

	Data Element
Entity Overview	Repayment ID Tax ID Number (TIN) 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
Subsidiary Information (if applicable)	TIN of Subsidiary
Acquisition/Divestiture information (If Applicable)	TIN of Acquired/Divested Entity
PRF Payments to Recipient	PRF Funds Received Nursing Home Infection Control Funding Received ARP Rural Funding Received
PRF Interest Earned	Interest earned on PRF, Nursing Home Infection Control, and/or ARP Rural Funding Treasury, Small Business Administration (SBA) and the CARES Act/Paycheck Protection Program (PPP), Quarterly for Reporting Period
Other Assistance Received during Period of Availability	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
Nursing Home Infection Control Payment Expenditures	General and Administrative Costs Attributable to Coronavirus, Quarterly for Reporting Period Healthcare Related Expenses Attributable to Coronavirus, Quarterly for Reporting Period
ARP Rural Payment Expenditures	General and Administrative Costs Attributable to Coronavirus, Quarterly for Reporting Period Healthcare Related Expenses Attributable to Coronavirus, Quarterly for Reporting Period
Other PRF Payment Expenditures	General and Administrative Costs Attributable to Coronavirus, Quarterly for Reporting Period Healthcare Related Expenses Attributable to Coronavirus, Quarterly for Reporting Period
Net Unreimbursed Expenses Attributable to Coronavirus	Net General and Administrative Costs Attributable to Coronavirus, Quarterly for Reporting Period

	Net Healthcare Related Expenses Attributable to Coronavirus, Quarterly for Reporting Period
Type of Lost Revenues Calculation	Method used to calculate Lost Revenue Upload PRF Reporting Workbook
Lost Revenues Option 1: Revenue Actuals - 2019-2021 (If applicable)	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
Lost Revenues Option 2: 2020 Budgeted to Actual (If Applicable)	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 Upload Budget approved prior to March 27th, 2020 Attestation on accuracy of uploaded budget
Lost Revenues Option 3: Alternate Reasonable Methodology (If Applicable)	Lost Revenue Estimate, Quarterly for Reporting Period Upload Narrative Document describing methodology Upload Calculation of Lost Revenues
Final Financial Verification	Certification of accuracy of report Agree to retain and maintain supporting documentation