Facility Metrics

- 3 Tables will capture different metrics, but all cells are required. Previously entered values are pre-populated.
- If the value for a cell is zero, enter “0.”
- Values should be considered as of the quarter end date.
- Definitions are provided in the Reporting Portal User Guide and FAQs.

Reporting Period 3 (July 1, 2022 to September 30, 2022) Report

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 2019-2022. See the [PRF Reporting Portal User Guide](#) (Section 4.15) for detailed instructions.

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

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

Please complete the table for Patient Metrics.

Personnel Metrics

Full Time	Part Time	Contractor	Ful/Part/HD	Separated	Retired										
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)	Total
Clinical	111	0	0	0	0	0	0	0	0	0	0	0	0	0	111
Non-clinical	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Number of Full Time Personnel	111	0	0	0	0	0	0	0	0	0	0	0	0	0	111



Survey

- These questions help HRSA understand the effects of PRF payment(s) on finances and clinical care during the period of availability.
- These responses are not pre-populated.
- Financial Effects of PRF Payment(s) and the Clinical Care Effects of PRF Payment(s).
- There is an optional narrative feedback section.

Reporting Period 3 (July 1, 2022 to September 30, 2022) Report

Survey

The reporting entity should consider the impact of the PRF payments received January 1, 2021 through June 30, 2021 in responding to the survey below.

Financial Effects of PRF Payment(s):

For the reporting entity and its subsidiaries, in reference to the PRF payment(s) received January 1, 2021 through June 30, 2021:

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

Strongly Agree

* PRF payment(s) significantly affected the ability to (select all that apply):

Available	Chosen
<input type="checkbox"/> Pay rent/mortgage	<input type="checkbox"/> Retain personnel
<input type="checkbox"/> Pay insurance	<input type="checkbox"/> Pay fringe benefits
<input type="checkbox"/> Make lease payments	<input type="checkbox"/> Other operational expenses
<input type="checkbox"/> Pay utilities/operations	

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

Yes

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

Yes

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

Yes

Clinical Care Effects of PRF Payment(s):

For the reporting entity and its subsidiaries, in reference to the PRF payment(s) received January 1, 2021 through June 30, 2021:

* The PRF 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.).

Strongly Agree

* PRF payment(s) helped facility operations and patient care by allowing our facility to (select all that apply):

Available	Chosen
<input type="checkbox"/> Create temporary facilities	<input type="checkbox"/> Buy Personal Protective Equipment (PPE) (e.g. gloves, masks, gowns etc.)
<input type="checkbox"/> Buy supplies (e.g. ventilators, etc.)	<input type="checkbox"/> Buy other equipment
<input type="checkbox"/> Enhance or implement Telemedicine services	<input type="checkbox"/> Enhance Information Technology (e.g. electronic health records etc.)
<input type="checkbox"/> Improve facilities	

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

Yes

(OPTIONAL) Please describe the impact PRF payment(s) received January 1, 2021 through June 30, 2021 had on the business or patient services. Maximum 1000 characters.

