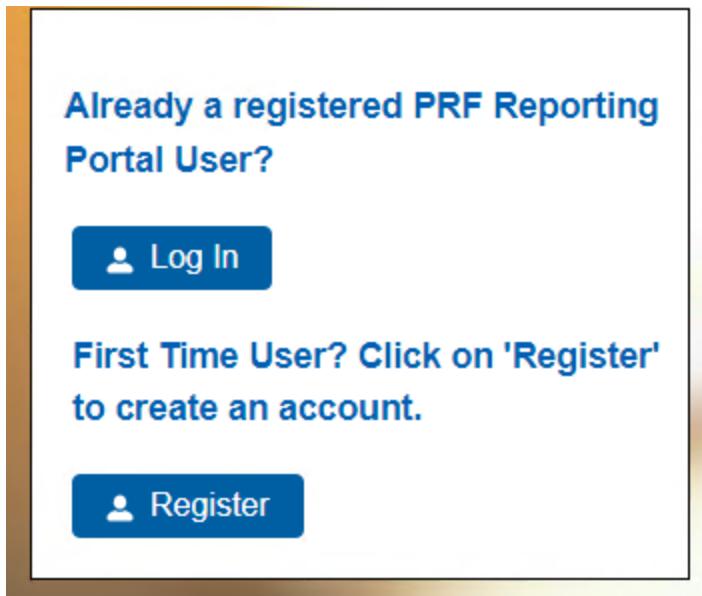


**Website:**

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

If you haven't previously registered, click register. If you are registered, login



**Intro:**

General FAQ's: <https://www.hrsa.gov/provider-relief/faq/general>

Portal FAQ's: [https://prfreporting.hrsa.gov/HRSA\\_FileRender?name=PortalFAQs](https://prfreporting.hrsa.gov/HRSA_FileRender?name=PortalFAQs)

This addresses questions such as "what should I do if I have forgotten my username"

**To complete reporting – items you'll need:**

- 1) Your login information
- 2) Your completed workbook
  - a. Other Assistance receive – include all PPP, EIDL grants, and state grants
  - b. Lost Revenues – complete using data from your dental software.  
*Rosen doesn't have access to the detail needed.*
  - c. Personnel and patient metrics

*The portal is straightforward if you have completed the workbook which requires data from your dental software. Before contacting us for questions, please begin assembling data for the workbook.*

## Registration:

**Guide available at:**

**[https://prfreporting.hrsa.gov/HRSA\\_FileRender?name=RegistrationUserGuide](https://prfreporting.hrsa.gov/HRSA_FileRender?name=RegistrationUserGuide)**

### Registration

Information entered will not be saved until registration is successful.

Provider Identity Information



### Subsidiary Information

\* Will you report on behalf of subsidiaries that received a General Distribution payment? [i](#)

No

Refer [here](#) for more information on General Distribution

[Previous](#)

[Next](#)

**Enter the date and amount of the payment received (any of the PRF payments, NOT PPP)**

### Registration

Information entered will not be saved until registration is successful.



Payment Information (for any of the payments received) - This is used for identity verification only.

\* TIN of the Entity that Received the Payment [i](#)

Complete this field.

\* Mode of Payment

Direct Deposit ACH



\* Settlement Date (ACH) [i](#)



\* Payment Amount [i](#)

[Previous](#)

[Next](#)

# Reporting

## Reporting User Guide: [https://prfreporting.hrsa.gov/HRSA\\_FileRender?name=ReportingUserGuide](https://prfreporting.hrsa.gov/HRSA_FileRender?name=ReportingUserGuide)

### Reporting

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

Please refer to Resources & FAQs section for the Post-Payment Notice of Reporting Requirements.

Report Name	Close Date:	Status	Reporting Period	Payments Received
Report-2		Not Started	December 30 to March 31, 2022	July 1 to December 31, 2020

**Save & Exit**

Doing-Business As (DBA) Name i

\* Provider Type i

Ancillary Services

▼

\* Provider Sub-Type i

Dental Service Providers

▼

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

No

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

i

No

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

No

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

No

**Sample below – Make sure you use your correct Federal Tax Classification and FYE**

**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 da

\$0.00

\*Amount of interest earned on Other PRF payments from payment date until expense date, if applicable [i](#)

\$0.00

**Tax Information**

\* Federal Tax Classification [i](#)

S Corporation

Exempt Payee Code [i](#)

--None--

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

--None--

\* Fiscal Year End Date [i](#)

