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Let's Talk About Mitigation

Nathan Baugh:

0:05

Hello, everyone.

0:07

Thank you all for joining us.

0:10

Today, we're going to be talking about Covid 19 testing and mitigation. You all got \$100,000 per RHC, not so long ago.

0:20

This is a very similar to last year's testing program, but with the addition of the mitigation as a purpose for that funding. So, that is the topic today.

0:31

And we're going to dive into some of the nuances in the weeds of what all that means, and hopefully, help you all figure out how to best spend that hundred thousand dollars.

0:45

We're going to do about 30 minutes of presentation and then have a lot of time for Q&A, so hopefully the Q&A will get help us get into some of those issues that many of you have.

1:00

Just a little bit about me, my name is Nathan Baugh, the Director of Government Relations for the National Association of Rural Health Clinics. I'll be the moderator and one of the speakers for today's call, joining me as Sarah Hohman and Shannon Chambers.

1:13

I'll introduce some more in just a second, but I do wanna say, sir, if you could go back.

1:19

I do want to talk just very briefly about the fact that this webinar series is sponsored by HRSA and the Federal Office of Rural Health Policy.

1:31

And where do support it through a co-operative agreement, as you can see on your screen, and allows us to bring you these webinars, free of charge.

1:40

The purpose of the series is to provide you all with viable to technical assistance and RFC specific information, particularly as it relates to the \$100,000 or with the what we call the ...

1:53

Testing and Mitigation Program.

1:56

Please help others spread the word.

2:00

Or please split, excuse me, please spread the word about these free webinars by encouraging anyone who may benefit to sign up and receive announcements at our website.

2:13

When we get to the Q and A portion, we will open a question box to allow folks to ask questions.

2:20

And then as with our webinars, we're at the mercy of good bandwidth for all parties, so if you have a freeze or something, some issues, just try to restart the program.

2:31

If that doesn't work, this is being recorded so you'll be able to catch it after the fact.

2:39

Um, with that, now we can go to the next slide, me just briefly.

2:44

Again, I'm Nathan Baugh, director of Government Affairs. Many of you already know Shannon Chambers, who is Director of Provider Solutions for the South Carolina Office of Rural Health.

2:56

And she's also works with NOSORH on the Connections for Community Care Team.

3:04

And I'm pretty sure most of you have seen or heard Shannon speak before joining us today is Sarah Hohman, who is new employee here at the National Association of Rural Health Clinics.

3:18

And she's already very much an expert in the ... Testing and Mitigation Program. So, join, help me welcome Sarah to the RHC Community, or you'll probably hear a lot from her going forward. So, those are your three speakers and then let's, let's get right into it. Next slide, please.

3:40

So, I'm gonna kick it. I'm going to hand it off to Sarah, but, like I said, Sarah will cover some stuff.

3:45

I'll cover little section.

3:46

Shannon's gonna go over some of the top questions that we get and then we'll have plenty of time for Q and A in the back half.

3:55

Sarah?

Sarah Hohman:

3:57

Thanks, Nathan. Yeah. So, I'll be covering a few questions and information to start us off here. So, the first question, will this be recorded, and can you get slides following today's presentation?

4:09

The answer is yes, as with all of our technical assistance webinars, and they will be recorded and available on our website at any rate, ... dot org. In the next few days, So, be on the lookout for the slides, recording, and transcript all available there. And like I said, all of our resources can be found on our website as well.

4:35

So, I briefly want to go over the different buckets of funding that RHCS have available to them right now.

4:43

And it's really important that we keep these programs separated and in our understanding and our discussion of them, they have varying terms and conditions, requirements and dates. And so, I just briefly want to go over this matrix. This matrix is also available on our website, and I recommend that you check that out and use these links available to you.

5:08

So, just keep these buckets separate. As we're providing technical assistance, that's really helpful when you e-mail us, as well, if you specify which program you're talking about. So, the primary purpose of today's webinar is to talk about the ... Testing and Mitigation Program.

5:25

So, as Nathan mentioned, this was awarded in early June. All rural health clinics, pending eligibility, were able to get \$100,000.

5:35

This amount needs to be spent between January first, 2021 and December 31st, 2022. Have quite a large window here.

5:44

And like I said, there's a variety of links available to you here. Terms and Conditions, information on reporting, much of which we'll go over here. But it's all available to you in this matrix, on our website.

5:55

So the second program that I want to touch on is the Vaccine Confidence Grant Program.

5:59

The application for this was due last week, and we hope that you are that you applied as all rural health clinics were eligible to apply, as this will be an anticipated \$50,000 for a one-year project period for each rural health clinic awarded and the Notice of Award is to come out in mid July.

6:20

So, be on the lookout for that, if you applied, and we can also answer questions following this webinar on any questions you may have about this program.

6:30

There's also a direct vaccine distribution available for rural health clinics. And so, this is an ongoing program, but it's available now. Your clinics can receive direct shipments of the covert 19 Vaccine, and which vaccine you choose, is up to you.

6:48

And, we also have the request form available in this matrix, on our website.

6:56

The ... Testing Program, So, just testing now, testing and mitigation, Which was awarded last year. This is the just over \$49,000 amount per RHC, similar to this allocation that you received this June. All rural health clinics, penning eligibility, received this amount.

7:16

And just an important thing to note, that funds from this bucket must be spent by December 31st, 2021. So, again, lots of links available for you here, but helpful to keep these programs separate.

7:29

And then lastly, there's the Provider Relief Funding, which we won't talk about in depth here, but again there's links and information specifically about the new guidance that came out just a few weeks ago without the funding needing to be spent by June 30th, 2021 that should say 2021. So these are just the buckets of funding that we wanted to, and other programs that we wanted to keep separate and touch on the differences there.

7:58

OK, so this is a really important page to bookmark as, as well as the ... website in order to keep these programs separate and understand all all the opportunities available to RH she is in combating koga 19.

8:14

So this is the HRSA website dedicated to ... resources for rural health clinics. And so, you can check this out, all the programs that I mentioned, and some more information, as well, is all available on this website.

8:28

So, I really recommend that you check that out, and bookmark it for future reference as well, Sir, real quick, just so folks know. And, this is, I think, an important distinction.

8:39

You will note that this, this bookmark page absolutely 100%, You should do it, but this isn't just the HRSA programs, OK?

8:48

So, if you're looking for provider relief fund questions, this link where it won't really help you, again, think provide a really fun, is managed by HHS, not HRSA.

9:00

So that's not going to be on a HRSA link if you're looking for provider relief funds, questions or details.

9:12

OK, so now I want to talk about the really funding timeline for, specifically, the ... Testing Funding, and coven 19 testing and mitigation funding. So, we're going to talk about these timelines briefly, briefly, just again, to ensure that you know the distinction between these programs, as related to dates.

9:31

So, January 27th, 2020 was the earliest date that the ... testing funding could be applied to allowable expenses.

9:41

The first distribution for this came in May 2020, Reporting registration was due in November 2020.

9:50

a second round distribution for RHCS that were later deemed to be eligible and not included in the May payment came in December 2020.

10:00

And then, jumping to December 31st, 2021, That's when these testing program funds must be expended and reporting continues until January 31, 2021, based on December data.

10:15

So that's the covid 19 testing funding.

10:18

And then we'll talk about covid, 19 testing, and mitigation funding.

10:22

So again, a timeline, just to keep these separate, January first, 2021, is the earliest date that funding can be applied to allowable expenses for this program.

10:32

The first distribution, as you know, came in June.

10:37

The Testing and Mitigation Program registration and reporting is due for the first first month of June, eligible in this program, by July 31st, 2021.

