NARHC Webinar
Thursday September 2, 2021
Moderator: Sarah Hohman
Speakers: Samantha Ebersold, Sarah Young, Lindsey Nienstedt

Provider Relief Fund Reporting Portal

0:07
Hi, everyone. We will give people just a few minutes to hop on to get saturated, and then we will begin today.

1:22
Thank you all so much for being here today. I want to welcome you all to today's Webinar. My name is Sarah, and. I'm the Executive Director of the National Association of Rural Health Clinics, and will serve as today's moderator.

1:37
Today's topic, as, you know, and navigating that we found reporting portal, and we're very grateful to have her here, to walk that through.

1:47
So, this webinar series, A sponsored by HRSA Federal Office of Rural Health Policy, and I've done in conjunction with ..., are supported by a co-operative agreement. As you can see on your screen today. And 3 or 4, we are allowed to bring you these webinars free of charge. And the purpose is to provide all of you without a little technical assistance and RHC specific information.

2:12
But, hopefully, today's webinar will do for you as well.

2:16
So, we really encourage you to spread the word about these free webinars, and share them with anyone who may benefit from additional information and technical aspects.

2:29
As with all webinars, we are at the mercy of the bandwidth for all parties and absolutely no connectivity. It can go up and down compensation.

2:38
When you have any audio or visual issues, we suggest refreshing the webinar that usually fix the issue, But you're not stress too much. As a copy of today's recording will be posted on our website, up, all of our webinars are posted to the fly and transfer.

2:59
I'm happy to introduce our speakers for today's webinar.

3:05
Firstly, I ever saw with a public health analyst with Release zero and local public health intellect, the Office of Rural Health Policy. I'm happy to welcome them both, and very grateful for their time and expertise, and show up, like, oh, yeah, I will turn it.

3:29
Hi, thank you so much. Good afternoon, and thank you all again for joining on today's webcast.

3:37
Before we really get started with the content, I'd like to first take a couple moments to go over. Just a couple of additional housekeeping notes.

3:44
Um, First is, this is a call intended for rural health clinics, member organizations of the National Association and of stakeholders that represent RHCS, any members of the press, who are on the line, are kindly requested to disconnect at this time and direct any inquiries to press at HRSA dot gov. Once again, just a reminder, the audio and video capabilities have been disabled for all participants.

4:10
And this is, and while we won't be fielding live Q&A at the end of today's call, I do welcome. any comments that you can enter in the question box on the bottom of your screen. And we will be using your questions to inform future resources and technical assistance on Provider Relief and Reporting.

4:31
I'm going to introduce, once again, my name is Samantha Ebersold, and I work in the Communications Branch with the Provider Relief Bureau. I'm joined by my colleague Lindsey, and said, who is also a public Health Analyst with the Federal Office of Rural Health Policy. We both are with the Health Resources and Services Administration, or HRSA, which is an agency within the US. Department of Health and Human Services.

4:55
I'm going to start by reviewing what will be covered in today's presentation.

4:59
First, I'm going to briefly highlight the purpose and of the provider really fun, Then we'll go over key aspects of reporting requirements themselves and highlight important aspects for calculating lost revenues.

5:12
Then I'll hand it over to Lindsay. Wheelchair Reporting Considerations for rural health Clinics, and at the end, we will conclude with the Q and A portion, and like I said, we're not taking live questions, but all the questions that we aren't answering have were submitted in advance by you all before this afternoon's webinar.

5:32
And at the end of today's presentation, I'm going to I'm going to share links to all the resources that are available to help with the reporting process, including recorded video tutorials, walking you through the technical components of ... reporting, and three new resources that we recently developed.

5:51
Before I move on, I want to draw attention to one important item of note.

5:57
As of Tuesday, August 24th, the Provider Relief Fund webpage is now hosted on HRSA dot gov instead of where it was previously, which was HHS dot gov. So anyone who seeks information

that was previously on the old HHS dot gov slash provider alif site will be automatically redirected to this new site.

6:17
And all archived content will remain available to the public.

6:22
So on this slide, you can see the direct link to the New Provide Early Fund webpage.

6:26
And you'll also notice the reporting. The Reporting Portal is linked prominently on the landing page of the new site. So definitely save this, bookmark it, and use it.

6:42
As you are all aware, the provider really fun supports healthcare providers during the code of 1009 Pandemic and Qualified Providers of Healthcare Services and Support has been receiving ... payments to cover health related expenses to prepare, prevent for, and respond to coronavirus and lost revenues attributable to ....

7:02
The Corona virus, Real Aid, Relief, and Economic Securities Act, also known as the cares Act, provided $100 billion in relief funds.

7:11
The Paycheck Protection Program and Healthcare Enhancement Act appropriated an additional $75 billion.

