

Welcome! The HHS Provider Relief Fund Reporting-COVID Stimulus Update will begin momentarily.

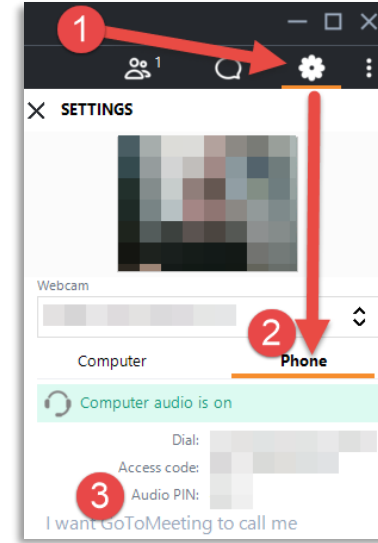
To participate with audio by phone (mute/unmute, press *6):

1. Select the gear icon on the right control panel
2. Select the 'Phone' option
3. Be sure to enter your Audio PIN so we can help answer your questions!

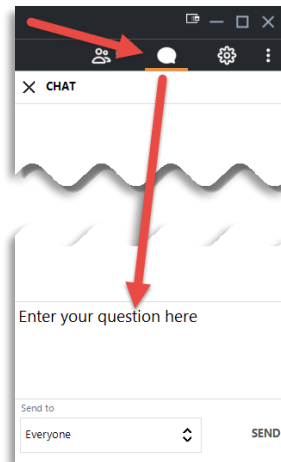
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This meeting will be recorded.



HHS Provider Relief Fund Reporting



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Finally...HHS PRF Reporting Requirements are Here!

- These reporting requirements apply to:
 - PRF General and Targeted Distributions; including:
 - Skilled Nursing Facilities (SNF)
 - Nursing Home Infection Control Distribution).
- These reporting requirements do not apply to:
 - Rural Health Clinic COVID-19 Testing Program
 - Claims reimbursements from the HRSA COVID-19 Uninsured Program.
 - Claims reimbursement from the HRSA COVID-19 Coverage Assistance Fund (CAF).



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Disclaimer

- While HHS has released its initial set of guidance on the reporting requirements, what we currently **know** is limited to the regulations released on 6/11/2021.
- As with all other HHS guidance to this point, many questions and clarifications will be needed via additional FAQ reporting and regulations from HHS.
- Key Takeaways:
 - Your feedback is critical to help facilitate those FAQ submissions back to HHS.....
 - We plan to submit FAQ on behalf of our clients. Please let us know any questions to add.
 - While reporting will open on July 1, 2021; the deadline for the first submission is not until September 30, 2021.
- **Due to additional clarification being likely and the lack of the actual portal being available to review, we recommend recipients to not be in a hurry to file.**



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HHS Sets New Timeframes to Use PRF Allocations

- Under previous guidance; all PRF funds had to be used by 6/30/2021 and reporting was broken into two distinct periods. Since HHS still has billions to distribute in funding, this became a problem.
- ***So, HHS has greatly expanded the period of availability to use funds....through December 31, 2022 but the period of availability of funds is based on the date that the specific general/targeted payment was received.***
 - HHS is defining “payment received” as either the deposit date for automated clearing house (ACH) payments or the date that the check is cashed.
- PRF recipients may use payments for eligible expenses incurred prior to receipt of those payments (i.e., pre- award costs) so long as they are to prevent, prepare for, and respond to coronavirus.
 - ***That said, based on the COVID crisis timeframe, HRSA does not expect that any provider will have incurred eligible expenses prior to January 1, 2020.***



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Updated Deadlines for Using PRF Funds

	When Did You Receive the Payment? (Exceeding \$10,0000 in Aggregate Received)	What is Your Deadline to Use Funds?	When Must You Submit Reporting to HRSA?
Period 1	April 10, 2020 to June 30, 2020	June 30, 2021	July 1, 2021 to September 30, 2021
Period 2	July 1, 2020 to December 31, 2020	December 31, 2021	January 1, 2022 to March 31, 2022
Period 3	January 1, 2021 to June 30, 2021	June 30, 2022	July 1, 2022 to September 30, 2022
Period 4	July 1, 2021 to December 31, 2021	December 31, 2022	January 1, 2023 to March 31, 2023

HHS Sets New Timelines for Reporting on Usage of Funds

- 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.
- Reporting must be completed and submitted to HRSA by the last date of the reporting time period.
 - ***HRSA further notes that PRF recipients that do not report within the respective reporting time period are out of compliance with payment Terms and Conditions and may be subject to recoupment.***



Who is Responsible for Reporting?

