



**Provider Relief Fund & Cost Reporting Update
Healthcare Business Specialists
September 15, 2021**



HBS

Healthcare Business Specialists

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Please join our Facebook Group with over 2,300 RHCs

<https://www.facebook.com/groups/1503414633296362>



HBS

Healthcare Business Specialists

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[RHC Information Exchange Group on Facebook](#)

• *"A place to share and find information on RHCs."*

H B S

Healthcare Business Specialists



- What does Healthcare Business Specialists do?
- Listing of Services

<https://tinyurl.com/w63xbp9>

- We prepare Medicare and Medicaid Cost Reports for Rural Health Clinics.
- We prepare Program evaluations of RHCs.
- We help clinics startup as RHCs.
- Emergency Preparedness for RHCs.
- We prepare TennCare Quarterly Reports
- Our Cost Reporting Brochure can be found at the following link:
- [RHC Cost Report Brochure](#)

Rural Health Clinics Information Exchange

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- If you grew up in or...
- HIPAA for Small & Pr...
- Coffee County Centr...
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Save the Date!

FREE RHC UPDATE SEMINARS

LOCATIONS & REGISTRATION

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FROM NOTIFICATIONS

Olivia Rivera Morris 3 hrs

I just want to thank you all. Your Facebook page is the most helpful page.

Like | Comment | Share

InQuiseek Consulting Mark has a great page here and brings all's of us together. You can also like and follow our page for more info, too.
<https://m.facebook.com/InQuiseek/>

InQuiseek Consulting

Like · Reply · 52m

Healthcare Business Specialists Patty Goff Harper Thank you for all you do for RHCs and answering a lot of these questions. We appreciate you very much. We look forward to seeing you in Saint Louis next week. If you are at the NARHC meeting next week stop by Patty's booth and thank her and Jeff for all they do for RHCs.

Like · Reply · Commented on by Mark Lynn [?] · 36m

InQuiseek Consulting Healthcare Business Specialists, we are looking forward to being in St. Louis at NARHC. It's not too late—late registrations are still available. We look forward to seeing everyone! Thanks, Mark!

Like · Reply · 33m

INVITE MEMBERS

MEMBERS 850 Members

DESCRIPTION

The Rural Health Clinics Information Exchange was created to dis... See More

GROUP TYPE

General

UPCOMING GROUP EVENTS

See All

Free RHC Update Seminar - Nashville
 Wednesday, October 30, 2019 at 9 AM
 5201 Virginia Way, Brentwood, TN 37027
 Hosted by Mark Lynn

Free RHC Update Seminar in Somerset, Kentucky
 Wednesday, November 6, 2019 at 9 AM
 2292 US-27 #300, Somerset, KY 42501
 Hosted by Mark Lynn

RECENT GROUP PHOTOS

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RHC Information Exchange Group on Facebook

Join this group to post or ask questions regarding RHCs. Anyone is welcome to post about meetings, seminars, or things of interest to RHCs

<https://www.facebook.com/groups/1503414633296362/>

Healthcare Business Specialists Website

502 SHADOW PARKWAY, CHATTANOOGA, TN, 37421

(833) 787-2542



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SERVICES

Healthcare Business Specialists offers a variety of services designed to assist physician practices and rural health clinics better serve underserved, rural residents by enhancing Medicare and Medicaid reimbursement and staying compliant with the Rural Health Clinic program requirements.

From cost report preparation, annual evaluation or program evaluations, RHC startups and conversions, Emergency Preparedness compliance, CHOWs, RHC terminations, feasibility studies, or Re-enrollment



LINKS

We've compiled an extensive list of information links for prospective, new, and established Rural Health Clinics. These links will help you find important rural health clinic information to learn about becoming an RHC or if you are eligible or not for the program. We have two YouTube (Healthcare Business Specialists and Mark Lynn) channels with videos of webinars on cost reporting, billing, emergency preparedness, and annual evaluations.

- [HRSA Find Shortage areas by address](#)



RESOURCES

Healthcare Business Specialists provides a number of resources to help Rural Health Clinics manage in an ever changing and highly regulated healthcare environment. Most Rural Health Clinics have limited resources to attend national and regional educational seminars and conferences. Healthcare Business Specialists attends most of the national meetings focusing on rural health clinics and provides many free or low cost resources and templates to our Rural Health Clinic clients. Here are some links to the most popular resources:

502 SHADOW PARKWAY, CHATTANOOGA, TN, 37421

(833) 787-2542



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RESOURCES

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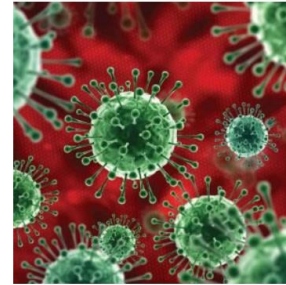
[COVID-19 RESOURCES](#)



<http://www.ruralhealthclinic.com/>



Healthcare Business Specialists



COVID-19 RESOURCES FOR RHCS

Healthcare Business Specialists is using this COVID-19 website to provide resources for our RHCs. We have provided links to valuable information as you deal with this world-wide pandemic.

Vast amounts of ever-changing Information must be assimilated by RHCs regarding the COVID-19 Public Health Emergency (PHE) at a dizzyingly fast pace. It is difficult, even impossible, to keep up with all the changes affecting the operation of a medical clinic or hospital during this unprecedented time. Information has always been a perishable asset, but, never so much as in this time of constant change and guidance from our government. While not getting political, one can not help but be impressed by the dedication and commitment from our governmental agencies in fighting this war with COVID-19 and the government's resolve to win this war without completely sacrificing the financial future of those that survive this war.

In order to help you process, organize, and locate information related to COVID-19 we have organized this site into Topics, so you find information much faster. If you click the links below you will find a chronological list of resources dated from the latest to the oldest. We at Healthcare Business Specialists hope this helps you find the answers you need during this difficult time.

[Telehealth](#) [State Medicaid and Regulations](#) [Financial](#) [Laws and Regulations](#) [Other Resources](#)



This is where you find the recording of the webinar and the slide presentation



Disclaimer

- Information is current as of 9/15/2021.
- We will supply general information. All situations are specific so refer to specific guidance as necessary. HHS & CMS Guidance regarding Provider Relief Funds & Cost Reporting is everchanging. We still do not have all the answers. This session is being recorded for future viewing.



Questions or Comments?

- Please type your questions in the Questions area of Go To Webinar. Additionally, we will open up the lines for questions at the end of the webinar.
- This session is being recorded and the slides will be available in the RHC Information Exchange Facebook Group, on our website, and will be emailed to you.



Agenda

New Phase 4 & ARP
Provider Relief Funding

Mandated Covid
vaccines for RHC Staff

60-Day Grace Period
for submitting the PRF
report

PRF Funding – What
goes where?

PRF Expenses

PRF Lost Revenue

PRF Metrics

PRF Questions

Cost Reporting Update
on Covid Vaccines and
Monoclonal Antibodies

New Phase 4 & ARP Provider Relief Funding



Mo' money, mo' problems.

— *The Notorious B.I.G.* —

AZ QUOTES

\$25.5 Billion in new Provider Relief Funds

\$17 Billion Phase 4 General Distribution

HRSA announced that on September 29, 2021, providers that can document lost revenue and expenses between July 1, 2020, to March 31, 2021, will be able to apply for a \$17 billion Phase 4 General Distribution.

\$8.5 Billion American Rescue Plan (ARP) Rural Distribution

Providers that serve Medicare and Medicaid beneficiaries residing in rural communities will be eligible for the new \$8.5 billion ARP Rural Distribution. To streamline the application process and minimize administrative burdens, rural providers will apply for the Phase 4 and ARP Rural Distributions in a single application.

<https://www.hrsa.gov/provider-relief/future-payments>



[Home](#) > [Provider Relief Fund](#) > Future Payments

Future Payments



New Distributions

On September 29, 2021, health care providers will be able to apply for \$25.5 billion in relief funds, including \$8.5 billion in American Rescue Plan (ARP) resources for providers who serve rural patients and \$17 billion for Provider Relief Fund (PRF) Phase 4 for a broad range of providers who can document revenue loss and expenses associated with the pandemic.

In order to streamline the application process and minimize administrative burdens, providers will apply for both programs in a single application and HRSA will use existing Medicaid/CHIP and Medicare claims data in calculating portions of these payments.

- **Phase 4 General Distribution** — \$17 billion based on providers' lost revenues and changes in operating expenses from July 1, 2020 to March 31, 2021.
 - To promote equity and to support providers with the most need, HRSA will:
 - Reimburse a higher percentage of lost revenues and expenses for smaller providers as compared to larger providers.
 - Provide "bonus" payments based on the amount of services they provide to Medicaid, CHIP, and Medicare patients, priced at the generally higher Medicare rates.
- **American Rescue Plan (ARP) Rural** — \$8.5 billion based on the amount of services providers furnish to Medicaid/CHIP and Medicare beneficiaries living in Federal Office of Rural Health Policy (FORHP)-defined rural areas.
 - To promote equity, HRSA will price payments at the generally higher Medicare rates for Medicaid/CHIP patients.

Phase 3 Reconsiderations

To promote transparency in the PRF program, HHS has released [detailed information](#) (PDF - 175 KB) about the methodology utilized to calculate Phase 3 payments. Providers who believe their Phase 3 payment was not calculated correctly according to this methodology will now have an opportunity to request a reconsideration. Further details on this Phase 3 reconsideration process are forthcoming.

What Is the Provider Relief Fund?

Qualified providers of health care, services, and support may receive Provider Relief Fund payments for healthcare-related expenses or lost revenues due to coronavirus. These distributions do not need to be repaid to the US government, assuming providers comply with the terms and conditions.

What is ARP Rural?

ARP Rural is intended to help address the disproportionate impact that COVID-19 has had on rural communities and rural health care providers, and funding will be available to providers who serve patients in these communities. ARP Rural payments are administered jointly with the Provider Relief Fund, and eligible applicants can apply through the same Application and Attestation Portal that will be available to apply for the Phase 4 General Distribution. Eligible rural providers have the opportunity to simultaneously be considered for both Phase 4 and ARP Rural payments.

How will payments be calculated?

Who Is Eligible To Apply and How Will Payments Be Calculated?

Phase 4 General Distribution: Consistent with the requirements included in the December appropriations bill, PRF Phase 4 payments will be based on providers' lost revenues and increased expenditures between July 1, 2020 and March 31, 2021. Phase 4 will also include new elements specifically focused on equity, including reimbursing smaller providers for their lost revenues and COVID-19 expenses at a higher rate compared to larger providers, and bonus payments based on the amount of services providers furnish to Medicaid/CHIP and Medicare patient.

- 75% of the Phase 4 allocation will be calculated based on revenue losses and COVID-related expenses.
 - Large providers will receive a minimum payment amount that is based on a percentage of their lost revenues and COVID-related expenses.
 - Medium and small providers will receive a base payment plus a supplement, with small providers receiving the highest supplement, as smaller providers tend to operate on thin margins and often serve vulnerable or isolated communities.
 - HHS will determine the exact amount of the base payments and supplements after analyzing data from all the applications received to ensure we stay within our budget and funds are distributed equitably.
 - No provider will receive a Phase 4 payment that exceeds 100% of their losses and expenses.
 - HHS will continue to use risk mitigation and cost containment measures in Phase 4 to protect program integrity and preserve taxpayer dollars.
- 25% of the Phase 4 allocation will be put towards bonus payments that are based on the amount and type of services provided to Medicaid, CHIP, and Medicare patients.
 - HHS will price Medicaid and CHIP claims data at Medicare rates, with some limited exceptions for some services provided predominantly in Medicaid and CHIP.
 - Providers who serve any patients living in Federal Office of Rural Health Policy-defined rural areas with Medicaid, CHIP, or Medicare coverage, and who otherwise meet the eligibility criteria, will receive a minimum payment.

How Phase 3 Payments were calculated

Provider Relief Fund Phase 3: Payment Calculation Methodology

The Health Resources and Services Administration (HRSA) began making payments under the Phase 3 General Distribution in November 2020 and the majority of payments (80 percent) were made in 2020. Phase 3 payment calculations have generally been completed with limited exceptions. In light of these payment calculations and distributions coming to a close and in the interest of transparency, HRSA is publishing the methodology used to determine the payment amounts issued to providers within this distribution.

Phase 3 Payment Calculation: Summary

Processing Phase 3 applications involved determining the greater of 88 percent of losses (i.e., losses in revenue net of expenses) for the first and second quarters of 2020 or 2 percent of net patient revenue from a provider's application submission, minus prior Provider Relief Fund (PRF) payments made to that provider and its listed subsidiaries, and applying risk mitigation/cost containment safeguards in order to ensure the adequate stewardship of funds appropriated to support health care providers in the prevention, preparation and response to the global COVID-19 pandemic. This approach reflected a decision to take self-reported revenue losses and expenses into account, while also ensuring, for consistency and fairness, that applicants that had not received the 2 percent of annual patient care revenue figure that had been used in the first two phases of the General Distribution had the opportunity to do so in Phase 3.

HRSA employed several pre-payment risk mitigation/cost containment safeguards. These safeguards included adjusting payments to providers where applications triggered a flag for concerns, such as significant deviations between claimed quarterly and annual revenues or expenses, reporting figures outside of the expected range related to similar providers, or, for applications that needed manual review or offered insufficient financial documentation.

