Hello, everyone, thank you so much for joining us for today's technical assistance webinar. The attendance numbers continue to grow. So we will give everyone just another minute to get joined and then we will start today's webinar. Okay, let’s get started. Thank you so much to everyone for joining us today for our COVID-19 technical assistance webinar. My name is Sarah Holman and I am the Deputy Director of government affairs for nark. Today’s topic is identifying allowable expenses for COVID-19 programs. As you can see on your screen, this webinar series is sponsored by hearse’s Federal Office of Rural Health Policy done in conjunction with nark and we are supported by the cooperative agreement as you see on your screen through the Federal Office of Rural Health Policy. And that allows us to bring you these webinars free of charge, and provide you with valuable technical assistance and RSC specific information as we hope to do today. Please help us to spread the word about these free webinars by encouraging any other Rh C or other stakeholder who might benefit from this information to sign up to receive announcements regarding all of our webinars on the narc website. As you can see, we are now on the zoom platform. So the features may look a little bit different. But as you can see in the chat, we hope that you will wait until the end of today’s presentation in the q&a portion to use that q&a feature so that you can give us a chance to get through that information. And then we’ll open it up for q&a. As with all of our webinars, we’re at the mercy of good bandwidth for all parties. And as we know, connectivity can fluctuate throughout the webinar. If you have audio or visual issues, please log out, leave the webinar and then join us again and that will usually fix the issue for you. But worst case scenario we will have this webinar available on our website, as always, with links to the slides as well. So with all of that I would like to kick it off and introduce today’s speakers. We have Nathan wall with nark and Shane Shannon chambers with no store. So welcome our speakers, and we’ll get started.

Okay, Shannon, I think you’re kicking it off.

Okay, got it. Alright, so today we are going to do a brief review of the Rh t COVID-19 funding. So that would be the COVID 19 fundina that you received back last year of 2020 and the Rh c COVID-19. Testina and mitiaation fundina
Nathan Baugh 04:59
And the key course Shannon just interject, yes, you have until the end of this year as the project period to spend that $49,000. Right, and this is the testing program.

Shannon Chambers 05:11
Correct. So that will be through December 31 of 2021. That means you have just a few short months left in this year to extend that $49,461.42. The other grant that you’ll see listed here on the bottom is the vaccine confidence grant program. That was where you actually had to apply for those funds. That payment was $49,529. We did have an exciting number of 19 124 rural health clinics that applied and were funded every rural health clinic that applied and had completed the correct paperwork and submitted that information received that payment. That of course, is for vaccine confidence and hesitancy. Again, the main thing to remember here with the vaccine confidence grant program is please please read your notice of award or you’re in a way 90% of the questions that you have regarding that grant is in the notice of award. Next slide. The next one is regarding our RhC COVID-19 Testing and mitigation program. That was the $100,000 that all eligible and reporting rural health clinics received. Meaning if you were not up to date and reporting on the RhC COVID Reporting website, you may not have received that $100,000 payment. That project period was January 1 of 2021. So the beginning of this year, and goes all the way until December 31 of 2022. Additionally, you will see the provider relief funding. Again, those were awarded back in April, May in December of 2020. There is a phase four coming soon. And Nathan will be providing more information on that in an upcoming notification. That information, again was varying amounts, you are required to put in your information in the portal provider Relief Fund portal. There’s a link here that when you get the slides, you’ll be able to access that information.

Nathan Baugh 07:12
And just real quick on the provider Relief Fund portal, it’s been recently announced that HHS is doing a or versus doing a 60 day grace period. So the deadline for phase one reporting is still September 30. But there’ll be a 60 day grace period. This webinar is going to be largely focused on testing and testing and mitigation. But it’s hard to talk about one without talking about the other programs. We do plan on doing another webinar next week on the phase four for the provider Relief Fund. So just stay tuned for that we will focus more on what that entails because there will be an application online for phase four, which opens next week as well.

Shannon Chambers 08:02
And then last but not least, of course, is here the American rescue plan the rural allocation, and that’s the $8.5 billion that’s available and rural providers must apply. So that’s a future hera payment.