- ***The responsible party for reporting may differ for “General” vs. “Targeted” Distributions.***
- As a reminder, General Distributions Include:
 - Phase 1: Original automatic distribution based on Medicare revenue.
 - Phase 2: Expanded eligibility pool; including Medicaid providers, could apply for relief up to 2% of annual revenue.
 - Phase 3: Final general distribution for additional relief based on expenses/changes in operating revenues.
- Targeted Distributions:
 - ***COVID High Impact Distributions***
 - ***Rural Distributions***
 - ***Skilled Nursing Facilities***
 - Nursing Home Infection Control
 - Nursing Home Quality Incentive Payment Program
 - Tribal Hospitals; Clinics and Urban Health Centers
 - ***Safety Net Hospitals***
 - Children’s Hospitals
 - ***Most Likely Rural Distribution Still to Come from American Rescue Plan Funding***



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Who is Responsible for Reporting-Parent Company and/or Subsidiaries?

- **General Distributions:**

- 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 subsidiary 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.

- **Targeted Distributions:**

- The original recipient of a Targeted Distribution payment is always the Reporting Entity. ***A parent entity may not report on its subsidiaries' Targeted Distribution payments.***
- The original recipient of a Targeted Distribution must report on the use of funds in accordance with the CRRSA Act. This is required regardless of whether the parent or subsidiary received the payment or whether that original recipient subsequently transferred the payment.
 - A Reporting Entity that is a subsidiary must indicate the payment amount of any of the Targeted Distributions it ***received ultimately transferred to/by the parent entity, if applicable.***
 - Transferred Targeted Distribution payments face an increased likelihood of an audit by HRSA.



Summary: Who is Responsible for Reporting?

Type of PRF Recipients	Definition
General Distribution Recipient that received payment in Phase 1 Only	Entity that Received Phase 1 General Distribution payments totaling more than \$10,000 in aggregate in a Payment Received Period.
General Distribution Recipient with no parent organization or subsidiaries except PRF recipients that received Phase 1 General Distribution only	Entity (at the TIN level) that received one or more General Distribution payments totaling more than \$10,000 in aggregate in a Payment Received Period.
General Distribution Recipient with one or more subsidiaries that received payments in Phases 1 to 3	Entity that meets the following criteria: <ol style="list-style-type: none"> 1. Is the parent of one or more subsidiary billing TINs that received General Distribution payments in Phases 1 to 3. 2. Has associated providers that were providing diagnoses, testing or treatment for individuals with possible or actual cases of COVID-19 on or after January 31, 2020 3. Can otherwise attest to the Terms & Conditions
Targeted Distribution Recipient (includes Nursing Home Infection Control Distribution payments)	Entity at the TIN level that received Targeted Distribution payments totaling more than \$10,000 in a Payment Received Period.



Steps for Reporting on Use of Funds

- Reporting entities will report on their use of funds using their ***normal basis of accounting (e.g. cash basis, accrual basis)*** and will submit consolidated reports for a given time period.
- So, what data will we need to report and in what order?
 - **Interest Earned on PRF Payment(s)**
 - **Other Assistance Received- Ex. PPP; EIDL; Office of Rural Health funds, etc.**
 - **Use of Nursing Home Infection Control Distribution Payments(if applicable)**
 - **Use of General and Other Targeted Distribution Payments:**
 - **Net Unreimbursed Expenses Attributable to Coronavirus**
 - **Lost Revenues Reimbursement:** PRF payment amounts (excluding Nursing Home Infection Control Distribution payments) not fully expended on health care-related expenses attributable to coronavirus may then be applied to patient care lost revenues, if applicable.
 - **Patient/Facility Metrics**
 - **Other Survey Data Requested**



Hierarchy of Reporting...How Will HHS Structure It?

