

PROVIDER RELIEF FUND REPORTING PORTAL

USER GUIDE - REGISTRATION



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Date: January 15, 2021



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1 BACKGROUND INFORMATION, PURPOSE, AND GETTING STARTED

1.1 BACKGROUND INFORMATION

The Coronavirus Aid, Relief, and Economic Security (CARES) Act (P.L. 116-136), the Paycheck Protection Program (PPP) and Health Care Enhancement Act (P.L. 116-139), and the Consolidated Appropriations Act, 2021 (P.L. 116-260) appropriated funds to reimburse eligible healthcare providers for healthcare related expenses or lost revenues attributable to coronavirus. These funds were distributed by the Health Resources and Services Administration (HRSA) through the PRF program. Recipients of these funds agreed to Terms and Conditions, which require compliance with reporting requirements as specified by the Secretary of Health and Human Services in program instructions.

PRF recipients who received one or more payments exceeding \$10,000 in the aggregate are required to report on several required data elements as part of the post-payment reporting process.

1.2 PURPOSE

HRSA developed the PRF Reporting Portal to enable these PRF recipients (referred to as "provider(s)" throughout this document) to comply with reporting requirements. Providers must complete a two-step process in the PRF Reporting Portal (also referred to as "the portal" throughout this document) in order to submit their reports to HRSA. To complete the two-step process, providers must 1) register as users and 2) complete reporting on the use of funds. The purpose of the **PRF Reporting Portal User Guide – Registration** is to assist providers in the completion of the first step of the process. Providers will be notified when they should complete the second step of the process and report on the use of funds. As of January 15, 2021, this functionality is not available.

1.3 GETTING STARTED

The PRF Reporting Portal is only compatible with the most current version of Edge, Chrome, and Mozilla Firefox.

Providers will need at least 20 minutes to complete the registration process. **The registration process must be completed in one session as it is not possible to save partial information.** Providers should ensure they have all of the information required to register available before they begin.



Information required to register:

- Tax ID number (TIN) (or other number submitted during the application process (e.g., Social Security Number (SSN), Employer Identification Number (EIN))
- Business name (as it appears on the W-9 of the reporting entity)
- Contact information (name, phone number, title¹, email) of the person responsible for submitting the report
- Address (street, city, state, five-digit zip code) of the reporting entity as it appears on a W-9)
- TIN(s) of subsidiaries (if a provider is reporting on behalf of subsidiary(ies), a list delimited by commas, e.g.,123456789,987654321,135791357)
- Payment information (for any one of the payments received)
 - TIN of entity that received the payment
 - Payment amount
 - Mode of payment (check or direct deposit Automated Clearing House (ACH))
 - Check number or ACH settlement date

If at any point the provider would like to exit the PRF Reporting Portal, they can click on the 'Return to Home' button at the top left-hand corner of any of the registration screens. If this button is clicked, the provider will be prompted with a message informing them that all data entered so far will be lost and the provider will be redirected to the home screen. *Figure 1 Return to Home Screen* displays both the 'Return to Home' button and the pop-up message that confirms that the provider would like to return to home and lose all data previously entered.

A Provider Relief Fur	nd (PRF) Reporting Portal is only compatible with the most current stable version of Edge, Chrome an	d Mozilla Firefox,
🦧 Health and Human Service		
HRSA Health Resources & Services Administration		
Return to Home	Return to Home By clicking continue and returning to home, you will lose all data entered so far and exit the registration process. If you wish to return to home click 'Continue', if not click 'Cancel'.	Resources & FAQs
Registration Disclaimer	Cancel Continue	
You do not need to register if ALL of the belo 1. You have not received any payment fi 2. A parent is reporting on your behalf for	w conditions are met: or Targeted Distribution r General Distribution	

Figure 1 Return to Home Screen

Links to key PRF resources are available to providers on the home screen and within the portal. They may be accessed on the home screen before beginning registration or by clicking on the blue 'Resources & FAQs' button on the top right-hand corner of the screen within the portal. Clicking this button will open a new browser tab as shown in *Figure 2 Resources and Help*

¹ Not a required data field



Screen. This is to avoid exiting the registration process early and inadvertently losing data already entered.

