



HEALTH RESOURCES AND SERVICES
ADMINISTRATION
PROVIDER RELIEF FUND REPORTING PORTAL
USER GUIDE REPORTING

HRSA
Health Resources & Services Administration

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

Date: July 28, 2022

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1 GENERAL INFORMATION

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), the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSA) (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 Coronavirus. These funds were distributed by the Health Resources and Services Administration (HRSA) through the Provider Relief Fund (PRF) program. Recipients of these funds agreed to [Terms and Conditions](#), which require compliance with reporting requirements as specified by the Secretary of the U.S. Department of Health and Human Services (HHS) in program instructions.

1.2 PURPOSE

HRSA developed the PRF Reporting Portal to enable PRF recipients (also 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. HRSA published the PRF Reporting Portal User Guide-Registration to assist PRF recipients in the completion of the first step of the process. The purpose of the *PRF Reporting Portal User Guide- Reporting* is to assist PRF recipients in the completion of the second step of the process – reporting on the use of funds.

1.3 POST-PAYMENT REPORTING REQUIREMENTS

PRF recipients should review the most recently published Post-Payment Notice of Reporting Requirements available on the PRF Reporting Requirements & Auditing website for information about reporting requirements. Recipients are required to report on required data elements as part of the post-payment reporting process in each Payment Received Period in which they received one or more payments exceeding \$10,000 in the aggregate 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.

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

If a PRF recipient 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.

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

*Grace period ended November 30, 2021

Table 1 Reporting Periods

1.4 RESPONSIBILITY FOR REPORTING

For the purposes of registration and reporting in the PRF Reporting Portal, the Reporting Entity is 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 a 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 payments. This is required regardless of whether the parent or subsidiary received the payment or whether that original recipient subsequently transferred the payment.

1.5 BEFORE STARTING

Reporting Entities must complete registration before beginning to report on the use of funds. The report must be completed and saved sequentially, 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. **A work session in the PRF Reporting Portal will timeout after 15 minutes of inactivity.** At the time of registration and at the end of the reporting process, portal users will receive an email notification from ‘PRFReporting-NoReply@hrsa.gov.’ Portal users should add this email address to their safe sender list before beginning. For instructions on adding ‘PRFReporting-NoReply@hrsa.gov’ as a safe email sender, portal users should follow the

instructions of the email provider associated with the email account. As an example, instructions for Outlook users may be found at [Adding Email Address to Safe Senders List](#). Please note that the ‘PRFReporting-NoReply@hrsa.gov’ 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 report available before they begin. Information required to report includes:

- Business name, address, and contact information (from Internal Revenue Service (IRS) Form W-9)
- Provider type and Provider Sub-Type:
 - Provider Types (Home and Community, Ancillary Services, Facilities, Outpatient and Professional, DME/ Suppliers, Other)
 - Provider Sub-types – Conditional to Provider Types (e.g., Home Health Agencies, Dental Service Providers, Assisted Living Facilities, Pediatrics Practice, etc.)
- List (by TIN) of subsidiaries that are eligible healthcare providers¹
- List (by TIN) of subsidiaries that were acquired or divested during the period of availability and that are eligible healthcare providers
- If the Reporting Entity is a subsidiary:
 - Will a parent entity report on any of the Reporting Entity’s **General Distribution** payments?
 - TIN(s) of parent entity reporting on its behalf for **General Distribution** payments
 - If any **Targeted Distribution** payments were transferred to/by a parent, the total dollar amount of the transferred payment(s)
- If the Reporting Entity acquired or divested subsidiaries during the period of availability of funds:
 - TIN(s) of Acquired/Divested Subsidiary(ies)
 - Acquired or Divested
 - Effective Date of the Acquisition/Divestiture
 - TIN of Acquiring/Divesting Entity
 - Total PRF Dollar Amount Received for the TIN
 - Percentage of Ownership
 - Controlling interest
- Total payments received or rejected (attestation rejected) for the Payment Received Period that corresponds to the reporting period (i.e., Nursing Home Infection Control Distribution, including Quality Incentive Program (QIP) payments; General Distribution payments; other Targeted Distribution payments)
 - TIN of Recipient

¹ For the purposes of reporting, “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.

- Distribution (General/Targeted/Nursing Home Infection Control)
- Amount Deposited
- Amount Returned
- Amount Retained
- Attestation Date
- Amount of interest earned on Nursing Home Infection Control Distribution payment(s) from payment date until expense date, if applicable
- Amount of interest earned on Other PRF Payments (all General and Targeted Distribution payments except for Nursing Home Infection Control payments) from payment date until expense date, if applicable
- Federal Tax Classification from IRS Form W-9, Exempt Payee Code (Optional) from IRS Form W-9, Exempt from Foreign Account Tax Compliance Act (FACTA) Reporting Code (Optional) from IRS Form W-9
- Fiscal Year End Date of Reporting Entity
- Reporting Entity Subjected to Audit ([45 CFR § 75 Subpart F](#))
 - If so, were PRF funds included in the audit?
- Other Assistance Received by the Reporting Entity during the period of availability (and its subsidiaries if included in the reporting) reported by calendar year quarter including:
 - Treasury, Small Business Administration (SBA) and the CARES Act/ PPP
 - Federal Emergency Management Agency (FEMA) Programs (CARES Act, Public Assistance, etc.)
 - HHS CARES Act Testing
 - Local, State, and Tribal Government Assistance
 - Business Insurance
 - Other Assistance
- Use of Nursing Home Infection Control Distribution payments (including QIP payments) for Nursing Home Infection Control expenses during the period of availability, by calendar year quarter:
 - General and Administrative (G&A) Expenses
 - If Total PRF payments for the Payment Received Period is \$500,000 or greater in aggregate, then expenses will be reported as:
 - Mortgage/Rent
 - Insurance
 - Personnel
 - Fringe Benefits
 - Lease Payments
 - Utilities/Operations
 - Other G&A Expenses
 - Healthcare Related Expenses
 - If Total PRF payments for the Payment Received Period is \$500,000 or greater in aggregate, then expenses will be reported as:
 - Supplies

- Equipment
 - Information Technology (IT)
 - Facilities
 - Other Healthcare Expenses
- Use of Other PRF Payments (i.e., General Distribution and Other Targeted Distribution payments) for Coronavirus-related expenses during the period of availability, by calendar year quarter:
 - G&A Expenses
 - If Total PRF payments for the Payment Received Period is \$500,000 or greater in aggregate, then expenses will be reported as:
 - Mortgage/Rent
 - Insurance
 - Personnel
 - Fringe Benefits
 - Lease Payments
 - Utilities/Operations
 - Other G&A Expenses
 - Healthcare Related Expenses
 - If Total PRF payments for the Payment Received Period is \$500,000 or greater in aggregate, then expenses will be reported as:
 - Supplies
 - Equipment
 - IT
 - Facilities
 - Other Healthcare Expenses
- Unreimbursed Expenses Attributable to Coronavirus
 - G&A Expenses
 - Healthcare Related Expenses
- If all Other PRF Payments were fully expended on eligible expenses, 2019, 2020, 2021, and 2022 Actual Patient Care Revenue
- If all Other PRF Payments were not fully expended on eligible expenses, then Reporting Entities will select **one** of the following methods to report on PRF payments applied to lost revenues:
 - Actual Patient Care Revenue (2019 through the end of the period of availability) by calendar year quarter, split by payer type:
 - Medicare Part A + B
 - Medicare Part C (Medicare Advantage Plans/ MA Plan)
 - Medicaid / Children’s Health Insurance Program (CHIP)
 - Commercial Insurance
 - Self-Pay (No Insurance)
 - Other

- Budgeted and Actual Patient Care Revenues for 2020, 2021, and 2022 (for the period of availability of funding) by calendar year quarter, split by payer type:
 - Medicare Part A + B
 - Medicare Part C (Medicare Advantage Plans/ MA Plan)
 - Medicaid / CHIP
 - Commercial Insurance
 - Self-Pay (No Insurance)
 - Other
 - Additional documentation as follows:
 - 2020, 2021, and 2022 budgets approved prior to March 27, 2020
 - Attestation by Chief Executive Officer (CEO), Chief Financial Officer (CFO), or similarly responsible individual representing the Reporting Entity on accuracy of budget
 - Alternate Method of calculating lost revenues by calendar year quarter, for the entire period of availability
 - Narrative document describing methodology, 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
 - Calculation of lost revenues using the methodology described in the narrative document
 - (Optional) Additional Supporting Documentation
 - Other Non-Financial Data reported by calendar year quarter (2019 through the end of the period of availability)
 - Personnel Metrics: Total number of clinical and non-clinical personnel by labor category (i.e., full-time, part-time, contract, furloughed, separated, hired)
 - Patient Metrics: Total number of inpatient admissions, outpatient visits (in-person and virtual), emergency department visits, and facility stays (for long-term and short-term residential facilities)
 - Facility Metrics: Total number of staffed beds for medical/surgical, critical care, and other beds
- Responses to survey questions on the impact PRF of payments received during the Payment Received Period that corresponds to the reporting period

If the Reporting Entity received Rural Health Clinic (RHC) COVID-19 Testing Program and/or RHC COVID-19 Testing and Mitigation Program funds, did the entity complete reporting on the use of these funds? Each of these data elements is explained more thoroughly within each corresponding section of the user guide.

1.6 GETTING STARTED

The portal must be accessed at: <https://prfreporting.hrsa.gov/>. The PRF Reporting Portal is only compatible with the latest versions of Microsoft Edge, Google Chrome, Safari, and Mozilla Firefox. For portal users that do not have a compatible web browser, one may be downloaded for

free. The Reporting Portal is supported on phones and tablets that meet these mobile platform or desktop operating system and version requirements:

- Mac: macOS 10.14 (Mojave) or later
- Windows: Windows 7 or later
- iOS: iOS 13 or later
- Android: Android 5.0 (Lollipop) or later

If technical difficulties arise, users may contact the Provider Support Line at (866) 569-3522; for Teletypewriter (TTY) dial 711 for assistance.

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

- [PRF Reporting Portal User Guide – Registration \(PDF\)](#)
- [PRF Post-Payment Notice of Reporting Requirements \(PDF\)](#)
- [PRF Frequently Asked Questions \(FAQs\)](#)
- [PRF Reporting and Auditing Requirements](#)
- [PRF Terms and Conditions](#)
- [PRF General Information Home Page](#)

Links to key PRF resources are available to Reporting Entities on the [PRF Reporting Portal Home Page](#) and throughout the portal. Please reference [Section 2 Home Page](#) to locate these resources.

For more information on how to navigate the portal, please reference [Section 3 Navigation within the Portal](#).

For a step-by-step walkthrough of the PRF reporting process, please reference [Section 4 Steps to Complete Reporting](#).

Note: *If the Reporting Entity received RHC COVID-19 Testing Program payments and/or RHC COVID-19 Testing and Mitigation Program payment(s), they are required to report separately on the use of those funds at <https://www.rhccovidreporting.com>.*

2 HOME PAGE

The PRF Reporting Portal Home Page allows Reporting Entities to register and log in to report on PRF payments, and to access resources and frequently asked questions (FAQs). It can be accessed at <https://prfreporting.hrsa.gov/>. The key elements are shown on the *Error! Reference source not found.*

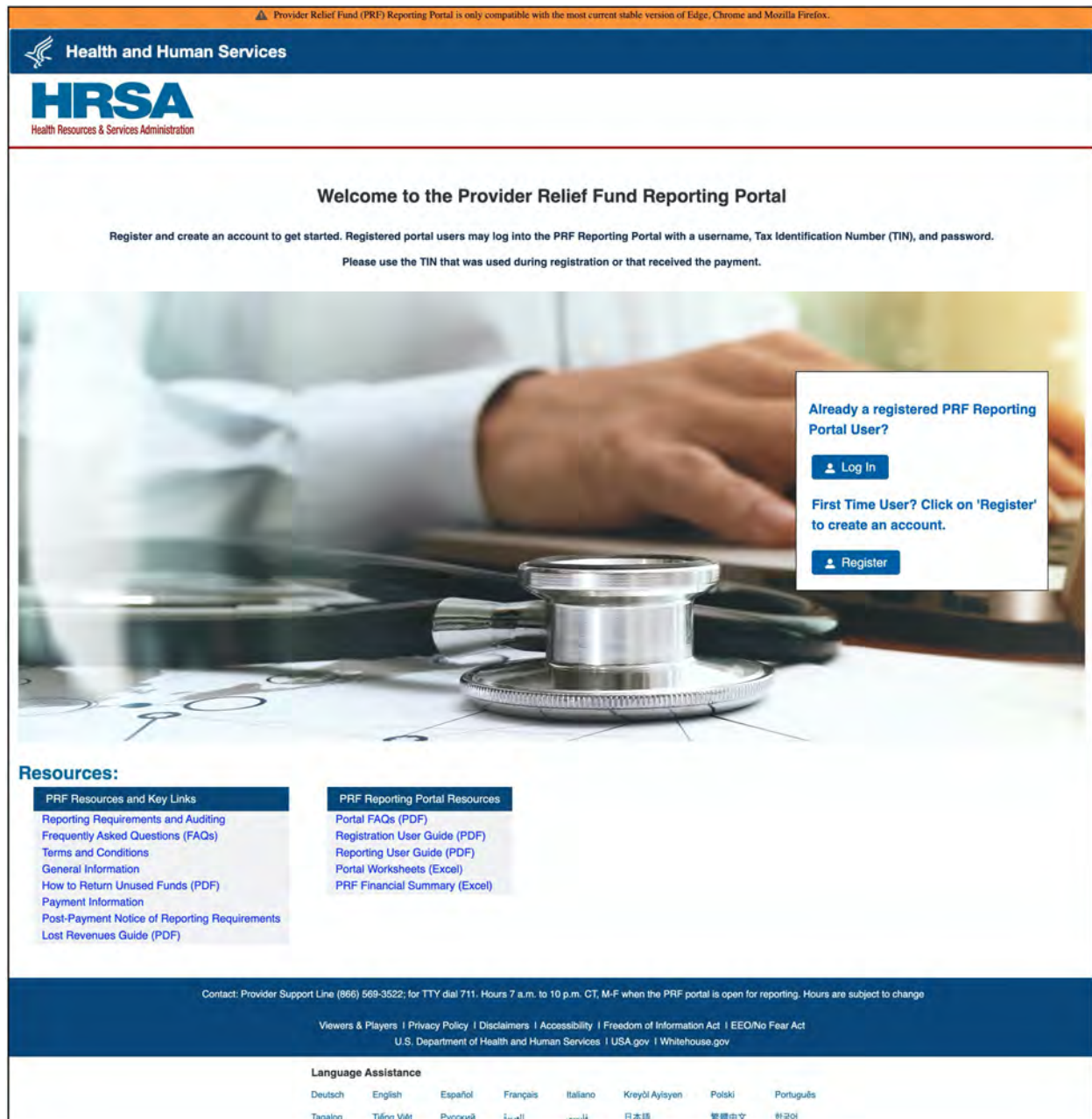


Figure 1 Home Page

1. **Log In:** 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, portal users will be prompted to enter the username created during the registration process, complete the reCAPTCHA (i.e., check the ‘I’m not a robot’ button), and click the ‘Continue to Log In’ button as shown in Figure 2 Enter Username. Then, portal users must enter the TIN and password associated with the portal account to open the Reporting Landing Page. If an invalid TIN is entered more than three times, the account will be locked for fifteen minutes before the provider can try again.

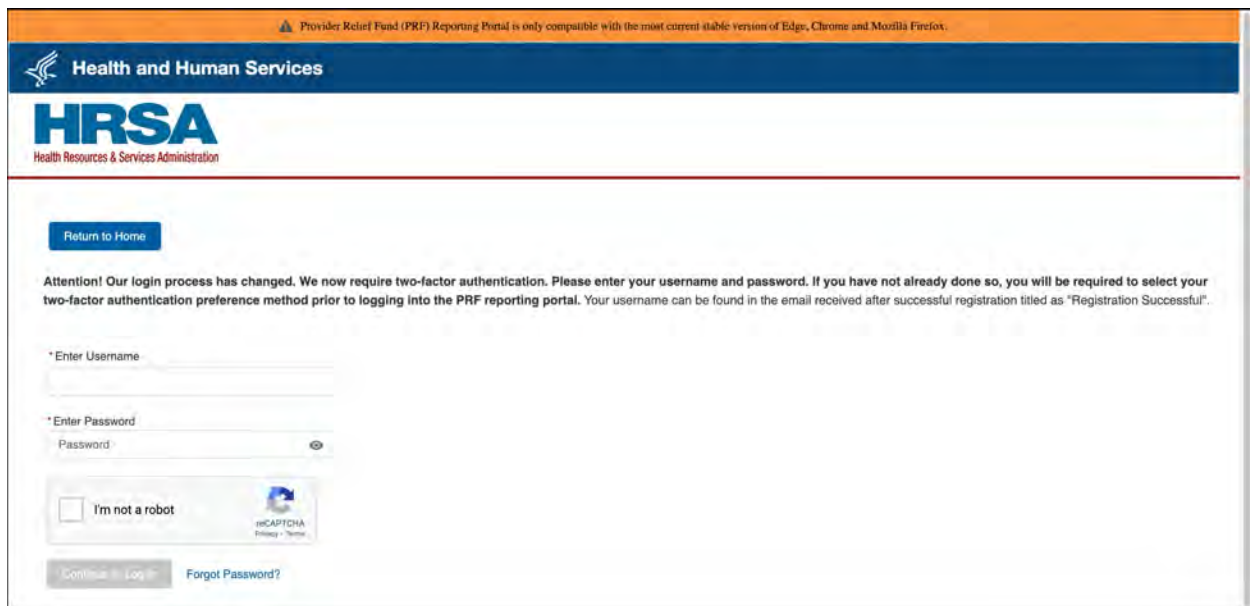


Figure 2 Enter Username

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, please refer to the “Two-Factor Authentication Preferences” section below.

Upon successful validation of the username and password, a 2FA verification code will be emailed to the email addressed in the user’s PRF Reporting Portal Contact profile. The email may take up to ten minutes to be received by the user. Once received, please enter the verification code in the “Verification Code” text box and click the “Continue to Log In” button. If the user has SMS as the preferred 2FA method, the verification code will be sent to the registered mobile number.

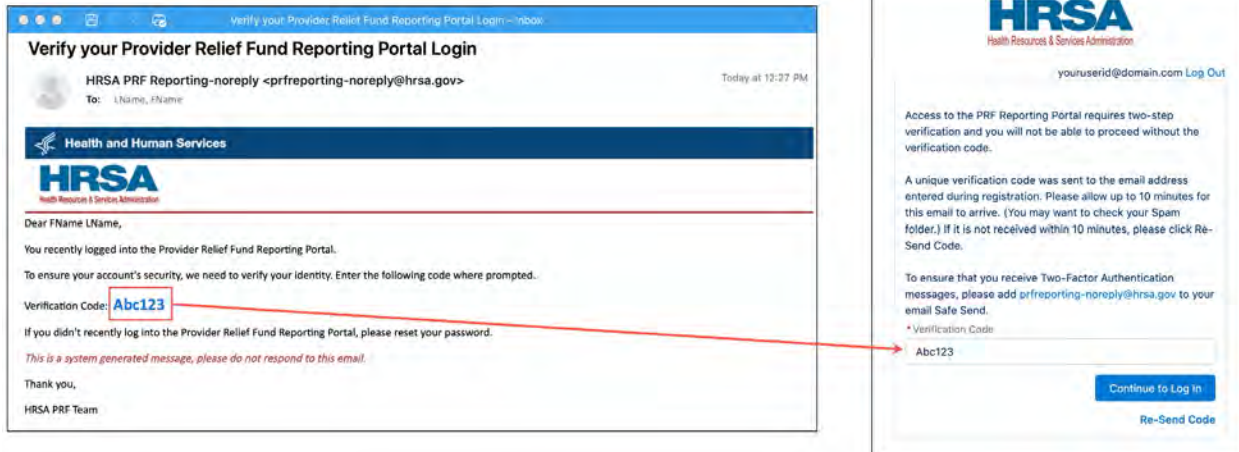


Figure 3 Verification Code

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.

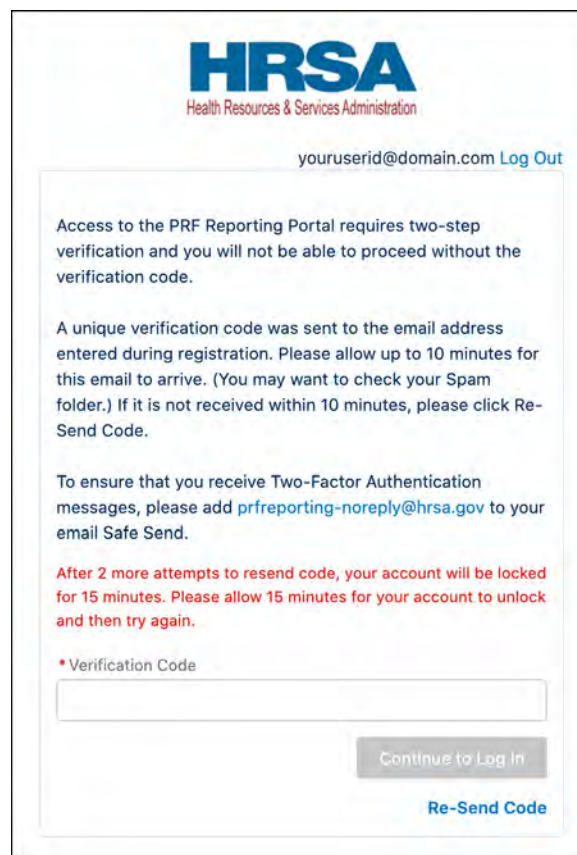


Figure 4 Re-Send Verification Code

2. **Two-Factor Authentication Preferences:** By default, 2FA method 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 5 Two-Factor Authentication Preferences

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 click on the “Update Mobile Number” hyperlink below the “Mobile Number” text box.

