

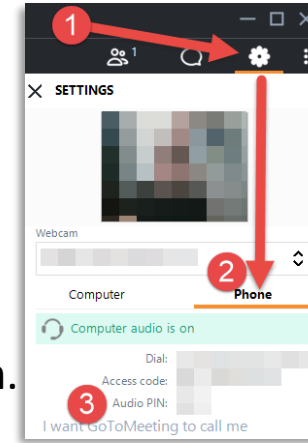
Welcome! The HHS Provider Relief Fund Reporting Guide will begin shortly.

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!

To participate with audio via your PC (mute/unmute using mic icon):

Ensure the correct mic/speakers are selected under the 'Computer' option.



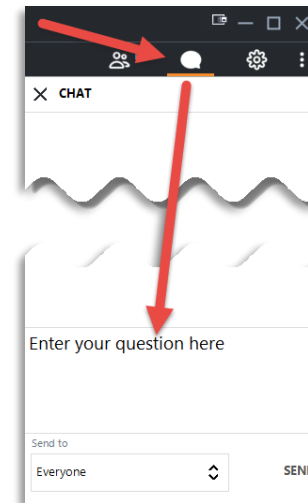
To ask questions during the meeting:

Use the GoToMeeting Chat feature, we will be checking throughout the meeting.

If your question must be verbal, you can unmute.

Will the meeting be recorded?

Yes, it will be recorded & posted with slides to our website within the next few hours: <https://shpllc.com/webinars>



HHS Provider Relief Fund Reporting Walkthrough



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HHS PRF Updates

- **When will remaining funds be allocated??**
 - HHS is facing pressure from the Government Accountability Office (GAO) to communicate information on how they will allocate the remaining \$43.7 billion of \$178 billion in funding from the CARES Act & American Rescue Plan (ARP).
 - HHS Funding is now safe from potential reallocation to fund the Infrastructure bill.
 - Anticipated that HHS will release details on the ARP \$8.5B disbursement for rural providers in the next few weeks.
- **Latest on Reporting**
 - HHS FAQ responses are trickling in much more slowly now
 - Most significant recent information relates to an appeal/reconsiderations process which HHS is developing now.
 - Provider Relief Fund Deadline Extension Act has been introduced to extend deadline for usage of first round of funding from June 30, 2021 to December 31, 2021 since HHS did not release guidance.



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Key Tips

- Reporting must be completed and submitted to HRSA by 11:59 PM Eastern Time on the last date of the Reporting Time Period (September 30, 2021).
- Only electronic submissions through the PRF Reporting Portal are permitted.
- Two-Factor Authentication: during each login to the portal and at the end of the reporting process, users of the portal will receive an email notification from 'PRFReporting-NoReply@hrsa.gov'.
 - Users of the portal should add this email address to their safe sender list before beginning.
- The report must be completed and saved stepwise and Reporting Entities are not allowed to skip steps.
- Data may be saved throughout the reporting process, so it is not necessary to complete the report at once.
 - **In order to not lose work; save progress continuously!!!!**
- **A work session in the PRF Reporting Portal will timeout after 15 minutes of inactivity.**
- Reporting Entities should ensure they have all of the information required to report available before they begin.



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Key Editing Tips

- Editing Data Entry:
 - Pencil Icon: click to amend any data input into a field.
 - Trash Bin Icon: click to delete any data input in a field. A confirmation pop-up will display prior to deletion:

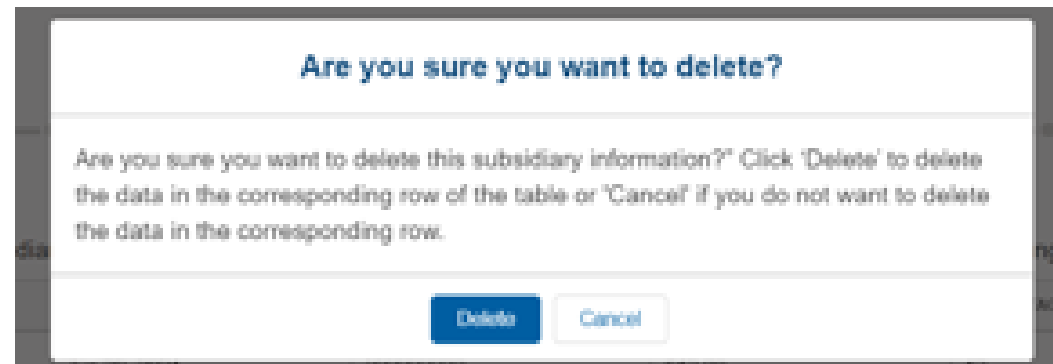


Figure 12 Delete Confirmation

NAVIGATION WITHIN THE PORTAL

- After the successful login, users will be able to navigate the portal through a series of pages in a sequential order – completing data entry for one step before proceeding to next.
- The progress can be observed by viewing the progress bar located at the top of each portal page as shown on this slide.



Figure 3 Progress Bar

- Blue circle represents steps that are completed
- White circle with blue outline represents current steps
- Gray circles represent steps to be completed



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NAVIGATION WITHIN THE PORTAL

- Users can save information on the current page and advance to the next step by clicking the blue 'Save & Next' button, only if all required data fields are entered correctly without errors.
- Users can return to a previous page by clicking the blue 'Previous' button. Please note that clicking on 'Previous' button without saving the information will result in data loss.
- Users should exit the portal when they are not actively entering data by clicking the red 'Save & Exit' button.
Portal users should not exit the portal by closing the browser window or navigate away from the current page using the browser window as data entered on the current page will not be saved.
- To re-enter the portal, users will be required to log in using the username, password, and a verification code sent to the email address on the record. The verification code will be valid for 15 minutes.
- The portal will re-open on the first step (Entity Overview page) and all information previously saved will be evident. Click the blue 'Save & Next' button to navigate to the desired page to enter new data or correct any of the previously entered data fields.



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NAVIGATION WITHIN THE PORTAL

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



Figure 4 Page Navigation

Key Tips

- Resolving Error Messages: Missing fields must be completed in order to allow user to be able to advance to the next step.

The screenshot shows a 'Contact Information' form with the following fields and validation messages:

- First Name:** Red border, error message: "Complete this field." Below it: "Please enter valid value."
- Last Name:** Red border, error message: "Complete this field." Below it: "Please enter valid value."
- Title:** Grey border, no error message.
- Phone:** Red border, error message: "Complete this field." Below it: "Please enter valid value."
- Email:** Grey border, contains the text "a@company.com", no error message.

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

Figure 9 Entity Overview – Field Validations

TERMS AND CONDITIONS

- Certify that they have read and accept the PRF Reporting Portal Terms and Conditions by clicking on the radio button located to the left of the text 'I have read and accept the terms and conditions.'
- The 'Next' button will appear after the radio button is selected as shown below.

A screenshot of a web form titled "Registration" with a sub-section "Terms and Conditions". The text includes a disclaimer about U.S. Government information system access and a list of conditions. At the bottom, there is a section titled "Accept Terms and Conditions" with a radio button selected next to the text "I have read and accept the terms and conditions.". A blue "Next" button is visible at the bottom left of the form area.

Registration

Terms and Conditions

- You are accessing a U.S. Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.
- Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.
- By using this system, you understand and consent to the following:
 - You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.
 - Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

***Accept Terms and Conditions**

☒ I have read and accept the terms and conditions.

Next

Figure 7 Acceptance of Terms and Conditions

STEP 1: ENTITY OVERVIEW

Reporting

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

Entity Overview

Tax ID Number (TIN) ⓘ

147258545

*Business Name (as it appears on WS) ⓘ

John Doe Hospital

Doing Business As (DBA) Name ⓘ

J.Doe 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 ⓘ

30062

Contact Information

*First Name ⓘ

Jane

*Last Name ⓘ

Doe

Title ⓘ

*Phone ⓘ

1234567890

*Email ⓘ

janedoe@hospital.com

Save & Exit

Save & Next

Figure 8 Entity Overview

STEP 1: ENTITY OVERVIEW

- The first section of the page under the header 'Entity Overview' includes the following required fields:
 - Tax Identification Number (TIN): pre-populated
 - Business Name: pre-populated
 - Provider Type: **not** pre-populated
 - Provider Sub-Type: **not** pre-populated
- Pre-populated fields cannot be change but a DBA Name (optional) may be added to the entity overview.



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STEP 1: ENTITY OVERVIEW

- Provider Type and Provider Sub-Type: use the dropdown menus to select the provider type/provider sub-type.
 - The sub-types are conditional to the Provider Types.
- Select the combination that best describes the Reporting Entity's type of business.
 - If multiple Provider Types or Provider Sub-Types apply, choose the pair that reflects the majority of the business.
- After the Entity Overview information, the Address (as it appears on IRS Form W-9) and Contact Information sections are shown.
 - All of these data entry fields are pre-populated from registration.
- If any information has changed since registration, the Reporting Entity should update the fields. Address data entry fields are all required and include: Street, State/Territory (selected from a drop-down list), City, and ZIP code (entered as 5 numeric digits).