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PRF Resources and Key Links Reporting and Auditing Requirements Frequently Asked Questions (FAQs) Terms and Conditions General Information	PRF Reporting Portal Resources Portal FAQs Registration User Guide										
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Figure 2 Resources and Help Screen

In addition to this <u>user guide</u>, providers should reference the following key PRF resources during the registration process:

- PRF Frequently Asked Questions (FAQs)
- PRF <u>Reporting Portal FAQs</u>
- <u>Reporting and Auditing Requirements</u>
- <u>Terms and Conditions</u>
- <u>PRF General Information</u>

Information entered by providers will not be saved until the registration is submitted successfully. A provider's session in the PRF Reporting Portal will timeout after 15 minutes of inactivity and information entered will be lost upon timeout. At the end of the registration process, providers will receive an email from 'PRFReporting-NoReply@hrsa.gov.' Providers should add this email address to their safe list. Please note this mailbox is not monitored and should not be used to communicate with HRSA staff.



2 PRF REPORTING PORTAL HOME SCREEN

On the PRF Reporting Portal home screen, providers may create an account, access key resources, and log in to submit a report on the use of funds.

2.1 HOW TO ACCESS

The PRF Reporting Portal home screen can be accessed at <u>https://PRFReporting.hrsa.gov</u>.

2.2 GENERAL LAYOUT

Figure 3 PRF Reporting Portal Home Screen is a screenshot of the PRF Reporting Portal Home Screen. Important elements have been marked and defined below.





Welcome to the 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.



Figure 3 PRF Reporting Portal Home Screen

1. Providers that previously registered as PRF Reporting Portal users and are ready to complete the reporting process should enter their usernames and passwords created during the registration process in the fields under the 'Already a registered PRF Reporting Portal User' heading, Providers must then check the 'I'm not a robot' box that appears and click the 'Log In' button. (*Note: As of January 15, 2021, this functionality is not available.*)



- 2. PRF Reporting Portal user registration is the first step in the reporting process. To begin registration, providers should click the blue 'Register' button below the 'First Time User? Click on 'Register' to create an account.' heading.
- 3. Providers are able to access important PRF resources on the home screen. These resources can also be accessed using the blue 'Resources & FAQs' button (top right corner) available throughout the portal. Once providers have begun the registration process, they should not return to the home screen as they will lose all data entered.

2.3 HOW TO REGISTER

To begin registration, providers should navigate to the <u>PRF Reporting Portal</u>, then click the blue 'Register' button below 'First Time User? Click on 'Register' to create an account.' This step is labeled as '2' in *Figure 3 PRF Reporting Portal Home Screen*. This action will take providers through the steps necessary to complete registration in the portal.

Providers should expect the registration process to take at least 20 minutes. **The registration process must be completed in one session as it is not possible to save partial information.** A detailed list of all required information necessary to complete the registration process can be found in Section <u>1.3 Getting Started</u>. For step-by-step instructions of the registration process, providers should reference <u>Section 3 Registration Process</u>.



3 REGISTRATION PROCESS

Registration is the first of a two-step process required for providers to report on the use of PRF payments. All providers must register as PRF Reporting Portal users before they can complete the reporting requirements. This section of the user manual describes the steps involved to complete the registration process after providers click the 'Register' button on the PRF Reporting Portal home screen.

3.1 TERMS AND CONDITIONS

Terms and conditions related to the use of the PRF Reporting Portal are visible after providers click the 'Register' button on the home screen.

All providers must certify that they have read and accept the terms and conditions related to use of the portal before proceeding to the next step. To do this, providers should click on the radio button outlined in red in *Figure 4 Terms and Conditions Screen* and located to the left of the text 'I have read and accept the terms and conditions.' and then click the 'Next' button that will appear after the radio button is selected.