10:47

And if you did not receive or accept covid 19 testing funding last year, you'll have to complete the registration process for reporting. For this bucket of funding. In order to do that, we'll talk about that in just a minute.

11:03

There will, based on availability and RHC eligibility. There's an additional funding round coming later this summer of that hundred thousand dollars for RHCS who did not receive the first distribution, again, subject to availability and eligibility.

11:20

These program funds must be expended by December 31st, 2022, and then reporting will continue through January 31st, 2022.

11:30

So, should take a theory.

Nathan Baugh:

11:34

Yeah, so, it's the month after, right, so apologies, I should say January 31, 2023 is the last month to report.

Sarah Hohman:

11:47

OK, so, a big question that we've been receiving several of is I didn't receive my code one thousand testing and mitigation funding. So this \$100,000 per RHC, what should you do?

11:59

The things that determine eligibility for this round of funding were your compliance and up to date reporting on RHC covered reporting dot com as of April 18th.

12:12

So, if you received the cover one thousand testing funding last year, it was a requirement that you reported throughout this last year.

12:23

And it was important that you were compliant and up to date in order to be eligible for this round of funding.

12:31

Your RHC also must be certified and listed on Q core as an RHC before April 18th, 2021.

12:39

So, if these things apply to you, whether you can identify why, or why not, you, did not receive the funding, please e-mail us.

12:51

So here is the NARHC e-mail address, as well as the ..., or e-mail address, and e-mail us, and please include your tin and your CCN, if you believe that you should have received, or been eligible for this funding.

13:06

And again, any explanation you can offer, will help as we investigate the issue for you. So, did you receive the Covid 19 testing funding last year?

13:18

If you have multiple RHCS, did some, but not all of your RA cheese received this round of funding.

13:24

And any explanation that you can give us, it's really helpful, but it's super important that you include your tin and your CCN, and we will work with you to investigate the issue. If you've already reached out to us, we appreciate your patience as we investigate these issues individually.

13:42

We'll be back to you with an update as soon as we can, So thanks, again for your patience. But please reach out, if you believe you should have received the funding.

13:56

And I've touched on this a little bit, but I wanted to talk about the record reporting requirements for this bucket of funding. So, like the RHC covid 19 Testing Program last year.

14:08

Reporting is required through RHC covered reporting dot com.

14:12

You will report total test and positive test numbers monthly until the end of the relevant funding timeline.

14:20

So, we went over this in the timeline previously, but I wanted to touch on it again.

14:25

If you received just the testing and mitigation funding, you'll report on data from June 2021 through December 2022. So in the month, following those, for each of them.

14:38

Then if you received only, um, covid ... testing funding, you must report May 2020 through December 2021 data.

14:50

And if you received both, you must report May 2020 through December 2022 at data. So, again, you report these total test and positive test mander numbers monthly.

15:02

And these are your required reporting timelines for each bucket of funding.

15:13

If you are already familiar with RHC covered reporting dot com, then, this site is not at this slide is not as as critical for you. But if you're new to this process, on RHC coveted reporting dot com, you'll create an account.

15:30

So, it's one e-mail address per 10 entity that was paid through these programs. So, you will create a profile. And, again, you'll report these tests monthly.

15:41

Um, it's a very straightforward reporting process.

15:45

But, if you have any issues, please e-mail, RHC, Covered Reporting at any RHC dot org. If you have any issues registering or reporting month to month, please contact us and we are happy to walk through those issues with you as well.

16:03

OK, so, now, talking about this bucket of funding, and how you can attest to the terms and conditions and accept or reject the funding.

16:14

So, within 45 days of receipt of payment via a C H, or within 60 days of receiving a check payment, you can visit this website.

16:24

Ant a test for terms and conditions, accept or reject the funding.

16:29

If you do not return that payment or attest to the receipt of funds within that 45 or 60 day applicable timeframe, that will be viewed as acceptance of the terms and conditions.

16:42

Just something to be aware of.

16:44

While you can return or reject the funding, we really encourage you to keep the funding. And being here today is a great first step in understanding how this funding can be used in your clinics and your communities.

16:58

But we really encourage you to keep it, and be creative in your efforts, to utilize that funding, and once the project period is complete, any unused funds you can return at that point.

17:11

But for now, and we do really encourage you to keep it, and Use the funding based on all the ideas we get with you, We give you today, and all the ways we'll work with you, to use that funding.

17:26

And now I'm going to turn it over to Nathan to talk about what mitigation is and how you can use this funding that you just received.

Nathan Baugh:

17:34

Right, Thank you, Sarah. Great job.

17:37

So, the, of course, the expanded name here gives away a lot of what this, this hundred thousand dollars, as for ..., 19 testing and mitigation, right?

17:50

So, we've got more uses or more allowable expenses for the \$100,000 than we did for the \$49,000. The way it's broken down on this website, which has been it's new and improved, and HRSA to, a lot of work trying to really organize this in a better way than our our FAQs.

18:14

So, highly recommend that you go to the HRSA website.

18:18

But the way it's organized is four buckets testing, mitigation, testing related expenses, and mitigation related expenses.

18:28

So those are essentially your four different categories.

18:33

I'm going to ask you to, kind of, theoretically, before you ask us a question, which of those four buckets is whatever your proposed use of these funds, which which bucket, would it fall into?

18:46

Testing mitigation, testing related, or mitigation related, OK, there is some crossover between the two, but are between the four. But that's essentially how it's organized.

19:01

No.

19:02

Some obvious examples are case investigation, Education, Screening, Digital Technologies, Post coven, Conditions, Management, Retrofitting, Facilities, et cetera. That's all in the different categories. Next slide, please.

19:21

And we're going to get into specific examples. That's basically what the second half of this webinar is going to be.

19:27

The key concept, though, some, let's talk about what you can't spend it on, OK?

19:35

First thing that you can't spend it on is vaccine administration.

19:39

So, that the costs of getting a shot in the arm, when the patient is their direct provider to patient vaccine administration, is not something that you can use these funds for, OK.

19:58

You can use it to help encourage and schedule those things, but the actual cost of the vaccine administration is it is not an allowable expense.

20:09

Then, the other, and this is very key, and we're going to spend a little bit of time digging into this, is that you cannot, we allocate these, there's \$100,000, two expenses for which you are otherwise reimbursed.

20:26

The theory here is that we don't want to double count or double pay anyone.

20:31

OK, so next slide, please.

20:36

There's a whole section in the HRSA Web site dedicated to how to, uh, remove any reimbursement and insurance payments you may have received from and make sure that they don't count against your hundred thousand dollar way, you're allocating \$100,000 to.

21:00

So, this is some language that you'll see on that website but essentially they're saying you may apply the funds to remaining expenses or indirect costs after netting other funds received, OK?

21:14

So if you have a testing operation, and it's losing you money, or you're doing some sort of mitigation operation, and it's losing you money, then if you can show a loss, you're allowed to allocate the funds to that.

21:31

However, if you are getting reimbursement, borja testing, and your, and your mitigation efforts, and it's more than exceeding your costs, then you don't have any quote, unquote, remaining expenses.

21:47

So, then that isn't a good way to use the \$100,000.

21:54

The website says that you can use any reasonable method of estimating the expenses.

22:01

Are indirect costs attributable to covid, but not covered by other payments, OK? And we're gonna talk basically about what that means in a second.

22:14

The other thing that's really important to note is that you are not accountable for any reimbursement or income earned after the period of support.

22:25

And that's why CERA went over the dates very carefully.

