



USER GUIDE – REGISTRATION **PROVIDER RELIEF FUND (PRF) REPORTING PORTAL**

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1 BACKGROUND INFORMATION, PURPOSE, AND GETTING STARTED

1.1 BACKGROUND INFORMATION

The Coronavirus Aid, Relief, and Economic Security (CARES) Act (P.L. 116-136), the Paycheck Protection Program (PPP) and Health Care Enhancement Act (P.L. 116-139), and the Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act (Division M of P.L. 116-260), and American Rescue Plan Act of 2021 (P.L. 117-2) appropriated funds to reimburse eligible healthcare providers for healthcare-related expenses or lost revenues attributable to COVID-19. These funds were, or will be, distributed by the Health Resources and Services Administration (HRSA) through the Provider Relief Fund (PRF) program. Recipients of these funds agreed to the <u>Terms & Conditions</u>, which require compliance with reporting requirements as specified by the Secretary of Health and Human Services (HHS)in program instructions.

1.2 PURPOSE

HRSA developed the <u>PRF Reporting Portal</u> to enable PRF and American Rescue Plan (ARP) Rural¹ (referred to as "reporting entities" throughout this document) to comply with mandatory reporting requirements. Reporting entities must complete a two-step process in the PRF Reporting Portal (also referred to as "the portal" throughout this document) to submit their reports to HRSA. To complete the two-step process, reporting entities must 1) register as users and 2) complete reporting on the use of funds. The purpose of the *PRF Reporting Portal User Guide – Registration* is to assist reporting entities in the completion of the first step of the process. Reporting entities will be notified when they should complete the second step of the process and report on the use of funds.

1.3 POST-PAYMENT REPORTING REQUIREMENTS

Reporting entities should review the most recently published <u>Post-Payment Notice of Reporting</u> <u>Requirements</u> available on the <u>PRF Reporting Requirements & Auditing website</u> for information about reporting requirements. Recipients who received one or more General and Targeted Distributions, which includes the Nursing Home Infection Control (NHIC) Distribution² (formally known as the Skilled Nursing Facility and Nursing Home Infection Control Distribution), and/or ARP Rural Distribution payments exceeding \$10,000 in the aggregate during a Payment Received Period are required to report in each applicable Reporting Time Period as shown in Table 1 Reporting Periods.. **Reporting must be completed and submitted to HRSA by 11:59 PM Eastern Time on the last date of the Reporting Time Period.** Only electronic submissions through the PRF Reporting Portal are permitted.

¹ Previous documentation did not include information regarding the ARP Rural Distribution payment(s). ARP Rural payments are funded separately from the PRF General and Target Distribution payments.

² The NHIC Distribution is a Targeted Distribution payment. The Distribution includes payments made in August 2020 and Nursing Home Quality Incentive Payment Program (QIP) payments.



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

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

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

Table	1	Reporting	Periods

*Grace period ended November 30, 2021

1.4 RESPONSIBILITY FOR REPORTING

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

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

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



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

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

1.5 BEFORE STARTING

Reporting entities must complete registration before beginning to report on the use of funds. A reporting TIN submitting reports in multiple reporting periods will only need to register once. Users will need approximately 20 minutes to complete the registration process. **The registration process must be completed in one session as it is not possible to save partially entered information.** Upon successful registration and at the end of the reporting process, portal users will receive an email notification from <u>PRFReporting-NoReply@hrsa.gov</u>. Portal users should add this email address to their safe sender list before beginning. For instructions on adding '<u>PRFReporting-NoReply@hrsa.gov</u>' as a safe email sender, users should follow the instructions of the email provider associated with the email account. As an example, <u>instructions for Outlook users may be found here</u>. Please note that the '<u>PRFReporting-NoReply@hrsa.gov</u>' account is not monitored and should not be used to communicate with HRSA staff.

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

- 1. Tax Identification Number (TIN) or other number submitted during the application process [*e.g.*, Social Security Number (SSN), Employer Identification Number (EIN)]. The TIN may be the TIN of a parent entity if a parent is reporting on behalf of subsidiaries.
- 2. Business name (as it appears on the IRS Form W-9 of the reporting entity).
- 3. Contact information (First Name, Last Name, Phone number, Title³, Mobile Number⁴, Email⁵, Username) of the person responsible for submitting the report. A username and password will be associated when initiating two-factor authentication preferences.
- 4. Address as it appears on the IRS Form W-9 (Street 1, Street 2, City, State, five-digit ZIP code) of the reporting entity.
- 5. TIN(s) of subsidiaries (if a reporting entity is reporting on behalf of subsidiary(ies), a list delimited by commas, *e.g.*,123456789,987654321,135791357).
- 6. Provider Relief Fund payment information (for any one of the payments received).
 - TIN of entity that received the payment. The TIN must be a TIN that received a PRF and/or ARP Rural payment as it will be validated during the registration process.

³ Not a required data field.

⁴ Mobile Number can be used if SMS is selected for two-factor authentication preference.

 $^{^{5}}$ Email Address can be used if Email is selected for two-factor authentication preference.

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- Mode of payment (check or direct deposit Automated Clearing House [ACH]) if • Check is selected, Check Number is displayed. If Direct Deposit (ACH) is selected Settlement Date (ACH) is displayed.
- Payment amount. •

1.6 **GETTING STARTED**

The PRF Reporting Portal is only compatible with the most current version of Microsoft Edge, Google Chrome, and Mozilla Firefox.

Links to key PRF resources are available to reporting entities on the home screen and within the portal. They may be accessed on the home screen before beginning registration or by clicking on the blue 'Resources & FAQs' button in the upper right corner of the screen of the portal. Clicking the 'Resources & FAQs' button will open a new browser tab as shown in Figure 1 Resources and Help Screen which will avoid exiting the registration process early and inadvertently losing data already entered.

