

NOTICE: This project resource is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$500,000 with 0 % financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

RHC COVID REPORTING PROCESS

<https://www.rhccovidreporting.com/>

Above is the link for you to report your use of your COVID19 RHC testing funds. Reporting is mandatory.

Rural Health Clinic
COVID-19 Reporting Portal

Home FAQ Logout

ROUTINE USES:
The information collected will be used by HRSA to monitor and assess the effectiveness of the funding provided to Rural Health Clinics (RHCs) for COVID-19 testing and related expenses.

DISCLOSURE:
Mandatory. If you kept the RHC COVID-19 Testing Funds, RHCs are expected to provide information monthly.

Did you or your organization (as represented by a tax identification number (TIN)) receive funds for COVID-19 testing through the RHC COVID-19 Testing Program? *

Yes

No

Yes, but my TIN organization returned all such funds

No, but I believe my TIN organization is eligible for this program

Continue

For more information click on the links below:

You will need to click the option that fits your organization.

If you click yes, the screen below appears:

Please Sign in to Your Profile | RHC COVID-19 Reporting Portal

https://www.rhccovidreporting.com/are-you-registered/

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You must be registered to use this site.

Register

If you are already registered, please click on LOGIN button below to sign in to your Profile.

Login

For more information click on the links below:
Frequently Asked Questions (Health Resources and Services Administration)

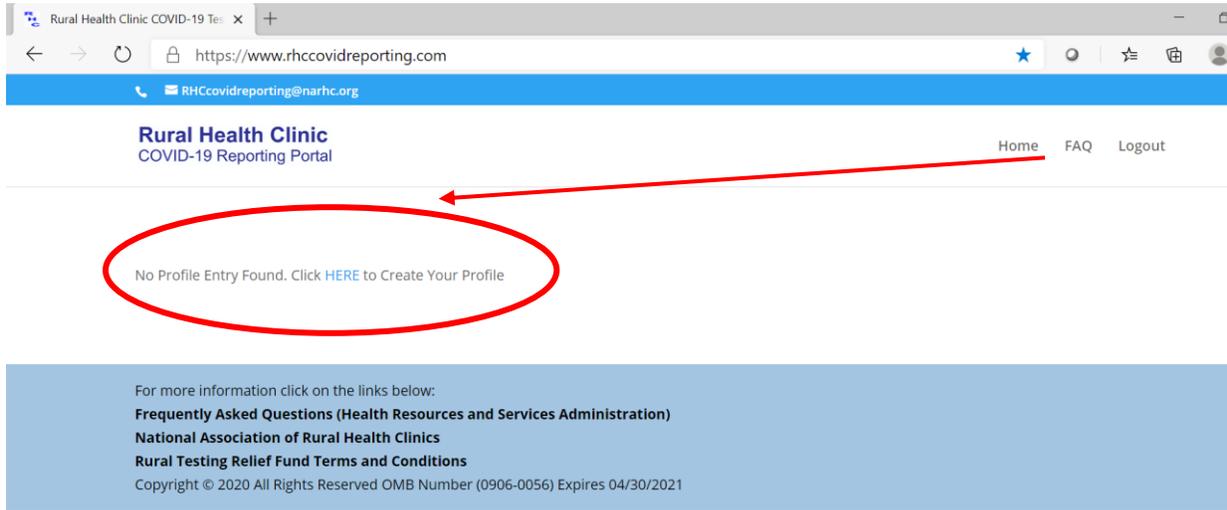
First time you will need to register. You will receive an email to confirm your registration. Review your spam to make sure the email didn't go there.

Once you have registered, you will login.