22:31

It's because the period of support for testing and the period of support for testing and mitigation is different, Right. Testing ends this year.

22:38

Testing and mitigation ends next year. Right.

22:42

So any income you may generate from expenses that you incurred.

22:48

Now after the period of support, you don't have to continue to remove those reimbursements or income from the allocation. So go next slide.

23:05

So, I mean the simplest Question to ask yourself if You Need to figure out, OK, what's a reasonable method to Calculate, you know, whether or not I earn money or I lost money on my testing activities.

23:22

That's my, The best way I can explain it is basically calculate every single expense possibly related to your any covert testing, training, any retrofitting, cost of supplies, cost of equipment, Staff costs, All of that Is expense related to covert testing.

23:46

Compare that to your total reimbursement That you received for covert testing during that period of support.

23:53

If you have a loss, then that's an easy way to show that you have unreimbursed expenses related to covert testing.

24:02

Again, if you buy in a piece of equipment that is generating reimbursable claims three years from now, that's not during the period of support.

24:14

And you don't have to continue to sort of remove that reimbursement from what you are, what you spent during the period of support. Hopefully that makes sense.

24:28

We have a couple of accounting links here to give you some ideas of reasonable methods to calculate your expenses. Relative to your reimbursement for covid testing and mitigation activities here.

24:42

Next slide, please.

24:45

OK, so now I'm going to turn it over to Shannon, and she's gonna get into some concrete examples. And then we're going to have plenty of time for Q&A.

24:53

Hopefully this whole only, it can be spent on things that are not otherwise reimbursed concept. Makes sense.

25:03

I recognize that it's kind of difficult to talk about. And it's pretty weedy and nuanced. So I anticipate that during the Q and A section, we'll dive into more aspects of that.

25:17

But for now, I'm gonna kick it over to Shannon to talk about the top five areas that we get Questions.

Shannon Chambers:

25:24

Thanks, Nathan.

25:25

Alright, so, can you provide some examples of maintaining healthy environments for mitigation examples?

25:32

So, wipe of book covers on electronics.

25:34

We need to think about those high touch areas, credit card machine, your tablets, your screens, anything that is a high touch area.

25:45

Portable air cleaners, Pleated air filters are additional things that can be spent for infection control and maintaining healthy environments.

25:55

And what I'm trying to do is walk you through things that you're going to see on the website that Sarah gave you at the beginning on the HRSA website. Under allowable Expenses, Nathan explained to you that there are about four different buckets. So you have your covid 19 testing expenses, covid 19 mitigation expenses.

26:14

And so trying to detail out some of these for you and then related expenses for, for both of those columns as well.

26:22

Your heating and air contest conditioning system allows for more outdoor air circulation and that it actually operates properly.

26:31

Those are things, Of course, we want more outdoor air to come into our clinics. So, again, we have anything that's going on. We can get that back out of our clinic.

26:41

Quenchless Sensors are a big thing, right?

26:44

So, how many times does a patient touch the toilet handle?

26:48

How many times do they touch the sinks, doors, driers, water fountains, and even temperature screenings?

26:55

So, and you will see temperature screenings is one that's clearly defined within here that says, if you have one of those, that you can scan a patient's temperature when they walk in the door without having to actually touch the patient, that's going to fall under that maintaining healthy environments.

27:11

You can also use these funds for disinfectant products.

27:16

There is a list on the EPA's website of all the ones that are actually appropriate for use, Fork of the 19. So I gave you that link here, and, again, those slides are available and will be on the website, or you can download them here under handouts already.

27:32

PPE Expenses, so your gowns, your gloves, or facemasks, et cetera. All of those are going to be allowable expenses of maintaining healthy environments or mitigation.

27:42

Next slide, sir.

27:46

All right. So, can we replace or recover beds or chairs?

27:50

Yes, Recovering warne upholstered furniture is acceptable.

27:55

If you have beds that have tears, risks or cracks in them, those are actually infection control issues.

28:01

So, not only are we able to work through getting these infection control issues, um, under control, but you're able to replace those.

28:11

Again, if they're something through here, I gave you on the bottom, Guidelines for Environmental Infection Control and Healthcare Facilities link, which is linked within the HRSA webpage as well.

28:23

And then can we replace the carpet?

28:25

Yes, carpeting is harder to keep clean, especially after spills of blood or body substances.

28:33

Even in here, a lot of clinics have some of those carpet layers to where if something happens, we can actually individually replace that one additional carpet square.

28:43

Remember that, of course, for health care setting and facility, this is under retrofitting Facilities as necessary to support mitigation and infection control.

28:53

The thing to remember here is if you've already had a planned that you are planning on doing something like this, you shouldn't be using these funds for that.

29:02

That was something you previously had planned, and again, it is for retrofitting facilities.

29:07

This is, Hi, Back to Infection control, 19.

29:14

Next slide.

29:18

All right.

29:18

So can I buy a freezer or refrigerator that is currently listed under supplies to cover 19 testing? You will see here, I've highlighted it for you on the page.

29:30

It does say Storage for the refrigerator, freezer, or Temperature Control Cabinet.

29:34

It's currently listed under the curve at 19 testing expense related expenses.

29:41

So there's your information for your freezers and your refrigerators.

29:47

Next slide, Sarah.

29:49

All right, so this is one that I think is really exciting about being able to make sure that we can continue keeping our workforce right.

29:56

So can we pay our staff retention payments?

29:58

Yes, offering hiring bonus and retention payments is allowed.

30:03

The other thing that workforce kind of falls under, and, again, we're trying to tie you back to a lot of these allowable expenses on the website.

30:11

Training providers, reporting the data. So, if you need to use salary or someone who's actually gonna go in and report your data, your are on the RHC, Husband Reporting website.

30:22

You can use a percentage of you to that for them actually reporting the data and keeping you in compliance, childcare, transportation, and temporary housing.

30:34

We need to be able to take care of our workforce in order to take care of the patients and the communities that you serve.

30:40

So if, for a reason, maybe you need a nurse to come in and she doesn't have childcare, cannot afford to pay childcare for that day.

30:48

And you can use these funds to take care of that expense so that you, again, have the workforce in place to take care of your patients and communities.

30:56

Again, provided you the link of the same website that Sarah gave you, which is the HRSA website.

31:02

I think by now, Nathan's Sarah and I have this website almost memorized, we're doing really well with reading through all of these individual responses in HRSA has been amazing throughout this process.

31:14

Sarah, next one.

31:18

All right. So can I purchase telehealth equipment?

31:22

Or software? Yes.

31:23

one of the really amazing opportunities here that you're going to see listed is digital technologies.

31:30

This is to strengthen the recipient's core capacity to support the public health response to cope at 19.

31:36

We've tied that link in here again for you as well as throughout that process. We've had this question come up a lot.

31:44

So, we're excited to see that HRSA actually added the digital technologies to the website for the questions, so, those are kind of the top five things that we've heard that we've seen.

31:58

As part of this process.

31:59

There are some that come up that, you know, we will have to research, We will have to get back with you. So please be patient and understanding that there's about 4700 rural health clinics across the country.

32:11

And answering individual ones that fall outside of one of the allowable expenses on the website, is something that's going to take us a little bit of time to get back to you.

32:22

So please understand that, it's not that we don't want to, it's just that there's a lot of e-mails coming in, so we're doing the best that we can to go ahead and navigate that. And then Nathan, I think I'm turning this back over to you.

Nathan Baugh:

32:36

Yes, thank you.

32:39

So, this is a bonus topic.

32:42

Of course, not related to the Testing and Mitigation Program.