7:18
And the Coronavirus Response and Relief Supplemental Appropriations Act, also known as ..., appropriated an additional $3 billion.

7:27
Altogether, these funding streams have are collectively known as the Provider Relief Fund, and her essay distributed the First Provided Relief Fund Payments to Providers in April, 2020, and within weeks of the first appropriation coming through.

7:42
As of today, September second, almost a half a million providers of all different sizes and type from all over the country have received payments from our fund.

7:52
Providers that did receive pay are payments that attach it to the terms and conditions, included a reporting requirement as authorized by statute.

8:04
First and foremost, I want to re-iterate the reporting deadline for reporting period one is September 30th at 11 59 PM Eastern Standard Time.

8:14
So all providers who received greater than $10000 in ...

8:20

payments between April 10, 2020, to June 30th, 2020, are required to report by September 30th, 2021.

8:31
That is, route is only 28 days away, and it is important to adhere to these deadlines.

8:37
The provider, at least from recipients that don't report by September 30th or within their designated time period will be deemed out of compliance with payment terms and conditions and may be subject to recoupment.

8:51
So when you received a provider relief on payments, you attested like I'd just add to the terms and conditions that included that reporting requirement authorized by statute.

9:03
On June 11, HRSA released the updated postponement, Notice of Reporting requirements that was based on provider and stakeholder feedback, on the need for more time to spend payments that they received and more flexibility and reduce burden when it comes to how they report on the money that they spend.

9:21
So I wanna outline just a couple of important details from this notice. First, HRSA is outpacing the period of availability on funds aren't based on the date your payment was received.

9:35
Second, the dollar threshold for reporting will remain at greater than $10000, but will be applied to aggregate payments for payment received period.

9:45
Third, cursor's giving provider is 90 day period to complete reporting, rather than the initial than the previous 30 day reporting period.

9:54
So, that is, again, July first through September 30th, 2021, for the first reporting period, which is only 28 days away from closing.

10:03
So, generally speaking, these updates have allowed, have allowed us to incorporate and issue consistent reporting requirements and reduce the burden for recipients of different types of ...

10:14
payments, which includes general distribution payments, skilled nursing facility, a nursing home infection control distribution payments, and other targeted distribution.

10:24
These do not apply to the rural health clinic. Covert 19 Testing Program and Lindsay will provide more clarity on this topic later.

10:36
So, I want to touch next on period of availability. So, provider, really fun payments may be used during the period of availability to reimburse recipients for healthcare related expenses to

prevent, prepare, for, and respond to come to a coronavirus or lost revenues attributable to covert 19. So long, as the expenses or lost revenues have not been reimbursed by another source, or another source is not obligated to reimburse.

11:06
As you can see here on the slide, the table provides details on the timeframe for reporting and the period of availability that is based on when the payment was received.

11:16
Um, as you may recall, from the earlier reporting requirements, providers are permitted to incur pre award costs dating back to January 1, 2020. So what does this mean when talking about period of availability?

11:28
It means that all periods of availability date back to January 1, 2020, and for providers that are required to report during the reporting period one, the period of availability is January first through June 30 of 2021.

11:44
So, you'll notice that even reporting periods, 2, 3, and four will overlap with reporting period one, and that, and includes January 1, 2020 through June 30th, 2021, before adding additional time to the period of availability.

12:00
For any reporting period, a provider could have costs incurred or lost revenues associated with these time periods, as long as they have not been reimbursed by other sources.

12:12
Simply put period of availability is that period during which your funds may be spent on eligible expenses or lost revenues.

12:20
But again, what does this mean?

12:22
The period of availability are the consecutive months during which can identify if you have any lost revenues or unreimbursed expenses attributable to coronavirus that.

12:33
The PRS money, you receive can be used to cover Or can be applied to your accounting books and records should substantiate all expenses and should along and shut along with billing. And collection reports Substantially. All of your loss rep.

12:51
So that's a lot of information. So a couple of reminders to help clarify some confusion around period of availability.

13:00
First, I want to highlight that there is a difference between services and tangible property.

13:06
So, services must be completed or executed during your period of availability.

13:12
For example, if you have used your your PRA payments for Cleaning Services at your facilities you cannot pay for future services that are after or beyond the period of availability.

13:25
Tangible property on the other hand does not need to be in hand by the end of the period of availability for purchases of tangible items made using PRS payments.

13:35
The purchase does not need to be in your possession. For example, it can be it, if it's back ordered, or if it's ... backward or PDE or capital equipment.

13:47
So, to be considered an eligible expense, it, this, again, does not need to be in your hand.

13:53
However, the cost that you have incurred before the end of the period of availability, sorry, my bad.

