



Technical Assistance Session

PRF Nursing Home Infection Control Reporting

February 17, 2022

Provider Relief Bureau

Vision: Healthy Communities, Healthy People



Speakers

Samantha Ebersold

Public Health Analyst
Communications Branch
Provider Relief Bureau

Christina Taylor

Public Health Analyst
Payment and Reporting Management Branch
Provider Relief Bureau

Agenda

- Provider Relief Fund (PRF) Reporting
- Nursing Home Infection Control (NHIC)
- Reporting Resources
- Q&A



PRF Reporting Overview for RP2

Period	Payment Received Period (Payments Exceeding \$10,000 in Aggregate Received)	Deadline to Use Funds	Reporting Time Period
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

- Reporting Period 2 began January 1, 2022 and will end on March 31, 2022 at 11:59 PM Eastern Time.
- The period of availability for payments received July 1, 2020 through December 31, 2020 was January 1, 2020 through December 31, 2021.



Nursing Home Infection Control Overview

- Nursing Home Infection Control payments **may only** be used to reimburse infection control expenses. Nursing Home Infection Control payments **may not** be used to reimburse lost revenues. These payments **may not reimburse** expenses reimbursed by other sources or that other sources are obligated to reimburse.
- Per the authorizing legislation, the original recipient of the NHIC payment **must** report on the payment since it is a Targeted Distribution payment.
- You may only enter total expenses **up to** the total amount of Reportable Nursing Home Infection Control payments.

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

This page may contain pre-populated information from registration and/or a previous report(s). Please ensure that the information is accurate before proceeding.

<CONDITIONAL: If provider received NHIC funds>
* Amount of interest earned on Skilled Nursing Facility and Nursing Home Infection Control payments from payment date until expense date, if applicable.

<CONDITIONAL: If provider received Other PRF payments>
* Amount of interest earned on Other PRF payments from payment date until expense date, if applicable.

Tax Information
* Federal Tax Classification
The designated business type associated with the recipient's primary TIN used for filing taxes.

Nursing Home Infection Control 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 Nursing Home Infection Control payments received July 1, 2020 to December 31, 2020 for allowable expenses. As a reminder, Nursing Home Infection Control payments include payments made as part of the Quality Incentive Payment Program. You must report the use of these payments for allowable expenses 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. Nursing Home Infection Control Payments may be used for infection control expenses limited to those outlined in the Terms and Conditions of payment. They may not be used to reimburse lost revenues.

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 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 Nursing Home Infection Control Payments = \$190,000.00

Infection Control...	Q1 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2020)	Q3 (2021)	Q4 (2021)	Total
General and Administrative (G&A) Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	SUM
Healthcare Related Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	SUM
Total Nursing Home Infection Control Expenses	SUM	SUM	SUM	SUM	SUM	SUM	SUM	SUM



Nursing Home Infection Control Expenses

- Examples of allowable Nursing Home Infection Control expenses include:
 - Costs of reporting COVID-19 test results to local, state, or federal governments
 - Retaining and Hiring and staff to provide patient care or administrative support
 - Expenses incurred to improve infection control
 - Providing additional services to residents, such as technology that permits residents to connect with their families, if the families are unable to visit in person
- Ask yourself these questions:
 - Did this expense cover an **infection control purpose**?
 - Was this expense **to prepare for, prevent, or respond to** coronavirus?
 - Does it **comply** with the Terms and Conditions?
 - Do we have **documentation** to support this claim?
- Maintain documentation to support your position.



NHIC Expenses for Payments During Payment Period July 1, 2020 – December 31, 2020:
\$10,000 to \$499,999

Providers can view all of the NHIC expenses (\$10k - \$499K) details called out below:

1. Full Screen page for the NHIC Expenses

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HRSA
Health Resources & Services Administration

Reporting Period 2 (January 1, 2022 to March 31, 2022) Report

Reporting Period 2 (Dec 30, 2021 to Mar 31, 2022) Report

Nursing Home Infection Control Expenses for Payments Received During Payment Period July 1, 2020 – December 31, 2020

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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 Nursing Home Infection Control Payments = \$290,000

Infection Control Expenses General and Administrative (GAA) Expenses	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Q3 (2021)	Q4 (2021)	Total
Mortgage/Rent	\$100,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100,000.00
Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Personnel	\$100,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100,000.00
Fringe Benefits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Lessor Payments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Utilities/Operations	\$60,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$60,000.00
Other GAA Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Healthcare Related Expenses									\$0.00
Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Information Technology (IT)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Facilities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Healthcare Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Nursing Home Infection Control Expenses	\$290,000.00								\$290,000.00

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Contact: Provider Support Line (800) 960-2021, for TTY call (711) Hours 7 a.m. to 7 p.m. CL 3647 when the PRF posted is open for reporting. Hosted and subject to change.