32:46

So another bucket for you to keep, um, keep track of. However, I wanted to just add it because it was very, it was very recent.

32:56

There's this, this is part of the Support Act which, if you can recall a time before ..., there was an opioid epidemic and they're probably while they're, there definitely still has an opioid issue in this country.

33:09

And Congress, with massive bipartisan majorities passed the Support Act which was essentially their effort to combat the opioid crisis.

33:19

Within that was a provision.

33:24

Quite frankly, a minor provision that set aside \$2 million for RHCS and FQHCs to pay our providers, the time it took for them to get their data 2000 waiver, OK.

33:40

The data 2000 waiver for those of you who don't know is what you need in order to prescribe buprenorphine Shanahan correct on that.

Shannon Chambers:

33:49

Right, sir.

Nathan Baugh:

33:57

You can, or there's only if you had your data 2000 waiver before 2019, the clinician is not eligible.

34:05

However, if your clinicians got that after 2019, you can get \$3000 for that, PERC condition, The way you apply is through the HRSA as Electronic Handbook or E H B and I've linked the FAQ and the video there. Again, this is brand-new, so I'm just gonna ask that you guys don't ask questions about this program. Check out those links, Take a look at it. It opens up tomorrow.

34:34

Next slide, please.

34:37

So, as promised, oh, Sarah, do you take care of this?

Sarah Hohman:

Yeah, sure, so while Nathan opens up the chat box, then you can start putting your question or the question box, and you can start putting your questions in there for us to answer. I just wanted to briefly talk about the special enrollment period available now through August 15th.

34:55

So this is just something we're sharing for our CMS contacts and individuals can sign-up for or change health insurance, no qualifying life required, no qualifying life event required through August 15th. So we shared an e-mail about this, and we just encourage you to visit healthcare dot gov for more information on this, but wanted to briefly mention it today. So, now we will move into question and answer.

Shannon Chambers:

35:28

While we're waiting on some more questions to come in, I wanted to point out one more additional topic as part of our 19 mitigation expenses.

35:38

one of the really awesome things out here is you're going to see is the postcode the conditions management.

35:44

So they're these are long haulers are patients that are still having symptoms or like long term effects of Kevin Orne post acute coben syndrome. Things like that that are still being diagnosed as we go through this process and have been under this public health emergency.

36:02

Again, there are some things in here that you can utilize funds, these mitigation funds, for those, as well.

36:08

They have their own individual column on the website. You will see that when you get out there. So, we wanted to make sure that you had that information as well.

36:20

Yeah.

Nathan Baugh:

36:22

I see the questions are coming in fast and furious. So, Sarah is going to start asking those questions.

36:27

But I just want to say, a general, basically, people ask, can I use the funds for this?

36:33

And in many cases, the answer is yes. That's an allowable expense, that you can count as a covered related expense.

36:42

That you can that then you will compare to the reimbursement or income received for, That covered for The ... testing. Alright.

36:52

So a lot of these are, yes, counts as an expense, but that's you probably are going to get at least partially reimbursed for that as the testing.

37:03

No claims are processed.

37:06

So just keep that in mind throughout all these answers. Alright, with that said, Sarah, you want to start asking the first couple of questions.

Sarah Hohman:

Sure, yeah. So, the first question is, can the funds be used to implement online scheduling software? That allows the patient to sign up for a covid testing appointment?

Nathan Baugh:

37:25

I'm gonna go quick answer.

37:27

Yes, Shannon.

Shannon Chambers:

37:31

Yes.

37:32

If it is something that is going to allow you to take care of your patients and your communities and help fight the hobbit, epidemic then. Yes.

Sarah Hohman:

37:43

Yep, Next question is, we've hired staff to screen for ... for all visitors as they enter our facilities with their salary be an allowable expense.

Nathan Baugh:

37:54

Great, question, 100%, yes.

37:58

Shannon, thoughts?

Shannon Chambers:

38:01

Nope, I'm good with you.

Nathan Baugh:

38:02

All right. I'm going to get through as many as we can.

Shannon Chambers:

38:07

Yeah, what I was gonna say is if that staff is doing other things that are not related to screening, or infection control, then you're only going to use the portion of that piece of that employee's time to cover the salary, right.

Nathan Baugh:

38:21

Right.

38:22

So, unless they're screener only, you can't go 100% of their salary.

38:28

When I said 100%, I mean, yes, you can use their salary, but you probably shouldn't put 100% of their salary as an allowable expense, unless that's all they did, all that they do.

38:39

OK, next question.

Sarah Hohman:

38:41

Reporting appears to focus on the number of tests and number of positive tests, when slash where do we report on the expenses, where the funds are applied?

Nathan Baugh:

38:51

So, for our program, that, that's never going to be asked, OK, but remember, when I ask Sarah, to pause, and, and really emphasized that the, a link that we asked you all to bookmark is our HRSA link.

39:07

Right. This is, these are the HRSA programs, the HHS Provide A Relief Fund.

39:13

Program is a different bucket of money.

39:16

They will ask some of those details about expenses.

39:22

And that Provider Early Fund Portal is supposed to open on July first.

39:27

OK, so, very important that you keep the buckets straight.

39:30

But for our purposes, the Testing Program, from last year, in the Testing and Mitigation Program, it will not be no line item report of where the funds are applied.

39:45

We do have one purposes question on RHC covered reporting dot com.

39:50

That simply asks you to identify the buckets of categories where you may have spent the funds. But we don't ask for how much you spend in any given category.

40:03

So, hopefully, that's clear.

Sarah Hohman:

40:08

Yes, OK.

40:10

So, these next two questions are pretty similar, so we're gonna get it and one, but can funds, only be used for the RHC or for the hospital under the tin if it's a hospital based RHC.

Nathan Baugh:

40:24

Sarah, you want to take that one?

Sarah Hohman:

40:27

Sure, So, the funds can be allocated at the discretion of the tin entity.

40:35

So, whether that's the tin, has multiple RHCS or Hospital and an RHC, that allocation does not have to be exactly 100,000 per RHC or directly for that RHC. So it's up to that tin entity that receives the funding.

Nathan Baugh:

40:58

Then, the only thing I'll add is that the intent of this is that the money be spent on communities that the ... are served.

41:06

So, if the hospital is far away from the clinic.

41:13

Know, there's the intent is that, you know, it helps the communities that the clinic serves as well.

41:19

So, there's some language in there that says it should go to the communities served by the RHC's.

41:27

So, that you're allowed to consolidate. Go ahead Shannon?

Shannon Chambers:

41:33

Yeah, I definitely agree with that.

41:35

The intent of the program is to really take care of that RHC and the service area that they have and taking care of that community as well.

41:44

So, I agree with that as well.

Nathan Baugh:

41:49

OK, next question.

Sarah Hohman:

the next question is about, um, asking for specific examples about retrofitting the RHC. So I know we provided some, but I'm not sure if you guys have any additional examples.

Shannon Chambers:

42:02

And I'll give you now you could modify the layout of your clinic to more promote some of the social distancing.

42:10

If your waiting room needs to be retrofitted to allow more space for people not to be sitting right next to each other.

42:20

It makes it a whole lot easier. Of course, infection control type.

42:23

You need to install any kind of physical barriers.

42:26

If you need to put in some automatic doors, or if maybe you have a testing location, or maybe you have an exam room that is dedicated to, um, nothing but coven testing.

42:40

Any patients that come in, you know, you could add a door to the outside into the exam room, to where, again, that patient is not coming through your waiting room.

42:49

If there's something specific that you're looking for, our contact information is on the screen, we'll be glad to answer those to the best of our ability, But there's a few examples for that one.