14:00
However, the costs must be incurred before the end of the period of availability, and providers should be following their basis of accounting, EG, cash or cash, accrual, or modified role to determine your expenses.

14:15
Second, or next, renovation and construction contracts must be fully executed or completed during your period of availability.

14:24
I want to re-iterate that you are responsible for ensuring adequate documentation is maintained and you do need to maintain supporting documentation to prove that an expenses attributable to Corona virus and was incurred within your period of availability. Again, this is all part of the terms and conditions of your payment.

14:43
So, finally, I want to highlight that this is a very important point, that period of availability is the same for expenses, and lost revenues, so, the period of availability that you would use for your expenses is also used when calculating a loss.

15:03
The next aspect I want to discuss is reporting time periods. So, these time periods are based also on the payment received period, and as indicated on the slide.

15:17
So for payments over $10000 in the aggregate, that were received April 10, 2022, June 30th, 2020, the deadline to use funds was June 30th, 2021.

15:28
The reporting time period for any payments received in this period, started on July first, 2021, and we'll close on September 30th.

15:36

Your reporting must be completed and submitted to HRSA by the last data reporting, in accordance with this table and for your applicable reporting period, which again, is 28 days away, for reporting period one and closes September 30th.

15:52
We are not branching extensions on the deadlines to report, and if you do not report by your deadline, you will be deemed out of compliance with the terms and conditions of payment, and, again, maybe it's subject to.

16:03
From any more information on the reporting requirements, I would like to direct you to the reporting and auditing Web page, which is at HRSA dot gov slash provider dasch relief.

16:22
Any remaining payments that you all have, that have not been applied to lost revenues or healthcare related expenses during the period of availability are considered unused, and will need to be returned to HRSA.

16:39
There is no extension on the use of funds outside of the period of availability and that's a very important point to note.

16:47
So upon completing your PRS report, the message that you will see you will say our in our records indicate that you have unused PRS payment.

16:57
Please follow the instructions located on the ... website to return any unused fear of pavement.

17:03
The unused portion of your payments must be returned within 30 days after the end of the reporting time period, outlined it in the table on the slides.

17:14
For example, if you have one use funds and are in reporting period one which ends September 30th there, then you must return your unused funds by October 30th, 2021. Of course, you can return funds immediately as you complete the reporting process. If you prefer, you do not need to wait until the reporting period closes.

17:35
This slide shows some key reminders about reporting that I want to touch on.

17:39
We have been receiving a lot of questions on these specific topics, so I want to just provide a little bit more clarity. First, there's no early reporting allowed.

17:48
And similar to know early reporting, we are not accepting late reporting. You cannot wait to afford on all your payments, expenses and lost revenues in a future period.

17:57

The requirement to report is based on the payments you receive, and the time period in which you received those payments, so as an example, if you received a payment on August 23rd, 2020, you are you should be recording and reporting period two.

18:11
If you fail to report during the reporting period associated with your payment, then, again, you'll be considered non compliant and may be subject to recoupment.

18:20
Second, provider relief fund is receiving a lot of questions on supporting documentation that is required to be submitted in the reporting portal to substantiate your report.

18:32
So, while providers maintain, must continue supporting documentation for three years after submission of your POF report, aside from supporting documentation that's required for aspects of lost revenues, for calculating lost revenue, the supporting documentation that you, that you have, does not need to be submitted in the portal.

18:53
Additionally, um, provider payments may only be used to for eligible expenses, including services rendered, and the lost revenue is attributable to coronavirus before the deadline. That corresponds to the payment received period, which is, based, again, on the date your payment was received.

19:14
So, providers are required to maintain the supporting documentation that demonstrate the costs were obligated or incurred during the period of availability, as required under the Terms and Conditions.

19:26
Lastly, we've been receiving a numerous questions on period of availability for lost revenues.

19:31
So, we want to be very clear in communicating, the same period of availability applies for lost revenues, as was described for expense, so the same period of availability.

19:45
Now, I'm going to move on to do very briefly, onto the topic of lost revenues.

19:53
I want to remind everyone that only lost revenues generated from patient care can be considered in your calculation of lost revenues, but the exception of nursing home control distribution payment, which can only be used for infection control expenses. Other PI payments can be maybe applied towards patient.

20:12
Sorry, maybe applied towards patient care, lost or avenue is attributable to coronavirus.

20:16
... payments may not be used to reimburse loss revenues generated from non patient care sources.

20:22

This includes, but is not limited to, non patient care dining services in bad debt.

20:28
If the auxiliary top at your facility is closed, you are not permitted permitted to use pure app payments to cover that reduction in revenue.

20:39
Providers have three options when it comes to calculating their lost revenues.