Figure 6 Set SMS as Preferred 2FA Method

The “Mobile Number” text box will be enabled allowing the user to enter the mobile phone number. The 2FA mobile phone number is not used for PRF communications. Entering a SMS enabled mobile phone number will not update the contact phone number in the “Entity Overview” page.

Once the user has entered a 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 verification code in the text box and then click the “Submit” button.

Figure 7 Mobile Phone Number 2FA Set Up Screen

- Password Reset:** Portal users that do not remember their passwords can reset their passwords using the ‘Forgot Password?’ link on the TIN and password page. Clicking the link will redirect users to a screen called ‘Password Reset’ where they will enter their username associated with their portal account and TIN to reset the password as shown in *Figure 8 Password Reset*.

Figure 8 Password Reset

Entering a valid username and TIN on the Password Reset screen will prompt the user to set a new password per the password policy as shown in *Figure 9 Password Policy*.

PASSWORD RESET

Please enter the username and TIN associated with your PRF Reporting Portal account.

*Your username can be found in the email received after successful registration, titled "Registration Successful - Provider Relief Fund Reporting Portal."

After three invalid attempts, your account will be locked for 15 minutes. Please allow 15 minutes for your account to unlock and then try again.

sprint4tester14@test.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".

***New Password**
Enter new password

***Confirm Password**
Re-enter password

Continue

Figure 9 Password Policy

After the password is successfully reset, a pop-up window will appear with the message indicating a successful reset as shown in *Figure 10 Successful Password Reset Pop-Up*. An email will also be sent to the user’s email for confirmation. Reporting Entities may contact the Provider Support Line at (866) 569-3522; for TTY dial 711 if they have forgotten their username or if they do not receive a link to reset their password. Hours of operation are 8:00 a.m. to 10:00 p.m. Central Time, Monday through Friday, while the portal is open for reporting. Hours are subject to change.

Password Reset Successful!

Your password has been reset successfully and an email has been sent to your inbox. Please click on the Log In button to access the portal.

Log In

Figure 10 Successful Password Reset Pop-Up

4. **Registration:** PRF Reporting Portal user registration is the first step in the reporting process. To begin registration, Reporting Entities should click the blue ‘Register’ button below the ‘First Time User?’ to create an account. Reporting Entities must register for an account in the portal before reporting on the use of funds may begin. Reporting Entities should follow the steps in the [PRF Reporting Portal User Guide – Registration](#) (PDF) for detailed instructions on the registration process.
5. **Resources:** Reporting Entities can access important PRF resources on the PRF Reporting Portal Home Page. These resources may also be accessed using the blue ‘Resources & FAQs’ button in the upper right corner on all pages throughout the portal after successful login. Clicking the ‘Resources & FAQs’ button will open a new browser tab which will not affect previously entered data.

6. **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, Reporting Entities should contact the Provider Support Line at (866) 569-3522; for TTY dial 711. 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.

3 NAVIGATION WITHIN THE PORTAL

After a 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 the next. The progress can be observed by viewing the progress bar located at the top of each portal page as shown in *Figure 11 Progress Bar*. Blue circles represent steps that have been completed, a white circle with a blue outline represents the current step, and grey circles represent steps to be completed. It is not possible to skip steps to view subsequent pages.

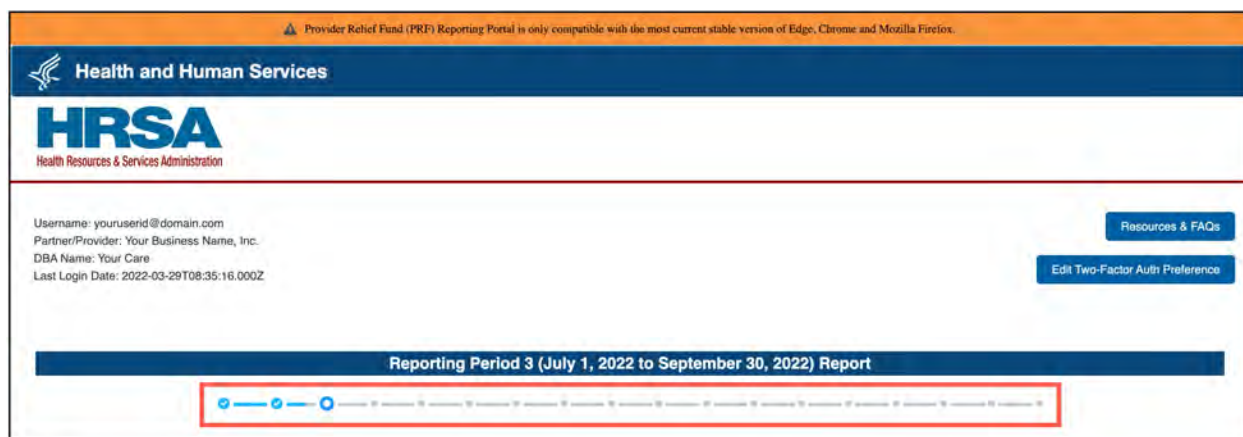


Figure 11 Progress Bar

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 the red ‘Save & Exit’ buttons as shown in *Figure 12 Page Navigation*. 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 12 Page Navigation

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 PRF Reporting Portal, users will be required to log in using their username, TIN, and password. The portal will re-open onto 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.

Red asterisks (*) denote required data entry fields on each portal page. If a required data entry field has not been completed, a red error message will appear, and the user must correct the error before proceeding to the next page within the portal.

Tooltips (denoted as ⓘ) provide additional information about the data fields such as definitions and specifications for formatting. Users should hover over the tooltip icon (ⓘ) with their mouse to learn additional details about the data entry fields. Reporting Entities should reference these tooltips before directing any questions to the Provider Support Line.

Each portal page will also have the blue ‘Resources & FAQs’ button in the upper right corner for Reporting Entities to easily reference helpful resources that are also available on the home page. This will open the resources page in a new browser tab without losing data entered on the current page.

3.1 CONTEXTUAL HELP

Contextual Help has been provided on every page of the PRF Reporting Portal to offer assistance without requiring the need to read the full documentation. To use this tool, click ‘Need help on this page?’ as seen in *Figure 13 Contextual Help*.

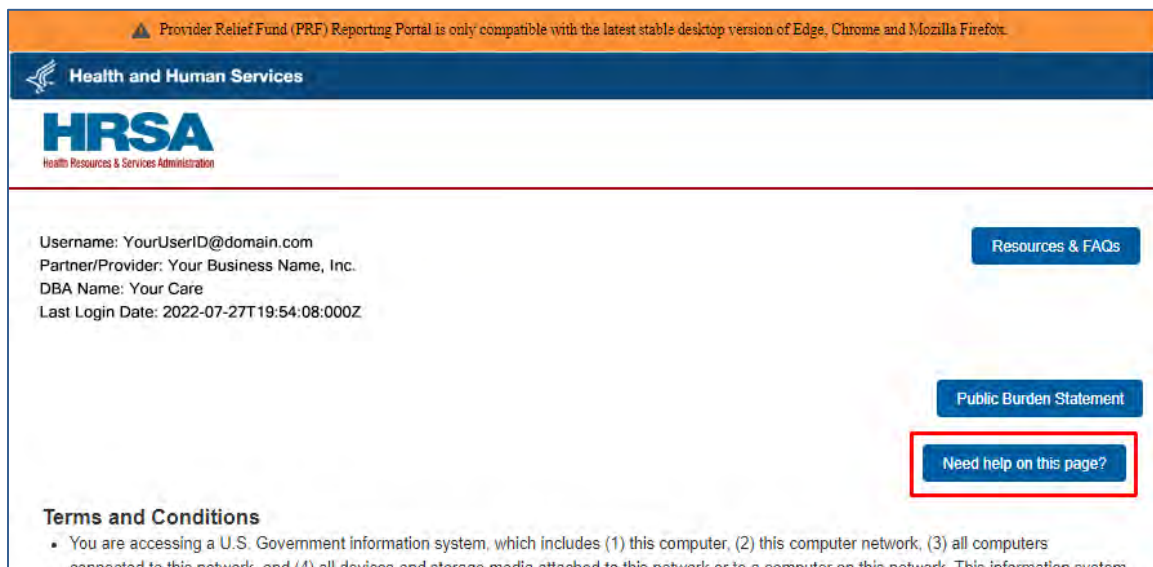


Figure 13 Contextual Help

The system will provide a list of help articles associated with the page.

- Click on the question to be answered, and it will be provided.
- Click the 'Hide Q&A' button to close the Contextual Help feature.

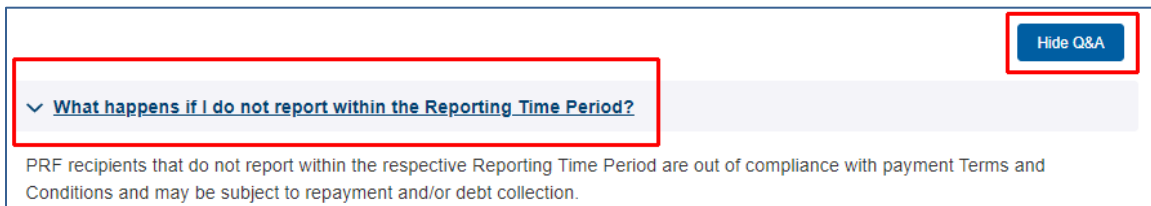


Figure 14 Help Topic(s) for Current Page

To see a list of all help articles associated with the PRF Reporting Portal, click the 'All FAQs' button.

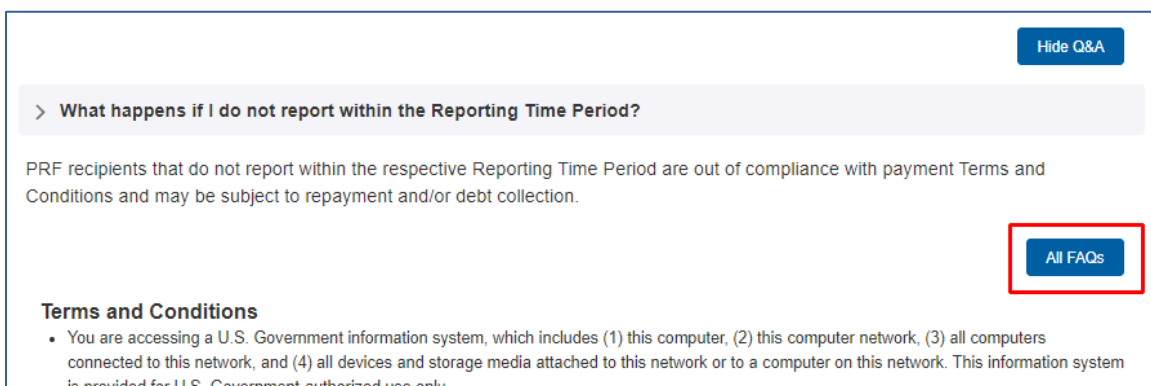


Figure 15 See All Help Articles

The system will provide a list of the pages in the portal that contain help articles. Scroll through the list or click the 'Category' drop-down to select the desired topic for more information about it.

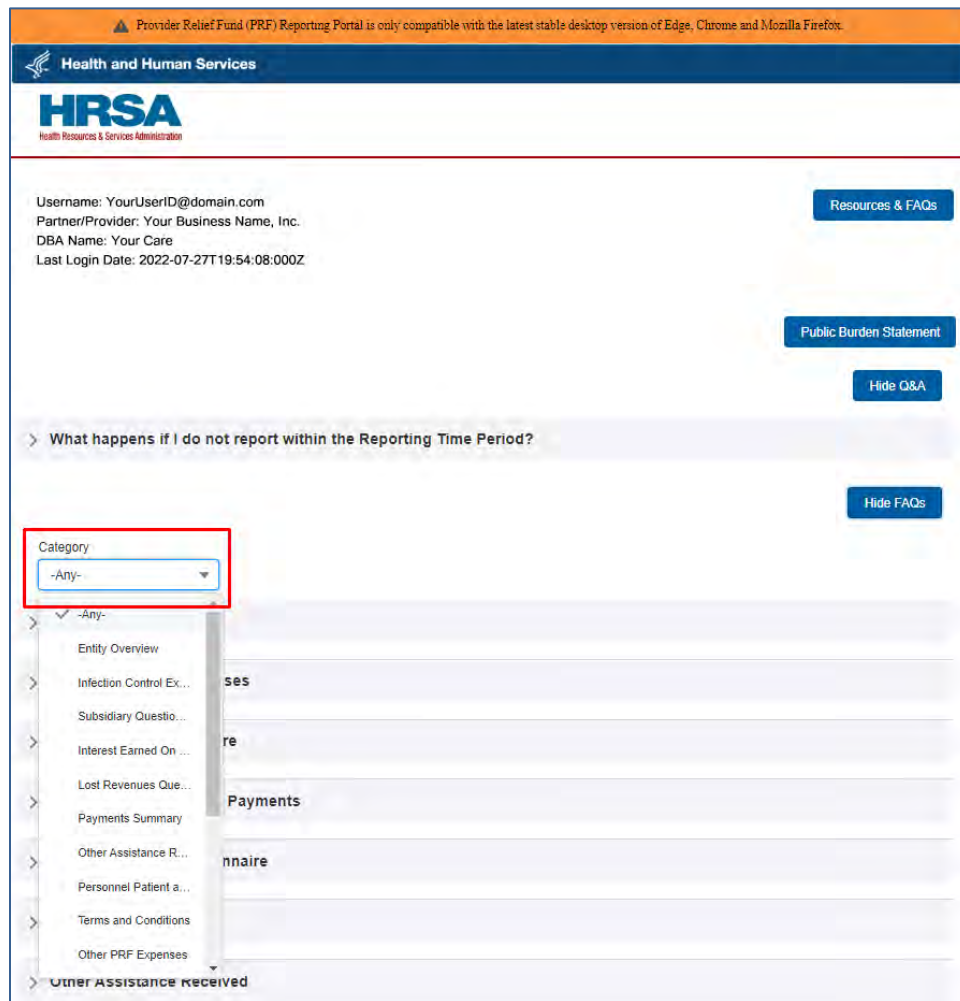


Figure 16 Select Topic of Interest

The system will provide all help articles within the topic selected. To close this list, click the 'Hide FAQs' button.

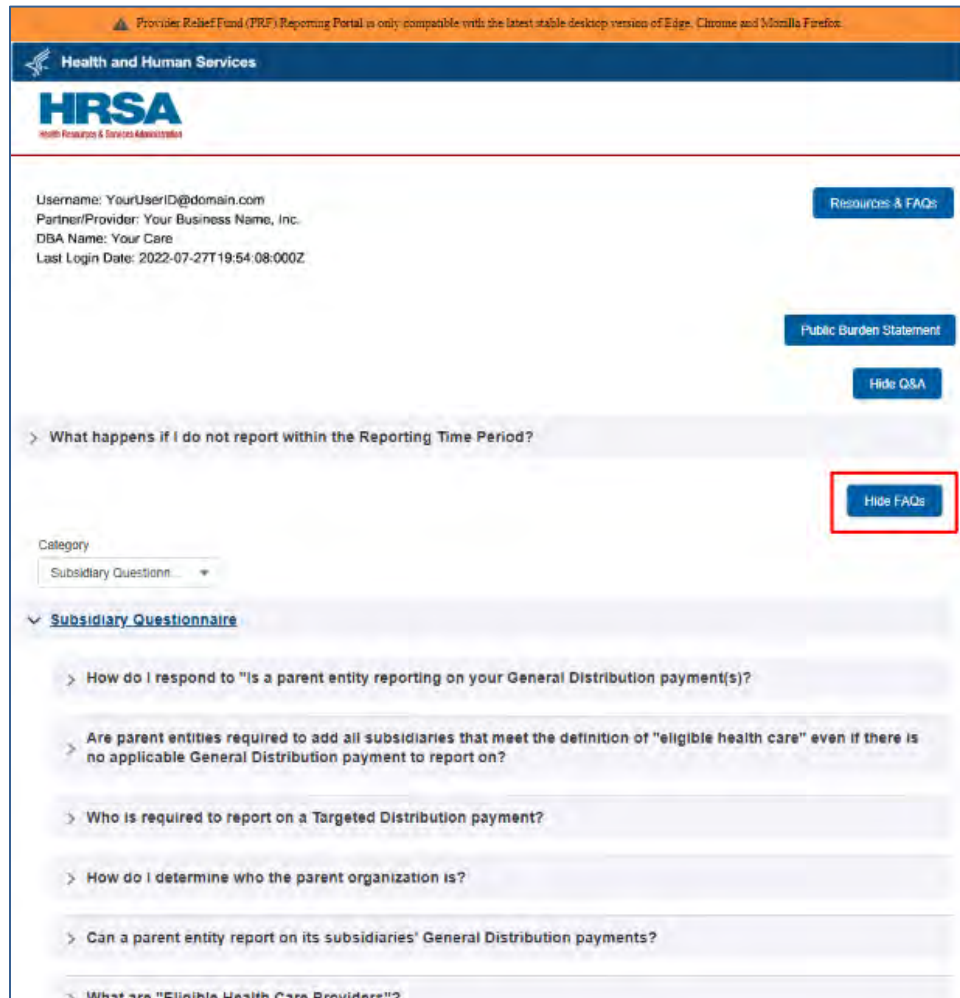


Figure 17 Close List of All FAQs

4 STEPS TO COMPLETE REPORTING

After completing registration, a user will be able to log into the [PRF Reporting Portal](#) with their username, TIN, and password.

4.1 TERMS AND CONDITIONS

After entering the valid username, TIN, and password, users must 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 blue ‘Next’ button will appear after the radio button is selected as shown in *Figure 18 Acceptance of Terms and Conditions*. Clicking ‘Next’ will enable to the user to proceed to the next page.

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

Health and Human Services

HRSA
Health Resources & Services Administration

Username: YourUserID@domain.com
Partner/Provider: Your Business Name, Inc.
DBA Name: Your Care
Last Login Date: 2022-07-27T19:54:08:000Z

Resources & FAQs

Public Burden Statement

Need help on this page?

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 18 Acceptance of Terms and Conditions

4.2 STEP 1 – REPORT SUMMARY LANDING PAGE

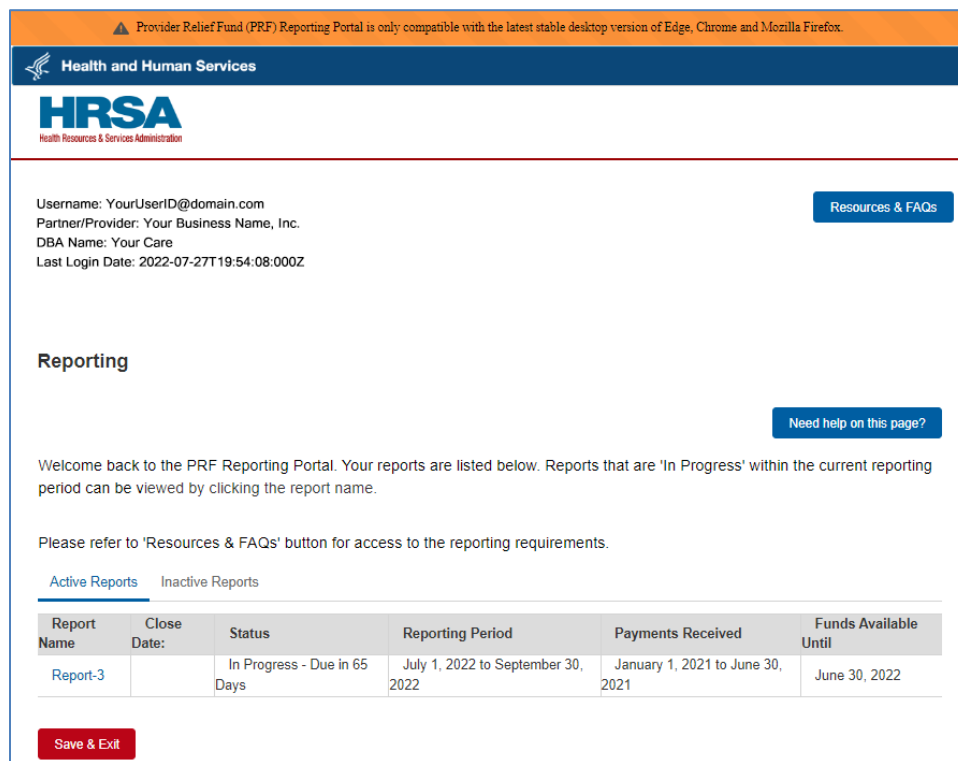
The Report Summary Landing Page is the first page displayed after the user has read and accepted the PRF Reporting Portal Terms and Conditions. It includes the user’s Active and Inactive Reports along with the report status, reporting period dates, payments received dates, and funds available until dates. The purpose of this page is to provide a summary view of all reports which are organized into the Active and Inactive Reports tabs as shown in *Figure 19 The Report Summary Landing Page*.

Upon login, the Active Registration information is displayed in the page header. The Active Registration information displays the PRF Portal username, the Partner/Provider name, and the

Last Login Date. If the business has a Doing Business As (DBA) name in their profile, the DBA Name will be displayed. This information is displayed on the landing page and throughout the reporting webpages.