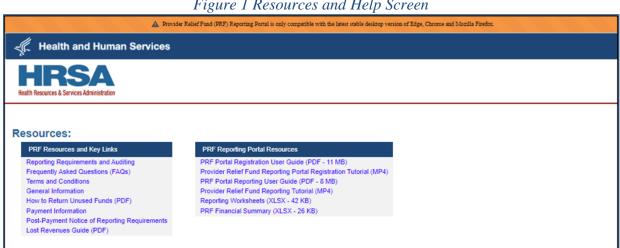


Figure 1 Resources and Help Screen

If at any point the user would like to exit the PRF Reporting Portal, they can click on the blue 'Return to Home' button in the upper left corner of any of the registration screens. If this button is clicked, the user will be prompted with a message informing them that all data entered will be lost and the user will be redirected to the home screen. Figure 2 Return to Home Screen displays both the 'Return to Home' button and the pop-up message that confirms that the user would like to return to home and lose all data previously entered.



Figure 2 Return to Home Screen

A Provider Relief Fu		nd Mozilia Firefox.
🥼 Health and Human Servic		
HRSA Health Resources & Services Administration	X	
(Return to Hame	Return to Home	Resources & FAQs
	By clicking continue and returning to home, you will lose all data entered so far and exit the registration process. If you wish to return to home click 'Continue', if not click 'Cancel'.	
Registration	Cancel Continue	
Disclaimer	Cancer	
You do not need to register if ALL of the being 1. You have not received any payment 2. A parent is reporting on your behalf fr		

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

- PRF Frequently Asked Questions (FAQs)
- <u>PRF Reporting and Auditing Requirements</u>
- PRF Terms and Conditions
- <u>PRF General Information</u>
- <u>Reporting Resources</u>

Information entered by portal users will not be saved until the registration is submitted successfully. A user's registration session in the PRF Reporting Portal will timeout after 15 minutes of inactivity and information entered will be lost upon timeout.



2 PRF REPORTING PORTAL HOME SCREEN

The PRF Reporting Portal home screen allows reporting entities to create an account, access key resources, and login to submit a report on the use of funds.

2.1 HOW TO ACCESS

The PRF Reporting Portal can be accessed at <u>https://prfreporting.hrsa.gov</u>. The PRF Reporting Portal is only compatible with the most current version of Microsoft Edge, Google Chrome, and Mozilla Firefox.

2.2 GENERAL LAYOUT

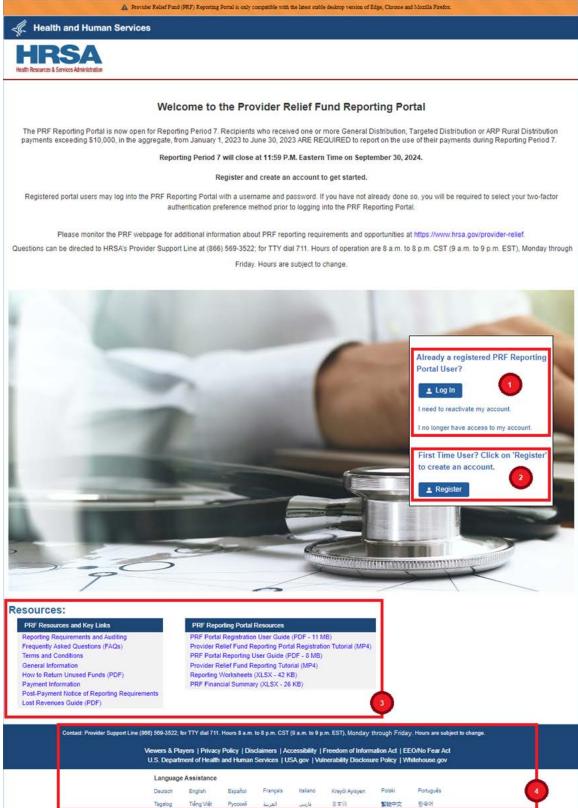
A screenshot of the PRF Reporting Portal home screen is shown *Figure 3 PRF Reporting Portal Home Screen*. Important elements have been marked and defined below.

- 1. Log In Fields: Reporting entities that are already registered as PRF Reporting Portal users can enter the portal by clicking on the 'Log In' button displayed under the 'Already a registered PRF Reporting Portal User?' heading. After clicking the 'Log In' button, reporting entities will be prompted to enter the username created during the registration process, check the 'I'm not a robot' box, and click the 'Continue to Log In' button. Users that do not remember their password can reset their password using the 'Forgot Password?' link on the TIN and password screen. Clicking this link will redirect the user to a screen called 'Password Reset' where the username associated with their portal account and TIN is required to reset the password. On the next screen, the user will accept the HRSA Terms and Conditions, then click Next.
 - *a*. If the user has not already done so, they will be taken to a screen where they can set their two-factor authentication preference.
 - *b.* If the user has already selected their two-factor authentication preference, a verification code will be sent to the selected preference. (Submission of a valid verification code is required prior to gaining access to the PRF Reporting Portal.)
- 2. **Portal Registration:** PRF Reporting Portal user registration is the first step in the reporting process. To begin registration, portal users should click the blue 'Register' button below the heading, 'First Time User? Click on 'Register' to create an account.'
- 3. **Resources:** Portal users are able to access important PRF resources on the home screen. These resources can also be accessed using the blue 'Resources & FAQs' button (upper right corner) available throughout the portal. Clicking the 'Resources & FAQs' button will open a new browser tab which will not effect previously entered data.
- 4. **Technical Questions and Language Assistance:** For technical questions regarding the use of the portal or questions regarding reporting that cannot be answered by this user guide or other available resources, portal users should contact the Provider Support Line. Provider Support Line contact information and hours of operation are found in the footer of the Reporting Portal Home Page and all subsequent pages. The footer also has other web links to standard government websites and language assistance.



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Figure 3 PRF Reporting Portal Home Screen





2.3 HOW TO REGISTER

To begin registration, portal users should navigate to the <u>PRF Reporting Portal</u>, then click the blue 'Register' button below 'First Time User? Click on 'Register' to create an account.' This step is labeled as '2' in *Figure 3 PRF Reporting Portal Home Screen*. This action will take portal users through the steps necessary to complete registration in the portal.

Portal users should expect the registration process to take approximately 20 minutes. **The registration process must be completed in one session as it is not possible to save a partially completed registration.** A detailed list of all information required to complete the registration process can be found in *Getting Started*. For step-by-step instructions of the registration process, reporting entities should reference *Section 3 Registration Process*.