The full calculation methodology comprised the following seven steps, described in detail below:

- A. Calculating 2 percent of Annual Patient Care Revenue
- B. Calculating initial Loss Ratio and Provider-Type Loss Ratios
- C. Capping Loss Ratios and other pre-payment value adjustments
- D. Calculating 88 percent of Adjusted Losses
- E. Selecting the greater of calculated A or D
- F. Deducting all prior PRF payments from result of E
- G. Flagging and conducting manual review of flagged potential payments

Phase 3 Payment Calculation: Step-by-Step Details

A. Calculation of 2 percent of Annual Patient Care Revenue

Each application required the applicant to supply the Annual Gross Revenues for the most recent complete tax year and the percent of that revenue (in whole numbers) that was attributed to patient care (Percent Patient Care). The Annual Gross Revenue was then multiplied by the reported Percent Patient Care to determine the Annual Patient Care Revenue for the application. The Annual Patient Care Revenue was then multiplied by 0.02 to calculate the dollar value for 2 percent of

Table 2. Payment Calculation Adjustments

Adjustment	Annual Patient Care Revenue	Adjusted Lost Revenues
Single quarter revenue or expenses > 50 percent of total annual revenue	N/A	Annual Patient Care Revenue <i>MULTIPLIED BY Mean Loss Ratio</i> for Applicant's Provider-Type
"Loss ratio" was greater than the mean plus one standard	N/A	Annual Patient Care Revenue <i>MULTIPLIED BY Mean plus one Standard Deviation Loss Ratio</i> for Applicant's Provider-Type
New provider in 2019 or 2020	N/A for new 2019 providers 2 percent of sum of Quarters 1 and 2 revenues for new 2020 providers	Annual Patient Care Revenue <i>MULTIPLIED BY Median Loss Ratio</i> for Applicant's Provider-Type (above)
Pharmacy and DME	Capped at 10 percent	N/A

C. Calculation of 88 percent of Adjusted Lost Revenues and Expenses

After determining if an application's Loss Ratio should be capped, HRSA applied the capped Loss Ratio to the Annual Patient Care Revenue to determine the application's Adjusted Lost Revenue and Expenses. In the case where no capping was required, the initial Loss Ratio was used to calculate the Adjusted Lost Revenue.

$$\text{Adjusted Lost Revenue and Expenses} = \text{Annual Patient Care Revenue} * \text{Adjusted Loss Ratio}$$

To determine the potential payment based on lost revenues and expenses, the Adjusted Lost Revenues was multiplied by 0.88 to determine 88 percent of Adjusted Lost Revenues and Expenses. This figure was determined based on the available budget for Phase 3.

D. Select the greater of calculated A or D

The greater amount of 2 percent of Annual Patient Care Revenue and 88 percent of Adjusted Lost Revenues and Expenses was used when calculating payment. This ensured that providers received at least the same amount as if they had applied to Phase 1 or 2.

E. Deduction of all prior PRF payments

All prior PRF payments, including General and Targeted Distributions, received by both filing taxpayer identification number (TIN) organization and its listed subsidiaries were deducted from the amount in Step E. This step aimed to ensure that PRF payments were prioritized for providers who had not received funding or as much funding during earlier phases. As a result of this and prior steps, the payment calculation for approximately 31 percent of applicants was \$0.

F. Flagging and manual review of flagged potential payments

By law, PRF payments were considered "emergency payments" to be distributed to eligible health care providers quickly and efficiently. In order to distribute funds quickly, the majority of payment

<https://www.hrsa.gov/sites/default/files/hrsa/provider-relief/phase-3-methodology-overview.pdf>

What Can I Do To Prepare for the Upcoming Applications?

Search the [Rural Health Grants Eligibility Analyzer](#) to see what areas qualify as "rural" for the ARP rural payments.

Gather supporting documentation, such as most recent tax documents and financial statements for the second half of calendar year (CY) 2020 and the first quarter of CY 2021.



Rural Health Grants Eligibility Analyzer

Health care providers who are located in geographic areas that are defined as Rural are eligible to apply for Rural Health Grants. Enter an address or choose a state and county to check for eligibility status.

Input address
107 Tennessee Street, Bolivar, TN, 38008

Standardized address
107 Tennessee St, Bolivar, Tennessee, 38008

[-] More about this address

In a Metropolitan Area: No

Metropolitan Area Name: Not Applicable

Census Tract Number: 950400 [Additional result analysis]

County Subdivision Name: 1

County Name: Hardeman

State Name: Tennessee

Start Over **Data as of 10/01/2020**

✓ Yes

This location is in an area that qualifies for Rural Health Grants.

0.4 km

Phase 4 and ARP PRF Funding Webinar on September 15, 2021

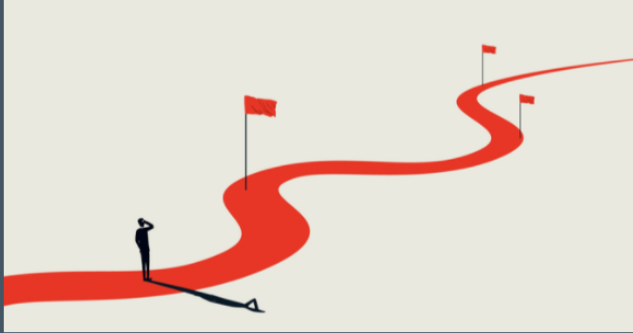
The HHS Office of Intergovernmental and External Affairs, in partnership with Health Resources and Services Administration, invites you to join us on **Wednesday, September 15 at 4:30 PM ET for a stakeholder briefing** to discuss HRSA's announcement today on Provider Relief Funds. The stakeholder briefing will overview key policy changes, available funding, and how to apply.

The stakeholder briefing will include remarks from:

- Acting Administrator of the Health Resources and Services Administration (HRSA) Diana Espinosa
- HHS Director of the Office of Intergovernmental and External Affairs Marvin Figueroa

Please register for the Webinar at this link:

www.zoomgov.com/webinar/register/...



PUBLISHED SEPTEMBER 14, 2021

NEW WEBINAR: “SO NOW WHAT? LATEST PROVIDER RELIEF FUND DEVELOPMENTS”

On Friday, September 10, the Department of Health and Human Services [announced](#): (1) a 60-day “grace period” for completion of mandatory reporting requirements; (2) the application period for the new \$17 billion Phase 4 General Distribution; and (3) the application period for the new \$8.5 billion American Rescue Plan Rural Distribution.

PYA’s Provider Relief Fund Task Force will host a complimentary webinar to discuss the impact of these latest developments on providers’ reporting strategies. The webinar takes place **Tuesday, September 21, 2021, 1:00 p.m. – 1:45 p.m. Eastern.**

Learn more and [register](#).

If you would like additional guidance related to Provider Relief Funds, Health and Human Services reporting requirements, or for assistance with any matter related to compliance, valuation, or strategy and integration, visit PYA’s [COVID-19 Hub](#) or contact a PYA executive below at (800) 270-9629.

- **MANDATED COVID-19 VACCINES FOR RHC STAFF**

ALL CMS-certified healthcare facilities will be subject to the vaccine mandate published by the White House. This would include Rural Health Clinics.

"There will be an interim final rule published in October. I expect details regarding the effective date, if there are any exceptions, and what the penalty is for non-compliance to be published in that interim final rule. We will provide the RHC community with an update as soon as the interim final rule is out."

Nathan Baugh - NARHC

This is from a CMS email:

The Biden-Harris Administration will require COVID-19 vaccination of staff within all Medicare and Medicaid-certified facilities to protect both them and patients from the virus and its more contagious Delta variant. Facilities across the country should make efforts now to get health care staff vaccinated to make sure they are in compliance when the rule takes effect."

<https://www.whitehouse.gov/covidplan/>



Provider Relief Funds Reporting

I RARELY JUMP FOR JOY BUT WHEN I DO



IT IS WHEN HHS GRANTS A 60 DAY GRACE PERIOD FOR SUBMITTING THE PRF FUND REPORT

HRSA announces 60-Day Grace Period for Reporting Period 1

Announcing 60-Day Grace Period – Reporting Period 1

The September 30, 2021 Reporting Period 1 deadline has not changed, however in response to challenges providers are facing given the Covid surges and natural disasters around the country a 60-day Grace Period is in place. This period allows providers to come into compliance with their PRF reporting requirements should they fail to meet the September 30, 2021 deadline.

Important Details:

- While you will be out of compliance if you do not submit your report by September 30, 2021, recoupment or other enforcement actions will not be initiated during the 60-day grace period (October 1 – November 30, 2021).
- The grace period begins on October 1, 2021 and will end on November 30, 2021.
- Providers who are able are strongly encouraged to complete their report in the PRF Reporting Portal by September 30, 2021.
- Providers should return unused funds as soon as possible after submitting their report. All unused funds must be returned no later than 30 days after the end of the grace period (December 30, 2021).

This grace period only pertains to the Reporting Period 1 report submission deadline. There is no change to the Period of Availability for use of PRF payments.

<https://www.hrsa.gov/provider-relief/reporting-auditing>



Provider Relief Fund Reporting Period 1 60-Day Grace Period

You have been identified as a provider who must complete and submit a Provider Relief Fund (PRF) report on your use of funds during the Reporting Period that ends on September 30, 2021.

In response to the challenges providers across the country are facing due to recent natural disasters and the Delta variant, **HHS recently announced a 60-day grace period for Reporting Period 1**. This grace period is designed to help providers come into compliance with their PRF Reporting Requirements should they fail to meet the September 30, 2021 reporting deadline.

Important Details

This grace period begins October 1, 2021 and will end on November 30, 2021 and only pertains to the Reporting Period 1 report submission deadline. There is no change to the Period of Availability for use of PRF payments.

- While you will be out of compliance if you do not submit your report by September 30, 2021, collection activities or similar enforcement actions will not be initiated during the 60-day grace period.
- Providers who are able are strongly encouraged to complete their report in the PRF Reporting Portal by the September 30, 2021 deadline.
- Providers should return unused funds as soon as possible after submitting their report. All unused funds must be returned no later than 30 days after the end of the grace period (December 30, 2021).

If you have already met your reporting requirements, thank you! You may disregard this message.

More Information

For those who still need to report, HRSA has several resources available for you. These resources can be found on the [PRF Reporting Webpage](#). You may also call the Provider Support Line at (866) 569-3522, for TTY dial 711. Hours of operation are 8 a.m. to 10 p.m. CT, Monday through Friday.

Thank you for all you are doing during this difficult time.

You do not have to apply for the late filing or grace period

NC **Nan Chi** 01:09 PM

I am happy to learn there was a 60 day grace period today. how can I apply for the grace period

[Collapse all \(1\)](#) ^

HT **HRSA Team - DF** 01:26 PM

The reporting portal will remain open throughout the grace period. You do not need to apply for the grace period.

Three recycling bins are shown in a row. From left to right: a green bin, a blue bin, and a black bin. All three bins have their lids open. The background is a blurred outdoor setting with more bins and a blue tarp.

What Goes
WHERE?



The First Step in PRF Reporting is figuring out what you are reporting on

Description	General & Targeted Provider Relief Fund	RHC Covid Testing & Mitigation Funds	Grant - Covid Hesitancy & Mitigation
Reporting Portal Location	https://prfreporting.hrsa.gov/s/	https://www.rhccovidreporting.com/	To Be Announced
Resource	Mark Lynn	Nathan Baugh, Shannon Chambers and Sarah Hohman	Elizabeth Burrows & NOSORH (HRSA TA Provider)
Email	marklynnrhc@gmail.com	nathan.baugh@narhc.org , shannonc@nosorh.org , sarah.hohman@narhc.org	elizabethburrowsconsulting@gmail.com , rhcvoxconfidenceinfo@nosorh.org
Reportable Distributions	Phase 1, 2, 3 General in 4/20 & 12/20	\$49,461.42 per RHC in May, 2020 (other rounds in December, January, March)	Grants approved in July, 2021
Distributions (Continued)	Targeted \$103,000+ in 5/20	\$100,000 per RHC in June, 2021 (Additional payments coming for eligible RHCs)	Paid when drawn down
Reporting Period	April 10, 2020 to June 30, 2020 *	Monthly	Quarterly
Report Due Date	September 30, 2021 **	End of month following the previous month	By the end of each quarter
Funds must be used by	June 30, 2021 ***	December 31, 2021 for \$49K, 12/31/2022 for \$100K****	June 30, 2022





* The first reporting period is for funds received April 10, 2020 through June 30, 2020.

** September 30, 2021 is the deadline to submit the reporting of PRF funds received in Period 1. Periods 2, 3, and 4 will be later.

*** Funds received in Period 1 must be used by June 30, 2021. Funds received in later periods have long time frames to use the funds.

**** The initial \$49,000 must be used by December 31, 2021 and the \$100,000 must be used by December 31, 2022

TABLE OF RELIEF FUNDS FROM THE NARHC

Tranche	Date	Amount	Purpose	Reporting
Phase 1 General Distribution	April 10, 2020	6.2% of 2019 Medicare Reimbursement	Lost Revenue and Unreimbursed COVID Expenses	Provider Relief Fund Portal 
Phase 2 General Distribution	April 24, 2020	2% of 2018 revenue minus phase 1 distribution	Lost Revenue and Unreimbursed COVID Expenses	Provider Relief Fund Portal 
Phase 3 General Distribution	December 15, 2020	Variable	Lost Revenue and Unreimbursed COVID Expenses	Provider Relief Fund Portal 
Rural Targeted Allocation	May 6, 2020	\$103k + 3.6% operating expenses (Ind), Graduated Base Payment + 1.97% of operating expenses (PB)	Lost Revenue and Unreimbursed COVID Expenses	Provider Relief Fund Portal 
RHC COVID-19 Testing Program	May 20, 2020 + later dates	\$49,461.42 per RHC	Unreimbursed COVID testing expenses	www.RHCcovidreporting.com
American Rescue Plan	TBD – Will have to apply	TBD	Lost Revenue and Unreimbursed Covid Expenses	TBD
ARP – Agriculture Grants	TBD – Will have to apply	TBD	COVID or Expand Services/Telehealth	TBD
Others?	TBD	TBD	TBD	TBD

Source: Nathan Baugh, NARHC



= Report in PRF Portal for Period 1



Dear RHC Community,

NARHC would like to provide some additional clarification on the differences between a variety of COVID-19 relief funding programs that RHCs received, to ensure that you are confident in your allowable uses and reporting requirements for each program. Please review the matrix below and see all of our continuously updated resources on <https://www.narhc.org/narhc/COVID-191.asp>.

Program Name	Allowable Expenses	Amount	Project Period	Reporting Requirements
RHC COVID-1 Testing Program (RHCCT)	Testing and testing-related	\$49,461.42 per RHC	Jan. 27, 2020 – Dec. 31, 2021	RHCcovidreporting.com through January 2022
Provider Relief Fund (PRF)	Unreimbursed expense and lost revenue attributable to COVID-19	Varying amounts in multiple phases	Dependent on when funds were received	Provider Relief Fund Portal by Sep. 30, 2021 if received in Period 1 (4/10-6/30 2020)
RHC COVID-19 Testing and Mitigation Program (RHCCTM)	Testing, mitigation, and related expenses	\$100,000 per RHC	Jan. 1, 2021 – Dec. 31, 2022	RHCcovidreporting.com through January 2023
RHC Vaccine Confidence Program (not all RHCs received)	Education, outreach, promotion, etc. to increase vaccine confidence	Approx. \$49,500 per RHC	July 1, 2021 – June 30, 2022	To be announced later in the project period

If you have any additional questions regarding these programs please contact Sarah.Hohman@narhc.org.