The first tab labeled Active Reports displays reports within the current reporting period or if a report has been unlocked. Users will be able to access their active reports by clicking the report name within the Active Reports table.

The second tab labeled Inactive Reports displays reports for future and past reporting periods. If the reporting period has ended or if the reporting period has yet to begin, the associated report will be displayed in the Inactive Reports table. Only Active Reports may be edited.



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

Health and Human Services

HRSA
Health Resources & Services Administration

Username: YourUserID@domain.com
Partner/Provider: Your Business Name, Inc.
DBA Name: Your Care
Last Login Date: 2022-07-27T19:54:08:000Z

[Resources & FAQs](#)

Reporting

[Need help on this page?](#)

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

Please refer to 'Resources & FAQs' button for access to the reporting requirements.

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

Report Name	Close Date:	Status	Reporting Period	Payments Received	Funds Available Until
Report-3		In Progress - Due in 65 Days	July 1, 2022 to September 30, 2022	January 1, 2021 to June 30, 2021	June 30, 2022

[Save & Exit](#)

Figure 19 The Report Summary Landing Page

Changes allowed during inactive periods when reporting is not open:

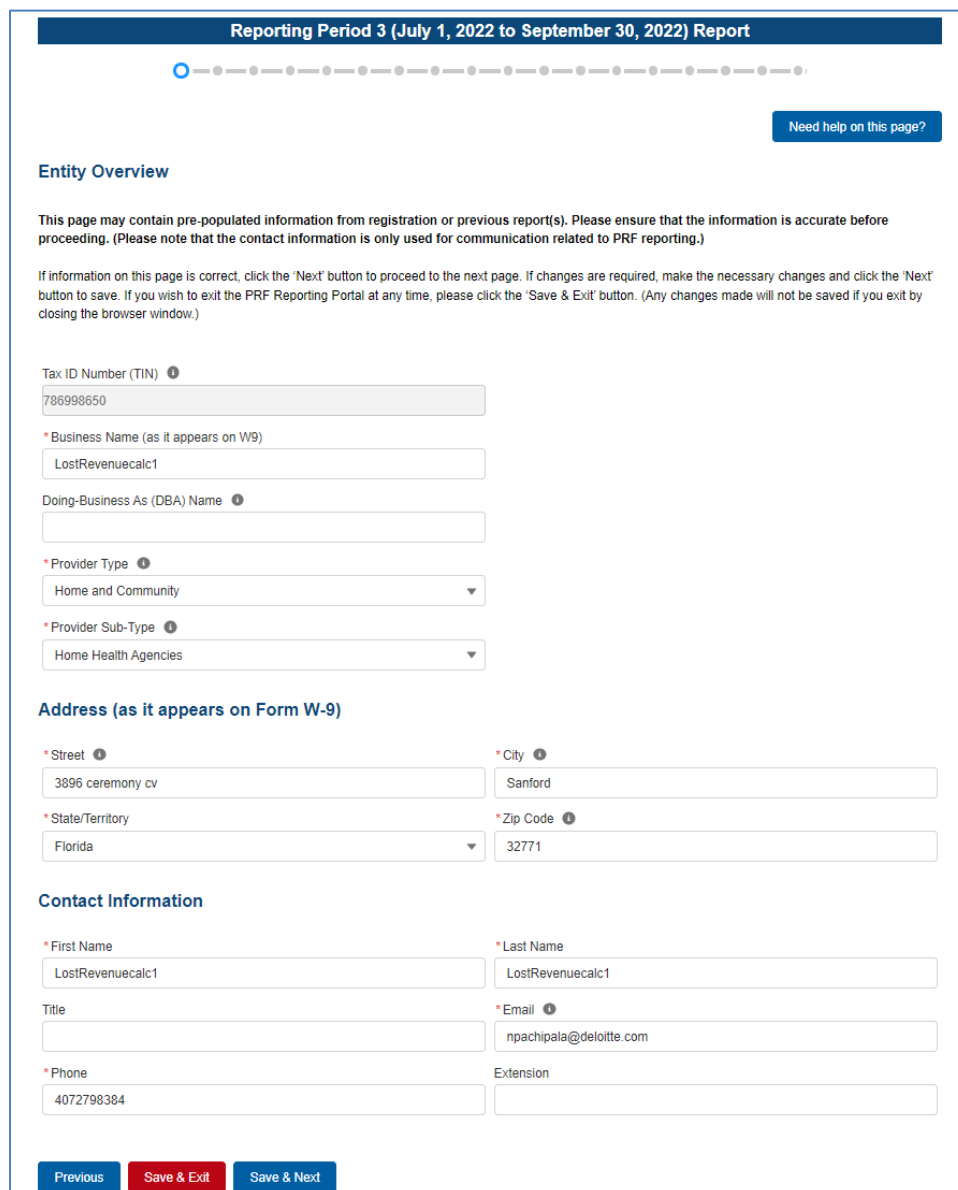
Portal users can change the contact information associated with a portal account between reporting periods. To do this, users should click on the link associated with the last submitted report and click the 'Update Contact Information' button. This will not change contact information associated with a previously submitted report, however, the updated contact information will be pre-populated in future reports created. Users must keep the contact email address associated with the account updated because it will be used by HRSA for communications about PRF reporting and other issues.

4.3 STEP 2 – ENTITY OVERVIEW

The first step of reporting requires the user to confirm the pre-populated entity information provided during registration or the previous reporting period is correct or to make corrections or add any newly required information.

The first section of the page under the header ‘Entity Overview’ includes the following required fields: TIN, Business Name, Provider Type (not pre-populated), and Provider Sub-Type (not pre-populated), as shown in *Figure 20 Entity Overview*. **The nine-digit TIN may not be changed and should be the TIN of the Reporting Entity.** The Reporting Entity may also provide a DBA Name (optional) which is not pre-populated for first time users.

Note: It is important to confirm that the TIN is entered accurately as it cannot be changed.



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

[Need help on this page?](#)

Entity Overview

This page may contain pre-populated information from registration or previous report(s). Please ensure that the information is accurate before proceeding. (Please note that the contact information is only used for communication related to PRF reporting.)

If information on this page is correct, click the 'Next' button to proceed to the next page. If changes are required, make the necessary changes and click the 'Next' button to save. If you wish to exit the PRF Reporting Portal at any time, please click the 'Save & Exit' button. (Any changes made will not be saved if you exit by closing the browser window.)

Tax ID Number (TIN)

* Business Name (as it appears on W9)

Doing-Business As (DBA) Name

* Provider Type

* Provider Sub-Type

Address (as it appears on Form W-9)

* Street * City

* State/Territory * Zip Code

Contact Information

* First Name * Last Name

Title * Email

* Phone Extension

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

Figure 20 Entity Overview

If a Reporting Entity has reported in a previous reporting period, during reporting, previously entered data on the Entity Overview page will pre-populate, and may be edited. Please confirm all of the information is accurate and up-to-date before proceeding to the next page of reporting.

Reporting Entities must select the Provider Type and Provider Sub-Type that best describes the type of practice by clicking the drop-down menus. 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 these data entry fields are pre-populated from registration or the previous reporting period, if applicable. If any information has changed, 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 five numeric digits).

Contact information includes First Name, Last Name, Title (optional), Email, and Phone Number. The email address must be a valid, monitored email address as it will be used for communication that is necessary in the future, including but not limited to, questions about the reporting on the use of funds and return of unused funds.

On this portal page, Reporting Entities should consider the following actions before saving:

1. Confirm the information in the Entity Overview and Address by using the same information on the IRS Form W-9.
2. Ensure the contact email address is a valid, monitored email address.
3. Ensure portal users can log in to the portal in the future and receive future communications regarding reporting, by adding ‘PRFReporting-NoReply@hrsa.gov’ to the safe sender list of the contact email address account owner.

If any of the information is missing when the user selects the ‘Save & Next’ button, an error message(s), similar to the one shown in *Figure 21 Entity Overview - Field Validations*, will be displayed.

Contact Information

* First Name Complete this field.
Please enter valid value.

* Last Name Complete this field.
Please enter valid value.

Title

* Email Complete this field.

* Phone Complete this field.

Extension

Figure 21 Entity Overview - Field Validations

Before proceeding, confirm all information, including the TIN, has been accurately completed. If there is an issue with any of the information on this page, Reporting Entities should contact the Provider Support Line at (866) 569-3522; for TTY dial 711.

Only after all the required data entry fields in [Step 2 - Entity Overview](#) are completed without any error messages, will users be able to advance to the next step in the reporting process. Portal users must click the blue ‘Save & Next’ button to proceed to the next page, [Step 3 – Subsidiary Questionnaire](#).

4.4 STEP 3 – SUBSIDIARY QUESTIONNAIRE

This page contains conditional questions that will affect how the Reporting Entity proceeds through the portal. 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. Please refer to the [PRF website](#) for additional information regarding past payments, if needed.

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.

The Subsidiary Questionnaire consists of four required questions with two conditional questions depending on the Reporting Entity’s answers as shown in [Figure 22 Subsidiary Questionnaire – Required and Conditional Questions](#).

- Do you have any subsidiaries that are “eligible health care providers”²? (Note: You are required to provide information about these subsidiaries on the preceding page.)² ***It is very important that Reporting Entities answer this question correctly since this affects the data entry on the following page.***
- Did you acquire or divest subsidiaries that are “eligible health care providers”² during the period of availability of funds? (Note: You are required to provide information about these subsidiaries on the preceding page.)³ ***It is very important that Reporting Entities answer this question correctly since this affects the data entry on the following page.***
- Is a parent entity reporting on your **General Distribution** payment(s)? (Note: A parent entity may not report on your **Targeted Distribution** payment(s)). If the Reporting Entity is the parent, ‘No’ should be selected in response to this question.

² For the purposes of 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.

³ The period of availability of funds is cited in the most recently published Post-Payment Notice of Reporting Requirements.

- (Conditional) If ‘Yes,’ please enter the TIN(s) of the parent entity reporting on your behalf for the **General Distribution** payment(s). Please enter the dollar amount with up to two decimal points.
- Were any **Targeted Distribution** payment(s) you are currently reporting on transferred to or by a parent entity? (Note: Please select “No” if you are not currently reporting on **Targeted Distribution** payments.)⁴
 - (Conditional) If ‘Yes,’ what is the total dollar amount of your transferred **Targeted Distribution** payment(s)? Please enter the dollar amount with up to two decimal points.

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

[Need help on this page?](#)

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

Answers to questions on this page will impact the payments on which you will be able to report. Accuracy is particularly important if you are a parent reporting on behalf of subsidiaries or if a parent is reporting on behalf of your General Distribution payment(s). This page may contain pre-populated information from a previous report(s). Please ensure that all information is accurate before proceeding. Refer to the [PRF Reporting User Guide](#) for detailed instructions.

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"** are public entities, Medicare or Medicaid enrolled suppliers and providers, and such for-profit entities and not-for-profit entities as the Secretary may specify, within the United States (including territories), that provide diagnoses, testing, or care for individuals with possible or actual cases of COVID-19.

* Do you have any subsidiaries that are "eligible health care providers"? (Note: You are required to provide information about these subsidiaries on the preceding page.)

* Did you acquire or divest subsidiaries that are "eligible health care providers" during the period of availability of funds? (Note: You are required to provide information about these subsidiaries on the preceding page.)

* Is a parent entity reporting on your **General Distribution** payment(s)? (Note: A parent entity may not report on your **Targeted Distribution** payment(s).)

* Were any **Targeted Distribution** payment(s) you are currently reporting on transferred to or by a parent entity? (Note: Please select "No" if you are not currently reporting on **Targeted Distribution** payments.)

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

Figure 22 Subsidiary Questionnaire – Required and Conditional 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, as shown in *Figure 23 Subsidiary Questionnaire Field Validations*.

⁴ Transferred Targeted Distribution payments face an increased likelihood of an audit by HRSA.

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

[Need help on this page?](#)

Subsidiary Questionnaire

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

Answers to questions on this page will impact the payments on which you will be able to report. Accuracy is particularly important if you are a parent reporting on behalf of subsidiaries or if a parent is reporting on behalf of your General Distribution payment(s). This page may contain pre-populated information from a previous report(s). Please ensure that all information is accurate before proceeding. Refer to the [PRF Reporting User Guide](#) for detailed instructions.

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"** are public entities, Medicare or Medicaid enrolled suppliers and providers, and such for-profit entities and not-for-profit entities as the Secretary may specify, within the United States (including territories), that provide diagnoses, testing, or care for individuals with possible or actual cases of COVID-19.

* Do you have any subsidiaries that are "eligible health care providers"*? (Note: You are required to provide information about these subsidiaries on the preceding page.)

--None--

Complete this field.

* Did you acquire or divest subsidiaries that are "eligible health care providers"* during the period of availability of funds? (Note: You are required to provide information about these subsidiaries on the preceding page.)

--None--

Complete this field.

* Is a parent entity reporting on your **General Distribution** payment(s)? (Note: A parent entity may not report on your **Targeted Distribution** payment(s).)

--None--

Complete this field.

* Were any **Targeted Distribution** payment(s) you are currently reporting on transferred to or by a parent entity? (Note: Please select "No" if you are not currently reporting on **Targeted Distribution** payments.)

--None--

Complete this field.

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

Figure 23 Subsidiary Questionnaire Field Validations

The Reporting Entity’s answers to the first and second questions determine the data entry fields on the next page. The Reporting Entity will be taken to [Step 4 – Subsidiary Data](#), if the answer to either of the following questions is ‘Yes’:

- “Do you have any subsidiaries that are “eligible health care providers”*? (Note: You are required to provide information about these subsidiaries on the preceding page.)”
- “Did you acquire or divest subsidiaries that are “eligible health care providers”* during the period of availability of funds? (Note: You are required to provide information about these subsidiaries on the preceding page.)”

If the user answers ‘No’ to both questions, the user will be taken directly to [Step 5 – Payments to Recipient](#).

If a user has reported in a previous reporting period or revised a previous report, the responses to the first two questions of the Subsidiary Questionnaire page will pre-populate. Because the periods of availability for payments overlap, HRSA expects that providers that selected ‘Yes’ to the first two questions during a previous reporting period should not need to edit their responses to these questions.

Only after users have completed all the required data entry fields without any error messages appearing in red, will they be able to advance to the next step in the reporting process. Users must click the blue 'Save & Next' button to proceed to the next page, [Step 4 - Subsidiary Data](#).

4.5 STEP 4 – SUBSIDIARY DATA

Depending on the answers selected in [Step 3 – Subsidiary Questionnaire](#), the Subsidiary Data page will render different data entry tables/fields.

Users will be shown a pop-up reminder to ensure that **all** information is accurate on this page before proceeding. Users will click the blue 'Got It' button to close the pop-up window. Users need to add subsidiaries that are “eligible health care entities” even if they did not receive a PRF payment and even if not reporting on PRF payments those subsidiaries received.

If a user has reported in a previous reporting period or revised a previous report, the Acquired/Divested Subsidiaries and Subsidiary Information tables on the Subsidiary Data page will pre-populate with previously submitted data. As shown in [Figure 24 Subsidiary Information](#), edits may be made to the pre-populated data and all required fields must contain a response. Add any new applicable subsidiaries. Once pre-populated data has been altered, the portal cannot revert it back in case of error and information will need to be re-entered. Please confirm all information is accurate and up-to-date before proceeding to the next screen.

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

[Need help on this page?](#)

Subsidiary Information

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

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

* "Eligible health care providers" are public entities, Medicare or Medicaid enrolled suppliers and providers, and such for-profit entities and not-for-profit entities as the Secretary may specify, within the United States (including territories), that provide diagnoses, testing, or care for individuals with possible or actual cases of COVID-19.

Download List of Subsidiaries (Spreadsheet)

TIN OF SUBSIDIARY	I AM A PARENT REPORTING ON THIS TIN'S GENERAL DISTRIBUTION PAYMENT(S)?	ERROR MESSAGE	DELETE

To add additional subsidiary TIN(s), enter each 9-digit TIN one at a time. Check the box "Reporting on General Distribution" if applicable. Click on the '+Add' button to save data to the table above.

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

+ Add

Previous

Save & Exit

Save & Next

Figure 24 Subsidiary Information

Acquired/Divested Subsidiaries will be shown only if the Reporting Entity selected ‘Yes’ to the second question “Did you acquire or divest subsidiaries that are “eligible health care providers”⁵ during the period of availability of funds?” on [Step 3 – Subsidiary Questionnaire](#) as shown in *Figure 25, Acquired/Divested Subsidiaries*.

Figure 25 Acquired/Divested Subsidiaries

For first time users, 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 should enter information about all acquisitions and divestitures during the period of performance.⁵

Reporting Entities that acquired or divested related subsidiaries (change of ownership) during the period of availability must indicate the change in ownership. Users will complete the subsidiary table by entering the following fields and then click the green ‘+Add’ button:

- **TIN of Acquired/Divested Subsidiary:** Users must enter the nine-digit TIN of the subsidiary. Special characters may not be used. The Reporting Entity will need to add the subsidiary TIN to the table even if the subsidiary did not receive and/or transfer a PRF payment.

⁵ The period of availability of funds is cited in the most recently published Post-Payment Notice of Reporting Requirements.

- Acquired or Divested? Users must choose Acquired or Divested from the drop-down list.
- Effective Date of the Acquisition/Divestiture: The effective date should fall within the period of availability.
- If acquired, provide the TIN of a Divesting Entity. If divested, provide the TIN of an Acquiring Entity. The TIN should be nine digits with no special characters.
- Total Dollar Amount Received for TIN: The dollar amount entered may be up to 14 digits, including two decimal places with no special characters. A dollar sign will auto populate within the table.
- Percentage of Ownership: The percentage amount must be a whole number. Special characters may not be used.
- Did/Do you hold a controlling interest? Select ‘Yes’ or ‘No’ from the drop-down list.

Once all input fields are complete, the user should press the green ‘+Add’ button to populate the table. Upon clicking ‘+Add,’ data entry validations are run on the input fields. **Do not enter the Reporting Entity’s TIN in the subsidiary table.**

If any errors occur, messages in red will appear under the applicable input field. The same TIN cannot be added to the table more than once and if a TIN needs to be removed, the user must click on the trash bin (🗑️) icon at the end of each row of the table. When the trash bin (🗑️) icon is clicked, a confirmation pop-up as shown in *Figure 26 Delete Confirmation* be displayed.

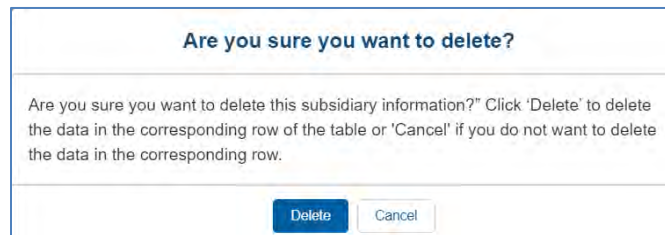


Figure 26 Delete Confirmation

If the user has not completed a required field, a red error message will appear below the required data entry fields. The user will not be able to proceed to the next page until all required fields have been completed without errors as shown in *Figure 27 Acquired/Divested Table - Required Field Validations*.

* TIN of Acquired / Divested Subsidiary ?
Complete this field. Please fill out this field.

* Effective Date of the Acquisition/Di 🗑️
Complete this field.

* Total PRF dollar amount received for TIN ?
Complete this field.

* Did/Do you hold a controlling interest?
--None--
Complete this field.

* Acquired or Divested
--None--
Complete this field.

* If Acquired, please provide the TIN of a Divesting Entity. If Divested, please provide the TIN of an Acquiring Entity. ?
Complete this field.

* Percentage of Ownership ?
Complete this field.

+ Add

Figure 27 Acquired/Divested Table - Required Field Validations

If a user has reported in a previous reporting period or revised a previous report, the Acquired/Divested table will contain data from the previous reporting period(s). The user must ensure data is accurate. Because the periods of availability of funds overlap, data entered during previous reporting period(s) should be accurate.

Subsidiary Information

Figure 28 Subsidiary Information Table will be shown only if the Reporting Entity selected ‘Yes’ to the first question “Do you have any subsidiaries that are “eligible health care providers”*?” on [Step 3 – Subsidiary Questionnaire](#).

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

[Need help on this page?](#)

Subsidiary Information

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

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

* "Eligible health care providers" are public entities, Medicare or Medicaid enrolled suppliers and providers, and such for-profit entities and not-for-profit entities as the Secretary may specify, within the United States (including territories), that provide diagnoses, testing, or care for individuals with possible or actual cases of COVID-19.

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

TIN OF SUBSIDIARY	I AM A PARENT REPORTING ON THIS TIN'S GENERAL DISTRIBUTION PAYMENT(S)?	ERROR MESSAGE	DELETE

To add additional subsidiary TIN(s), enter each 9-digit TIN one at a time. Check the box "Reporting on General Distribution" if applicable. Click on the '+Add' button to save data to the table above.

* TIN of Subsidiary

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

[+ Add](#)

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

Figure 28 Subsidiary Information Table

The Subsidiary Information table will be pre-populated if one or more subsidiary TINs were provided during registration or during a previous reporting period. If no subsidiary TINs were previously provided during registration or during a previous reporting period, the table will 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.

