



Introduction to the PRF Reporting Portal: Reporting Period 3 Provider Webcast New Reporting Entities

July 12, 2022

Provider Relief Fund (PRF)
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

American 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 on November 30, 2021



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, or accrual, 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 Walkthrough

Registration and Log In

<https://prfreporting.hrsa.gov/>

Reporting in the PRF Reporting Portal is a two-step process:

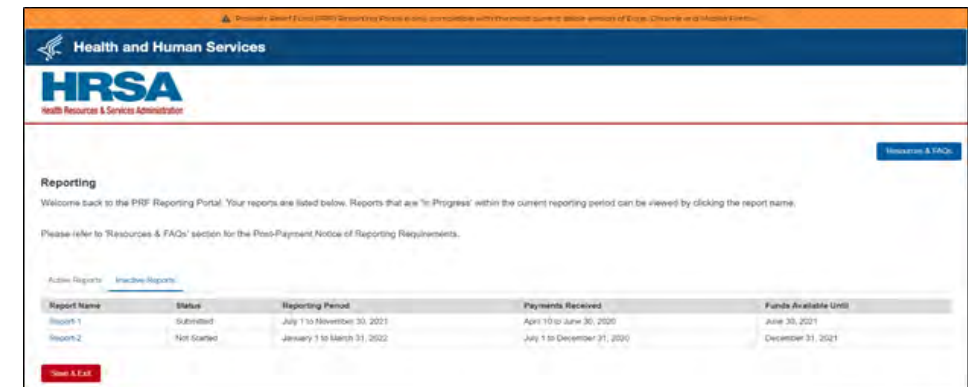
- 1) **Register** once for all reporting periods.
- 2) **Report** on the use of funds

Welcome to the Provider Relief Fund Reporting Portal

Register and create an account to get started. Registered portal users may log into the PRF Reporting Portal with a username, Tax Identification Number (TIN), and password. Please use the TIN that was used during registration or that received the payment.



PRF Reporting Portal Home Page



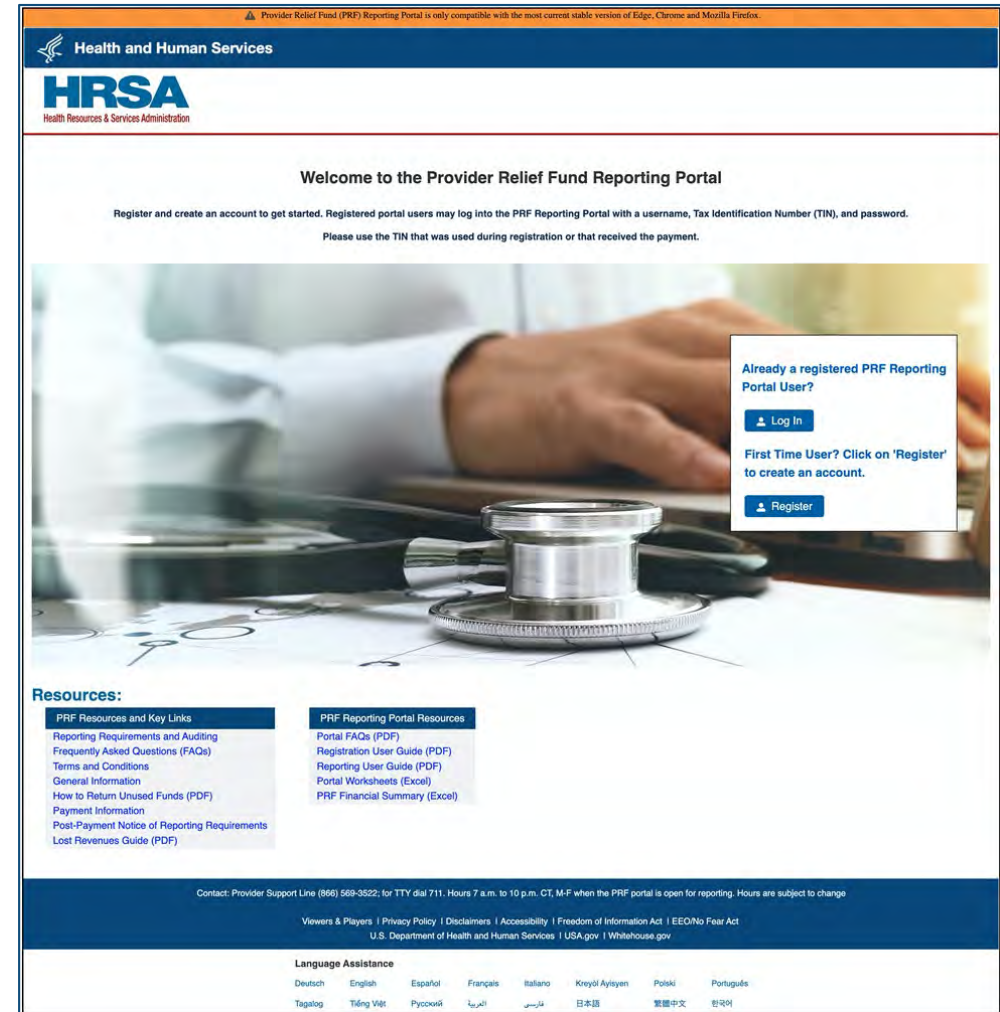
PRF Reporting Portal Log-In Landing Page