<https://www.narhc.org/narhc/COVID-191.asp>

RHC Covid Testing and Mitigation Funds

Description	RHC Covid Testing & Mitigation Funds
Reporting Portal Location	https://www.rhccovidreporting.com/
Resource	Nathan Baugh, Shannon Chambers and Sarah Hohman
Email	nathan.baugh@narhc.org , shannonc@nosorh.org sarah.hohman@narhc.org
Reportable Distributions	\$49, 461.42 per RHC in May, 2020 (other rounds in December, January, March)
Distributions (Continued)	\$100,000 per RHC in June, 2021 (Additional payments coming for eligible RHCs)
Reporting Period	Monthly
Report Due Date	End of month following the previous month
Funds must be used by	December 31, 2021 for \$49K, 12/31/2022 for \$100K****

Do not report uses or expenses in the PRF Reporting Portal

Covid Hesitancy & Mitigation Grant

Description	Grant - Covid Hesitancy & Mitigation
Reporting Portal Location	To Be Announced
Resource	Elizabeth Burrows & NOSORH (HRSA TA Provider)
Email	elizabethburrowsconsulting@gmail.com rhcvoxconfidenceinfo@nosorh.org
Reportable Distributions	Grants approved in July, 2021
Distributions (Continued)	Paid when drawn down
Reporting Period	Quarterly
Report Due Date	By the end of each quarter
Funds must be used by	June 30, 2022

National Organization of State Offices of Rural Health (NOSORH)

Do not report uses or expenses in the PRF Reporting Portal

Provider Relief Funds that are reported on the PRF portal

Description	General & Targeted Provider Relief Fund
Reporting Portal Location	https://prfreporting.hrsa.gov/s/
Resource	Mark Lynn
Email	marklynnrhc@gmail.com
Reportable Distributions	Phase 1, 2, 3 General in 4/20 & 12/20
Distributions (Continued)	Targeted \$103,000+ in 5/20
Reporting Period	April 10, 2020 to June 30, 2020 *
Report Due Date	September 30, 2021 **
Funds must be used by	June 30, 2021 ***

* The first reporting period is for funds received April 10, 2020 through June 30, 2020.

** September 30, 2021 is the deadline to submit the reporting of PRF funds received in Period 1. Periods 2, 3, and 4 will be later.

*** Funds received in Period 1 must be used by June 30, 2021. Funds received in later periods have long time frames to use the funds.

**** The initial \$49,000 must be used by December 31, 2021 and the \$100,000 must be used by December 31, 2022

Question: Don't we roll any RHC PRF funding with our other PRF reporting?

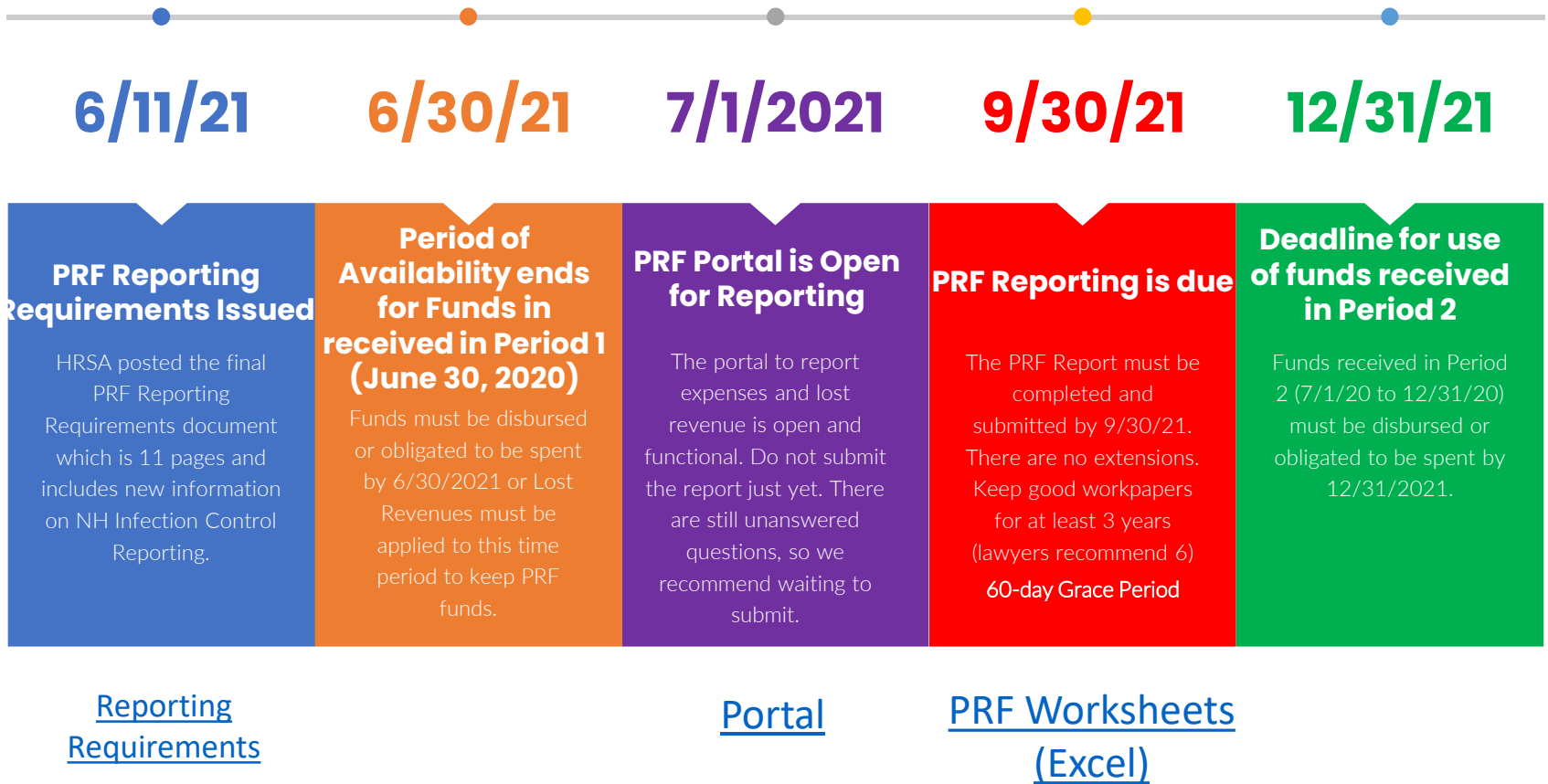
The question is a little vague, so I will answer the best I can. You do not roll (I am assuming that means report the use of those funds) any PRF funds into the PRF reporting portal. **You will report on the uses of the RHC general distributions (the 1st and 2nd distributions only) and the targeted distribution that most RHCs received on May 6, 2020, that was at least \$103K and in most cases more. Those are the only PRF distributions you will be reporting the uses of in this Period 1 report for most rural health clinics. Specifically, you will not be reporting on your uses of the Rural Health Clinic COVID-19 Testing and Mitigation (RHCCTM) Program funding which in most cases was \$49K received in May 2020.** Those uses and the number of tests performed, and positive tests are reported in <https://www.rhccovidreporting.com/>.

Question: I was under the impression, any RHC PRF funding received would be linked to our HRSA portal reporting, is this true?

The PRF Reporting Portal will provide you with a listing of any PRF payments that you are required to report on for Period 1 in the third screen of the reporting portal. **You are required to verify that the amounts are correct, and these are the payments you are reporting on for this Period 1 report.**

In the sixth screen of the PRF reporting portal the portal will self-populate the \$49K of RHC COVID-19 testing funds received (if you received it) in the first row of the table of Other Assistance Received. If you received a PPP loan or other reportable assistance (ie FEMA grant) you are required to report that assistance here. You will **NOT** be reporting the uses of these funds in this report, just reporting that you did receive these funds.

RHC Provider Relief Funds Timeline



First Steps

Before you get start Reporting Provider Relief Funds, do this!!!



Step 1 Register

Register in the Provider Relief
Fund Reporting Portal



Step 2: Read

Read the Reporting
Requirements Notice dated
June 11, 2021 and FAQs



Step 3: Watch

Watch the Reporting three
Technical Assistance
Webinars & Tutorials.

Start Here – This has just recently changed



- PRF Home
- Future Payments
- Reporting
- View Data
- Past Payments

[Home](#) > [Provider Relief Fund](#) > Provider Relief Fund Reporting Requirements and Auditing

Provider Relief Fund Reporting Requirements and Auditing

Submit Your PRF Report

The [PRF Reporting Portal](#) is now open until September 30, 2021. Register, complete and submit your report now, or continue reading for instructions on how to use the portal.

Having trouble? The portal is **only** compatible with the most current version of Chrome, Edge, and Firefox.

Join us for a PRF Reporting Assistance Office Hours

- Friday, September 10, 2021
- 1:00 to 2:30pm ET
- [Link](#) (direct access, no registration)

All recipients of Provider Relief Fund (PRF) payments must comply with the reporting requirements described in the [Terms and Conditions](#) and specified in directions issued by the U.S. Department of Health and Human Services (HHS) Secretary.

Step 1: Register in the Provider Relief Fund Reporting Portal

The [PRF Reporting Portal](#) is now open until September 30, 2021 for recipients who received one or more payments exceeding, in the aggregate, \$10,000 during Payment Received Period 1 (April 10, 2020 to June 30, 2020).

Registration takes approximately 20 minutes and must be completed in a single session.

- [Watch the PRF Reporting Portal Registration Tutorial](#)
- [Read the PRF Portal Registration Manual](#) (PDF - 2,990 KB)

What information do I need to complete the registration process in the PRF Reporting Portal?

Step 2: Read the Reporting Requirements Notice

The Post-Payment Notice of Reporting Requirements updated on June 11, 2021 provides details on how to report on the use of funds. This supersedes all previous Notices of Reporting Requirements. Read the [Reporting Requirements Notice](#) (PDF - 232 KB) and reference the [Reporting and Auditing Frequently Asked Questions](#).

These reporting requirements do not apply to recipients of funds from:

- [Rural Health Clinic Testing Distribution](#) - If your only PRF payment was the Rural Health Clinic Testing Distribution, do not register in the PRF Reporting Portal. For Rural Health Clinic Testing reporting requirements, contact RHCCOVID-19Testing@hrsa.gov and check the [frequently asked questions](#).
- HRSA's [COVID-19 Claims Reimbursement](#) to Health Care Providers and Facilities for Testing, Treatment, and Vaccine Administration for the Uninsured Program
- HRSA's COVID-19 [Coverage Assistance Fund](#)

Step 3: Complete and Submit Your Report

Complete and submit your report via the [Provider Relief Fund Reporting Portal](#).

Reporting Resources

Read the Guides:

- [Lost Revenues Guide](#) (PDF - 294 KB)
- [Reporting Resource Guide](#) (PDF - 60 KB)
- [PRF Portal Reporting User Guide](#) (PDF - 4.8 MB)
- [Reporting Worksheets](#) (XLS - 42 KB)

Other Resources - Expenses

- [Examples of allowable expenses for Provider Relief Funds](#) (PDF - 122 KB)
- [Personnel Recruitment and Retention Fact Sheet](#) (PDF - 129 KB)

HRSA hosted a webinar on July 8, 2021 to introduce recipients to the PRF Reporting Portal.

- [Watch the PRF Reporting Tutorial](#)
- [Reporting Introduction](#) (July 8)
- [Download the slides](#) (PDF - 1,516 KB)

Webinars were also held on July 14, 2021 and July 20, 2021.

- [Webinar recording \(July 14\)](#)
- [Webinar recording \(July 20\)](#)
- [Period of Availability and Lost Revenues slides \(July 20\)](#) (PDF - 601 KB)

Important Dates for Reporting

Recipients who received one or more payments exceeding \$10,000, in the aggregate, during a Payment Received Period are required to report in each applicable Reporting Time Period as outlined in the table below.

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

[Download Important Dates](#) (PDF - 81 KB)

Recipients who received one or more payments totaling \$10,000 or more during a Payment Received Period must use the funds by the Deadline to Use Funds and must report for each applicable Reporting Period. Reporting is based on funds aggregating \$10,000 per Payment Received Period rather than \$10,000 cumulatively across all PRF payments.

- The **Payment Received Period** describes a specific time period when the recipient received one or more payments. The payment is considered received on the deposit date for automated clearing house (ACH) payments or the check cashed date. There are four Payment Received Periods during the time frame between April 10, 2020 to December 31, 2021.
- The **Period of Availability** of funds describes the consecutive months in which the recipient may use the payment for eligible expenses or lost revenues incurred.

<https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/reporting-auditing/index.html>

Final Provider Relief Fund Reporting Requirements

Provider Relief Fund General and Targeted Distribution

Post-Payment Notice of Reporting Requirements

June 11, 2021

Purpose

The purpose of this Notice is to inform the Health Resources and Services Administration (HRSA) Provider Relief Fund (PRF) recipients of the data elements that they are required to report as part of the post-payment reporting process. Recipients who received one or more payments exceeding \$10,000 in the aggregate during a **Payment Received Period** are required to report in each applicable **Reporting Time Period**. This Notice supersedes the Post-Payment Notice of Reporting Requirements released on January 15, 2021. The reporting requirements outlined in this Notice apply to all past and future PRF payments made under the legal authorities outlined in the section [Overview of Legal Requirements for Reporting](#).

These reporting requirements apply to PRF General and Targeted Distributions (including the Skilled Nursing Facilities (SNF) and Nursing Home Infection Control Distribution)¹. These reporting requirements do not apply to the Rural Health Clinic COVID-19 Testing Program² or claims reimbursements from the HRSA COVID-19 Uninsured Program and the HRSA COVID-19 Coverage Assistance Fund (CAF).