Nathan Baugh:

43:01

Next question.

Sarah Hohman:

43:03

We would like to use the funds towards a mobile health unit to reach the extreme rural areas in our community.

43:09

Would that be allowed?

Nathan Baugh:

Shannon?

Shannon Chambers:

43:16

So, I think you have to know, Yes, a mobile unit.

43:21

Again, going back to the prior question about the intent of the program is to take care of your service area. So, if your service area is the extreme rural areas in that community, then I can understand that that's going to work.

43:34

I think you always want to be cautious anytime that you purchase a, um, you purchase a vehicle or something like that, that you understand that it's really the money is at that RHC level.

43:47

Um, Nathan's example earlier is if you know that it has clinics or excuse me, those communities are two hours away then maybe coordinating with a different RHC or something like that.

44:01

I think that that's a little on that side and clarification on that.

44:08

But again, your service area is really is what I would focus on for that rural health clinic Mmm
hmm.

Nathan Baugh:

44:17

Yeah, I'd agree. It's a bit of a gray area one.

44:21

So we'd have to we would suggest other places first before purchasing a vehicle, I think for
sure. Yeah, go ahead and next question.

Sarah Hohman:

44:35

So this kinda veers off but it's related to digital technologies. So are we allowed to continue
telehealth after the pandemic ends?

Nathan Baugh:

44:45

Great question, Cindy.

44:48

The answer is unknown. Congress will have to pass.

44:52

A Law and President Biden will have to sign it into law before the public health emergency ends
in order for us to continue to do Telehealth. So we will see if that happens.

45:04

We can't talk too much about advocacy issues on these calls, as they are funded by HRSA, but
there is an effort across the entire health care industry, too, keep a lot of that telehealth,
temporary policies that were enacted as part of the public health emergency to keep many of
them after that public health emergency, So to be determined, Cindy.

Sarah Hohman:

45:28

Can we purchase generators?

Nathan Baugh:

45:32

Um.

45:35

It's not it's not my number-one use. But Shannon, can you, can you square that one?

Shannon Chambers:

45:42

And again, you know, you have to remember, it's not the vaccine in arm, but it is things that allow you to take care of those patients, take care of that community.

45:52

You know, you saw earlier, one of the examples that we had was talking about the freezer or the fridge, or locked cabinets, and things like that.

46:01

Again, I don't think you want to spend all of your money on it, but I agree, yes, to a generator is A is a good resource for that.

Nathan Baugh:

46:13

So, do you think it's a, the best use of it? I mean, it could be.

Shannon Chambers:

46:20

I actually support that one, 100% only because, if, if our goal is to, you know, get our communities safe, get the vaccine out, and they lose all their vaccines, but we can ask for some more clarification. So, Sarah, you'll write that one down, and we'll get some better clarification on that one as well. Of course, that was a good question.

Nathan Baugh:

46:43

Yeah, great question.

46:44

I mean, it could definitely go in the health care setting facility category, um, but it's, it's not an explicit list.

46:51

So, OK, next question.

Sarah Hohman:

Will the expenses paid for by these programs still go into our cost report or, or will that be considered being paid by another source?

Shannon Chambers:

47:05

Take that one, Nathan.

Nathan Baugh:

Yeah, Yeah, I might say that at the end, OK, perfect. Of course.

Shannon Chambers:

47:13

So, um, Brad, yes, it part of this is, you know, we are working with HRSA.

47:18

They have been fabulous For us to ask this question previously, we are working to get a clear answer on that, about how that is worded, It currently says out there, the Provider Relief Funds and the PPE are not with the are not considered on that cost report. So, we're working to get that question clarified and out there from CMS through HRSA, That's taken a little bit to get that.

47:46

But, if you're paying for services from another source, then, of course, you're going to want to track this, you're tracking all of your information and how you're spending those funds now.

47:55

But, of course, you know, reach out to me, Nathan, any additional thoughts?

Nathan Baugh:

48:01

Yeah, this, this gets into some of the really tricky, nuanced areas about when you're reimbursed, and since we're reimbursed by Medicare, differently, than many other providers and, and certainly, are private, private payers reimburse us.

48:25

Kind of a fee for service methodology, in most cases, in our Medicare reimbursements are cost base after we file our cost report. So, this gets into tricky territory.

48:41

Like, when are you reimbursed for that test? right?

48:44

If it's a private Lee insured patients, that got a Cove at 19 test, You're reimbursed when you file the claim.

48:53

When it's a Medicare patient, we can't file a claim.

48:58

Right, Because it's not an RHC encounter.

49:01

However, those costs show up on the cost report and eventually our cost per visit should reflect that down the line.

49:12

Of course, what's the new onset? Every RHC is now subject to some sort of upper limit.

49:18

So, this is going to quickly get nuanced and case specific.

49:24

But we, I think we are going to have another webinar really diving in on cost report and have some cost report filers, not neither Shannon, you don't file any cost reports. Right.

Shannon Chambers:

49:39

No, we have a preferred partner that does that, so I've written it down, and we'll follow back up on the cost report question.

Nathan Baugh:

49:46

Yeah, cost report is, is probably its own webinar.

49:50

So with that, we'll move on to the next question.

Sarah Hohman:

49:54

Sure. Can we've remodel an off site facility to serve as a co vet clinic site?

Nathan Baugh:

50:03

Um.

50:06

Re: Building or construction of temporary structures as necessary to support mitigation activities.

50:14

Um, is, that is verbatim, what's in the expenses?

50:21

What do you think, Shannon?

Shannon Chambers:

50:24

Yeah, I was gonna point that one out, as well as that does say temporary structure.

50:29

So what I have some concerns about here is, and we've remodel an off site facility. so I would rather take that one back and get a clear cut answer on that one only because you're talking about remodeling that It's not retrofitting. That is not temporary. That's a little bit different in my opinion.

Nathan Baugh

50:49

Yeah. Right.

50:51

Always say retrofit.

50:53

That remodel, remodel is design based.

50:58

Retrofitting is functionality based. So if it's just a design change update that you're going to do, that's not going to cut it.

51:09

Next, next question, though.

Sarah Hohman:

51:12

But utilizing some mitigation dollars to pay for our employee testing at nursing homes, and this includes the community members of our provider based RHCS. Would that be allowable?

Nathan Baugh:

51:24

Yes.

Sarah Hohman:

51:27

OK, if we'd like to do a waiting area slash patient flow redesign, would that design and construction be covered?

51:35

We want to separate ill from,

Shannon Chambers:

Well, yes, yes, yes, yes, and, Yes.

Sarah Hohman:

51:40

Yup, OK.

51:43

So, it sounds like, if furniture and equipment has been ruined by the cleaning products for infection control, that would fall under continued infection control.

Nathan Baugh:

51:54

Yep

Shannon Chambers:

it's going, I would say yes, but it's gonna depend on, I think what you're talking about, if it's the beds, if it's the chairs, if it's things are having to clean, yes, but if it's buying new furniture for the clinic, that falls outside of that, then I would say no.

52:11

If it's actually stuff that you're having to clean and Probably have to ask for a little more examples of What was ruined?

52:18

But, we know that as part of this, especially with, make sure you're using one of those, allowed the EPA cleaners as well, but then if you can recover it and re-use it, vote of all three places are fantastic, are recovering beds and chairs, So hopefully that's helpful.

Sarah Hohman:

52:43

Thanks.

52:44

So, just to keep everyone in the audience, in the loop, lots of like repeat questions that we addressed already, so I'm gonna skip through some of those, but if you have some additional situational questions based on that, that we've previously answered, feel free to reach out to us. But I'm just going to skim over the ones that we've, we've already addressed. And also the cost report ones, because we will circle back with those answers as well as hopefully in other webinars. So, thank you for your patience on those.