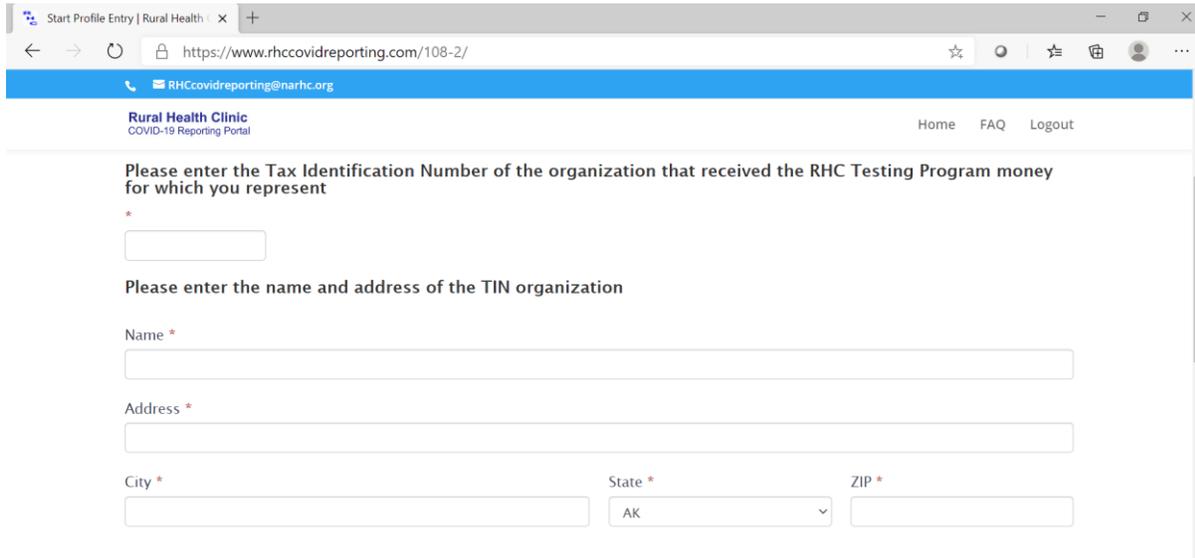


Once you login, you will enter your username and password. You must confirm that you are not a robot.

Next.... You will create a profile. The next few steps will walk you through it!
(Already created your profile? Skip to page 5)



You will need your Tax Identification Number (TIN), Address of the TIN,



Next you will need your CMS # (CCN/PTAN), Identify the type of provider (Independent or Provider Based). You will check the boxes that are appropriate for your organization.

The screenshot shows the 'Start Profile Entry' page for Rural Health Clinics. The main heading is 'Please enter the CMS Certification Number(s) - also known as CCN/PTAN number(s) - for each RHC associated with this TIN organization'. Below this is a form with a 'CMS #' input field, two radio button options: 'Independent/Freestanding' and 'Provider Based/Hospital Owned', and two buttons: 'Add' and 'Remove'. A red arrow points from a callout box to the 'Remove' button. Below the radio buttons is a section titled 'For what purpose(s) has your TIN organization used or plan to use RHC COVID-19 Testing Program funds? (select all that apply)'. This section contains a list of checkboxes for various purposes, such as 'My TIN Organization has not spent any portion of the RHC Testing Program Fund', 'Building or construction of temporary structures', 'Leasing of properties', 'Retrofitting facilities to support COVID-19 testing', 'Planning for implementation of a COVID-19 testing program', 'Procuring supplies to provide testing', 'Training providers and staff on COVID-19 testing procedures', 'Items and/or services furnished to an individual that results in an order or the administration of COVID-19 testing', 'Staff time and salary associated with COVID-19 testing', and 'Other (please specify)'.

If you have more than one CMS #, Click add. If you make a mistake, click remove.

Lastly, you will need to provide any addresses of COVID19 testing sites, if you had any.

The screenshot shows the 'Does your TIN organization have a testing location?' section. It features a dropdown menu with 'Yes' selected. Below this is a text area for the location name and address. The form includes input fields for 'Name', 'Address', 'City', 'State', and 'ZIP'. At the bottom of the form are 'Add' and 'Remove' buttons. A red arrow points from a callout box to the 'Add' button.

If you had more than one location where you provided testing, click add to provide the additional addresses.



If you only have one address such as your RHC clinic, then you will not hit add.
Click Submit.

Start Profile Entry | Rural Health Clinic | x +
https://www.rhccovidreporting.com/108-2/

RHCcovidreporting@narhc.org

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Please enter the name and address of any/all testing location(s) your TIN organization operates. (If you are providing testing in a temporary structure, such as the parking lot of the hospital, please provide the most reasonable address for such testing)

Name *
Testing Clinic

Address *
123 Main Street

City *
ABC

State *
SC

ZIP *
12345

Add Remove

Submit Save Draft

Your profile is all set up and now it is time to report your testing numbers!