To add a subsidiary to the table, the Reporting Entity must enter a nine-digit TIN; and, if applicable, check the box ‘I am a parent reporting on this TIN’s General Distribution payment(s).’ **Information is only saved after it has been added to the table. Once the tables are complete, they will not be saved until the red ‘Save & Exit’ or blue ‘Save & Next’ button is clicked.**

To assist with the reporting process, 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)’ button. This summary can be used to confirm the correct TIN(s) of subsidiaries have been entered. **It is very important that the table of subsidiaries is correct because the Reporting Entity will only be able to report on a subsidiary’s General Distribution payment if the subsidiary TIN is correct in this table and if the box ‘I am a parent reporting on this TIN’s General Distribution payment(s)’ is selected.**

If the portal user has not completed the ‘TIN of Subsidiary’ field, a red error message will appear as shown in *Figure 29 Subsidiary Information Table - Required Field Validation*. The user will not be able to proceed to the next page until the field has been completed without errors.

Subsidiary Information

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

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

* "Eligible health care providers" are public entities, Medicare or Medicaid enrolled suppliers and providers, and such for-profit entities and not-for-profit entities as the Secretary may specify, within the United States (including territories), that provide diagnoses, testing, or care for individuals with possible or actual cases of COVID-19.

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

TIN OF SUBSIDIARY	I AM A PARENT REPORTING ON THIS TIN'S GENERAL DISTRIBUTION PAYMENT(S)?	ERROR MESSAGE	DELETE
<input type="text"/>	<input type="checkbox"/>		

To add additional subsidiary TIN(s), enter each 9-digit TIN one at a time. Check the box "Reporting on General Distribution" if applicable. Click on the '+Add' button to save data to the table above.

* TIN of Subsidiary

Complete this field.

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

Please fill out this field.

[+ Add](#)

Figure 29 Subsidiary Information Table - Required Field Validation

After the table has been populated, the ‘TIN of Subsidiary’ and ‘Parent Reporting on General Distribution’ column may be edited by clicking on the pencil icon (✎). If there is a mistake in the table, the subsidiary may be completely deleted from the table by clicking on the trash bin icon (🗑). A pop-up confirmation will appear asking if the deletion is needed.

Users should add a ‘TIN of Subsidiary’ into the table using the input fields, by selecting if ‘I am a parent reporting on this TIN’s 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. TINs with error messages are automatically moved to the top of the table for easy identification. **Reporting Entities should keep in mind that they are required to enter subsidiary TINs of eligible health care providers, but they do not need to check the box ‘I am a parent reporting on this TIN’s General Distribution payment(s)?’ for TINs without payments in the current reporting period.** A pop-up will appear reminding

the Reporting Entity to carefully review the information for accuracy. After users have completed all the required data entry fields, they will be able to advance to the next step in the reporting process, [Step 5 - Payments to Recipients](#). Users must click the blue ‘Save & Next’ button to proceed to the next page.

If a user has reported in a previous reporting period or revised a previous report, the Acquired/Divested table will contain data from the previous reporting period(s). The user must ensure data is accurate. Because the periods of availability of funds overlap, data entered during previous reporting period(s) should be accurate.

4.6 STEP 5 – PAYMENTS TO RECIPIENTS

The user is directed to the Payments to Recipient page after successfully completing [Step 4 – Subsidiary Data](#) or if they answered ‘No’ to the following questions in [Step 3 – Subsidiary Questionnaire](#):

- Do you have any subsidiaries that are “eligible health care providers”*?
- Did you acquire or divest subsidiaries that are “eligible health care providers”* and that received PRF payments during the period of availability of funds?

The read-only tables of information presented in [Step 5 - 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 PRF distribution. ***As a reminder, payments made to subsidiaries will be included in the summary tables based on the subsidiary information entered on the previous Subsidiary Data page.***

The user may download a spreadsheet with all payment information shown on the Payments to Recipients page by clicking the green ‘Provider Relief Fund Payments (Spreadsheet)’ button as shown in [Figure 30 Provider Relief Fund Payments \(Spreadsheet\)](#). 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.

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



[Need help on this page?](#)

Payments to Recipient: January 1, 2021 - June 30, 2021

PRF recipients must report **July 1, 2022 through September 30, 2022** on payments received **January 1, 2021 through June 30, 2021**. You must verify that each payment made to you (and any subsidiaries on whose behalf you are reporting, if applicable) from **January 1, 2021 through June 30, 2021** is shown in one of the tables below and that payment information is accurate. Payment information will be accurate only if questions on the Subsidiary Questionnaire and (if applicable) information in the Subsidiary Data table on the previous page(s) are correct. You may download a spreadsheet with all of the payment information shown below by clicking the green 'Provider Relief Fund Payments-- Current Reporting Period (Spreadsheet)' button below.

During this reporting period, PRF recipients will not be able to report on PRF payments made outside of the payment received period **January 1, 2021 through June 30, 2021**.

Rural Health Clinic (RHC) COVID-19 Testing Program payments and/or RHC COVID-19 Testing and Mitigation Program payments made to PRF recipients are not included in the summary tables below as these payments have separate reporting requirements.

If you believe that the payment information below is incorrect, verify that the subsidiary questionnaire and subsidiary data tables on the previous portal pages are correct.

If you are unable to certify the accuracy of the payment information below, contact the Provider Support Line before proceeding with reporting.

[Provider Relief Fund Payments \(Spreadsheet\)](#)

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

TIN OF RECIPIENT	DISTRIBUTION*	AMOUNT DEPOSITED	AMOUNT RETURNED	AMOUNT RETAINED**
786998650	Infection Control	\$133,064.18	\$0.00	\$133,064.18
Sub Totals		\$133,064.18	\$0.00	\$133,064.18

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

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

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

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

* General Distribution may include Medicare, Medicaid, CHIP, Dental, etc.

**Amount Retained accounts for the funds returned by the recipient.

*** If Attestation Date is blank, attestation was accepted by default. If a recipient retains a Provider Relief Fund payment for at least 90 days without attesting to or rejecting the payment Terms and Conditions, the recipient is deemed to have accepted the [Terms and Conditions](#).

Note: Payments are only included in the tables above if the information you entered on the Subsidiary Questionnaire and (if applicable) in the Subsidiary Data table on the previous page(s) are accurate.

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

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

Figure 30 Provider Relief Fund Payments (Spreadsheet)

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 QIP payments)⁶
2. Total Other PRF Payments (i.e., all General Distribution payments and Other Targeted Distribution Payments (Other Targeted Distribution payments are defined as Targeted Distribution payments except for those that are Nursing Home Infection Control))
3. Total Rejected Payments (Attestation Rejected).⁷ PRF recipients that reject the attestation upon receipt of payment will not be able to report on these rejected payments. If a PRF recipient rejects the attestation for a payment and later decided to keep the payment and report on it, the recipient must contact the Provider Support Line for instructions on how to reverse the rejection of the attestation. Rejected payments are not included in the total payments on which Reporting Entities are required to report. *Please note, if the attestation was rejected, the recipient should have returned the payment within 15 days of the rejection in accordance with the payment Terms and Conditions. PRF recipients that do not return payments in a timely manner will be sent to debt collection.*

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: (1) TIN of recipient, (2) distribution type⁸, (3) (dollar) amount deposited (*i.e.*, amount of original payment), (4) (dollar) amount returned (by recipient)⁹, (5) dollar amount retained (calculated as amount deposited – amount returned), and (6) Attestation Date. The Attestation Date field will be blank if the attestation was accepted by default. **If a recipient retains a PRF payment for at least 90 days without attesting to or rejecting the payment Terms and Conditions, the recipient is deemed to have accepted the Terms and Conditions by default.**

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. *Note: Payments are only included in the Payments to Recipients tables if the information entered on the Subsidiary Questionnaire and (if applicable) in the Subsidiary Data table on the previous page(s) are accurate. For any Reporting Entity that is a subsidiary and indicated that a parent is reporting on behalf of its General Distribution payment(s), the Reporting Entity will not see those General Distribution payments in the applicable tables. Reporting Entities that are parent entities will never see the Targeted Distribution payments of their subsidiaries in the applicable tables because parent entities are not allowed to report on their subsidiaries' Targeted Distribution payments.*

⁶ Only select providers were eligible for, and received, these payments. While this is the formal title of the Distribution, it is known informally as Nursing Home Infection Control.

⁷ Reporting Entities do not need to report on the Rejected Payments. This table is shown to assist PRF recipients in ensuring that rejected payments are returned to HRSA as required.

⁸ Nursing Home Infection Control payments are a type of Targeted Distribution payment, but to distinguish from other Targeted Distribution payments for the purposes of reporting, they are labeled Infection Control payments on this portal page.

⁹ There may be a significant delay between the time a payment is returned and when the payment is reconciled by HRSA.

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 in *Figure 31 Certify Accuracy of Information*.

The screenshot shows a form titled "Do you certify that the above information is accurate to the best of your knowledge?". A dropdown menu is set to "Yes". Below the form are three buttons: "Previous" (blue), "Save & Exit" (red), and "Save & Next" (blue).

Figure 31 Certify Accuracy of Information

If the information on this page 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 in *Figure 32 Certify Accuracy of Information- Dispute Comments*. This field will appear only if 'No' is selected. 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.** To resolve the dispute, the Reporting Entity must: 1) **complete the Dispute Comments data entry field, and 2) call the Provider Support Line at (866) 569-3522; for TTY dial 711.** Hours of operation are 8:00 a.m. to 10:00 p.m. Central Time, Monday through Friday, while the portal is open for reporting. **Users should note that the dispute comment is not sent to HRSA but is a way for the user to take notes on information they believe is inaccurate.**

The screenshot shows the same form as Figure 31, but the dropdown menu is set to "No". Below the dropdown, there is a text area for "Dispute Comments" with a small icon to its left. Below the text area are three buttons: "Previous" (blue), "Save & Exit" (red), and "Save & Next" (blue). A note below the text area reads: "Please contact the Provider Support Line at (866) 569-3522 (TTY dial 711) for assistance with the dispute process. The hours of operation are 8 a.m. to 10 p.m. Central Time, Monday through Friday. Hours of operation are subject to change. Please use the text box below to enter any comments or notes that may be helpful and exit the portal by clicking 'Save & Exit'."

Figure 32 Certify Accuracy of Information- Dispute Comments

Once providing dispute comments and clicking 'Save & Next,' the user will see the pop-up as displayed in *Figure 33 Contact Provider Support Pop-Up*.

The screenshot shows a dialog box titled "Contact Provider Support". It contains the same text as the note in Figure 32. At the bottom of the dialog box are two buttons: "Save & Exit" (red) and "Cancel" (light blue).

Figure 33 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 in *Figure 34 \$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 to the Reporting Portal Home Page if they are not required to report.

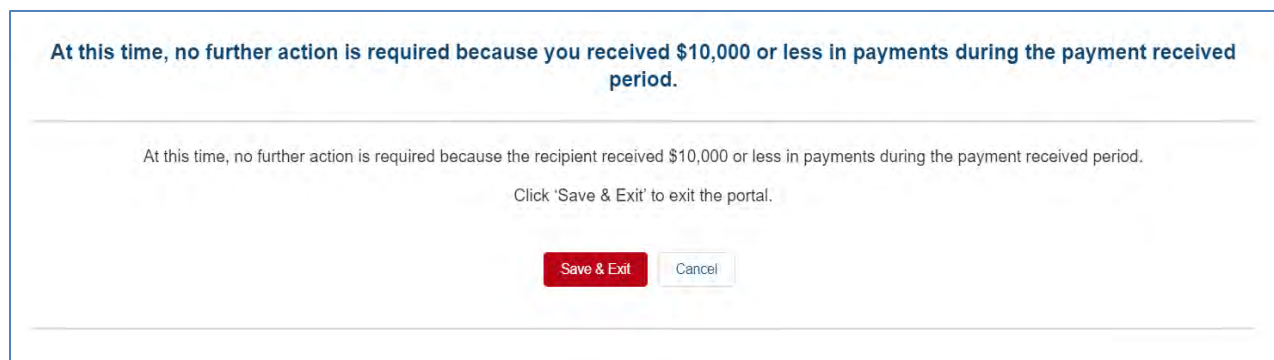


Figure 34 \$10,000 or Less Pop-Up

Only after Reporting Entities have certified the accuracy of the information on this portal page will they be able to advance to the next step in the reporting process, [Step 6 - Interest Earned on PRF Payments, Tax Information, and Single Audit Information](#). Portal users must click the blue ‘Save & Next’ button to proceed to the next page.

4.7 STEP 6 – INTEREST EARNED ON PRF PAYMENTS, TAX INFORMATION, AND SINGLE AUDIT INFORMATION

Interest Earned

If a Reporting Entity received more than \$10,000 in aggregate in PRF payments for the Payment Received Period corresponding to the current reporting period, the Reporting Entity is directed to [Step 6 – Interest Earned on PRF Payments, Tax Information, and Single Audit Information](#). On this page, the Reporting Entity is required to answer the conditional questions regarding interest earned on PRF payments received “Amount of interest earned on Total Nursing Home Infection Control payments from payment date until expense date, if applicable” conditionally displayed if Nursing Home Infection Control (NHIC) funds were received and “Amount of interest earned on Other PRF Payments from payment date until expense date, if applicable” conditionally displayed if Other PRF payment funds were received), tax information, and Single Audit Information as shown in *Figure 35 Interest Earned on PRF Payments, Tax Information and Single Audit Information (with Conditional Nursing Home Infection Control interest field)* and *Figure 36 Interest Earned on PRF Payments, Tax Information and Single Audit Information*.

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

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

*Amount of interest earned on Total Nursing Home Infection Control payments from payment date until expense date, if applicable ¹

*Amount of interest earned on Other PRF payments from payment date until expense date, if applicable ¹

Tax Information

*Federal Tax Classification ¹

Exempt Payee Code ¹

Exempt from Foreign Account Tax Compliance Act (FATCA) Reporting Code ¹

*Fiscal Year End Date ¹

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"/>
2022	<input type="checkbox"/>	<input type="checkbox"/>

Previous Save & Exit Save & Next

Figure 35 Interest Earned on PRF Payments, Tax Information and Single Audit Information (with Conditional Nursing Home Infection Control interest field)

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

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

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

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

\$0.00

Tax Information

* Federal Tax Classification ⓘ

Partnership

Exempt Payee Code ⓘ

--None--

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

--None--

* Fiscal Year End Date ⓘ

December 31

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"/>
2022	<input type="checkbox"/>	<input type="checkbox"/>

Previous

Save & Exit

Save & Next

Figure 36 Interest Earned on PRF Payments, Tax Information and Single Audit Information

If PRF payments were held in an interest-bearing account, these interest amounts must be reported to HRSA and must be used only for allowable expenses or lost revenues. 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.¹⁰ 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: (1) total amount of interest earned on NHIC Payments (if applicable), and (2) 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.

¹⁰ If interest is earned on funds that are only partially expended, the interest earned on remaining unused funds must be calculated, reported, and returned.

Federal Tax Classification

The Reporting Entity must select from a drop-down list to choose the federal tax classification, the designated business type associated with the Reporting Entity’s primary TIN used for filing taxes. The Reporting Entity may refer to IRS Form W-9 for information regarding the federal tax classification, Exempt Payee Code (optional), and Exempt from Foreign Account Tax Compliance Act status (optional). 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 in *Figure 37 Federal Tax Classification*. The Reporting Entity may opt to enter the same Exempt Payee Code and Exempt from Foreign Account Tax Compliance Act (FATCA) Reporting Code as designated on their IRS Form W-9. The drop-down lists for these fields are the same as the available selections on IRS Form W-9.

The screenshot shows a form titled "Tax Information" with a section for "Federal Tax Classification". A dropdown menu is open, showing the current selection as "--None--". Below the dropdown, a list of options is displayed, with "--None--" selected and marked with a checkmark. The other options are: Individual/Sole Proprietor or Single-Member LLC, C Corporation, S Corporation, Partnership, Trust/Estate, and Other.

Figure 37 Federal Tax Classification

The Reporting Entity must select from the drop-down list the Fiscal Year End Date that accurately matches the month in which the Reporting Entity reports its fiscal year financial results as shown in *Figure 38 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.

The screenshot shows a form titled "Fiscal Year End Date" with a dropdown menu. The dropdown is currently set to "--None--". Below the dropdown, a list of options is displayed, with "--None--" selected and marked with a checkmark. The other options are: January 31, February 28, March 31, April 30, May 31, June 30, July 31, August 31, September 30, and October 31.

Figure 38 Fiscal Year End Date

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. The Schedule of Expenditures of Federal Awards (SEFA) audit is typically performed by an independent certified public accountant (CPA).

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; or 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.

The Reporting Entity must complete the Audit Requirement table on this portal page by indicating for Fiscal Years 2019, 2020, 2021, and 2022, whether the recipient was subject to audit (45 CFR § 75 Subpart F) and whether PRF payments were included in the audit by checking the appropriate boxes. While these data entry fields must be completed accurately, the fields should only be checked as appropriate.

Only after users have completed all the required data entry fields without any error messages appearing in red, will they be able to advance to the next step, [Step 7 – Payments Summary](#), in the reporting process. Users must click the blue 'Save & Next' button to proceed to the next page, [Step 7 – Payments Summary](#). To return to a previous page, users should click the blue 'Previous' button. Portal users should exit the PRF Reporting Portal when they are not actively entering data and should do this 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.**

If a user has reported in a previous reporting period or revised a previous report, some of the information on the Interest Earned on PRF Payments, Tax Information, and Single Audit page will pre-populate with previously reported data. Edits may be made to the pre-populated data and all required fields must contain a response. **Once pre-populated data has been altered, the portal cannot revert it back in case of error and information will need to be re-entered.** Please confirm all information is accurate and up-to-date before proceeding to the next screen. *Note: Interest earned will not be pre-populated.*

4.8 STEP 7 – PAYMENTS SUMMARY

The Payments Summary page is 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 as shown in [Table 1 Reporting Periods](#). There is no validation or data entry required on the read-only Payments Summary page. The Reporting Entity should carefully 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 ensure the data was entered correctly.

The [Step 7 – Payments Summary](#) page will display total reportable payment amounts as shown in *Figure 39 Payments Summary: January 1, 2021 – June 30, 2021*. The reportable payment amounts do not include 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.

PRF payments received and retained are reportable as is any interest earned on those payments. The summary on this page includes the following:

- Total NHIC Distribution (includes QIP) Payments¹¹ (if applicable)
- Total Other PRF Payments (includes all General Distributions and all Other Targeted Distribution Payments)
- Total Interest Earned on NHIC Payments (if applicable, as reported during [Step 6 – Interest Earned on PRF Payments, Tax Information, and Single Audit Information](#))
- Total Interest Earned on Other PRF Payments (as reported during [Step 6 – Interest Earned on PRF Payments, Tax Information, and Single Audit Information](#))
- Gross PRF Payments (including Interest Earned) – Calculated as Total NHIC Payments + Total Other PRF Payments + Total Interest Earned on NHIC Payments + Total Interest Earned on Other PRF Payments
- Total PRF Returned Payments
- Total Reportable NHIC Payments (if applicable) – Calculated as Total NHIC Payments + Total Interest Earned on NHIC Payments
- Total Reportable Other PRF Payments – Calculated as Total Other PRF Payments + Total Interest Earned on Other PRF Payments
- Total Reportable PRF Payments – Calculated as Total Reportable NHIC Payments + Total Reportable Other PRF Payments

¹¹ Abbreviated from formal name “Skilled Nursing Facility and Nursing Home Infection Control Distribution Payments.”

Username: YourUserID@domain.com
Partner/Provider: Your Business Name, Inc.
DBA Name: Your Care
Last Login Date: 2022-07-27T19:54:08.000Z

Resources & FAQs

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

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

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

Total Nursing Home Infection Control Payments:	\$133,064.18
Total Other PRF Payments:	\$0.00
Total Interest Earned on Nursing Home Infection Control Payments:	\$0.00
Total Interest Earned on Other PRF Payments:	
Gross PRF Payments (including Interest Earned):	\$133,064.18
Total PRF Returned Payments:	\$0.00
Total Reportable Nursing Home Infection Control Payments:	\$133,064.18
Total Reportable Other PRF Payments:	\$0.00
Total Reportable PRF Payments:	\$133,064.18

Previous
Save & Exit
Save & Next

Figure 39 Payments Summary: January 1, 2021 – June 30, 2021

Users must click the blue ‘Save & Next’ button to proceed to the next page, [Step 8 - Other Assistance Received](#). To return to a previous page, users should click the blue ‘Previous’ button. Portal users should exit the PRF Reporting Portal when they are not actively entering data and should do this 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.**

4.9 STEP 8 – OTHER ASSISTANCE RECEIVED

The [Step 8 – Other Assistance Received](#) page is comprised of one large table where 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 as shown in [Figure 40 Other Assistance Received](#) (Refer to: [Table 1 Reporting Periods](#).) **The information reported in this table is not used in subsequent calculations in the portal.**

If a user has reported in a previous reporting period or revised a previous report, some of the information on the Other Assistance Received page will pre-populate. All required data must be entered without error messages. Edits may be made to the pre-populated data and all required fields must contain a response. Once pre-populated data has been altered, the portal cannot revert it back in case of error and information will need to be re-entered. Please confirm all information is accurate and up-to-date before proceeding to the next screen.

Automated calculations will appear by row and column. The ‘tab’ key may be used to navigate between cells during data entry. All cells are required data entry fields, and entries are restricted

to 14 digits including up to two 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. **The Other Assistance Received reported to HRSA will not be used in the calculation of expenses or lost revenues.** 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.

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

[Need help on this page?](#)

Other Assistance Received

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

On this worksheet, you must enter other assistance received by quarter during the period of availability. All fields marked with an asterisk are required. If zero, you must enter a '0'. The number entered may be a value up to 14 digits, including 2 decimal places. If you are reporting on behalf of subsidiaries, the assistance received by these subsidiaries should be included in the report. The 'Tab' key may be used to navigate between cells during data entry.

