

Provider Relief Fund Reporting

Webinar

[Recording Link](#)

Ben Kane & Anil Shankar

July 21, 2021

PRF Payments and Deadlines

PRF Distributions so far

Reporting	Funding Category	Round of Funding	Amount	PHS eligibility
Funds to report on	General Distribution	Phase 1 - First tranche	\$30 billion	All PHS
		Phase 1 - Second tranche	\$20 billion	
		Phase 2	\$6 billion	
		Phase 3	\$24.5 billion	
	High-impact	First tranche	\$12 billion	PHS with meeting certain criteria based on COVID admissions
		Second tranche	\$10 billion	
	Safety Net Hospitals	First tranche	\$10.1 billion	PHS meeting certain criteria
		Second tranche	\$3 billion	PHS meeting certain criteria
		Third tranche – Children's Hospitals	\$1.1 billion	Generally not eligible
		SNFs	\$5 billion	PHS with SNFs
SNFs: Separate steps within reporting	Skilled Nursing Facilities (SNFs)	Nursing Home Infection Control – First tranche	\$2.75 billion	PHS with SNFs
		Nursing Home Infection Control – Second tranche	\$2.25 billion	PHS with SNFs that meet certain thresholds based on COVID infection and mortality rates compared to community
	Rural	First tranche	\$10 billion	Generally not eligible
		Second tranche	\$1.1 billion	
	Indian Health Services		\$520 million	
	HRSA Uninsured testing and treatment		Unspecified amount	All PHS
Not part of reporting (claims programs)	Coverage Assistance Fund for Undersinsured Vaccination		Unspecified amount	All PHS

Reporting Periods and Deadlines



Distributions by Reporting Period

Payment Received Period	Relevant Funds (estimate)					
<u>Period 1 (2020 Q1 & Q2)</u> April 10, 2020 – June 30, 2020	General Phases 1 & 2	Rural 1 st Tranche	SNFs	High-impact 1 st Tranche	Safety Net 1 st Tranche	IHS
<u>Period 2 (2020 Q3 & Q4)</u> July 1, 2020 – December 31, 2020	Safety Net 2 nd Tranche	High-impact 2 nd Tranche	Safety Net 3 rd Tranche (Children's)	SNF Infection Control (partial)	General Phase 3 (partial)	
<u>Period 3 (2021 Q1 & Q2)</u> January 1, 2021 – June 30, 2021	General Phase 3 (partial)	SNF Infection Control (partial)				
<u>Period 4 (2021 Q3 & Q4)</u> July 1, 2021 – December 31, 2021	Future payments TBA					

Note: These are estimates, you should reference your own records and the reporting portal for when you received payments.

