



Technical Assistance Session PRF Nursing Home Infection Control Reporting

February 17, 2022

Provider Relief Bureau

Vision: Healthy Communities, Healthy People



Speakers

Agenda

Samantha Ebersold

Public Health Analyst Communications Branch Provider Relief Bureau

Christina Taylor

Public Health Analyst
Payment and Reporting Management Branch
Provider Relief Bureau

- ➤ 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	April 10, 2020 to	June 30, 2021	July 1, 2021 to
1	June 30, 2020		September 30, 2021
Period	July 1, 2020 to	December 31,	January 1, 2022
2	December 31, 2020	2021	to March 31, 2022
Period	January 1, 2021 to	June 30, 2022	July 1, 2022 to
3	June 30, 2021		September 30, 2022
Period	July 1, 2021 to	December 31,	January 1, 2023 to
4	December 31, 2021	2022	March 31, 2023

Reporting Period 2 began
January 1, 2022 and will end
on March 31, 2022 at 11:59
PM Eastern Time.

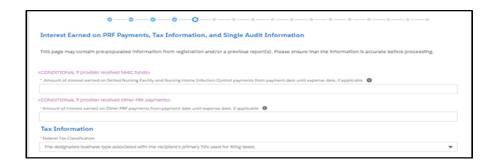
 The period of availability for payments received July 1, 2020 through December 31, 2020 was January 1, 2020 through December 31, 2021.





Nursing Home Infection Control Overview

- Nursing Home Infection Control payments <u>may only</u> be used to reimburse infection control expenses. Nursing Home Infection Control payments <u>may not</u> be used to reimburse lost revenues. These payments <u>may not</u> 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.



vursing Home	intection Con	troi expenses to	or Payments Rec	eived During Pa	yment Period Ju	ny 1, 2020 - De	ember 31, 2020	
ursing Home Infection parteny expenses reli or expenses unrelmo-	on Control payment imbursed with these ursed by other sour	ts Include payments m e payments. If you did roes and that other sou	ade as part of the Qual not use these payment	ity Incentive Payment is s to reimburse allowed to reimourse. Nursing s	Program. You must rep ile expenses, you may i	ort the use of these pa enter zero. As a remind	020 for allowable exper ments for allowable ex er, Provider Relief Fund d for Infection control of	penses by Indicating t payments must be us
nease see the <u>PRF Re</u>	porting User Guide	for detailed instruction	ns. Further definitions a	ire located in the Post-	Payment Notice of Rep	orting Requirements.		
Il fleids marked with	an aster'sk are requ	lired. The number ents	ered may be a value up	to 14 digits including 2	decimal places. If exp	enses are zero, the rep	orting entity must enter	a 'O'. The 'Tab' key mu
sed to navigate betw								
xpenses are reported	t by calendar year q	juarter (Q).						
	131							
(1: January 1 = March (2: April 1 = June 20 (2: July 1 = Septembe								
2: April 1 - June 20	1730							
(2: April 1 - June 20 (2: July 1 - Septembe (4: October 1 - Dec	er 30 sember 31	ction Control Payme	nts + \$190,000.00					
2: April 1 - June 20 9: July 1 - Septembe 4: October 1 - Dec otal Reportable Nu	er 30 sember 31	ction Control Paymer	nts = \$190,000.00 Q4 (2020)	Q1 (2021)	Q2 (2020)	Q3 (2021)	Q4 (2021)	Total
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0: April 1 - June 20 0: July 1 - Septembe 4: October 1 - Dec	er 20 sember 31 sirsing Home Infer Q1 (2020)	Q3 (2020)	Q4 (2020)					





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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.





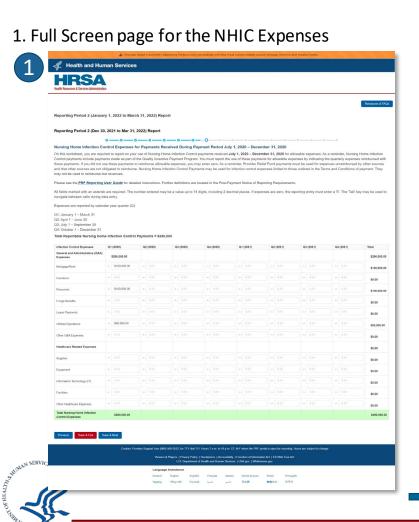
NHIC Expenses for Payments During Payment Period July 1, 2020 – December 31, 2020: \$10,000 to \$499,999

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

Fringe Benefits

Lease Payments

Utilities/Operations



2. Amount \$10K - \$499K for Q1 (2020) Total Reportable Nursing Home Infection Control Payments = \$290,000 Infection Control Expenses Q1 (2020) Q2 (2020) Q3 (2020) General and Administrative (G&A) \$290,000.00 Expenses * \$.00 * \$.00 * \$100,000.00 Mortgage/Rent * \$.00 * \$.00 * \$.00 * \$100.000.00 * \$.00 * \$.00 Personnel