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Language Assistance

Deutsch

English

Español

Français

Italiano

한국어/한글

Polski

Português

Tiếng Việt

2. Amount \$10K – \$499K for Q1 (2020)

2 Total Reportable Nursing Home Infection Control Payments = \$290,000

Infection Control Expenses	Q1 (2020)	Q2 (2020)	Q3 (2020)
General and Administrative (G&A) Expenses	\$290,000.00		
Mortgage/Rent	* \$100,000.00	* \$0.00	* \$0.00
Insurance	* \$0.00	* \$0.00	* \$0.00
Personnel	* \$100,000.00	* \$0.00	* \$0.00
Fringe Benefits	* \$0.00	* \$0.00	* \$0.00
Lease Payments	* \$0.00	* \$0.00	* \$0.00
Utilities/Operations	* \$90,000.00	* \$0.00	* \$0.00

3. Total NHIC Expenses for Q1(2020) column

3	Equipment	*	\$ 0.00	*	\$ 0.00	*	\$ 0.00	*	\$ 0.00
	Information Technology (IT)	*	\$ 0.00	*	\$ 0.00	*	\$ 0.00	*	\$ 0.00
	Facilities	*	\$ 0.00	*	\$ 0.00	*	\$ 0.00	*	\$ 0.00
	Other Healthcare Expenses	*	\$ 0.00	*	\$ 0.00	*	\$ 0.00	*	\$ 0.00
	Total Nursing Home Infection Control Expenses		\$290,000.00						

4. Total NHIC For 2020 (Q1-Q4) – 2021 (Q1-Q4)

[illegible]

Providers can view all of the NHIC expenses (over \$500K) details called out below:

4. Total NHIC For 2020(Q1-Q4) – 2021(Q1-Q4)

1

**Health and Human Services**
HRSA
Health Resources & Services Administration

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

Restrooms | FAQ

Reporting Period 2 (January 1, 2022 to March 31, 2022) Report

Reporting Period 2 (Dec 30, 2021 to Mar 31, 2022) Report

Nursing Home Infection Control 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 Nursing Home Infection Control payments received July 1, 2020 – December 31, 2020 for allowable expenses. As a reminder, Nursing Home Infection Control payments include payments made as part of the Quality Incentive Payment Program. You must report the use of these payments for allowable expenses by indicating the quantity 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. Nursing Home Infection Control Payments may be used for infection control expenses limited to those outlined in the Terms and Conditions of payment. They may not be used to reimburse lost revenues.

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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 "Tax" 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 Nursing Home Infection Control Payments = \$800,000

Infection Control Expenses	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Q3 (2021)	Q4 (2021)	Total
General and Administrative (G&A) Expenses	\$400,000.00	\$200,000.00	\$100,000.00	\$100,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$800,000.00
Management	+ \$100,000.00	+ \$100,000.00	+ \$100,000.00	+ \$100,000.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	\$400,000.00
Insurance	+ \$100,000.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	\$100,000.00
Personnel	+ \$100,000.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	\$100,000.00
Fringe Benefits	+ \$100,000.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	\$200,000.00
Lease Payments	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	\$0.00
Utilities/Operations	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	\$0.00
Other G&A Expenses	+ \$0.00	+ \$0.00	+ \$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	\$0.00	\$0.00	\$0.00	\$0.00
Supplies	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	\$0.00
Equipment	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	\$0.00
Information Technology (IT)	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	\$0.00
Facilities	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	\$0.00
Other Healthcare Expenses	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	+ \$0.00	\$0.00
Total Nursing Home Infection Control Expenses	\$400,000.00	\$200,000.00	\$100,000.00	\$100,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$800,000.00

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Contact: Provider Support Line (800) 955-3022 for TTY: 711, TDD: 7-1-1, or 1-800-368-7673 when the PRF portal is open for reporting. Hours are subject to change.