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STEP 1: ENTITY OVERVIEW

- On this portal page, Reporting Entities should consider the following actions before saving:
 - Confirm the information in the Entity Overview and Address by using the same information on the IRS Form W-9.
 - Ensure the contact email address is a valid, monitored email address.
 - Ensure portal users are able to log in to the portal in the future and receive future communications regarding reporting, by adding 'PRFReporting-NoReply@hrsa.gov' to the safelist of the contact email provided during the registration and reporting process.
- If any of the information is missing, an error message(s), similar to one shown in the next slide.



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STEP 2: SUBSIDIARY QUESTIONNAIRE

The screenshot shows a web form titled "Reporting" with a progress bar at the top. The current step is "Subsidiary Questionnaire". The form contains the following text and fields:

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

* "Eligible 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.*

* Does the reporting entity have any subsidiaries that are "eligible health care providers"?

Yes

* Did the reporting entity acquire or divest subsidiaries that are "eligible health care providers" and that received PRF payments during the period of availability of funds?

Yes

* If the reporting entity is a subsidiary, will a parent entity report on any of the reporting entity's General Distribution payment(s)?

Yes

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

Were any Targeted Distribution payment(s) transferred to by a parent entity?

Yes

* What is the total dollar amount of the Targeted Distribution payment(s) transferred to by the parent entity?

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

- There are four required questions with two conditional questions that may display based on the answers to the first four questions.
- The Reporting Entity should answer all questions and click 'Save & Next.' If any of the questions are not completed, an error message 'Complete this field.' will appear in red under the missing field.

STEP 2: SUBSIDIARY QUESTIONNAIRE

- The purpose of this page is to collect information about subsidiary entities for any Reporting Entities that are parent organizations and to collect information about parent entities for any Reporting Entities that are the subsidiary of a parent.
- To determine whether an entity is the parent organization, the entity must follow the methodology used to determine a subsidiary in their financial statements.
- If none, the entity with a majority ownership (greater than 50 percent) will be considered the parent organization.



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STEP 3: SUBSIDIARY DATA

- Depending on the answers selected in Step 2 – Subsidiary Questionnaire, the Subsidiary Data page will render different data fields.
- The Acquired/Divested Subsidiaries table below will be shown only if the Reporting Entity selected ‘Yes’ to the second question “Did the reporting entity acquire or divest subsidiaries that are eligible health care providers and that received PRF payments during the period of availability of funds?”

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 ACQUIRED / DIVESTED SUBSIDIARY	ACQUIRED OR DIVESTED	EFFECTIVE DATE OF THE ACQUISITION/DIVESTITURE	TIN OF ACQUIRING/DIVESTING ENTITY	TOTAL PRF DOLLAR AMOUNT RECEIVED FOR TIN	PERCENTAGE OF OWNERSHIP	DID YOU HOLD A CONTROLLING INTEREST?	DELETE
---------------------------------------	----------------------	---	-----------------------------------	--	-------------------------	--------------------------------------	--------

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 ⓘ

* Effective Date of the Acquisition/Divestiture

* Total PRF dollar amount received for TIN ⓘ

* Did/Do you hold a controlling interest?

* Acquired or Divested

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

* Percentage of Ownership ⓘ

+ Add

STEP 3: SUBSIDIARY DATA

- The Acquired/Divested Subsidiaries Table will be blank and requires the Reporting Entity to complete it using the required input fields below the table.
- Reporting Entities that acquired or divested related subsidiaries (change of ownership) during the period of availability must indicate the change in ownership.
- Once all input fields are complete, the user should press the green '+Add' button to populate the table. Upon clicking '+Add', a number of data entry validations are run on the input fields.
- If any errors occur, red messages will appear under the applicable input field.



STEP 3: SUBSIDIARY DATA

- The Subsidiary Information Table will be shown only if the Reporting Entity selected 'Yes' to the first question "Does the reporting entity have any subsidiaries that are *"eligible health care providers"?" on Step 2: Subsidiary Questionnaire

The screenshot shows a web form titled "Subsidiary Information". It includes a paragraph explaining that the data is prepopulated and that additional subsidiary TINs must be added one at a time using the "+ Add" button. A green button labeled "+ Add" is visible. Below this, there is a table with four columns: "TIN OF SUBSIDIARY", "REPORTING ON GENERAL DISTRIBUTION", "ENTER MESSAGE", and "DELETE". The table is currently empty. Below the table, there is a text input field for "TIN of Subsidiary" and a checkbox for "Report reporting on General Distribution payment(s)?". At the bottom, there are three buttons: "Previous", "Save & Exit", and "Save & Next".

Figure 14 Subsidiary Information Table

STEP 3: SUBSIDIARY DATA

- The Subsidiary Information table will be prepopulated if one or more subsidiary TINs were provided during registration. If no subsidiary TINs were provided during registration, the table have a title row but will otherwise have no data.
- Reporting Entities must complete the table by using the required input fields below the table.
- **Reporting Entities must add all subsidiaries that meet the definition of “eligible health care providers,” even if there is no General Distribution payment to report on and even if subsidiaries did not receive a PRF payment.**
- For the purposes of PRF reporting, “eligible health care providers” are defined as public entities, Medicare or Medicaid enrolled suppliers and providers, and such for-profit entities and not-for-profit entities as the Secretary may specify, within the United States (including territories), that provide diagnoses, testing, or care for individuals with possible or actual cases of COVID–19.



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STEP 3: SUBSIDIARY DATA

- To add a subsidiary to the table, the Reporting Entity must enter a 9-digit TIN; and, if applicable, check the box “Parent reporting on General Distribution payment(s)?”.
 - Reporting Entities have the option to download a list of subsidiaries as a spreadsheet after completing the table by clicking the ‘Download List of Subsidiaries (Spreadsheet).’ This summary can be used to confirm the correct TIN(s) of subsidiaries have been entered.
 - Critical to double check on the subsidiary table because HHS will only recognize reporting on subsidiaries’ PRF payment if this entry matches the TIN of the HHS PRF distribution.
- Reporting on General Distribution Payments of Subsidiaries:
 - Users should add a ‘TIN of Subsidiary’ into the table using the input fields, by selecting if the TIN is a “Parent reporting on General Distribution payment(s)?” and pressing the green ‘+Add’ button.
 - The TIN will be inserted into the table and automatically validated against HRSA’s PRF payment file.
 - If the subsidiary TIN did not receive a PRF payment in the corresponding Payment Received Period, the message "TIN not found in the PRF payment file" is shown in the ‘Error Message’ column.



STEP 4: PAYMENTS TO RECIPIENT

- The user is directed to the Payments to Recipient page after successfully completing Step 3: Subsidiary Data or if they answered 'No' to the following questions in Step 2: Subsidiary Questionnaire:
 - Does the reporting entity have any subsidiaries that are "eligible health care providers"?
 - Did the reporting entity acquire or divest subsidiaries that are eligible health care providers and that received PRF payments during the period of availability of funds?
- The tables of information presented in Step 4: Payments to Recipients highlight the payments made to the Reporting Entity (and its subsidiaries, if applicable) within the Payment Received Period that corresponds to the current Reporting Period as shown in Table 1 Reporting Periods. Information is pre-populated, including the type of distribution.



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STEP 4: PAYMENTS TO RECIPIENT

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

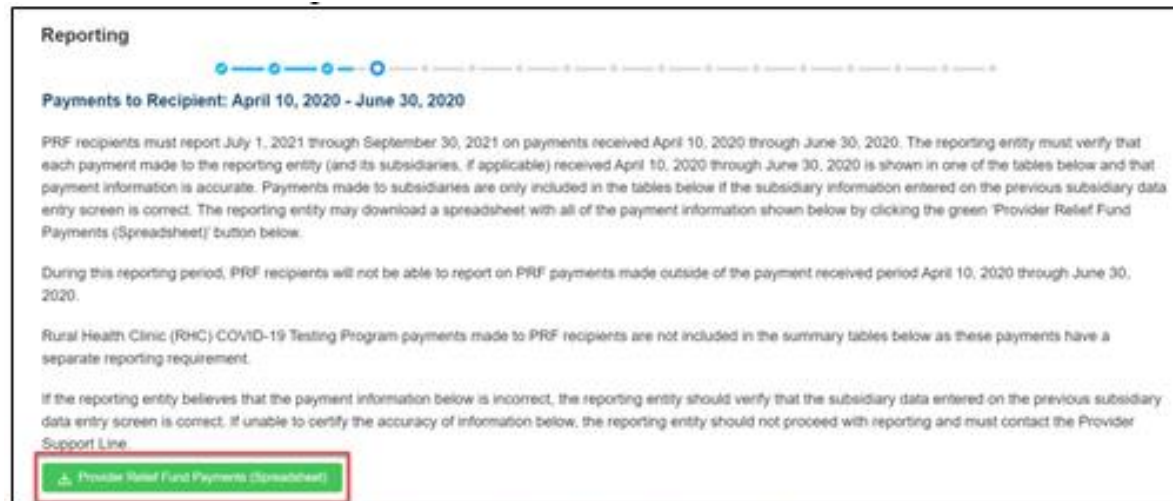


Figure 16 Provider Relief Fund Payments (Spreadsheet)

STEP 4: PAYMENTS TO RECIPIENT

- The tables displayed on this portal page summarize all payments made during the Payment Received Period corresponding to the Reporting Period:
 1. Total Nursing Home Infection Control Payments (includes Quality Incentive Program (QIP) payments)
 2. Total Other PRF Payments (*i.e.*, all General Distribution payments and Other Targeted Distribution Payments)
 3. Total Rejected Payments (Attestation Rejected).⁷ Rejected payments are not included in the total payments on which Reporting Entities are required to report.