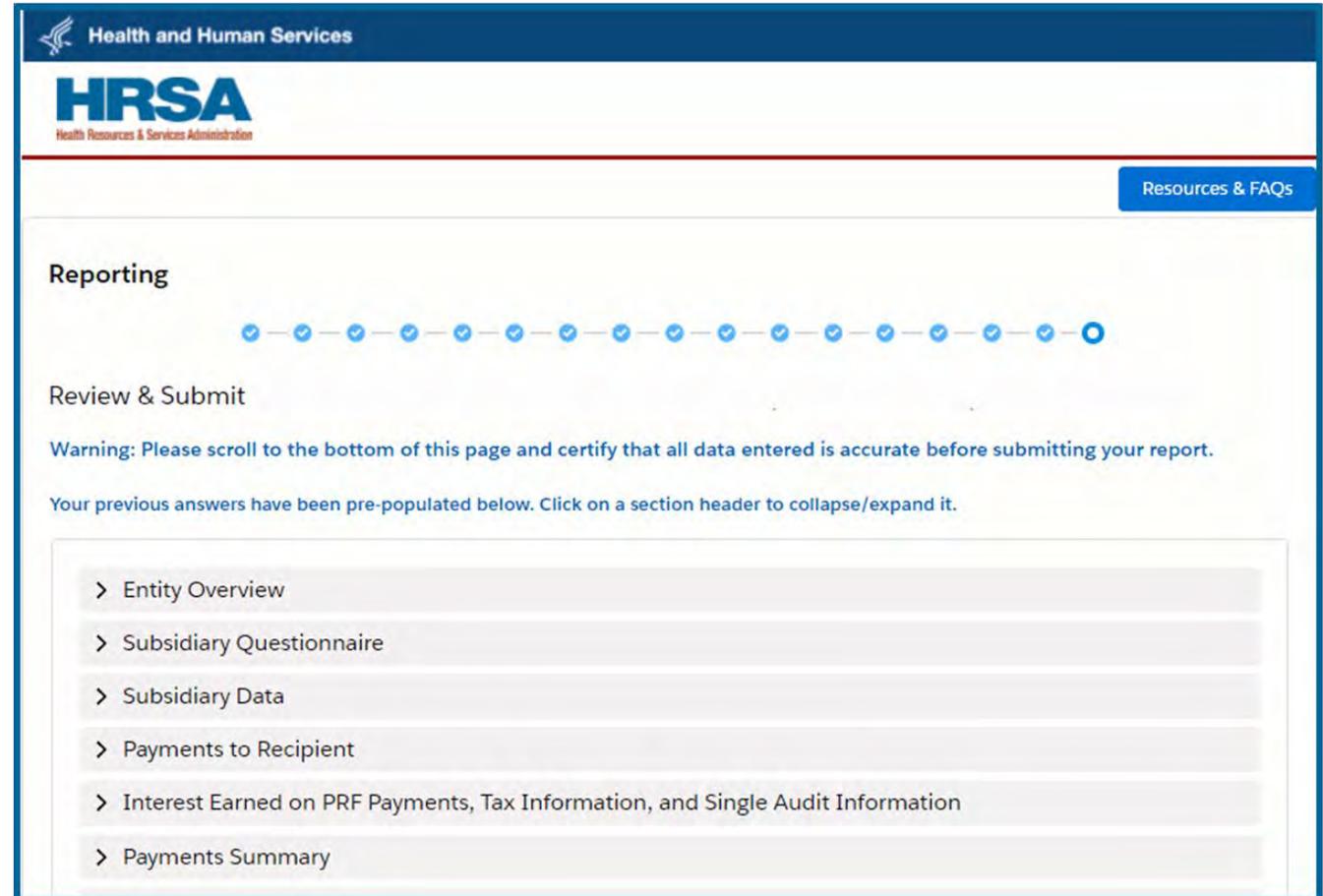
Previous Save & Exit Save & Next

OMB Number: 0906-0068
Expiration Date: 01/31/2023



Review and Submit

- Headers in this section are collapsible.
- Once reviewed, certify that the above information is accurate to the best of your knowledge. You are not able to edit a submitted report.
- **Recommendation:** Print using the web browser and save a copy for your records.
- After submission, you may log in to the portal and view the information on this page.



The screenshot shows the HRSA Reporting and Review & Submit interface. At the top, there is a blue header with the text "Health and Human Services" and the HRSA logo. Below the header, there is a navigation bar with a "Resources & FAQs" button. The main content area is titled "Reporting" and features a progress indicator with 15 steps, the last of which is highlighted. Below the progress indicator, there is a "Review & Submit" section with a warning message: "Warning: Please scroll to the bottom of this page and certify that all data entered is accurate before submitting your report." Below the warning, there is a note: "Your previous answers have been pre-populated below. Click on a section header to collapse/expand it." The main content area contains a list of collapsible sections: "Entity Overview", "Subsidiary Questionnaire", "Subsidiary Data", "Payments to Recipient", "Interest Earned on PRF Payments, Tax Information, and Single Audit Information", and "Payments Summary".