Nathan Baugh 08:16
Right and that’s actually phase four and the 8.5 available for rural will be you will apply for that in the same application. But most rural providers will be eligible for both phase four payment and the American rescue plan, rural allocation. So again, this will be covered in greater detail next week. But some of the concepts we’re talking about today will be applicable to both the testing and testing and mitigation programs as well as provide a relief fund and the American rescue plan well allocation.

Shannon Chambers 09:01
So what are the reporting differences here? So the RFC COVID reporting comm website does require you to enter your total number of COVID-19 test and positive test numbers. You have to submit that information monthly so meaning we are in September. So by the end of September, you should have your August testing numbers into the Rh c COVID reporting website. This is the program for both Rh c COVID testing which is you’ll see here is Rh CCT and the Rh c COVID. Testing and mitigation program. So Rh c ctm. And again, you don’t have to go out and remember a separate password for the two different programs it’s all in one does not require your RFC to enter specific expenses meaning you do not have to provide any type of receipts or upload any kind of extra information. At some point, there will be a question for you to answer on the Rh c COVID Reporting website about how you’re using your Rh c COVID. Testing and mitigation funds for mitigation that is upcoming, we’re not there yet. additional thoughts, Nathan?

Nathan Baugh 10:17
Yeah, I would just say that while no one is going to ask you to report proactively specific expenses with line item receipts and things like that doesn’t mean that you shouldn’t have those internally. You should absolutely keep those for your internal purposes. And, you know, I don’t want to scare anyone. But if you do get audited, it will be very important to have those. So it is just not something that we are asking the entire country to proactively report back to the government. However, you want to maintain those records of how you spent the money.

Shannon Chambers 11:01
Absolutely, you should have both. And it should be separate for the Rh c COVID. Testing, and then the Rh c COVID. Testing and mitigation. And then next, we’re going to talk about here our provider Relief Fund. So it does not require this one, excuse me does require specific expenses, it does require that you have that it corresponds with the period that you received. But it does not require you to report specific use of the funds for the two programs that we just talked about the Rh COVID testing, or the Rh c COVID. Testing and mitigation. Again, on the prior slide, you had a link to the provider Relief Fund portal, that is where you have to register and put in that information. Again, they can advise, of course, there was a 60 day where they will not enforce it is due at the end of September, but you have a 60 day period where they were not enforced any kind of information there. Yeah,

Nathan Baugh 12:01
only thing I’ll add here is that the key word and all this is categorical expenses. It’s not like it’s not down to line items. So even in the provider Relief Fund, you’re not breaking out, for example, how much you spent on any given supply costs, however you do categorize all your supply costs together. And there’s a big distinction on the provider Relief Fund between what you have to do if you receive more than 500,000 in provider relief funds as a 10 organization
and less than provider 500,000. Again, we're actually going to cover that this kind of stuff in more detail next week when we talk about applying for phase four funding. So this will be more focused on our Health COVID reporting COMM And our HCC tm and things like that. But we just wanted to cover the provider Relief Fund, a slightly higher level.

Shannon Chambers 13:04

Fantastic. And as a reminder, if you have questions, we know that there’s a qa box here, if you will put any questions that you have in the qa box that will help us tremendously as speakers not have to jump between the chat box in the qa box. So we’re going to get back into our presentation. So this is actually your data. So one of the great things about this is as you put your information into the RHP COVID reporting website, this information is pulled directly from there. As you can see, we have had 14 point 8 million COVID tests that have been supplied and provided and done by our rural health clinics. This is where you are supporting your community with those efforts. You’ll see here that we’ve divided that out by month. So for May through August, of course, we know that some people haven’t put in their August numbers yet. So these numbers will continue to climb. But again, 14 point 8 million in just rural health clinics or associated tents.