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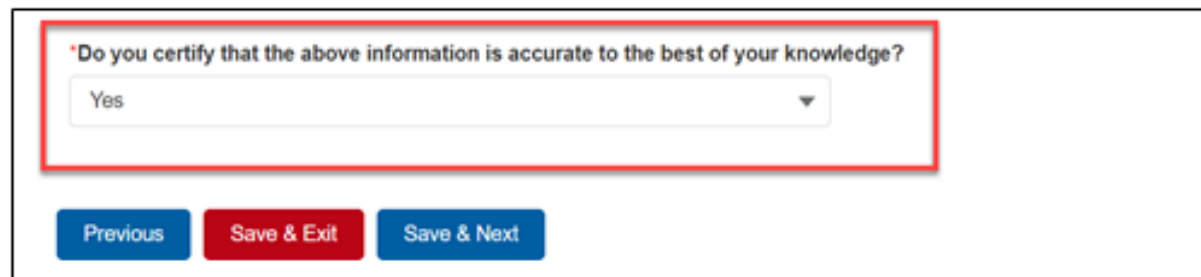
STEP 4: PAYMENTS TO RECIPIENT

- Each table on the Payments to Recipient page will have column headers and payment information if a payment was received during the corresponding Payment Received Period.
- The payment period summary table can be used to confirm for each payment:
 - TIN of recipient
 - distribution type
 - dollar amount deposited (*i.e.*, amount of original payment)
 - dollar amount returned (by recipient)
 - dollar amount retained (calculated as amount deposited – amount returned)
 - attestation date.
 - The Attestation Date field will be blank if the attestation was accepted by default.



STEP 4: PAYMENTS TO RECIPIENT

- Nursing Home Infection Control payments are separated from all General Distribution and other Targeted Distribution payments because the funds may only be used for specific purposes as indicated in the payment Terms and Conditions.
- Reporting Entities will report on the expenses for the Nursing Home Infection Control payments separately from expenses for other payments.
- The Reporting Entity must certify the accuracy of the information at the bottom of this page before preceding to the next step of reporting. If the information is accurate, users must select 'Yes' and click the 'Save & Next' button as shown below.



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

Yes ▼

Previous Save & Exit Save & Next

Figure 17 Certify Accuracy of Information

STEP 4: PAYMENTS TO RECIPIENT

- If the information is not accurate, portal users should select 'No' and provide a description of the reason the information is inaccurate in the 'Dispute Comments' data entry field as shown below.

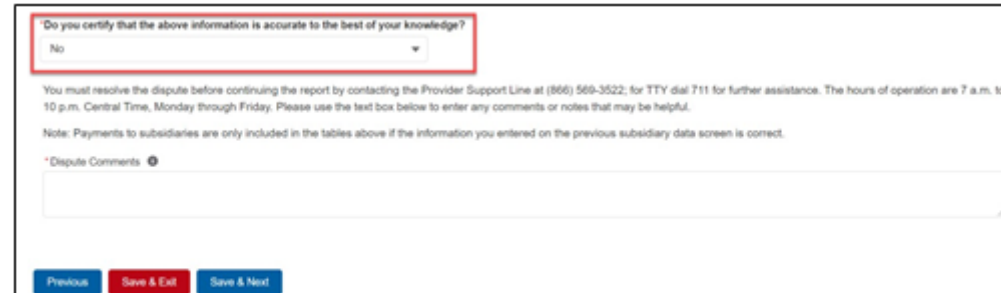
A screenshot of a web form titled "Dispute Comments". At the top, a red-bordered box contains the question "Do you certify that the above information is accurate to the best of your knowledge?" with a dropdown menu showing "No". Below this, a paragraph of text states: "You must resolve the dispute before continuing the report by contacting the Provider Support Line at (866) 569-3522; for TTY dial 711 for further assistance. The hours of operation are 7 a.m. to 10 p.m. Central Time, Monday through Friday. Please use the text box below to enter any comments or notes that may be helpful." A note below reads: "Note: Payments to subsidiaries are only included in the tables above if the information you entered on the previous subsidiary data screen is correct." The "Dispute Comments" field is a large text area with a question mark icon. At the bottom are three buttons: "Previous" (blue), "Save & Exit" (red), and "Save & Next" (blue).

Figure 18 Certify Accuracy of Information- Dispute Comments

- The Reporting Entity must enter a text narrative in the Dispute Comments field and click 'Save & Next'.
- The portal user is then asked to call the Provider Support Line to resolve the incorrect payment data.
- The Reporting Entity must resolve the dispute as soon as possible as they will be unable to proceed to the next step in the reporting process until the dispute is resolved.

STEP 4: PAYMENTS TO RECIPIENT

- Once providing dispute comments and clicking 'Save & Next', the user will see the pop-up as displayed below.

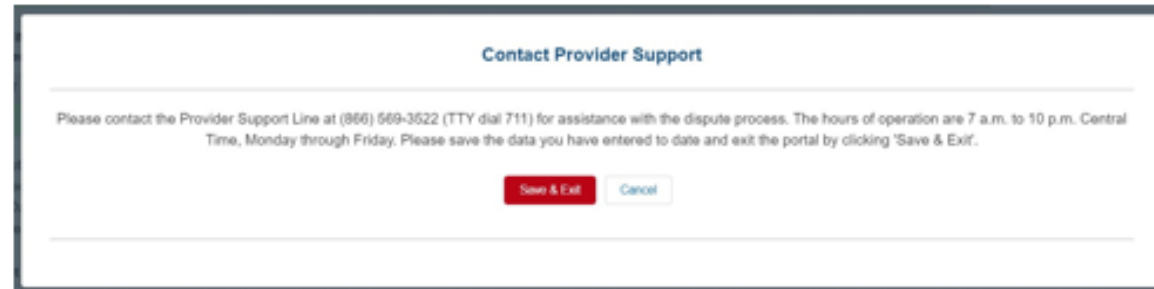


Figure 19 Contact Provider Support Pop-Up

- The Reporting Entity will be able to proceed with the reporting process only after the user is able to certify the accuracy of the information on this portal page.
- If a Reporting Entity certifies that the information on this portal page is accurate but has not received PRF payments exceeding **\$10,000 in the aggregate during the Payment Received Period** corresponding to the Reporting Period as shown in Table 1 Reporting Periods, the reporting process will not proceed and the user will receive a pop-up message as shown on next slide.

STEP 4: PAYMENTS TO RECIPIENT

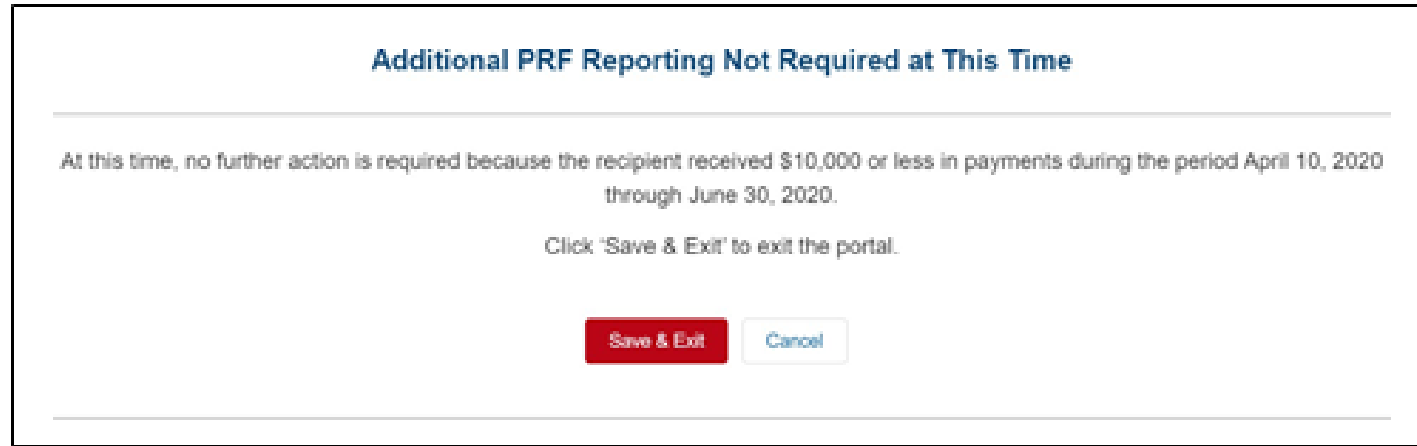


Figure 20 \$10,000 or Less Pop-Up

- Reporting Entities will not be able to report on the use of funds if their payments during the Payment Received Period do not exceed \$10,000 in the aggregate.
- Users should click 'Save & Exit' to return back to the Reporting Portal Home Page if they are not required to report.