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Figure 4 Terms and Conditions Screen



3.2 STEP 1 – PROVIDER IDENTITY INFORMATION

The first step of the registration process is shown in *Figure 5 Provider Identity Information Screen.* This step requires that providers share identifying information including the provider's TIN (or other number submitted during the application process (e.g., Social Security Number (SSN), Employer Identification Number (EIN)), contact information, and address (as it appears on a W-9). It is very important to enter the TIN correctly as a provider will only be able to register a primary TIN one time.

The contact email address must be a valid, monitored email address. The email address will be used to verify provider identity every time the provider logs into the PRF Reporting Portal. The email address associated with each PRF Reporting Portal account may also be used for any other communications that are necessary in the future, including but not limited to questions about the provider's registration, updates on the opening of the reporting portion of the portal, and questions about the provider's report on the use of funds. If one individual is responsible for registering and submitting reports for multiple entities, the same <u>contact</u> email address may be used. A confirmation email message will be sent to the email address reported on this page when registration is successfully completed.

The email address and username do not need to be the same, but they can be. The username must be in the form of an email address and the username created must be unique for each non-consolidated report being submitted, even if the <u>contact</u> email address is the same for each entity. Communications will be directed to the <u>contact</u> email address, not the username.

Providers should choose from a dropdown list in the 'State' field. The 'State' field defaults to 'Alabama' and must be corrected before the provider proceeds to the next screen.

Providers must enter all of the required information (marked by a red asterisk(*)) and click 'Next' at the bottom of the screen. Providers should hover and click on the tooltip icon (O) to see additional details about data entry fields. For some data entry fields, providers are required to enter information in a particular format or style. For example, the phone number must consist of only 10 digits and no special characters, such as brackets and dashes ('(', ')', '-'); the username must be an email address and is not case sensitive; the zip code must be five digits. After providers have completed all of the required data entry fields without errors, they will be allowed to advance to the next screen.



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Figure 5 Provider Identity Information Screen

If the provider has not completed a required field, an error message in red will appear below the required data entry fields as shown in *Figure 6 Provider Identity Information - Required Field Error*.

The provider will not be able to proceed to the next screen until all required fields have been completed without errors.



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Figure 6 Provider Identity Information - Required Field Error

If a provider enters a TIN that has already been registered and tries to proceed to the next step of Registration, they will be directed to a screen with an error message as shown in *Figure 7 Provider Identity Information - Duplicate Primary TIN Error*. If the portal shows this error and the provider has not registered this TIN before, the provider should either click the 'Previous'



button and correct the TIN or call the Provider Support Line for assistance if they think the TIN they entered is correct.

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Figure 7 Provider Identity Information - Duplicate Primary TIN Error

3.3 STEP 2 – SUBSIDIARY INFORMATION

After completing the Provider Identity Information screen, the provider is taken to the Subsidiary Information screen as shown below in *Figure 8 Provider Identity Information - Required Field Error*. Here, the provider will be required to provide a 'Yes' or 'No' response to 'Will you report on behalf of subsidiaries that received a General Distribution payment?' as shown in the image. It is very important that providers answer this question correctly, as the answer to this question will affect the data entry on the following screen. Providers should click on the tooltip to see the help text. If providers respond 'Yes' to this question, they will be required to enter all of the subsidiary TINs on whose behalf they will be reporting on the next screen.



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Figure 8 Provider Identity Information - Required Field Error

If the provider does not respond to the question, the provider will be directed to the error message page as shown in *Figure 9 Subsidiary Information Questionnaire - Required Field Error*. The provider should click the 'Previous' button to go back and respond to the question as either 'Yes' or 'No' and click the 'Next' button to continue registration.