- While the two most crucial elements to reporting will be the Expenses/Lost Revenue; HHS will be requiring significant data entry prior to those two calculations (full details are included in PPT Appendix):
 - Step 1: Reporting Entity Overview
 - Step 2: Subsidiary Questionnaire (if applicable)
 - Step 3: Acquired/Divested Entities (if applicable)
 - Step 4: Interest Earned on PRF
 - ***If interest was earned, it will be included in the total amount that must be justified to HHS through lost revenue/expenses.***
 - Step 5: Tax & Single Audit Status
 - Step 6: Other Assistance Received
 - ***PPP, EIDL, Grants, Insurance, etc.***
 - Step 7: Nursing Home Control Infection Reporting (if applicable)



Step 8: Use of General & Other Targeted Distribution Payments

- General Rule: PRF payments can be used toward “health care-related expenses attributable to coronavirus” that another source has not reimbursed and is not obligated to reimburse, which may include G&A or health care-related operating expenses.
- General and Administrative Expenses Attributable to Coronavirus Examples:
 - 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: Workforce-related actual expenses paid to prevent, prepare for, or respond to coronavirus 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.



Step 8: Use of General & Other Targeted Distribution Payments

• Health Care-Related Expenses Attributable to Coronavirus

- 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 coronavirus during the reporting period. Such items may include PPE, hand sanitizer, supplies for patient screening, or vaccination administration materials.
- 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 coronavirus care delivery during the reporting period, such as electronic health record licensing fees, telehealth infrastructure, increased bandwidth, and teleworking to support remote
- 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 coronavirus during the reporting period.
- Other Health Care-Related Expenses: Expenses, not previously captured above, that were paid to prevent, prepare for, and/or respond to coronavirus.
- The Terms and Conditions associated with each PRF payment do not permit recipients to use PRF money to pay any salary at a rate in excess of Executive Level II which is set at \$197,300 (2020), \$199,300 (2021).
 - 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 payments and other HHS awards. An organization receiving PRF may pay an individual's salary amount in excess of the salary cap with non-federal funds.



Expenses: HHS FAQ Review (Offsets)

- **How do I determine if expenses should be considered “expenses attributable to coronavirus not reimbursed by other sources?” (Modified 6/11/2021)**
 - Expenses attributable to coronavirus may include items such as supplies, equipment, information technology, facilities, personnel, and other health care-related costs/expenses for the period of availability.
 - The classification of items into categories should align with how Provider Relief Fund payment recipients maintain their records. Providers can identify their expenses attributable to coronavirus, and **then offset any amounts received through other sources, such as direct patient billing, commercial insurance, Medicare/Medicaid/Children’s Health Insurance Program (CHIP); other funds received from the federal government,** including the Federal Emergency Management Agency (FEMA); the Provider Relief Fund COVID-19 Claims Reimbursement to Health Care Providers and Facilities for Testing, Treatment, and Vaccine Last updated: 6/11/2021 17 Administration for the Uninsured (Uninsured Program);the COVID-19 Coverage Assistance Fund (CAF); and the Small Business Administration (SBA) and Department of the Treasury’s Paycheck Protection Program (PPP).
 - Provider Relief Fund payments may be applied to the remaining expenses or costs, after netting the other funds received or obligated to be received which offset those expenses. The Provider Relief Fund permits reimbursement of **marginal increased expenses** related to coronavirus provided those expenses have not been reimbursed from other sources or that other sources are not obligated to reimburse.
- ***Still huge point of clarification needed- Do we really have to offset all receipts from payers in this process? (i.e. any providers profitable vs. operating expenses have nothing to report?)***



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Expenses: HHS FAQ Review (Salaries and Benefits)

- **What is included in use of funds for salaries and employee compensation? (Added 10/28/2020)**
 - Direct employee (full and part-time), contract labor, and temporary worker expenses are eligible expenses provided they are not reimbursed from other sources (PPP, etc.) , or **only the incremental unreimbursed** amounts are claimed.
 - The Terms and Conditions associated with each Provider Relief Fund payment do not permit recipients to use Provider Relief Fund money to pay salaries at a rate in excess of Executive Level II which is currently set at \$197,300. For the purposes of the salary limitation, the direct salary is exclusive of fringe benefits and indirect costs.
- **Are fringe benefits for both patient care staff and General and Administrative (G&A) staff considered Provider Relief Fund eligible expenses under the “expenses attributable to coronavirus not reimbursed by other sources”? (Added 10/28/2020)**
 - Yes, fringe benefits, expenses to secure and maintain adequate staff, such as hiring bonuses/retention payments associated with both types of personnel may be eligible if not reimbursed by other sources and newly incurred after declaration of the Public Health Emergency.
- **Update from HHS Stakeholder Call:** HHS/HRSA will allow **Hazard Pay** to be claimed as an expense under the PRF reporting guidelines; **provided that policies were established regarding the distribution of Hazard Pay**; and was equitably applied across the organization.