STEP 5 : INTEREST EARNED ON PRF PAYMENTS, TAX INFORMATION, AND SINGLE AUDIT INFORMATION

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

Health and Human Services

HRSA
Health Resources & Services Administration

Resources & FAQs

Reporting

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

*Amount of interest earned on Skilled Nursing Facility and Nursing Home Infection Control payments from payment date until expense date, if applicable ⓘ

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

Tax Information

*Federal Tax Classification ⓘ

Exempt Payee Code ⓘ

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

*Fiscal Year End Date ⓘ

Single Audit Information

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

Fiscal Year	Subjected to Audit (45 CFR 75 Subpart F)	Were PRF payments included in this audit?
2019	<input type="checkbox"/>	<input type="checkbox"/>
2020	<input type="checkbox"/>	<input type="checkbox"/>
2021	<input type="checkbox"/>	<input type="checkbox"/>

Previous Save & Exit Save & Next

Figure 21 Interest Earned on PRF Payments, Tax Information and Single Audit Information

STEP 5 : INTEREST EARNED ON PRF PAYMENTS, TAX INFORMATION, AND SINGLE AUDIT INFORMATION

- If interest is earned on PRF payments received in the Payment Received Period corresponding to the current reporting period, interest must be applied toward a reportable use of funds through allowable expenses or lost revenues..
 - Interest should be calculated from the date the payment was received until the date of expenditure (or the date of return in the case of unused PRF payments).
- Interest must be broken down into two categories:
 - total amount of interest earned on Nursing Home Infection Control payments (if applicable)
 - total amount of interest earned on all other PRF payments
- The total amount of interest reported must be a number with up to two decimal points
- A zero (0) value must be entered if the PRF payments were not held in an interest-bearing account or if no interest was earned on the payments.



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STEP 5 : INTEREST EARNED ON PRF PAYMENTS, TAX INFORMATION, AND SINGLE AUDIT INFORMATION

- The Reporting Entity must select from a dropdown list to choose the federal tax classification, the designated business type associated with the Reporting Entity's primary TIN used for filing taxes.
- Federal tax classification may be reported as Individual/Sole proprietor or Single-Member LLC, C Corporation, S Corporation, Partnership, Trust/Estate, or Other.
- If the Reporting Entity selects 'Other,' a new data entry field will appear and the Reporting Entity will have to specify the designated business type as shown below.

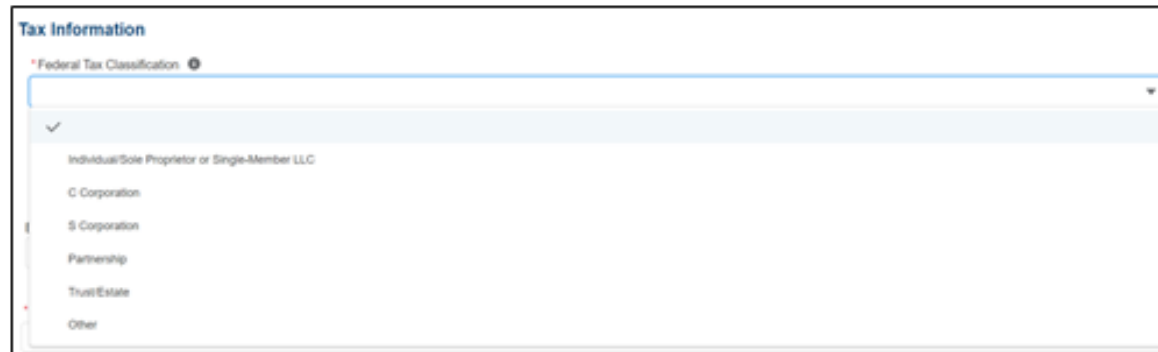
A screenshot of a web form titled "Tax Information". Below the title is a label "*Federal Tax Classification" with a help icon. A dropdown menu is open, showing a list of options: "Individual/Sole Proprietor or Single-Member LLC" (which is selected and has a checkmark), "C Corporation", "S Corporation", "Partnership", "Trust/Estate", and "Other".

Figure 22 Federal Tax Classification

STEP 5 : INTEREST EARNED ON PRF PAYMENTS, TAX INFORMATION, AND SINGLE AUDIT INFORMATION

- The Reporting Entity must select from the dropdown list the Fiscal Year End Date that accurately matches the month in which the Reporting Entity reports its fiscal year financial results as shown below

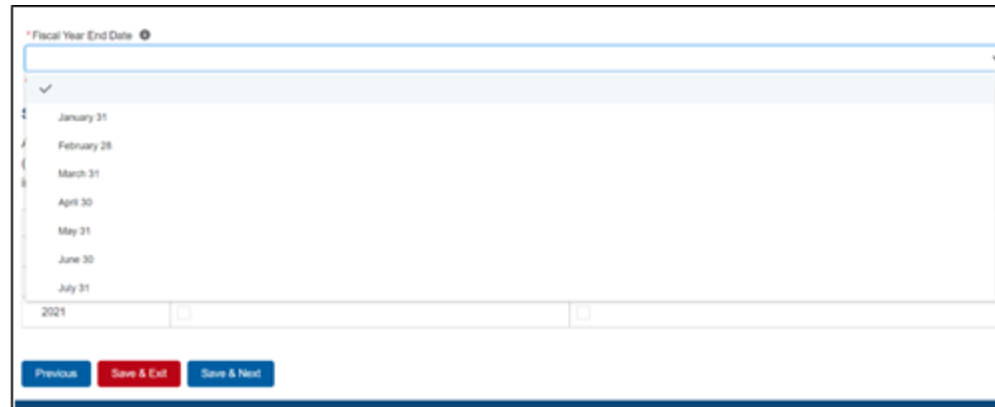
A screenshot of a web application interface showing a dropdown menu for 'Fiscal Year End Date'. The dropdown is open, displaying a list of dates: January 31, February 28, March 31, April 30, May 31, June 30, and July 31. The 'January 31' option is selected, indicated by a checkmark. Below the dropdown, there is a text input field containing the year '2021'. At the bottom of the form, there are three buttons: 'Previous' (blue), 'Save & Exit' (red), and 'Save & Next' (blue).

Figure 23 Fiscal Year End Date

- If the fiscal year end date has changed, the Reporting Entity should enter the fiscal year end date applicable at the time of reporting.

STEP 5 : INTEREST EARNED ON PRF PAYMENTS, TAX INFORMATION, AND SINGLE AUDIT INFORMATION


- Recipients that expend a total of \$750,000 or more in federal funds (including PRF payments and other federal financial assistance) during their fiscal year are subject to Single Audit requirements, as set forth in the regulations at 45 CFR § 75 Subpart F.
- Non-federal entities must have a Single Audit conducted in accordance with 45 CFR § 75.514 that must be submitted electronically to the Federal Audit Clearinghouse.
- Commercial organizations have two options under 45 CFR § 75.216(d) and § 75.501(i)
 1. a financial related audit of the award or awards conducted in accordance with Generally Accepted Government Auditing Standards
 2. an audit in conformance with the requirements of 45 CFR § 75.514 - Single Audit).
- Audit reports of commercial organizations must be submitted via email to HRSA's Division of Financial Integrity at PRFaudits@hrsa.gov.



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STEP 6: PAYMENTS SUMMARY

Reporting



Payments Summary: April 10, 2020 - June 30, 2020

These totals do not include payments where the attestation was rejected.

Total Nursing Home Infection Control Payments:	\$900,000.00
Total Other PRF Payments:	\$0.00
Total Interest Earned on Nursing Home Infection Control Payments:	\$1,000.00
Total Interest Earned on Other PRF Payments:	\$2,000.00
Gross PRF Payments (including Interest Earned):	\$903,000.00
Total PRF Returned Payments:	\$600,000.00
Total Reportable Nursing Home Infection Control Payments:	\$301,000.00
Total Reportable Other PRF Payments:	\$2,000.00
Total Reportable PRF Payments:	\$303,000.00

Previous

Save & Exit

Save & Next

Figure 24 Payments Summary: April 10, 2020 - June 30, 2020

STEP 6: PAYMENTS SUMMARY

- Pre-populated based on the Reporting Entity's answers to previous questions and payments received during the Payment Received Period which corresponds to the current Reporting Period/
 - Review the dollar amounts shown and click 'Save & Next' if all amounts are correct.
- If the payment information does not appear correct, the Reporting Entity should navigate to the previous pages and correct previous data input. ensure that data was entered correctly.
- Payments received by the Reporting Entity and/or its subsidiaries outside of the ***current reporting period or where the attestation for the payment was rejected.***



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STEP 7: OTHER ASSISTANCE RECEIVED

Reporting

Other Assistance Received

The reporting entity must enter the other assistance received by quarter during calendar years 2020 and 2021. All fields marked with an asterisk are required. If zero, the reporting entity must enter a '0'. The number entered may be a value up to 14 digits including 2 decimal places. 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.