Navigating the Portal

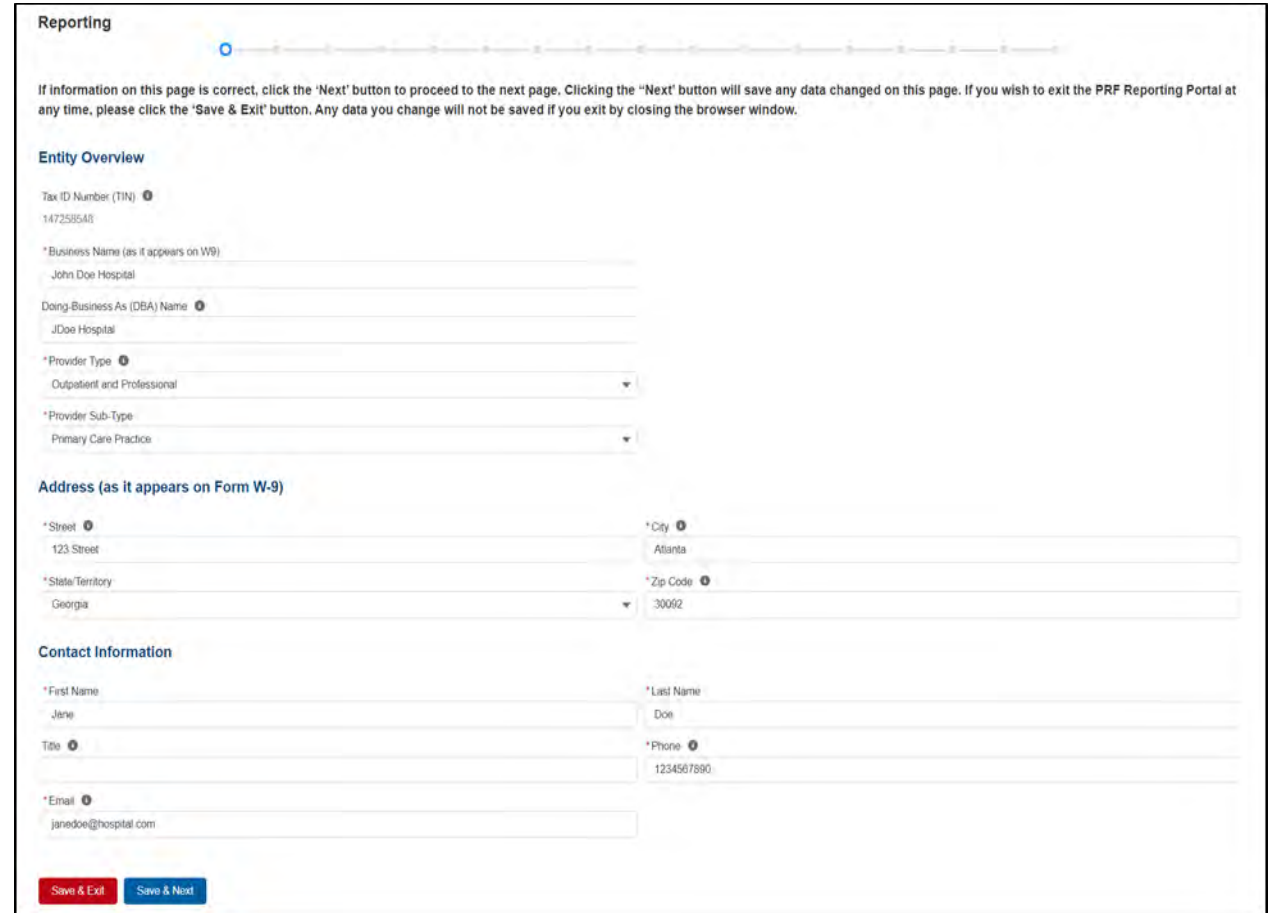
On each PRF Portal web page, you will see:

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



Entity Overview

- Entity Overview contains address and contact information.
- Most of the information is prepopulated with information entered during registration.
- Choose the Provider Type and Sub-Type that matches the majority of your business.
- Contact information must be up to date.



The screenshot shows the 'Entity Overview' page in the PRF Reporting Portal. At the top, there is a progress bar with the first step, 'Reporting', highlighted. Below the progress bar, a message states: '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.'

The form is titled 'Entity Overview' and contains the following sections:

- Tax ID Number (TIN):** 147250540
- *Business Name (as it appears on W9):** John Doe Hospital
- Doing Business As (DBA) Name:** JDoe Hospital
- *Provider Type:** Outpatient and Professional
- *Provider Sub-Type:** Primary Care Practice
- Address (as it appears on Form W-9):**
 - *Street:** 123 Street
 - *City:** Atlanta
 - *State/Territory:** Georgia
 - *Zip Code:** 30002
- Contact Information:**
 - *First Name:** Jane
 - *Last Name:** Doe
 - *Title:**
 - *Phone:** 1234567890
 - *Email:** janedoe@hospital.com

At the bottom of the form, there are two buttons: 'Save & Exit' (red) and 'Save & Next' (blue).



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 subsidiary
- **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?



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 entered during registration 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.

Resources & FAQs

Reporting

Acquired/Divested Subsidiaries

Reporting Entities that acquired or divested of related subsidiaries that are eligible health care providers must report this information to HRSA by completing the table below.

TIN of Acquir...	Acquired or ...	Effective Dat...	TIN of Acqui...	PRF Receive...	Percentage o...	Did/Do you ...	Delete
678541234	Divested	10/01/2020	564564567	\$ 10,000.00	75%	Yes	

Please enter any additional acquired/divested subsidiaries one at a time. Click the +Add button to add and save to the table above. Only information in the table will be saved.

* TIN of Acquired/Divested Subsidiary ⓘ

* Acquired or Divested?

* Effective Date of the Acquisition/Divestiture

* If Acquired, please provide the TIN of a Divesting Entity. If Divested, please provide the TIN of an Acquiring Entity. ⓘ

* Total PRF Dollar Amount Received for TIN ⓘ

* Did/Do you hold a controlling interest?

--None--

+ 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



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.
- **Single Audit table** is for the fiscal years for which you are required by 45 CFR 75.501 to complete an 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.

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		
2020		
2021		
2022		

Previous Save & Exit Save & Next



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

- “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.
- RHC COVID-19 Testing Program and RHC COVID-19 Testing and Mitigation Program payments are not PRF payments.

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	\$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



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 total dollar value of expenses reported on this page may not exceed the dollar value of the Total Reportable Nursing Home Infection Control Payments.
- The purpose of this worksheet is to describe exactly how Nursing Home Infection Control payments reimbursed infection control expenses.