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Expenses: HHS FAQ Review

- Can Reporting Entities claim the time spent by staff and director-level resources on COVID-19-specific matters, such as participating in task forces or preparing their health care organization's COVID-19 response, that they would not have otherwise spent time on in the absence of the pandemic? *(Added 2/24/2021)*
 - Time spent by staff on COVID-19-specific matters may be an allowable cost attributable to coronavirus so long as it was not reimbursed or obligated to be reimbursed by other sources. If the personnel salaries are reimbursed by any other source of funding they cannot be also reimbursed by the Provider Relief Fund (i.e. PPP). In addition, no one individual may be allocated as greater than one full-time equivalent (FTE) across all sources of funding. All costs must be tangible expenses (not opportunity costs) and must be supported by documentation.
- Can providers use Provider Relief Fund payment to pay taxes? *(Added 12/11/2020)*
Yes. HHS considers taxes imposed on Provider Relief Fund payments to be “healthcare related expenses attributable to coronavirus” that are reimbursable with Provider Relief Fund money, except for Nursing Home Infection Control Distribution payments.



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Expenses: HHS FAQ Review (Capital)

- **Do providers report total purchase price of capital equipment or only the depreciated value? (Modified 12/11/2020)**
- Providers who use accrual or cash basis accounting may report the relevant depreciation amount based on the equipment useful life, purchase price and depreciation methodology otherwise applied. For additional information on capital depreciation, please refer to the other Frequently Asked Questions related to capital equipment and capital facility projects.
- **Will the Provider Relief Fund limit qualifying expenses for capital equipment purchases to 1.5 years of depreciation, or can providers fully expense capital equipment purchases? (Added 11/18/2020)**
- Expenses for capital equipment and inventory may be fully expensed only in cases where the purchase was directly related to prevent, prepare for and respond to the coronavirus. Examples of these types of expenses include: Ventilators, computerized tomography scanners, and other intensive care unit- (ICU) related equipment put into immediate use or held in inventory • Masks, face shields, gloves, gowns • Biohazard suits • General personal protective equipment • Disinfectant supplies.
- **Can providers include the entire cost of capital facilities projects as eligible expenses, or will eligible expenses be limited to the depreciation expense for the period? (Added 11/18/2020)**
- Expenses for capital facilities may be fully expensed only in cases where the purchase was directly related to preventing, preparing for and responding to the coronavirus. Examples of these types of facilities projects include: • Upgrading a heating, ventilation, and air conditioning (HVAC) system to support negative pressure units • Retrofitting a COVID-19 unit • Enhancing or reconfiguring ICU capabilities • Leasing or purchasing a temporary structure to screen and/or treat patients • Leasing a permanent facility to increase hospital or nursing home capacity



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Expenses: HHS FAQ Review (Capital)

- Update from HHS/HRSA Stakeholder Call this week:
 - **Capital Expenses:** HHS/HRSA noted that any capital expenses for construction must be **incurred** during the period that you are reporting the expense in.
 - **“Construction cannot simply be funded; it must be completed as well.”**
- *That said, Stakeholder questions need to be submitted as official FAQs to get the responses memorialized in the regulations.*



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Expenses: HHS FAQs

- **How does cost-based reimbursement relate to my Provider Relief Fund payment? (Modified 3/31/2021)**
- Recipient must follow CMS instructions for completion of cost reports available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-ManualsItems/CMS021935> Under cost-based reimbursement, the payer agrees to reimburse the provider for the costs incurred in providing services to the insured population. **In these instances, if the full cost was reimbursed based upon this method, there is nothing eligible to report as an expense attributable to coronavirus because the expense was fully reimbursed by another source.**
- Provider Relief Fund payments cannot be used to cover costs that are reimbursed from other sources or that other sources are obligated to reimburse. Therefore, if Medicare or Medicaid makes a payment to a provider based on the provider's Medicare or Medicaid cost, such payment generally is considered to fully reimburse the provider for the costs associated with providing care to Medicare or Medicaid patients and no money from the PRF would be available for those identified Medicare and Medicaid costs.
- However, in cases where a ceiling is applied to the cost reimbursement or the costs are not reimbursed under cost-based reimbursement (such as costs for care to commercial payer patients) since the reimbursed amount by Medicare or Medicaid does not fully cover the actual cost, those non-reimbursed costs are eligible for reimbursement under the Provider Relief Fund.
- **Remember that, even if costs are claimable, Medicare cost report reimbursement is not 100% of total cost, only that for traditional Medicare.**