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U.S. Department of Health and Human Services | OIG.gov | Website.usps.gov

Language Assistance

Spanish	English	Español	Français	Italiano	Hindi/हिन्दी	Punjabi	Portuguese
Nepali	Mandarin	Korean	Arabic	Urdu	Chinese	Tagalog	

2 Total Reportable Nursing Home Infection Control Payments = \$800,000

Infection Control Expenses	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)
General and Administrative (G&A) Expenses	\$400,000.00	\$200,000.00	\$100,000.00	\$100,000.00
Mortgage/Rent	* \$100,000.00	* \$100,000.00	* \$100,000.00	* \$100,000.00
Insurance	* \$100,000.00	* \$0.00	* \$0.00	* \$0.00
Personnel	* \$100,000.00	* \$0.00	* \$0.00	* \$0.00
Fringe Benefits	* \$100,000.00	* \$100,000.00	* \$0.00	* \$0.00
Lease Payments	* \$0.00	* \$0.00	* \$0.00	* \$0.00
Utilities/Operations	* \$0.00	* \$0.00	* \$0.00	* \$0.00

3

Equipment	*	\$0.00	*	\$0.00	*	\$0.00	*	\$0.00
Information Technology (IT)	*	\$0.00	*	\$0.00	*	\$0.00	*	\$0.00
Facilities	*	\$0.00	*	\$0.00	*	\$0.00	*	\$0.00
Other Healthcare Expenses	*	\$0.00	*	\$0.00	*	\$0.00	*	\$0.00
Total Nursing Home Infection Control Expenses		\$400,000.00		\$200,000.00		\$100,000.00		\$100,000.00

[illegible]

PRF Financial Summary: Reporting Period 2

- The PRF reconciliation will only include line items relevant to a Reporting Entity report.
- Verify the accuracy of the financial summary information on this page.
- **Recommend:** Print this read-only screen from your web browser.
- Upon submission of your report, you will be able to continue to log in and see the information on this page.

Reporting

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	\$2,610,000.00
Total Other PRF Expenses	\$0.00
Total Reportable Other PRF Remaining to be applied to Lost Revenues	\$2,610,000.00

PRF Lost Revenues Summary (Period of Availability)

	Amount
Total Lost Revenues for the Period of Availability	\$0.00
Total PRF Previously Applied to Lost Revenues	\$10,000.00
Total Returnable to HRSA due to a change in reported Lost Revenues	\$10,000.00
Total PRF Applied to Lost Revenues in this Reporting Period	(\$10,000.00)
Total Unused Lost Revenues	\$0.00
Total PRF Payments not applied to expenses or Lost Revenues	\$2,620,000.00