Other Assistance	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Total
RHC COVID-19 Testing Funds Received							\$0.00
Treasury, Small Business Administration (SBA) (e.g., CARES Act/ Paycheck Protection Program)	*	*	*	*	*	*	
FEMA Programs (CARES Act, Public Assistance, etc.)	*	*	*	*	*	*	
HHS CARES Act Testing	*	*	*	*	*	*	
Local, State, and Tribal Government Assistance	*	*	*	*	*	*	
Business Insurance	*	*	*	*	*	*	
Other Assistance	*	*	*	*	*	*	
Total							

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

Figure 25 Other Assistance Received

STEP 7: OTHER ASSISTANCE RECEIVED

- Reporting Entities must report other related assistance received by the Reporting Entity (and its subsidiaries included in reporting as applicable) during the period of availability that corresponds to the current reporting period.
 - The information reported in this table is not used in subsequent calculations in the portal; including expenses or lost revenues.
 - All cells are required data entry fields, and entries are restricted to 14 digits including up to 2 decimals
 - Negative numbers may not be entered. If zero, the reporting entity must enter a '0.'
 - If the Reporting Entity is reporting on behalf of subsidiaries, the assistance received for each category must be aggregated across each of the subsidiaries included in the report.
- ***KEY REMINDER: Reporting Entities are expected to make a determination of their expenses applied to PRF payments after considering Other Assistance Received and taking into account that PRF payment may not be used for expenses or lost revenues that other sources have reimbursed or that other sources are obligated to reimburse.***



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STEP 7: OTHER ASSISTANCE RECEIVED

- The Reporting Entity must enter other assistance received by calendar year quarters in the period of availability of funds for the payments received in the Payment Received Period that corresponds to the current reporting period. Calendar year quarters are defined as follows:
 1. Quarter 1 (Q1): January 1 – March 31
 2. Quarter 2 (Q2): April 1 – June 30
 3. Quarter 3 (Q3): July 1 – September 30
 4. Quarter 4 (Q4): October 1 – December 31



STEP 7: OTHER ASSISTANCE RECEIVED

- Other Assistance Received will be reported for the period of availability by calendar year quarter for the Reporting Entity (and its subsidiaries included in reporting) as follows:
 - **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, 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.



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STEP 7: OTHER ASSISTANCE RECEIVED

- An error message in red will appear if the required fields are missing information or are not formatted properly as shown below.
- Automated calculations will appear by row and column.

FEMA Programs (CARES Act, Public Assistance, etc.)	<div>Please complete this field.</div>	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$2,500.00
HHS CARES Act Testing	\$100.00	\$100.00	\$100.00	<div>Please complete this field.</div>	<div>Please complete this field.</div>	<div>Please complete this field.</div>	\$300.00
Local, State, and Tribal Government Assistance	<div>Please complete this field.</div>	<div>Please complete this field.</div>	<div>Please complete this field.</div>	<div>Please complete this field.</div>	<div>Please complete this field.</div>	<div>Please complete this field.</div>	\$0.00
Business Insurance	\$100.00	\$5,000.00	\$1,000.00	\$100.00	\$55.00	\$8,000.00	\$14,255.00
Other Assistance	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$20,000.00	\$40,000.00	\$68,000.00
Total	\$2,700.00	\$8,100.00	\$4,100.00	\$3,100.00	\$21,055.00	\$49,000.00	\$88,055.00

Figure 26 Other Assistance Received – Error Message

STEP 8: NURSING HOME INFECTION CONTROL EXPENSES FOR PAYMENTS RECEIVED DURING PAYMENT PERIOD

- Reporting Entities that received between \$10,001 and \$499,999 in aggregated PRF payments during the Payment Received Period are required to report by calendar quarter on the use of Nursing Home Infection Control Distribution payments in two categories: (1) General and Administrative (G&A) Expenses and (2) Healthcare Related Expenses as shown below.

Infection Control Expenses	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Total
General and Administrative (G&A) Expenses	-	-	-	-	-	-	
Healthcare Related Expenses	-	-	-	-	-	-	
Total Nursing Home Infection Control Expenses							

Figure 27 Nursing Home Infection Control Expenses- Between \$10,001 and \$499,999

STEP 8: NURSING HOME INFECTION CONTROL EXPENSES FOR PAYMENTS RECEIVED DURING PAYMENT PERIOD

- After Step 7: Other Assistance Received is complete, the Reporting Entity is directed to report on the use of Nursing Home Infection Control Distribution payments received during the Payment Received Period that corresponds to the current Reporting Time Period.
- If the Reporting Entity did not receive Nursing Home Infection Control Payments during the applicable Payment Received Period, this page will be skipped and the user will be taken directly to Step 9: Other PRF Expenses for Payments Received During Payment Period.
- The Reporting Entity will report on the use of all Nursing Home Infection Control Distribution (including QIP) payments by entering the calendar year quarterly expenses unreimbursed by other sources and that other sources were not obligated to reimburse that were applied to these payments.
- Expenses must be reported by calendar year quarter; defined as follows:
 1. Quarter 1 (Q1): January 1 – March 31
 2. Quarter 2 (Q2): April 1– June 30
 3. Quarter 3 (Q3): July 1– September 30
 4. Quarter 4 (Q4): October 1 – December 31



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STEP 8: NURSING HOME INFECTION CONTROL EXPENSES FOR PAYMENTS RECEIVED DURING PAYMENT PERIOD

- Reporting Entities that received **\$500,000 or more in aggregated PRF payments during the Payment Received Period** are required to report by calendar year quarter on the use of Nursing Home Infection Control Distribution payments in greater detail than the two categories of General and Administrative (G&A) Expenses and Healthcare Related Expenses as shown below.

Total Reportable Nursing Home Infection Control Payments = \$12,334							
Infection Control Expenses	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Total
General and Administrative (G&A) Expenses							\$0.00
Mortgage/Rent	=	=	=	=	=	=	\$0.00
Insurance	=	=	=	=	=	=	\$0.00
Personnel	=	=	=	=	=	=	\$0.00
Fringe Benefits	=	=	=	=	=	=	\$0.00
Lease Payments	=	=	=	=	=	=	\$0.00
Utilities/Operations	=	=	=	=	=	=	\$0.00
Other G&A Expenses	=	=	=	=	=	=	\$0.00
Healthcare Related Expenses							\$0.00
Supplies	=	=	=	=	=	=	\$0.00
Equipment	=	=	=	=	=	=	\$0.00
Information Technology (IT)	=	=	=	=	=	=	\$0.00
Facilities	=	=	=	=	=	=	\$0.00
Other Healthcare Expenses	=	=	=	=	=	=	\$0.00
Total Nursing Home Infection Control Expenses							\$0.00

Figure 28 Nursing Home Infection Control Expenses- \$500,000 or More Table

STEP 9: OTHER PROVIDER RELIEF FUND EXPENSES FOR PAYMENTS RECEIVED DURING PAYMENT PERIOD

- For entities that received between \$10,001 and \$499,999 in aggregated PRF payments, reporting is entered in two main categories:
 - General and Administrative (G&A) Expenses
 - Healthcare Related Expenses

Other PRF Expenses	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Total
General and Administrative (G&A) Expenses	- <input type="text"/>	- <input type="text"/>	- <input type="text"/>	- <input type="text"/>	- <input type="text"/>	- <input type="text"/>	
Healthcare Related Expenses	- <input type="text"/>	- <input type="text"/>	- <input type="text"/>	- <input type="text"/>	- <input type="text"/>	- <input type="text"/>	
Total Other PRF Expenses							

Figure 29 Other PRF Expenses- Between \$10,001 and \$499,999



STEP 9: OTHER PROVIDER RELIEF FUND EXPENSES FOR PAYMENTS RECEIVED DURING PAYMENT PERIOD

- For recipients that received **\$500,000 or more in aggregated PRF payments during the Payment Received Period** are required to report their General and Administrative (G&A) Expenses and Healthcare Related Expenses in greater detail:

Total Reportable Other PRF Payments = \$976,706

Other PRF Expenses	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Total
General and Administrative (G&A) Expenses							\$0.00
Mortgage/Rent	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	\$0.00
Insurance	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	\$0.00
Personnel	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	\$0.00
Fringe Benefits	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	\$0.00
Lease Payments	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	\$0.00
Utilities/Operations	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	\$0.00
Other G&A Expenses	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	\$0.00
Healthcare Related Expenses							\$0.00
Supplies	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	\$0.00
Equipment	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	\$0.00
Information Technology (IT)	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	\$0.00
Facilities	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	\$0.00
Other Healthcare Expenses	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	\$0.00
Total Other PRF Expenses							\$0.00

Figure 30 Other PRF Expenses- \$500,000 or More Table

STEP 10: UNREIMBURSED EXPENSES ATTRIBUTABLE TO CORONAVIRUS

- On this worksheet, the Reporting Entity is required to report on the net unreimbursed expenses attributable to coronavirus (net after other assistance received and PRF payments are applied) by indicating the calendar year quarterly expenses during the period of availability of the Payments Received that correspond to the current reporting period.
- Expenses are reported in two categories: (1) General and Administrative (G&A) Expenses and (2) Healthcare Related Expenses as shown in the table below.