Reporting Portal

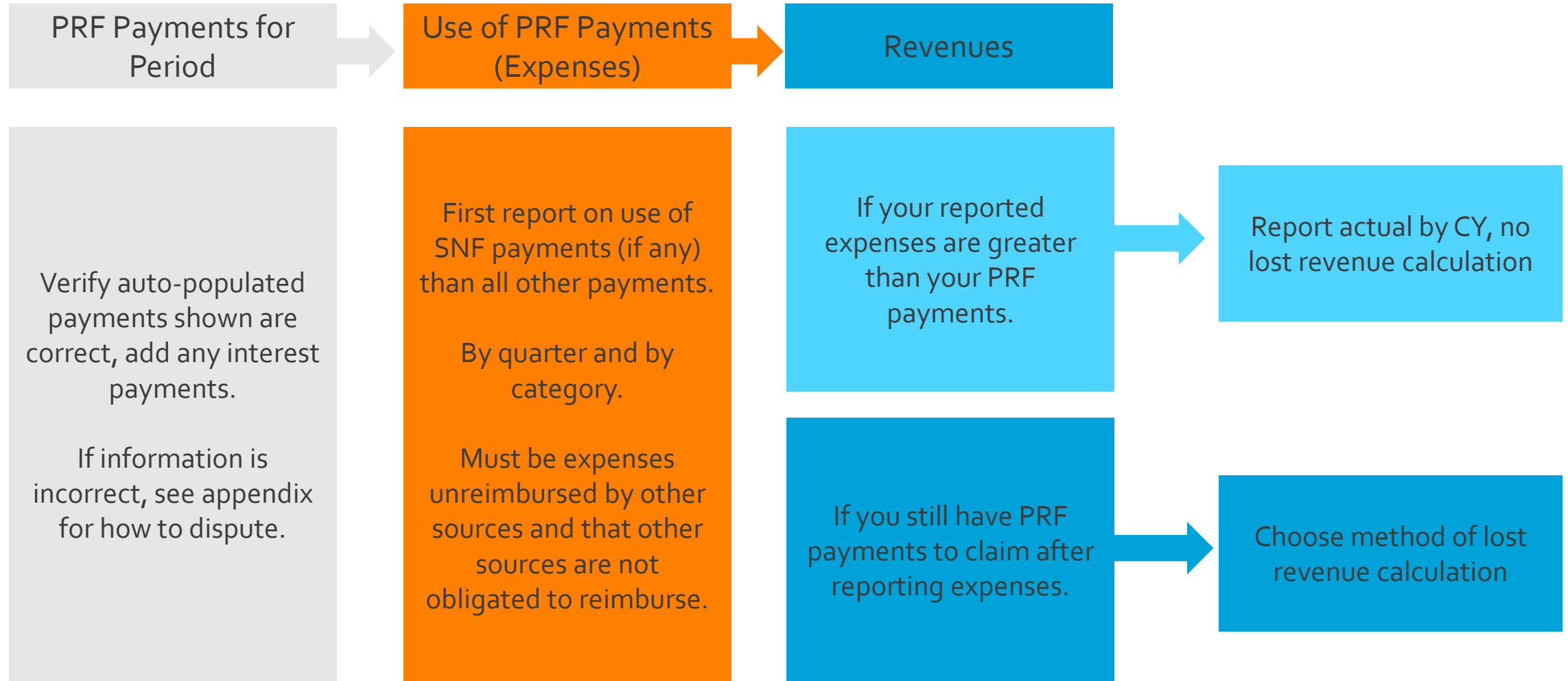
Reporting Portal

- [Reporting portal](#) opened on July 1, 2021
- First reporting period runs from July 1 – September 30 (90 days), to report on funds received before June 30, 2020
- Providers will go through a step-by-step process with 16 steps
- Each step will require you to enter information before proceeding, but allows for you to go back and edit information before submitting at the end
- See the appendix for detailed information and screenshots of each step

Reporting Steps

1. Entity Overview
2. Subsidiary Questionnaire
3. Subsidiary Data
4. Payments to Recipient
5. Interest Earned on PRF Payment, Tax Information, and Single Audit Information
6. Payments Summary
7. Other Assistance Received
8. Use of SNF and Nursing Home Infection Control Distribution Payments
9. Use of Other PRF Payments
10. Unreimbursed Expenses Attributable to Coronavirus
11. Revenue
12. Lost Revenues
13. PRF Financial Summary
14. Personnel, Patient, and Facility Metrics
15. Survey
16. Review and Submit

Key Reporting Steps



Lost Revenue

Note: All methods calculated by quarter. Any quarter with a gain is treated as zero lost revenue, does not reduce lost revenues in other quarters.

Choose method of lost revenue calculation		
Option i: 2019 Actual Revenue	Option ii: 2020 Budgeted Revenue	Option iii: Alternate Reasonable Methodology
<p>The difference between actual patient care revenues using CY 2019 quarters as baseline.</p> <p>Report by payer.</p>	<p>The difference between budgeted (prior to March 27, 2020) and actual patient care revenues.</p> <p>Report by payer.</p> <p>Must also include a copy of a budget approved before March 27, 2020 and an attestation.</p>	<p>Report Lost Revenue by quarter</p> <p>Also include a narrative document describing methodology, why it is reasonable and attributable to coronavirus, and the calculation of lost revenues based on that methodology.</p> <p>Higher likelihood of HRSA audit. Must resubmit using Option i or ii in 30 days if HRSA determines it is not reasonable.</p>

Other Reporting Steps

1. Entity Overview
2. Subsidiary Questionnaire
3. Subsidiary Data
4. Payments to Recipient
5. Interest Earned on PRF Payment, Tax Information, and Single Audit Information
6. Payments Summary
7. Other Assistance Received
8. Use of SNF and Nursing Home Infection Control Distribution Payments
9. Use of Other PRF Payments
10. Unreimbursed Expenses Attributable to Coronavirus
11. Revenue
12. Lost Revenues
13. PRF Financial Summary
14. Personnel, Patient, and Facility Metrics
15. Survey
16. Review and Submit