53:18

I'm trying to find the next one.

53:22

What are some examples of how to use funds for the post covid patients, when the direct care is probably reimbursable?

Nathan Baugh:

53:32

OK, say that again, Sorry.

Sarah Hohman:

53:36

What are some examples of how to use funds for the Post covid patients? When they're direct care is probably reimbursable.

Nathan Baugh:

53:45

Well, I mean, it's a good, it's a good point, right?

53:48

If you are getting paid or you know, taken care of the covid long haulers, then it's not really a good use of this fund. This is unreimbursed expenses, so I don't know everything it takes to take care of those patients.

54:04

But you want to evaluate the cost of taking care of those long haulers versus the reimbursement you received if you have a loss.

54:13

And I think it's good, if, if you have a profit, then it's bad.

54:19

I will say, there's a, there's a, a fine line between mitigation and patient care.

54:28

These funds are not explicitly for, like, taking care of patients that have really bad cases of covid like in the hospital and need to be on respirators and things like that.

54:38

Long haulers might fall a little bit more into mitigation.

54:43

But I do just want to call out that it's not to take care of severe cases of covid. Shannon. do you know where I'm going with that?

Shannon Chambers:

54:55

Yeah, I mean, I understand what you're saying, is, I think that there are some CDC guidance out there regarding the post coded information, and we're still learning about this, and things that come up, people that have lost their sense of smell or taste for months.

55:12

So one of the questions that we've had is, well, can I buy this equipment to do this, this, and this, And no, again, as part of that process is, how are you going to use that? How would you say that was just post covid.

55:25

You're going to be kind of picking up expenses elsewhere.

55:29

So there are some really great resources out there on that CDC, on the CDC guidelines. I'd probably have to refer again. I'm not clinical. So I refer it back to there.

Nathan Baugh:

55:43

Sure.

Sarah Hohman:

Will the monthly reporting template have new data fields specific to mitigation that we will need to complete? If so, please describe?

Nathan Baugh:

55:56

Yes.

55:57

Probably, we haven't decided exactly what it is. It will almost assuredly be a check, all that apply question. That will be very, very easy. Honestly, don't even worry about it.

56:12

Don't don't worry about it. It will be very easy.

56:16

Yeah.

56:16

That's all I'm going to say, there,

Sarah Hohman:

OK, when is the last date to report expenses for the first round of testing funds?

56:24

So I can answer this one. So the first round. So coven 19 Testing Funding. You can spend that until December 31st of 2021. And then you'll need to report on December data by January 31st of 2022. So that's the last date there.

Nathan Baugh:

56:43

Yep.

Sarah Hohman:

56:45

Can you utilize these funds for a subscription that will allow you to have a digital screen with educational pieces for the patients?

Nathan Baugh:

56:54

And we're gonna put that under digital.

56:58

Was a digital outreach. What is it called?

57:01

Digital Technologies?

57:04

Likely, I'm going to categorize it under digital technologies as an allowable expense.

57:11

Not exactly. exactly sure what kind of educational pieces you're talking about, particularly if it's covid related than I, that I like it a lot.

57:20

But if it's not at all related to mitigation efforts, then it's not covid or testing mitigation related.

57:28

So kind of depends on the educational pieces.

57:31

I think a little bit, but certainly digital subscriptions and equipment are allowable expenses as long as there, somewhat related to covid 19 mitigation efforts or testing related efforts.

Shannon Chambers:

57:48

Yeah, In addition, I would also say that under that, digital technologies is expanding your broadband capability, that is, and approved, allowed allowable expense, as well.

58:02

Nathan, what they're probably talking about is when you go into the waiting rooms.

58:04

And they have the screen running with, know, stay six feet apart, continue to wear your masks. All of that kind of stuff.

58:13

Yeah.

58:13

You know, there is some gonna be, you know, over that kind of overlap information. So I agree with you. Yeah.

58:20

Hmm. Hmm. Hmm.

Sarah Hohman:

58:22

Can all PPE expenses be applied on only the incremental increase due to covid?

Nathan Baugh:

58:29

Sorry, you're You're skipping ahead, and I'm like, waiting for it. I'm trying to read it.

58:34

And then you say, OK, so I'll say it again.

Sarah Hohman:

58:38

Can all PPE expenses be applied on only the incremental increase due to covid?

Shannon Chambers:

58:47

Always happy to continue to take care of your patients and do the 19 testing and covid 19 or mitigation to ensure that your staff does not get sick as well, PPE is an allowable expense for those funds, right.

Nathan Baugh:

59:04

But she's asking, is it the full costs, or just the incremental cost.

59:10

I mean, my answer is full cost of PPE yeah, OK.

59:16

Yeah, full cost, now you're gonna.

59:19

Yeah, full cost of PPE, Not, some sort of, you know, gowns used to cost 10 cents and now they cost 20 cents, and therefore, we can only put 10 at the extra 10 cents on the, on the thing.

59:31

Just, real quick, I know that we're at three, we're gonna go to about 315 or even 320, Try to answer as many questions as we can in this format.

59:42

So just FYI on that.

59:44

Next question.

Sarah Hohman:

59:46

Can you be more specific about what types of vaccination support activities can be included in expenses? For example, personnel doing traffic control for Drive-thru, Clinic, et cetera.

Nathan Baugh:

59:59

Ah.

1:00:00

Person, now, that they are doing traffic for drive in clinics.

1:00:05

Yeah, I'm going to call that mitigation related expense. It's not the direct shot in arm.

1:00:14

Action, so, so I'm yeah, I like that. Shannon?

Shannon Chambers:

1:00:20

I mean, I think, of course, you're not going to want to offset 100% of somebody's salary for doing traffic.

1:00:25

If, right, we could use it too retrofit your waiting room or if there are some other. So, yes, I mean, you have \$100,000 for that rural health clinic.

1:00:36

Mitigation is such a wide range of things that yes, again, or force is one of those. It's an allowable an allowable expense.

Sarah Hohman:

1:00:48

What is the percentage of salary that can be used of staff members that are reporting the testing?

Nathan Baugh:

1:00:56

Well, it's the percentage of time that it took them to do it. All right.

1:01:00

So, it fits, you know, 5% of there, job, Then, you could put 5%. It's, it is a way to spend the money.

1:01:09

But, quite frankly, reporting on RHCcovidreporting.com should be the easiest thing you've ever done. And so, it should be really quick.

1:01:18

And it's probably not a lot of time.

1:01:22

And, therefore, not a large percentage of the reporting, at least for the RHCcovidreporting.com.

1:01:29

The trains are, I was just gonna say the training costs are probably more related to what are your covid procedures. You know, when you trained everyone, this is how we're going to handle this, this, and this and situation.

1:01:42

That's good training cost, But training and the cost of reporting is probably not going to be that much.

1:01:50

Go ahead, Shannon, sorry.

Shannon Chambers:

1:01:51

No, I was going to agree with you.

1:01:53

If someone makes no \$10 an hour, and it's 15 minutes of their time to enter the testing data into the system, then \$2.50 per month, because they're entering it monthly, is what that offset would be. Because they're doing other things during that time.

1:02:11

If it is, you know, training your staff and you are pulling a staff meeting and you're talking about infection control and proper way to don PPE and take it off.

1:02:22

And we need to make sure we're wiping down our waiting rooms and all the pens and the clipboards and everything. That is, you know, those high touch things.