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

Figure 40 Other Assistance Received

The Reporting Entity must enter Other Assistance Received by calendar year quarters in the period of availability of funds that corresponds to the current reporting period. Calendar year quarters are defined as follows:

- Quarter 1 (Q1): January 1 – March 31
- Quarter 2 (Q2): April 1 – June 30
- Quarter 3 (Q3): July 1 – September 30
- Quarter 4 (Q4): October 1 – December 31

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:

- **Rural Health Clinic (RHC) COVID-19 Testing Funds Received:** There are two rows to display RHC payments. The RHC payments are auto populated by the Reporting Portal.
 - *RHC COVID-19 Testing:* Total amount of RHC payments received for COVID-19 Testing.
 - *RHC COVID-19 Testing and Mitigation:* Total amount of RHC payments received for COVID-19 Testing and Mitigation.
- **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 PPP, 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.

Loan programs such as the Centers for Medicare and Medicaid Systems (CMS) Advanced and Accelerated Payments are expected to be reported as Other Assistance Received when reporting. The Other Assistance Received reported to HRSA will not be used in the calculation of expenses or lost revenues. 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. 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.

Note: If the Reporting Entity received funds from the RHC COVID-19 Testing Program and/or the RHC COVID-19 Testing and Mitigation Program, the total dollar amount received will be pre-populated in the table of Other Assistance Received in the first row. RHC COVID-19 Testing Program and RHC COVID-19 Testing and Mitigation Program payments are not PRF

payments. If you received RHC COVID-19 Testing funds Program and/or RHC COVID-19 Testing and Mitigation Program, you are required to report separately on the use of those funds at <https://www.rhccovidreporting.com>.

An error message in red will appear if the required fields are missing information or are not formatted properly as shown in *Figure 41 Other Assistance Received – Error Message*.

Other Assistance	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Q3 (2021)	Q4 (2021)	Q1 (2022)	Q2 (2022)	Total
RHC COVID-19 Testing Funds Received											\$0.00
RHC COVID-19 Testing and Mitigation Funds Received											\$0.00
Treasury, Small Business Administration (SBA) (e.g., CARES Act/Paycheck Protection Program (PPP))	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FEMA Programs (Testing, Public Assistance, Supplies, etc.)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
HHS Cares Act Testing (COVID-19)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Local, State, and Tribal Government Assistance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Business Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Assistance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Figure 41 Other Assistance Received – Error Message

Users must click the blue ‘Save & Next’ button to proceed to [Step 9 – Nursing Home Infection Control Expenses for Payments Received During Reporting Period](#). To return to a previous page, users should click the blue ‘Previous’ button. Portal users should exit the PRF Reporting Portal when they are not actively entering data and should do this 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.**

4.10 STEP 9 – NURSING HOME INFECTION CONTROL EXPENSES FOR PAYMENTS RECEIVED DURING PAYMENT PERIOD

After [Step 8 – Other Assistance Received](#) is complete, the Reporting Entity is directed to report on the use of NHIC Distribution payments¹² received during the Payment Received Period that corresponds to the current Reporting Time Period. If the Reporting Entity *did not* receive NHIC

¹² Nursing Home Infection Control Payments are Targeted Distributions with associated Terms and Conditions and include QIP payments.

Payments during the applicable Payment Received Period, this page will be skipped and the user will be taken directly to [Step 10 – Other PRF Expenses for Payments Received During Payment Period](#).

The Total Reportable NHIC Distribution payment amount is shown in **bold** above the table and corresponds to the same value displayed in [Step 7 – Payments Summary](#). As a reminder, the total reportable NHIC payment amount includes the total dollar value of payments received during the corresponding Payment Received Period in addition to interest earned on those payments (as reported on the previous page). The total dollar value of expenses reported on this page may not exceed the dollar value of the Total Reportable NHIC Payments. The purpose of this worksheet is for the Reporting Entity to show HRSA how NHIC Distribution payments were applied toward expenses during the period of availability. Expenses that were not reimbursed with NHIC Distribution payments should not be reported on this page.

The Reporting Entity will report on the use of all NHIC 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. The 'tab' key may be used to navigate between cells during data entry. All data entry fields must be completed, each cell is limited to 14 digits, including up to two decimal places, and all values must be positive. If expenses are zero, the Reporting Entity must enter a '0.' Totals will automatically calculate by corresponding column and row as information is entered. Expenses must be reported by calendar year quarter.

Calendar year quarters are defined as follows:

- Quarter 1 (Q1): January 1 – March 31
- Quarter 2 (Q2): April 1– June 30
- Quarter 3 (Q3): July 1– September 30
- Quarter 4 (Q4): October 1 – December 31

As outlined in the most recently published Post-Payment Notice of Reporting Requirements, NHIC Distribution payments may be used for infection control expenses limited to those outlined in the Terms and Conditions as follows:

- Costs associated with administering COVID-19 testing;
- Reporting COVID-19 test results to local, state, or federal governments;
- Hiring staff to provide patient care or administrative support;
- Providing additional services to residents; or
- Other expenses incurred to improve infection control.

Reporting Entities that received between **\$10,000.01 and \$499,999 in aggregated PRF payments during the Payment Received Period** (shown in the table on [Step 7 – Payments Summary](#)) are required to report by calendar quarter on the use of NHIC Distribution payments in two categories: (1) G&A Expenses and (2) Healthcare Related Expenses as shown in [Figure 42 Nursing Home Infection Control Expenses- Between \\$10,000.01 and \\$499,999](#).

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

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Nursing Home Infection Control Expenses for Payments Received During Payment Period: January 1, 2021 – June 30, 2021

On this worksheet, you are required to report on your use of Nursing Home Infection Control payments received **January 1, 2021 – June 30, 2021** for allowable expenses. As a reminder, Nursing Home Infection Control payments include payments made as part of the Quality Incentive Payment Program. You must report the use of these payments for allowable expenses by indicating the quarterly expenses reimbursed with these payments. If you did not use these payments to reimburse allowable expenses, you may enter zero. As a reminder, Provider Relief Fund payments must be used for expenses unreimbursed by other sources and that other sources are not obligated to reimburse. Nursing Home Infection Control Payments may be used for infection control expenses limited to those outlined in the [Terms and Conditions](#) of payment. They may not be used to reimburse lost revenues.

Please see the [PRF Reporting User Guide](#) for detailed instructions. Further definitions are located in the Post-Payment Notice of Reporting Requirements.

All fields marked with an asterisk are required. The number entered may be a value up to 14 digits, including 2 decimal places. If expenses are zero, the reporting entity must enter a '0'. The 'Tab' key may be used to navigate between cells during data entry.

Expenses are reported by calendar year quarter (Q).

Q1: January 1 – March 31
Q2: April 1 – June 30
Q3: July 1 – September 30
Q4: October 1 – December 31

Total Reportable Nursing Home Infection Control Payments = \$133,064.18

Infection Control Expenses	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Q3 (2021)	Q4 (2021)
General and Administrative (G&A) Expenses	* \$0.00	* \$0.00	* \$0.00	* \$0.00	* \$0.00	* \$0.00	* \$0.00	* \$0.00
Healthcare Related Expenses	* \$0.00	* \$0.00	* \$0.00	* \$0.00	* \$0.00	* \$0.00	* \$20.00	* \$0.00
Total Nursing Home Infection Control Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$20.00	\$0.00

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Figure 42 Nursing Home Infection Control Expenses- Between \$10,000.01 and \$499,999

Reporting Entities that received **\$500,000 or more in aggregated PRF payments during the Payment Received Period** (shown in the table on [Step 7 – Payments Summary](#)) are required to report by calendar year quarter on the use of NHIC Distribution payments in greater detail than the two categories of G&A Expenses and Healthcare Related Expenses as shown in [Figure 43 Nursing Home Infection Control Expenses- \\$500,000 or More Table](#) according to the following sub-categories of expenses:

General and Administrative (G&A) Expenses for Nursing Home Infection Control Distribution Payments (includes QIP payments) Received During Payment Period

- **Mortgage/Rent:** Payments related to mortgage or rent for a facility specifically for infection control.
- **Insurance:** Premiums paid for property, malpractice, business insurance, or other insurance relevant to operations for infection control.

- **Personnel:**¹³ Workforce-related expenses as outlined in the Terms and Conditions such as personnel costs associated with administering COVID-19 testing; reporting COVID-19 test results to local, state, or federal governments; hiring staff to provide patient care or administrative support; providing additional services to residents; workforce training; and mentorship programs to improve infection control; or other personnel costs incurred for infection control. Staffing, including temporary employee or contractor payroll and overhead employees, is included.
- **Fringe Benefits:** Extra benefits supplementing an employee’s salary, which may include hazard pay, travel reimbursement, and employee health insurance. May only be charged in proportion to salary costs for infection control.
- **Lease Payments:** New equipment or software leases, fleet cars, and medical equipment that is not purchased and will be returned to its owner, so long as it is used for infection control.
- **Utilities/Operations:** Lighting, cooling/ventilation, cleaning, or additional third-party vendor services not included in the “Personnel” sub-category and whose purpose is for infection control.
- **Other General and Administrative Expenses:** Expenses not captured above that are for infection control and generally considered part of G&A expenses.

Health Care Related Expenses for Nursing Home Infection Control Distribution Payments (includes QIP payments) Received During Payment Period

- **Supplies:** Expenses paid for purchase of supplies (*e.g.*, single use or reusable patient care devices, cleaning supplies, office supplies, etc.) used for the purpose of infection control during the period of performance. Such items may include personal protective equipment (PPE), hand sanitizer, and supplies for patient or staff COVID-19 testing, or expenses associated with distribution of a COVID-19 vaccine licensed or authorized by the Food and Drug Administration (FDA).
- **Equipment:** Expenses paid for purchase of equipment used for infection control, such as updates to Heating, Ventilation, and Air Conditioning (HVAC) systems or sanitizing equipment.
- **Information Technology (IT):** Expenses paid for IT or interoperability systems to expand or preserve infection control during the reporting period, such as telehealth infrastructure, increased bandwidth, technology that permits residents to connect with their families, and teleworking to support remote workforce.

¹³ The Terms and Conditions associated with each PRF payment do not permit recipients to use PRF payments to pay any salary at a rate in excess of Executive Level II which is set at \$197,300 (2020), \$199,300 (2021), \$203,700 (2022). For the purposes of the salary limitation, the direct salary is exclusive of fringe benefits and indirect costs. The limitation only applies to the rate of pay charged to PRF payments and other HHS awards. An organization receiving PRF payments may pay an individual’s salary amount in excess of the salary cap with non-federal funds.

- **Facilities:** Expenses such as lease or purchase of permanent or temporary structures, or to retrofit facilities to accommodate revised patient treatment practices to support infection control during the period of performance.
- **Other Health Care Related Expenses:** Expenses not captured above that are for infection control and are health care related expenses.

Nursing Home Infection Control Expenses for Payments Received During Payment Period: January 1, 2021 – June 30, 2021

On this worksheet, you are required to report on your use of Nursing Home Infection Control payments received **January 1, 2021 – June 30, 2021** for allowable expenses. As a reminder, Nursing Home Infection Control payments include payments made as part of the Quality Incentive Payment Program. You must report the use of these payments for allowable expenses by indicating the quarterly expenses reimbursed with these payments. If you did not use these payments to reimburse allowable expenses, you may enter zero. As a reminder, Provider Relief Fund payments must be used for expenses unreimbursed by other sources and that other sources are not obligated to reimburse. Nursing Home Infection Control Payments may be used for infection control expenses limited to those outlined in the **Terms and Conditions** of payment. They may not be used to reimburse lost revenues.

Please see the **PRF Reporting User Guide** for detailed instructions. Further definitions are located in the Post-Payment Notice of Reporting Requirements.

All fields marked with an asterisk are required. The number entered may be a value up to 14 digits, including 2 decimal places. If expenses are zero, the reporting entity must enter a '0'. The 'Tab' key may be used to navigate between cells during data entry.

Expenses are reported by calendar year quarter (Q).

Q1: January 1 – March 31
Q2: April 1 – June 30
Q3: July 1 – September 30
Q4: October 1 – December 31

Total Reportable Nursing Home Infection Control Payments = \$1,211,111

Infection Control Expenses	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Q3 (2021)	Q4 (2021)	Q1 (2022)	Q2 (2022)	Total
General and Administrative (G&A) Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mortgage/Rent	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Personnel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Lease Payments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Utilities/Operations	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other G&A Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Healthcare Related Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Information Technology (IT)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Facilities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Healthcare Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Nursing Home Infection Control Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Previous Save & Exit Save & Next

Figure 43 Nursing Home Infection Control Expenses- \$500,000 or More Table

Users must click the blue 'Save & Next' button to proceed to [Step 10 – Other PRF Expenses for Payments Received During Payment Period](#). To return to a previous page, users should click the blue 'Previous' button. Portal users should exit the PRF Reporting Portal when they are not actively entering data and should do this 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.

4.11 STEP 10 – OTHER PROVIDER RELIEF FUND EXPENSES FOR PAYMENTS RECEIVED DURING PAYMENT PERIOD

After [Step 9 – Nursing Home Infection Control Expenses for Payments Received During Reporting Period](#) is complete, the Reporting Entity is directed to report [Step 10 – Other Provider Relief Fund Expenses for Payments Received During Payment Period](#). On this page, the Reporting Entity is required to report on the use of all “Other PRF Payments” by indicating the quarterly expenses reimbursed with these payments. PRF payments must be used for expenses unreimbursed by other sources and that other sources are not obligated to reimburse. “Other PRF Payments” includes all General Distribution payments and Targeted Distribution payments, *except* for those payments categorized as NHIC¹⁴ payments. The Reporting Entity must report the use of these payments by indicating the quarterly expenses reimbursed with these payments.

Reporting Entities are required to:

- Maintain adequate documentation to substantiate that the PRF payments were used for healthcare related expenses or lost revenues attributable to Coronavirus; and
- Ensure that those expenses or losses were not reimbursed from other sources, and other sources were not obligated to reimburse them.

The Total Reportable Other PRF Payment amount is shown in **bold** above the table and corresponds to the same value displayed in [Step 7 – Payments Summary](#). As a reminder, the Total Reportable Other PRF Payment amount includes the total dollar value of payments received during the corresponding Payment Received Period in addition to interest earned on those payments (as reported on the previous page). The total dollar value of expenses reported on this page may not exceed the Total Reportable Other PRF Payments. The purpose of this worksheet is for the Reporting Entity to show HRSA how Other PRF payment amounts were applied toward expenses during the period of availability. Expenses that were not reimbursed with Other PRF Payments should not be reported on this page. The Reporting Entity will report on the use of all Other PRF Payments by indicating the calendar year quarterly expenses (unreimbursed by other sources and that other sources were not obligated to reimburse) that the Other PRF Payments were used for. The 'tab' key may be used to navigate between cells during data entry. All data entry fields must be completed, are limited to 14 digits, and all values must be positive. If expenses are zero, the Reporting Entity must enter a '0.' Totals will automatically calculate by corresponding column and row as information is entered. Expenses are reported by calendar year quarter.

Calendar year quarters are defined as follows:

- Quarter 1 (Q1): January 1 – March 31
- Quarter 2 (Q2): April 1 – June 30
- Quarter 3 (Q3): July 1– September 30

¹⁴ As a reminder, Nursing Home Infection Control payments include QIP payments.

- Quarter 4 (Q4): October 1– December 31

Reporting Entities that received **between \$10,000.01 and \$499,999 in aggregated PRF payments during the Payment Received Period** (shown in the table on [Step 7 – Payments Summary](#)) are required to report on the use of Other PRF Payments in two categories: (1) G&A Expenses and (2) Healthcare Related Expenses as shown in *Figure 44 Other PRF Expenses- Between \$10,000.01 and \$499,999*.

Total Reportable Other PRF Payments = \$100,001

Other PRF Expenses	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Q3 (2021)	Q4 (2021)	Q1 (2022)	Q2 (2022)	Total
General and Administrative (G&A) Expenses	\$414,141.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$414,141.00
Healthcare Related Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Other PRF Expenses	\$414,141.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$414,141.00

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Expiration Date: 01/31/2023

Figure 44 Other PRF Expenses- Between \$10,000.01 and \$499,999

Reporting Entities that received **\$500,000 or more in aggregated PRF payments during the Payment Received Period** (shown in the table on [Step 7 – Payments Summary](#)) are required to report on the use of Other PRF Payments in greater detail than the two categories of G&A Expenses and Healthcare Related Expenses as shown in *Figure 45 Other PRF Expenses- \$500,000 or More Table* according to the following sub-categories of expenses:

General and Administrative (G&A) Expenses for Other PRF Payments Received During Payment Period

- **Mortgage/Rent:** Payments related to mortgage or rent for a facility.
- **Insurance:** Premiums paid for property, malpractice, business insurance, or other insurance relevant to operations.
- **Personnel:**¹⁵ Workforce-related actual expenses paid to prevent, prepare for, or respond to Coronavirus during the reporting period, such as workforce training, staffing, temporary employee or contractor payroll, overhead employees, or security personnel.
- **Fringe Benefits:** Extra benefits supplementing an employee’s salary, which may include hazard pay, travel reimbursement, and employee health insurance.

¹⁵ The Terms and Conditions associated with each PRF payment do not permit recipients to use PRF money to pay any salary at a rate in excess of Executive Level II which is set at \$197,300 (2020), \$199,300 (2021), \$203,700 (2022). For the purposes of the salary limitation, the direct salary is exclusive of fringe benefits and indirect costs. The limitation only applies to the rate of pay charged to PRF payments and other HHS awards. An organization receiving PRF may pay an individual’s salary amount in excess of the salary cap with non-federal funds.

- **Lease Payments:** New equipment or software leases, such as fleet cars and medical equipment that is not purchased and will be returned to the owner.
- **Utilities/Operations:** Lighting, cooling/ventilation, cleaning, or additional third-party vendor services not included in the “Personnel” sub-category.
- **Other General and Administrative Expenses:** Expenses not captured above that are generally considered part of G&A expenses.

Healthcare Related Expenses Attributable to Coronavirus

- **Supplies:** Expenses paid for purchase of supplies (e.g., single use or reusable patient care devices, cleaning supplies, office supplies, etc.) used to prevent, prepare for, and/or respond to Coronavirus during the reporting period. Such items may include PPE, hand sanitizer, supplies for patient screening, or vaccination administration materials.
- **Equipment:** Expenses paid for purchase of equipment, such as ventilators, refrigeration systems for COVID-19 vaccines, or updates to HVAC systems.
- **Information Technology (IT):** Expenses paid for IT or interoperability systems to expand or preserve Coronavirus care delivery during the reporting period, such as electronic health record licensing fees, telehealth infrastructure, increased bandwidth, and teleworking to support remote workforce.
- **Facilities:** Expenses such as lease or purchase of permanent or temporary structures, or to retrofit facilities to accommodate revised patient treatment practices, used to prevent, prepare for, and/or respond to Coronavirus during the reporting period.
- **Other Healthcare Expenses:** Expenses, not previously captured above, that were paid to prevent, prepare for, and/or respond to Coronavirus.

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

Other PRF Expenses	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Q3 (2021)	Q4 (2021)	Q1 (2022)	Q2 (2022)	Total
General and Administrative (G&A) Expenses	\$414,141.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$414,141.00
Mortgage/Rent	\$414,141.0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$414,141.00
Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Personnel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Lease Payments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Utilities/Operations	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other G&A Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Healthcare Related Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Information Technology (IT)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Facilities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Healthcare Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Other PRF Expenses	\$414,141.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$414,141.00

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Expiration Date: 01/31/2023

Figure 45 Other PRF Expenses- \$500,000 or More Table

Users must click the blue ‘Save & Next’ button to proceed to [Step 11 – Unreimbursed Expenses Attributable to Coronavirus](#). To return to a previous page, users should click the blue ‘Previous’ button. Portal users should exit the PRF Reporting Portal when they are not actively entering data and should do this 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 by using the browser window as data entered on the current page will not be saved.**

4.12 STEP 11 – UNREIMBURSED EXPENSES ATTRIBUTABLE TO CORONAVIRUS

After [Step 10 – Other PRF Expenses for Payments Received During Reporting Period](#) is complete, Reporting Entities will complete [Step 11 – Unreimbursed Expenses Attributable to Coronavirus](#). The purpose of this worksheet is for Reporting Entities to describe to HRSA whether there are expenses that remain unreimbursed after considering all assistance received by HRSA and all other sources. 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. Reporting Entities must consider all other financial assistance received by HRSA and other sources, including Other PRF Payments, when determining net unreimbursed expenses attributable to Coronavirus reported on this worksheet. **The net unreimbursed expenses attributable to Coronavirus reported on**

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.

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.

Calendar year quarters are defined as follows:

- Quarter 1 (Q1): January 1 – March 31
- Quarter 2 (Q2): April 1 – June 30
- Quarter 3 (Q3): July 1 – September 30
- Quarter 4 (Q4): October 1 – December 31

The 'tab' key may be used to navigate between cells during data entry. All data entry fields must be completed. Each cell is limited to 14 digits, including up to two (2) decimal places, and all values must be positive numbers. If expenses are zero, the Reporting Entity must enter a '0.' Totals will automatically calculate by corresponding column and row as information is entered.

Expenses are reported in two categories: (1) G&A Expenses and (2) Healthcare Related Expenses as shown in *Figure 46 Unreimbursed Expenses Table*.