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	
Healthcare Related Expenses	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	+ \$414,141.0	+ \$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

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](#)

- 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.



Actual Patient Care Revenue

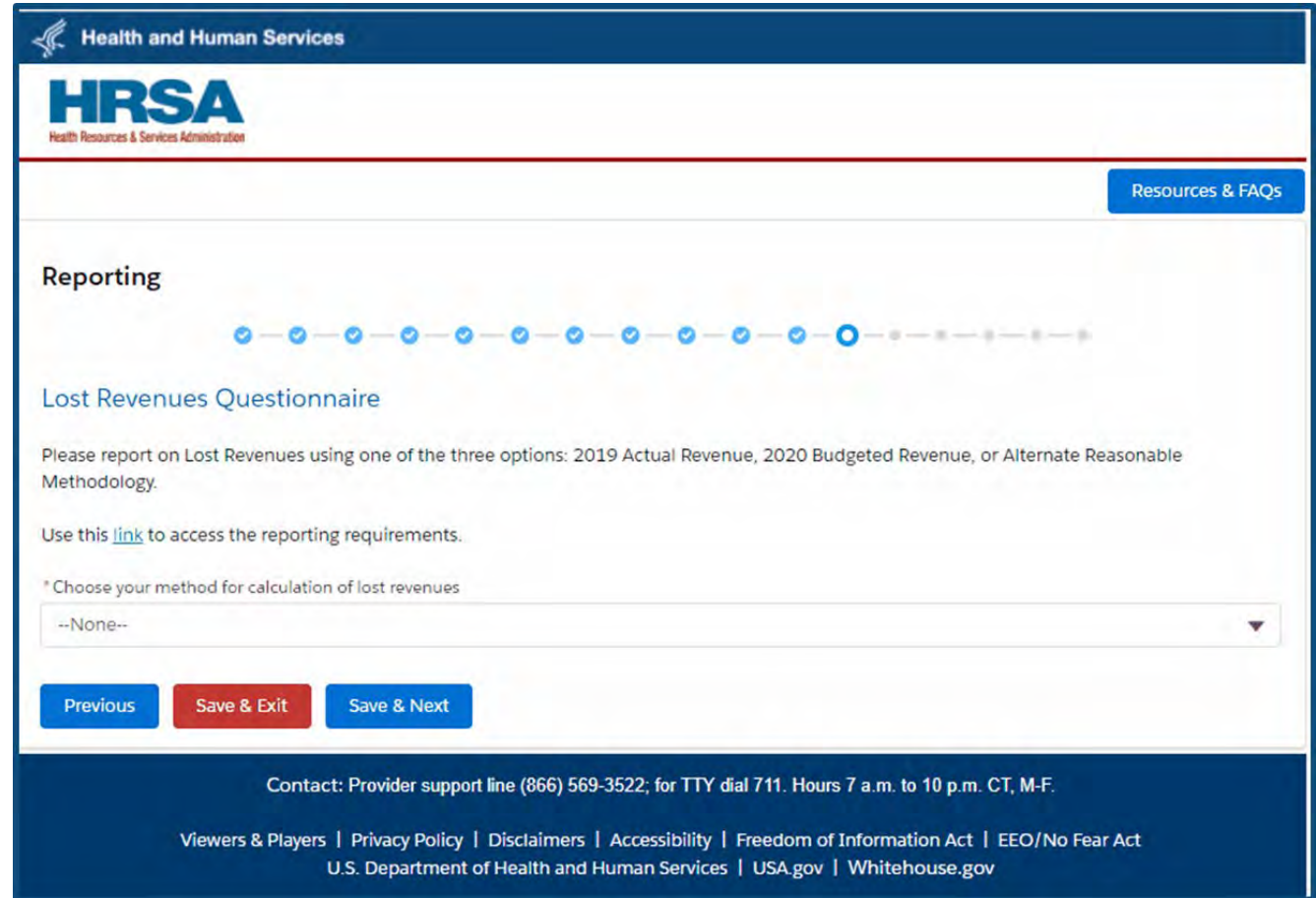
- This page appears if PRF payments were fully expended on coronavirus related expenses.
- You must submit the total calendar year 2019, 2020, 2021, and quarters 1 and 2 of 2022 Actual Patient Care Revenue.