NOTE: Reporting entities are not required to delete unused portal accounts.

Reporting entities may contact the Provider Support Line at (866) 569-3522; for TTY dial 711 if they have registration questions. Hours of operation are 8 a.m. to 8 p.m. CST (9 a.m. to 9 p.m. EST), Monday through Friday. Hours are subject to change.



3 REGISTRATION PROCESS

Registration is the first of a two-step process required for reporting entities to report on the use of PRF payments. All reporting entities must register as PRF Reporting Portal users before they can complete the reporting requirements. A one time registration covers all reporting periods. This section of the registration user manual describes the steps involved to complete the registration process after portal users click the 'Register' button on the PRF Reporting Portal home screen.

3.1 TERMS AND CONDITIONS

Terms and conditions related to the use of the PRF Reporting Portal are visible after portal users click the 'Register' button on the <u>home screen</u>.

All portal users must certify that they have read and accepted the terms and conditions related to the use of the portal before proceeding to the next step. Once portal users accept the terms and conditions, they should click on the radio button as shown in (button is boxed in red), *Figure 4 Terms and Conditions Screen* and then click the 'Next' button that will appear after the radio button is selected.

Provider Relief Fund (PRF) Reporting Portal is only compatible with the second seco	he latest stable desktop version of Edge, Chrome and Mozilla Firefox.
K Health and Human Services	
HRSA Health Resources & Services Administration	
Return to Home	Resources & FAQs
Registration	
Terms and Conditions	
 You are accessing a U.S. Government information system, which includes (1) this and (4) all devices and storage media attached to this network or to a computer o 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 lawful Government purpose, the government may monitor, intercept, and searchestic expectation of the searchest of the searchest	or data transiting or stored on this information system. At any time, and for any rch and seize any communication or data transiting or stored on this information
system.	
system. Any communication or data transiting or stored on this information system ma 	ay be disclosed or used for any lawful Government purpose.
	ty be disclosed or used for any lawful Government purpose.

3.2 STEP 1 – PROVIDER IDENTITY INFORMATION

The first step of the registration process is shown in *Figure 5 Provider Identity Information Screen.* This step requires that reporting entities share identifying information including the TIN (or other number submitted during the application process [*e.g.*, Social Security Number (SSN), Employer Identification Number (EIN)]), business name (as it appears on IRS Form W-9),



contact information, and address (as it appears on an IRS Form W-9). It is very important to enter the TIN correctly as a reporting entity will only be able to register a primary TIN one time. The TIN entered here may be the TIN of a parent entity that is submitting a consolidated report on behalf of its subsidiaries.

The contact email address must be a valid, monitored email address. The contact email address associated with each PRF Reporting Portal account will be used for any PRF communications that are necessary in the future, including but not limited to questions about the reporting entity's registration, updates on the reporting portal, and questions about the reporting entity's report on the use of funds. If one individual is responsible for registering and submitting reports for multiple entities, the same **contact** email address may be used. A confirmation email message will be sent to the email address reported on this screen when registration is successfully completed.

The contact email address and username do not need to be the same, but they can be. The username must be in the form of an email address and the username created must be unique for each non-consolidated report being submitted, even if the **contact** email address is the same for each entity. *Please confirm the exact username (including the spelling) as this cannot be changed once submitted.* The username will be used to log into the PRF Reporting Portal, along with the TIN and password. Communications will be directed to the **contact** email address, not the username. For two-factor authenication preferences, the portal user will be able to select either the mobile number or the email address entered in this page.

Portal users should choose from a drop-down list in the 'State' field. The 'State' field defaults to 'Alabama' and must be corrected before the user proceeds to the next screen.

Portal users must enter all of the required information (marked by a red asterisk[*]) and click 'Next' at the bottom of the screen. Users should hover or click on the tooltip icon (**①**) to see additional details about data entry fields. For some data entry fields, users are required to enter information in a particular format or style. For example, the phone number must consist of only ten digits and no special characters, such as brackets and dashes ('(', ')', '-'); the username must be in the form of an email address and is not case sensitive (i.e., AbC123@xyz.org); the ZIP code must be five digits. After portal users have completed all of the required data entry fields without errors, they will be allowed to advance to the next screen.

NOTE: Save the username, TIN, and password somewhere secure outside of the portal as you will need this information to log into the portal for reporting purposes at a later date.



Figure 5 Provider Identity Information Screen

A Provider Relief Fund (PRF) Reporting Portal is only compatible with the latest stable desktop version of Edge, Chrome and Mozilla Firefox.				
Itealth and Human Services				
HRSAA Health Resources & Services Administration				
Resources & FAQs				
Registration				
Thank you for initiating the registration process for the PRF Reporting Portal. Before you can enter financial and other data to report the use of your ARP Rural and/or PRF payments, you need to verify your organization and provide contact information.				
Please note that the contact information is only used for communication related to PRF reporting. If changes need to be made after registration, please contact the Provider Support Line at (868) 569-3522; for TTY dial 711. Hours of operation are 8 a.m. to 8 p.m. CST (9 a.m. to 9 p.m. EST), Monday through Friday.				
Information entered will not be saved until registration is successful.				
Reporting				
000				
Note: Fields marked with asterisk (*) are required.				
Entity Tax Information				
*Tax ID Number (TIN) 🕕				
*Please ensure the TIN entered is accurate. It is very important to enter the TIN correctly as a Reporting Entity will only be able to register a primary TIN one time.				
*Business Name (as it appears on Form W-9) 🕕				
Contact Information				
*First Name 🕕				
*Last Name 🕕				
*Phone Number				
Evitable				

If the user has not completed a required field, an error message in red will appear below the required data entry fields as shown in *Figure 6 Provider Identity Information – Required Field Error*.

The user will not be able to proceed to the next screen until all required fields have been completed without errors.