Other Reporting Steps

- Other Assistance Received
 - Report other types of COVID-related assistance received
- Unreimbursed Expenses Attributable to Coronavirus
 - Unreimbursed health care expenses attributable to coronavirus, net of other reimbursed sources including PRF
 - This category may include amounts that will be paid for with PRF funds received in later periods
- Personnel, Patient, and Facility Metrics
 - Detailed reporting to quantify the impact of COVID-19
- Survey
 - Qualitative questions to evaluate the impact of PRF payments on the reporting entity's financial and clinical care situation

Reviewing and Submitting

- Once you submit, it appears you will not be able to go back and edit
- We recommend waiting to submit your report until closer to the September 30, 2021 deadline, given that what we know could change as more information is released

Preparing for Reporting

PRF Reporting Policies and Procedures

- Reported amounts must be supported by documentation
 - Documentation not submitted with reporting, but must be maintained to substantiate the use of funds
 - Organize and review documentation before reporting
 - Financial management standards in 45 C.F.R. 75.302 apply.
- Lots of gray areas → many decisions to make
- Recommend your legal and finance team draft a Policy & Procedure describing your process for identifying eligible expenditures, determining amounts, offsetting reimbursement, and reporting lost revenue.
 - Will help demonstrate intent to comply
 - Memorialize decisions made based on available guidance, and ensure consistent application

1. Defining the Reporting Entity

- Reporting Entities is based on the registered TIN
- Address exclusion of any departments/agencies with the same TIN that may have received COVID funding but which are not included in the report
- Address facilities that received PRF Targeted Distribution
 - Recipients of Targeted Funds must report, but this is identified by TIN (not necessarily by facility)
 - Parents may report on subsidiaries for General Distribution, but for Targeted Distribution

2. Identifying Eligible Expenses

- How are you determining “healthcare expenses attributable to coronavirus?”
 - P&P can include a narrative description of activities undertaken to prevent, prepare for, and respond to coronavirus
 - Identify the process for identifying the of amounts (*e.g.*, receipts, marginal increases, cost allocations, etc.)
 - Classification of items into categories should follow how recipients maintain their records
 - Type of supporting documentation
 - Application of salary caps and other specific exclusions in the Terms and Conditions
 - For capital expenses, use of depreciation (*e.g.*, when expenses are “directly related” to COVID)

2. Identifying Eligible Expenses

- What expenses should you claim?
 - Evaluate changes in total cost as well as new expenses
 - Marginal increases may be attributable to COVID
 - Ongoing expenses of rendering services may also be eligible (*e.g.*, repurposed or dedicated to COVID)

Expenses – Pre-pandemic

New Expenses – Reporting Period
Marginal Increases – Reporting Period
Ongoing Expenses – Reporting Period

3. Accounting for Reimbursement

- P&P should address how you are accounting for reimbursement when reporting PRF expenses
 - Exclude or offset amounts from other COVID relief programs (FEMA, CRF, HRSA Testing, Treatment and Vaccine Program for the Uninsured, PPP, etc.)
 - Offset to account for cost-based reimbursement, including Medi-Cal FFS
 - FAQs address DSH as well as FQHC grant payments: coordinate to ensure those sources are fully drawn down without accounting for PRF expenses
 - Should account for *all* types of reimbursement, including direct patient billing, commercial insurance, and Medicare/Medicaid/CHIP reimbursement

3. Accounting for Reimbursement

- How to account for patient care revenue in reported expenses?
 - FAQs: “Providers can identify their expenses attributable to coronavirus, and then offset any amounts received through other sources”
 - Evaluate multiple options, gauge level of risk/uncertainty, document your methodology, and apply consistently
- Cautious approach: only claim PRF expenses when they exceed all available reimbursement
 - May prevent claiming some COVID costs, even if no new reimbursement was provided for them
- Alternately, offset COVID expenses by cost-based reimbursement and coronavirus-specific reimbursement (including FEMA, CRF, etc., and COVID-related rate increases).
 - Allows recipients to report cost increases that eat into an overage.
 - Previously, FAQ on marginal expenses included an example permitting this approach. The example has been removed, but might not be disfavored.
 - How to address expenses repurposed for COVID (e.g., personnel)?