The screenshot shows the 'Reporting Period 2 (January 1, 2022 to March 31, 2022) Report' form. It includes a progress bar with 10 steps, where the 10th step is highlighted. The form title is 'Actual Patient Care Revenue'. Below the title, there is a note: 'The recipient is required to submit calendar year 2019, 2020 and 2021 actual patient care revenue. All funds must be entered as positive values. The revenue entered may be a whole number up to 14 digits including 2 decimal places. If there is no revenue, the reporting entity must enter 0.' There are three input fields for '2019 Revenue (Calendar Year)', '2020 Revenue (Calendar Year)', and '2021 Revenue (Calendar Year)', each with a '\$' symbol. At the bottom, there are three buttons: 'Previous', 'Save & Exit', and 'Save & Next'.



Lost Revenues 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 the HRSA (Health Resources & Services Administration) website interface for the 'Lost Revenues Questionnaire'. At the top, there is a blue header with the 'Health and Human Services' logo and the 'HRSA' logo. A 'Resources & FAQs' button is located in the top right corner. The main content area is titled 'Reporting' and features a progress bar with 12 steps; the 11th step, 'Lost Revenues Questionnaire', is currently selected and highlighted with a blue circle. Below the progress bar, the text reads: 'Please report on Lost Revenues using one of the three options: 2019 Actual Revenue, 2020 Budgeted Revenue, or Alternate Reasonable Methodology. Use this [link](#) to access the reporting requirements.' Below this is a dropdown menu labeled '* Choose your method for calculation of lost revenues' with the option '--None--' selected. At the bottom of the form, there are three buttons: 'Previous' (blue), 'Save & Exit' (red), and 'Save & Next' (blue). The footer of the page 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

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.

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
Medicare C *	*	*	*	*	\$0.00
Medicaid/Children's Health Insurance Program (CHIP) *	*	*	*	*	\$0.00
Commercial Insurance *	*	*	*	*	\$0.00
Self-Pay (No Insurance) *	*	*	*	*	\$0.00
Other *	*	*	*	*	\$0.00
Total Revenue/Net Charges from Patient Care	\$0	\$0	\$0	\$0	\$0.00