Figure 6 Provider Identity Information – Required Field Error

A Health and Human Services	1
HRSA Health Resources & Services Administration	
Return to Home	Resources & FAQs
Registration	
Thank you for initiating the registration process for the PRF Reporting Portal. Before you can enter financial and c payments, you need to verify your organization and provide contact information.	ther data to report the use of your ARP Rural and/or PRF
Please note that the contact information is only used for communication related to PRF reporting. If changes need Line at (866) 569-3522; for TTY dial 711. Hours of operation are 8 a.m. to 8 p.m. CST (9 a.m. to 9 p.m. EST), Mor	
Information entered will not be saved until registration is successful.	
Reporting	
Entity Tax Information * Tax ID Number (TIN) Complete this field. Please ensure the TIN entered is accurate. It is very important to enter the TIN correctly as a Reporting Entit Business Name (as it appears on Form W-9) Complete this field. Complete this field.	y will only be able to register a primary TIN one time.
* Phone Number 🚯	
Complete this field. Extension	

3.3 STEP 2 – SUBSIDIARY INFORMATION

After completing the Provider Identity Information screen, the portal user is taken to the Subsidiary Information screen as shown below in *Figure 8 Provider Identity Information* – *Subsidiary Information*. Here, the reporting entity will be required to provide a 'Yes' or 'No' response to 'Will you report on behalf of subsidiaries that received a **General Distribution** payment?' as shown in the image. It is very important that reporting entities answer this question correctly, as the answer to this question will affect the data entry on the following screen. Portal users should click on the tooltip to see the help text. If users respond 'Yes' to this question, they will be required to enter all of the subsidiary TINs on whose behalf they will be reporting on the next screen.



Figure 7 Provider Identity Information – Subsidiary Information

K Health and Human Services				
HRSA Health Resources & Services Administration				
Return to Home			Resources & FAQs	
Registration				
Thank you for initiating the registration proces payments, you need to verify your organization	for the PRF Reporting Portal. Before you can er and provide contact information.	nter financial and other data to repor	t the use of your ARP Rural and/or PRF	
	r used for communication related to PRF reportin s of operation are 8 a.m. to 8 p.m. CST (9 a.m. to		registration, please contact the Provider Support ay.	
Information entered will not be saved until	egistration is successful.			
	Reporti	ng		
Ø	0	•	0	
Subsidiary Information				
Note: Fields marked with asterisk (*) are required. *Will you report on behalf of subsidiaries that received a General Distribution payment? 0				
None	*			
Refer <u>here</u> for more information on Genera	Distribution			
Previous Next				

If the user does not respond to the question, the reporting entity will receive an error message page as shown in *Figure 9 Subsidiary Information Questionnaire - Required Field Error*. The user should click the 'Previous' button to go back and respond to the question as either 'Yes' or 'No' to be able to continue with the registration.





Figure 8 Subsidiary Information Questionnaire - Required Field Error

Registration
Thank you for initiating the registration process for the PRF Reporting Portal. Before you can enter financial and other data to report the use of your ARP Rural and/or PRF payments, you need to verify your organization and provide contact information.
Please note that the contact information is only used for communication related to PRF reporting. If changes need to be made after registration, please contact the Provider Support Line at (866) 569-3522; for TTY dial 711. Hours of operation are 8 a.m. to 8 p.m. CST (9 a.m. to 9 p.m. EST), Monday through Friday.
Information entered will not be saved until registration is successful.
Reporting
Ø0
Subsidiary Information
Note: Fields marked with asterisk (*) are required. *Will you report on behalf of subsidiaries that received a General Distribution payment?
None 🛟
Please select a choice.
Refer here for more information on General Distribution
Previous Next

3.4 STEP 3 – SUBSIDIARY/PAYMENT INFORMATION

After completing the Subsidiary Information screen, the portal user is taken to the Subsidiary/Payment Information screen. Reporting entities will be presented with a screen based upon the responses in <u>Step 2 – Subsidiary Information</u>.

Reporting entities that respond 'No' to 'Will you report on behalf of subsidiaries that received a **General Distribution** payment?' on the previous screen will be prompted to complete payment information as shown in *Figure 10 Payment Section with No Subsidiaries*. Portal users must enter all data fields accurately. If any of the payment information entered is incorrect, a reporting entity will not be able to proceed to the next step in the registration process.

Reporting entities that respond, 'Yes' to 'Will you report on behalf of subsidiaries that received a **General Distribution** payment?' on the previous screen will be prompted to complete a subsidiary TIN(s) field and payment information as shown in *Figure 11 Payment Section with Subsidiaries*. Reporting entities must provide a comma-delimited list of all subsidiary TINs on whose behalf they intend to report for one or more payments (*e.g.*, 123456789,987654321, 135791357). The subsidiary TIN information accurately. **Do not re-enter the TIN being registered as a subsidiary or parent of themselves, or an error message will appear**. Reporting entities will be able to review, edit, and validate all of the subsidiary TINs as part of the reporting process. Portal users must then enter accurate payment information for *any one* of the payments they or a subsidiary listed received. If any of the payment information entered is incorrect, a reporting entity will not be able to proceed to the next step in the registration process.



Figure 9 Payment Section with No Subsidiaries

I Health and Human Services						
HRSAA Health Resources & Services Administration						
Return to Home			Resources & FAQs			
Registration						
Thank you for initiating the registration process for the F payments, you need to verify your organization and pro		ou can enter financial and other data to re	port the use of your ARP Rural and/or PRF			
Please note that the contact information is only used for Line at (866) 569-3522; for TTY dial 711. Hours of oper	ation are 8 a.m. to 8 p.m. CST (
Information entered will not be saved until registrat						
	Re	eporting				
Payment Information (for any of the ARP Rur	al and/or PRF payments r	received) - This is used for identity	y verification only.			
Note: Fields marked with asterisk (*) are required.						
*TIN of the Entity that Received the Payment						
*Mode of Payment						
None	÷					
*Payment Amount 🚯						
Previous Next						



Figure 10 Payment Section with Subsidiaries

🖟 Health and Human Services	
HRSA Health Resources & Services Administration	
Return to Home	Resources & FAQs
Registration	
Thank you for initiating the registration process f payments, you need to verify your organization a	or the PRF Reporting Portal. Before you can enter financial and other data to report the use of your ARP Rural and/or PRF and provide contact information.
	used for communication related to PRF reporting. If changes need to be made after registration, please contact the Provider Support of operation are 8 a.m. to 8 p.m. CST (9 a.m. to 9 p.m. EST), Monday through Friday.
Information entered will not be saved until re	gistration is successful.
	Reporting
Ø	
Note: Fields marked with asterisk (*) are require	d.
*TIN(s) of Subsidiaries	
Payment Information (for any of the AR	P Rural and/or PRF payments received) - This is used for identity verification only.
*TIN of the Entity that Received the Payment	0
*Mode of Payment	
None	*
*Payment Amount	
* I certify that the TIN(s) and information	entered on this page are correct.
Previous Next	

If a user clicks 'Next' without providing information in a required field, an error message will appear in red below the required data entry fields as shown in *Figure 12 Payment Section with No Subsidiaries - Required Field Error* and *Figure 13 Payment Section with Subsidiaries - Required Field Error*. Portal users will not be able to proceed to the next screen until all required fields have been completed.