3. Accounting for Reimbursement

- Hybrid approach – distinguishing types of expenses to allocate against either COVID-related revenue or ordinary revenue

Expense Type	Offset Process	Claim justification
New COVID expenses and marginal increases in expenses that are attributable to COVID	<ul style="list-style-type: none">➤ Allocate to payors and other funding sources as appropriate➤ Offset by new COVID revenue from the payor, if any (cost-based reimbursement and COVID-related rate increases)	Expense not reimbursed by any source; payor revenue only offset if it was increased to account for the new costs.
Ongoing expenses that are attributable to COVID (e.g., repurposed or dedicated to COVID)	<ul style="list-style-type: none">➤ Allocate to payors and other funding sources as appropriate➤ Compare ordinary payor revenue to expenses, to determine percentage of payor's expenses that are unreimbursed➤ Apply unreimbursed percentage to amount allocated to payor	Expenses are reduced to reflect the amount of payor shortfalls in reimbursing for COVID-attributable services.

Discussion

- What categories of eligible expenses are you considering?
- Is anyone considering expenses for facility or personnel costs for a COVID unit?
- What approaches are you considering to account for payor reimbursement?

4. Calculating Lost Revenue

- P&P should explain the option selected
 - For many providers, Option ii (budgeted) will only cover part of the period
 - Could adopt Option iii: Alternate Reasonable Methodology for a combination of budgeted and actual
 - If using option iii – description of the methodology used, and its justification
- Document methodology for identifying revenues
 - Scope of Patient Care Revenue included
 - Allocation of revenue to quarters
 - Disclosures related to status of financial records, etc.

4. Calculating Lost Revenue

- When classifying PHHS revenue streams, systems should make own determinations, and may wish to be consistent with identification of patient care revenue in other financial reports. The table represents our best guess as to how to treat these revenue streams.

Treatment	Program	Description/Justification
We believe <u>should</u> be treated as patient care revenue	GPP	Payment earned based on points for services provided
	DSH (UCs)	Medicaid payment adjustment
	EPP	Payment adjustment to contract rates for patient care services
	Rate Range IGT	This has traditionally been treated as patient care revenue
	GME	Tied to hospital services in SPA
	SB 1732	Construction-Renovation Reimbursement Program (CRRP)
We believe should <u>not</u> be treated as patient care revenue	PRIME	Per the STCs
	Whole Person Care	Per the STCs
	HQAF (hospital fee) direct grant	Grant; not patient care reimbursement
Unclear	QIP	This is a performance-based program so similar to PRIME, but provided through managed care

Discussion

- What types of options are you considering for calculating lost revenue?
- What challenges are you facing?

Strategic Considerations for Reporting

- Should entities report with a “cushion” in case some expenses will be disallowed?
 - May be able to hold additional “unreimbursed” expenses in Section 10
 - Unclear whether you will have a future opportunity to identify other eligible expenses.
- Reporting portal limits ability to report Lost Revenues if your PRF expenses are equal to or greater than your PRF payments
 - HHS “expects” providers to apply PRF to expenses before lost revenues, but providers may prefer to report Lost Revenues in case expenses are disallowed
 - Should providers should hold back some COVID expenses to allow full reporting of lost revenues?
- Future reporting and audit processes remain uncertain

Next Steps

- We recommend using the portal and accompanying spreadsheets to begin assessing the different impacts of your reporting on your ability to retain funds
- We recommend submitting your report close to the September 30, 2021 deadline, given that what we know could change as more information is released
- We will continue to keep you updated as we learn more information, and plan to host future webinars to discuss reporting strategies further

Appendix: Reporting Portal Steps

Reporting Steps

1. Entity Overview
2. Subsidiary Questionnaire
3. Subsidiary Data
4. Payments to Recipient
5. Interest Earned on PRF Payment, Tax Information, and Single Audit Information
6. Payments Summary
7. Other Assistance Received
8. Use of SNF and Nursing Home Infection Control Distribution Payments
9. Use of Other PRF Payments
10. Unreimbursed Expenses Attributable to Coronavirus
11. Revenue
12. Lost Revenues
13. PRF Financial Summary
14. Personnel, Patient, and Facility Metrics
15. Survey
16. Review and Submit

1) Entity Overview

- General Information such as TIN, provider type, contact info, etc.

Reporting

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

Entity Overview

Tax ID Number (TIN) ⓘ
147258548

*Business Name (as it appears on W9)

Doing-Business As (DBA) Name ⓘ

*Provider Type ⓘ

*Provider Sub-Type

Address (as It appears on Form W-9)

*Street ⓘ

*City ⓘ

*State/Territory

*Zip Code ⓘ

Contact Information

*First Name

*Last Name

Title ⓘ

*Phone ⓘ

*Email ⓘ

Save & Exit Save & Next

2) Subsidiary Questionnaire

- Information on whether the Reporting Entity has subsidiaries and if PRF payments have been transferred

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"?