Nathan Baugh 14:07

Yeah, and as everyone should know, that is the entire TIN organizations. So you know, I we can’t say technically that this was all performed in the four walls of the nor hc. But this the funding, the organizations that received the funding have have done over 14 point 8 million tests. So we’re really proud of this number. Alright, so I think I’m picking it up here. So the main point of this webinar is to talk about you know, what is an allowable expense and can I spend the money on this or that and can I spend it confidently knowing that I’m following all the rules? And so the general principle that I would like to hammer home for everyone here is you got to ask yourself two questions. Is this an allowable expense in terms of its relation to COVID-19 testing for the 49,000 andor mitigation for the 100,000. Okay, so what’s the relation? The website breaks this out into four categories. So you have Testing, testing related mitigation, mitigation related. So that is the government saying that we think that these types of expenses are related to COVID. Testing, they’re related to COVID mitigation. Okay. So again, relation to the mission. Right? The second question, which is very important, and perhaps is not emphasized enough, is am I otherwise reimbursed for this expense? So you have to, if you’re say, Nathan, can I spend the testing and mitigation money on X, Y, or Z? Ask yourself these two questions, what’s the relation to COVID-19 testing or mitigation activities? And then Am I otherwise reimbursed for this expense, there were a lot of things that are very clearly related to COVID-19 testing. And very clearly related to COVID-19 mitigation, but are also pretty clearly reimbursed by a payer. And therefore, it’s not a good use of the money, even though it’s got a very clear relation to testing. It’s also got a very clear payee that’s reimbursing you for that service. So that’s this is the concept that we’re going to come back to throughout this entire webinar. This is, again, it’s broken out in four categories, online testing, testing, related mitigation, mitigation related. Testing is pretty obvious. Any test that’s approved by the FDA, is what you can use it on. Right? That’s an obvious relation to COVID-19 testing, you know, spending it on tests, spending the money on tests, very obvious, right? But what’s the issue here? A lot of COVID, nine, teen tests you’re reimbursed for? So it very clearly passes? Question one. But it doesn’t necessarily clearly Pash, pass question two. Then we move into the testing related this. These are things like storage, lab supplies and equipment, p p, e, workforce, things like that, that are related to testing. But have, in my opinion, a better chance of passing both tests are both questions here, that you have to ask yourself, because, for example, you know, you don’t generate a claim, when you purchase a refrigerator. Right? You don’t generate a claim when you’re doing retention payments. So the it’s much easier to justify this as an unreimbursed expense. This is gonna do a little animation here. So what many of you might be thinking, well, geez, you know, I can’t use that as sort of the punchline is, you know, this is money for testing. But you can’t use it to pay for testing. Right? Because the answer The reason is because you’re otherwise reimbursed, generally, you’re you are reimbursed for testing. Okay. That led us to, you know, try to find ways that, that you can spend this money confidently. And one of the things that is, you know, wasn’t obvious early on, because these kinds of tests weren’t
available, but is obvious to us now is that you can use the money to purchase at home COVID-19 tests that are approved by the FDA. And you can give them away, right? You, if you give away the at home COVID-19 tests very clearly, you are not getting reimbursed for handing out kits at home kits to patients or donating them to a business or to a school. Right. So it very clearly is related to COVID-19 tests. It is a COVID-19 test. It’s also very clearly not reimbursed. So it’s we think it’s a very good way to spend the money confidently. There are some safeguards that you need to consider. This essentially can’t be used to solicit business or to try to gin up visits at your Rh C. So it Can’t come with like, oh, we’re gonna donate these kits, but you have to agree to come see us. So just make sure that you’re not, you know, tying any strings to the donation of tests to people in your community. Currently, we put the link to all the the tests that are currently approved by the FDA. In the slides, there are currently 13 tests that can be performed at home.

Shannon Chambers 20:37

One quick comment here, Nathan, is that as a reminder, so that we don’t violate any kind of Stark walls or any other kind of host violations is, if you provide these at home test kits, which is an absolute awesome idea, you can put a sticker on there that says that if they have issues or concerns that they can contact a provider, but do not put your contact information directly on that, because that appears that you’re pushing patients back to you and so say it got donated to a school and those weren’t your patients, you wouldn’t want to say that they need to contact a provider to discuss any type of positive results or complications.