Testing Data | Rural Health Clinic | x +
https://www.rhccovidreporting.com/320-2/

RHCcovidreporting@narhc.org

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Home FAQ Logout

No Testing Data Entries Found. Click [HERE](#) to Begin Testing Data Entry

For more information click on the links below:
[Frequently Asked Questions \(Health Resources and Services Administration\)](#)
[National Association of Rural Health Clinics](#)
[Rural Testing Relief Fund Terms and Conditions](#)
Copyright © 2020 All Rights Reserved OMB Number (0906-0056) Expires 04/30/2021



You will enter how many tests were performed and how many positive tests results for each month starting in May when you received the RHC COVID testing funds. **Please remember that zero an acceptable number if you didn't do any.**

Start Testing Data Entry | Rural H... X +
https://www.rhccovidreporting.com/start-testing-data-entry/

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How many tests has your TIN organization conducted in the selected month? Provide the most accurate count possible for "# of Tests." If necessary, please estimate to the best of your ability the number of tests in the selected month.

For TIN: 12-3456789

MONTH	# of Tests	# Positive Tests
May 2020	<input type="text"/>	<input type="text"/>
June 2020	<input type="text"/>	<input type="text"/>
July 2020	<input type="text"/>	<input type="text"/>
August 2020	<input type="text"/>	<input type="text"/>
September 2020	<input type="text"/>	<input type="text"/>

Hit Submit and you will receive the below page! **Remember that you will need to enter the data monthly regarding your testing numbers.**

Test Data Submitted | Rural Heal... X +
https://www.rhccovidreporting.com/test-data-submitted/

RHCcovidreporting@narhc.org

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COVID-19 Reporting Portal

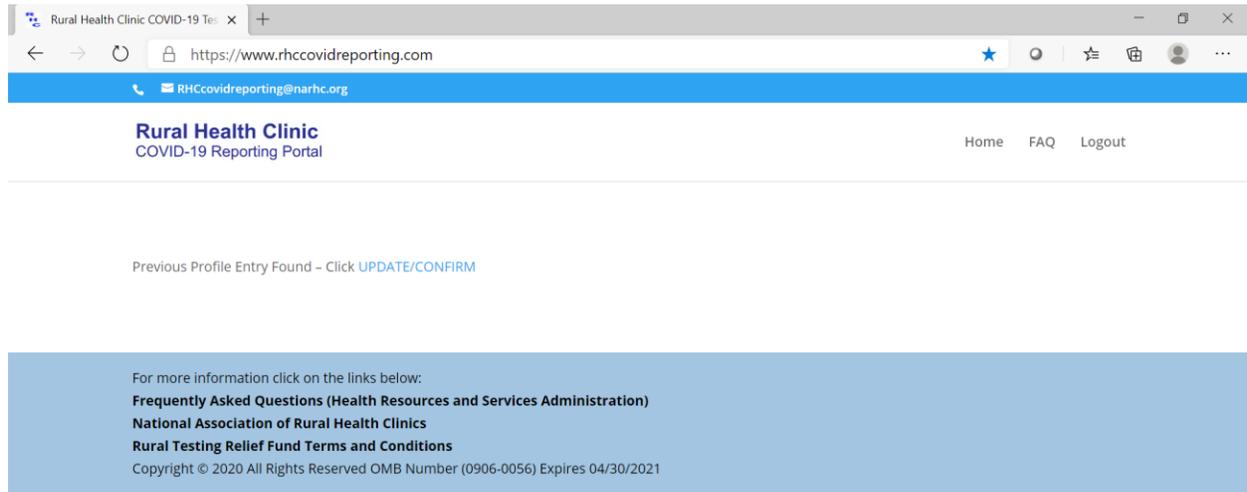
Home FAQ Logout

Thank you for reporting your test data. Please remember to report your data each month until instructed otherwise by the Health Resources and Services Administration of the U.S. Department of Health and Human Services, not to exceed a period of two years after the distribution of funds (May 2022).