20:43
And this table can be found in our Lost Revenues guide and outlines each of those three methods and differences between them.

20:50
For the sake of time, I will not be going over each option in depth, I will direct you to resources that can give you more information. The first is Option one, and as does laid out in the reporting requirements, is based on your app tool.

21:04
It is calculated as the difference between actual patient care revenues for each quarter during the period of availability, using 2019 as the baseline.

21:17
Option two is based on a budget as a baseline. So, it is calculated as the difference between your budgeted and actual patient care revenues for each quarter during the period of availability.

21:30
If your organization elects to use Option two, you must have an approved budget, prior to March 27, 2022, be permitted to use budgeted to use a budgeted to actual comparison.

21:46
Again, if you're an additionally, if your organization chooses option two, it's important to note that for the budgeted amount, you are required to upload into the portal, a budget, the budget approved, to March 27th, and an executive level attestation that the budget was established prior to March 27th, 2020.

22:06
The last option is option three or, and it is calculated. This option is calculated by any reasonable method of estimating lost revenue. So, what does this mean?

22:19
In selecting Option three, as the mechanism that you are, that you're choosing to calculate lost revenues, you must submit supporting documentation in the portal to substantiate your calculations.

22:29
The supporting and documentation that was required for option three includes a narrative document describing the methodology, why the methodologies is reasonable for the circumstances, and description, establishing how lost revenues were attributable to coronavirus.

22:47

You also need supporting documentation, the actual calculation of lost revenues attributable to coronavirus using the methodology described in the asker mentioned, Narrative Document.

22:59
All recipients seeking to use this option, I do want to know, are facing, may face an increased likelihood of an audit by HRSA, and for any circumstance in which person identifies an unreasonable approach.

23:13
For Option three, you will be notified that your proposed methodology was not accepted as reasonable, and you will be notified to know that it did not demonstrate with a reasonable certainty that claim blosser avenues were caused by coronavirus.

23:28
And the HRSA does determine that the propose alternate methodology is not reasonable that you will be able, you will be asked to resubmit your report within 30 days of that notification and have to use Option one or Option two to calculate the lost revenues attributable to profilers.

23:47
Given the flexibility of an alternate reasonable methodology that I just explained as Option three, which was prescribed through legislation. We want to share some best practices to you, all that you can consider when developing a reasonable methodology.

24:04
So you should be maintaining source documentation. We recommend maintaining good source documentation.

24:10
While this is a requirement for all federal funds and all aspects of the PRS payment, not just re-usable methodology, you should be accorded consistent treatment.

24:23
EG, if you're using the providers or your fiscal year as a baseline. And the calculation for lost revenues must be determined over the course of a fiscal year and the lost revenues for the quarters, but then that fiscal year should be entered into the portal with zeros for the remaining quarters.

24:42
You should also measure the amount of baseline revenue and loss revenue consistently, so an apples to apples comparison, similar to the example that I recently mentioned.

24:53
You should be consistent with policies and procedures that apply uniformly to Federal and other sources of funds.

25:00
There should be No, we recommend not double counting your lost revenues, and they should, anything should not be reimbursed by other sources, such as Federal Programs or Cares Act funding.

25:12

If you're lost revenues are directly attributable to a cause other than ... pandemic the product, then these may not be.

25:21
Then you may not include these in lost revenues as part of your Lost Revenue calculations for the provider.

25:27
So, now I would like to turn it over to Lindsay who will give a couple more considerations specific to rural clinics.

25:36
Thanks very much, Sam.

25:39
So, I just want to re-iterate what Sam said and be clear that the PRS Reporting Portal is distinctly different from the RHC Coburg 19 Reporting Portal.

25:53
So, the PRS Reporting Portal website is PRS reporting dot HRSA dot gov.

26:01
And the RHC coven 19 Reporting Portal is, RHC coded reporting dot com.

26:07
RHCS or their Parent Organization are required to report data on both PR F Reporting Portal and the RHC coven 19 Reporting Portal in almost all cases.

26:22
If you're only payment, if your only payment was from the RHC cogan 19 Testing Program and or the RHC cobie 19 Testing and Mitigation Program, then you do not need to register in the PRS Reporting Portal.

26:38
The PRS reporting requirements do not apply to the RHC testing and Mitigation Program, or the RHC coven 18 Testing Program.

26:50
HRSA has funded, as I'm sure you all know, the National Association of Rural Health Clinics. As part of a co-operative agreement, to provide one-on-one assistance to RHCS participating in the RHC ...

27:03
Testing Program and the RHC coven 19 Testing and Mitigation Program.

27:09
Please take advantage of this e-mail RHC, kogod reporting at ...

27:13
dot org with any additional questions.

