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Provider Relief Fund Reporting Portal

From ANCOR:

[Provider Relief Fund Reporting Portal](#)

The Provider Relief Fund (PRF) Reporting Portal is to be used by providers who received one or more payments exceeding \$10,000 in aggregate.

This is a part of the post-payment reporting process. Register and create an account to get started.

Reporting Requirements and Auditing

All recipients of PRF payments are required to comply with the reporting requirements described in the [Terms and Conditions](#) and specified in future directions issued by the secretary.

Update: [HHS Issues Policy Decisions on Reporting Requirements Revisions](#)

- [Read the Policy Memo](#)

For Recipients of Payments of More than \$10,000:

Recipients of PRF payments exceeding \$10,000 in the aggregate must report required information, including intent, use of funds, and other data elements. For more details:

- Download the [Final Reporting Data Elements](#). This document updates and supplements the October 22, 2020 Post-Payment Notice of Reporting Requirements notice: [General and Targeted Distribution Post-Payment Notice of Reporting Requirement](#) and the September 19, 2020 [General and Targeted Distribution Post-Payment Notice of Reporting Requirement](#). This document also supplements the July 20, 2020 Post-Payment Notice of Reporting Requirements notice: [General and Targeted Distribution Post-Payment Notice of Reporting Requirement](#).
- View the [Summary of Reporting Guidelines for Payments Exceeding \\$10,000](#).
- [Read examples of allowable expenses for Provider Relief Funds](#)

These final reporting requirements **do not apply** to:

- Nursing Home Infection Control distribution recipients
- Rural Health Clinic Testing distribution recipients
- Health Resources and Services Administration (HRSA) Uninsured Program reimbursement recipients

Separate reporting requirements may be announced in the future.

Key Dates:

- January 15, 2021: Reporting system opens for providers
- February 15, 2021: First reporting deadline for all providers on use of funds
- July 31, 2021: Final reporting deadline for providers who did not fully expend PRF funds prior to December 31, 2020

The Health Resources and Services Administration (HRSA) released an updated fact sheet on PRF post-payment reporting requirements for the general distributions. This is primarily to reflect changes included in the recently passed Consolidated Appropriations Act, 2021 (CAA), which passed just before the new year. HRSA is expected to hold webinars and updated frequently asked questions (FAQs) prior to the reporting deadline to provide additional information.

In the announcement, HRSA says:

- Registration for the portal is now open; those who received payments greater than \$10,000 may register to report on use of funds starting today (January 15);
- There is no deadline for completing registration at the present time; and
- There is also no currently established deadline for reporting.

We have attached the following documents:

- [Redline version of the reporting requirement document](#) to show where the changes were made
- [Clean version of the reporting requirement document](#)
- [Redline version of FAQs](#) to show where changes were made
- [Clean version of the FAQs](#)
- [Health and Human Services \(HHS\) Press Release](#) on these updates

Other highlights from today's announcement include:

- Detailed information on documentation requirements for lost revenue, include two new options:
 - Difference between 2020 budgeted and 2020 actual patient care. The budget must have been set prior to March 27, 2020. Reporting entities using this option must submit their 2020 budgeted amount of patient care revenue, a copy of their 2020 budget, and an attestation from the reporting entity's Chief Executive Officer, Chief Financial Officer, or similar responsible individual attesting that the exact budget being submitted was established and approved prior to March 27, 2020.
 - Any reasonable method for estimating revenue. If a recipient of funds chooses this method, 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. 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. Please note, HRSA explicitly states that all recipients seeking to use an alternate methodology face an increased likelihood of an audit.

- Reporting entities with unused funds after December 31, 2020 must submit a second and final report no later than July 31, 2021 that includes patient care related revenue amounts earned from January 1, 2021 through June 30, 2021.
- Clarification on who is the "reporting entity" to account for the change included in the CAA, which allows money to be transferred among parent and subsidiaries.
- Clarification on interest earned on PRF payment, specifying that reporting entities that held the PRF payment(s) being reported on in an interest-bearing account must report the dollar value of interest earned on those PRF payment(s). The total reportable use of PRF distributions will be inclusive of the interest earned on those PRF distributions.
- Definition of "health-care related expenses attributable to coronavirus not reimbursed by other sources" is broader than in previous iterations of the reporting requirements:
 - The document previously stated that "expenses attributable to coronavirus may be incurred both in treating confirmed or suspected cases of coronavirus, preparing for possible or actual coronavirus cases, maintaining health-care delivery capacity, etc."
 - It now says, "Health-care related expenses are limited to costs incurred to prevent, prepare for, and/or respond to coronavirus."
- Clarification on payments not yet received for Phase 2 of the general distribution:
 - HRSA explains that the funds can only be accessed after setting up an Automated Clearing House (ACH) account. Organizations with revenue greater than \$5,000,000 are required to set up ACH accounts to allow the Department of Health and Human Services (HHS) to most effectively and quickly deliver funds to providers, as well as maximize program integrity and fraud avoidance. For assistance in setting up an ACH account, please contact the Provider Support Line at (866)-569-3522 (for TTY, dial 711).
 - Other applicants may have received Phase 2 funds in November or December that the applicant believes were part of Phase 3 of the general distribution. Additionally, HHS has requested that a small number of applicants resubmit their application and financial information for data verification. In some instances, HHS has not received the requested resubmissions and therefore, cannot adjudicate those applications.

Please let us know if you have any questions.

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