Reporting Period 3 (July 1, 2022 to September 30, 2022) Report									
<p>Unreimbursed Expenses Attributable to Coronavirus</p> <p>On this worksheet, please indicate whether you have expenses attributable to coronavirus that remain unreimbursed. You should report these unreimbursed expenses by calendar year quarter. Please consider all other financial assistance received, including your PRF payments, when determining unreimbursed expenses reported on this worksheet. This worksheet is used by HRSA for information purposes only.</p> <p>Please see the PRF Reporting User Guide for detailed instructions.</p> <p>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 unreimbursed expenses are zero, you must enter a '0'.</p> <p>The 'Tab' key may be used to navigate between cells during data entry.</p> <p>Expenses are reported by calendar year quarter (Q).</p> <p>Q1: January 1 – March 31 Q2: April 1 – June 30 Q3: July 1 – September 30 Q4: October 1 – December 31</p>									
Unreimbursed Expenses	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Q3 (2021)	Q4 (2021)	Q1 (2022)
General and Administrative (G&A) Expenses	* \$0.00	* \$0.00	* \$0.00	* \$0.00	* \$0.00	* \$0.00	* \$0.00	* \$0.00	* \$0.00
Healthcare Related Expenses	* \$0.00	* \$0.00	* \$0.00	* \$0.00	* \$0.00	* \$0.00	* \$0.00	* \$0.00	* \$0.00
Total Unreimbursed Expenses Attributable to Coronavirus	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Figure 46 Unreimbursed Expenses Table

Users must click the blue ‘Save & Next’ button to proceed to [Step 12 – Actual Patient Care Revenue or Lost Revenues](#). To return to a previous page, users should click the blue ‘Previous’ button. Portal users should exit the PRF Reporting Portal when they are not actively entering data and should do this 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.**

4.13 STEP 12 – ACTUAL PATIENT CARE REVENUE OR LOST REVENUES

Depending on data from previous pages, one of two pages will be automatically displayed.

4.13.1 Actual Patient Care Revenue

If Total Reportable Other PRF Payments (from [Step 7 – Payments Summary](#)) is equal to Total Other PRF Expenses (from [Step 10 – Other PRF Expenses for Payments Received During Payment Period](#)), the Actual Patient Care Revenue page displays as shown in *Figure 47 Actual Patient Care Revenue*. Otherwise, the [Lost Revenues Questionnaire](#) is displayed.

The screenshot shows the HRSA portal interface. At the top, it says 'Health and Human Services' and 'HRSA Health Resources & Services Administration'. Below this, there is a user information section with fields for Username, Partner/Provider, DBA Name, and Last Login Date. To the right of this section are buttons for 'Resources & FAQs' and 'Edit Two-Factor Auth Preference'. A central banner indicates 'Reporting Period 3 (July 1, 2022 to September 30, 2022) Report' with a progress bar showing 10 steps, the 10th being active. A 'Need help on this page?' button is on the right. The main heading is 'Actual Patient Care Revenue'. Below it, a note states: 'The recipient is required to submit calendar year 2019, 2020, 2021 and 2022 actual patient care revenues.' Another note explains that fields with an asterisk are required and that the number entered may be up to 14 digits with 2 decimal places. There are four input fields for '2019 Actuals (Calendar Year)', '2020 Actuals (Calendar Year)', '2021 Actuals (Calendar Year)', and '2022 Actuals (Calendar Year)'. At the bottom, there are three buttons: 'Previous' (blue), 'Save & Exit' (red), and 'Save & Next' (blue).

Figure 47 Actual Patient Care Revenue

Please confirm Actual Patient Care Revenue data entered into the portal is accurate and concise.

The Actual Patient Care Revenue page is only shown if all Other PRF Payments were used for expenses reported on previous portal pages and Reporting Entities do not need to select a method for reporting lost revenues. (As a reminder, NHIC Payments **may not be used to reimburse lost revenues.**) On the Actual Patient Care Revenue page, the Reporting Entity must provide total

Actual Patient Care Revenue for the completed calendar years within the period of availability for the payments received that correspond to the current reporting period. Both fields are required, limited to 14 digits including two (2) decimal places, and actual revenue must be positive values. If the revenues are zero, the Reporting Entity must enter a '0.'

After the user clicks the blue 'Save & Next' button, they skip [Step 13 – Lost Revenues](#) and are taken directly to [Step 14 – PRF Financial Summary](#). To return to a previous page, users should click the blue 'Previous' button. Portal users should exit the PRF Reporting Portal when they are not actively entering data and should do this 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 by using the browser window as data entered on the current page will not be saved.**

4.13.2 Lost Revenues Questionnaire

If the Total Reportable Other PRF Payments (from [Step 7 – Payments Summary](#)) is greater than the Total Other PRF Expenses reported (from [Step 10 – Other PRF Expenses for Payments Received During Reporting Period](#)), then the Reporting Entity has PRF payments remaining to apply to lost revenues and the Lost Revenues Questionnaire page is shown. The Lost Revenues Questionnaire is shown in [Figure 48 Lost Revenues Questionnaire](#)

Figure 48 Lost Revenues Questionnaire

The Lost Revenues Questionnaire requires the Reporting Entity to select the method they will use to calculate lost revenues. This Reporting Portal page also contains a link to the most recently published [Post-Payment Notice of Reporting Requirements](#), which will open in a new browser tab so as to not affect data entered. The Reporting Entity must select one of three methods as described in the most recently published Post-Payment Notice of Reporting Requirements:

1. **2019 Actual Revenue:** The difference between **actual patient care revenues** (uses 2019 calendar year quarters as the baseline); or

2. **Budgeted Revenue:** The difference between **budgeted** (budget covering the entire period of availability and approved prior to March 27, 2020) and actual patient care revenues (uses the approved budget as the baseline); or
3. **Alternate Reasonable Methodology:** Calculated by **any reasonable method** of estimating revenues.

Depending on which method is selected, one of the three pages below will be shown.

If a user has reported during a previous reporting period: Portal users will be able to change the selected path for lost revenue calculation in proceeding reporting periods. However, if they choose to do this, they will need to recalculate the lost revenue for the **entire** period of availability. Once the user selects a different method for calculation of lost revenues, the “Change in Lost Revenue Path Verification” pop-up will appear. Shown in *Figure 49 Lost Revenues Path Verification*. The user will respond to ‘Are you sure you want to change method?’ by selecting ‘Yes’ or ‘No’ from the drop-down list. If making a change in the method, the user should select ‘Yes’ from the drop-down list. **Once ‘Yes’ is selected, a conditional field ‘Reason for Calculation Method Change’ is provided for a required reason for the change in lost revenues path.** If choosing ‘No,’ the user will click ‘Cancel’ to return to the Lost Revenues Questionnaire page to select again. Reporting Entities are expected to use the same method for lost revenue calculation for all reporting periods in which they are required to report.

Figure 49 Lost Revenues Path Verification

4.14 STEP 13 – LOST REVENUES

If the Reporting Entity was shown the [Step 12- Actual Patient Care Revenue](#) page, they will be directed to [Step 14 – PRF Financial Summary Page](#) instead of the following page options. Depending on the Reporting Entity’s selection on the **Error! Reference source not found.**, one of the three pages below will be shown. Each of the three pages will determine the calculation of all lost revenues and the calculation will be applied to the balance of the Other PRF Payments (after reported expenses are deducted) to determine the total dollar amount of PRF payments expended for the Payment Received Period. Please ensure data entered into the portal is accurate

and concise. As a reminder, **NHIC Payments may not be used for lost revenues and will not figure into the calculation of PRF payments applied to the lost revenues.**

Reporting Entities are required to:

- Maintain adequate documentation to substantiate that the PRF payments were used for healthcare related expenses or lost revenues attributable to Coronavirus; and
- Ensure that those expenses or losses were not reimbursed from other sources, and other sources were not obligated to reimburse them.

Note: NHIC Distribution payments cannot be used to reimburse lost revenues.

If a user has reported during a previous reporting period: the user may choose to use a different lost revenues methodology or values during the current reporting period than they used in a prior reporting period. On the Calculation of Lost Revenues Attributable to Coronavirus page, the user will respond to ‘Are you sure you want to change your **method** for calculation of lost revenue?’ by selecting ‘Yes’ or ‘No’ from the drop-down list. If making a change in lost revenues methodology, the user should select ‘Yes’ from the drop-down list. **Once ‘Yes’ is selected, a conditional field ‘Justification for change in lost revenues calculation method’ is provided for a required narrative justification for the change in lost revenues calculation methodology.** The justification is limited to 1000 characters. If choosing ‘No,’ the user will be returned to the Lost Revenues Questionnaire page to select again.

Once changes are made to pre-populated fields, the data cannot be reverted back to previously saved by the portal; they must be entered manually. All fields must contain accurate and complete data before proceeding to the next page.

Refer to the latest version of the Post-Payment Notice of Reporting Requirements or read the [Lost Revenues Guide](#) (PDF - 302 KB).

Please note that once information in the portal is changed, it cannot be reverted back to previously reported values; data must be re-entered for each required field.

4.14.12019 Actual Revenue (Calculation of Lost Revenues Attributable to Coronavirus)

If in the [Lost Revenues Questionnaire](#), the Reporting Entity selects the 2019 Actual Revenue method (option i), the page will appear as shown in *Figure 50 Total Revenue/Net Charges from Patient Care (2019 Actuals)*.

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

Health and Human Services

HRSA
Health Resources & Services Administration

Username: YourUserID@domain.com
Partner/Provider: Your Business Name, Inc.
DBA Name: Your Care
Last Login Date: 2022-07-27T19:54:08:000Z

[Resources & FAQs](#)

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

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Calculation of Lost Revenues Attributable to Coronavirus

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

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

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

[2019 Actuals](#) [2020 Actuals](#) [2021 Actuals](#) [2022 Actuals](#)

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

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

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

Figure 50 Total Revenue/Net Charges from Patient Care (2019 Actuals)

The Reporting Entity must complete four (4) tables with actual quarterly revenue information for calendar years 2019 to the end of the period of availability. Reporting Entities will submit revenues.¹⁶ net charges from patient care.¹⁷ (prior to netting with expenses) split by payer mix

¹⁶ Net of uncollectible patient service revenues recognized as bad debts.

¹⁷ "Patient care" means health care, services, and supports, as provided in a medical setting, at home/telehealth, or in the community. It should not include non-patient care revenue such as

(including out of pocket charges), and by calendar year quarter for each quarter during the period of availability.

Calendar year quarters are defined as follows:

- Quarter 1 (Q1): January 1 – March 31
- Quarter 2 (Q2): April 1 – June 30
- Quarter 3 (Q3): July 1 – September 30
- Quarter 4 (Q4): October 1 – December 31

The Reporting Entity will report on total revenue/net charges from patient care split by payer type for each of the relevant calendar year quarters as follows:

- **Medicare Part A + B:** actual revenues/net charges received from Medicare Part A + B for patient care.
- **Medicare Part C (Medicare Advantage):** actual revenues/net charges received from Medicare Part C for patient care.
- **Medicaid/Children’s Health Insurance Program (CHIP):** actual revenues/net charges received from Medicaid/CHIP for patient care.
- **Commercial Insurance:** actual revenues/net charges from commercial insurance payers for patient care.
- **Self-Pay (No Insurance):** actual revenues/net charges received from self-pay patients, including the uninsured or individuals without insurance who bear the burden of paying for health care themselves.
- **Other:** actual revenues/net charges from other sources received for patient care services and not included in the list above.

If a user reported in a previous reporting period: If using the same lost revenues methodology as in a prior reporting period, previously reporting values on the Actual Revenue (Calculation of Lost Revenues Attributable to Coronavirus) will pre-populate. There is a required question, ‘Do you want to change values from the previous reporting period?’, which ‘Yes’ or ‘No’ can be selected from the drop-down list. (*This is a Conditional question.*) If ‘Yes’, the Reporting Entity will be required to enter a justification for the change with a description. The justification is limited to 1000 characters. Selecting ‘Yes’ will overwrite the pre-populated information. However, once changes are made to pre-populated fields, the user can revert to the previously reporting lost revenue method by selecting ‘No’ to the question, ‘Do you want to change values from the previous reporting period?’ Once changed to ‘No’, the system will restore the values with the previously pre-populated report values. All fields must contain accurate and complete data before proceeding to the next page.

The 'tab' key may be used to navigate between cells during data entry. All data entry fields are required, each cell is limited to 14 digits including two decimal places, and all values must be positive numbers. If there is no revenue to report for a quarter, the Reporting Entity must enter

insurance, retail, or real estate revenues (exception for nursing and assisted living facilities’ real estate revenues where resident fees are allowable); prescription sales revenues (exception when derived through the 340B program); grants or tuition; contractual adjustments from all third-party payers; charity care adjustments; bad debt; and any gains and/or losses on investments.

'0'. Patient care revenue totals will automatically calculate within a table by corresponding column and row as information is entered. The user will be able to move between the three tables by clicking the '2019 Actuals,' '2020 Actuals,' '2021 Actuals', and '2022 Actuals' tabs, without losing data. However, the data on this page will not be saved until the blue 'Save & Next' button is selected. *Note: clicking 'Previous' will take the user to the previous page, not move between the tables in this page.*

The total lost revenues calculated by the system will not appear on this page. Reporting entities should be aware however, that if they choose this method, lost revenues will be calculated for each quarter during the period of availability, as a standalone calculation, with 2019 quarters serving as a baseline. For each calendar year of reporting, the applicable quarters where lost revenues were demonstrated are totaled to determine an annual lost revenues amount. The annual lost revenues are then added together to determine a total that can be applied to PRF payments.

If a table or data entry field has not been completed or has an invalid value, a red error message will appear both above and below the table directing the user to correct the error. Once complete, the user must click the blue 'Save & Next' button to go to [Step 14 – PRF Financial Summary](#). To return to a previous page, users should click the blue 'Previous' button. Portal users should exit the PRF Reporting Portal when they are not actively entering data and should do this 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.**

4.14.2 Budgeted Revenue (Calculation of Lost Revenues Attributable to Coronavirus)

If in the [Lost Revenues Questionnaire](#), the Reporting Entity selects the 2020 Budgeted Revenue method (option ii), the page will appear as shown in [Figure 51 Total Revenue/Net Charges from Patient Care \(2020 Budgeted\)](#).

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

Health and Human Services

HRSA
Health Resources & Services Administration

Username: YourUserID@domain.com
Partner/Provider: Your Business Name, Inc.
DBA Name: Your Care
Last Login Date: 2022-07-27T19:54:08:000Z

Resources & FAQs

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

Need help on this page?

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.

If you wish to calculate lost revenues attributable to coronavirus using the difference between the 2020/2021 budgeted and 2020/2021 actual patient care revenue, you must submit:

- 1) A budget for your 2020 and 2021 budgeted amount of patient care revenue approved before March 27, 2020.
- 2) An attestation by CEO, CFO, or similar responsibility on the accuracy of the submitted budget.

* Do you want to change values from the previous reporting period?

No

2020 Budgeted 2020 Actuals 2021 Budgeted 2021 Actuals 2022 Budgeted 2022 Actuals

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

	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Total (2020)
Medicare A+B	\$2,017,858.00	\$2,090,710.00	\$2,164,479.00	\$2,215,708.00	\$8,488,755.00
Medicare C	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Medicaid/Children's Health Insurance Program (CHIP)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Commercial Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Self-Pay (No Insurance)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Revenue/Net Charges from Patient Care	\$2,017,858.00	\$2,090,710.00	\$2,164,479.00	\$2,215,708.00	\$8,488,755.00

Figure 51 Total Revenue/Net Charges from Patient Care (2020 Budgeted)

The Reporting Entity must complete six (6) tables with quarterly revenue information for calendar years 2020 through the end of the period of availability. Reporting Entities will submit both (1) budgeted and (2) actuals for their revenues.¹⁸/net charges from patient care.¹⁹ (prior to

¹⁸ Net of uncollectible patient service revenues recognized as bad debts.

¹⁹ "Patient care" means health care, services, and supports, as provided in a medical setting, at home/telehealth, or in the community. It should not include non-patient care revenue such as

netting with expenses) split by payer mix (including out of pocket charges), and by calendar year quarter for each quarter during the period of availability. Calendar year quarters are defined as follows:

- Quarter 1 (Q1): January 1 – March 31
- Quarter 2 (Q2): April 1 – June 30
- Quarter 3 (Q3): July 1 – September 30
- Quarter 4 (Q4): October 1 – December 31

The Reporting Entity will report on (1) budgeted and (2) actual total revenue/net charges from patient care by payer type for each of the relevant quarters as follows:

- **Medicare Part A + B:** actual revenues/net charges received from Medicare Part A + B for patient care.
- **Medicare Part C (Medicare Advantage):** actual revenues/net charges received from Medicare Part C/ Medicare Advantage for patient care.
- **Medicaid/Children’s Health Insurance Program (CHIP):** actual revenues/net charges received from Medicaid/CHIP for patient care.
- **Commercial Insurance:** actual revenues/net charges from commercial insurance payers for patient care.
- **Self-Pay (No Insurance):** actual revenues/net charges received from self-pay patients, including the uninsured or individuals without insurance who bear the burden of paying for health care themselves.
- **Other:** actual revenues/net charges from other sources received for patient care services and not included in the list above.

If a user reported in a previous reporting period on the Budgeted Revenue (Calculation of Lost Revenues Attributable to Coronavirus) page, there is a required question, ‘Do you want to change values from the previous reporting period?’, which ‘Yes’ or ‘No’ can be selected from the drop-down list. (*This is a conditional question.*) If ‘Yes’, the Reporting Entity will be required to enter a justification for the change with a description. The justification is limited to 1000 characters. Selecting ‘Yes’ will overwrite the pre-populated information. However, once changes are made to pre-populated fields, the user can revert to the previously reported lost revenue method by selecting ‘No’ to the question ‘Do you want to change values from the previous reporting period?’ Once changed to ‘No’, the system will restore the values with the previously pre-populated report values. All fields must contain accurate and complete data before proceeding to the next page.

If a user reported in a previous reporting period, information on the Budgeted Revenue (Calculation of Lost Revenues Attributable to Coronavirus) page will be pre-populated for Q1 (2020) – Q4 (2021), Q1 and Q2 for 2022 will require input of values. Please confirm all information is accurate and up-to-date. If there were previously submitted uploads during a prior

insurance, retail, or real estate revenues (exception for nursing and assisted living facilities’ real estate revenues where resident fees are allowable); prescription sales revenues (exception when derived through the 340B program); grants or tuition; contractual adjustments from all third-party payers; charity care adjustments; bad debt; and any gains and/or losses on investments.

reporting period, they may be reviewed by clicking on ‘Preview’ or ‘Download.’ Uploads submitted during a previous reporting period **may not** be deleted. If choosing the 2020 Budgeted Revenue (option ii) methodology in the current reporting period, the user will need to upload new documents to the Reporting Portal.

The ‘tab’ key may be used to navigate between cells during data entry. All data entry fields are required, each cell is limited to 14 digits including two decimal places, and all values must be positive numbers. If there is no revenue to report for a quarter, the Reporting Entity must enter ‘0.’ Patient care revenue totals will automatically calculate within a table by corresponding column and row as information is entered. The user will be able to move between the four tables without losing data by clicking ‘2020 Budgeted,’ ‘2020 Actuals,’ ‘2021 Budgeted,’ ‘2021 Actuals,’ and ‘2022 Budgeted’ tabs. However, the data on this page will not be saved until the blue ‘Save & Next’ button is selected. *Note: clicking ‘Previous’ will take the user to the previous page, not move between the tables in this page.*


The total lost revenues for the reporting period that is calculated by the system will not appear on this page. Reporting entities should be aware however, that if they choose this method, lost revenues that can be applied to PRF payments will be calculated *by calendar year quarter* for each quarter during the period of availability, as a standalone calculation, with 2020, 2021, or 2022 quarters serving as a baseline. For each calendar year of reporting, the applicable quarters where lost revenues are demonstrated are totaled to determine an annual lost revenues amount. The annual lost revenues are then added together to determine a total that can be applied to PRF payments.


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:

1. A copy of the budget approved prior to March 27, 2020, that covers the entire period of availability. The budget must be submitted in one of the following accepted file formats: .xlsx, .xls, .docx, .doc, or .pdf.
2. Attestation by a CEO, 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.

Documentation must be uploaded by clicking the green ‘Upload’ buttons as shown in *Figure 52 Upload Budget and Attestation*. 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 uploaded documentation from the current reporting period only. If removing an uploaded file, a pop-up will appear asking to confirm the deletion. Select ‘Delete’ to remove the file or ‘Cancel’ to keep the uploaded file as shown in *Figure 52 Upload Budget and Attestation*. Uploads from any previous reporting period may be previewed or downloaded only; they cannot be deleted from the portal. To preview documents in .pdf format, the latest version of Adobe Acrobat Reader must be installed. If needed, instructions to download Adobe Acrobat Reader are located at <https://get.adobe.com/reader/>. The preview function is not available for documents in .xlsx or .xls formats or any document in landscape mode. The maximum upload file size is 2GB.

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

 Upload 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

Previously Submitted Documents from Reporting Periods

2021-2022.pdf [Preview](#) | [Download](#)

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

Figure 52 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. Once complete, the user must click the blue ‘Save & Next’ button to go to [Step 14 – PRF Financial Summary](#). To return to a previous page, users should click the blue ‘Previous’ button. Portal users should exit the PRF Reporting Portal when they are not actively entering data and should do this 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.**

4.14.3 Alternate Method of Calculating Lost Revenues Attributable to Coronavirus

If the Reporting Entity selects the Alternate Reasonable Methodology method in the [Lost Revenues Questionnaire](#), the Alternate Method of Calculating Lost Revenues Attributable to Coronavirus (option iii) page will appear as shown [Figure 53 Lost Revenues Alternate Reasonable Methodology](#). All recipients seeking to use an alternate methodology face an increased likelihood of an audit by HRSA.