On the payment information screen, reporting entities must enter information for *any one* of the payments made to their TIN or any of the subsidiary TIN(s) on whose behalf they are reporting. The payment information submitted during registration is used for identity verification purposes. Users must choose a 'Mode of Payment' ('Direct Deposit ACH' or 'Check') from a drop-down list. If 'Direct Deposit ACH' is selected, a 'Settlement Date (ACH)' is required. The settlement date (ACH) is the date the PRF payments were electronically deposited into the recipient's bank account. This date usually excludes weekends and federal holidays. The date must be formatted as MMM DD, YYYY (*e.g.*, Sep 1, 2020). Portal users may alternatively select the calendar icon in the data entry field and click on the accurate date in the calendar. If 'Check' is selected as the 'Mode of Payment,' a 'Check Number' data entry field will become visible, and the user must



complete this data entry field accurately. Again, portal users must enter all payment information accurately. If any of the payment information entered is incorrect, a reporting entity will not be able to proceed to the next step in the registration process.

1 10111 0 11 1 0 11	
HRSA Health Resources & Services Administration	
Return to Home	Resources & FAQs
Registration	
Thank you for initiating the registration process for the PRF payments, you need to verify your organization and provide	F Reporting Portal. Before you can enter financial and other data to report the use of your ARP Rural and/or PRF a contact information.
	mmunication related to PRF reporting. If changes need to be made after registration, please contact the Provider Support n are 8 a.m. to 8 p.m. CST (9 a.m. to 9 p.m. EST), Monday through Friday.
Information entered will not be saved until registration	is successful.
	Reporting
Ø	0
Payment Information (for any of the ARP Rural a	and/or PRF payments received) - This is used for identity verification only.
Note: Fields marked with asterisk (*) are required.	
*TIN of the Entity that Received the Payment 0	
Please enter some valid input. Input is not optional.	
*Mode of Payment	
None	:
Please select a choice.	
*Payment Amount	
Please enter some valid input. Input is not optional.	
Constant Next	
Previous Next	

Figure 11 Payment Section with No Subsidiaries - Required Field Error



Figure 12 Payment Section with Subsidiaries - Required Field Error

K Health and Human Services	
HRSA Health Resources & Services Administration	
Return to Home	Resources & FAQs
Registration	
Thank you for initiating the registration process for the PF payments, you need to verify your organization and provi	RF Reporting Portal. Before you can enter financial and other data to report the use of your ARP Rural and/or PRF de contact information.
	communication related to PRF reporting. If changes need to be made after registration, please contact the Provider Support ion are 8 a.m. to 8 p.m. CST (9 a.m. to 9 p.m. EST), Monday through Friday.
Information entered will not be saved until registratio	n is successful.
	Reporting
Note: Fields marked with asterisk (*) are required. *TIN(s) of Subsidiaries	
Please enter some valid input. Input is not optional.	and/or PRF payments received) - This is used for identity verification only.
*TIN of the Entity that Received the Payment	and/or the payments received - this is used for identity vehication only.
Please enter some valid input. Input is not optional.	
*Mode of Payment	
None	* *
Please select a choice.	
*Payment Amount 🕕	
Please enter some valid input. Input is not optional.	
* I certify that the TIN(s) and information entered	on this page are correct.
Previous Next	

If a user enters their own TIN as a subsidiary, the system will provide an error, as shown in *Figure 14 Subsidiary TIN Cannot be That of Parent*.

Figure 13 Subsidiary TIN Cannot be That of Parent

Note: Fields marked with asterisk (*) are required. *TIN(s) of Subsidiaries	
123456789	
You Cannot enter your own TIN as a subsidiary TIN. Please enter the Example: 123458789	correct TIN for your subsidiary TIN (OR) TIN should be a 9 digit number without dashes or spaces.

If a user enters a TIN that has already been registered and tries to proceed to the next step of Registration, they will be directed to a screen with an error message as shown in *Figure 7 Provider Identity Information – Duplicate Primary TIN Error*. If the portal shows this error and the reporting entity has not registered before, the user should either return to the previous



screen(s) and correct the information entered or call the Provider Support Line for assistance if they believe the information they entered is correct.

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Return to Home Resources & FAQs
An account already exists for this TIN. For additional assistance, please call the provider support line at (888) 589-3522; for TTY dial 711. Hours of operation are 8 a.m. to 8 p.m. CST (9 a.m. to 9 p.m. EST), Monday through Friday.
Previous

Figure 14 Provider Identity Information – Duplicate Primary TIN Error

If a portal user does not enter payment information for the TIN provided in <u>Step 1 – Provider</u> <u>Identity Information</u> or one of the Subsidiary TINs provided in the 'TIN(s) of Subsidiaries' data entry field in <u>Step 3 – Subsidiary/Payment Information</u>, and clicks 'Next,' an error message will appear as shown in *Figure 15 Incorrect Payment TIN*. If a user receives this error message, they should click the 'Previous' button and ensure they are entering payment information associated with one of the already reported TINs.