Yes

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

Yes

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

Yes

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

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

Yes

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

Previous

Save & Exit

Save & Next

3) Subsidiary Data

- Information on Acquired/
Divested
Subsidiaries
- Skipped if no subsidiary

Reporting

Acquired/Divested Subsidiaries

Reporting Entities that acquired or divested of related subsidiaries that are eligible health care providers must report this information to HRSA by completing the table below.

TIN OF ACQUIRED / DIVESTED SUBSIDIARY	ACQUIRED OR DIVESTED	EFFECTIVE DATE OF THE ACQUISITION/DIVESTITURE	TIN OF ACQUIRING/DIVESTING ENTITY	TOTAL PRF DOLLAR AMOUNT RECEIVED FOR TIN	PERCENTAGE OF OWNERSHIP	DID/DO YOU HOLD A CONTROLLING INTEREST?	DELETE
Please enter any additional acquired/divested subsidiaries one at a time. Click the +Add button to add and save to the table above. Only information in the table will be saved.							

* TIN of Acquired / Divested Subsidiary ⓘ

* Effective Date of the Acquisition/Divestiture
 ⓘ

* Total PRF dollar amount received for TIN ⓘ

* Did/Do you hold a controlling interest?

* Acquired or Divested

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

* Percentage of Ownership ⓘ

+ Add

4) Payments to Recipient

- Auto-populated for all payments in reporting period (up to June 30, 2020)

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 payment made to the reporting entity (and its subsidiaries, if applicable) received April 10, 2020 through June 30, 2020 is shown in one of the tables below and that payment 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 correct. The reporting entity may download a spreadsheet with all of the payment information shown below by clicking the green 'Provider Relief Fund Payments (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 reporting requirement.

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 correct. If unable to certify the accuracy of information below, the reporting entity should not proceed with reporting and must contact the Provider Support Line.

[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		\$0.00		2020
	Targeted Distribution		\$0.00		2020
	Targeted Distribution		\$0.00		2020
	General Distribution		\$0.00		2020
Sub Totals			\$0.00		

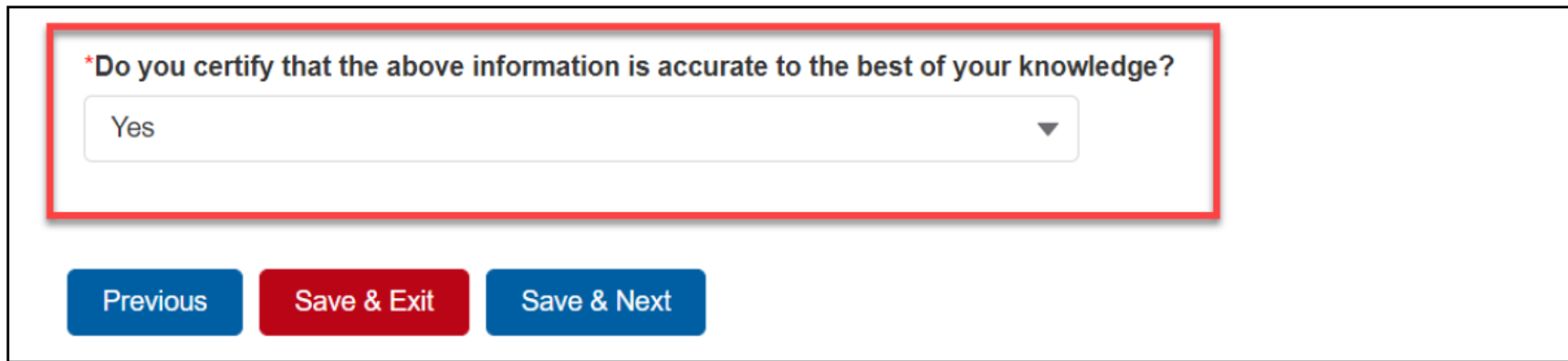
Total Rejected Payments (Attestation Rejected): For Payments Received from April 10, 2020 - June 30, 2020

(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
------------------	---------------	------------------	-----------------	-------------------	---------------------

4) Payments to Recipient (cont.)