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Registration Please go back to the previous screen and select a value from "Yes" and "No" options. All quest Provious	ions are required to be answ	ered.								
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Figure 9 Subsidiary Information Questionnaire - Required Field Error

3.4 STEP 3 – SUBSIDIARY/PAYMENT INFORMATION

After completing the Subsidiary Information screen, the provider is taken to the Subsidiary/Payment Information screen. Providers will be presented with a screen based upon the responses in <u>Step 2 – Subsidiary Information</u>.

A disclaimer is presented at the top of the screen to remind providers that they do not need to register and should click 'Return to Home' to exit the portal if they meet ALL of the conditions described.

Providers that respond 'No' to 'Will you report on behalf of subsidiaries that received a General Distribution payment?' on the previous screen will be prompted to complete payment information as shown in *Figure 10 Payment Section with No Subsidiaries*. Providers must enter all data fields accurately. If any of the payment information entered is incorrect, a provider will not be able to proceed to the next step in the registration process.

Providers that respond 'Yes' to 'Will you report on behalf of subsidiaries that received a General Distribution payment?' on the previous screen will be prompted to complete a subsidiary TIN(s) field and payment information as shown in *Figure 11 Payment Section with Subsidiaries*.

Providers must provide a comma-delimited list of all subsidiary TINs on whose behalf they intend to report for one or more payments (e.g.,123456789,987654321,135791357). The subsidiary TIN information will not be validated upon submission, so it is important that providers enter this information accurately. Providers will be able to review and validate all the subsidiary TINs as part of the PRF Reporting Portal when available. Providers must enter the payment information for any one of the payments they may have received for their entity or their subsidiaries accurately. If any of the payment information entered is incorrect, a provider will not

be able to proceed to the next step in the registration process.



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Figure 10 Payment Section with No Subsidiaries



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Figure 11 Payment Section with Subsidiaries



If a provider clicks 'Next' without providing information in a required field, an error message in red will appear below the required data entry fields as shown in *Figure 12 Payment Section with No Subsidiaries - Required Field Error* and *Figure 13 Payment Section with Subsidiaries - Required Field Error*. Providers will not be able to proceed to the next screen until all required fields have been completed.

In the payment information screen, providers should enter information for <u>any one</u> of the payments made to their TIN or any of the subsidiary TIN(s) on whose behalf they are reporting. The payment information submitted with the registration is only used for identity verification purposes. Providers must choose a 'Mode of Payment' ('Direct Deposit ACH' or 'Check') from a drop-down box. If 'Direct Deposit ACH' is selected, a 'Settlement Date (ACH)' is required. The settlement date (ACH) is the date the PRF payments were electronically deposited into the provider's bank account. This date usually excludes weekends and federal holidays. The date must be formatted as MMM D, YYYY (e.g., Sep 1, 2020). Providers may alternatively select the calendar icon in the data entry field and click on the accurate date in the calendar. If 'Check' is selected as the 'Mode of Payment', a 'Check Number' data entry field will become visible and the provider must complete this data entry field accurately. Again, providers must enter all payment information accurately. **If any of the payment information entered is incorrect, a provider will not be able to proceed to the next step in the registration process.**



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TIN of the Entity that Received the Payment Please enter some valid input. Input is not optio Mode of Payment	D nal.								
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lease enter some valid input. Input is not option Previous Next	al.	Contact: Provid	ler Support Lin	e (866) 569-35	22; for TTY di	al 711. Hours 7 a.m.	:o 10 p.m. CT, M	ŀ£	
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Figure 12 Payment Section with No Subsidiaries - Required Field Error



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* TIN(s) of Subsidiaries									
						10			
Please enter some valid input. Input is not optional.									
* TIN of the Entity that Received the Payment	2			24		٦			
Please enter some valid input. Input is not optional.									
* Mode of Payment									
Direct Deposit ACH					•				
* Sattlement Date (ACH)									
					苗	ר			
Please enter some valid input. Input is not optional.									
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Figure 13 Payment Section with Subsidiaries - Required Field Error

If a provider does not enter payment information for the TIN provided in <u>Step 1- Provider</u> <u>Identity Information</u> or one of the Subsidiary TINs provided in the 'TIN(s) of Subsidiaries' data entry field in <u>Step 3 – Subsidiary/Payment Information</u>, and clicks 'Next', an error message will appear as shown in *Figure 14 Incorrect Payment TIN*. If a provider receives this error message,



they should click the 'Previous' button and ensure they are entering payment information associated with one of the already reported TINs.