December 31

**If you received greater than \$750,000 in your fiscal year (PPP is excluded), you may be subject to single audit requirements.**

#### 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 Organi 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"/>

#### Payments Summary: July 1, 2020 - December 31, 2020

These totals do not include payments received outside the period **July 1, 2020 - December 31, 2020** or where t

Total Nursing Home Infection Control Payments:	\$0.00
Total Other PRF Payments:	\$23,813.48
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):	\$23,813.48
Total PRF Returned Payments:	\$0.00
Total Reportable Nursing Home Infection Control Payments:	\$0.00
Total Reportable Other PRF Payments:	\$23,813.48
Total Reportable PRF Payments:	\$23,813.48

Previous

Save & Exit

Save & Next

## Complete using data from your workbook. Make sure you include PPP funds, HHS, EIDL grants, and other state grants.

### Other Assistance Received

On this worksheet, you must enter other assistance received by quarter during the period of availability (July 1, 2020-December 31, 2020). All fields marked with an asterisk are required. If zero, you must enter a '0'. The number entered may be a value up to 14 digits, including 2 decimal places. If you are reporting on behalf of subsidiaries, the assistance received by these subsidiaries should be included in the report. The 'Tab' key may be used to navigate between cells during data entry.

Other Assistance	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Q3 (2021)	Q4 (2021)	Total
RHC COVID-19 Testing Funds Received									\$0.00
Treasury, Small Business Administration (SBA) (e.g. CARES Act/Paycheck Protection Program (PPP))	* \$0.00	* \$87,867.50	* \$0.00	* \$0.00	* \$80,867.50	* \$0.00	* \$8,000.00	* \$0.00	\$176,735.00
FEMA Programs (Testing, Public Assistance, Supplies, etc.)	* \$0.00	* \$0.00	* \$0.00	* \$0.00	* \$0.00	* \$0.00	* \$0.00	* \$0.00	\$0.00
HHS Cares Act Testing (COVID-19)	* \$0.00	* \$0.00	* \$0.00	* \$0.00	* \$0.00	* \$0.00	* \$0.00	* \$0.00	\$0.00
Local, State, and Tribal Government Assistance	* \$0.00	* \$0.00	* \$0.00	* \$0.00	* \$0.00	* \$0.00	* \$6,000.00	* \$0.00	\$6,000.00
Business Insurance	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.								
Other Assistance	* \$0.00	* \$0.00	* \$0.00	* \$0.00	* \$0.00	* \$0.00	* \$0.00	* \$0.00	\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$87,867.50</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$80,867.50</b>	<b>\$0.00</b>	<b>\$14,000.00</b>	<b>\$0.00</b>	<b>\$182,735.00</b>

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

**Expectation – list \$0 for every expense. If you are going to list expenses, review:**

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

### **Other Provider Relief Fund Expenses for Payments Received During Payment Period July 1, 2020 – December 31, 2020**

On this worksheet, you are required to report on your use of all Other Provider Relief Fund payments received **July 1, 2020 – December 31, 2020** for allowable expenses. You must report on the use of these payments by indicating the quarterly expenses reimbursed with these payments. If you did not use these payments to reimburse allowable expenses, you may enter zero. As a reminder, Provider Relief Fund payments must be used for expenses unreimbursed by other sources and that other sources are not obligated to reimburse.

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

All fields marked with an asterisk are required. The number entered may be a value with up to 14 digits, including 2 decimal places. If expenses are zero, you 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 = \$23,813.48

## Unreimbursed Expenses Attributable to Coronavirus

On this worksheet, please indicate whether you have expenses attributable to coronavirus that remain unreimbursed. You should report these unreimbursed expenses by calendar year quarter. Please consider all other financial assistance received, including your PRF payments, when determining unreimbursed expenses reported on this worksheet. This worksheet is used by HRSA for information purposes only.

Please see the PRF Reporting System User Guide for detailed instructions

All fields marked with an asterisk are required. The number entered may be a value with up to 14 digits, including 2 decimal places. If unreimbursed expenses are zero, you must enter a '0'.