Figure	15	Incorrect	Payment	TIN
--------	----	-----------	---------	-----

I Health and Human Services
HRSA Health Resources & Services Administration
Return to Home Resources & FAQs
REGISTRATION CANNOT PROCEED
The TIN that received the payment does not match with the parent TIN or the Subsidiary TINs that were being reported on for General Distribution.
If you would like to correct the data on the previous screen, please click the 'Previous' button.
For additional assistance, please call the provider support line at (866) 569-3522; for TTY dial 711. Hours 8 a.m. to 8 p.m. CST (9 a.m. to 9 p.m. EST), Monday through Friday.
Previous

If the portal user does not enter accurate payment information or the payment information is not able to be validated, an error message will appear as shown in *Figure 16 Incorrect Payment Information Error*. The user should click the 'Previous' button to go back to Step 3 and ensure that all information was entered correctly. If the payment entered was made within the last five business days, the portal may not be able to validate the payment. Reporting entities should use alternate payment information if available or return five business days after the payment date to register.



Figure 16 Incorrect Payment Information Error

المعالم Health and Human Services
HRSA Health Resources & Services Administration
Return to Home Resources & FAQs
REGISTRATION CANNOT PROCEED
The payment information you entered does not match our data. If the payment entered was made within the last 5 days, our system may not be able to validate the payment. Please use alternate payment informatiom if available. Otherwise, please return in five business days from the payment date to register.
If you would like to correct the data on the previous screen, please click the 'Previous' button.
For additional assistance, please call the provider support line at (866) 569-3522; for TTY dial 711. Hours 8 a.m. to 8 p.m. CST (9 a.m. to 9 p.m. EST), Monday through Friday.
Previous

If the portal user continues to have difficulty entering information they believe to be valid, they should contact the Provider Support Line at (866) 569-3522; for TTY, dial 711.

3.5 STEP 4 – PROFILE SUBMISSION

Reporting entities that successfully complete <u>Step 3 – Subsidiary/Payment Information</u> will be directed to the final registration screen as shown in *Figure 17 Profile Submission Screen*. At this time, portal users will be able to review all of the data entered throughout the registration process for accuracy.

Once a portal user has reviewed the summary data, including TIN, username, and contact email address, they must respond to the question at the bottom of the screen 'Do you certify that the above information is accurate to the best of your knowledge?' by using the drop-down menu.

If a reporting entity certifies that the data is accurate by selecting 'Yes,' a new section will appear below the certification that directs the portal user to 'Create a Username and Password.' The username will be prepopulated with the username selected in <u>Step 1 – Provider Identity</u> <u>Information</u>. The only way to change the username is to go back to <u>Step 1 – Provider Identity</u> <u>Information</u>. Reporting entities are unable to change the username associated with a PRF Reporting Portal account once the registration is submitted and the account is successfully created.

Portal users must select a password that complies with the password policy indicated in *Figure 17 Profile Submission Screen.* Passwords must:

- Be a minimum length of fifteen (15) characters.
- Contain at least three of the four character types: uppercase, lowercase, numbers, or special characters.
- Not be the same as the username or any part of the contact name provided in Step 1.
- Not contain any variation of the word 'password'.



Reporting entities should print the information on this page from the browser and save it in a secure location. Portal users must click the 'Submit' button before exiting the portal.

Figure	17	Pro	filo	Sub	miss	ion	Scroon
гізиге	1/	F IO	Ille	SUD	muss	ion	screen

्री. Health and Human Services
HRSA Health Resources & Services Administration
Return to Home Resources & FAQs
Warning: Please scroll to the bottom of this page and certify that all data entered is accurate before submitting your registration.
Thank you for initiating the registration process for the PRF Reporting Portal. Before you can enter financial and other data to report the use of your ARP Rural and/or PRF payments, you need to verify your organization and provide contact information.
Please note that the contact information is only used for communication related to PRF reporting. If changes need to be made after registration, please contact the Provider Support Line at (868) 569-3522; for TTY dial 711. Hours of operation are 8 a.m. to 8 p.m. CST (9 a.m. to 9 p.m. EST), Monday through Friday.
Information entered will not be saved until registration is successful.
Reporting
Note: Fields marked with asterisk (*) are required.
Your previous answers have been pre-populated below. Please verify.
Entity Tax Information
Tax ID Number (TIN): 888555750 Business Name (as it appears on Form W-9): 500ktest
Contact Information
Name: Carla Test Phone Number: 555555555 Extension : Mobile Number: Title:
Email: oarlatest@domain.com
Address (as it appears on Form W-9)
3896 cerem, Sanford, Alabama, 32771
Subsidiary Information
Will you report on behalf of subsidiaries that received a General Distribution payment?: No
Payment Information (for any of the ARP Rural and/or PRF Payments Received)
TIN of the Entity that Received Payment: 888565750
Mode of Payment: Check

Provider Relief Fund Reporting Portal User Guide – Registration



If a portal user certifies that the data is not accurate by selecting 'No' to the question 'Do you certify that the above information is accurate to the best of your knowledge?' an error message will appear in red, as shown in *Figure 18 Incorrect Information Screen*, and the user must use the 'Previous' button to go back to correct the inaccurate data. Data entered will not be lost unless the user returns to the <u>PRF Reporting Portal Home Page</u>. The reporting entity must certify to the accuracy of the information entered in order to successfully complete registration.

		_			~
Figure	18	Incorrect	Inform	nation	Scroon
rigure	10	mcorrect	ingorn	iuiion	Screen

*Do you certify that the above	e information is accurate to the best of your knowledge?	
No	* •	
Are you an Employee or Thir	l Party?	
The answer you give to the following o	uestion must be true and correct. You may be subject to penalties if you make a f	alse statement.
*Select Type of Reporting Entity		
Employee		•
Please click on the Previous button	at the bottom of the screen to go back to correct the inaccurate data.	
Previous		

During registration it is required that the user indicate whether they are an entity employee or with a third-party company, as shown in *Figure 19 Select User Type*.

Figure 19 Select User Type

Are you an Employee or Third Party? The answer you give to the following question must be true and correct. You may be subject to penalties if you make a	false statement.
*Select Type of Reporting Entity	
Third Party	•
 I have written authorization to complete and submit reporting on behalf of the Provider. 	

NOTE: If the user is with a third-party company, they will be required to indicate that they have written authorization to complete/submit reporting on behalf of the entity.

Please confirm the exact Username (including spelling) as this cannot be changed once submitted. The username, TIN, and password will be used to log into the PRF Reporting Portal in conjunction with two-factor authentication. Please save this information in a secure location outside of the portal for future reference.