1:02:30

And that takes one hour, and that's a monthly. Then it's one hour of everyone's time that's in that to go over that training and those requirements.

1:02:39

So again, that's how I would do it, not just up, No, we're going to cover everybody's salary for a week, because you've got to provide some additional details that make sense.

Nathan Baugh:

1:02:52

Next question.

Sarah Hohman:

1:02:54

Will new RHCS that are in the process of being surveyed eligible for be eligible for the additional funding round in August?

Nathan Baugh:

1:03:05

As RHCS become eligible they will be added to they sort of list of entities that will be paid in the next round.

1:03:17

So, I can't guarantee that.

1:03:19

you know, getting into Q core as a system can, there's can be a lag there. So, you may be end before the cutoff date you may not be in before the cutoff date.

1:03:31

It's absolutely possible that new RHCS will be eligible for the later rounds. But it kind of depends on how quickly they can get into the Q Core system.

1:03:42

And then I'll also say, you know, there's a later this summer, we're going to have, there's going to be around that goes out and then there could be future Rounds depending on how many RHCS return the funds and how many RHCS become eligible or become compliant.

1:03:58

So, so it's even in August is not going to be the last chance.

1:04:06

But it might not be the \$400,000. Just depends on how many what the numbers look like for those later rounds.

Shannon Chambers:

1:04:15

And then, as a reminder, it's not only of, hey, you're in your car and you are updating your information on the RHC Covid Reporting website, but it's also that it has to be validated by HRSA so.

1:04:29

Yes, Nathan and I and Sarah can say, Yeah, it looks like everything's good to go, but we're not that final decision maker. That final decision maker is HRSA.

1:04:39

Yeah, and that is something that comes on there.

1:04:41

There are some data validation and requirements, Medicare CMS requirements that they have to look through for every single person that they pay. So, again, if there's other things that are happening, we may or may not know.

Nathan Baugh:

1:04:56

Um, hmm, mm hm mm, as well, OK, Good point, next question.

Sarah Hohman:

Will we be required to track expenses by the category of eligible expense, for example, testing, mitigation, et cetera? Or, well, it's simply be lump sum total sun qualifying expenses.

Nathan Baugh:

1:05:15

Um, you should record that and keep that track for yourself, but you won't be required to report it.

1:05:23

Certainly not through RHCcovidreporting.com.

1:05:28

So, but, yeah, you should you should do that internally for yourself, for your own records. And, you know, if you do, we may end up in an audit. You know, you would want to have that record, but we won't ask you to report.

1:05:42

Expenses and the different categories, at least as of now, that's not in our plans.

Shannon Chambers:

1:05:51

Think it's always good to have that information, is that you should be tracking these individually as RHC covid 19, RHC covid 19 and Mitigation.

1:06:00

If there were provided relief funds or any other funds.

1:06:03

Or whatever out there is, those need to be tracked individually, because if you are asked to show how you spent those funds, you're going to want to have easy access to that information.

Nathan Baugh:

1:06:15

OK, next question.

Sarah Hohman:

Lots of questions about reporting. So, Shannon and Nathan just provide some, provided some great clarification on what's required. But just to touch on some additional things coming through, so, the format remains on RHCcovidreporting.com. And reporting Total Tests and Total Positive tests, Monthly. That format at those requirements are not changing. There's not an additional portal for reporting for this funding, just to, to answer some of the additional questions.

Nathan Baugh:

1:06:52

But, of course, everyone do not get this one confused with the Provider Relief Fund Portal, which opens tomorrow, which is, of course, say it for me, Sarah, run by who?

1:07:06

HHS, right? Sorry. Yeah, HHS's provider relief funds. RHCcovidreporting.com is the testing and testing and mitigation.

1:07:17

OK, so just make sure you have that separate in your mind.

1:07:22

the RHC covidreporting.com, we designed it.

1:07:27

It's supposed to be very easy very quick.

1:07:30

And so it's not at all going to be difficult.

1:07:36

Provider relief portal. I haven't even seen that, So I'm not, I have no idea how involved that's going to be.

1:07:43

Go ahead. Go ahead, Sarah.

Sarah Hohman:

1:07:44

OK, Many insurance companies are not covering the charge for collection of a covert 19 test, kenny's funds be used to can these funds be applied to those charges not covered?

Nathan Baugh:

1:07:59

Um, they're not covering the charge of the patient charge.

1:08:07

I'm a little confused as to this.

Shannon Chambers:

1:08:10

I thought, I think, for everyone, I thought, I think she's talking about the actual collection of the covid 19 testing.

1:08:19

And so, if it's a, if it's collection, yes, that's clearly defined in there, that that can be used.

1:08:27

So, again, you're going to have to come up with A, if it takes roughly estimate time estimate of three minutes for you to collect that, and that's a nurses fee.

1:08:40

And, you know, whatever, the percentages there, but billing for a \$25 fee, for a covid specimen collection.

1:08:50

And then using these funds, I wouldn't recommend that, but I would come up with a percentage of if it's five minutes, staff member's time than it's \$5 or whatever that thing is, keep it clean versus just charging the mitigation funds, how you would an insurance company, I guess, is what I'm trying to say.

Nathan Baugh:

1:09:14

Shannon, I thought that, I thought that covid tests, there was no cost sharing to the patient. Did that they changed that.

Shannon Chambers:

1:09:22

If You're in the clinic, the clinic can charge for actually doing the kind of testing. I think you're, might be talking vaccine versus testing.

Nathan Baugh:

1:09:34

I thought tests were free.

1:09:35

But, yeah, I might be out of the loop on that. Apologies. All right. Next question.

Sarah Hohman:

1:09:41

We have been doing all of our testing in the parking lots. We have lost many attempts, it's hot and rainy. And my staff has said, they're about to have enough of being in the rain and heat. So does parking lot resurfacing count as an OK expense?

Shannon Chambers:

1:10:00

So, I guess that's about, that's about to be my exact same question.

1:10:04

Is that why I understand that, even though repaving a parking lot is still not cover the rain or the hot or the eat.

1:10:15

So, no, it does allow for retrofitting back, too.

1:10:22

Retrofitting facilities, so if that they should drive through, that you're going to use, et cetera, great, but not I would go against paving a parking lot using these funds.

Sarah Hohman:

1:10:38

Can funding be used to provide care co-ordination or educator staff, if covered vaccination is discussed and encouraged for these patients?

Nathan Baugh:

1:10:50

Sorry, I say that one more time Sarah.

Sarah Hohman:

1:10:54

Can funding be used to provide care co-ordination or educators, staff? If covered vaccination is discussed and encouraged with these patients.

Nathan Baugh:

1:11:04

Um, I would say, yes, That's part of my, I would say, I would put that under education.

1:11:17

Particularly, if they have, like, long covid that's a chronic condition, right?

1:11:22

So, if you're doing chronic care management, long, covid, it would be a chronic condition.

1:11:28

And so, you could potentially use this for that. But of course, with chronic care Management and other care management services, you're getting reimbursed for that.

1:11:37

So is it really a unreimbursed expense, or is that just a covid related expense that you're already reimbursed for fully?

1:11:45

If you're losing money on your care management services, great idea. If you're making money or breaking even, not a great idea. Right.

1:11:54

So, that's my answer there. Shannon?

1:12:00

OK, next question, we'll do a couple more, go to about 320. You got you OK with that, Shannon?

Shannon Chambers:

1:12:08

I am all yours. We are good.

Sarah Hohman:

OK, OK. A couple of questions about vaccination incentives and being part of this use of funding, can you talk about that?

Nathan Baugh:

1:12:23

Vaccines, patient incentives, OK?