- Cannot be edited, if information is not accurate, select “No” to certification, then say why in “Dispute Comments” field.
 - You will be unable to proceed to next step until filling out field and calling Provider Support line at (866) 569-3522.
- If \$10,000 or less received during this period, portal will stop you from proceeding because no reporting is required



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

Yes ▼

Previous Save & Exit Save & Next

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 fiscal year (Commercial Organizations only). Please use the table below if you are subject to an audit in accordance with 45 CFR 75 Subpart F.

Fiscal Year	Subjected to Audit (45 CFR 75 Subpart F)	Waived from Audit (45 CFR 75 Subpart F)

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.



CALIFORNIA ASSOCIATION of
**PUBLIC HOSPITALS
AND HEALTH SYSTEMS**

6) Payments Summary

- Auto-populated based on previous information and data entry in Steps 4 and 5

Reporting

✓

✓

✓

✓

✓

✓

○

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

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

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

Previous

Save & Exit

Save & Next

7) Other Assistance Received

- This step will not be used in calculation of expenses or lost revenues
- January 2020 – June 2021, entered by quarter across following categories:
 - Treasury and SBA Assistance, including Paycheck Protection Program
 - FEMA
 - HHS CARES Act Testing
 - Local, State, and Tribal Government Assistance
 - Business Insurance
 - Other Assistance

7) Other Assistance Received (cont.)

Other Assistance Received

The reporting entity must enter the other assistance received by quarter during calendar years 2020 and 2021. All fields marked with an asterisk are required. If zero, the reporting entity must enter a '0'. The number entered may be a value up to 14 digits including 2 decimal places. If the reporting entity is reporting on behalf of subsidiaries, the assistance received for each category must be aggregated across each of the subsidiaries included in the report.

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

8) Use of SNF Payments

- This step will be skipped if no relevant payments during the period.
- Must be used for infection control expenses limited to:
 - COVID-19 testing
 - Reporting COVID-19 test results to local, state, or federal government
 - Hiring staff to provide patient care or administrative support
 - Providing additional services to residents
 - Other expenses incurred to improve infection control
- Must be expenses unreimbursed by other sources and that other sources are not obligated to reimburse.

8) Use of SNF Payments (cont.)

- January 2020 – June 2021, entered by quarter across following categories:
 - General and Administrative Expenses
 - Mortgage/Rent
 - Insurance
 - Personnel
 - Fringe Benefits
 - Lease Payments
 - Utilities/Operations
 - Other General and Administrative Expenses
 - Health Care-Related Expenses
 - Supplies
 - Equipment
 - IT
 - Facilities
 - Other Health Care-Related Expenses
- Providers receiving less than \$500,000 in aggregated PRF payments during a reporting period need only to report on the two categories above, not by subcategory

8) Use of SNF Payments (cont.)

Total Reportable Nursing Home Infection Control Payments = \$12,334

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

9) Use of Other Payments

- All General and Other Targeted Distribution Payments
- Must be expenses unreimbursed by other sources and that other sources are not obligated to reimburse
- Same two categories and subcategories as previous step for SNF Payments

9) Use of Other Payments (cont.)

Total Reportable Other PRF Payments = \$976,706

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

10) Unreimbursed Expenses

- Unreimbursed health care expenses attributable to coronavirus, net of other reimbursed sources including PRF
- This category may include amounts that will be paid for with PRF funds received in later periods
- This step will not be used in calculation of expenses or lost revenues
- January 2020 – June 2021, entered by quarter across same two categories: General and Administrative Expenses and Health Care-Related Expenses (no subcategories)

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

11) Revenue

Are Other PRF Payments
(Step 7) greater than Other
PRF Expenses (Step 9)?

(i.e., are their payments left over
still to be claimed by lost
revenues after expenses)

Portal will automatically show
you the relevant page



Actual Patient Care
Revenue:

Report CY 2019 Actual and
CY 2020 Actual

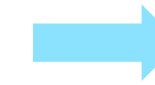


Lost Revenues
Questionnaire:

Choose method of
calculation of lost
revenues



Option i: 2019 Actual
Revenue



Option ii: 2020 Budgeted
Revenue



Option iii: Alternate
Reasonable Methodology

11) Revenue (cont.)

Actual Patient Care Revenue:

Report CY 2019 Actual and CY 2020 Actual

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(Calendar Year)

*2020 Actuals(Calendar Year)

Previous Save & Exit Save & Next

Lost Revenues Questionnaire:

Choose method of calculation of lost revenues

Lost Revenues Questionnaire

Please report on Lost Revenues using one of the three options: 2019 Actual Revenue, 2020 Budgeted Revenue, or Alternate Reasonable Methodology.

