

	<b>Data Element</b>
<b>Entity Overview</b>	Tax ID Number (TIN) Provider Type Provider Sub-Type Business Name Doing-Business-As Name - optional Street 1+2 City State Zip Filing Contact Name Filing Contact Title Filing Contact Phone Number Filing Contact Email
<b>Subsidiary Questionnaire</b>	Subsidiaries that are eligible health care providers? Acquire or divest subsidiaries during the period of availability of funds? Parent reporting on your behalf for General Dist.? TIN of parent(s) reporting on your behalf Were Targeted Distribution funds transferred to or by a Parent? How much Targeted Distribution was transferred to the parent entity? TIN of Subsidiary Parent reporting on this TIN?
<b>Acquisition/Divestiture information (If Applicable)</b>	TIN of Acquired/Divested Entity Acquired or Divested? Date of Acquisition or Divestiture PRF Received for TIN % Ownership Did/Do you hold a controlling interest in this entity?
<b>Certification of PRF Payments to Recipient</b>	PRF Funds received > \$10k
<b>PRF Interest Earned</b>	Interest earned on Nursing Home Infection Control Interest earned on Other PRF
<b>Single Audit</b>	Federal Tax Classification Exempt Payee code (optional) Exempt from FATCA Reporting Code Fiscal Year End Date Subjected to Single Audit? Were PRF funds included in the audit?
<b>Other Assistance Received during Period of Availability</b>	Treasury, Small Business Administration (SBA) and the CARES Act/Paycheck Protection Program (PPP), Quarterly for Reporting Period FEMA CARES Act Funds, Quarterly for Reporting Period CARES Act Testing, Quarterly for Reporting Period Local, State, and Tribal Government Assistance, Quarterly for Reporting Period Business Insurance, Quarterly for Reporting Period Other Assistance, Quarterly for Reporting Period

<b>Nursing Home Infection Control Payment Expenditures &lt; \$500K (If Applicable)</b>	General and Administrative Costs Attributable to Coronavirus, Quarterly for Reporting Period Healthcare Related Expenses Attributable to Coronavirus, Quarterly for Reporting Period
<b>Nursing Home Infection Control Payment Expenditures &gt;= \$500K (If Applicable)</b>	Mortgage/Rent, Quarterly for Reporting Period Insurance, Quarterly for Reporting Period Personnel, Quarterly for Reporting Period Fringe Benefits, Quarterly for Reporting Period Lease Payments, Quarterly for Reporting Period Utilities/Operations, Quarterly for Reporting Period Other General and Administrative Expenses, Quarterly for Reporting Period Supplies, Quarterly for Reporting Period Equipment, Quarterly for Reporting Period Information Technology (IT), Quarterly for Reporting Period Facilities, Quarterly for Reporting Period Other Healthcare Related Expenses, Quarterly for Reporting Period
<b>Other PRF Payment Expenditures &lt; \$500K</b>	General and Administrative Costs Attributable to Coronavirus, Quarterly for Reporting Period Healthcare Related Expenses Attributable to Coronavirus, Quarterly for Reporting Period
<b>Other PRF Payment Expenditures &gt;= \$500K</b>	Mortgage/Rent, Quarterly for Reporting Period Insurance, Quarterly for Reporting Period Personnel, Quarterly for Reporting Period Fringe Benefits, Quarterly for Reporting Period Lease Payments, Quarterly for Reporting Period Utilities/Operations, Quarterly for Reporting Period Other General and Administrative Expenses, Quarterly for Reporting Period Supplies, Quarterly for Reporting Period Equipment, Quarterly for Reporting Period Information Technology (IT), Quarterly for Reporting Period Facilities, Quarterly for Reporting Period Other Healthcare Related Expenses, Quarterly for Reporting Period
<b>Net Unreimbursed Expenses Atributable to Coronavirus</b>	Net General and Administrative Costs Attributable to Coronavirus, Quarterly for Reporting Period Net Healthcare Related Expenses Attributable to Coronavirus, Quarterly for Reporting Period
<b>Type of Lost Revenues Calculation</b>	Reporting on 2019 Actual Revenue, 2020 Budgeted Revenue, or Estimated Lost Revenue?
<b>Lost Revenues Option 1: Revenue Actuals - 2019-2021 (If applicable)</b>	Medicare A + B, Quarterly for Reporting Period Medicare C, Quarterly for Reporting Period Medicaid/CHIP, Quarterly for Reporting Period Commercial Insurance, Quarterly for Reporting Period Self-Pay (No Insurance), Quarterly for Reporting Period

	Other, Quarterly for Reporting Period
<b>Lost Revenues Option 2: 2020 Budgeted to Actual (If Applicable)</b>	<p>Medicare A + B, Quarterly for Reporting Period  Medicare C, Quarterly for Reporting Period  Medicaid/CHIP, Quarterly for Reporting Period  Commercial Insurance, Quarterly for Reporting Period</p> <p>Self-Pay (No Insurance), Quarterly for Reporting Period  Other, Quarterly for Reporting Period</p> <p>Upload Button for 2020/21 Budget approved prior to March 27th, 2020</p> <p>Upload Button for Attestation by CEO, CFO, or Similar Responsibility on accuracy of Budget Submitted</p>
<b>Lost Revenues Option 3: Alternate Reasonable Methodology (If Applicable)</b>	<p>Lost Revenue Estimate (2020/21), Quarterly for Reporting Period</p> <p>Upload Narrative Document describing methodology</p> <p>Upload Calculation of Lost Revenues</p> <p>Upload additional supporting documentation</p>
<b>Personnel Metrics</b>	<p><b>Contracted Personnel</b></p> <p>Contracted/Clinical  Non-clinical</p> <p><b>Full-time Personnel</b></p> <p>Clinical  Non-clinical</p> <p><b>Part-time Personnel</b></p> <p>Clinical  Non-clinical</p> <p><b>Hired</b></p> <p>Clinical  Non-clinical</p> <p><b>Separated</b></p> <p>Clinical  Non-clinical</p> <p><b>Furloughed Personnel</b></p> <p>Clinical  Non-clinical</p>
<b>Patient Metrics</b>	<p>Number of Inpatient Admissions</p> <p>Number of Outpatient Visits (In person and Telehealth)  Number of Emergency Department Visits</p> <p>Number of Facility Resident Patients (for Long- and Short-term Residential Facilities)</p>
<b>Facility Metrics</b>	<p>Number of Medical/Surgical Beds  Number of Critical Care Beds  Number of Other Beds</p>
	<p>(Agree/Disagree) The PRF payments had a significant impact on my overall yearly finances.</p> <p>(Yes/No) The PRF payment(s) helped maintain solvency and/or prevent bankruptcy.</p> <p>(Check all that apply) PRF payments significantly affected my ability to</p>

<p style="text-align: center;"><b>Survey Questions</b></p>	<p>(Yes/No) The PRF payment(s) helped retain staff that otherwise would have been furloughed or terminated.</p> <p>(Yes/No) The PRF payment(s) helped re-hire or re-activate staff from furlough.</p> <p>(Agree/Disagree) 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.).</p> <p>(Check all that applies) PRF payment(s) helped facility operations and patient care by allowing our facility to</p> <p>(Yes/No) The PRF payment(s) helped care for and/or treat patients with COVID-19 (for applicable treatment facilities).</p> <p>Please describe the impact these funds had on the business or patient services. (Optional)</p>
<p style="text-align: center;"><b>Final Financial Verification</b></p>	<p>Reporting on RHC COVID-19 Testing complete? Certification of accuracy of report</p>