Overview of Legal Requirements for Reporting

The Coronavirus Aid, Relief, and Economic Security (CARES) Act (P.L. 116-136), the Paycheck Protection Program (PPP) and Health Care Enhancement Act (P.L. 116-139), and the Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act (P.L. 116-123) appropriated funds to reimburse eligible health care providers for health care-related expenses or lost revenues attributable to coronavirus. These funds were or will be distributed by HRSA through the PRF program. Recipients of these funds agreed to [Terms and Conditions](#), which require compliance with reporting requirements as specified by the Secretary of Health and Human Services (HHS). The reporting requirements outlined in this Notice apply to all past and future PRF payments made under the legal authorities outlined in this paragraph.

Period of Availability of Funds

The period of availability of funds applies to all past and future PRF payments made under the legal authorities outlined in the section [Overview of Legal Requirements for Reporting](#).

PRF recipients must only use payments for eligible expenses including services rendered, and lost revenues during the period of availability, as outlined in Table 1 below. The period of availability of funds is based on the date the payment is received. The payment is received on the deposit date for automated clearing house (ACH) payments or the check cashed date. Providers must follow their basis of accounting (e.g. cash, accrual) to determine expenses.

¹ The SNF and Nursing Home Infection Control Distributions are considered Targeted Distribution payments. The SNF and Nursing Home Infection Control Distributions include Quality Incentive Program (QIP) payments. Previous Post-Payment Notices of Reporting Requirements did not include information regarding the SNF and Nursing Home Infection Control Distributions.

² More information on reporting for the Rural Health Clinic COVID-19 Testing Program is available at <https://www.rhccovidreporting.com>.

Table 1: Deadlines for Use of Funds

	Payment Received Period	Deadline to Use Funds
Period 1	April 10, 2020 to June 30, 2020	June 30, 2021
Period 2	July 1, 2020 to December 31, 2020	December 31, 2021
Period 3	January 1, 2021 to June 30, 2021	June 30, 2022
Period 4	July 1, 2021 to December 31, 2021	December 31, 2022

PRF recipients may use payments for eligible expenses incurred prior to receipt of those payments (i.e., pre-award costs) so long as they are to prevent, prepare for, and respond to coronavirus. However, HRSA expects that it would be highly unusual for providers to have incurred eligible expenses prior to January 1, 2020.

Reporting Time Periods

The reporting time periods apply to all past and future PRF payments made under the legal authorities outlined in the section [Overview of Legal Requirements for Reporting](#).

Recipients who received one or more payments exceeding \$10,000 in the aggregate during a Payment Received Period are required to report in each applicable Reporting Time Period as indicated in Table 2. Reporting must be completed and submitted to HRSA by the last date of the reporting time period. PRF recipients that do not report within the respective reporting time period are out of compliance with payment Terms and Conditions and may be subject to recoupment.

Table 2: Reporting Time Periods

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

PRF recipients that received one or more payments during a **Payment Received Period** outlined above (Table 2) are required to report in the **Reporting Time Period** associated with the date in which they their received payments that exceed \$10,000 in aggregate.

Summary of Reporting Requirements

Table 3 summarizes how the Payment Received Period aligns with the Deadline to Use Funds and the Reporting Time Period.

<https://www.hhs.gov/sites/default/files/provider-post-payment-notice-of-reporting-requirements-june-2021.pdf>



- It is like playing a game of Three Card Monte
- The information keeps moving. The FAQs keep changing. The deadlines keep moving.

July 1, 2021



Provider Relief Fund Post-Payment Reporting Requirements

Provider Relief Fund (PRF) recipients who received one or more payments exceeding, in the aggregate, \$10,000 during a Payment Received Period are required to report as part of the post-payment reporting process.



Review the June 11, 2021 [Notice of Reporting Requirements](#).

Reporting Portal

The Provider Relief Fund [Reporting Portal](#) is now open for reporting on the use of funds. Providers required to report during Reporting Period 1, have until September 30, 2021 to submit their information in the Portal.

Portal Registration is the first step in reporting and providers are encouraged to register in advance of their designated reporting window. [Click here to register now](#). The registration process will take approximately 20 minutes to complete and must be completed in one session.

Period of Availability of Funds

The period of availability of funds is based on the date the payment is received. Providers may use payments for eligible expenses, including services rendered and lost revenues, during the period of availability as described in the June 11, 2021 [Post-Payment Notice of Reporting Requirements](#).

Reporting Time Periods

Recipients who received one or more payments exceeding, in the aggregate, \$10,000 during a Payment Received Period are required to report in each applicable Reporting Window. Reporting must be completed and submitted to HRSA by 11:59 PM ET the last date of the reporting time period.

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

Technical Assistance

HRSA will host a recorded webcast July 8, 2021 at 3 PM ET, on reporting requirements for PRF recipients and interested stakeholders. [Register here](#).

In addition, an on-demand Portal demonstration video tutorial will be made available in July.

Real-time technical assistance is available by calling the Provider Support Line at (866) 569-3522; for TTY dial 711. Hours of operation are 8 a.m. to 10 p.m. Central Time, Monday through Friday.

Helpful Links

- [PRF Reporting Webpage](#)
- [Frequently Asked Questions \(FAQs\)](#)
 - [Reporting-specific](#)
 - [Portal-specific](#)
- [Portal User Guides](#)
 - [Registration](#)
 - [Reporting](#)
- [PRF Payment Terms and Conditions](#)

Provider Relief Fund Post-Payment Reporting Requirements

- <https://www.hrsa.gov/sites/default/files/hrsa/provider-relief/prf-post-payment-reporting-req-508.pdf>

Resources from August 26, 2021 HRSA webinar

Resources and Technical Assistance

Important Websites and Documents	Recorded Webcast Replays	*New*
Post-Payment Notice of Reporting Requirements (June 11, 2021)	July 8 - Reporting Introduction	Lost Revenues Guide
Reporting and Auditing Webpage	July 14 – General Q&A	Reporting Resource Guide
Data Entry Worksheet	July 20 – Lost Revenues	Personnel Recruitment and Retention Fact Sheet

Reporting Information Help	Portal Registration Help	Frequently Asked Questions (FAQs)	Stakeholder Resources	Returning Funds
Reporting Tutorial	Registration Tutorial	Portal-specific FAQs	Stakeholder One-Pager	Online Form
Portal User Guide – Submitting Reporting Information	Portal User Guide – Registration Process	Reporting and Auditing-Specific FAQs	Stakeholder Toolkit	

Provider Support Line (866) 569-3522, for TTY dial 711.
Hours of operation are 8 a.m. to 10 p.m. CT, Monday thru Friday



Resources from August 26, 2021 HRSA webinar

Reporting Resource Guide

August 2021

HRSA
Health Resources & Services Administration

Provider Relief Fund Resource Guide (Reporting Period 1)

The Provider Relief Fund (PRF) Reporting Portal (<https://prfreporting.hrsa.gov>) opened on July 1, 2021 and will close on September 30, 2021 for Reporting Period 1. Content for externally-hosted webinars is available, email requests to OPSInformation@hrsa.gov.

Reporting Period 1

<p style="text-align: center;">Payment Received Period (Payments Exceeding \$10,000 in Aggregate Received) From April 10, 2020 to June 30, 2020</p>	<p style="text-align: center;">Deadline to Use Funds June 30, 2021</p>	<p style="text-align: center;">Reporting Time Period July 1 to September 30, 2021</p>
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Payment Received Period
Period describes a specific time period when the recipient received one or more payments. The payment is considered received on the deposit date for automated clearing house (ACH) payments or the check cashed date.

Deadline to Use Funds
Deadline to Use Funds is the last date in which the recipient may use payments for eligible expenses, including services rendered, and lost revenues attributable to coronavirus.

Reporting Time Period
Reporting Time Period describes when the recipient must go into the Reporting Portal and report on the use of funds. Recipients who do not report within the respective Reporting Time Period will be considered out of compliance with payment Terms and Conditions and funds may be subject to recoupment.

Important Websites and Documents	Recorded Webcast Replays
Post-Payment Notice of Reporting Requirements (June 11, 2021)	July 8 - Reporting Introduction
Reporting and Auditing Webpage	July 14 - General Q&A
Data Entry Worksheet	July 20 - Lost Revenues

Reporting Information Help	Portal Registration Help	Frequently Asked Questions (FAQs)	Stakeholder Resources	Returning Funds
Reporting Tutorial	Registration Tutorial	Portal-specific FAQs	Stakeholder Onb-Pager	Online Form
Portal User Guide - Submitting Reporting Information	Portal User Guide - Registration Process	Reporting and Auditing-Specific FAQs	Stakeholder Toolkit	

Provider Support Line: (866) 569-3522 for TTY dial 711
8 a.m. to 10 p.m. CT, Monday through Friday

Available for download:
[PRF Reporting Page](#)





PROVIDER RELIEF FUND

Post-Payment Reporting Requirements

Stakeholder Toolkit

July 1, 2021



Top 5 Frequently Asked Questions

1. May providers request an extension on the use of funds beyond the period of availability indicated in the Post-Payment Notice of Reporting Requirements?

No. The updated deadlines to use PRF funds are based on Payment Received Dates. HRSA will not be granting extensions. As a reminder, PRF payments may be used to reimburse allowable expenses and lost revenues within the Period of Availability.

2. Are PRF recipients required to report on each payment received separately?

PRF recipients must submit consolidated reports for payments received in each applicable Reporting Time Period. PRF recipients will only be able to register their recipient TIN once in the PRF Reporting Portal and a recipient TIN is able to report once per Reporting Time Period.

3. May PRF recipients report on the use of all PRF payments received in calendar year 2020 and 2021 during the initial reporting period (July 1, 2021 – September 30, 2021) if all funds have been used?

During the initial reporting period July 1, 2021 – September 30, 2021, PRF recipients must only report on the use of funds received from April 10, 2020 through June 30, 2020. They will be unable to report on funds received after June 30, 2020 at this time.

4. Are providers able to request extensions on submissions of their required reports for any of the required reporting periods?

No. Providers that received one or more payments exceeding \$10,000, in the aggregate, during a Payment Received Period are required to report in each applicable Reporting Time Period. Providers that are required to report and do not submit a completed report by the applicable deadlines will be deemed out of compliance with the program Terms and Conditions and may be subject to recoupment.

5. After PRF recipients complete their reporting on the use of funds, will HRSA send a notification that indicates acceptance or agreement with the report?

HRSA will not provide notification that states agreement with reporting. PRF recipients are responsible to maintain supporting documentation for a minimum of 3 years from the date of the final report in accordance with the payment terms and conditions.

Per the §75.361 Retention requirements for records. Financial records, supporting documents, statistical records, and all other non-Federal entity records pertinent to a Federal award must be retained for a period of 3 years from the date of submission of the final expenditure report. One exception to the record retention policy is (a) if any litigation, claim, or audit is started before the expiration of the 3-year period, the records must be retained until all litigation, claims, or audit findings involving the records have been resolved and final action taken.

<https://www.hhs.gov/sites/default/files/toolkit-reporting.pdf>

New Lost Revenues Guide

August 2021

Provider Relief Fund Lost Revenues Guide



Provider Relief Fund (PRF) recipients who received one or more payments exceeding \$10,000, in the aggregate, during a Payment Received Period are required to report in each applicable Reporting Period, as specified in the [PRF Post-Payment Notice of Reporting Requirements](#), June 11, 2021.

This Guide is for information purposes as providers consider their options to account for lost revenues in the reporting process. When reporting lost revenues, providers do not need to account for a specific expense to “use” funding by the deadline, instead they need to be able to document that the loss occurred during the relevant time period. Explained in more detail below, there are three options to account for lost revenues. This Guide aims to convey the flexibility and range of options for documenting lost revenues. It is not intended as legal advice. Reference the [PRF Reporting webpage](#) and [lost revenues-specific Frequently Asked Questions](#) for more reporting information.

Lost Revenues Reimbursement

PRF payment amounts (excluding Nursing Home Infection Control Distribution payments) may be applied to patient care lost revenues. “Patient care” means health care, services and supports, as provided in a medical setting, at home/telehealth, or in the community.

The following chart shows items **not** considered patient care - including (but not limited to):

- Insurance
- Non-Patient Care Dining Services
- Fundraising Events
- Prescription sales revenues
- Grants or tuition
- Amounts of charity care adjustments
- Bad debt
- Retail, auxiliary, or parking services
- Real estate revenues (exception for nursing and assisted living facilities’ real estate revenues where resident fees are allowable)
- Amounts of contractual adjustments from all third party payers
- Any gains and/or losses on investments

Documentation requirements for lost revenues calculations are defined within the *Data Elements* section in the [Reporting Requirements Notice](#) and summarized below:

Lost Revenues Options	Option i	Option ii	Option iii
<i>Definition of Option</i>	<i>difference between actual patient care revenues</i>	<i>difference between budgeted and actual patient care revenues</i>	<i>any reasonable method of estimating revenues</i>
PRF Reporting Portal option	2019 Actual Revenue	2020 Budgeted Revenue	Alternate Reasonable Methodology
Base period for calculation	2019	2020 or 2021	Not prescribed*
Calculation method	Actuals vs. Actuals	Budget vs. Actuals	Not prescribed*
Frequency of Calculation	Quarterly	Quarterly	Quarterly
Duration of lost revenues period	Each quarter during the period of availability	Each quarter during the period of availability	Each quarter during the period of availability in which lost revenues were determined
Service lines to include in revenues	All patient care services	All patient care services	All patient care services (as appropriate for methodology)
Budget approval date	Not applicable	Before March 27, 2020	Not prescribed*

Lost Revenues Options	Information Needed for Reporting Lost Revenues
Option i <i>difference between actual patient care revenues</i>	<ul style="list-style-type: none"> • Actuals for each quarter during the period of availability • Actuals for 2019
Option ii <i>difference between budgeted and actual patient care revenues</i>	<ul style="list-style-type: none"> • Actuals for each quarter during the period of availability • Budgets for each quarter during the period of availability • Copy of the budget approved before March 27, 2020 • Executive-level attestation
Option iii <i>any reasonable method of estimating revenues</i>	<ul style="list-style-type: none"> • A narrative document describing the methodology, including an explanation of why the methodology is reasonable for the circumstances, and a description establishing how lost revenues were attributable to coronavirus (as opposed to a loss caused by any other source); • A calculation of lost revenues attributable to coronavirus using the methodology described in the narrative document.