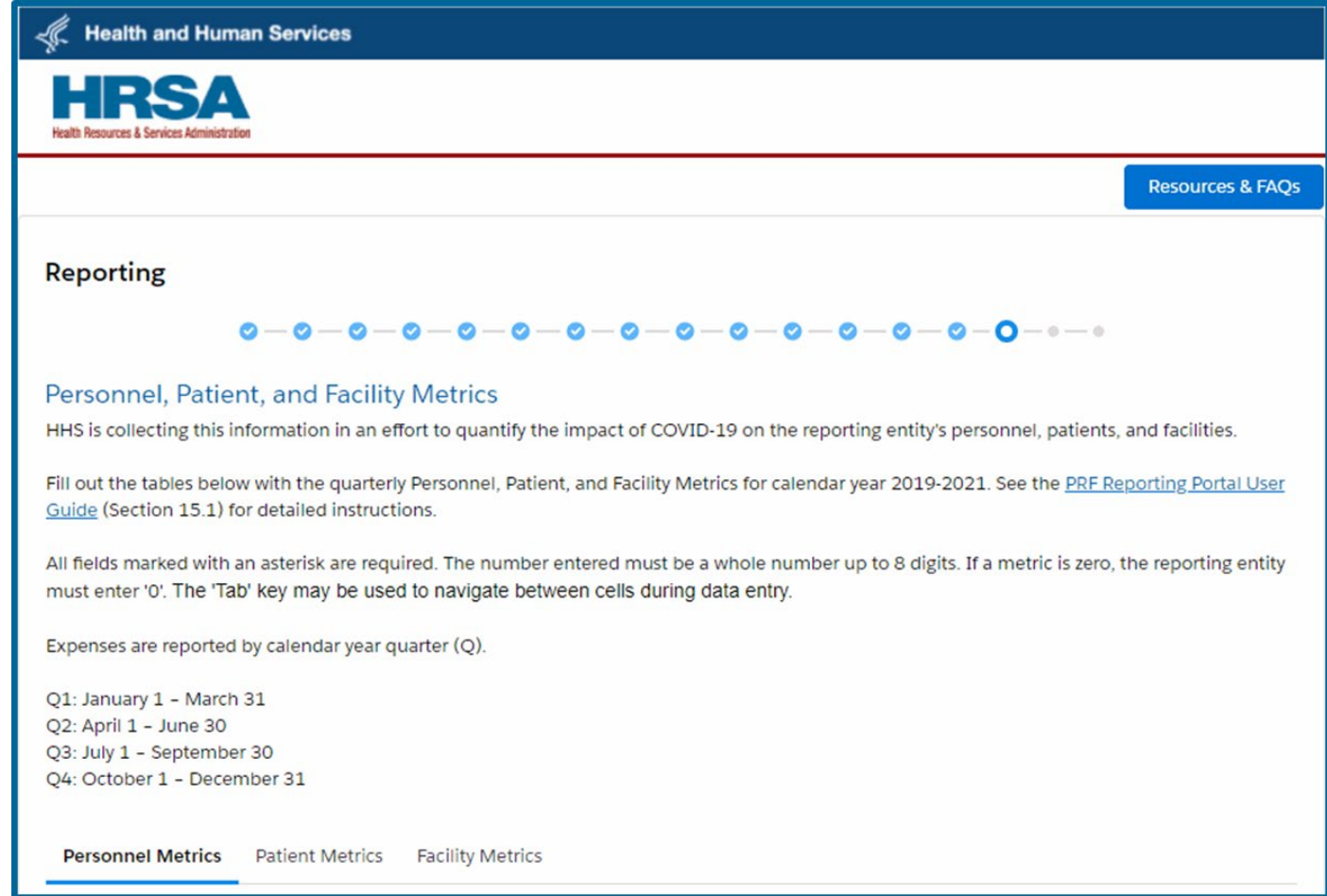
Nursing Home Infection Control Summary (Payments Received from July 1, 2020 to December 31, 2020)

	Amount
Total Reportable Nursing Home Infection Control Payments	\$190,000.00
Total Nursing Home Infection Control Expenses	\$0.00



Personnel, Patient, and Facility Metrics

- 3 Tables will capture different metrics, but all data fields are required.
- If the value for a cell is zero, enter “0.”
- Values should be considered as of the quarter end date.
- Definitions are provided in the Reporting Portal User Guide and FAQs.



The screenshot shows the HRSA (Health Resources & Services Administration) PRF Reporting Portal. The header includes the Department of Health and Human Services logo and the HRSA logo. A navigation bar at the top right contains a link to "Resources & FAQs". The main content area is titled "Reporting" and features a progress indicator with 15 steps, where the 14th step is currently active. Below the progress bar, the section "Personnel, Patient, and Facility Metrics" is displayed. It explains that HHS is collecting this information to quantify the impact of COVID-19. It instructs users to fill out tables for quarterly metrics for calendar years 2019-2021, referencing the PRF Reporting Portal User Guide (Section 15.1). It also notes that fields marked with an asterisk are required, and that the number entered must be a whole number up to 8 digits, with '0' used for zero. A note states that expenses are reported by calendar year quarter (Q). A list of quarters is provided: Q1: January 1 - March 31, Q2: April 1 - June 30, Q3: July 1 - September 30, and Q4: October 1 - December 31. At the bottom, there are three tabs: "Personnel Metrics" (selected), "Patient Metrics", and "Facility Metrics".



