

**HRSA PRF Reporting Portal - Data Entry Workbook**

**Instructions:** This workbook is designed to help prepare providers for data entry in the PRF Reporting Portal during Reporting Period 1 for payments received from April 10, 2020 through June 30, 2020. Please use each worksheet to understand the level of detail needed for each Reporting screen. This workbook is not required and will not be submitted with the report, but is intended to help providers understand and prepare data prior to entry.

PRF recipients will not be able to report on PRF payments received outside of the Payment Received Period. Please refer to the table below for all applicable reporting periods.

	<b>Payment Received Period</b> (Payments Exceeding \$10,000 in Aggregate Received)	<b>Reporting Time Period</b>
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

**HRSA PRF Reporting Portal - Other Assistance Received**

The reporting entity must enter the other assistance received by quarter during calendar years (CY) 2020 and 2021. All fields 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.

Note: Rural Health Clinic (RHC) COVID-19 Testing Program payments will prepopulate and the corresponding cells do not require data input.

	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)
RHC COVID-19 Testing Funds Received						
Treasury, Small Business Administration (SBA) (e.g., CARES Act/Paycheck Protection Program)  <b>Description:</b> Total amount of other assistance received from Treasury, Small Business Administration (SBA) (e.g., CARES Act/Paycheck Protection Program) by the reporting entity or by its subsidiaries included in the reporting during the period of availability.						
FEMA Programs (CARES Act, Public Assistance, etc.)  <b>Description:</b> Total amount of other assistance received from FEMA Programs (CARES Act, Public Assistance, etc.) by the reporting entity or by its subsidiaries included in the reporting during the period of availability.						
HHS CARES Act Testing  <b>Description:</b> Total amount of other assistance received from HHS CARES Act Testing by the reporting entity or by its subsidiaries included in the reporting during the period of availability.						
Local, State, and Tribal Government Assistance  <b>Description:</b> Total amount of other assistance received from Local, State, and Tribal Government Assistance by the reporting entity or by its subsidiaries included in the reporting during the period of availability.						
Business Insurance  <b>Description:</b> Total amount of other assistance received from Business Insurance by the reporting entity or by its subsidiaries included in the reporting during the period of availability.						
Other Assistance  <b>Description:</b> Total amount of other assistance received from other sources by the reporting entity or by its subsidiaries included in the reporting during the period of availability.						

**HRSA PRF Reporting Portal - Nursing Home Infection Control Expenses for Payments Received (if applicable)**

On this worksheet, the reporting entity is required to report on the use of Nursing Home Infection Control (formally named Skilled Nursing Facility and Nursing Home Infection Control) Distribution payments (includes Quality Incentive Program 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 unreimbursed by other sources and that other sources are not obligated to reimburse.

All fields 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'.

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.**

<b>Table A</b>	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.**

<b>Table B</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						

**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.***

<b>Table A</b>	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.***

<b>Table B</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						

**HRSA PRF Reporting Portal - Unreimbursed Expenses Attributable to Coronavirus**

On this worksheet, the reporting entity is required to report on the net unreimbursed expenses attributable to coronavirus (net after other assistance received and PRF payments are applied) by indicating the calendar year quarterly expenses.

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

<b>Unreimbursed Expenses Attributable to Coronavirus</b>	<b>Q1 (2020)</b>	<b>Q2 (2020)</b>	<b>Q3 (2020)</b>	<b>Q4 (2020)</b>	<b>Q1 (2021)</b>	<b>Q2 (2021)</b>
General and Administrative (G&A) Expenses						
Healthcare Related Expenses						

**HRSA PRF Reporting Portal - Actual Patient Care Revenue**

**Actual Patient Care Revenue**

If the recipient used all Total Reportable Other PRF payments on expenses, the recipient is required to submit calendar year 2019 and calendar year 2020 actual patient care revenue. All fields marked with an asterisk will be 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'.

---

<b>2019 Actuals (Calendar Year)</b>
<b>2020 Actuals (Calendar Year)</b>

**HRSA PRF Reporting Portal - Calculation of Lost Revenues Attributable to Coronavirus**

*If Providers have not expended 100% of their Total Reportable Other PRF payments, they are required to choose a method to report lost revenues: 2019 Actual Revenue, 2020 Budgeted Revenue, or Alternate Reasonable Methodology. If Providers have expended 100% of their Total Reportable Other PRF payments, the tables below will not be completed.*

**Option 1: 2019 Actuals**

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 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'.