Unreimbursed Expenses	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Total
General and Administrative (G&A) Expenses	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0.00
Healthcare Related Expenses	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0.00
Total Unreimbursed Expenses Attributable to Coronavirus							\$0.00

Figure 31 Unreimbursed Expenses Table

STEP 10: UNREIMBURSED EXPENSES ATTRIBUTABLE TO CORONAVIRUS

- On this worksheet, the Reporting Entity is required to report on the net unreimbursed expenses attributable to coronavirus that have not been reimbursed by other sources and that other sources are not obligated to reimburse.
 - The net unreimbursed expenses attributable to coronavirus reported to HRSA will not be used in the calculation of expenses or lost revenues.
 - Reporting Entities are expected to determine whether there are net unreimbursed expenses attributable to coronavirus after taking into consideration the application of Other Assistance Received and all PRF payments.
- ***HRSA expects that Provider Relief Fund payments would be applied to unreimbursed expenses attributable to coronavirus before Provider Relief Fund payments are used for lost revenues.***



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STEP 11 or 12: ACTUAL PATIENT CARE REVENUE OR LOST REVENUES

- Depending on data from previous pages, the portal will display one of two input slides:
 - Actual Patient Care Revenue: will display if the expenses are equal to or exceed the PRF payments.
 - Lost Revenue Questionnaire: will display if PRF payments have not been totally offset by expenses.
- If the Reporting Entity is shown the Actual Patient Care Revenue page, complete the inputs and the portal will direct you to Step 13: PRF Financial Summary Page.



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STEP 11 or 12: ACTUAL PATIENT CARE REVENUE OR LOST REVENUES

- Actual Patient Care Revenue:



The screenshot shows a web form titled "Reporting" with a progress bar at the top. The current step is "Actual Patient Care Revenue". Below the title, there is a note: "The recipient is required to submit calendar year 2019 actual patient care revenue and calendar year 2020 actual patient care revenue." and another note: "All fields marked with an asterisk are required. The number entered may be a value with up to 14 digits including 2 decimal places. If there is no revenue, the reporting entity must enter '0'." There are two input fields, both marked with an asterisk: "* 2019 Actual (Calendar Year)" and "* 2020 Actual (Calendar Year)". At the bottom, there are three buttons: "Previous" (blue), "Save & Exit" (red), and "Save & Next" (blue).

Figure 32 Actual Patient Care Revenue

- Lost Revenues Questionnaire:



The screenshot shows a web form titled "Lost Revenues Questionnaire". Below the title, there is a note: "Please report on Lost Revenues using one of the three options: 2019 Actual Revenue, 2020 Budgeted Revenue, or Alternate Reasonable Methodology." and another note: "Use this [link](#) to access the reporting requirements." There is a dropdown menu with the text "Choose your method for calculation of lost revenues". The dropdown is currently set to "--None--". Below the dropdown, there are three options: "2019 Actual Revenue", "2020 Budgeted Revenue", and "Alternate Reasonable Methodology".

Figure 33 Lost Revenues Questionnaire

STEP 12: LOST REVENUE QUESTIONNAIRE

- Lost Revenues Questionnaire: choose the method for reporting lost revenues:
 - **Option 1: 2019 Actual Revenue:** The difference between **actual patient care revenues** (uses 2019 calendar year quarters as the baseline); or
 - **Option ii: 2020 Budgeted Revenue:** The difference between **budgeted** (prior to March 27, 2020) and actual patient care revenues (uses 2019 calendar year quarters as the baseline); or
 - **Option iii: Alternate Reasonable Methodology:** Calculated by **any reasonable method** of estimating revenues.



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STEP 12: LOST REVENUE QUESTIONNAIRE

- Option i: using 2019 Actual Revenue method, the page below will appear:

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

Figure 34 Total Revenue/Net Charges from Patient Care (2019 Actuals)



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STEP 12: LOST REVENUE QUESTIONNAIRE

- Option ii: using 2020 Budget method, the page below will appear:

Reporting

Calculation of Lost Revenues Attributable to Coronavirus

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

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

Reporting Entities electing to calculate lost revenues attributable to coronavirus using the difference between their 2020/2021 budgeted and 2020/2021 actual patient care revenue must submit their 2020 budgeted amount of patient care revenue. Recipients must also submit:

- 1) a copy of their 2020 budget, which must have been approved before March 27, 2020, and
- 2) an attestation from the Reporting Entity's Chief Executive Officer, Chief Financial Officer, or similar responsible individual, attesting under 18 USC § 1001 that the exact budget being submitted was established and approved prior to March 27, 2020.

2020 Budgeted 2020 Actuals 2021 Budgeted 2021 Actuals

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

	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Total (2020)
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

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

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

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

Previous Save & Exit Save & Next

Figure 35 Total Revenue/Net Charges from Patient Care (2020 Budgeted)

STEP 12: LOST REVENUE QUESTIONNAIRE

- In addition to completing four tables with budgeted and actuals for total revenue/net charges from patient care, Reporting Entities that select this method of calculating lost revenues must submit the following documentation:
 - A copy of the 2020 budget approved prior to March 27, 2020.
 - The budget must be submitted in one of the following accepted file formats: .xlsx, .xls, .docx, .doc, or .pdf.
 - Attestation by a Chief Executive Officer (CEO), Chief Financial Officer (CFO), or other similarly responsible individual representing the Reporting Entity on the accuracy of the budget submitted. The attestation must be submitted in a .pdf file format.
 - The attestation should state that the budget was established and approved prior to March 27, 2020, be submitted on organizational letterhead, and include a signature and complete contact information.



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STEP 11: ACTUAL PATIENT CARE REVENUE OR LOST REVENUES

- Documentation must be uploaded by clicking the green 'Upload' buttons as shown in the figure on next slide.
- Once uploaded, the name of the attachment will be displayed to the right of the 'Upload' button and the documentation may be previewed to ensure it has been submitted correctly.
- Portal users may also download or remove previously uploaded documentation.
- In order to preview documents in .pdf format, the latest version of Adobe Acrobat Reader must be installed.



STEP 12: LOST REVENUE QUESTIONNAIRE

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

 Upload 2020 Budget approved prior to March 27, 2020

Accepted Formats: .xlsx, .xls, .docx, .doc, .pdf

 Upload Attestation by CEO, CFO, or Similar Responsibility on accuracy of budget submitted

Accepted Formats: .pdf

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

Figure 36 Upload Budget and Attestation

- If a data entry field has not been completed, has an invalid value, or if a required document is not uploaded, a red error message will appear directing the user to correct the error.



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STEP 12: LOST REVENUE QUESTIONNAIRE

- Option iii: using Alternate Reasonable Methodology, the page below will appear:

Reporting

Alternate Method of Calculating Lost Revenues Attributable to Coronavirus

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

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

	Q1	Q2	Q3	Q4	Total
2020 Lost Revenue	+ \$2.00	+ \$2.00	+ \$2.00	+ \$2.00	\$8.00
2021 Lost Revenue	+ \$2.00	+ \$2.00			\$4.00
Lost Revenues	\$4.00	\$4.00	\$2.00	\$2.00	\$12.00

Instructions for Uploading Documents:

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

Additional supporting documentation may be submitted.

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

Upload Narrative Document
Accepted Formats: docx, doc, pdf

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

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

Previous **Save & Exit** **Save & Next**

Figure 37 Lost Revenues Alternate Reasonable Methodology

STEP 12: LOST REVENUE QUESTIONNAIRE

- Reminder that any recipient using an alternate methodology for reporting lost revenue will face an increased likelihood of audit.
- HRSA will notify a Reporting Entity if their proposed methodology is not reasonable, including if it does not demonstrate with a reasonable certainty that claimed lost revenues were caused by coronavirus.
- If HRSA determines that a Reporting Entity's proposed alternate methodology is not reasonable, HRSA will require the Reporting Entity to resubmit its report within 30 days of notification using one of the other options to calculate lost revenues attributable to coronavirus (*i.e.*, Actuals or Budgeted).



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STEP 12: LOST REVENUE QUESTIONNAIRE

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



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STEP 13: PRF FINANCIAL SUMMARY

- The Step 13: PRF Financial Summary page displays pre-populated values based on calculations from data entered during the reporting process as shown below and on the next slide.

Reporting

PRF Financial Summary: April, 10 2020 - June 30, 2020

PRF Summary

	Amount
Gross PRF Payments (including Interest Earned)	\$989,040.00
Total PRF Returned Payments	\$0.00
Total Reportable PRF Payments	\$989,040.00
Total Reportable Nursing Home Infection Control Payments	\$12,334.00
Total Reportable Other PRF Payments	\$976,706.00

Lost Revenues

	2020	2021
Q1: -42,300.00		
Q2: -39,200.00		Q1: -41,700.00
Q3: -44,300.00		Q2: -38,600.00
Q4: -55,300.00		Total: -140,300.00
Total: -101,100.00		

PRF Reconciliation

	Amount
Nursing Home Infection Control Payments Applied to Nursing Home Infection Control Expenses Attributable to Coronavirus	\$164.00
Other PRF Payments Applied to Unreimbursed Expenses Attributable to Coronavirus	\$164.00
Amount Eligible for Lost Revenues Reimbursement	\$141,400.00
Other PRF Remaining for Possible Lost Revenues Reimbursement	\$976,542.00
Unused Nursing Home Infection Control Payments	\$12,170.00
Unused Other PRF After Lost Revenues Reimbursement	\$836,142.00