Use this [link](#) to access the reporting requirements.

* Choose your method for calculation of lost revenues

--None--

2019 Actual Revenue

2020 Budgeted Revenue

Alternate Reasonable Methodology

12) Lost Revenues

- You will skip this step if you inputted Actual Patient Care Revenues because you did not have any PRF payments left over after reporting expenses
- You will be brought to the relevant screen based on your choice of lost revenue option:

Option i: 2019 Actual
Revenue

Option ii: 2020 Budgeted
Revenue

Option iii: Alternate
Reasonable Methodology

12) Lost Revenues

Option i: 2019 Actual
Revenue

- The difference between actual patient care revenues using CY 2019 quarters as baseline
- Report the following:
 - Total Revenues/Net Charges from Patient Care Related Sources
 - Prior to netting with expenses
 - By quarter in following categories:
 - 2019 Actuals
 - 2020 Actuals
 - 2021 Actuals (Jan – June)
 - By the following payers:
 - Medicare Part A or B
 - Medicare Part C (Medicare Advantage)
 - Medicaid/CHIP
 - Commercial Insurance
 - Self-Pay (No Insurance)
 - Other

12) Lost Revenues (cont.)

Option i: 2019 Actual Revenue

Calculation of Lost Revenues Attributable to Coronavirus

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

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

2019 Actuals 2020 Actuals 2021 Actuals

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

	Q1 (2019)	Q2 (2019)	Q3 (2019)	Q4 (2019)	Total (2019)
Medicare A+B ⓘ	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	\$0.00
Medicare C ⓘ	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	\$0.00
Medicaid/Children's Health Insurance Program (CHIP) ⓘ	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	\$0.00
Commercial Insurance ⓘ	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	\$0.00
Self-Pay (No Insurance) ⓘ	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	\$0.00
Other ⓘ	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	\$0.00
Total Revenue/Net Charges from Patient Care	\$0	\$0	\$0	\$0	\$0.00

12) Lost Revenues (cont.)

Option ii: 2020 Budgeted
Revenue

- The difference between budgeted (prior to March 27, 2020) and actual patient care revenues using CY 2019 quarters as baseline
- Report the following:
 - Total Revenues/Net Charges from Patient Care Related Sources
 - Prior to netting with expenses
 - By quarter in following categories:
 - 2020 Budgeted
 - 2020 Actuals
 - 2021 Budgeted (Jan – June)
 - 2021 Actuals (Jan – June)
 - By the following payers:
 - Medicare Part A or B
 - Medicare Part C (Medicare Advantage)
 - Medicaid/CHIP
 - Commercial Insurance
 - Self-Pay (No Insurance)
 - Other
 - A copy of a budget approved before March 27, 2020
 - An attestation from the Reporting Entity's CEO, CFO, or similar responsible individual

12) Lost Revenues (cont.)

Option ii: 2020 Budgeted Revenue

Calculation of Lost Revenues Attributable to Coronavirus

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

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

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


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

2020 Budgeted 2020 Actuals 2021 Budgeted 2021 Actuals

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

	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Total (2020)
Medicare A+B ⓘ	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	\$0.00
Medicare C ⓘ	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	\$0.00
Medicaid/Children's Health Insurance Program (CHIP) ⓘ	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	\$0.00
Commercial Insurance ⓘ	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	\$0.00
Self-Pay (No Insurance) ⓘ	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	\$0.00
Other ⓘ	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	\$0.00
Total Revenue/Net Charges from Patient Care	\$0	\$0	\$0	\$0	\$0.00

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

 Upload 2020 Budget approved prior to March 27, 2020

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

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

Accepted Formats: .pdf

12) Lost Revenues (cont.)

Option iii: Alternate
Reasonable Methodology

- Those using this method will face a higher likelihood of HRSA audit.
- If HRSA determines the alternate methodology is not reasonable, the recipient must resubmit its report within 30 days using Option i or Option ii.
- Report the following:
 - By quarter in following categories:
 - 2020 Lost Revenue
 - 2021 Lost Revenue
 - Narrative document describing alternate methodology, why it is reasonable, and a description establishing how lost revenues were attributable to coronavirus, as opposed to a loss caused by any other source
 - Calculation of lost revenues based on that methodology

12) Lost Revenues (cont.)

Option iii: Alternate Reasonable Methodology

Alternate Method of Calculating Lost Revenues Attributable to Coronavirus

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

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

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

Instructions for Uploading Documents:


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

Additional supporting documentation may be submitted.