If a portal user does not provide a compliant password, an error message will appear, as shown in *Figure 20 Non-Compliant Password*.

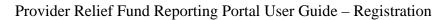




Figure 20 Non-Compliant Password

1	eate a Username and Password
s	sername
u	user@domain.com
•	Password Policy
	Password must be of a minimum length of fifteen (15) characters.
	Password must contain at least three of these four character types: Uppercase,
	Lowercase, Numbers, or Special Characters.
	Use a "pass phrase" to help you create a complex password.
	Do not use your username or any part of your full name. Do not reuse your last twenty four (24) passwords.
	Password must not contain the word "password".
as	ssword
	•
or	nfirm Password
	0
	ease enter a valid password. This field is required.

NOTE: You can toggle to view/not view the password policies by clicking the Password Policy accordion.



3.5.1 Setting Up Security Questions

Cybercrime has been an increasingly severe problem in recent years. As a result, the Provider Relief Fund (PRF) has added a new security feature to the PRF Reporting Portal to comply with the HRSA Office of Information Technology security standards to improve account security. Upon logging in, the system will allow you to set up security questions on the PRF Reporting Portal as shown in *Figure 21 Setting Up Security Questions*, providing your account information with an extra layer of security.

Figure	21	Setting	Un	Security	Questions
I IZUIC	<u> </u>	Dennig	Op	Decurity	Questions

Set Up Security Questions for Your PRF Reporting Portal Accord	unt Login
✓ Security Question Rules	
 The answers to your security questions must contain letters or numbers and ca The answers to your security questions cannot be longer than 30 characters. The same question and/or answer cannot be used multiple times. Answers are not case sensitive. Cannot repeat the same character more than twice in succession (e.g., RRR, The following special characters are allowed, as long as they follow a letter or with one of these characters.) 	
*Question 1:	*Answer 1:
Select a Question 💌	•
*Question 2	*Answer 2:
Select a Question	Optimized and the second se
*Question 3:	*Answer 3:
Select a Question	•
*Question 4:	*Answer 4:
Select a Question	•
*Question 5:	* Answer 5:
Select a Question 💌	⊘
* I certify, under penalty of law, that the above information is correct.	Submit

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

NOTE: You can toggle to view/not view the security question rules by clicking the Security *Question Rules accordion.*

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



If you want to check the answer you have entered for one of the security questions, click the *Show* icon as shown in *Figure 22 Errors While Setting Up Security Questions*.

If you do not follow all rules while creating your security questions/answers, you will receive error(s) as shown in *Figure 22 Errors While Setting Up Security Questions*.

Figure 22 Err	ors While Se	etting Un Se	ecurity Questions	5
1 1501C 22 DIT	ors mille se		curry Question	,

Set Up Security Questions for Your PRF Reporting Portal Account L	_ogin			
✓ Security Question Rules				
 The answers to your security questions must contain letters or numbers and cannot The answers to your security questions cannot be longer than 30 characters. The same question and/or answer cannot be used multiple times. Answers are not case sensitive. Cannot repeat the same character more than twice in succession (e.g., RRR, 111). The following special characters are allowed, as long as they follow a letter or number with one of these characters.) 	be less than 3 characters. er: apostrophe ('), hyphen (-), spaces, period (.). (This means that your answers cannot start			
*Question 1:	*Answer 1:			
In what city did your parents meet?	•••••••••••••••••••••••••••••••••••••••			
*Question 2	*Answer 2:			
In what city does your nearest sibling live?	•••••••			
	The same question and/or answer cannot be used multiple times.			
*Question 3:	*Answer 3:			
In what city was your first job?	••••••			
*Question 4:	Answer 4:			
In what city did your parents meet?	•••• •			
The same question and/or answer cannot be used multiple times.				
*Question 5:	*Answer 5:			
What is the name of the place in which you held your first wedding r $\ensuremath{$	•••••••••••••••••••••••••••••••••••••••			
The same question and/or answer cannot be used multiple times.				
	Submit			
Previous				

Registration is complete after a portal user certifies the accuracy of the information, enters a password that passes the validation, sets up their security questions successfully and clicks the 'Submit' button. Portal users that successfully register will see a pop-up message with the words 'Registration Successful!' as shown in *Figure 23 Successful Registration Screen*. Portal users that do not see this message may have blocked pop-ups on their computers. Portal users that register successfully will also receive an email from 'PRFReporting-NoReply@hrsa.gov' confirming the registration as shown in *Figure 24 Successful Registration Email*. Portal users should make sure to check their junk mail folder or spam folder if they do not receive the message. The email address 'PRFReporting-NoReply@hrsa.gov' should also be added to the email sender safe list. Please note that this mailbox is not monitored and should not be used to communicate with HRSA staff.



Figure 23 Successful Registration Screen

Registration Successful!			
You have successfully completed registration in the Provider Relief Fund (PRF) Reporting Portal. Please refer to the <u>PRF website</u> for reporting deadlines. PRF recipients that do not report within the required reporting time period are out of compliance with payment Terms and Conditions and may be subject to return funds.			
If you are ready to report, please click the 'Go to Reporting' button below to start reporting. Please click the 'Exit' button to exit registration.			
Go To Reporting Exit			
Anci completing registration, providers in			



्री Health and Human Services
HRSA Health Resources & Services Administration
Dear Jim Davis,
Thank you for registering with the Health Resources & Services Administration (HRSA) PRF Reporting Portal. The next phase of the reporting process is to submit financial data indicating use of ARP Rural and/or PRF payments.
Please begin reporting by accessing the reporting portal using the following username.
Username: jimdavis@domain.com
If you need to update your username or email address, or if you need additional assistance, please reach out to the Provider Support Line at (866) 569-3522; for TTY dial 711. Hours of operation are 8 a.m. to 8 p.m. CST (9 a.m. to 9 pm. EST), Monday through Friday. Hours subject to change.
This is a system-generated message; please do not respond to this email.
Thank you,
HRSA PRF Team

Once registration is completed for a primary TIN, the reporting entity will not be able to re-access the registration data and make changes until reporting.

A reporting entity must keep the contact email address and phone number(s) associated with their account up-to-date because it will be used for communication by HRSA and for two-factor authentication. Registration is completed one time to cover all reporting periods.