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Step 9: Net Unreimbursed Expenses Attributable to COVID

- Calculate the unreimbursed health care expenses attributable to coronavirus, net of other reimbursed sources in two categories:
 - General and Administrative expenses
 - Health Care-Related Expenses.
 - (Net of the reimbursement offsets previously listed)



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Step 10: Lost Revenue

- Similar to expenses, must use current basis of accounting (cash vs. accrual).
- Recipients may choose to apply PRF payments toward lost revenues using one of three options, up to the amount:
 - Option I: The difference between actual patient care revenues (Year over year)
 - Option II: The difference between budgeted (prior to March 27, 2020) and actual patient care revenues.
 - **Option III: Calculated by any reasonable method of estimating revenues.**
- In addition to providing patient care revenues, Reporting Entities will need to provide additional revenue information, depending on which of the following options they select to calculate lost revenues attributable to coronavirus.



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Step 10: Lost Revenue

- Lost Revenues Attributable to Coronavirus Reporting Entities that expend all PRF payments on expenses or those with only Nursing Home Infection Control Distribution payments will need to submit **patient care revenues for calendar 2019 through the most recently completed calendar year.**
- **FAQ- No limit to the portion of PRF justification that can allocated to lost revenue.**
- Reporting Entities using PRF payments for lost revenues will provide information used to calculate lost revenues attributable to coronavirus. **Reporting Entities electing Option I or Option II will provide the following:**
 - Total Revenues
 - Net Charges from Patient Care
 - Related Sources: Reporting Entities will submit revenues/net charges from patient care (prior to netting with expenses) by payer mix (including out of pocket charges), and by quarter for each quarter during the period of availability.
 - **Reporting Entities electing Option I will provide actuals and Reporting Entities electing Option II will provide both budgeted and actuals.**
 - Medicare Part A or B: revenues/net charges received from Medicare Part A or B for patient care. Medicare Part C (Medicare Advantage): revenues/net charges received from Medicare Part C for patient care.
 - Medicaid/Children's Health Insurance Program (CHIP): revenues/net charges received from Medicaid/CHIP for patient care.
 - Commercial Insurance: revenues/net charges from commercial insurance payers for patient care.
 - Self-Pay (No Insurance): 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: revenues/net charges from other sources received for patient care services and not included in the list above



Step 10: Lost Revenue- Option I (Year over Year actual)

	Lost Revenues								
	Option i: the difference between actual patient care revenues								
	Lost Revenues ('20/'21 vs. 2019)					-	-	-	-
	<i>cumulative</i>					-	-	-	-
	Payor	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020
Net Charges	Medicare A or B								
	Medicare Advantage								
	Medicaid/CHIP								
	Commercial								
	Self-Pay								
	Other								
	Payor	<i>Q1 2019</i>	<i>Q2 2019</i>	<i>Q3 2019</i>	<i>Q4 2019</i>	<i>Q1 2020</i>	<i>Q2 2020</i>	<i>Q3 2020</i>	<i>Q4 2020</i>
Total Revenues	Medicare A or B								
	Medicare Advantage								
	Medicaid/CHIP								
	Commercial								
	Self-Pay								
	Other								
	* Total Revenues net of uncollectible patient service revenues recognized as bad debts								

Step 10: Lost Revenue- Option II (Actual vs. Budget)

- If using Option II; Reporting Entities must also submit:
 - A copy of the budget, which must have been approved before March 27, 2020.
 - 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.
 - ***Might be able to use 2020 budget vs. 2021 actual as well but needs to be clarified.***



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Step 10: Lost Revenue- Option II (Actual vs. Budget)