<b>Total Revenue/Net Charges from Patient Care</b>	<b>Q1 (2019) Actuals</b>	<b>Q2 (2019) Actuals</b>	<b>Q3 (2019) Actuals</b>	<b>Q4 (2019) Actuals</b>	<b>Q1 (2020) Actuals</b>	<b>Q2 (2020) Actuals</b>	<b>Q3 (2020) Actuals</b>	<b>Q4 (2020) Actuals</b>	<b>Q1 (2021) Actuals</b>	<b>Q2 (2021) Actuals</b>
<b>Medicare A+B</b> <b>Description:</b> The actual revenues/net charges received from Medicare Part A+B for patient care for the calendar year.										
<b>Medicare C</b> <b>Description:</b> The actual revenues/net charges received from Medicare Part C for patient care for the calendar year.										
<b>Medicaid/Children's Health Insurance Program (CHIP)</b> <b>Description:</b> The actual revenues/net charges received from Medicaid/Children's Health Insurance Program (CHIP) for patient care for the calendar year.										
<b>Commercial Insurance</b> <b>Description:</b> The actual revenues/net charges received from commercial payers for patient care for the calendar year.										
<b>Self-Pay (No Insurance)</b> <b>Description:</b> The actual revenues/net charges received from self-pay patients, including the uninsured or individuals without insurance who bear the burden of paying for healthcare themselves, for patient care for the calendar year.										
<b>Other</b> <b>Description:</b> The actual revenues/net charges from other sources received for patient care services and not included in the list above for the calendar year.										

If Providers have not expended 100% of their Total Reportable Other PRF payments, they are required to choose a method to report lost revenues: 2019 Actual Revenue, 2020 Budgeted Revenue, or Alternate Reasonable Methodology. If Providers have expended 100% of their Total Reportable Other PRF payments, the tables below will not be completed.

**Option 2: 2020 Budgeted**

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 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'.

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.

Total Revenue/Net Charges from Patient Care	Q1 (2020) Budgeted	Q2 (2020) Budgeted	Q3 (2020) Budgeted	Q4 (2020) Budgeted	Q1 (2020) Actuals	Q2 (2020) Actuals	Q3 (2020) Actuals	Q4 (2020) Actuals	Q1 (2021) Budgeted	Q2 (2021) Budgeted	Q1 (2021) Actuals	Q2 (2021) Actuals
Medicare A+B <b>Description:</b> The actual revenues/net charges received from Medicare Part A+B for patient care for the calendar year.												
Medicare C <b>Description:</b> The actual revenues/net charges received from Medicare Part C for patient care for the calendar year.												
Medicaid/Children's Health Insurance Program (CHIP) <b>Description:</b> The actual revenues/net charges received from Medicaid/Children's Health Insurance Program (CHIP) for patient care for the calendar year.												
Commercial Insurance <b>Description:</b> The actual revenues/net charges received from commercial payers for patient care for the calendar year.												
Self-Pay (No Insurance) <b>Description:</b> The actual revenues/net charges received from self-pay patients, including the uninsured or individuals without insurance who bear the burden of paying for healthcare themselves, for patient care for the calendar year.												
Other <b>Description:</b> The actual revenues/net charges from other sources received for patient care services and not included in the list above for the calendar year.												

*If Providers have not expended 100% of their Total Reportable Other PRF payments, they are required to choose a method to report lost revenues: 2019 Actual Revenue, 2020 Budgeted Revenue, or Alternate Reasonable Methodology. If Providers have expended 100% of their Total Reportable Other PRF payments, the tables below will not be completed.*

**Alternate Reasonable Methodology Path:**

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

All fields are required. The number entered may be a value with up to 14 digits including 2 decimal places. If there is no lost revenue to report for a quarter (or an increase), the reporting entity must enter '0'.

Alternate Reasonable Methodology	Q1	Q2	Q3	Q4
2020 Lost Revenue				
2021 Lost Revenue				

<b>Narrative:</b>	
-------------------	--

**HRSA PRF Reporting Portal - 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.

All fields are required. The number entered must be a whole number up to 8 digits. If a metric is zero, the reporting entity must enter '0'.

Calendar year quarters are defined as follows:

Q1: January 1 - March 31

Q2: April 1 - June 30

Q3: July 1 - September 30

Q4: October 1 - December 31

Personnel Metrics	Q1 (2019)	Q2 (2019)	Q3 (2019)	Q4 (2019)	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q1 (2021)
Full Time										
Clinical										
Non-clinical										
Part Time										
Clinical										
Non-clinical										
Contractor										
Clinical										
Non-clinical										
Furloughed										
Clinical										
Non-clinical										
Separated										
Clinical										
Non-clinical										
Hired										
Clinical										
Non-clinical										

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

Facility Metrics *Only if the Provider or its subsidiaries operate or support staffed beds*	Q1 (2019)	Q2 (2019)	Q3 (2019)	Q4 (2019)	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q1 (2021)
Medical/Surgical Beds										
Critical Care Beds										
Other Beds										