Nathan Baugh 21:19

Yeah, hopefully that’s clear. I mean, one of the ways that I like to explain it to people is purchase a bunch of these at your clinic and just hand it to all your patients as they’re leaving or ask them if they want one. Just say hey, in case you get symptomatic, you know, here’s a free at home test you get the results in 15 minutes now there are the the two different types of tests there’s the test where you get the results right away As many of you know, but then there’s also the test where the it’s a self collected sample, and it’s still mailed and sent to a lab that if I think worth mostly thinking of the rapid test when we were talking about that, the lab processing is probably reimbursed. So when we’re talking about a test that’s fully unreimbursed we’re talking about the rapid kits that you’re handing out to that you could hand out to your patients or donate around your community. So we’re This is a big emphasis for us and we will potentially be modifying our COVID reporting comm to ask very simple it won’t be complicated but ask folks how many over the counter tests they might be purchasing and giving away so that that change is still pending but it could be something that you see on the on the reporting site. Any other comments just on this before I move to the next one Shannon?

Shannon Chambers 22:56

Now that’ll be of course what you just talked about that will be optional reporting for the at home test requirement not mandatory we’d love to see how you’re using your funds. Again that just gives us more information in the future to go after having conversations to say what else do rural health clinics need

Nathan Baugh 23:17

Alright, so now we’re actually going to do a quick poll some of you probably if you’re following the news, you know that some of that home tests are actually in high demand right now. So we are trying to ascertain how how problematic it is in rural areas. How many of you have tried to purchase some of these perhaps for yourself or for the
clinics, but are having a difficult time getting their hands on the supplies so please feel free to answer and I think Does everyone see these results as they come in Sarah?

Sarah Hohman 24:02
I do not know if everyone can see them. But okay, well, I'll give it just another 30 seconds or so for people to answer if they'd like okay.

Nathan Baugh 24:13
There's Um, there's been some talk about government; various governments, whether it's the federal government or the state or state governments or even local governments, purchasing kits and then donating them to various entities. And so we just want to know how difficult it may it might have it is for RTS to get their hands on this.

Shannon Chambers 24:42
Alright, looks like we had a comment that said they cannot see the results and we want to read them before the polls ended.

Nathan Baugh 24:49
Okay. So yes, we will. We're going to end the poll. I think we got the percentages here. So only 4% have said that they have successfully purchased At home, I can share the results. Hopefully now they can see it 4% have successfully purchased at home test kits 15% have struggled to find at home test kits and the vast majority 81% have not tried to find or purchase at home testing kits. So if we did this poll again, in three months, I hope that everyone will have at least tried to purchase at home testing kits because we are highlighting this as a really good way to spend the 49,000 and 100,000. Because it's very, very clearly not reimbursed. It passes that second question with flying colors. Alright, so with that, we're going to get back to the presentation. We do have one more poll coming. So again, the buckets, right Testing, testing related mitigation, mitigation related. And this is obviously just for the 100,000. The 49,000 that everyone received last year, well, mostly last year is only for testing. The 100,000 is for testing and mitigation. There's one more here Yeah. So these are the four buckets. When you look at hearse website, it's it's broken out in these different kinds of categories. And again, these are all really good examples of relating it to COVID. Either testing or mitigation. But again, I want to emphasize that second question is, are you reimbursed for that service? So for example, long, COVID conditions management? If that is if that is a patient group support group that you're setting up, that you're not reimbursed for, then it's a great use of the funding? If it is, if you're managing long, COVID conditions through evaluation and management visits that your otherwise reimburse for, then you can't use the funding for that. So hopefully, that that's, that's clear. Can you want to weigh in at all here?

Shannon Chambers 27:39
No, I think you. So one of the things that's really exciting as part of this funding, of course, is the two is long, COVID condition. So more and more that we're hearing from patients that providers don't believe that they continue to have long COVID symptoms, or conditions. So we've heard of some groups that are doing support groups, or like a zoom call to have patients talk with each other about conditions and things that have happened. Excellent opportunity for you to use those mitigation buttons. The other one I want to point out here is expanding digital technologies. With
that, one is if you want to maybe upgrade your patient portal to where you can send information out to them about, 
maybe they can register in advance where you’re not passing a pin back and forth for them to upload their 
information, etc. And we’re going to get into some more examples.

Nathan Baugh  28:37
Alright, so we’re gonna have another poll. This time, we’re just curious to see how many people have seen long 
COVID or COVID long haul patients? So just very simple yes or no? Have you been treating COVID long haul patients.