27:17
Next slide.

27:19
So, this slide is just a reference for you, and I encourage you to bookmark both pages.

27:26
You can see the difference between the two portals, from the homepage of each each portal alone.

27:34
And, um, I do want to just kind of take take a second to assure you that your testing data that you are reporting on the RHC cogan 19 testing, um, portal is not being counted.

27:52
So, that data is not being counted multiple times.

27:55
So, many of you are also reporting tassi numbers to your state.

28:01
We understand that, that the Testing Covered Reporting Portal is for program monitoring and evaluation, and it's used for public health surveillance.

28:14
We tried to make it as and as the least amount of burden as possible.

28:20
And we are not counting any type of data more than once.

28:26
Next slide.

28:30
So I want to go back to the PRS Reporting Portal and just point out for you where the references to the RHC, koga 19 testing funds are.

28:44
So, as you can see on the slide, I know it's a little bit tiny. But once you're in that, the PRS Reporting Portal, you'll see it.

28:52
Um, the other Assistance page, which is generally page seven, I believe, when you're when you're clicking through.

29:00
On the PRS Reporting Portal, includes RHC, Coburn 19, Testing Funds, Received Row. It'll be the first row.

29:08
And it, the RHC coven 19 Testing Funds Received Row is pre populated from HHS payment records.

29:17
So, you are not able, and do not need to do anything where the RHC coven 19 testing funds received. Row.

29:26
The RHC coven 18 testing funds will not be included in the final calculation. IE, the total row, which I've given you a little arrow to the very bottom there.

29:38
Returned funds will be subtracted from the total.

29:44
All returned funds are recorded in the HHS payment system, including the RHC. Coburn one thousand testing payment.

29:53
Similar to the PRS payment, the RHC return funds will be subtracted from those totals.

29:59
If you have not yet returned to payment and you plan on doing so, or you have rejected the attestation, you will see that the RHC cobin 19 testing funds Received row will still reflect the monies that you've received from either of those two programs.

30:22
So, at the very end of the other assistance page, you will need to answer the question.

30:27
Did you report on the use of your art of your Rural Health Clinic cogan 19 testing funds?

30:34
In the RHC Portal, this is serving as a reminder or, as that, as a recipient of the ...

30:41
Testing Program and or the kogod 19 Testing and Mitigation Program Payment that you are required per the terms and conditions to report on RHC kogod reporting dot com.

30:57
Next slide.

31:01
So, if you answered no to the question, Did you report on the use of your Rural Health Clinic koga 19 testing funds in the RHC Portal, at the end of the other assistance page, you will see a reminder at the end of the ... portal.

31:16
It will say, our data indicates that you have received Rural Health Clinic coven, 19 Testing Funds and have not yet reported on the use of those funds at the RHC portal.

31:27
Please navigate to RHC kogi reporting dot com to report on the use of RHC, koga 19 Buts.

31:35
I would also like to know that if you are a recipient of the RHC, Coburn 19 testing funds, and are not current with reporting, you have likely not received the RHC koga 19 Testing and Mitigation Program payment.

31:52

So, if you had received the testing payment, which was 49,461 dollars and 42% per rural health clinic.

32:02
And you have not gone on to RHC cogan reporting dot com to report data.

32:10
Where's that money that you received?

32:12
You have not received the coven 19 Testing and Mitigation Program payment of $100,000 per RHC.

32:20
We are reviewing all of that data.

32:25
And you have the opportunity for future 2021 Payment and Program consideration dependent on our availability of funds.

32:34
If you go on to RHC, kogod reporting dot com by tomorrow, September third.

32:40
And make sure that you're current with all of those numbers.

32:49
So, now we're going to move into a question and answer portion. And, like I mentioned, all of these questions.

32:56
We're pre submitted by people in the audience, so, we hope these are helpful.

33:00
And I think Sarah, I'm going to be moderating this portion of the presentation.

33:07
Thanks, Dave.

33:10
How do RHCS account for their RHC testing falls on the PRS Portal?

33:18
So, just as a reminder, I sometimes I feel like we can't we can't say these things enough.

33:25
The RHC coby 19 Testing Program Payment or funds received, is listed on the other assistance page.

33:34
So, there is no specific verification for the RHC cogan 19 Testing Program, or the RHC Coburn 19 testing and Mitigation Program.

33:44

However, it is included in the verification of the accuracy of the report as a whole.

33:52
So, what I mean by that is at the end when you verify that everything is correct.

33:59
In, in the PRS portal, you are also verifying that you have seen this room reporting reminder that you need to report an RHC koga 19 Testing Program, um, and you have the website so, there's no getting around that.

34:20
And this PRS portal serves as that reminder.