PRF Reporting Resources

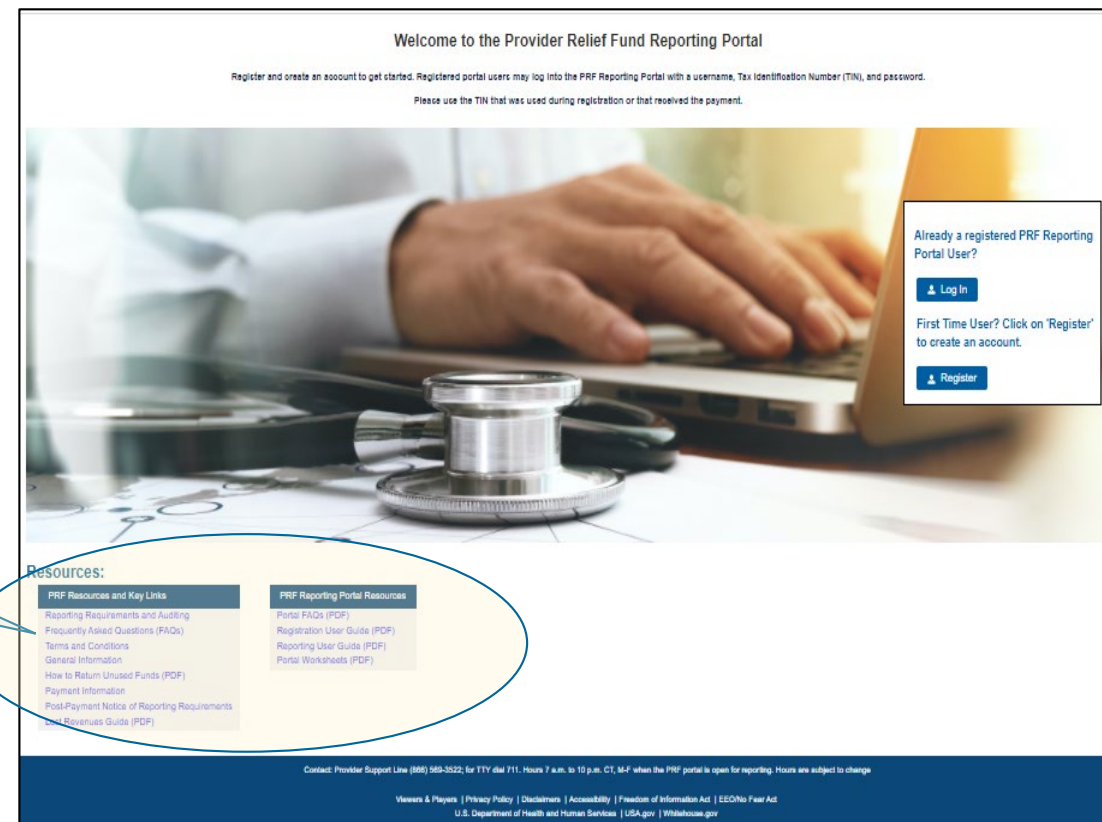
Resources:

PRF Resources and Key Links

[Reporting Requirements and Auditing](#)
[Frequently Asked Questions \(FAQs\)](#)
[Terms and Conditions](#)
[General Information](#)
[How to Return Unused Funds \(PDF\)](#)
[Payment Information](#)
[Post-Payment Notice of Reporting Requirements](#)
[Lost Revenues Guide \(PDF\)](#)

PRF Reporting Portal Resources

[Portal FAQs \(PDF\)](#)
[Registration User Guide \(PDF\)](#)
[Reporting User Guide \(PDF\)](#)
[Portal Worksheets \(PDF\)](#)



PRF Reporting Resources

Helpful Links		Reporting Guides	
<u>Notice of Reporting Requirements (June 11, 2021)</u>		<u>Lost Revenues Guide- Reporting Period 2</u>	
<u>Data Entry Worksheet</u>		<u>Parent Subsidiary Reporting</u>	
<u>Reporting Resources Webpage</u>		<u>Independent Audit Requirement</u>	
<u>Nursing Home Infection Control Webpage</u>		<u>Patient Metrics</u>	
<u>What's New In Reporting Period 2 Fact Sheet</u>		<u>Ownership Changes</u>	
Portal User Guides	Frequently Asked Questions	Stakeholder Resources	Returning Funds
<u>Registration Process</u>	<u>Reporting and Auditing-Specific FAQs</u>	<u>Stakeholder Webpage</u>	<u>Returning Funds Fact Sheet</u>
<u>Submitting Reporting Information</u>	<u>Portal-specific FAQs</u>	<u>Stakeholder Toolkit</u>	<u>Return Unused Funds Portal</u>

Provider Support Line: (866) 569-3522, for TTY dial 711, 8 AM to 10 PM CT, Monday thru Friday



Question and Answer

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