Lost Revenues																	
Option II: the difference between budgeted (prior to March 27, 2020) and actual patient care revenues																	
Lost Revenues (2020 to budget) - quarterly																	
cumulative																	
Payor	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	
									63,079	(2,133,255)	(2,218,163)	(1,574,316)	(1,590,554)	(734,737)	(88,244)	(89,112)	
									63,079	(2,070,176)	(4,288,339)	(5,862,655)	(7,453,209)	(8,187,946)	(8,276,190)	(8,365,302)	
Total Revenues	Payor	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021
	Medicare A or B	1,275,127	1,236,795	969,818	801,384	1,418,857	1,295,209	949,406	773,163	1,226,279	423,347	657,678	1,191,384	1,911,594	1,670,018	1,234,899	1,658,513
	Medicare Advantage	362,095	418,510	397,261	420,309	367,385	458,239	376,016	433,263	398,764	196,472	167,734	153,638	223,054	339,710	318,586	217,983
	Medicaid/CHIP	1,206,135	1,386,444	1,489,391	1,675,656	1,309,308	1,414,161	1,437,082	1,508,377	1,266,419	584,316	975,568	1,139,458	1,010,005	1,371,324	1,631,462	1,391,296
	Commercial	1,897,165	2,420,489	1,919,130	1,393,349	2,204,468	2,336,831	1,830,358	1,498,064	1,035,859	582,298	1,012,742	1,231,001	1,351,008	1,549,474	1,476,335	1,808,198
	Self-Pay	411,921	511,373	505,132	337,727	436,635	452,783	510,492	359,246	43,553	129,951	181,003	280,982	343,082	269,061	353,396	294,490
	Other	661,820	1,176,365	819,011	520,582	685,255	1,028,740	856,706	575,102	451,367	281,946	301,454	335,096	392,861	457,767	491,808	546,400
* Total Revenues net of uncollectible patient service revenues recognized as bad debts																	
Budgeted Revenues	Payor	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021
	Medicare A or B	1,200,022	1,350,951	1,034,699	840,812	1,324,645	1,363,596	1,016,624	818,702	1,136,270	862,866	1,055,025	1,534,163	2,361,057	2,018,495	1,291,457	1,711,254
	Medicare Advantage	334,431	397,291	420,302	387,399	388,436	465,067	352,252	427,631	377,311	413,612	251,741	225,607	262,785	366,397	346,111	199,978
	Medicaid/CHIP	1,262,582	1,477,811	1,467,199	1,808,033	1,391,140	1,510,607	1,475,021	1,653,181	1,182,709	1,103,889	1,677,164	1,539,408	1,347,600	1,500,076	1,646,961	1,512,478
	Commercial	2,051,025	2,297,528	1,897,828	1,446,436	2,252,525	2,338,934	2,005,523	1,525,928	1,135,923	1,139,208	1,711,535	1,790,930	1,852,063	1,709,242	1,433,965	1,724,478
	Self-Pay	394,332	474,605	553,372	326,650	458,292	445,221	468,325	344,194	41,414	272,871	302,788	363,149	467,064	271,602	347,247	268,457
	Other	617,676	1,182,835	838,995	524,122	635,300	1,085,527	923,787	585,799	485,536	539,137	516,089	452,619	531,589	526,279	528,988	589,347



Step 10: Lost Revenue- Option III (Any Reasonable Method)

- **Very little guidance given as to allowable methods, nor applicable time periods.**
- **Some potential alternative methodologies:**
 - **Prior year growth trend line pre-pandemic projection vs. pandemic actuals.**
 - **Prior year growth trend lines for specifically impacted services vs. pandemic actuals for similar services.**
 - **Prior trend line vs. actual adjusting for items such as new providers, new initiatives/services, replacement providers absent in 2019/pre-pandemic.**
 - **2020 vs. 2019 actuals, normalizing either year for singular events that decrease 2019 or inflate 2020.**
 - **Cost report settlements.**
 - **1 time grant receipts.**
 - **Renegotiated managed care agreements end of 2019/beginning of 2020.**



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Step 10: Lost Revenue- Option III

- **What if I choose Option III for reporting lost revenue? HRSA will require the following:**
 - Alternate methodology for calculating lost revenues attributable to coronavirus Reporting Entities must submit:
 - 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;
 - A calculation of lost revenues attributable to coronavirus using the methodology described in the narrative document.
 - All recipients seeking to use an alternate methodology face **an increased likelihood of an audit by HRSA**.
 - HRSA will notify a recipient if their proposed methodology is not reasonable, including if it does not demonstrate with a reasonable certainty that claimed lost revenues were caused by coronavirus.
 - If HRSA determines that a recipient's proposed alternate methodology is not reasonable, **the recipient must resubmit its report within 30 days of notification using either Option i or Option ii to calculate lost revenues attributable to coronavirus.**



Step 10: Lost Revenue- Recommendation

- ***Run Option I and II.***
- ***Develop multiple alternatives for Option III.***
- ***Use Option I if it works, Option II if 1 doesn't, and Option III if necessary.***
- ***Continue to follow FAQ for Option III clarifications.***



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Step 11: Personnel, Patient & Facility Metrics

- Reporting Entities will report on the following personnel, patient, and facility metrics by quarter for CY 2019 through the current period of availability.
 - Personnel Metrics:
 - Total number of clinical and non-clinical personnel by labor category (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.