34:24
And, again, the Website for reporting for your RHC Testing Program is RHC, coca reporting dot com.

34:36
Next question, on the Entity overview page, How do I know what entity type I am?

34:44
Passionate organization with multiple types of services, that ball ....

34:52
Operating under 1 10 provider type.

34:56
Now, I can take this one.

34:58
So, Reporting Entities must, which, as you all, must, select the provider type and provider subtype that just best describes the type of practice by clicking the drop-down menu.

35:10
The subtypes are conditional to the provider type.

35:14
You should, for this you should select the combination that best describes your type of business, and if multiple provider types or provider subtypes apply, then just choose the pair that reflects the majority of the business.

35:33
How are the allowable uses of RHC, called the Testing Program? And all right, a probate testing and mitigation program payment different than provider payment.

35:47
So, I can take the first portion of this and detail a little bit about the Testing and Mitigation program and testing. And then I'll pass it off to Sam to talk a little bit about the PRS payments.

36:00
So, RHCS funded under the RHC Club in 18 Testing and Mitigation Program or the kogi 19 testing Program.

36:08
May apply funds to cogan 19 testing and cogan 19 testing related expenses.

36:15
Obviously, the mitigation expanded that to include mitigation and mitigation related expenses.

36:22
So, the RFC cogan 18 Testing should be used for RHC, ... testing costs that were not reimbursed by another pair.

36:31
So, to go along with what Sam had said earlier about Provider Relief Funds, you cannot double count.

36:38
I think, you know, shanon chambers with with no, so are, also says cause a double dipping, you cannot double dip.

36:49
So, RHCS funded under the RHC koga 19 Testing and Mitigation Program.

36:55
Like I said, may also apply those payments, Tacoma 19 mitigation, and mitigation related expenses.

37:03
So, this, I also want to take this time, just as a reminder, that Rural Health Clinic cogan 19 testing program funds.

37:12
So, that's the 49,461 dollars and 42% that you were awarded in May of 2020, June of 2020.

37:24
I believe there was one in late 2020, and then in January of 2021, that those, if you are still holding onto those, they have to be expended by December of 2021.

37:39
So, one thing that you might want to consider, just as an option, is distributing free at home, over the Counter coven 19 tests that are often not reimbursable by insurance, tier, local, community.

37:54
That is an allowable expense.

37:57
So, if you want to purchase, you know, a lot of over the counter tests.

38:02
And say you want to give them out to your local school, or you want to give them out at a local vaccine there, you can do that.

38:14
And that is a really great way, not only to provide testing, um, but also to provide mitigation, in order to keep people at home, if they are feeling sick.

38:28
I also want to just say that you're, if you're having difficulty spending the initial RHC, koga 19 Testing Program funds, please, please reach out to nark.

38:39
An RHC coven reporting at NARA dot org because they are there to help you. And they have so many creative ways that you can use these funds.

38:48
If, for the, over the counter covert, the tests, are not something that you think is feasible for your rural health clinic.

38:56
So, Sam, did you want to talk a little bit about ... payments? Sure, I don't think too much to add, and for the sake of time, I will go super in-depth as I've touched on this earlier in the presentation. But the main most salient point is that peer up payments can be used for health care related expenses and lost revenues attributable to covert 19.

39:16
And when you visit our web page, there are, we have a lot of resources and a lot of FAQs that have more detailed answer as to what you can use for these expenses. So, I don't feel the need to go super in-depth in that. But we do have resources that give you the answers are worth it.

39:42
On the other page, RHC, Tufting funds route how overcharge funds be accounted for by the excluded from the total.

39:55
So, I touched on this a little bit earlier. But, just to re-iterate. So, return funds will be subtracted from the total.

40:03
I'll Return funds are recorded in the HHS payment system that includes the RHC payments, so returned funds will be subtracted from year total.

40:16
And if you have not yet return payment, you will see that those funds are reflected in the ... testing funds received throughout.

40:26
So if you rejected attestation and I mentioned this earlier, you still need to return the money.

40:35
So there are two steps right you you reject attestation on the attestation site, then you have to make sure that you you go and you return the money And there are details there on our website for testing and mitigation.

40:52
And, um, as always, ... can also help you with that.

41:01
For reporting on lost revenue, can you elaborate on key aspects of options?

41:07
Yeah, sure. So the baseline for the comparison and option two is the 2020 or 2021 budget.

41:16
So an option two, which is the comparison of the actual To Your Budget Ad.

41:21
The PR F reporting system will calculate a quarterly change in your patient care revenue.

41:28
So, we're lost avenues are demonstrated than the amount that is totaled, will determine that the annual lost revenues amount.