Previous Done & Exit Save & Next

Figure 40 PRF Financial Summary- 2019 or 2020 Lost Revenue Path

STEP 13: PRF FINANCIAL SUMMARY

Reporting

PRF Financial Summary: April, 10 2020 - June 30, 2020

PRF Summary

	Amount
Gross PRF Payments (Including Interest Earned)	\$989,040.00
Total PRF Returned Payments	\$0.00
Total Reportable PRF Payments	\$989,040.00
Total Reportable Nursing Home Infection Control Payments	\$12,334.00
Total Reportable Other PRF Payments	\$976,706.00

Lost Revenues

	2020	2021
Estimated Lost Revenues	\$8.00	\$4.00

PRF Reconciliation

	Amount
Nursing Home Infection Control Payments Applied to Nursing Home Infection Control Expenses Attributable to Coronavirus	\$164.00
Other PRF Payments Applied to Unreimbursed Expenses Attributable to Coronavirus	\$164.00
Amount Eligible for Lost Revenues Reimbursement ⓘ	\$12.00
Other PRF Remaining for Possible Lost Revenues Reimbursement	\$976,542.00
Unused Nursing Home Infection Control Payments ⓘ	\$12,170.00
Unused Other PRF After Lost Revenues Reimbursement ⓘ	\$976,530.00

Previous Save & Exit Save & Next

Figure 41 PRF Financial Summary- Alternate Methodology Lost Revenue Path

STEP 14: PERSONNEL, PATIENT, AND FACILITY METRICS

- The Personnel, Patient, and Facility Metrics page is comprised of three tabs, each with its own table(s) which will capture different metrics, but:
 - All cells are required
 - Restricted to eight digits with no decimals
 - Must be positive values.
- You can move between the tabs and tables without losing data, however, the data on this page will not be saved until the data entry is complete and the blue 'Save & Next' button is selected.



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STEP 14: PERSONNEL, PATIENT, AND FACILITY METRICS

- The Personnel Metrics data tables will require Reporting Entities to calculate a total number of people employed (across all TINs included in the reporting) by labor category for all clinical and non-clinical staff, by quarter.
- Reporting Entities will include metrics for personnel for calendar year 2019 through the end of the period of availability of the funds on which the provider is reporting.
 - ***Personnel numbers should be reported here whether or not their salaries and/or benefits were paid using the PRF payments included in the reporting.***



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STEP 14: PERSONNEL, PATIENT, AND FACILITY METRICS

Reporting

Personnel, Patient, and Facility Metrics

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 2019-2021. See the PRF Reporting Portal User Guide (Section 15.1) 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

Personnel Metrics Patient Metrics Facility Metrics

Full Time Part Time Contractor Furloughed Separated Hired

Full Time	Q1 (2019)	Q2 (2019)	Q3 (2019)	Q4 (2019)	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Total
Clinical	*	*	*	*	*	*	*	*	*	*	0
Non-clinical	*	*	*	*	*	*	*	*	*	*	0
Total Number of Full Time Personnel	0	0	0	0	0	0	0	0	0	0	0

Previous Save & Exit Save & Next

Figure 43 Personnel Metrics

STEP 14: PERSONNEL, PATIENT, AND FACILITY METRICS

- Definitions of personnel metrics are as follows:
 - Clinical: Total number of clinical personnel providing direct patient care by labor category (full time, part time, contract, furloughed, separated, hired). Personnel must be categorized as clinical if 50% or more of their time is spent delivering direct patient care.
 - Non-Clinical: Total number of non-clinical personnel by labor category (full time, part time, contract, furloughed, separated, hired). Personnel must be categorized as non- clinical if less than 50% of their time is spent delivering direct patient care.
 - Full-time: Number of personnel employed on average 30 hours of service per week, or 130 hours for a calendar month. However, health care practices may have exceptions to this, such as nursing shifts.
 - Part-time: Number of personnel employed any time between 1 and 34 hours per week, whom may or may not qualify for benefits.
 - Contractor: Number of personnel employed as an individual or under organizational contracts and do not receive direct benefits or compensation from the employer/provider.
 - Furloughed: Number of personnel on temporary involuntary and unpaid leave of absence.
 - Separated: Number of personnel who 1) voluntarily submit a written or verbal notice of resignation or 2) the employer/provider decided to terminate its relationship with the employee(s) (includes lay-offs and expired contracts).
 - Hired: Number of personnel 1) not previously employed by the employer or 2) that left an employer due to voluntary or involuntary separation and are brought back to work by employer.



STEP 14: PERSONNEL, PATIENT, AND FACILITY METRICS

- The Patient Metrics tab is comprised of one table in the figure below.

Reporting

Personnel, Patient, and Facility Metrics

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 2019-2021. See the PRF Reporting Portal User Guide (Section 15.1) 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

Personnel Metrics **Patient Metrics** Facility Metrics

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

Previous Save & Exit Save & Next

Figure 44 Patient Metrics

STEP 14: PERSONNEL, PATIENT, AND FACILITY METRICS

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



STEP 14: PERSONNEL, PATIENT, AND FACILITY METRICS

- The Facility Metrics tab is comprised of a required question ‘Does the Reporting Entity or its subsidiaries operate or support staffed beds?’
- A staffed bed is defined as a licensed and physically available bed with staff on hand to attend to patients; includes both occupied and available beds.
- If the answer to the question is ‘No,’ and the Personnel and Patient Metrics tables are complete, the user may click the blue ‘Save & Next’ button to proceed to the next page.
- If the answer to the question is ‘Yes,’ an additional table will need to be completed as shown in the figure on the next slide.



STEP 14: PERSONNEL, PATIENT, AND FACILITY METRICS

Reporting

Personnel, Patient, and Facility Metrics

HHHS 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 2019-2021. See the PRF Reporting Portal User Guide (Section 15.1) 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

Personnel Metrics Patient Metrics **Facility Metrics**

* Does the reporting entity or its subsidiaries operate or support staffed beds?

Yes

Staffed Beds	Q1 (2019)	Q2 (2019)	Q3 (2019)	Q4 (2019)	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Total
Medical/Surgical Beds	2	3	2	2	2	2	2	2	2	2	20
Critical Care Beds	2	2	2	2	2	2	2	2	2	2	20
Other Beds	2	2	2	2	2	2	2	2	2	2	20
Total Number of Staffed Beds	6	6	6	6	6	6	6	6	6	6	60

Previous Save & Exit Save & Next

Figure 45 Facility Metrics

STEP 14: PERSONNEL, PATIENT, AND FACILITY METRICS

- Definitions of facility metrics are as follows:
 - Medical/Surgical Beds: Number of general medical/surgical beds, which are the beds used for routine care or “ward” beds.
 - Critical Care Beds: Number of beds in intensive care units (ICUs), critical care units (CCUs) or intensive therapy units (ITUs).
 - Other Beds: Number of any other type of staffed bed that the facility has physically available and licensed to operate.



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STEP 15:SURVEY

- Step 15: Survey is the last data entry page in the report and is included to evaluate the impact of PRF payment(s) on the Reporting Entity's financial and clinical care situation during the period of availability of funding that corresponds to the current reporting period.
- The survey consists of two sections:
 1. Financial effects of PRF payment(s)
 2. Clinical care effects of PRF payment(s)
- 1. A response will be selected from the dropdown list as follows:
'Strongly Agree,' 'Agree,' 'Neutral,' 'Disagree,' or 'Strongly Disagree.'
 1. If the respondent selects 'Strongly Agree' or 'Agree' to this question an additional question will be required.



STEP 15:SURVEY

- Financial Effects:

Financial Effects of PRF Payment(s):

For the reporting entity and its subsidiaries, in reference to the PRF payment(s) received April 10, 2020 through June 30, 2020:

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

Strongly Agree

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

Available	Chosen
Pay rent/mortgage	Retain personnel
Pay insurance	Pay fringe benefits
Make lease payments	Other operational expenses
Pay utilities/operations	

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

Yes

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

Yes

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

Yes

Figure 46 Survey Financial Effects of PRF Payment(s)

STEP 16: REVIEW AND SUBMIT

- A summary of all data entered in the report will display once all the data entry on prior pages is completed.
- Data on this page cannot be edited, but if the portal user sees an error, they should navigate back to the appropriate page using the blue 'Previous' button.
- ***Once the report is submitted, the Reporting Entity will no longer be able to edit the report.***
- If the report on the use of funds indicates that the Reporting Entity (or its subsidiaries as applicable) has unused PRF payments for the applicable period, you will be directed in red text to follow the instructions located on the PRF website to return unused PRF payments.