Shannon Chambers  29:02
And we’ll share these results with you again, we’re going to give it just a second. So, you know, for those long haul 
COVID patients, maybe it’s someone that tested positive for COVID. Back in July, and they’re still having symptoms, 
you’re still seeing things that are happening, or they still don’t have any taste or smell. We’re just trying to get looks 
like about 64% of you have answered the question. So we appreciate that.

Nathan Baugh  29:30
So just share the results with everyone. So 62% say yes, 38% say no, and this is going to be very helpful for us to 
provide this. These sort of little factoids, or polls, polling results back to the government. All right, Shannon, this is 
you.

Shannon Chambers  29:54
Got it. Alright, so let’s talk about retrofitting versus construction. So What is retrofitting? Maybe you need to upgrade 
your heating and air system so that it brings in outside air. Or maybe you need to purchase a lost my train of thought 
there a filtration system or something that helps with different air quality. Anything for those automating doors or 
high touch surfaces. So bathrooms, for example, as many times with patient bathrooms, on and off with turning the 
water on or getting a paper towel or even flushing the toilet. One of the other things that I want to point out here is 
definitely water fountains. If you have a water fountain within your Rural Health Clinic, hopefully right now you have 
that office, we’re not probably cleaning that between patients that are getting water, maybe you want to add a 
bottle filling station, or maybe you want to add a water cooler to your waiting room. Those are a great use of your 
 funds as well. If you want to install tents, or sheds, or any of that type of stuff for testing and mitigation activities, 
absolutely. Or even creating negative pressure spaces, and then we’re going to talk about construction. So Nathan’s 
gonna have some more things.

Nathan Baugh  31:18
Shannon, let me ask you this, why are these Why is retrofitting such a good use of the funds?

Shannon Chambers  31:26
Because not only is it infection control, it’s making sure that our practices and offices are safe, right? So upgrading 
those hpc, or adding a purifying system, which was Florida couldn’t think about a minute ago into your clinic is just 
making sure that it’s a safe environment that it meets the CDC requirements that are out there, and there’s a link out
there that will tell you about some of the infection control. And you'll see things like that out there as well.

N  Nathan Baugh  31:57
But also what how does it pass the two, the two test system

S  Shannon Chambers  32:04
mitigation, you’re not reimbursed for it?

N  Nathan Baugh  32:07
You’re not reimbursed for it. That’s what I was going for. Yeah, so So again, you don’t generate a claim when you upgrade your hvac system. Right. There’s not something that’s explicitly paying you or reimbursing you for the these costs, which is why a lot of people have, you know, opted to use the funding this way.

S  Shannon Chambers  32:33
Alright, so construction, this should not be new, we shouldn’t be having a brand new building, or doing any kind of significant new ground disturbance, making sure that it should be something you already have. And that’s the difference. So retrofitting versus construction construction is unallowable retrofitting is allowable.

N  Nathan Baugh  32:57
What about expanding square footage?

S  Shannon Chambers  33:01
So expanding square footage, if it’s within your waiting room for social distancing, which is described as an allowable expense, then that information, you know, trying to make sure that we’re continuing to social distance our patients, but when we get into adding additional square footage, like you’re adding something like that, then if again, you’re going to have to be careful if it’s really construction versus rhetoric, retrofitting may say, what are your thoughts on that?

N  Nathan Baugh  33:27
Well, I think it’s a bit of a gray area. You know, that new construction is certainly an allowable retrofitting is allowable. If someone tells me that they’re remodeling, or they’re doing an addition, and they’re framing it in those terms, then I say that I don’t think that’s allowable. But if they’re retrofitting off as a waiting room, and that includes, you know, expanding it, so they have more room to social distance, it’s easier, it’s, it’s better. So there’s not some clear line where, you know, if you add square footage, to the totality of your building footprint, you’ve now crossed into
some sort of territory that you’re not allowed to go to. But you got to be more careful, I would not call it a remodel, and I would not call it an addition. Anything else on that before we go to the next topic? No, I think we’re good. Okay. And we are going to have plenty of time for FAQs, just FYI.