41:36
So, if you choose to select option two, the budgets which cover the entire period of availability must have been approved. Before March 27, 2020, and HRSA will not be allowing providers to deviate from option 1 or 2, 1 and 2.

41:53
So the providers, which is you, may use option three in calculating lost revenues, if you want some greater flexibility.

42:01
I'm going to refer you to the Lost Revenue Guide later at the end of the presentation, that should provide way more detailed information on how to calculate ostia.

42:13
But more on that to come.

42:18
Alright, Kobe Testing Program and RHC coven.

42:23
Testing and Mitigation Programs require recipients to report data for payments received separately from academics received at Provider Relief Fund.

42:33
How do RHCS determine whether they received funds as part of the RHC Covert Testing Program and our SQL they testing and medication program.

42:44
I can take this one. And first, I want to acknowledge that we have a lot of acronyms.

42:50
I realize and a lot of acronyms just in this presentation and even more widely across HRSA.

42:59
So, um, no.

43:01
Again, if you have any questions or if you're confused at all, you can certainly reach out to us and we can help to clarify some of that for you.

43:13
But the RHCS, the Rural Health Clinics, that received funds as part of the rural health Clinic koga 19 testing program received a direct deposit into the bank account of the corresponding tyn organization with the descriptor, cobin, Rural Health Testing Payment, HHS dot gov.

43:36
They would have received that in May 2020, June 2020, December 2020, or January 2021.

43:45
HHS provided, as I mentioned, $49,461, am 42% for each eligible rural health clinic with a unique CCN associated with an eligible tin.

43:59
So, if you go into your bank account and you see a payment that it has that descriptor, and it says 49,461 and 42%, that means that you have to report cogan 19 testing payments.

44:16
And data on the Reporting portal, or the coven 19 testing, which is RHC Koven reporting dot com.

44:28
So, as I mentioned earlier, the RHCS that met the requirements for the cogan 19 testing program received a one-time allocation of up to $100,000 per clinic site.

44:43
That was also automatically deposited into the bank account of the corresponding tin organization.

44:49
It would have been deposited.

44:51
You would have seen that in there, around June of 2021, or just a couple of weeks ago. In August, 2021, we, we sent out a smaller batch of payments to those who had not yet been paid.

45:07
So I did want to just say that some of some of the payments, the direct deposit, it was issued via paper check.

45:14
And those might have a longer processing time.

45:17
So you may not have seen that yet, because it might be coming to you as a paper check.

45:23
And those payment descriptions will say coven, AARP Act, R H C C T M Payment, HHS dot gov, So ineligible RHCS that weren't current with reporting of their testing data.

45:40
RHC, code reporting dot com should do that by tomorrow in order to be considered for program payment before the end of 2021.

45:57
Lost revenues. five states.

46:00
Providers do not need to account for the expense to use funding by the deadline. Instead they need to be able to document a loss occurred during the relevant time period.

46:12
Can you clarify youth by specifically as it relates to unreimbursed types?

46:19
Sure, this is definitely a question. we get a lot.

46:22
So to be used, the cost must be incurred before the deadline to use funds providers who must follow the basis of accounting which is cash accrual arm or modified to determine your expenses.

46:37
The provider leave from recipients must only use payments for eligible expenses including services rendered and lost avenues during the Period of Availability as outlined in the postponement Notice of Reporting Requirement.

46:51
For purchases of the tangible items made using PRA payments, the purchase does not need to be in your possession to be considered an eligible expense, Meaning it can be, like I said, back ordered, BDD, or capital equipment. Please, again, refer to the FAQs for more details on this and the Lost Revenue stat, which will be linked to the end.

47:19
Padgett cost based reimbursement, relate to my provider. I will fund payment.

47:28
So, I can take this one. So, the recipient must follow CMS instructions for completion of cost reports.

47:38
So, I know that that many of you had questions about cost reports, and essentially we we have to just kind of direct you to CMS for instructions on the completion of those cost reports.

47:52
Um, under cost based reimbursement, the pair agrees to reimburse the provider for costs incurred in providing services to the insured population.

48:03
And in these instances, if the full cost was reimbursed, there is nothing eligible to report as an expense attributable to koga 19 because the expense was fully reimbursed by another source.

48:19
So PRS payments cannot be used to cover costs that are reimbursed from other sources, or that other sources are obligated to reimburse.

48:30
Therefore, if Medicare or Medicaid makes a payment to an RHC, based on the RHC cost, the Medicare and Medicaid and Medicaid payment to the RHC is considered a full reimbursement and no money from the Bureau would be available.

48:48
However, in cases where the ceiling is applied to the cost reimbursement and the reimbursed amount by Medicare and Medicaid does not fully cover the actual cost, due to on an unanticipated increases in providing care that is attributable to Coburn 19 for the coronavirus.