PRF Reporting Resources

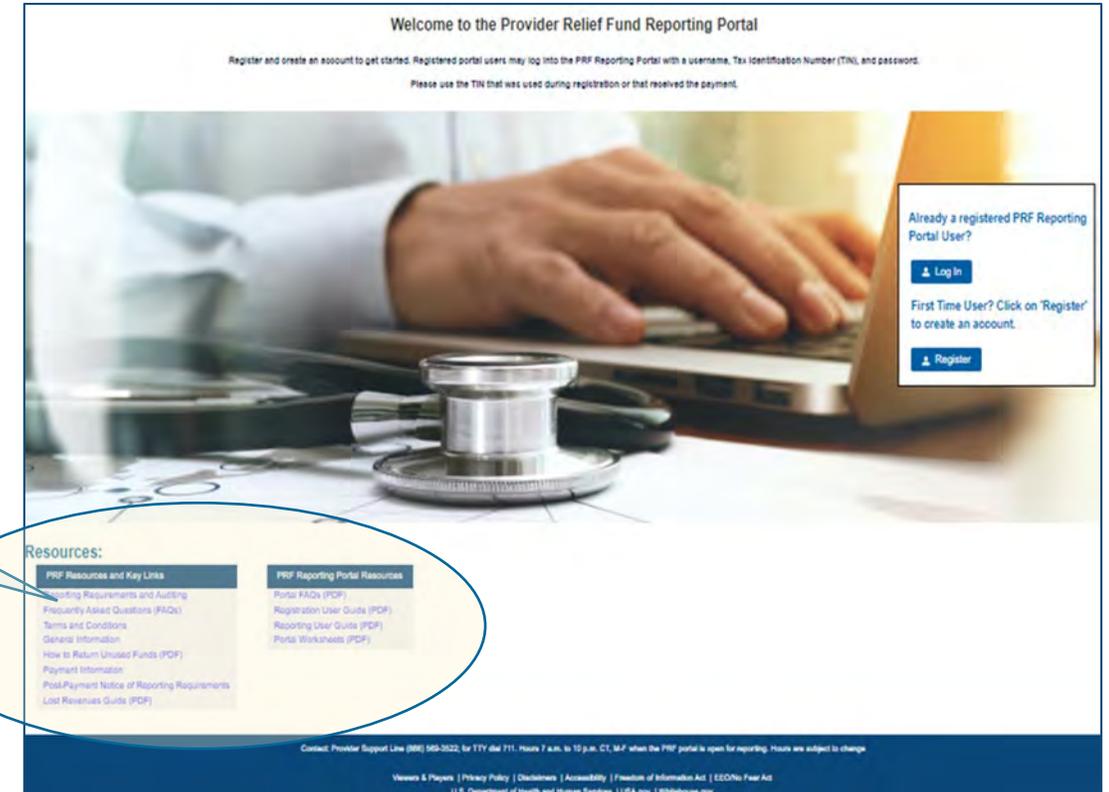
Resources:

PRF Resources and Key Links

- Reporting Requirements and Auditing
- Frequently Asked Questions (FAQs)
- Terms and Conditions
- General Information
- How to Return Unused Funds (PDF)
- Payment Information
- Post-Payment Notice of Reporting Requirements
- Lost Revenues Guide (PDF)

PRF Reporting Portal Resources

- Portal FAQs (PDF)
- Registration User Guide (PDF)
- Reporting User Guide (PDF)
- Portal Worksheets (Excel)
- PRF Financial Summary (Excel)



Resources:

PRF Resources and Key Links

- Reporting Requirements and Auditing
- Frequently Asked Questions (FAQs)
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- General Information
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- Post-Payment Notice of Reporting Requirements
- Lost Revenues Guide (PDF)

PRF Reporting Portal Resources

- Portal FAQs (PDF)
- Registration User Guide (PDF)
- Reporting User Guide (PDF)
- Portal Worksheets (PDF)



PRF Reporting Resources

Reporting Resources



Technical Assistance Webinars for Reporting Period 3

Register now:

- [New Reporters: July 12, 2022 at 3:00 p.m. ET](#)
- [Returning Reporters: July 13, 2022 at 3:00 p.m. ET](#)

Reporting Guides — Reporting Period 3

- [PRF Portal Reporting User Guide](#) (PDF - 3 MB)
- [Reporting Worksheets](#) (XLS - 42 KB)

Most Common Reporting Topics

- [Post-Payment Notice of Reporting Requirements](#) (PDF - 232 KB) (June 11, 2021)
- [How to Return Funds](#)
- [Lost Revenues](#)
- [Ownership Changes](#)
- [Parent/Subsidiary Reporting](#)
- [Reporting Non-Compliance](#)
- [Patient Metrics](#)

Resource Archive

Reporting Requirements and Auditing

[Overview](#)

[Request to Report Late Due to Extenuating Circumstances](#)

[How to Report](#)

[Important Dates](#)

[Returning Funds](#)

[Nursing Home Infection Control](#)

[Allowable Expenses](#)

[Lost Revenues](#)

[How to Report Ownership Changes](#)

[How to Report Patient Metrics](#)

[Reporting on Parent-Subsidiary Relationships](#)

[Reporting Non-Compliance](#)

[Resources](#)

[Stakeholder Toolkit](#)

[Audit Requirements](#)

Provider Support Line:
(866) 569-3522, for TTY dial 711, 8 AM to 10 PM CT, Monday thru Friday



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