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

 Upload Narrative Document

Accepted Formats: .docx, .doc, .pdf

 Upload Calculation of Lost Revenues

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

 Upload Additional Supporting Documentation (Optional)

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

13) PRF Financial Summary

- Auto-populated values based on calculations from data entered earlier.
- Calculates values in the following fields based on previous data entered:
 - PRF Payments
 - Lost Revenues
 - PRF Reconciliation
- Lost Revenues are calculated by summing each quarter with lost revenues. Quarters with positive change in revenue will be counted as 0

13) PRF Financial Summary (cont.)

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

PRF Summary

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

Lost Revenues

	2020	2021
	Q1: -\$2,300.00	
	Q2: -\$39,200.00	Q1: -\$1,700.00
Lost Revenues by Quarter Based on Change in Patient Care Revenues ⓘ	Q3: -\$4,300.00	Q2: -\$38,600.00
	Q4: -\$55,300.00	Total: -\$40,300.00
	Total: -\$101,100.00	

PRF Reconciliation

	Amount
Nursing Home Infection Control Payments Applied to Nursing Home Infection Control Expenses Attributable to Coronavirus	\$164.00
Other PRF Payments Applied to Unreimbursed Expenses Attributable to Coronavirus	\$164.00
Amount Eligible for Lost Revenues Reimbursement ⓘ	\$141,400.00
Other PRF Remaining for Possible Lost Revenues Reimbursement	\$976,542.00
Unused Nursing Home Infection Control Payments ⓘ	\$12,170.00
Unused Other PRF After Lost Revenues Reimbursement ⓘ	\$835,142.00

14) Personnel, Patient, and Facility Metrics

- For purposes of quantifying the impact of COVID-19
- Report from January 2019 – June 2021, entered by quarter across following categories:
 - Personnel metrics
 - Patient metrics
 - Facility metrics

14) Personnel 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 15.1) for detailed instructions.

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

Expenses are reported by calendar year quarter (Q).

Q1: January 1 – March 31

Q2: April 1 – June 30

Q3: July 1 – September 30

Q4: October 1 – December 31

Personnel Metrics

Patient Metrics

Facility Metrics

Full Time

Part Time

Contractor

Furloughed

Separated

Hired

Full Time	Q1 (2019)	Q2 (2019)	Q3 (2019)	Q4 (2019)	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Total
Clinical	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	0
Non-clinical	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	0
Total Number of Full Time Personnel	0	0	0	0	0	0	0	0	0	0	0

14) Patient 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 15.1) for detailed instructions.

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

Expenses are reported by calendar year quarter (Q).

Q1: January 1 – March 31

Q2: April 1 – June 30

Q3: July 1 – September 30

Q4: October 1 – December 31

Personnel Metrics **Patient Metrics** Facility Metrics

Patient Visits	Q1 (2019)	Q2 (2019)	Q3 (2019)	Q4 (2019)	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Total
Inpatient Admissions	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	0
Outpatient Visits (In-person and Virtual)	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	0
Emergency Department Visits	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	0
Number of Facility Stays (for Long- and Short-term Residential Facilities)	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	0
Number of Total Patient Visits	0	0	0	0	0	0	0	0	0	0	0

14) 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 15.1) for detailed instructions.

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

Expenses are reported by calendar year quarter (Q).

Q1: January 1 – March 31

Q2: April 1 – June 30

Q3: July 1 – September 30

Q4: October 1 – December 31

Personnel Metrics Patient Metrics **Facility Metrics**

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

Yes

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

15) Survey

- For evaluating the impact of PRF payments on the reporting entity's financial and clinical care situation
- Multiple qualitative questions in the following categories:
 - Financial Effects of PRF Payments
 - Clinical Effects of PRF Payments

15) Survey: Financial Effects

Financial Effects of PRF Payment(s):

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

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

Strongly Agree ▼

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

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

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

Yes ▼

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

Yes ▼

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

Yes ▼

15) Survey: Clinical Care Effects

Clinical Care Effects of PRF Payment(s):

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

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

Agree

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

Buy testing equipment

Buy Personal Protective Equipment (PPE) (e.g. gloves, masks, gowns etc.)

Create temporary facilities

Buy other equipment

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

Yes

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

16) Review and Submit

- Once you submit, it appears you will not be able to go back and edit
- We recommend waiting to submit your report until closer to the September 30, 2021 deadline, given that what we know could change as more information is released