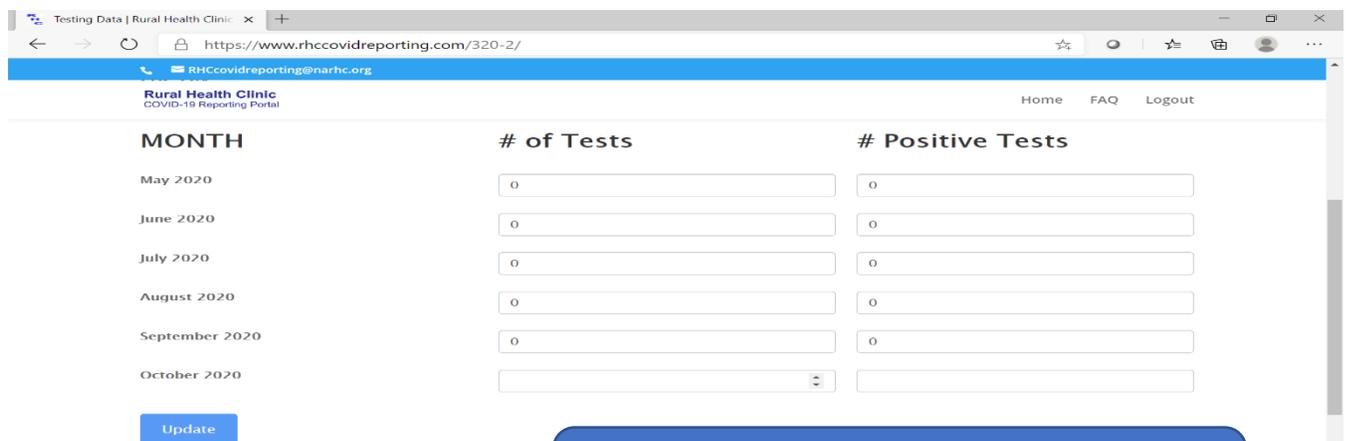
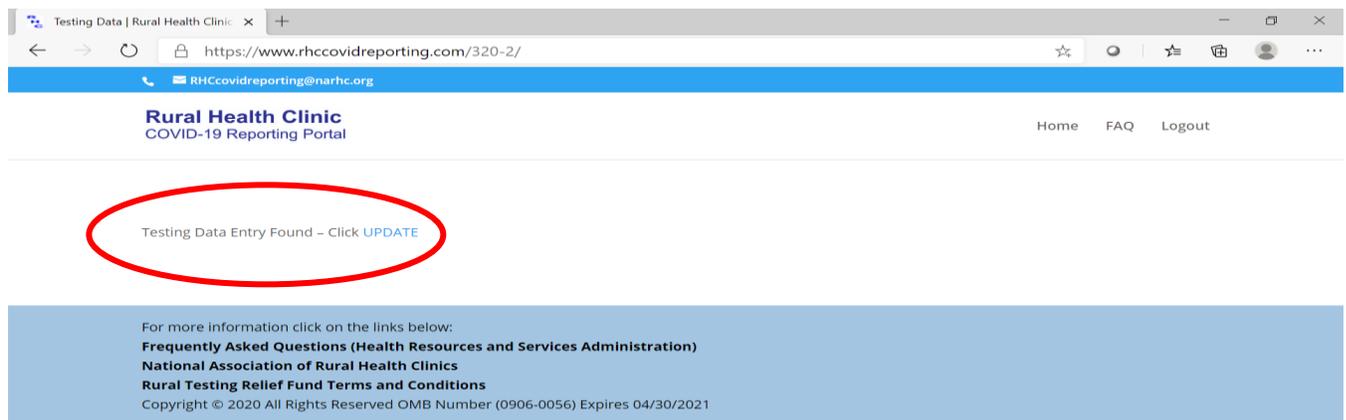
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When you log back in to add the next month's number, you will need to update/confirm your information. Remember if you provided testing at another location you will need to add that in!



Once you have updated or confirmed your information, then you are ready to enter your testing numbers. Click update.



Each month you will do these exact same steps!!
Don't forget to click update! Then Logout!