Shannon Chambers 34:37

So now we’re going to jump into some of the workforce payments are already solid question that came up through the question and answer, we really appreciate that you’re putting a bunch of questions and answers out there, or questions for us to answer. Please, if you have additional questions, please put those in the qa and not in the chat. So retention payments, what would a retention payment be? When would it be most Effective, what is reasonable? So have you ever offered retention payments to employees before, that would be a great way to define if it’s reasonable, maybe because we all know that the last year and a half or even more than that, at this point has been a really rough year, and you’re losing people, maybe that’s a great way for you to spend some of your funding with retention payments. And then of course, you have recruitment and hiring cost, those recruitment and hiring costs. And maybe you’ve had a job open out there for a nurse practitioner or pa or provider, whichever, and you’ve been unable to fill that you would be able to utilize the Rh c COVID, testing and mitigation funds to offer a hiring bonus to someone if you’ve been unable to fill that role for a little while. Again, we all know we’re still in the middle of COVID. We don’t know where this is going, we still have a little bit of time. Additionally, there is some documentation out there. And again, when we’re talking about allowable expenses, those allowable expenses also will include if you need to make sure that you have adequate workforce. If you need to cover some childcare costs for someone that may need to doesn’t currently have childcare, and you really need them there in the office, you can cover some of those childcare costs, and etc, with some of this housing cost as well. I know we’ll probably get some more specific questions regarding this. But we really wanted to talk about this amazing part of this workforce is those retention bonuses payments. And then of course, there’s hiring and recruitment costs.

Nathan Baugh 36:37

Yeah, you’ll notice that salary isn’t listed here. Salary is can be salary of staff that are doing COVID testing is clearly passes the testing related question, or, you know, the, the, the, the first thing that you have to ask yourself is related to testing? Yes, it is. That’s the salary of the person that’s doing it. Right. But whether or not you are reimbursed for that person’s salary, that is much more difficult to answer because you know, when you are reimbursed for any given service, a portion of that reimbursement is to cover the, you know, the conditions time and everyone’s time. So, salary is, you could argue that salary is reimbursed. However, retention bonuses are, we think, a little bit more broken out, and potentially, you know, easier to argue that you’re not reimbursed for retention payments. And, and I think the other thing that we would wanted to just touch on here is when would a retention payment be most effective, given in the next three months, given the fact that there is been announced a federal vaccine mandate for health care facilities? it, you know, people have told me, that will remain nameless, but people have told me that, you know, in their state, the vaccine mandate was actually is gonna be ahead of the federal mandate and all likelihood, and they’re giving a retention payment to everyone who, who shows up to work on the next day. Right. So certainly, putting that carrot out there, if you are worried that your workforce is going to quit, is, is something that, you know, I think would be a good use of the retention payments, because you need you need your staff in order to provide testing and mitigation services. So then just an example of what’s not gonna pass the reasonableness test is if you give all $100,000 to yourself, Well, I was going to quit, but and I’m so essential, right? So I know, it’s an absurd example. But you know, I think there is no clear red line definition of Oh, that’s too big of a retention payment. But certainly just paying large sums of money to one or two people, to retain yourself and one other person would be much, much harder to justify and not is not advisable.
Shannon Chambers  39:45
I mean, I think the thing to remember here is if you are audited, are you going to be able to say what you did was reasonable in the example that Nathan just provided no if I'm going to pay myself $100,000 and I'm not going to You know, then I don't walk away? No, absolutely not reasonable. If I have people that I've paid retention payments to, in order to make sure that I can continue my workforce and have adequate workforce fun, absolutely. Now, the question would be is, how are you going to keep up with that, right? So if you do it quarterly, or if you decided that you wanted to do look at July, August, and September, for example, and at the end of October, for those that are still they're still working, it would be easy then to say, Okay, that was a reasonable, they were still employed, they hadn't quit, it was a great way to use that retention payment.

Nathan Baugh  40:46
All right, so you, Shannon,

Shannon Chambers  40:48
yep. And so far unallowable expenses, we have to remember here, direct provider to patient vaccine administration, the Rh c COVID-19. Testing and COVID-19 testing and mitigation funds are not for vaccine purchase, or not for vaccine administration. And it's not to cover patient care or treatment. Remember, COVID-19 testing. And then of course, mitigations think infection control ways to keep COVID out of our clinic and for our patients to, you know, be well.