Lost Revenues: Budgeted Revenue

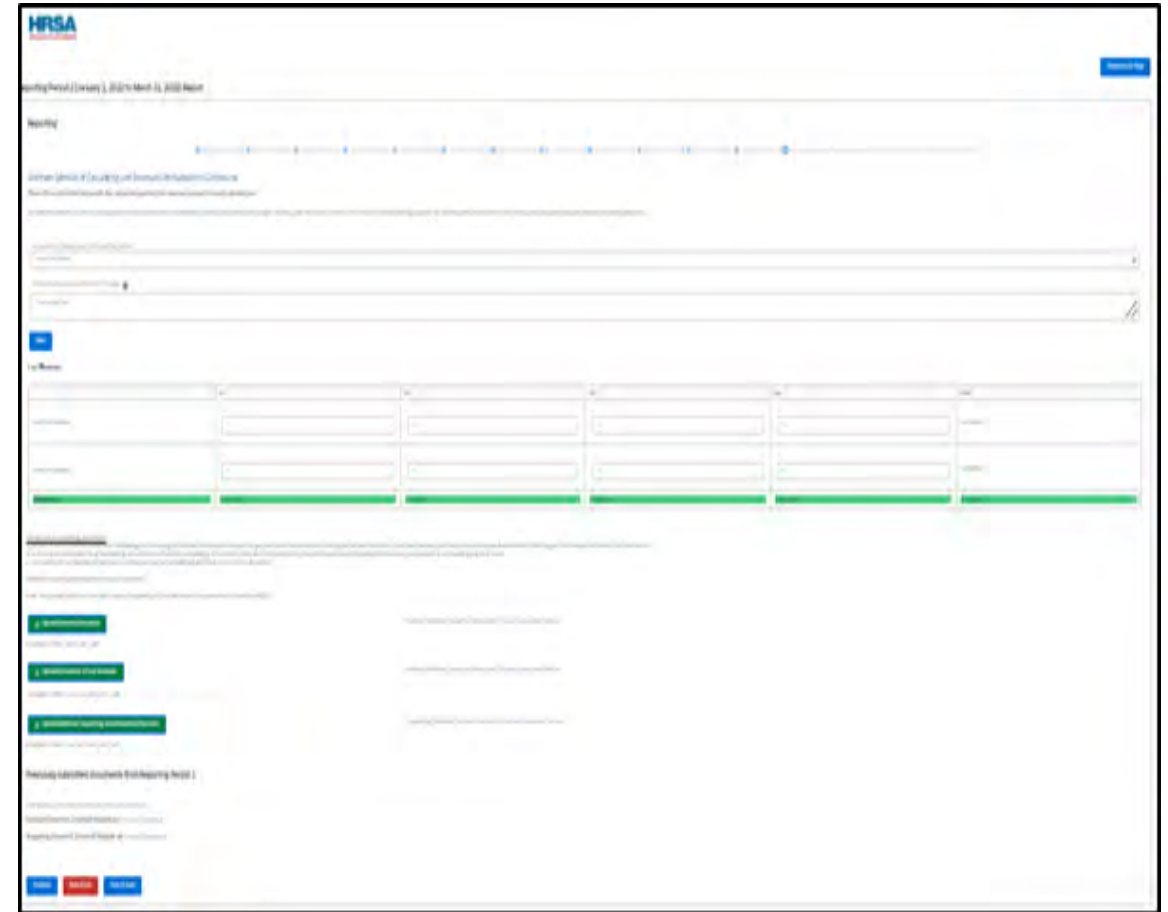
- Option ii per [Post-Payment Notice of Reporting Requirements](#) is the difference between budgeted and actual revenue
- Budgeted Revenue: The difference between budgeted (approved prior to March 27, 2020) and actual patient care revenues
- Lost revenues will be calculated for each quarter during the 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 displays the HRSA Provider Relief Reporting Portal. The top section is titled 'Reporting Period 1 (January 1, 2020 - March 31, 2020)' and includes a 'Reporting Period' dropdown menu. Below this, there is a 'Budgeted Revenue' section with a table for entering data. The table has columns for 'Reporting Period', 'Budgeted Revenue', and 'Actual Revenue'. The 'Budgeted Revenue' column is highlighted in green. Below the table, there are two green buttons: 'Save' and 'Submit'. At the bottom, there is a section for 'Provider Relief Reporting Period 1' with a 'Submit' button.



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 the HRSA Provider Relief Reporting interface. At the top, it shows the 'Reporting Period' as January 1, 2020, to March 31, 2020. The 'Reporting' section includes a progress bar and a list of reporting categories. The 'Lost Revenues' section is highlighted, showing a table with columns for 'Quarter', 'Lost Revenues', and 'Methodology'. The table has four rows, each with a green bar indicating a value of zero. Below the table, there are sections for 'Required Documentation' and 'Supporting Documents', each with a 'Upload' button. The bottom of the page features a 'Save' button, a 'Cancel' button, and a 'Submit' button.

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
Lost Revenues by Quarter Based on Change in Patient Care Revenues ⓘ	Q1: \$97,000.00	Q1: \$96,000.00	
	Q2: \$0.00	Q2: \$0.00	Q1: \$95,000.00
	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



Unused Funds

- 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 Fact Sheet](#) has comprehensive 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.
- 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?

Please complete the table for Patient Metrics.

Personnel Metrics

	Full Time	Part Time	Contractor	Furloughed	Severely	Hired										
	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.
- 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

Pay rent/mortgage

Pay insurance

Make lease payments

Pay utilities/operations

Chosen

Retain personnel

Pay fringe benefits

Other operational expenses

* 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 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

Create temporary facilities

Buy supplies (e.g. ventilators, etc.)