Provider Relief Fund (PRF) Reporting Portal is only compatible with the most current stable version of Edge, Chrome and Mozille Firefox.	
I Health and Human Services	
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Return to Home	urces & FAQs
REGISTRATION CANNOT PROCEED	
The TIN that received the payment does not match with the parent TIN or the Subsidiary TINs that were being reported on for General Distribution.	
If you would like to correct the data on the previous screen, please click the 'Previous' button.	
For additional assistance, please call the Provider Support Line at (866) 569-3522; for TTY dial 711. Hours of operation are 7 a.m. to 10 p.m. Central Time, Monday through Friday.	
Previous	
Contact: Provider Support Line (866) 569-3522; for TTY dial 711. Hours 7 a.m. to 10 p.m. CT, M-F.	
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Figure 14 Incorrect Payment TIN

If the provider does not enter accurate payment information or the payment information is not able to be validated, an error message will appear as shown in *Figure 15 Incorrect Payment Information Error*. The provider should click the 'Previous' button to go back to Step 3 and ensure that all information was entered correctly. If the payment entered was made within the last five business days, the portal may not be able to validate the payment. Providers should use alternate payment information if available or return five business days after the payment date to register.



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REGISTRATION CANNOT PROCEED								
The payment information you entered does not match our data.	If the payment e	entered was n	hade within the	e last 5 busine	ss days, our system	may not be able	e to validate the payment. Please use alternate payment	
information in available. Other wise, prease return in the busilies	suays non the	· · · · ·	to register.					
If you would like to correct the data on the previous screen, plea	se click the 'Pre	vious' button.						
For additional assistance, please call the Provider Support Line a	t (866) 569-352	22; for TTY dia	al 711. Hours c	of operation a	e 7 a.m. to 10 p.m. C	entral Time, M	londay through Friday.	
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Figure 15 Incorrect Payment Information Error

3.5 STEP 4 – PROFILE SUBMISSION

Providers that successfully complete <u>Step 3 - Subsidiary/Payment Information</u>, will be directed to the final registration screen as shown in *Figure 16 Profile Submission Screen*. At this time, providers will be able to review all of the data entered throughout the registration process for accuracy.

Once a provider has reviewed the summary data, they must respond to the question at the bottom of the screen 'Do you certify that the above information is accurate to the best of your knowledge?' by using the drop-down menu.

If a provider certifies that the data is accurate by selecting 'Yes,' a new section will appear below the certification that directs the provider to 'Create a Username and Password.' The username will be prepopulated with the username selected in <u>Step 1 – Provider Identity Information</u>. The only way to change the username is to go back to <u>Step 1 – Provider Identity Information</u>. Providers must select a password that complies with the password policy indicated in Figure 16 *Profile Submission Screen*.

Passwords must

• Be a minimum length of eight (8) characters.



- Contain at least three of four-character types: Uppercase, Lowercase, Numbers, or Special Characters.
- Not be the same as the username or any part of the contact name provided in Step 1.
- Not contain any variation of the word 'Password'

Providers should print the information on this page from the browser and save it in a secure location. Providers must click the 'Submit' button before exiting the portal.