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Step 13: Survey

- A critical component that HHS has added in the new regulations is essentially a survey of the operations/solvency/patient care during the COVID crisis. HHS will be requiring feedback in the following categories:
 - Overall operations
 - Maintenance of solvency and prevention of bankruptcy
 - Retention of staff and prevention of furlough
 - Re-hire or re-activation of staff from furlough
 - Facilitation of changes needed to operate during the pandemic
 - Ability to care for and/or treat patients with COVID-19 (for applicable treatment facilities)
 - Impact on business or patient services (narrative statement) [optional]



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What's Next?

- Portal will officially open on July 1, 2021 but don't plan on reporting immediately!
- Give us all your FAQs!
- Until then.....
 - Follow FAQ updates!!!
 - Critical to run the reporting for expenses.
 - Run all available options for accounting for lost revenue.
 - Estimate portion of HHS funds supported via expenses and lost revenue.
 - Work on new elements required (personnel & facility metrics).
- We'll move back into a regular forum schedule to keep everyone updated on the FAQs as they are issued and we work through the reporting requirements and timeframes.



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More PRF Funding Incoming.....

- Phase 3 Distributions Still Occurring
 - Phase 3 Applications closed on November 6, 2020 but distributions were still occurring as recently as 10 days ago.
- HRSA's Rural Health Clinic COVID-19 Testing and Mitigation Program began over the last week.
 - \$460 million to more than 4,600 rural health clinics (RHCs) across the country.
 - RHCs will use the funds to maintain and increase COVID-19 testing, expand access to testing for rural residents, and broaden efforts to mitigate the spread of the virus in ways tailored to their local communities.
 - HRSA has allocated \$100,00 per RHC site.
- HHS should still have close to \$20B left to distribute
 - Of that \$8.5B was added for rural providers under the American Rescue Plan. Application cycle for this still forthcoming.



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Wrap Up & Questions

Unmute using *6 or the mic icon in the app or use the chat to ask.



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Provider Relief Fund Reporting Requirements Appendix



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Step 1: Reporting Entity Overview

- The following data elements need to be gathered for reporting:
 - TIN: The TIN associated with the eligible health care provider that is filing the report.
 - Business Name: The business name of the Reporting Entity must be entered as it appears on Internal Revenue Service (IRS) Form W-9.
 - Doing Business As (DBA) Name [optional]: The DBA name is any registered name that a business operates under that is not its legal business name.
 - Address: The address must be entered as it appears on IRS Form W-9 and must include a street, city, state/territory, and ZIP code.
 - Contact Information: The name, email, and phone number of the person responsible for submitting the report on behalf of the Reporting Entity.
 - Provider Type: The provider type must be selected from a list of provider types that best describes the Reporting Entity.
 - Provider Subtype: The provider subtype must be selected from a list of provider subtypes that best describes the Reporting Entity.



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Step 2: Subsidiary Questionnaire

- Reporting Entities that have subsidiaries will report the following information:
 - TINs of subsidiaries that are “eligible health care providers” and an indication whether the Reporting Entity is reporting on behalf of the subsidiary’s General Distribution payment(s).
 - TINs of subsidiaries that are “eligible health care providers” and were acquired or divested during the period of availability.
 - “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. 6 For Reporting Entities that are subsidiaries:
 - TIN(s) of any parent entity reporting on behalf of the Reporting Entity (for General Distribution payments only), if applicable.
 - Total dollar amount of Targeted Distribution payment(s) transferred to/by a parent entity, if applicable.