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

**Complete the lost revenue reporting (2019 actual) using data from your excel workbook.**

**For assistance, please contact our consulting company, Rosen Summit Dental Advisors LLC**

**<https://www.rsdentaladvisors.com/>**

**Nancy Kagan**

**(781) 724-7975,**

**[NKagan@RSDentalAdvisors.com](mailto:NKagan@RSDentalAdvisors.com)**



### **Lost Revenues Questionnaire**

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

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

\*

Choose your method for calculation of lost revenues

2019 Actual Revenue

[Previous](#)

[Save & Exit](#)

[Save & Next](#)

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

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

	Q1 (2021)	Q2 (2021)	Q3 (2021)	Q4 (2021)
Medicare A+B <small>ⓘ</small>	* \$0.00	* \$0.00	* \$0.00	* \$0.00
Medicare C <small>ⓘ</small>	* \$0.00	* \$0.00	* \$0.00	* \$0.00
Medicaid/Children's Health Insurance Program (CHIP) <small>ⓘ</small>	* \$0.00	* \$0.00	* \$0.00	* \$0.00
Commercial Insurance <small>ⓘ</small>	* \$0.00	* \$0.00	* \$0.00	* \$0.00
Self-Pay (No Insurance) <small>ⓘ</small>	* \$0.00	* \$0.00	* \$0.00	* \$0.00
Other <small>ⓘ</small>	* \$0.00	* \$0.00	* \$0.00	* \$0.00
<b>Total Revenue/Net Charges from Patient Care</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**This is the most important page of the reporting – if it comes up “no data” or you don’t see this screen, click the previous button, and then return to this. Our expectation is that lost revenues are greater than the total PRF Payments**

**PRF Financial Summary Reporting Period 2 (Payments received from July 1, 2020 - December 31,2020)**

Other PRF Summary (Payments Received from July 1,2020 to December 31,2020)

	Amount
Total Reportable Other PRF Payments	\$23,813.48
Total Other PRF Expenses	\$0.00
Total Reportable Other PRF Remaining to be applied to Lost Revenues	\$23,813.48

PRF Lost Revenues Summary (Period of Availability)

	Amount
Total Lost Revenues for the Period of Availability	\$364,568.68
Total PRF Previously Applied to Lost Revenues	\$0.00
Total Unreimbursed Lost Revenues available to be applied to this Reporting Period	\$364,568.68
Total PRF Applied to Lost Revenues in this Reporting Period <small> ⓘ</small>	\$23,813.48
Total Unused Lost Revenues	\$340,755.2
Total PRF Payments not applied to expenses or Lost Revenues	\$0.00

PRF Reconciliation (Period of Availability)

	Amount
Unused Other PRF in this Reporting Period	\$0.00
Unused Nursing Home Infection Control Funds in this Reporting Period	\$0.00
Total Unused PRF Returnable to HRSA in this Reporting Period	\$0.00
Total Unused Lost Revenues	\$340,755.2

**Patient/employee metrics – answer using the data in your excel workbook**

For assistance, please contact our consulting company, Rosen Summit Dental Advisors LLC

<https://www.rsdentaladvisors.com/>

Nancy Kagan

(781) 724-7975,

[NKagan@RSDentalAdvisors.com](mailto:NKagan@RSDentalAdvisors.com)

Personnel Metrics    Patient Metrics    Facility Metrics

Patient Visits	Q1 (2019)	Q2 (2019)	Q3 (2019)	Q4 (2019)	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)
Inpatient Admissions	* 0							
Outpatient Visits (In-person and Virtual)	* 875	* 950	* 775	* 830	* 700	* 225	* 0	* 0
Emergency Department Visits	* 0							
Number of Facility Stays (for Long- and Short-term Residential Facilities)	* 0							
Number of Total Patient Visits	875	950	775	830	700	225	0	0

## **Survey – answer how the PRF payments helped your practice, below are some sample responses:**

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).

Agree

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

Retain personnel  
Pay fringe benefits  
Pay insurance  
Other operational expenses

Pay rent/mortgage

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

No

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

No

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

No

### **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.).

Strongly Agree

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

Create temporary facilities  
Enhance Information Technology (e.g. electronic health records etc.)  
Enhance or implement Telemedicine services  
Increase testing capacity

Buy Personal Protective Equipment (PPE) (e.g. gloves, masks, gowns etc.)  
Buy other equipment  
Buy supplies (e.g. ventilators, etc.)  
Improve facilities

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

Not Applicable

(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.

***Summary at the end –***

- 1) Unused PRF Returnable should be \$0
- 2) Total unused lost revenues should be greater than any payments you received in other reporting periods (e.g. 2021)

**PRF Report Reconciliation**

Unused Other PRF in this Reporting Period: **\$0.00**

Unused Nursing Home Infection Control Funds in this Reporting Period: **\$0.00**

Total Unused PRF Returnable to HRSA in this Reporting Period: **\$0.00**

Total Unused Lost Revenues: **\$340,755.2**