1:12:28

Great question.

Shannon Chambers:

1:12:34

It's nice because of, if they applied for the vaccine confidence grant, there were some opportunities.

1:12:40

Know, let's make sure we're talking covid 19 testing and mitigation, tying it back fully agree.

Nathan Baugh:

Totally agree.

1:12:52

So, that's probably better for vaccine confidence work, if you applied for that grant.

1:12:58

I don't want to rule it out as a use of the 100,000, but I think I would like to, um, get clarification from the government.

1:13:06

Uh, hopefully, in that, in a couple of weeks, I can have a more solid answer on patient incentives using this fund.

1:13:15

Patient incentives using the ...

1:13:17

Confident Grant Fund is something that is allowed as long as you follow the OAG's recommendations.

1:13:26

It's not an explicitly endorse example of how to use VACS confidence, but it is it was mentioned that you could use it for patient incentives.

1:13:36

Again, VACS confidence for the mitigation, 100,000.

1:13:42

let me check.

1:13:43

We're going to have to research that and see if we can get an explicit answer.

Sarah Hohman:

1:13:52

I'm scrolling through these to make sure we're hitting on the ones we haven't answered already.

1:13:59

Am I understanding that we can only use the funds, if we do not have enough medical income to cover all expenses, Or does this just apply to expenses that generate income.

1:14:11

If the expense does not generate income, is it OK to use funds for it even if you have medical revenue funds available?

Nathan Baugh:

1:14:19

I think you're thinking along the right lines, Destiny.

1:14:24

Um, yes.

1:14:27

If it's directly linked, if the expense is directly linked to a claim that generates an income, it's not unreimbursed expenses.

1:14:37

If the expense doesn't generate income, IE doesn't generate a claim, or it's like a machine that costs a lot of money, and the claims that you'll generate from that machine only sort of partially pay for it over time.

1:14:54

Um, then, those are sort of easier ways to, I allocate this, this funding, with the subtle caveat, and we'll have to get into this on the cost reporting stuff.

1:15:07

That of course, our expenses, uh, will be listed on the cost report. So eventually we do get reimbursed for that.

1:15:17

But by the time we get reimbursed for our added expenses, it may very well be after the period of support so very nuanced question. Great question.

1:15:26

Probably worth its own webinar but you're certainly I think thinking along the right lines. Sarah, next question.

Sarah Hohman:

1:15:36

Sure. So there was a question about the PRS funds and the deadline coming up tomorrow on yes of those Funds. So, I don't know if you want to talk about that a little bit? Or if we want to request that they call. And we walk through that since the deadline is tomorrow, But, that, just to, just to clarify, the deadline tomorrow is for provider relief funding.

1:16:02

Just to say to start

Nathan Baugh:

phase, one provider really funding must be, quote, unquote, used by June 30th. Too, I've honestly been trying to research what you use.

1:16:16

Or used by June 30th means. And I haven't gotten a great answer.

1:16:21

So, you'd better be safe than sorry if you have it sitting in a savings account, and you're still trying to figure out what you can allocate it towards.

1:16:32

I would try to do some sort of accounting and invoice yourself, essentially, before tomorrow.

1:16:40

Because if it's still sitting in a savings account, it come July, you may not.

1:16:45

The government may say, well, you haven't used those funds yet.

1:16:49

So, totally different subject, be explicitly, explicitly clear, that's provide a relief fund.

1:16:55

So, we'll move on and get to the next question.

Sarah Hohman:

1:17:04

Would enlarging the clinic lobby be an approved use of funds?

Nathan Baugh:

1:17:10

Yes, social distance.

1:17:12

Next question.

Sarah Hohman:

Could mitigation include paying employees that have contracted the virus and can't work?

Nathan Baugh:

1:17:21

Yeah, I would call that retention payments, probably.

1:17:26

Again, um,

Shannon Chambers:

I think it depends on if they are, if they are covered, by short-term disability or long-term disability, no double dipping.

1:17:38

So if they have to pay for something else, then for those type of things, which is a diagnosis that is covered under short term, long term disability, I think you want to be really careful with that.

Nathan Baugh:

1:17:54

Yeah, it's great point, Shannon.

1:17:56

So, but if they're if they're not on that, then Yeah, I would I would say yes.

1:18:03

All right, next question. We will do one more, and then we'll close it out, because this is getting long.

1:18:08

So All right.

1:18:11

Well, obviously, there will be many questions that we won't get to, That is why we've had our e-mails listed here. And we will try to work through as many questions as we can over the next course of the next year and a half, really.

1:18:24

Because, remember, if this is overwhelming, you have time to figure it out. And we have time to help figure it out as well.

1:18:33

So, So we have a long time. Sarah, Last question.

Sarah Hohman:

1:18:38

Sure. There's been a few questions about there, so I wanted to hit on it.

1:18:42

Can these funds be used for behavioral health staff to mitigate the effects of the pandemic.

Nathan Baugh:

behavioral health staff to mitigate the effects of the pandemic?

1:18:55

It's more, you're treating a symptom of the pandemic.

1:19:02

Uh, this, I think, mitigation in this context largely means, you know, trying to prevent infectious diseases in mitigating infectious diseases, as opposed to mitigating the effects like covid had on the mental health of the populace, but that's just my take. Shannon. What do you think?

Shannon Chambers:

1:19:26

Again, tying it back to covid 19 testing and mitigation, although I understand the behavioral health is a huge issue right now with all of us staying home and introverts or extroverts. But again, how would you tie that? My question back is, how do you tie that back to mitigation tie that back to covid 19 testing?

1:19:46

So you asking yourself those same things, then that kind of helped work through some of the and some of the questions that that you're asking.

Nathan Baugh:

1:19:56

Yeah, It's more mitigation of the spread of the disease, not mitigation of the effects that covid has had.

1:20:03

At least that's how I read long term covid or long haulers.

1:20:11

Yeah.

1:20:12

Yeah, I agree, so.

1:20:18

So I know we have lots of questions here, and I know that we didn't get to all of them, but hopefully this was helpful.

1:20:25

And I'm going to go ahead and close it out.

1:20:27

Do we have a closing slider? So, sort of last slide, Sarah.

Sarah Hohman:

1:20:32

We do have one more.

Nathan Baugh:

1:20:34

OK, well, let's actually go back, because this is your last chance, if you don't already have our e-mails, write down our e-mails, write down our phone number.

1:20:46

I'd like to thank all of you for attending the webinar, especially Sarah, for first webinar.

1:20:53

So, great job, Sarah, as well as Shannon Chambers.

1:21:01

And, of course, the Federal Office of Rural Health Policy for sponsoring this series.

1:21:08

Sorry, my phone is ringing here so I got distracted. We encourage you to spread the word and have others register for these webinars at ... dot org.

1:21:22

And if you want to e-mail us with your thoughts in terms of what kind of content or TA you need on testing and mitigation over the next year and a half, please e-mail us. Your thoughts there, and we can, you know, maybe design a webinar around it.

1:21:39

For our certified rural health clinic professionals, the code is NV three SF.

1:21:47

And when we scheduled the next webinar, we will send out an e-mail to everyone who's registered on our site and we'll also post it on our Facebook page and things like that. So, hopefully, it'll be quite clear when our next webinar is. We don't have one scheduled right now, but I'm sure we'll schedule one soon.

1:22:07

And with that, I'd like to thank everyone, and that will conclude today's presentation. Last thing, though, is that there will be a survey that pops up, I think, right now.

1:22:16

So please feel free to add your comments there, and we will look at those results as well. Thank you, all.