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STEP 16: REVIEW AND SUBMIT

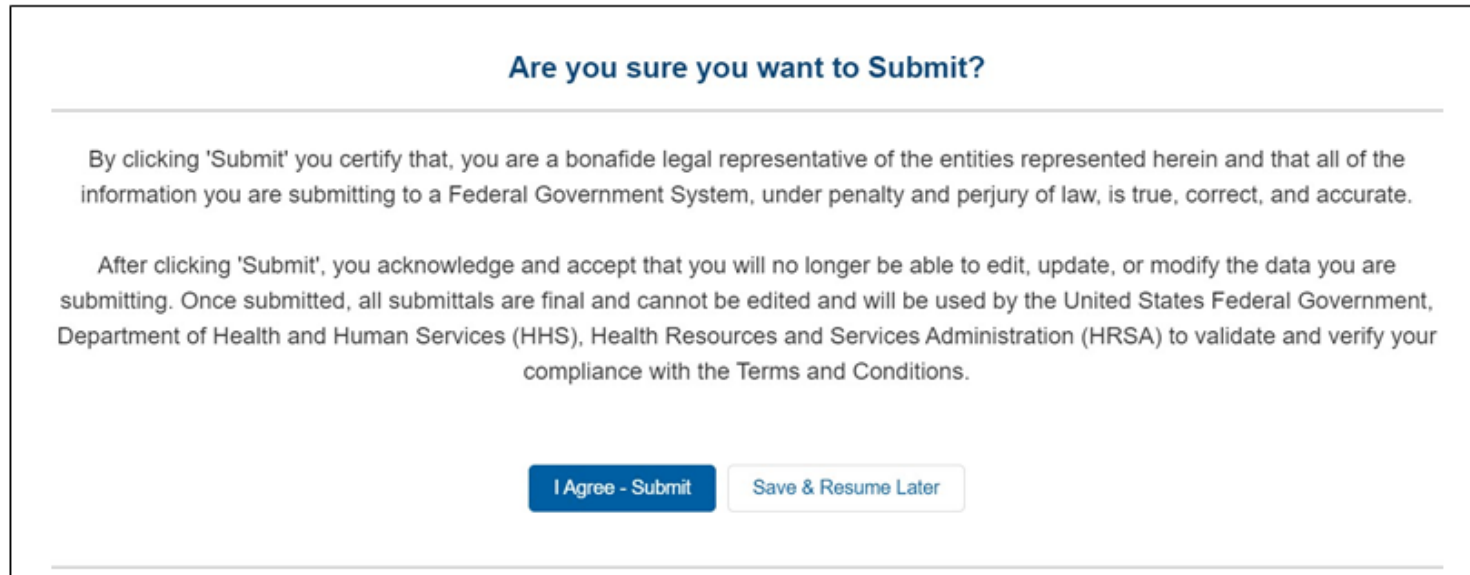
- The Reporting Entity is presented with the following questions for response:
 - Did you report on the use of your Rural Health Clinic COVID-19 Testing funds in the RHC portal? Select “Yes’ or “No’ from the dropdown list.
- Do you certify that the above information is accurate to the best of your knowledge?
 - If ‘No’ is selected, the Reporting Entity will see the following message: ‘Please click on the ‘Previous’ button at the bottom of the page to go back to correct the inaccurate data.’
 - If ‘Yes’ is selected, the Reporting Entity may click the blue ‘Submit’ button.



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STEP 16: REVIEW AND SUBMIT

- If the data is correct, and the user clicks the blue 'Submit' button, a pop-up message will appear as shown in the figure below.



Are you sure you want to Submit?

By clicking 'Submit' you certify that, you are a bonafide legal representative of the entities represented herein and that all of the information you are submitting to a Federal Government System, under penalty and perjury of law, is true, correct, and accurate.

After clicking 'Submit', you acknowledge and accept that you will no longer be able to edit, update, or modify the data you are submitting. Once submitted, all submittals are final and cannot be edited and will be used by the United States Federal Government, Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA) to validate and verify your compliance with the Terms and Conditions.

I Agree - Submit Save & Resume Later

Figure 51 Submit Pop-Up

STEP 16: REVIEW AND SUBMIT

- Once the 'Submit' button is clicked, a pop-up will appear confirming the submission was made as shown in the figure below.

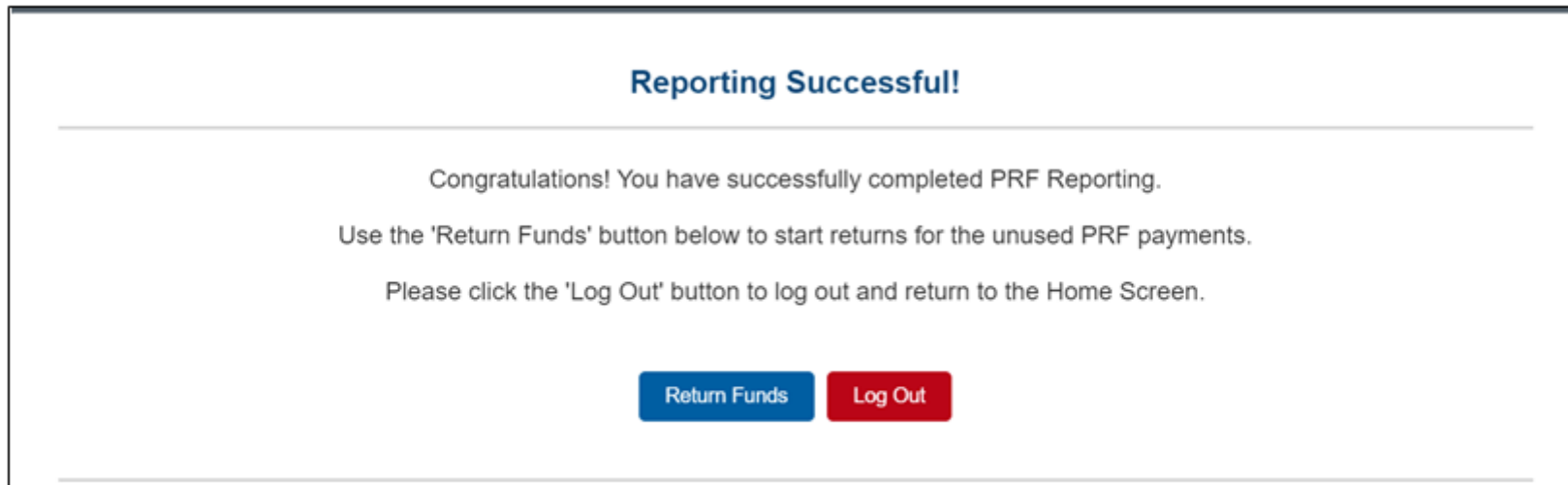


Figure 52 Reporting Successful Pop-Up

STEP 16: REVIEW AND SUBMIT

- Upon submission of the report, the Reporting Entity will receive a confirmation email from 'PRFReporting-NoReply@hrsa.gov.'
- If the Reporting Entity has any of the following, additional information will also be provided in the email:
 - Received additional PRF payments in other Payment Received Periods
 - Has indicated that they have not reported on the use of RHC COVID-19 Testing Program or RHC COVID-19 Testing and Mitigation Program funds
 - Has unused PRF payments from the Payment Received Period corresponding to the current reporting period.



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STEP 16: REVIEW AND SUBMIT

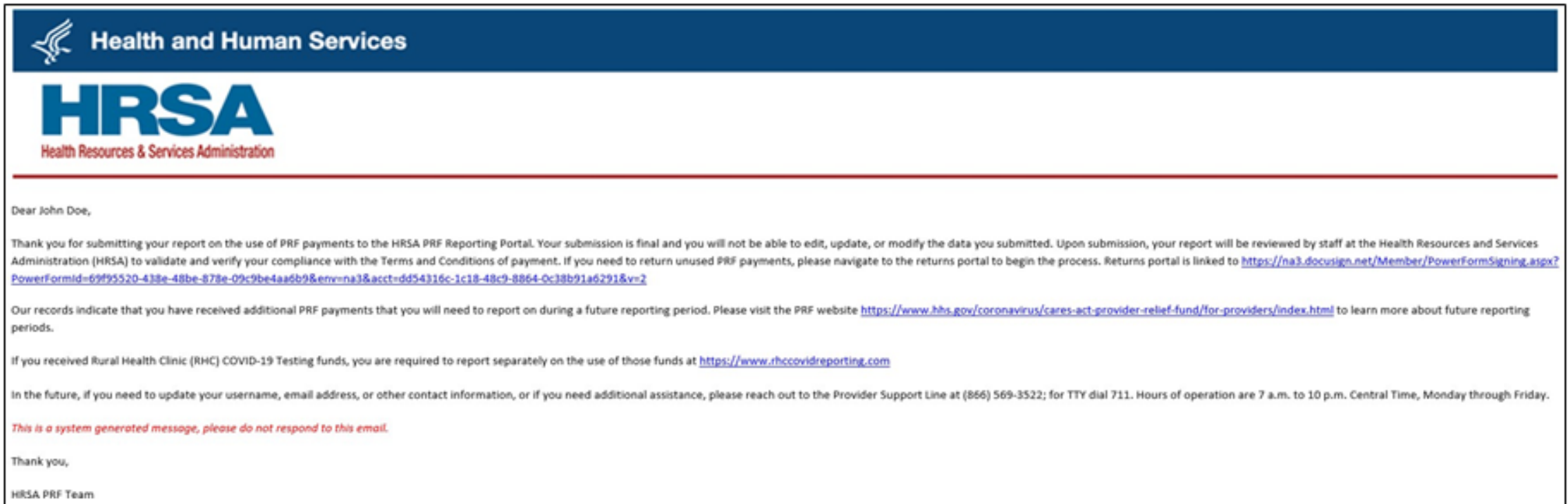


Figure 53 Reporting Successful Email



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Wrap Up & Questions

Unmute using *6 or the mic icon in the app or use the chat to ask.
The recording & slides will be posted to our website later today:

[SHPLLC.com/Webinars](https://shpllc.com/Webinars)



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