Examples of Lost Revenues Options

Option i. Actuals

Consider using this option if you have:

- Actual revenues from 2019 which are comparable to 2020 and 2021 (i.e., apple-to-apples)

Example 1: Publicly listed Alpha Beta Corporation (ABC) was a diversified medical provider and owner of 100 hospitals in the Midwest. According to ABC’s consolidated audited financial statements the 2019 quarterly patient care revenues were \$20M/quarter. Patient care revenues dropped in 2020 and the first two quarters of 2021 to \$10M/quarter. ABC will include all patient care revenues in the PRF report and the report will calculate lost revenues of \$10M a quarter for all of 2020 and the first two quarters of 2021 for a total amount of lost revenues which can be applied towards PRF payments of \$60M.

Example 2:

123 Hospital Lost Revenues Calculation = (Actual 2020 - Actual 2019)				
	Q1	Q2	Q3	Q4
Actual 2019 patient care revenues*	5,741,470	6,510,785	6,456,168	5,543,586
Actual 2020 patient care revenues*	4,713,922	6,857,066	5,879,121	6,419,246
Calculation	(1,027,548)	346,281	(577,047)	875,660
	Q1	Q2		
Actual 2019 patient care revenues*	5,741,470	6,510,785		
Actual 2021 patient care revenues*	4,852,507	5,089,008		
Calculation	(888,963)	(1,421,777)		

* Aggregate of all patient care revenue sources

Resources from August 26, 2021 HRSA webinar

Personnel Recruitment and Retention

Provider Relief Fund:
Recruiting and Retaining Personnel

HRSA
Health Resources & Services Administration

Provider Relief Fund (PRF) payments can be used for a wide variety of direct and indirect costs of recruiting and retaining personnel during the pandemic.*

Retention Examples

- Incentive pay
- Retention bonuses
- Childcare assistance
- Overtime pay
- Temporary housing
- Transportation
- Mental health and stress management resources
- Other fringe benefits

Recruitment Examples

- Salaries for new or temporary staff
- Employee referrals
- Employment agencies
- Hiring bonuses
- Other recruitment tools

Recruit and retain positions like...

- Physicians, Advanced Practice Clinicians, Nurses, etc.
- Lab Technicians
- Respiratory Therapists
- Administrators
- Contracted staff
- And many others

Allowable Uses of Funds for Personnel Costs Are Broad and Flexible


This is not an exhaustive list of ways you can use PRF funds to support recruitment and retention. In addition to the examples listed above, consider if an expense is allowable by asking the following questions:

- Is this expense necessary and reasonable to support patient care efforts to prepare for, prevent, or respond to the coronavirus?
- Is the expense incurred consistent with our organization's policies and procedures?

More Resources

- For more information, visit [hhs.gov/providerrelief](https://www.hhs.gov/providerrelief)
- Provider Support Line at (866) 569-3522, for TTY dial 711, 8 a.m. to 10 p.m. Central Time, Monday through Friday

*Eligible expenses must not be reimbursed by other sources or obligated to be reimbursed by other sources. Salaries must not be paid at a rate in excess of Executive Level II, which is currently set at \$197,300. More information: <https://www.hhs.gov/coronavirus/press-rel/providerrelief-fund/providers/index.html#eligibility-conditions>





to Enter the Portal Before Entering the Portal



Download the Excel Spreadsheet

[https://prfreporting.hrsa.gov/
HRSA_FileRender?name=Port
alWorksheets](https://prfreporting.hrsa.gov/HRSA_FileRender?name=PortalWorksheets)



Complete the Spreadsheet

Use the Excel Spreadsheet
to accumulate information
to enter in the portal.



Document your Work

Prepare a well labeled
computation sheet and
workpapers to support your
entries in the portal.

Keep your records for at least 3 years (lawyers recommend 6 years)
“You are required to have policies and procedures to ensure these costs are
applied consistently through the organization.” - HRSA

Here is what the Reporting Worksheets Look Like

HRSA PRF Reporting Portal - Other Provider Relief Fund Expenses for Payments Received

On this worksheet, the reporting entity is required to report on the use of all Other Provider Relief Fund payments (includes General Distribution and all Targeted Distribution payments except for the Infection Control Distribution payments). The reporting entity must report the use of these payments by indicating the quarterly expenses reimbursed with these payments. Provider Relief Fund payments must be used for expenses not reimbursed by other sources and not obligated for reimbursement by other sources.

All fields are required. The number entered may be a value with up to 14 digits including 2 decimal places. If expenses are zero, the reporting entity must enter a '0'.

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

If Providers received less than \$500,000 in Total Reportable PRF Payments, Table A is required.

Table A	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)
General and Administrative (G&A) Expenses						
Healthcare Related Expenses						

If Providers received greater than or equal to \$500,000, Table B is required.

Table B	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)
General and Administrative (G&A) Expenses						
Mortgage/Rent						
Insurance						
Personnel						
Fringe Benefits						
Lease Payments						
Utilities/Operations						
Other G&A Expenses						
Healthcare Related Expenses						
Supplies						
Equipment						
Information Technology (IT)						
Facilities						
Other Healthcare Expenses						

Period of Availability

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



Reporting Time Periods

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



Welcome to the Provider Relief Fund Reporting Portal

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



Already a registered PRF Reporting Portal User?

[Log In](#)

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

[Register](#)

Resources:

- PRF Resources and Key Links**
- Reporting and Auditing Requirements
 - Frequently Asked Questions (FAQs)
 - Terms and Conditions
 - General Information

- PRF Reporting Portal Resources**
- Portal FAQs
 - Registration User Guide
 - Reporting User Guide
 - Portal Worksheets

Contact: Provider Support Line (866) 569-3522; for TTY dial 711. Hours 7 a.m. to 10 p.m. CT, M-F.

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

Contact: Provider Support Line (866) 569-3522; for TTY dial 711. Hours 7 a.m. to 10 p.m. CT, M-F.

You must follow the Reporting Workflow and complete each Worksheet before moving to the next section – YOU MUST SAVE YOUR INFORMATION.

DO NOT SUBMIT YOUR INFORMATION UNTIL THE END OF SEPTEMBER AS THINGS MAY CHANGE

If you hit Submit you can change any of the information – Do not hit Submit until you are sure you have the information finalized.

Print off a PDF to review before Submitting.



The First page of the Portal will Look Like this



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.

I have read and accept the terms and conditions.

Doing-Business As (DBA) Name ⓘ

*Provider Type ⓘ

Outpatient and Professional Use the drop-down menus.

*Provider Sub-Type

Primary Care Practice We did not find RHCs listed as a Provider Sub-Type

Contact Information

*First Name	Mark	*Last Name	Lynn
Title	RHC Consultant	*Phone	4232436185
*Email	marklynnrhc@gmail.com		

Question regarding Subsidiaries – Most RHCs will not have this

Reporting



Subsidiary Questionnaire

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

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

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

No

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

No

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

No

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

No

The portal will populate this information for you

Reporting



Payments to Recipient: April 10, 2020 - June 30, 2020

PRF recipients must report July 1, 2021 through September 30, 2021 on payments received April 10, 2020 through June 30, 2020. The reporting entity must verify that each pay information is accurate. Payments made to subsidiaries are only included in the tables below if the subsidiary information entered on the previous subsidiary data entry screen is (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 April 10, 2020 through June 30, 2020.

Rural Health Clinic (RHC) COVID-19 Testing Program payments made to PRF recipients are not included in the summary tables below as these payments have a separate report

If the reporting entity believes that the payment information below is incorrect, the reporting entity should verify that the subsidiary data entered on the previous subsidiary data entry screen is accurate.

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

Total Skilled Nursing Facility and Nursing Home Infection Control Payments: April 10, 2020 - June 30, 2020

(Includes Quality Incentive Program payments.)

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

Total Other Provider Relief Funds Payments: April 10, 2020 - June 30, 2020

TIN OF RECIPIENT	*DISTRIBUTION	AMOUNT DEPOSITED	AMOUNT RETURNED	**AMOUNT RETAINED	***ATTESTATION DATE
	General Distribution	\$5,921.96	\$0.00	\$5,921.96	Apr 20, 2020
	General Distribution	\$14,788.52	\$0.00	\$14,788.52	May 26, 2020
	Targeted Distribution	\$135,282.95	\$0.00	\$135,282.95	May 26, 2020
		\$155,993.43	\$0.00	\$155,993.43	

Total Rejected Payments (Attestation Rejected): For Payments Received from April 10, 2020 - June 30, 2020

(For payments where attestation was rejected, recipients must return payment within 15 days of the rejection.)

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

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

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

*** If Attestation Date is blank, attestation was accepted by default. If a recipient retains a Provider Relief Fund payment for at least 90 days without attesting to or rejecting the payment, the reporting entity must return the payment within 15 days of the rejection.

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

Yes

Did you earn interest on the PRF funds?

What type of entity are you? Corporation, LLC, Sole Proprietor, etc.

Are you Tax Exempt? Fiscal Year End?

Are you subject to Single Audit?

Reporting



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

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

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

Tax Information

*Federal Tax Classification ⓘ

Exempt Payee Code ⓘ

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

*Fiscal Year End Date ⓘ

Single Audit Information

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

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

1. If you have \$750,000 or more of grant funds received in a year, you must have a single audit.
2. Most RHCS will not be subject to Single Audits.
3. Do not count PPP loans in the grant funds.

The next page is a summary of payments and is generated by the portal



Reporting

Entity Overview



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

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

Total Nursing Home Infection Control Payments:	\$0.00
Total Other PRF Payments:	\$155,993.43
Total Interest Earned on Nursing Home Infection Control Payments:	\$0.00
Total Interest Earned on Other PRF Payments:	\$0.00
Gross PRF Payments (including Interest Earned):	\$155,993.43
Total PRF Returned Payments:	\$0.00
Total Reportable Nursing Home Infection Control Payments:	\$0.00
Total Reportable Other PRF Payments:	\$155,993.43
Total Reportable PRF Payments:	\$155,993.43

Previous

Save & Exit

Save & Next

The next page lists other assistance including COVID-19 Testing Funds, PPP loans, etc.

Reporting

Entity Overview

Other Assistance Received

The reporting entity must enter the other assistance received by quarter during calendar years 2020 and 2021. All fields marked with an asterisk are required. If zero, the reporting entity must enter a '0'. The number entered may be a value up to 14 digits including 2 decimal places. If the reporting entity is reporting on behalf of subsidiaries, the assistance received for each category must be aggregated across each of the subsidiaries included in the report. 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)	Total
RHC COVID-19 Testing Funds Received							\$49,461.42
Treasury, Small Business Administration (SBA) (e.g., CARES Act/Paycheck Protection Program)	\$0.00	\$92,849.80		\$0.00	\$0.00	\$0.00	\$92,849.80
FEMA Programs (CARES Act, Public Assistance, etc.)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
HHS CARES Act Testing	\$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
Business Insurance	\$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
Total	\$0.00	\$92,849.80	\$0.00	\$0.00	\$0.00	\$0.00	\$142,311.22

* Did you report on the use of your Rural Health Clinic COVID-19 Testing funds in the RHC portal?

Yes

1. The RHC COVID-19 Testing Funds received will be prepopulated in the portal
2. Include your PPP loans in the proper quarter or any FEMA grants, etc.
3. Do not include RHC Covid-19 Testing Funds in HHS Cares Act Testing.

You must include 0s in each field or you can not go forward

Reporting



Other Assistance Received

The reporting entity must enter the other assistance received by quarter during calendar years 2020 and 2021. All fields marked with an asterisk are required. If zero, the reporting entity must enter a '0'. The number entered may be a value up to 14 digits including 2 decimal places. If the reporting entity is reporting on behalf of subsidiaries, the assistance received for each category must be aggregated across each of the subsidiaries included in the report. 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)	Total
RHC COVID-19 Testing Funds Received							\$0.00
Treasury, Small Business Administration (SBA) (e.g., CARES Act/Paycheck Protection Program)	\$0.00	\$101,500.00	Please complete this field.	Please complete this field.	Please complete this field.	Please complete this field.	\$101,500.00
FEMA Programs (CARES Act, Public Assistance, etc.)	\$0.00	0	Please complete this field.	Please complete this field.	Please complete this field.	Please complete this field.	\$0.00
HHS CARES Act Testing	\$0.00	\$0.00	Please complete this field.	Please complete this field.	Please complete this field.	Please complete this field.	\$0.00
Local, State, and Tribal Government Assistance	\$0.00	\$0.00	Please complete this field.	Please complete this field.	Please complete this field.	Please complete this field.	\$0.00
Business Insurance	\$0.00	\$0.00	Please complete this field.	Please complete this field.	Please complete this field.	Please complete this field.	\$0.00
Other Assistance	\$0.00	\$0.00	Please complete this field.	Please complete this field.	Please complete this field.	Please complete this field.	\$0.00
Total	\$0.00	\$101,500.00					\$101,500.00



EXPENSES

Investing activities
 Capital expenditures
 Purchases of restaurant
 Cash used for invest
 Other
 Financing activities
 Net short-term borrowings
 Long-term financing issuances
 Treasury stock purchases
 Common stock dividends
 Cash tax benefit on
 Cash and equivalents
 Cash and equivalents
 Supplemental
 Interest
 Income

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How does a Reporting Entity determine whether an expense is eligible for reimbursement through the Provider Relief Fund? —

To be considered an allowable expense under the Provider Relief Fund, the expense must be used to prevent, prepare for, and respond to coronavirus. Provider Relief Fund payments may also be used for lost revenues attributable to the coronavirus. Reporting Entities are required to maintain adequate documentation to substantiate that these funds were used for health care-related expenses or lost revenues attributable to coronavirus, and that those expenses or losses were not reimbursed from other sources and other sources were not obligated to reimburse them.

Reporting Entities are not required to submit that documentation when reporting. Providers are required to maintain supporting documentation which demonstrates that costs were incurred during the Period of Availability. The Reporting Entity is responsible for ensuring that adequate documentation is maintained.

(Modified 8/30/2021)

First Question: Is it related to Prevent, Prepare for, and Respond to Coronavirus?

Second Question: Where these expenses reimbursed by other sources?

If you can answer yes to the first question and no to the second question, you can claim the expense in the PRF Fund portal.