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Warning: Please scroll to the bottom of this p	age and certify that all o	data entered is acc	urate before	submitting	our registration	1 .			
Information entered will not be saved until re	gistration is successful. S	ession will timeou	ıt after 15 mir	nutes of inac	tivity and inform	nation will not	be saved.		
		~			~			Profile Submi	ssion
Your previous answers have been pre-popula	ted below. Please verify	c.							
Entity Tax Information									
Tax ID Number (TIN): 123456788									
Business Name (as appears on WY): Test									
Name: Katie Van Laeke									
Phone Number: 7702655477									
Title:									
Email: katievanlaeke@gmail.com									
Address (as it appears on W9)									
4181 Ailey Court, Peachtree Corners, Georgia, 30092									
Subsidiary Information									
Will you report on behalf of subsidiaries that rece	ived a General Distributio	n payment?: Yes							
TIN(s) of Subsidiaries: 909090909									
Payment Information (for any of the pa	yments received)								
TIN of the Entity that Received Payment: 909090	909								
Mode of Payment: Check									
Check Number: 1212									
Payment Amount: \$789,789.00									
*Do you certify that the above informat	ion is accurate to the	best of your kn	owledge?						
Yes		:							
Create a Username and Password									
*Username									
kvanlaeke@deloitte.com									
Password Policy Password must be of a minimum length of el	ght (8) characters.								
 Password must contain at least three of the Lowercase, Numbers, or Special Characters. Lise a "pass phrase" to belowou create a com 	e tour character types: Op	percase,							
 Do not use your username or any part of you Do not reuse your last six (6) passwords. 	ir full name.								
 Password must not contain the word "passw 	ord".								
*Password									
		0							
*Confirm Password		0							
Submit	1								
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Figure 16 Profile Submission Screen

If a provider certifies that the data is not accurate by selecting 'No' to the question 'Do you certify that the above information is accurate to the best of your knowledge?,' an error message will appear in red, as shown in *Figure 17 Incorrect Information Screen*, and the provider must



use the 'Previous' button to go back to correct the inaccurate data. Data entered to date will not be lost unless the provider returns to the home screen of the PRF Reporting Portal. The provider must certify to the accuracy of the information entered in order to successfully complete registration.

A Provider Relie	f Fund (PRF) Reporti	ng Portal is only con	npatible with	the most o	urrent stable vers	ion of Edge, C	Chrome and M	ozilla Firefox.	
	rices								
HRSA Health Resources & Services Administration									
Return to Home								Res	purces & FAQs
Warning: Please scroll to the bottom of th	is page and certify tha	at all data entered is a	accurate befor	e submittin	g your registration				
Information entered will not be saved until	registration is success	sful. Session will time	out after 15 m	inutes of in	activity and inform	ation will not	be saved.		
 ✓ 	\rangle	~		\rangle	×		\rangle	Profile Submission	
Your previous answers have been pre-pop Entity Tax Information Tax ID Number (TIN): 567890123	ulated below. Please	verify.							
Business Name (as appears on W9): Test									
Contact Information									
Name: Katie Van Laeke									
Phone Number: 7702655477									
Title:									
Email: katievanlaeke@gmail.com									
Address (as it appears on W9)									
4181 Ailey Court, Peachtree Corners, Georgia, 30092									
Subsidiary Information									
Will you report on behalf of subsidiaries that r	eceived a General Distr	ibution payment?: Yes							
TIN(s) of Subsidiaries: 676122155									
Payment Information (for any of the	payments received	1)							
TIN of the Entity that Received Payment: 676:	122155								
Mode of Payment: Check									
Check Number: 8011									
Payment Amount: \$278,638.59									
*Do you certify that the above inform	nation is accurate t	o the best of your l	knowledge?						
No		* *							
Please click on the Previous button at the Previous	bottom of the screen	to go back to correct	the inaccurate	e data.					
	Cont	act: Provider Support Li	ne (866) 569-35	i22; for TTY o	lial 711. Hours 7 a.m. 1	to 10 p.m. CT, M			
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Figure 17 Incorrect Information Screen



If a provider does not provide a compliant password, an error message will appear, as outlined in red in *Figure 18 Non-Compliant Password*.