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Step 3: Acquired/Divested Subsidiaries

- Acquired/Divested Subsidiaries Reporting Entities that acquired or divested of related subsidiaries (change of ownership) during the period of availability must indicate the change in ownership, providing the following data points for each relevant TIN:
 - TIN(s) included in the acquisition/divestiture
 - Effective date of acquisition/divestiture
 - PRF payment received for TIN acquired/divested
 - Did/does the Reporting Entity hold a controlling interest in this entity? (Y/N)
 - Percent of ownership for acquisition/divestiture
 - TIN of acquiring entity, if applicable
- *Note: If the Reporting Entity itself was acquired or divested, it should self-report the change in ownership to HRSA by contacting the Provider Support Line (866) 569-3522; for TTY dial 711. Hours of operation 7 a.m. to 10 p.m. Central Time, Monday through Friday.*



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Step 4: Interest Earned on PRF

- For Reporting Entities that held the PRF payment(s) being reported in an interest-bearing account, the dollar value of interest earned on those PRF payment(s) must be reported.
- ***If interest was earned, it will be included in the total amount that must be justified to HHS through lost revenue/expenses.***
- Reporting Entities will provide:
 - Dollar amount of interest earned on Nursing Home Infection Control Distribution payments, if any
 - Dollar amount of interest earned on other PRF payments, if any
- Note: The interest earned on Nursing Home Infection Control Distribution payments must be reported separately from interest earned on other PRF payments.



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Step 5: Tax and Single Audit Information

- Federal Tax Classification: Designated business type associated with the Reporting Entity's primary TIN used for filing taxes.
 - Classifications include Individual/Sole Proprietor, Limited Liability Corporation (LLC), Partnership, C Corporation, S Corporation, Trust or Estate, or other. If other, the classification must be specified.
 - Exempt Payee Code [optional]: Code as designated on IRS Form W-9.
 - Exempt from Foreign Account Tax Compliance Act (FATCA) Reporting Code [optional]: Code as designated on IRS Form W-9.
 - Fiscal Year-End Date: Month in which the Reporting Entity reports its fiscal year-end financial results.
 - **Single Audit Status: Reporting Entities must indicate if they are subject to Single Audit requirements during 2019 through current fiscal years, and, if yes, whether PRF payments are included in the Single Audit.**



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Step 5: Tax and Single Audit Information

- 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):
 - A financial related audit of the award or awards conducted in accordance with Generally Accepted Government Auditing Standards; or
 - 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.



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Step 6: Other Assistance Received

- The Reporting Entity must enter other assistance received by quarter during the period of availability. 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.
 - **Department of the Treasury (Treasury) and/or Small Business Administration (SBA) Assistance:** Total amount of coronavirus-related relief received from Treasury and/or SBA, *including the Paycheck Protection Program and/or EIDL*, by the Reporting Entity during the period of availability.
 - **Federal Emergency Management Agency (FEMA) Programs:** Total amount of coronavirus 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 coronavirus testing-related activities during the period of availability.
 - **Local, State, and Tribal Government Assistance:** Total amount of coronavirus-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 coronavirus-related assistance received by the Reporting Entity during the period of availability.



Step 7: Nursing Home Infection Control

- Nursing Home Infection Control 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. Expenses that are paid for with Nursing Home Infection Control Distribution payments must be those that are unreimbursed from other sources.



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Step 7: Nursing Home Infection Control

- Reporting Entities that received between \$10,001 and \$499,999 in aggregated PRF payments during each Payment Received Period are required to report on the use of these infection control payments in two categories:
 - General and Administrative Expenses
 - Health Care-Related Expenses.
- Reporting Entities that received \$500,000 or more in aggregated PRF payments during each Payment Received Period are required to report on the use of these infection control payments in greater detail than the two categories of General and Administrative Expenses and Health Care-Related Expenses, according to the following sub-categories of expenses



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Step 7: Nursing Home Infection Control

- **General and Administrative Expenses**

- *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:* 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 general and administrative expenses.



Step 7: Nursing Home Infection Control

- Health Care-Related Expenses

- 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 performance. 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.
- Equipment: Expenses paid for purchase of equipment used for infection control, such as updates to 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 performance.
- Other Health Care-Related Expenses: Expenses not captured above that are for infection control and are health care-related expenses.



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Step 8: Use of General & Other Targeted Distribution Payments

- Expenses that are paid for with General and Targeted PRF payments (excluding Nursing Home Infection Control Distribution payments) must be those that are unreimbursed by other sources and that other sources are not obligated to reimburse.
- Reporting Entities that received between \$10,001 and \$499,999 in aggregated PRF payments during each Payment Received Period are required to report on the use of General and Other Targeted PRF payments in two categories:
 - General and Administrative Expenses
 - Health Care-Related Expenses.
- Reporting Entities that received \$500,000 or more in aggregated PRF payments during each Payment Received Period are required to report on the use of these General and Other Targeted PRF payments in greater detail than the two categories of General and Administrative Expenses and Health Care-Related Expenses, according to the following sub-categories of expenses.