Provider Relief Fund (PRF)

Allowable Expenses Overview – December 11, 2020



Overview:

This document is **intended to clarify the intent and provide examples** of allowable expenses for the use of PRF General and Targeted Distribution payments.

This is **not an exhaustive list of allowable expenses**, but will help to inform and support providers as they categorize expenses for reporting on use of funds.

Use of funds guidance:

The [final reporting requirements](#) state that PRF payments can be used towards **health care-related expenses attributable to coronavirus** that another source has not reimbursed and is not obligated to reimburse, which may include General and Administrative (G&A) or health care-related operating expenses.

Reference the [reporting FAQs](#) for additional details and guidance.

G&A expense examples:

Mortgage/rent: rent for a clinical setting, medical office building, etc.

Insurance: property, malpractice, or other business insurance

Personnel: direct employee expenses for staff such as nurses, administrators, or support personnel

Fringe benefits: health insurance, childcare assistance, overtime pay, hiring bonuses, or retention payments to expand or maintain patient care capacity

Lease payments: diagnostic equipment leases or clinical care software leases

Utilities/operations: HVAC services, environmental services for cleaning, or food and nutrition services

Health care-related expense examples:

Supplies: N95 or surgical masks, gowns, temperature monitoring devices, or cleaning agents

Equipment: ventilators, HVAC systems or improved filtration for infection control, or lab and radiology diagnostic equipment

Information technology: telehealth software and hardware, improved internet services to support increased telehealth or remote working, or new Electronic Medical Record modules to support patient care

Facilities: temporary Emergency Department expansions for patient volume increases, inpatient unit retrofits to accommodate COVID-19 or other patients, or outpatient clinic enhancements for improved infection control

When considering if an expense is allowable under the use of funds policy, ask yourself:

- Is this expense **necessary and reasonable** to support patient care efforts to prepare for, prevent, or respond to coronavirus?
- Is this expense incurred **consistent with our organization's policies and procedures**?

What are Allowable Expenses?

<https://www.hrsa.gov/sites/default/files/hrsa/provider-relief/allowable-expenses-one-pager.pdf>

RHCs receiving less than \$500,000 in PRF Funds

Healthcare Related Expenses Attributable to Coronavirus Not Reimbursed by Other Sources
Healthcare related expenses are limited to costs incurred to prevent, prepare for, and/or respond to coronavirus. Reporting Entities that received **between \$10,001 and \$499,999** in aggregated PRF payments are required to report healthcare related expenses attributable to coronavirus, net of other reimbursed 4 sources (e.g., payments received from insurance and/or patients, and amounts received from federal, state, or local governments, etc.) in two categories: **(1) G&A expenses and (2) other healthcare related expenses. These are the actual expenses incurred over and above what has been reimbursed by other sources.**

RHCs Receiving \$500,000 or more must report expenses in more detail

Reporting Entities that received \$500,000 or more in PRF payments are required to report healthcare related expenses attributable to coronavirus, net of other reimbursed sources, in greater detail than the two categories of G&A expenses and other healthcare related expenses, according to the following subcategories of expenses: General and Administrative Expenses Attributable to Coronavirus¹ The actual G&A expenses attributable to coronavirus that were incurred over and above what has been reimbursed by other sources.

Other PRF Expenses can **NOT** exceed PRF Funds received in Period 1 Unreimbursed Expenses can exceed total PRF Funds received in Period 1

Total Reportable Other PRF Payments:	\$142,268.42
Total Reportable PRF Payments:	\$142,268.42

Total PRF Funds received in Period 1

Other Assistance Received

Other Assistance	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Total
RHC COVID-19 Testing Funds Received							\$49,461.42
Treasury, Small Business Administration (SBA) (e.g., CARES Act/Paycheck Protection Program)	\$0.00	\$82,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$82,500.00
FEMA Programs (CARES Act, Public Assistance, etc.)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
HHS CARES Act Testing	\$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
Business Insurance	\$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
Total	\$0.00	\$82,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$131,961.42

Did you report on the use of your Rural Health Clinic COVID-19 Testing funds in the RHC portal?: [Yes](#)

Other PRF Expense can not exceed total PRF Funds received in Period 1

Other Provider Relief Fund Payments

Other PRF Expenses	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Total
General and Administrative (G&A) Expenses	\$0.00	\$10,225.00	\$25,000.00	\$4,468.42	\$102,575.00	\$0.00	\$142,268.42
Healthcare Related Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Other PRF Expenses	\$0.00	\$10,225.00	\$25,000.00	\$4,468.42	\$102,575.00	\$0.00	\$142,268.42

Unreimbursed Expenses Attributable to Coronavirus

Unreimbursed Expenses	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Total
General and Administrative (G&A) Expenses	\$0.00	\$20,568.00	\$90,258.00	\$31,442.42	\$100,000.00	\$0.00	\$242,268.42
Healthcare Related Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Unreimbursed Expenses Attributable to Coronavirus	\$0.00	\$20,568.00	\$90,258.00	\$31,442.42	\$100,000.00	\$0.00	\$242,268.42

Unreimbursed Expenses can exceed total PRF Funds received in Period 1

We reported the entire expenses related to COVID; however, they exceeded the PRF payments, and we had to reduce the expenses to the amount of the PRF funds received. We ended up reporting exactly the amount of PRF Funds received of \$155,993.43.

Reporting



Other Provider Relief Fund Expenses for Payments Received During Payment Period April 10, 2020 – June 30, 2020

On this worksheet, the reporting entity is required to report on the use of all Other Provider Relief Fund payments received April 10, 2020 – June 30, 2020. The reporting entity must report the use of these payments by indicating the quarterly expenses reimbursed with these payments. Provider Relief Fund payments must be used for expenses unreimbursed by other sources and that other sources are not obligated to reimburse.

Please see the PRF Reporting System User Guide (Section 4.10) for detailed instructions.

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 Other PRF Payments = \$155,993.43

Other PRF Expenses	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Total
General and Administrative (G&A) Expenses	\$0.00	\$2,599.47	\$17,304.95	\$9,404.47	\$0.00	\$0.00	\$29,308.89
Healthcare Related Expenses	\$0.00	\$63,912.40	\$75,646.00	\$112,443.00	\$0.00	\$0.00	\$252,001.40
Total Other PRF Expenses	\$0.00	\$66,511.87	\$92,950.95	\$121,847.47	\$0.00	\$0.00	\$281,310.29

The total amount of expenses may not exceed the Total Reportable Other PRF Payments (Payments + Interest - Returns).

https://prfreporting.hrsa.gov/HRSA_FileRender?name=ReportingUserGuide

This clinic only reported increase tax burden as expense

Entity Overview



Reporting

Other Provider Relief Fund Expenses for Payments Received During Payment Period April 10, 2020 – June 30, 2020

On this worksheet, the reporting entity is required to report on the use of all Other Provider Relief Fund payments received April 10, 2020 – June 30, 2020. The reporting entity must report the use of these payments by indicating the quarterly expenses reimbursed with these payments. Provider Relief Fund payments must be used for expenses unreimbursed by other sources and that other sources are not obligated to reimburse.

Please see the PRF Reporting System User Guide (Section 4.10) for detailed instructions.

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 Other PRF Payments = \$146,411.3

Other PRF Expenses	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Total
General and Administrative (G&A) Expenses	* \$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	* \$82,309.00	\$82,309.00
Total Other PRF Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$82,309.00	\$82,309.00

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



We are moving to Lost Revenue now. If your expenses exceeded our PRF Funds, you do not have to enter lost revenue by payor and by quarter?

Reporting



Actual Patient Care Revenue

The recipient is required to submit calendar year 2019 actual patient care revenue and calendar year 2020 actual patient care revenue.

All fields marked with an asterisk are required. The number entered may be a value with up to 14 digits including 2 decimal places. If there is no revenue, the reporting entity must enter '0'.

* 2019 Actuals(Calender Year)

\$1,085,256.00

* 2020 Actuals(Calender Year)

\$1,054,159.00

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

The webinars by HRSA indicated we could still enter lost revenues and we can enter calendar year net patient revenues, but not quarterly if expenses use up all the PRF Funds.

We are not claiming any lost revenue. Do I still need to complete that section about lost revenue amounts?

[Collapse all \(1\)](#) ^



HRSA Team - JR 01:47 PM

If you have exhausted all PRF payments on expenses, you will be asked only to report on Patient Care revenue for 2020 and 2021. Please see Reporting Portal User Guide for additional information.

Question:
How can
an RHC
Compute
Lost
Revenue
when
reporting
on the
HHS
Portal?



A	Actual 2020 Net Patient Service Revenue to Actual 2019 Net Patient Service Revenue
B	Actual 2020 Net Patient Service Revenue to Budgeted 2020 Net Patient Service Revenue (Budget approved March 26, 2020 or earlier)
C	Any Reasonable method of calculating Lost Revenue
D	All of the Above

The reality is Option 2 is almost impossible. RHCs do not have 2-year budgets approved ahead of time.

Lost Revenue Update – Three Ways to now compute Lost Revenue

Recipients may choose to apply PRF payments toward lost revenue using one of the following options, up to the amount:

- a) of the difference between 2019 and 2020 actual patient care revenue;
- b) of the difference between 2020 budgeted and 2020 actual patient care revenue. If recipients elect to use 2020 budgeted patient care revenue to calculate lost revenue, they must use a **budget that was established and approved prior to March 27, 2020**. Providers using 2020 budgeted patient care revenue to calculate the amount of lost revenues they may permissibly claim will be required to

c) See next slide

Note: a) And b) were from previous guidance. C) is new.

Lost Revenue Update – The New Way to now compute Lost Revenue (Continued)

- c) **calculated by any reasonable method of estimating revenue.** If a recipient wishes to use an alternate reasonable methodology for calculating lost revenues attributable to coronavirus, the recipient must submit a **description of the methodology, an explanation of why the methodology is reasonable, and establish how the identified lost revenues were in fact a loss attributable to coronavirus, as opposed to a loss caused by any other source.** All recipients seeking to use an alternate methodology face an **increased likelihood of an audit by HRSA.** HRSA will notify a recipient if their proposed methodology is not reasonable, including because it does not establish with a reasonable certainty that claimed lost revenues were caused by coronavirus. **If HRSA determines that a recipient’s proposed alternate methodology is not reasonable, the recipient must resubmit its report within 30 days** of notification using either 2019 calendar year actual revenue or 2020 calendar year budgeted revenue to calculate lost revenues attributable to coronavirus.



Lost Revenue Update – Three Ways to now compute Lost Revenue (Continued)

Method c) may provide relief to RHCs which did not have a budget established on or before March 26, 2020 or did not experience the loss of net patient revenue in 2020 as compared to 2019. This provision could benefit RHCs that added providers or services in 2020 or may have been in the startup phase in 2019.



≠



What if we did add 2 providers in 2020 and our net patient revenues increased because of the two new providers?

Use Option 3 and remove the net patient collections generated by the new providers in 2020 so you are comparing only net patient collections for the same providers in 2020 and 2019.

Great News on Lost Revenue

If a Reporting Entity experienced quarterly patient care revenue losses during some, but not all, of the quarters during the period of availability of funds, may Provider Relief Fund payments be used to cover losses during those quarters only? (Added 7/1/2021/)

Yes, lost revenues are calculated for each quarter during the period of availability, as a standalone calculation. Provider Relief Fund payments may be used to cover those quarters where patient care revenue losses occurred as long as those losses were attributable to coronavirus.

Net Patient Revenues for 2019 and 2020 Broken Down by Quarter					
2019					
	Jan-Mar 2019	Apr-June 2019	July-Sept 2019	Oct-Dec 2019	Total
2019 Net Patient Revenue	289,888	255,626	251,417	288,325	1,085,256
2020					
	Jan-Mar 2020	Apr-June 2020	July-Sept 2020	Oct-Dec 2020	Total
2020 Net Patient Revenue	315,898	164,541	271,228	302,492	1,054,159
Lost Revenue by Quarter	(26,010)	91,085	(19,811)	(14,167)	31,097

In this example, lost revenue is \$91,085

Great News: Lost Revenues can be carried forward to future periods

More Great News on Lost Revenue

If a Reporting Entity has more lost revenue for a “Payment Received Period” than it received Provider Relief Fund payments for the same period, can that lost revenue be carried forward and applied against payments received during later “Payment Received Periods” and included in the lost revenues reported during later reporting periods? *(Added 7/1/2021)*

Yes. Provider Relief Fund payments may be applied to expenses and lost revenues according to the period of availability of funding. However, expenses and lost revenues may not be duplicated. Specifically, payments received may not be applied to the same expenses and lost revenues that Provider Relief Fund payments received in prior payment periods already reimbursed. The Payment Received Periods described in the June 11, 2021 Post-Payment Notice of Reporting Requirements determine the period of availability of funding and when reports are due.

2019 Net Patient Revenues

This is your Base Year to Compare to 2020 & 2021

Reporting

Entity Overview



Calculation of Lost Revenues Attributable to Coronavirus

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

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

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

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

	Q1 (2019)	Q2 (2019)	Q3 (2019)	Q4 (2019)	Total (2019)
Medicare A+B	\$87,775.93	\$92,556.87	\$103,724.70	\$102,346.73	\$386,404.23
Medicare C	\$12,739.26	\$13,882.52	\$11,412.37	\$12,896.29	\$50,930.44
Medicaid/Children's Health Insurance Program (CHIP)	\$65,052.56	\$59,496.15	\$44,493.12	\$49,300.48	\$218,342.31
Commercial Insurance	\$68,521.40	\$55,539.34	\$53,414.08	\$60,160.49	\$237,635.31
Self-Pay (No Insurance)	\$10,778.29	\$11,843.96	\$10,235.72	\$10,223.09	\$43,081.06
Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Revenue/Net Charges from Patient Care	\$244,867.44	\$233,318.84	\$223,279.99	\$234,927.08	\$936,393.35

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

An easy way to get your Medicare receipts by quarter is to run your P S and Rs by Quarter from 2019 to June 30, 2021

Reporting

Calculation of Lost Revenues Attributable to Coronavirus

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

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

2019 Actuals [2020 Actuals](#) 2021 Actuals

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

	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Total (2020)
Medicare A+B	\$71,652.11	\$73,117.16	\$83,209.08	\$42,415.76	\$270,394.11
Medicare C	\$9,745.13	\$10,252.50	\$12,124.88	\$12,390.13	\$44,512.64
Medicaid/Children's Health Insurance Program (CHIP)	\$60,357.12	\$47,596.47	\$46,486.48	\$54,944.01	\$209,384.08
Commercial Insurance	\$66,434.76	\$52,800.62	\$63,645.09	\$54,521.35	\$237,401.82
Self-Pay (No Insurance)	\$14,829.14	\$7,193.57	\$11,176.36	\$10,840.16	\$44,039.23
Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Revenue/Net Charges from Patient Care	\$223,018.26	\$190,960.32	\$216,541.89	\$175,111.41	\$805,731.88

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Save & Next

2020 Net Patient Revenues

Question: My net patient cash collections does not tie exactly to my patient accounting system receipts by payor. Is this a problem?