Portal users responsible for submission of reports for multiple entity organizations that are not reporting on a consolidated basis must create a new PRF Reporting Portal account for each of the entity organizations for which they are reporting.

3.6 STEP 5 – SET UP TWO-FACTOR AUTHENTICATION PREFERENCE

The PRF Reporting Portal has enhanced the portal security by integrating two-factor authentication (2FA). If you have not configured the 2FA preference, the portal login process will require the user to set up 2FA preference once registration is complete. Upon successful registration, the system will take you to *Figure 25 Set Your Two-Factor Authentication Preferences*.



3.6.1 Preference: Email

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

Figure 25 Set Your Two-Factor Authentication Preferences

HRSA Health Resources & Sarvices Administration
Resources & FAQs
Return to Home
Set Your Two-Factor Authentication Preferences
Let us know how you would prefer to receive your two-factor authentication codes. You can always change the default preference in your profile.
Note: Fields marked with asterisk (*) are required.
 * My preferred method of contact for receiving two-factor authentication codes for login: Email (default) SMS (by selecting this option as my preferred method of contact, I consent to receive SMS messages for one-time verification codes)
You have selected Email as your two-factor authentication preference.
 The Email Address field has been pre-populated from entry during registration. (This cannot be modified.) Click on Send Code A verification code will be sent via email.
 If you didn't receive an email with the verification code, please check your Spam (or Junk Mail) folder. To ensure that you receive Two-Factor Authentication messages, please add prfreporting-noreply@hrsa.gov to your email Safe Senders list. Enter the verification code in the field provided, then click Verify Code. If successful, your two-factor authentication will be set up.
 If you need assistance, please call the Provider Support Line at (866) 569-3522; for TTY dial 711. Hours of operation are 8 a.m. to 8 p.m. CST (9 a.m. to 9 p.m. EST), Monday through Friday.
* Email Address
sadaf.makhzan@gdit.com Send Code

3.6.2 Preference: SMS

If the user is unable to receive email from the PRF Reporting Portal, the user may select to receive the 2FA verification code through SMS on a mobile device. To receive the verification code via SMS, please click on the SMS radio button and, if the correct mobile number is not reflected in the Mobile Number field, click on the "Update Mobile Number" hyperlink below it.



Figure 26 Set SMS as Preferred 2FA Method

HRSA Health Resources & Sarvices Administration
Resources & FAQs
Return to Home
Set Your Two-Factor Authentication Preferences
Let us know how you would prefer to receive your two-factor authentication codes. You can always change the default preference in your profile.
Note: Fields marked with asterisk (*) are required.
*My preferred method of contact for receiving two-factor authentication codes for login:
Email (default)
SMS (by selecting this option as my preferred method of contact, I consent to receive SMS messages for one-time verification codes)
You have selected SMS as your two-factor authentication preference.
The Mobile Number field has been pre-populated from entry during registration (if applicable).
Click Update Mobile Number to modify.
Once the mobile number is correct, click on Send Code.
A verification code will be sent via SMS.
 Enter the verification code in the field provided, then click Verify Code. If successful, your two-factor authentication will be set up.
 If you need assistance, please call the Provider Support Line at (866) 569-3522; for TTY dial 711. Hours of operation are 8 a.m. to 8 p.m. CST (9 a.m. to 9 p.m.
EST), Monday through Friday.
Two-Factor SMS Authentication terms and conditions:
1. SMS will be used for two-factor authentication.
2. Devices without an active U.S number will not be able to receive SMS.
3. Carriers are not liable for delayed or undelivered messages.
4. Messages and data rates may apply for any messages sent to you from us and to us from you. You will receive one message per request. If you have any
questions about your text plan or data plan, it is best to contact your wireless provider.
* Mobile Number
7039011633 Send Code
Update Mobile Number

The "Mobile Number" field will be enabled allowing the user to enter the mobile phone number to be used for 2FA verification.

- The 2FA mobile phone number is not used for PRF communications.
- Entering an SMS-enabled mobile phone number will not update the contact phone number in the "entity Overview" page.

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

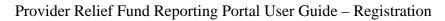




Figure 27 Enter Verification Code

* Mobile Number	
3015551234	Send Code
* Verification Code	
	Submit

3.6.3 Logging in Using 2FA

After setting up your 2FA preference, the system will require you to log in using 2FA.

Upon successful validation of the username and password, a 2FA verification code will be sent using the selected preference.

- If you selected Email as the preferred 2FA method, the verification code will be emailed to the email address in your PRF Reporting Portal Contact profile. (The email may take up to ten minutes to be received.)
- If you selected SMS as the preferred 2FA method, the verification code will be sent to your mobile number.

Once received, please enter the verification code in the "Verification Code" field and click the "Continue to Log In" button.

Verify your Provider Relief Fund Reporting Portal Login - Indox Verify your Provider Relief Fund Reporting Portal Login HRSA PRF Reporting-noreply <prfreporting-noreply@hrsa.gov> To: Utame, FName</prfreporting-noreply@hrsa.gov>	Today at 12:27 PM	Heath Resources & Services Administration youruserid@domain.com Log O
I Health and Human Services		Access to the PRF Reporting Portal requires two-step verification and you will not be able to proceed without the verification code.
HRSA Rull Reuzes S Breich Advisitation Dear FName UName,		A unique verification code was sent to the email address entered during registration. Please allow up to 10 minutes for this email to arrive. (You may want to check your Spam folder.) If it is not received within 10 minutes, please click Re-
You recently logged into the Provider Relief Fund Reporting Portal. To ensure your account's security, we need to verify your identity. Enter the following code where prompted.		Send Code. To ensure that you receive Two-Factor Authentication messages, please add prfrepprting-noreply@hrsa.gov to your
Verification Code: Abc123 If you didn't recently log into the Provider Relief Fund Reporting Portal, please reset your password. This is a system generated message, please do not respond to this email.		email Safe Send. • Verification Code Abc123
Thank you, HRSA PRF Team		Continue to Log In Re-Send Code

Figure 28 Verification Code

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

Upon successful validation of the 2FA verification code, you will be taken to the PRF Reporting Portal landing page.





Figure 29 Re-Send Verification Code