Enhance or implement Telemedicine services

Improve facilities

Chosen

Buy Personal Protective Equipment (PPE) (e.g. gloves, masks, gowns etc.)

Buy other equipment

Enhance Information Technology (e.g. electronic health records etc.)

* 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: 0908-0068
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 displays the HRSA (Health Resources & Services Administration) PRF Reporting portal. At the top, the header includes the Department of Health and Human Services logo and the HRSA logo. A 'Resources & FAQs' link is visible in the top right. The main section is titled 'Reporting' and features a progress bar with 15 steps. The first 14 steps are marked with blue checkmarks, and the 15th step, 'Review & Submit', is currently active and highlighted with a blue circle. Below the progress bar, the text 'Review & Submit' is displayed. A warning message states: 'Warning: Please scroll to the bottom of this page and certify that all data entered is accurate before submitting your report.' Below this, a note says: 'Your previous answers have been pre-populated below. Click on a section header to collapse/expand it.' A list of collapsible sections is shown, each with a right-pointing chevron icon: '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 Portal Resources

Resources:

PRF Resources and Key Links

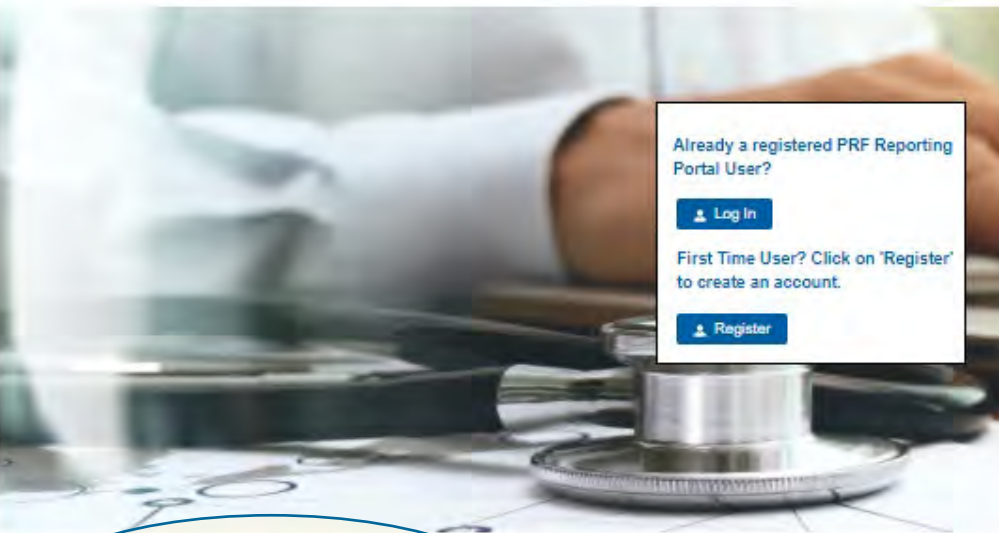
- Reporting Requirements and Auditing
- Frequently Asked Questions (FAQs)
- Terms and Conditions
- General Information
- How to Return Unused Funds (PDF)
- Payment Information
- Post-Payment Notice of Reporting Requirements
- Lost Revenues Guide (PDF)

PRF Reporting Portal Resources

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

Welcome to the Provider Relief Fund Reporting Portal

Register and create an account to get started. Registered portal users may log in with a username and password.



Already a registered PRF Reporting Portal User?

[Log In](#)

First Time User? Click on 'Register' to create an account.

[Register](#)

Resources:

PRF Resources and Key Links

- Reporting and Auditing Requirements
- Frequently Asked Questions (FAQs)
- Terms and Conditions
- General Information

PRF Reporting Portal Resources

- Portal FAQs
- Registration User Guide
- Reporting User Guide
- Portal Worksheets

Contact: Provider Support Line (888) 589-3522; for TTY dial 711. Hours 7 a.m. to 10 p.m. CT, M-F.

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U.S. Department of Health and Human Services | USA.gov | Whitehouse.gov

Language Assistance



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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