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Health Resources & Services Administration
Return to Home
Warning: Please scroll to the bottom of this page and certify that all data entered is accurate before submitting your registration.
Information entered will not be saved until registration is successful. Session will timeout after 15 minutes of inactivity and information will not be saved.
V V Profile Submission
Ynur nrevinus answers have heen nreuponulated helnw. Diasse verify
Entity lax Information
Tax ID Number (TIN): 123456788
Business Name (as appears on W9): Test
Contact Information
Name: Katle Van Laeke
Phone Number: 7702655477
Title:
Email: katievanlaeke@gmail.com
Address (as it appears on W9)
4181 Ailey Court, Peachtree Corners, Georgia, 30092
Subsidiary Information
Will use resources as bachelifed miderial index that accounts a Context Distribution assessed? Mor
TVI FOU EPOLIO TERENI O SUBJUIRTES INTERENENTA GERERA USBERALISSI TUUTUN PAYTIENTE. ES
Integration for any of the parameter received
Payment monimation (toriany of the payments received)
Tix of the Entity that Received Payment: 709090909
Mode of Vayment: Check
Check Number: 1/12
Payment Amount: \$789,789.00
'Do you certify that the above information is accurate to the best of your knowledge?
Yes
Create a Username and Password
'Username
kvanlaeke@deloitte.com
Password Policy
Prosveror must be of a minimum length of oggit (B) characters. Password must be of the set three of these four character types: Uppercase, Password must channel in the set of these four character types: Uppercase,
Lowercase, Numbers, or Spotal Chiracters.
Do not use your last mane or any part of your null name. Do not reuse your last six (6) passwords.
 Password must not contain the word password.
*Password
•••• •
*Confirm Password
Please enter a Password that complies with Password Policy.
Submit
Previous
Contact: Provider Support Line (866) 569-3522; for TTY dial 711. Hours 7 am. to 10 pm. CT.M-F.
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Figure 18 Non-Compliant Password

Registration is complete after a provider certifies the accuracy of the information and enters a password that passes the validation and clicks the 'Submit' button. Providers that successfully



register will see a pop-up message with the words 'Registration Successful!' as shown in *Figure 19 Successful Registration Screen*. Providers that do not see this message may have blocked popups on their computers. Providers that register successfully will also receive an email from 'PRFReporting-NoReply@hrsa.gov' confirming the registration. Providers should make sure to check their junk mail folder or spam folder if they do not receive the message. The email address 'PRFReporting-NoReply@hrsa.gov' should also be added to the email safe list. Please note that this mailbox is not monitored and should not be used to communicate with HRSA staff.

Osemanie	
 Password must be of a minimum length of eig. Password must contain at least three of these Lowercase, Numbers, or Special Characters. 	Registration Successful!
 Use a "pass phrase" to help you create a comp Do not use your username or any part of your 	You have successfully completed registration.
 Do not reuse your last six (6) passwords. Password must not contain the word "password" 	The next phase of the reporting process is for providers to submit financial data indicating their use of funds.
*Password	Providers will be notified when the PRF Reporting Portal is open for reporting on the use of PRF payments.
	At any time, if you need to update your username or email address, reach out to the Provider Support Line at (866) 569-3522; for TTY dial 711. Hours of operation are 7 a.m. to 10 p.m. Central Time, Monday through Friday
*Confirm Password	Hondy dirought hay.
•••••	Click the 'Exit' button below to exit registration.
Password must not contain the word "password"	
Submit	Exit

Figure 19 Successful Registration Screen

Once registration is completed for a primary TIN, the provider will not be able to re-access the registration data and make changes in the PRF Reporting Portal until the portal is open for reporting.

A provider must keep the email address associated with their account up to date because it will be used to communicate with the provider. The email address will also be used for security purposes to verify the provider's identity every time the provider logs into the PRF Reporting Portal.

Providers responsible for submission of reports for multiple entity organizations that are not reporting on a consolidated basis must create a new PRF Reporting Portal account for each of the entity organizations for which they are reporting.