49:07
Those incremental costs that we're not reimbursed by Medicare or Medicaid are eligible for reimbursement under the Provider Relief Fund.

49:20
Sam, did you have anything to add to that?

49:23
No, I think you've covered it.

49:25
That's a, that's definitely summed up what I went about it, so thank you for that.

49:32
Final question is At the conclusion of data input, what happens what our output to audit checker?

49:42
So once your PRS report is completed and submitted to HRSA, the reporting entity Will. So you'll receive an e-mail confirming the receipt of the report.

49:54
HRSA is not going to provide notification that States Agreement with the Final Report, if you are responsible.

50:02
So, all pair up, responding recipients are responsible to maintain supporting documentation per the requirements of 45 CFR 75 dot 361 Retention requirements for Records.

50:15
So this means that really all PRA recipients are subject to audit.

50:21
And, as I am looking at the time as we start to wrap up, I want to direct your attention to all the resources that I've been mentioning throughout throughout this entire presentation.

50:33
And we make them available to you to help increase the ease of reporting. So, while I don't have time to go over each item on the slide, I want to actually highlight three new resources that we've developed in response to stakeholder and recipient feedback.

50:50

So the first thing is, I want to show that there are links to all of the technical assistance webcasts, recordings, and slides that we've done since the opening of reporting on July first.

51:02
You can also find video tutorials, user guides, factsheets, our FAQ repository's and our newest resources and a personal expense overview.

51:14
And since we've been receiving a lot of questions regarding lost revenues, we developed, like I've mentioned a bunch of lost revenues guide. This is a four page document that you can refer to when reporting on your lost revenues.

51:28
And while you don't need to account for specific expenses to use funding by the deadline, instead you need to just be able to document of the loss occurred.

51:38
The second new resource that I want to draw attention to is our Personnel Retention and Recruitment fact Sheet.

51:44
This document explains different ways in which you can apply your Provider Relief Fund payments to expenses incurred as long as it relates to your organization's response to ....

51:54
one way to do this is by recruiting and retaining medical and administrative staff through signing bonuses, incentive bonuses, overtime pay, and other fringe benefits.

52:05
So, if this is something that could apply to you, we definitely say, direct to this fact sheet.

52:11
Um, the last new item that I've developed is the one that we've developed as a new one pager. Which is entitled the Provider Leaf and Reporting and Resource Guide. So, it has links to all of the technical assistance that is available to you. I've linked it in.

52:28
So, this chart that you see on the screen is found on that guide.

52:33
So, all of the resources that we're developing are packed, full with valuable, valuable information for each step of reporting, and we really encourage you to utilize them all.

52:47
And when combined, all of these resources should have the answers to most, if not all, of your questions. So, really, lean on, We use on all these resources can be found on our website. But, if for some reason, you, you've gone through all of these, you read the Lost Revenue Guide, you've got the resources, you still don't have the answer to your question.

53:11
Or if you just need help in real time, you can always call the our provider support line, which is the numbers on the screen.

53:17
And they're available eight AM to 10 0 PM Central Time Monday through Friday.

53:23
So, yeah, definitely look at all of these resources.

53:28
So, to wrap up this afternoon's session, I just want to say thank you to an RHC for letting us present and to lyndsey as well.

53:37
And most importantly, I want to thank you all, who submitted questions prior to today's presentation, and to those who submitted during the presentation, we look forward to reading through those of you using them to inform future technical assistance.

53:50
And, once again, thank you to everybody, and especially those providers who continue providing care on the front lines.

53:59
Have a really great day. And don't forget, 28 days left until September 30th.

54:06
Thank you so much, everyone, especially Wendy and ..., of our presenter, for today's webinar. And to fight off the oral health policy for making these technical assistance webinars possible for our rural health clinics professionals, that the code is in the chat for you.

54:25
There's also a survey that will pop up on your screen, which we hope you'll take.

54:29
Thank you for submitting your questions. And we'll be reviewing those, like HRSA.

54:33
And if you have a question about the RHC Testing Program.

54:38
Basically, and terrific meaning that reporting deadlines are potential inclusion in EHR payment funding availability of funds.

54:47
Please don't hesitate to reach out to RHC Kobe testing at HP dot org.

54:55
And also, if you have any other thoughts and suggestions for future webinar topics, we encourage you to e-mail us, my colleague, Nathan, Top bar R C dot org. And be sure to put RHC Webinar topic in the e-mail subject line.

55:16
I've always had webinars I notice, will be sent via e-mail to those who have registered for our webinar.

55:24

We encourage you to do that, and this webinar will be available on our website, the recording, and the slides in the next few days after this presentation. Thank you all again for being here. And you lend me and Amanda as well.