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).

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

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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.

* Do you want to change values from the previous reporting period?

No

	Q1	Q2	Q3	Q4	Total
2020 Lost Revenue	* \$50.00	* \$50.00	* \$50.00	* \$50.00	* \$200.00
2021 Lost Revenue	* \$50.00	* \$50.00	* \$50.00	* \$50.00	* \$200.00
2022 Lost Revenue	* \$50.00	* \$50.00	*	*	* \$100.00
Lost Revenues	\$150.00	\$150.00	\$100.00	\$100.00	\$500.00

Instructions for Uploading Documents:

If you wish to use an alternate reasonable methodology for calculating lost revenues attributable to coronavirus, you must submit documentation covering the period of availability. If you have previously reported, please upload new documentation reflecting your lost revenues calculations. You must submit:

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.

Figure 53 Lost Revenues Alternate Reasonable Methodology

The Reporting Entity is required to complete one (1) table with the calculated quarterly lost revenues values (using the alternate reasonable method calculation) for calendar years 2020 through the end of the period of availability.

Calendar year quarters are defined as follows:

- Quarter 1 (Q1): January 1 – March 31
- Quarter 2 (Q2): April 1 – June 30
- Quarter 3 (Q3): July 1 – September 30
- Quarter 4 (Q4): October 1 – December 31

If a user has reported in a previous reporting period or revised a previous report, some of the information on the Alternate Method of Calculating Lost Revenues Attributable to Coronavirus page will pre-populate. Please confirm all information is accurate and up-to-date before proceeding. New uploaded documentation for the current reporting period must be submitted if choosing the Alternate Method of Calculating Lost Revenues (option iii). Uploads from the previous reporting period may not be deleted, but may be previewed or downloaded.

If a user has reported in a previous reporting period or revised a previous report: If the user would like to edit any pre-populated data, there is a required question, ‘Do you want to change values from the previous reporting period?’, which ‘Yes’ or ‘No’ can be selected from

the drop-down list. (Conditional) If ‘Yes,’ the Reporting Entity will be required to enter a justification for the change with a description. The justification is limited to 1000 characters. Selecting ‘Yes’ will overwrite the pre-populated information. However, once changes are made to pre-populated fields, the user can revert to the previously reported lost revenue method by selecting ‘No’ to the question, ‘Do you want to change values from the previous reporting period?’ Once changed to ‘No’, the system will restore the values with the previously pre-populated report values. All fields must contain accurate and complete data before proceeding to the next page.

The 'tab' key may be used to navigate between cells during data entry. All data entry fields in the table are required and each cell is limited to 14 digits, including two decimal places. **If there is an increase in revenues during any quarter during the period of availability, the Reporting Entity must enter ‘0’ to indicate that there were no lost revenues.** Totals will automatically calculate within the table by corresponding column and row as information is entered.

Reporting Entities selecting the alternate reasonable methodology are required to submit additional documentation, with maximum file size of 2GB, as follows:

1. **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.
2. **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.
3. *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.

Documentation must be uploaded by clicking the corresponding green ‘Upload’ buttons as shown in *Figure 54 Upload Narrative and Calculation of Lost Revenues.*

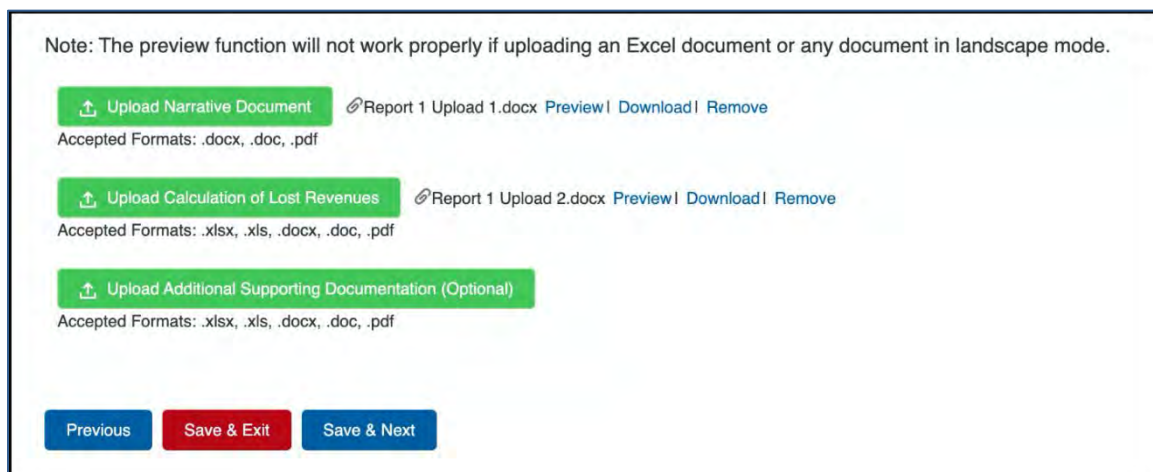


Figure 54 Upload Narrative and Calculation of Lost Revenues

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 attached correctly. Reporting Entities may also download or remove uploaded documentation from the current reporting period only. To preview documents in.pdf format, the latest version of Adobe Acrobat Reader must be installed. If needed, instructions to download Adobe Acrobat Reader are located at <https://get.adobe.com/reader/>. The preview function is not available for documents in.xlsx or.xls formats or any document in landscape mode. If removing an uploaded file, a pop-up will appear asking to confirm the deletion. Select ‘Delete’ to remove the file or ‘Cancel’ to keep the uploaded file as shown in *Figure 55 Confirm File Deletion*.



Figure 55 Confirm File Deletion

Uploads from any previous reporting period will be located in the “Previously Submitted Documents from Reprting Period” section and may be previewed or downloaded only; they cannot be deleted from the portal.

If a data entry field has not been completed or 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 as shown in *Figure 56 Table Error Message*.

	Q1	Q2	Q3	Q4	Total
2020 Lost Revenue	<input type="text" value="\$ 0.00"/> Please complete this field.	<input type="text" value="\$ 0.00"/> Please complete this field.	<input type="text" value="\$ 0.00"/> Please complete this field.	<input type="text" value="\$1,111,111.00"/>	<input type="text" value="\$1,111,111.00"/>
2021 Lost Revenue	<input type="text" value="\$ 0.00"/> Please complete this field.	<input type="text" value="\$ 0.00"/> Please complete this field.	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
2022 Lost Revenue	<input type="text" value="\$ 0.00"/> Please complete this field.	<input type="text" value="\$ 0.00"/> Please complete this field.	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value="\$0.00"/>
Lost Revenues			\$0.00	\$1,111,111.00	\$1,111,111.00

Figure 56 Table Error Message

Once complete, the user must click the blue ‘Save & Next’ button to go to [Step 14 – PRF Financial Summary](#).

If a user has reported in a previous reporting period or revised a previous report:

To return to a previous page, users should click the blue ‘Previous’ button. Portal users should exit the PRF Reporting Portal when they are not actively entering data and should do this 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.**

4.14.4 Lost Revenues Summary: Period of Availability

Once portal users complete their method to calculate lost revenues, the Lost Revenue Summary page will appear as shown in *Figure 57 Total Revenue/Net Charges from Patient Care (2019 Actuals) Revenues Summary*. The Lost Revenue Summary page displays the ‘Lost Revenues by Quarter Based on Change in Patient Care Revenues’ (for 2019 Actuals and Budgeted Lost Revenue path) or the ‘Estimated Lost Revenues’ (for Alternative Methodology path) and the ‘Cumulative Lost Revenue Total’.



Figure 57 Total Revenue/Net Charges from Patient Care (2019 Actuals) Revenues Summary

Reporting Entities should verify the accuracy of the information displayed on this page. If all information appears to be accurate, the user should click the ‘Save & Next’ button at the bottom of the page. If any information appears to be inaccurate, the user should navigate back to the previous pages of the portal. The user can access previous pages by clicking the blue ‘Previous’ button at the bottom of the page. Increase in revenue from the corresponding quarter of the previous year will result in \$0.00 of lost revenues for that quarter.

4.15 STEP 14 – PRF FINANCIAL SUMMARY

The *Step 14 - PRF Financial Summary* page displays read-only pre-populated values based on calculations from data entered during the reporting process as shown in *Figure 58 PRF Financial Summary- 2019 or 2020 Lost Revenue Path* and *Figure 59 Financial Summary- Alternate Methodology Lost Revenue Path*. Depending on whether Actual Patient Care Revenue or Lost Revenues were reported, the look of the PRF Financial Summary page will vary. **There is no validation or data entry required on this page.** The PRF Financial Summary may be printed using the web browser. Please note that this screen is specific to Reporting Period 2 and will not be available for Reporting Period 1.

Reporting Period 3 (July 1, 2022 to September 30, 2022) Report		
All FAQs		
PRF Financial Summary Reporting Period 3 (Payments received from January 1, 2021 - June 30, 2021)		
Other PRF Summary		
	Amount	
Total Reportable Other PRF Payments	\$0.00	0
Total Other PRF Expenses	\$0.00	0
Total Reportable Other PRF Remaining to be Applied to Lost Revenues	\$0.00	0
PRF Lost Revenues Summary		
	Amount	
Total Lost Revenues for the Period of Availability (January 1, 2021 to June 30, 2021)	\$0.00	0
Total PRF Payments Used for Lost Revenues in the Previous Reporting period(s)	\$0.00	0
Total Lost Revenues (Unreimbursed) Available to be Used in the Current Reporting Period	\$0.00	0
Total PRF Payments Used for Lost Revenues in the Current Reporting Period	\$0.00	0
Total Unused Lost Revenues	\$0.00	0
Total Other PRF Payments Not Applied to Expenses or Lost Revenues	\$0.00	0
Nursing Home Infection Control Summary		
	Amount	
Total Nursing Home Infection Control Payments in this Reporting Period	\$133,064.18	0
Total Nursing Home Infection Control Expenses Used in this		

Figure 58 PRF Financial Summary- 2019 or 2020 Lost Revenue Path

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

Other PRF Summary	
	Amount
Total Reportable Other PRF Payments	\$350,000.00
Total Other PRF Expenses	\$3,000.00
Total Reportable Other PRF Remaining to be Applied to Lost Revenues	\$347,000.00

PRF Lost Revenues Summary	
	Amount
Total Lost Revenues for the Period of Availability (January 1, 2021 to June 30, 2021)	\$178,657.00
Total PRF Payments Used for Lost Revenues in the Previous Reporting period(s)	\$0.00
Total Lost Revenues (Unreimbursed) Available to be Used in the Current Reporting Period	\$178,657.00
Total PRF Payments Used for Lost Revenues in the Current Reporting Period	\$178,657.00
Total Unused Lost Revenues	\$0.00
Total Other PRF Payments Not Applied to Expenses or Lost Revenues	\$168,343.00

Nursing Home Infection Control Summary	
	Amount
Total Nursing Home Infection Control Payments in this Reporting Period	\$350,000.00
Total Nursing Home Infection Control Expenses Used in this Reporting Period	\$0.00

Figure 59 Financial Summary- Alternate Methodology Lost Revenue Path

Reporting Entities should verify the accuracy of the financial summary information on this page. If all information appears to be accurate, the user should click the ‘Save & Next’ button at the bottom of the page. If any information appears to be inaccurate, the user should navigate back to the applicable portal pages to make edits. The user can access previous pages by clicking the blue ‘Previous’ button at the bottom of the page.

4.16 STEP 15 – PERSONNEL, PATIENT, AND FACILITY METRICS

The purpose of [Step 15 - Personnel, Patient, and Facility Metrics](#) is to quantify the impact of COVID-19 on the Reporting Entity’s personnel, patient, and facility metrics. The Personnel, Patient, and Facility Metrics page is comprised of three tables. Metric fields are not split by subsidiary TIN. The reporting for non-financial metrics is consolidated. These tables will capture different metrics, but all cells are required, restricted to eight digits with no decimals, and must be positive values. If the value for a cell is zero or does not apply, the user must enter “0.” The ‘tab’ key may be used to navigate between cells during data entry. A horizontal scroll bar may appear at the bottom of each table, depending upon the portal user’s monitor size. As the user enters values in each field, the last column and row will auto calculate totals. The user will be able to 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.

Note: If there was a Change of Ownership in the parent-subsidiary relationship during the period of availability, personnel, patient, and facility metrics would be applicable from the time of the acquisition to the end of the period of availability.

If a provider has reported in a previous reporting period, some of the information on the Personnel, Patient, and Facility Metrics page will pre-populate. The user needs to enter additional data for Quarters 1 and 2 of 2022 for each of the tables accurately and up-to-date before proceeding to the next page.

If a user has reported in a previous reporting period: If the user would like to edit any pre-populated data on the Personnel, Patient, and Facility Metrics page, there is a required question, ‘Do you want to change values from the previous reporting period?’ which ‘Yes’ or ‘No’ can be selected from the drop-down list. (Conditional) If ‘Yes,’ the Reporting Entity will be required to enter a justification for the change with a description. The justification is limited to 1000 characters. However, once changes are made to pre-populated fields, the user can revert to the previously reported metrics by selecting ‘No’ to the question, ‘Do you want to change values from the previous reporting period?’ Once changed to ‘No’, the system will repopulate the fields with the previously pre-populated report values. All fields must contain accurate and complete data before proceeding to the next page.

Calendar year quarters are defined as follows:

- Quarter 1 (Q1): January 1– March 31
- Quarter 2 (Q2): April 1 – June 30
- Quarter 3 (Q3): July 1 – September 30
- Quarter 4 (Q4): October 1 – December 31

An error message will appear if the user tries to proceed to the next page with an empty data entry field or if the value does not meet validation checks. The portal user must correct errors before proceeding to the next page as shown in *Figure 60 Personnel Metrics- Error Messages*.

Please complete the table for Patient Metrics.

Personnel Metrics

Full Time | Part Time | Contract | 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)	Q3 (2021)	Q4 (2021)	Q1 (2022)	Q2 (2022)	Total
Clinical	111	0	0	0	0	0	0	0	0	0	0	0	0	0	111
Non-clinical	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Number of Full Time Personnel	111	0	0	0	0	0	0	0	0	0	0	0	0	0	111

Patient Metrics

Patient Visits	Q1 (2019)	Q2 (2019)	Q3 (2019)	Q4 (2019)	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Q3 (2021)	Q4 (2021)	Q1 (2022)	Q2 (2022)	Total
Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Outpatient Visits (In-person and Virtual)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Emergency Department Visits	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of Facility Stays (for Long-term and Short-term Residential Facilities)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of Total Patient Visits	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Facility Metrics

*Does the reporting entity or its subsidiaries operate or support staffed beds?
No

Please complete the table for Patient Metrics.

Previous | Save & Exit | Save & Next

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

Figure 60 Personnel Metrics- Error Messages

Personnel Metrics

The Personnel Metrics data table will require Reporting Entities to calculate a total number of people employed (across all TINs included in the consolidated reporting) by labor category for all clinical and non-clinical staff as defined below, by quarter. The personnel metrics seek to gather information on the number of employees working with PRF recipients. Values should be considered as of the quarter end date. 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. The number of personnel reported are not intended to be indicative of how PRF payments were used. In other words, personnel numbers should be reported here whether or not their salaries and/or benefits were paid using the PRF payments included in the reporting. If providers find that they cannot identify their staff in one of these employee types, they should estimate to the best of their ability.

The Personnel Metrics table is comprised of six tables as shown in *Figure 61 Personnel Metrics*. All six tables must be completed. A horizontal scroll bar may appear at the bottom of each table, depending upon the portal user’s monitor size. The 'tab' key may be used to navigate between cells during data entry. The user will be able to move between the tabs and tables by clicking the relevant header, without losing data. However, the data on this page will not be saved until the blue ‘Save & Next’ button is selected. *Note: clicking ‘Previous’ will take the user to the previous page, not move between the tables or tabs in this page.*

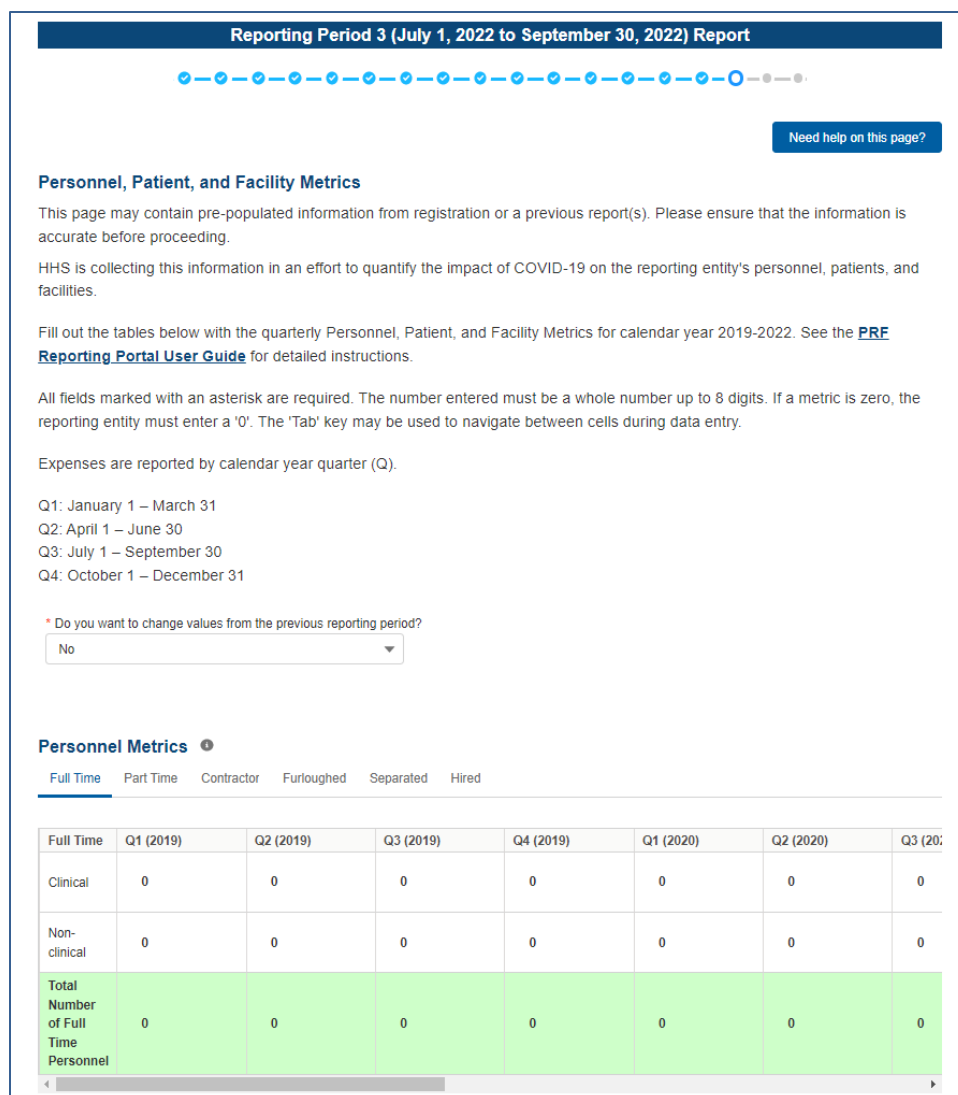


Figure 61 Personnel Metrics

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). Clinical staff provides direct patient care and may provide direct diagnosis, treatment, or care for the patient. Clinical roles often require certifications or licensure. Clinical personnel may include physicians, hospitalists, physician assistants, nurse practitioners, registered nurses, nursing assistants, patient care technicians, social workers, and therapists. 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. Non-clinical

personnel may support patient care. Non-clinical personnel may include medical billers and coders, transcriptionists, hospital executives, and receptionists.

- All clinical and non-clinical personnel employed at any point and in any capacity during a calendar year quarter by the Reporting Entity (or its subsidiaries included in the report) must be categorized into one of the following labor categories. The labor categories are mutually exclusive, and each employee should only be included in one labor category per quarter. If a hiring action (*e.g.*, furloughed, separated, hired) occurred during the quarter personnel should be considered non-clinical if less than 50% of their time does not involve direct patient care. The employee should be identified in the category that occurred closest to the end of the quarter. All full-time, part-time, or contractor personnel should be those that experienced no hiring action during the respective quarter.
- **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.

The Patient Metrics tab is comprised of one table that gathers patient visit metrics as shown in *Figure 62 Patient Metrics*. These metrics seek to gather information on the number of patients treated by PRF recipients. Reporting entities will report on their patient metrics using their basis of counting beds, census, and other patient metrics. If providers find that they cannot identify their patient encounters in one of these patient visit types, they should count the distinct encounters or visits in the most reasonable category. *e.g.*, home health providers can count their distinct visits in outpatient; anesthesiologists may count some of their services as inpatient and some as outpatient.

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

Figure 62 Patient 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). Nursery and labor beds are typically considered ward beds/ med-surgical beds.
- **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.

The Facility Metrics table has 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,’ the Facilities table will need to be completed as shown *Figure 63 Facility 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)	Q
Medical/Surgical Beds	0	0	0	0	0	0	
Critical Care Beds	0	0	0	0	0	0	
Other Beds	0	0	0	0	0	0	
Total Number of Staffed Beds	0	0	0	0	0	0	

Previous Save & Exit Save & Next

Figure 63 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.