3. Total NHIC Expenses for Q1(2020) column

* \$.00

* \$.00

* \$90,000.00



* \$.00

* \$.00

* \$.00

* \$.00

* \$.00

* \$.00

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

\$290,000.00

\$100,000.00

\$100,000.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00 \$290,000.00

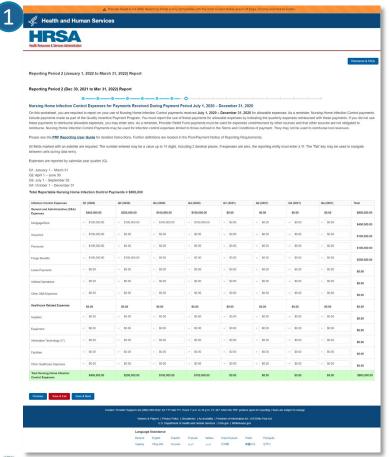
\$90,000.00



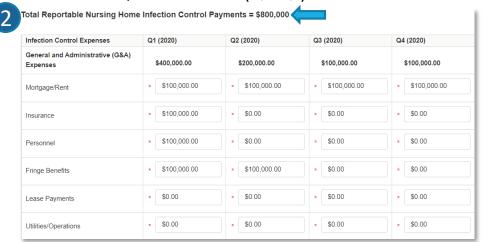
NHIC Expenses for Payments During Payment Period July 1, 2020 – December 31, 2020: Over \$500,000

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





2. Amount over \$500K for 2020 (Q1-Q4)



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

Total

\$800,000.00

\$400,000.00

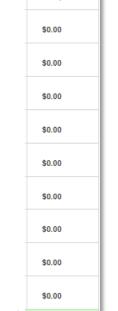
\$100,000.00

\$100,000.00

\$200,000.00

3. Total NHIC Expenses for Q1- Q4 (2020) column





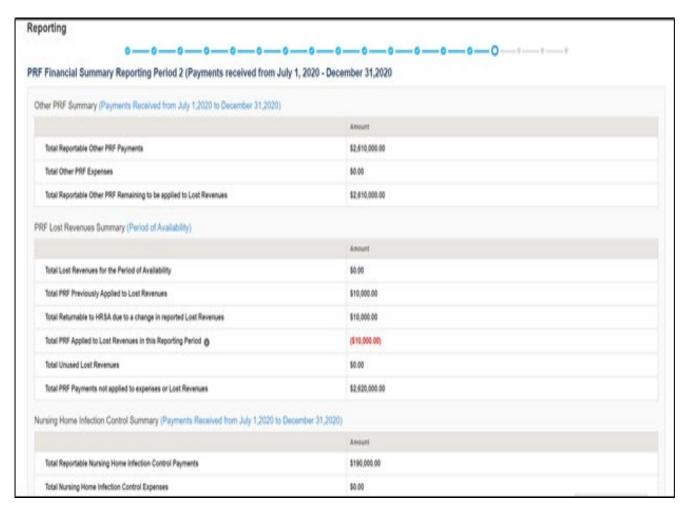
\$800,000.00





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.

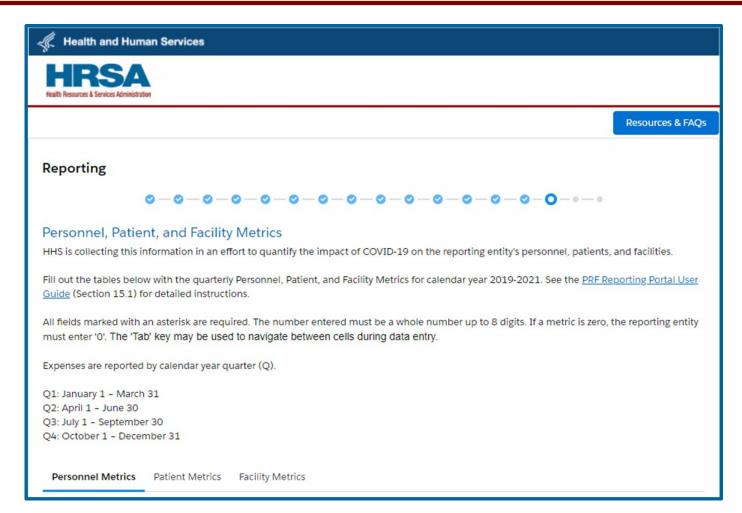






Personnel, Patient, and Facility Metrics

- 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.







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)







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PRF Reporting Resources

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



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



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Question and Answer



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