Answer: No, as long as it is relatively close, you can true up your payor mix reports to the net cash received. This is a relatively low audit risk area, and this data is for information only. Do your best, but it will never exactly tie in.

2021 Net Patient Revenues

Reporting



Calculation of Lost Revenues Attributable to Coronavirus

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

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

2019 Actuals 2020 Actuals 2021 Actuals

Total Revenue/Net Charges from Patient Care (2021 Actuals)

	Q1 (2021)	Q2 (2021)	Total (2021)
Medicare A+B *	\$104,896.27	\$107,300.37	\$212,196.64
Medicare C *	\$15,779.93	\$27,942.86	\$43,722.79
Medicaid/Children's Health Insurance Program (CHIP) *	\$70,133.36	\$71,191.93	\$141,325.29
Commercial Insurance *	\$78,724.75	\$90,411.18	\$169,135.93
Self-Pay (No Insurance) *	\$13,864.40	\$13,356.21	\$27,220.61
Other *	\$0.00	\$0.00	\$0.00
Total Revenue/Net Charges from Patient Care	\$283,398.71	\$310,202.55	\$593,601.26

Summary of Lost Revenue Calculations

Year	Q1	Q2	Q3	Q4	Totals
19	245	233	223	235	935
<u>20</u>	<u>223</u>	<u>191</u>	<u>217</u>	<u>175</u>	<u>805</u>
	<u>(22)</u>	<u>(42)</u>	<u>(6)</u>	<u>(60)</u>	<u>(130)</u>
2021 Lost	Revenue	Calculation			
19	245	310			555
<u>21</u>	<u>283</u>	<u>191</u>			<u>474</u>
	<u>0</u>	<u>0</u>			<u>0</u>

Personnel, Patient, and Facility Metrics is extremely Burdensome

Reporting



Personnel, Patient, and Facility Metrics

HHS is collecting this information in an effort to quantify the impact of COVID-19 on the reporting entity's personnel, patients, and facilities.

Fill out the tables below with the quarterly Personnel, Patient, and Facility Metrics for calendar year 2019-2021. See the PRF Reporting Portal User Guide (Section 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

Personnel Metrics Patient Metrics Facility Metrics

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

No

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

Next is Personnel, Patient, and Facility Metrics



Personnel, Patient, and Facility Metrics

HHS is collecting this information in an effort to quantify the impact of COVID-19 on the reporting entity's personnel, patients, and facilities.

Fill out the tables below with the quarterly Personnel, Patient, and Facility Metrics for calendar year 2019-2021. See the PRF Reporting Portal User Guide (Section 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

[Personnel Metrics](#) [Patient Metrics](#) [Facility Metrics](#)

[Full Time](#) [Part Time](#) [Contractor](#) [Furloughed](#) [Separated](#) [Hired](#)

Full Time	Q1 (2019)	Q2 (2019)	Q3 (2019)	Q4 (2019)	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Total
Clinical	* <input type="text" value="7"/>	* <input type="text" value="7"/>	* <input type="text" value="7"/>	* <input type="text" value="7"/>	* <input type="text" value="7"/>	* <input type="text" value="7"/>	* <input type="text" value="7"/>	* <input type="text" value="7"/>	* <input type="text" value="7"/>	* <input type="text" value="7"/>	70
Non-clinical	* <input type="text" value="5"/>	* <input type="text" value="5"/>	* <input type="text" value="5"/>	* <input type="text" value="5"/>	* <input type="text" value="5"/>	* <input type="text" value="5"/>	* <input type="text" value="5"/>	* <input type="text" value="5"/>	* <input type="text" value="5"/>	* <input type="text" value="5"/>	50
Total Number of Full Time Personnel	12	12	12	12	12	12	12	12	12	12	120

Thankfully, RHCs do not have to report Facility Metrics and only outpatient visits; however, these personnel metrics are extremely burdensome.

RHCS will need to enter Outpatient visits for 10 quarters of data



Reporting

Personnel, Patient, and Facility Metrics

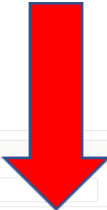
HHS is collecting this information in an effort to quantify the impact of COVID-19 on the reporting entity's personnel, patients, and facilities.

Fill out the tables below with the quarterly Personnel, Patient, and Facility Metrics for calendar year 2019-2021. See the PRF Reporting Portal User Guide (Section 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



Personnel Metrics Patient Metrics Facility Metrics

Patient Visits	Q1 (2019)	Q2 (2019)	Q3 (2019)	Q4 (2019)	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Total
Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0
Outpatient Visits (In-person and Virtual)	2,017	1,950	1,881	1,728	1,741	1,710	1,866	2,002	1,843	2,009	18,747
Emergency Department Visits	0	0	0	0	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	0	0	0	0
Number of Total Patient Visits	2,017	1,950	1,881	1,728	1,741	1,710	1,866	2,002	1,843	2,009	18,747

Move the answers from one side of the page to the other to report them to HRSA

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

Reporting



Survey

The reporting entity should consider the impact of the PRF payments received April 10, 2020 through June 30, 2020 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 April 10, 2020 through June 30, 2020:

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

Strongly Agree

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

- ▶ Retain personnel
- ▶ Pay rent/mortgage
- ◀ Pay fringe benefits
- ◀ 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

Finally – The Survey

Financial Effects of PRF Payment(s):

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

Strongly Agree

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

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

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

Yes

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

Yes

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

Yes

Clinical Care Effects of PRF Payment(s):

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.).

Strongly 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.); Buy other equipment; Buy supplies (e.g. ventilators, etc.); Enhance Information Technology (e.g. electronic health records etc.); Enhance or implement Telemedicine services; Increase testing capacity; Other healthcare related expenses

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) had on the business or patient services. Maximum 1000 characters.

Thank you for the provider relief funds. They were extremely helpful in helping us survive the pandemic and provide services for our patients while protecting ourselves and our families from Covid. We appreciate the support that has enabled us to help our community and serve our rural and medically underserved community.

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

Previous

Submit



Do Not Submit until the last week of September. You can not make changes if you submit. Once you hit submit, if you owe unused funds you have 30 days to pay the money back.

Survey – Great Answer

Take you time and show appreciation

(OPTIONAL) Please describe the impact PRF payment(s) had on the business or patient services. Maximum 1000 characters.

WITHOUT THE STIMULUS MONEY....WE WOULD HAVE CLOSED!!! As a small business owner of an established RHC that has been in business serving a high percentage of the low income residents of the Southeast Missouri and Southern IL region for over 25 years, I cannot begin to express my/our gratitude for the financial support (LIFE-RING) that was thrown to us during this tumultuous times of sickness, stress, anxiety, fear and loss associated with the COVID-19 pandemic. It was evident, from the very beginning, that our income to expenses ratio would not sustain MedStop One for more than a few months, and a wonderful, dedicated staff of many years would be forced into an already overburdened unemployment program, and our patients of many many years would be forced to the already overcrowded hospitals where CV-19 was spreading and people were being turned away. Although we're a LONG WAY from this being over, your support and dedication has been a saving grace and light of hope for all of America

PRF Financial Summary

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

PRF Summary

	Amount
Gross PRF Payments (Including Interest Earned)	\$146,411.30
Total PRF Returned Payments	\$0.00
Total Reportable PRF Payments	\$146,411.30
Total Reportable Nursing Home Infection Control Payments	\$0.00
Total Reportable Other PRF Payments	\$146,411.30

A.

Lost Revenues

	2020	2021
Lost Revenues by Quarter Based on Change in Patient Care Revenues ⓘ	Q1: -\$21,849.18	Q1: \$0.00
	Q2: -\$42,358.52	Q2: \$0.00
	Q3: -\$6,638.1	Total: \$0.00
	Q4: -\$59,815.67	
	Total: -\$130,661.47	

PRF Reconciliation

	Amount
Other PRF Payments Applied to Unreimbursed Expenses Attributable to Coronavirus	\$82,309.00
Amount Eligible for Lost Revenues Reimbursement ⓘ	\$130,661.47
Other PRF Remaining for Possible Lost Revenues Reimbursement	\$64,102.30
Unused Nursing Home Infection Control Payments ⓘ	\$0.00
Unused Other PRF After Lost Revenues Reimbursement ⓘ	\$0.00

B.

1.

C.

2.

Previous Save & Exit Save & Next

$$A. - B. = C.$$

Lost Revenue
Carryforward
1. - 2. = \$66,559



You want this number to be zero

got questions?

Got PRF Questions

- Got PRF Questions. HRSA is having an Office Hours session where you can ask questions this Friday.
- Submit Your PRF Report
- The PRF Reporting Portal is now open until September 30, 2021. Register, complete and submit your report now, or continue reading for instructions on how to use the portal.
- Having trouble? The portal is only compatible with the most current version of Chrome, Edge, and Firefox.
- Join us for a PRF Reporting Assistance Office Hours
- Friday, September 10, 2021
- 1:00 to 2:30pm ET
- Link HRSA Exit Disclaimer (direct access, no registration)
- <https://hrsa-gov.zoomgov.com/j/1611398518#success>

MS **Mohamed Sobhy** 01:09 PM

We need to know if our revenue as a company in 2020 is greater than 2019 because we added covid tests as a new project, in this case there will not be a lost in revenue, correct ?

[Collapse all \(1\)](#) ^

HT **HRSA Team - JR** 01:54 PM

Option iii provides you the most flexibility in caculating lost revenues. Please see Lost Revenues Guide for additional information. <https://www.hrsa.gov/sites/default/files/hrsa/provider-relief/prf-lost-revenues-guide.pdf>

JD **J Denise Jordan** 01:09 PM

Should SBA loan amounts be included in the provider funds received?

[Collapse all \(1\)](#) ^

HT **HRSA Team - JR** 01:52 PM

Please report as Other Assistance Received.

JC

Jennifer Chau 01:09 PM

What is the difference between "Other PRF Expenses" and "Unreimbursed Expenses"?

[Collapse all \(1\)](#) ^

HT

HRSA Team - ST 01:29 PM

The "Other Assistance Received" table is a summary of all COVID-19 related income sources received during the applicable timeframe, and will be used by HRSA for informational purposes. The Other Assistance Received reported in this table should also help providers identify sources of funding that must be used before applying PRF payments to expenses and lost revenues attributable to coronavirus. The portal will not offset expenses attributable to coronavirus with the amount of Other Assistance Received that is reported.

Unreimbursed expenses attributable to coronavirus are expenses that have not been reimbursed by other sources and that other sources are not obligated to reimburse including PRF payments. Please refer to the PRF Reporting User Guide. https://prfreporting.hrsa.gov/HRSA_FileRender?name=ReportingUserGuide

Can you provide some detail on what mortgage payments and what utility expense payments are authorized to be reported for the reporting period?

[Collapse all \(1\)](#) ^

HT

HRSA Team - DF 01:24 PM

Assuming the facility was used for healthcare related services, full costs of the mortgage associated with the provider facility are allowable expenses that providers should report as General and Administrative expenses.

Health care-related operating expenses are limited to costs incurred to prevent, prepare for, and respond to coronavirus. The amount of mortgage or rent eligible for Provider Relief Fund reimbursement is limited to that which was incurred to prevent, prepare for, and respond to coronavirus. Furthermore, PRF recipients must only use payments for eligible expenses including services rendered, and lost revenues during the period of availability. The period of availability of funds is based on the date the payment is received as shown in the table below. HRSA expects that it would be highly unusual for providers to have incurred eligible expenses prior to January 1, 2020.

Executive Summary



START NOW. TIME IS RUNNING OUT. THE REPORT MUST BE FILED BY 9/30/2021.



THERE ARE NO EXTENSIONS AND IF YOU MISS THE DEADLINE YOU MAY HAVE TO PAY BACK THE FUNDS.



DOCUMENT YOUR WORK AND KEEP IT FOR AT LEAST 3 YEARS (PREFERABLY 6).



DO NOT PRESS SUBMIT NOW. WAIT UNTIL THE LAST WEEK IN SEPTEMBER AFTER YOU HAVE REVIEWED THE DRAFT THOROUGHLY AND YOU HAVE TIME TO RESOLVE UNANSWERED QUESTIONS AND HRSA PROVIDES MORE GUIDANCE.

Cost Reporting

Cost Reports by Fiscal Year

Downloads which include all fiscal years for the Renal Facility, Community Mental Health Clinic, RHC/FQHC and Hospice Cost Reports can be found on their respective pages.