Users must click the blue ‘Save & Next’ button to proceed to [Step 16 – Survey](#). To return to a previous page, users should click the blue ‘Previous’ button. Portal users should exit the PRF Reporting Portal when they are not actively entering data and should do this 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.**

Zero Personnel, Patients, and Facility Metrics Justification

Users will be required to provide a justification on the Personnel, Patients, and Facility Metrics page if the provider enters zero (0) for all the values in the Personnel and Patients tables and selects ‘No’ for the Facility Metrics.

All the values are required, and the portal will display an error message if values are missing in the metrics table. When the sum of any table is zero, the system will prompt the message “You have entered ‘0’ in all fields of table(s) within this page. If this information is incorrect, please enter the correct values. If this information is correct, please submit a justification.”

If a user enters zero for all the Personnel and Patients metrics values, the system will display a justification text box prompting users “You have entered ‘0’ in all fields on table(s) within this page. If this information is incorrect, please enter the correct values. If this information is correct, please submit justification.”

A justification will be required before the system allows you to save and proceed to the next step.

Personnel, Patient, and Facility Metrics

This page may contain pre-populated information from registration or a previous report(s). Please ensure that the information is accurate before proceeding. HHS is collecting this information in an effort to quantify the impact of COVID-19 on the reporting entity's personnel, patients, and facilities.

Fill out the tables below with the quarterly Personnel, Patient, and Facility Metrics for calendar year 2019-2022. See the [PRF Reporting Portal User Guide](#) (Section 4.15) for detailed instructions.

All fields marked with an asterisk are required. The number entered must be a whole number up to 8 digits. If a metric is zero, the reporting entity must enter a '0'. The 'Tab' key may be used to navigate between cells during data entry.

Expenses are reported by calendar year quarter (Q).

Q1: January 1 – March 31
Q2: April 1 – June 30
Q3: July 1 – September 30
Q4: October 1 – December 31

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

You have entered '0' in all fields on label(s) within this page. If this information is incorrect, please enter the correct values. If this information is correct, please submit justification.

Please enter the justification for all zeros.

Figure 64 Zero Personnel, Patients, and Facility Metrics Justification required if user enters all zeroes

4.17 STEP 16 - SURVEY

[Step 16 – 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 Reporting Entity should consider the impact of the PRF payments received during the Payment Received Period that corresponds to the current reporting period as shown in [Table 1 Reporting Periods](#). Therefore, a new survey will be required for each reporting period. The survey consists of two sections: 1) Financial Effects of PRF Payment(s) and 2) Clinical care Effects of PRF Payment(s).

Responses to the following statements and questions are required as part of the Section: Financial Effects of PRF Payment(s) as shown in [Figure 65 Survey Financial Effects of PRF Payment\(s\)](#).

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

[All FAQs](#)

Survey

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

Financial Effects of PRF Payment(s):

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

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

Agree

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

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

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

Yes

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

Yes

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

Yes

Clinical Care Effects of PRF Payment(s):

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

* The PRF payment(s) helped to make the changes needed to operate during the pandemic (e.g., by acquiring PPE, creating temporary facilities, providing for virtual visits, etc.).

Agree

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

Available	Chosen
Buy other equipment	Buy testing equipment
Buy supplies (e.g. ventilators, etc.)	Buy Personal Protective Equipment (PPE) (e.g. gloves, masks, gowns...)
Enhance Information Technology (e.g. electronic health records etc.)	Create temporary facilities
Improve facilities	Enhance or implement Telemedicine services

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

Yes

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

Previous
Save & Exit
Save & Next

Figure 65 Survey Financial Effects of PRF Payment(s)

Financial Effects of PRF Payments:

For the Reporting Entity (and its subsidiaries as applicable), in reference to PRF payments received during the Payment Received Period that corresponds to the current reporting period:

1. The PRF payment(s) had a significant impact on overall operations (e.g., G&A expenses, healthcare related expenses).

A response must be selected from the drop-down list as follows: ‘Strongly Agree,’ ‘Agree,’ ‘Neutral,’ ‘Disagree,’ or ‘Strongly Disagree.’ If the respondent selects ‘Strongly Agree’ or ‘Agree’ to this question an additional question will be required, as shown in *Figure 66 Conditional Question Financial Effects of PRF Payment(s)*.

2. (Conditional) PRF payment(s) significantly affected the ability to (select all that apply):

Responses should be selected from the following options: retain personnel, pay fringe benefits, pay insurance, pay other operational expenses, make lease payments, or pay utilities/operations. Multiple selections may be made. The user should click on each response applicable under the ‘Options’ table and after each selection, use the right-facing arrow to move the response to the ‘Selected’ table. To remove a selected value, the user should click on the response in the ‘Selected’ table and use the left-facing arrow to move it back to the ‘Options’ table.

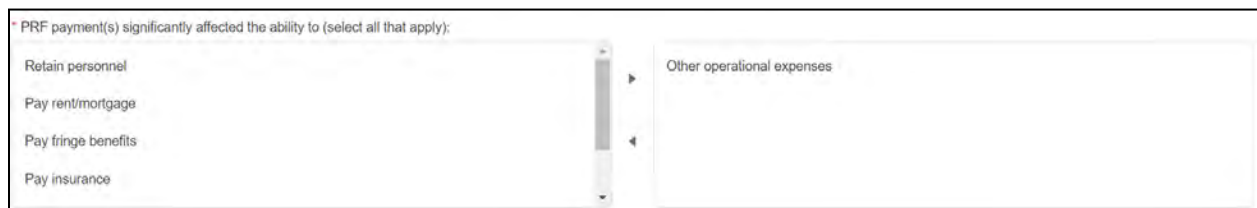


Figure 66 Conditional Question Financial Effects of PRF Payment(s)

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

A response must be selected from the drop-down list as follows: ‘Yes,’ ‘No,’ or ‘Not Applicable.’

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

A response must be selected from the drop-down list as follows: ‘Yes,’ ‘No,’ or ‘Not Applicable.’

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

A response must be selected from the drop-down list as follows: ‘Yes,’ ‘No,’ or ‘Not Applicable.’

Clinical Care Effects of PRF Payment(s):

Responses to the following statements and questions are required as part of the Section: Financial Effects of PRF Payment(s) as shown in *Figure 67 Survey Clinical Care Effects of PRF Payment(s)*.

Clinical Care 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) helped to make the changes needed to operate during the pandemic (e.g., by acquiring PPE, creating temporary facilities, providing for virtual visits, etc.):
 Agree

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

Buy testing equipment	▶	
Buy Personal Protective Equipment (PPE) (e.g. gloves, masks, gowns etc.)		
Create temporary facilities	◀	
Buy other equipment		

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

(OPTIONAL) Please describe the impact PRF payment(s) received April 10, 2020 through June 30, 2020 had on the business or patient services. Maximum 1000 characters.

Figure 67 Survey Clinical Care Effects of PRF Payment(s)

For the Reporting Entity (and its subsidiaries as applicable), in reference to PRF payments received during the Payment Received Period that corresponds to the current reporting period:

- The PRF payment(s) helped to make the changes needed to operate during the pandemic (e.g., by acquiring PPE, creating temporary facilities, providing for virtual visits, etc.).

A response must be selected from the drop-down list as follows: ‘Strongly Agree,’ ‘Agree,’ ‘Neutral,’ ‘Disagree,’ or ‘Strongly Disagree.’ If the respondent selects ‘Strongly Agree’ or ‘Agree’ to this question an additional question will be required, as shown in *Figure 68 Conditional Question Survey Clinical Care Effects of PRF Payment(s)*.

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

Responses should be selected from the following options: buy testing equipment, buy PPE, buy other equipment, buy supplies, enhance IT, enhance, or implement telemedicine services, improve facilities, increase testing capacity, other healthcare related expenses. Multiple selections may be made. The user should click on each response applicable under the ‘Options’ table and after each selection, use the right-facing arrow to move the response to the ‘Selected’ table. To remove a selected value, the user should click on the response in the ‘Selected’ table and use the left-facing arrow to move it back to the ‘Options’ table.

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

Buy Personal Protective Equipment (PPE) (e.g. gloves, masks, gowns etc.)		Buy testing equipment
Create temporary facilities		Buy other equipment
Buy supplies (e.g. ventilators, etc.)		Enhance Information Technology (e.g. electronic health records etc.)
Enhance or implement Telemedicine services		

Figure 68 Conditional Question Survey Clinical Care Effects of PRF Payment(s)

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

A response must be selected from the menu: ‘Strongly Agree,’ ‘Agree,’ ‘Neutral,’ ‘Disagree,’ or ‘Strongly Disagree.’ The Reporting Entity should use the drop-down menus to select the best response.

The final data field of the survey is optional. HRSA strongly encourages Reporting Entities to provide narrative feedback on the impact of the PRF payment(s) received during the Payment Received Period that corresponds to the current reporting period. HRSA is interested in receiving feedback regarding both positive impact of the payments, limitations of the payments, and other comments or concerns that relate to the applicable PRF payment(s). The narrative response is limited to 1000 characters.

9. Please describe the impact PRF payment(s) received during the Payment Received Period corresponding with the current reporting period as shown in *Table 1 Reporting Periods* had on business or patient services.

If a portal user has previously reported: The survey will not be pre-populated. Reporting Entities must consider the effect on the payments reported on during each reporting period separately when considering responses to the survey questions. As payments received during each Payment Received Period may have had different benefits and uses, the survey will not be copied from the prior reporting period.

Users must click the blue ‘Save & Next’ button to proceed to [Step 17 - Review and Submit](#). To return to a previous page, users should click the blue ‘Previous’ button. Portal users should exit the PRF Reporting Portal when they are not actively entering data and should do this 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.**

4.18 STEP 17 – REVIEW AND SUBMIT

[Step 17 - Review and Submit](#) is a summary of all data entered in the report. **Portal users will only be able to reach this portal page if the data entry on all prior pages is complete.** The user representing the Reporting Entity in its submission of a final report to HRSA must carefully review this summary for accuracy before submitting the report to HRSA.

Headers in this section are collapsible. To collapse or expand a header, click the arrowhead (▼) before each section header. 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. Portal users may choose to print the page as a record by using the print option on their web browser. 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 Payment Received Period that corresponds with the Reporting Time Period, the user will be directed in red text to follow the instructions located on the PRF website to return unused PRF payments. *(This statement only appears if the provider has unused PRF payments.)*

The Reporting Entity is presented with the following questions for response as shown in [Figure 69 Review and Submit Page](#):

- Did you report on the use of your RHC COVID-19 Testing Program and/ or RHC COVID-19 Testing and Mitigation Program funds in the RHC portal? Select ‘Yes’ or ‘No’ from the drop-down list. *(This question only appears if the Reporting Entity (or its subsidiaries as applicable) received RHC COVID-19 Testing Program and/or RHC COVID-19 Testing and Mitigation Program payments.)*
- 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.

Username: YourUserID@domain.com
Partner/Provider: Your Business Name, Inc.
DBA Name: Your Care
Last Login Date: 2022-07-27T19:54:08:000Z

Resources & FAQs

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

Need help on this page?

Review & Submit

Your answers from each section in the report have been pre-populated below. Please verify that the information on this page is correct. At the bottom of the page, certify that all data entered is accurate before submitting your report.

To collapse or expand a section, click on the section header.

Entity Overview

Entity Overview

Tax ID Number (TIN) 786998650

Business Name (as it appears on W9) LostRevenuecalc1

Doing-Business As (DBA) Name

Provider Type Home and Community

Provider Sub-Type Home Health Agencies

Address

3896 ceremony cv
Sanford, Florida 32771
United States

Figure 69 Review and Submit Page

If the data is correct, and the user clicks the blue ‘Submit’ button, a pop-up message will appear as shown in *Figure 70 Submit Pop-Up* confirming the intent to submit. If the user would like to submit the report at this time, they must select ‘I Agree – Submit.’ If the user does not want to submit at this time, they can select ‘Save & Resume Later.’ All data will be saved, and the user will be taken back to [Step 17 – Review and Submit](#).

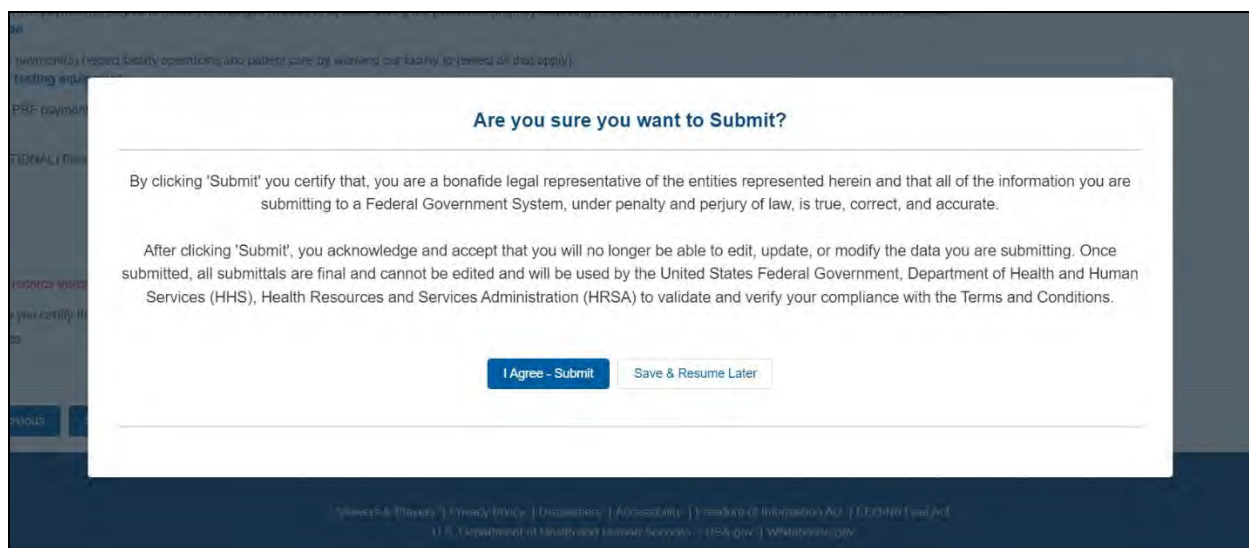


Figure 70 Submit Pop-Up

Once the ‘Submit’ button is clicked, a pop-up will appear confirming the submission was made as shown in *Figure 71 Reporting Successful Pop-Up*. If the Reporting Entity 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 and/or RHC COVID-19 Testing and Mitigation Program funds, or has unused PRF payments from the Payment Received Period corresponding to the current reporting period, additional information will be provided in the pop-up message. Reporting Entities with unused funds from the current reporting period will see a blue ‘Return Funds’ button next to the red ‘Log Out’ button and may click on the link to begin the return of unused funds.

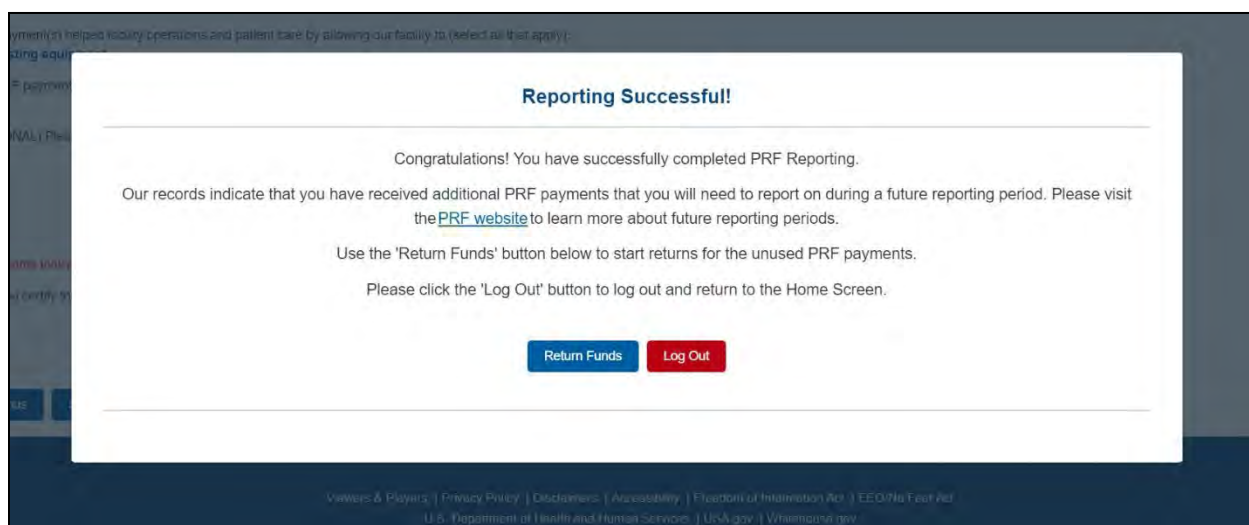


Figure 71 Reporting Successful Pop-Up

Please note regarding the return of unused funds: The instructions on ‘[PRF Return of Unused Funds Portal](#)’ explain the two-part process to return funds. There may be a delay in processing the return, especially if repaying by paper check. If you have additional questions, please call the Provider Support Line at (866) 569-3522 (for TTY, dial 711).

Regarding a Filed Bankruptcy Petition: If the Reporting Entity has filed a bankruptcy petition or is involved in a bankruptcy proceeding, federal financial obligations will be resolved in accordance with the applicable bankruptcy process, the Bankruptcy Code, and applicable non-bankruptcy federal law. Accordingly, HRSA requests that Reporting Entities immediately notify HRSA about any bankruptcy petition or involvement in a bankruptcy proceeding so that HRSA may take the appropriate steps. When notifying HRSA about a bankruptcy, please include the name that the bankruptcy is filed under, the docket number, and the district where the bankruptcy is filed. Reporting Entities may submit this information to PRFbankruptcy@hrsa.gov.

Reminder: 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.

Upon submission of the report, the Reporting Entity will receive a confirmation email from ‘PRFReporting-NoReply@hrsa.gov.’ If the Reporting Entity has 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 and/or RHC COVID-19 Testing and Mitigation Program funds, or has unused PRF payments from the Payment Received Period corresponding to the current reporting period, additional information will be provided in the email as shown in *Figure 72 Reporting Successful Email*.

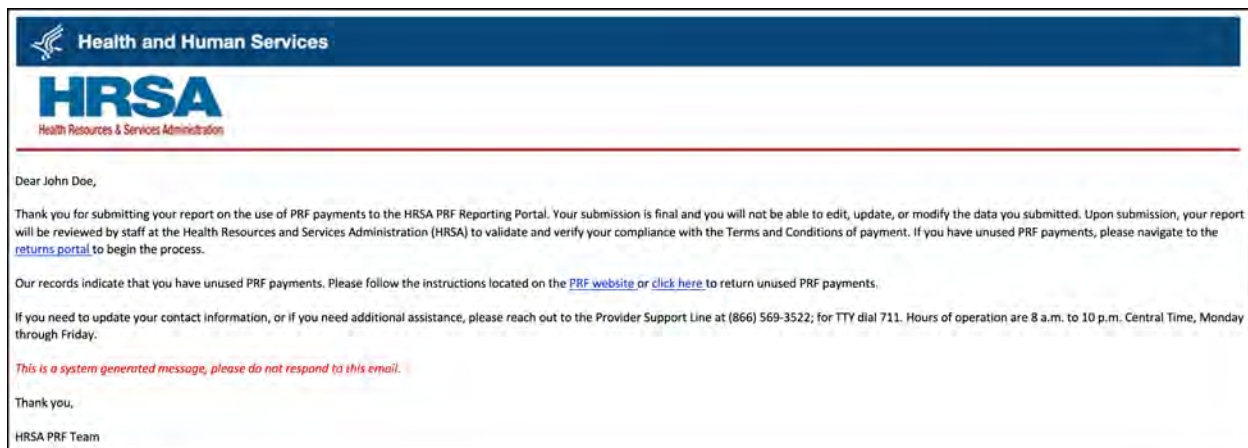


Figure 72 Reporting Successful Email

4.19 LOCKED PAGE

If a user logs into the Reporting Portal after they have successfully submitted their report, and selects the submitted report from the inactive tab, they will see a page as shown in *Figure 73 Locked Page*. This page cannot be edited.

Username: youruserid@domain.com
Partner/Provider: Your Business Name, Inc.
DBA Name: Your Care
Last Login Date: 2022-03-29T03:38:06.000Z

[Resources & FAQs](#)
[Edit Two-Factor Auth Preference](#)

Reporting

[Export Report to pdf](#) [Update Contact Information](#)

Your report was submitted for Reporting Period 2 on: 12/20/2021, 04:02 PM EDT

This report has been locked. For more information, please visit <https://www.hrsa.gov/provider-relief/reporting-auditing>. Or contact the Provider Support Line at (866) 569-3522.

Click on a section header to collapse/expand it.

Entity Overview

Entity Overview

Parent TIN
000000000

Business Name (as it appears on W9)
Your Business Name, Inc.

Doing-Business As (DBA) Name

Figure 73 Locked Page

Portal users may save and print a copy of the locked report by clicking the “Export Report to pdf” button and following the print instructions in the new browser window. Inactive Reports may be accessed on the portal Landing Page upon log into the portal. If a user logs into the Reporting Portal to complete reporting, but it is outside their designated reporting period, they will see their submitted report and a prompt to contact the Provider Support Line at (866) 569-3522; for TTY dial 711. Hours of operation are 8:00 a.m. to 10:00 p.m. Central Time, Monday through Friday, while the portal is open for reporting.