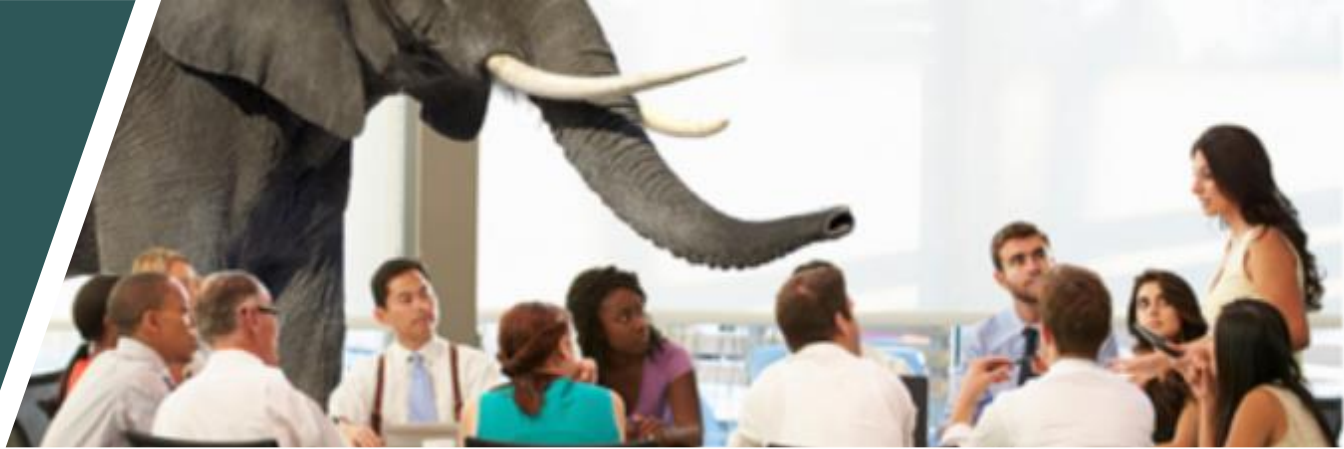
Show entries: 10 ▼

Filter On: ←

Fiscal Year ▲	Facility Type ◇
2013	Hospital-2010
2013	HHA
2014	HHA
2014	SNF-2010
2014	Hospital-2010
2015	SNF10
2015	HHA
2015	Hospital-2010

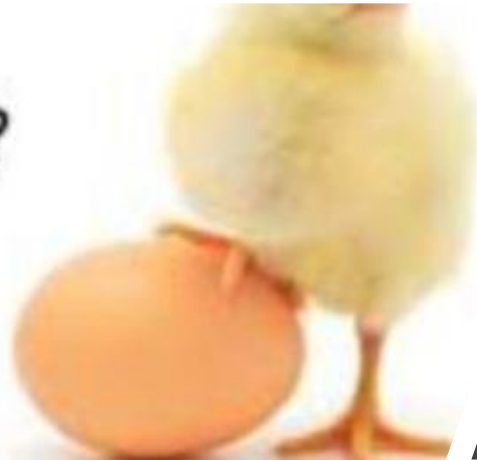
Showing 61 to 68 of 68 entries

◀ ◁ 3 4 5 6 7 ▶ ▷



The Elephant in the Room is which came first the Chicken or the Egg? If we claim the cost on the cost report, can we claim as PRF Fund expense or if we claim it as PRF Fund expense, do we have to remove the expense from the cost report. No one wants to clearly answer this question.

Chicken or Egg?



How does cost-based reimbursement relate to my Provider Relief Fund payment?



(Modified 3/31/2021)

Recipient must follow CMS instructions for completion of cost reports available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals-Items/CMS021935>

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

A Sample of 20 Cost Reports to determine if RHCs have unreimbursed costs

	1	2	3	4	5	6	7	8	9	10	11
	2020	2019	Cost Per Visit	Cost Increase	2020 Medicare Cap	Cost per visit Per Visit	2020 Total Visits	2019 Total Visits	Visit Variance	Percent Variance	(Col 6 * Col 7) Unreimbursed Expenses
	<u>Cost per Visit</u>	<u>Cost Per Visit</u>	<u>Variance</u>	<u>Percentage</u>	<u>Medicare Cap</u>	<u>In Excess of Cap</u>	<u>Total Visits</u>	<u>Total Visits</u>	<u>Variance</u>	<u>Variance</u>	<u>Expenses</u>
1	180.82	147.20	33.62	23%	86.31	94.51	3,801	4,216	(415)	-11%	359,233
2	118.44	88.86	29.58	33%	86.31	32.13	18,862	18,594	268	1%	606,036
3	113.11	108.52	4.59	4%	86.31	26.80	25,698	27,423	(1,725)	-7%	688,706
4	175.10	214.15	-39.05	-18%	86.31	88.79	8,814	8,820	(6)	0%	782,595
5	150.35	90.02	60.33	67%	86.31	64.04	4,935	7,819	(2,884)	-58%	316,037
6	128.55	100.47	28.08	28%	86.31	42.24	4,996	6,447	(1,451)	-29%	211,031
7	204.67	180.73	23.94	13%	86.31	118.36	5,880	5,103	777	13%	695,957
8	114.75	99.82	14.93	15%	86.31	28.44	21,952	24,164	(2,212)	-10%	624,315
9	133.18	113.16	20.02	18%	86.31	46.87	4,515	4,130	385	9%	211,618
10	139.31	128.31	11.00	9%	86.31	53.00	11,908	11,975	(67)	-1%	631,124
11	103.57	95.81	7.76	8%	86.31	17.26	23,300	24,007	(707)	-3%	402,158
12	151.61	104.96	46.65	44%	86.31	65.30	9,127	11,797	(2,670)	-29%	595,993
13	96.90	88.17	8.73	10%	86.31	10.59	40,987	46,382	(5,395)	-13%	434,052
14	112.47	93.07	19.40	21%	86.31	26.16	9,284	10,593	(1,309)	-14%	242,869
15	103.50	88.21	15.29	17%	86.31	17.19	18,915	20,483	(1,568)	-8%	325,149
16	121.32	91.60	29.72	32%	86.31	35.01	9,940	13,087	(3,147)	-32%	347,999
17	108.19	95.84	12.35	13%	86.31	21.88	12,216	10,383	1,833	15%	267,286
18	136.13	106.84	29.29	27%	86.31	49.82	10,769	9,081	1,688	16%	536,512
19	111.82	85.51	26.31	31%	86.31	25.51	13,873	15,638	(1,765)	-13%	353,900
20	134.17	117.09	17.08	15%	86.31	47.86	21,171	29,099	(7,928)	-37%	1,013,244
	<u>2,637.96</u>	<u>2,238.34</u>	<u>399.62</u>	<u>18%</u>		911.76	<u>280,943</u>	<u>309,241</u>	<u>(28,298)</u>	<u>-9%</u>	<u>9,645,815</u>
	<u>131.90</u>	<u>111.92</u>	<u>19.98</u>	Average Cost per visit in excess of the Medicare cap		<u>45.59</u>	<u>14,047</u>	<u>15,462</u>	<u>(1,415)</u>	<u>-9%</u>	<u>482,291</u>
							Note 1: Average Unreimbursed Expenses in Total. (not the amount to claim in the PRF portal)				Note 1

If you cost per visit is way over the cap you may want to exclude the Provider Relief Funding on the cost report. Certainly not required. Just very conservative.

	Description (1)	(2) Basis/Code	Amount	Expense Classification on Worksheet A from which amount is to be adjusted		
				Cost Center	Line No.	
				3.00	4.00	
1.00	Investment income-Buildings and Fixtures (chapter 2)		0	DEPRECIATION-BUILDINGS AND FIXTURES	44.00	1.00
2.00	Investment income-Movable Equipment (chapter 2)		0	DEPRECIATION-MOVABLE EQUIPMENT	45.00	2.00
3.00	Investment income-Other (chapter 2)		0		0.00	3.00
4.00	Trade, quantity and time discounts (chapter 8)		0		0.00	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	5.00
6.00	Rental of building or office space to others (chapter 8)		0		0.00	6.00
7.00	Related organization transactions (chapter 10)	From Wkst. A-8-1	0			7.00
8.00	Sale of drugs to other than patients		0		0.00	8.00
9.00	Vending machines		0		0.00	9.00
10.00	Practitioner Assigned by Public Health Service		0		0.00	10.00
11.00	Depreciation - Buildings and Fixtures		0	DEPRECIATION-BUILDINGS AND FIXTURES	44.00	11.00
12.00	Depreciation - Movable Equipment		0	DEPRECIATION-MOVABLE EQUIPMENT	45.00	12.00
13.00	RCE adjustments to teaching physician's cost		0	ALLOWABLE GME COSTS	29.00	13.00
14.00	EXCLUDE NON-ALLOWABLE EXPENSES	A	-30,363	NON-ALLOWABLE EXPENSES	68.02	14.00
14.01	EXCLUDE PRF FUNDS RECEIVED	A	-274,969	PHYSICIAN	1.00	14.01
14.02			0		0.00	14.02
14.03			0		0.00	14.03
14.04			0		0.00	14.04
14.05			0		0.00	14.05
14.06			0		0.00	14.06
14.08			0		0.00	14.08
50.00	Total (sum of lines 1 through 49)		332			50.00

Why did you exclude it from Physician Compensation?

1. It is typically the largest number on the cost report.

Covid Vaccine & Monoclonal Injections/shots

1. Both are reported on the cost report like flu and pneu and reimbursed at cost. Keep a log.
2. Include Medicare Advantage/Replacement Plan patients as well (not so for flu and pneu)
3. Keep up with Medicare Advantage/Replacement plans separately.
4. Keep up with your cost of supplies and direct expenses in a separate general ledger account.
5. Keep good time records for administration time.
6. Payments are \$40 for Covid vaccines and \$450 (\$750 if done in patients' home) if billed fee for service. If you have a location that is not an RHC you will most likely be better off doing vaccines and monoclonal injections/shots in those sites.

<https://www.cms.gov/medicare/covid-19/monoclonal-antibody-covid-19-infusion?fbclid=IwAR0b56IOR4fYBDh53ex2lfrg3OC9dd1hHCm7e6aibbQNWt-D1YaLAy-VWF8>

Time spent for Covid and Monoclonal injections

Description	Vaccines	Monoclonal
FTEs Giving Shots	15.00	15.00
Hours in a Full-Time Year	2,080	2,080
Total Hours Worked by FTEs	<u>31,200</u>	<u>31,200</u>
Total Injections Provided	1,000	500
Minutes per (15 and 75)	0.250000	1.250000
Total Hours Providing Injections	250.00	625.00
Percent of Healthcare Time	<u>0.008013</u>	<u>0.020032</u>
Reference	B-1	B-1
	C1	C2

What the cost report will look like

Worksheet A

30.00	3000	PNEUMOCOCCAL VACCINES & MED SUPPLIES	0	0	0	0	0	0	0	30.00
31.00	3100	INFLUENZA VACCINES & MED SUPPLIES	0	0	0	9,063	9,063	0	9,063	31.00
31.10	3110	COVID-19 VACCINES & MED SUPPLIES	0	0	0	10,000	10,000	0	10,000	31.10
31.11	3111	MONOCLONAL ANTIBODY PRODUCTS	0	0	0	10,000	10,000	0	10,000	31.11

The best way to report these costs are to set up separate general ledger accounts and record the direct expenses as you go throughout the year, otherwise, we will need to prepare an A-6 Reclass of expense.

Worksheet A-6 Reclass of expenses

Reclassifications:
 [V] - VACCINE & MAB COSTS Update Redass... New Redass... Delete Redass... View All Redasses

	A	B	C	D	E	F	G	
1							Provider CCN:	04-3838
2	RECLASSIFICATIONS							
3								
4	Increase			Decrease				
5	Cost Center	Line No.	Amount (2)	Cost Center	Line No.	Amount (2)		
6	2.00	3.00	4.00	5.00	6.00	7.00		
7	Total:			20,000	Total:			20,000
8	1.00	COVID-19 VACCINES & MED SUPPLIES	31.10	10,000	MEDICAL SUPPLIES	25.00	10,000	
9	2.00	MONOCLONAL ANTIBODY PRODUCTS	31.11	10,000	MEDICAL SUPPLIES	25.00	10,000	
10	3.00		0.00	0		0.00	0	
11	4.00		0.00	0		0.00	0	

B-1 Calculation of Reimbursement

		Title XVIII	Clinic			
CALCULATION OF COST		PNEUMOCOCCAL VACCINES	INFLUENZA VACCINES	COVID-19 VACCINES	MONOCLONAL ANTIBODY PRODUCTS	
		1.00	2.00	2.01	2.02	
1.00	Health Care Staff Cost (Worksheet A, column 7, line 14)	0	1,085,301	1,085,301	1,085,301	1.00
2.00	Ratio of injection/infusion staff time to total health care staff time	0.000000	0.003029	0.008013	0.020032	2.00
3.00	Infections/infusions health care staff cost (line 1 multiplied by line 2)	0	3,287	8,697	21,741	3.00
4.00	Infections/infusions and related medical supplies cost (from Worksheet A, column 7, lines 30, 31, 31.10 and 31.11, respectively)	0	9,063	10,000	10,000	4.00
5.00	Direct cost of injection/infusion (sum of lines 3 and 4)	0	12,350	18,697	31,741	5.00
6.00	Total direct cost of the RHC (from Worksheet A, column 7, line 39)	0	1,332,615	1,332,615	1,332,615	6.00
7.00	Total facility overhead (from Worksheet A, column 7, line 74)	0	976,148	976,148	976,148	7.00
8.00	Ratio of injection/infusion direct cost to total direct cost (line 5 divided by line 6)	0.000000	0.009267	0.014030	0.023819	8.00
9.00	Overhead cost - injections/infusions (line 7 multiplied by line 8)	0	9,046	13,695	23,251	9.00
10.00	Total injection/infusion cost and administration (sum of lines 5 and 9)	0	21,396	32,392	54,992	10.00
11.00	Total number of injections/infusions (from provider records)	0	567	1,000	500	11.00
12.00	Cost per injection/infusion (line 10 divided by line 11)	0.00	37.74	32.39	109.98	12.00
13.00	Number of injections/infusions administered to Medicare Beneficiaries	0	214	200	100	13.00
13.01	Number of COVID-19 injections/infusions administered to MA enrollees			0	0	13.01
14.00	Medicare cost of injections/infusions and administration (line 12 multiplied by the sum of lines 13 and 13.01, as applicable)	0	8,076	6,478	10,998	14.00
15.00	Total cost of injections/infusions administration (sum of columns 1, 2, 2.01 and 2.02, line 10) Transfer to Worksheet C, Part I, line 2	108,780				15.00
16.00	Total Medicare cost of injections/infusions and administration (sum of columns 1, 2, 2.01, and 2.02, line 14) Transfer to Worksheet C, Part II, line 23	25,552				16.00



Where to get more information

Thursdays at Three Webinar Series

See All Thoughtware ▶



Webinar
Sep 23, 2021

Thursdays @ Three: One Week to Go – Final Considerations for Your Provider Relief Fund Reporting

This webinar will address final considerations for Provider Relief Fund (PRF) reporting and additional portal- and PRF-related questions.

Tags: Thursdays at Three Webinar Series , Healthcare



Webinar
Sep 16, 2021

<https://www.bkd.com/topics/thursdays-three-webinar-series-0>

Questions?

Thank You!!!

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