Nathan Baugh  41:23
Yeah, and I think treatment here we've got an interesting division between treatment as in they are, you know, they just got COVID. And they're in the early stages, that that's kind of what we would say as treatment and then the long haul, is, is an allowable expense. But I think by when we say unallowable, in this context, in terms of treatment, we mean someone who, you know, recently got the infection. One other thing that I'll point out is that these are unallowable, of course, for testing and testing and mitigation, which is the focus of today's conversation. But all of these things are COVID related. And so in terms of the provider Relief Fund money, they would be allowable expenses, would you agree with that, Shannon, like the vaccine, and treatment is not off limits for PRF. So that's just another distinction that you got to be careful of.

Shannon Chambers  42:20
And the other thing to remember here is there are so many programs out there right now that you can use them together. So if you received the Rh c COVID, or excuse me, the Rh c vaccine confidence and hesitancy grant, and maybe you're also getting direct CDC vaccine shipment through the vaccine Distribution Program. Plus, you have the Rh c COVID. Testing and our Hc COVID testing and mitigation funds, you can use those together. So an example of that would be say I want to do a vaccine and testing clinic, I could use vaccines from the CDC vaccine Distribution Program, I could use the education piece for those patients to talk to them about why it's important to receive that vaccine from the RSC vaccine confidence and hesitancy grant. And then if I'm also doing testing, I could use the PP. Or I could you know, to do the actual testing on those patients, whether that was staff time to do the testing, etc. And we have a really great example coming up for you towards the end of the slides. But let's go ahead and move on to the next slide. That way, we'll get to some of these questions.
Nathan Baugh  43:41
Okay, this is me Shannon?

Shannon Chambers  43:43
Yep.

Nathan Baugh  43:44
Okay. So again, we want to think about what are you reimbursed for versus where are you unreimbursed for so these are some good examples, again, of things that are not generally not reimbursed or easier, it’s easy to show that you’re not reimbursed. So retrofitting, we already talked about at home COVID-19 tests, it’s a big emphasis, retention payments. Again, those are you don’t generate a claim when you decide to give retention bonuses, right. So it’s, it’s unreimbursed in that sense, you know, you don’t generate a claim if you decide to purchase a vehicle to support transportation costs, right? So that’s another good example of an unreimbursed expense. So these are these are things that you again, that that more easily pass question number two that you have to ask yourself is, am I reimbursed? Alright. However, I know we just talked about the counter tests, etc, etc. Doesn’t mean if it’s related to COVID you could still use the money to essentially reimburse yourself for any unreimbursed expenses, okay, so, for example, on a COVID-19 test, you can do the math and and let’s say you bought a bunch of COVID-19 test testing kits last year before the over the counter was available, okay? If you want to do the accounting work, and evaluate your testing costs, and your total expenses, relative to what you were reimbursed, if there’s a difference, if you have a remaining expense, you can use the testing, and or testing and mitigation fund to cover that remaining expense. Now, this is convoluted, and it requires a counting, and it’s difficult. So it’s not necessarily the recommended way, in terms of ease of use to spend the funding. But if you did spend it, and you purchased a bunch of COVID-19 testing kits, you know, last year, were in particularly early on when they’re really expensive, if you can use the fund to cover the unreimbursed difference of your costs versus your reimbursement. So we made up an example here. It’s made up numbers, were the total expenses. For any given test. We’ve determined that at my clinic for calendar year 2020, and calendar year 21, we’re you know, $50.30 for this particular COVID-19 test, and I kind of broke down how we got to $50.30. My reimbursement, my average reimbursement across all payers in that same time period was $38. And so therefore, I have a unreimbursed expense of $12.30. Right? And so then I can take that $12.30, multiply it by the number of tests I did. And I can show myself or I can show the government if I were ever to be audited? Well, yeah, I had, you know, I was reimbursed for all those COVID tests that I did, but I wasn’t reimbursed enough, right. So if you want to do the this work, and this math, this is an option, the unreimbursed difference. So just because you’re reimbursed a small amount, if it costs you more than what you’re getting reimbursed on that service, then you can tap into the 100 or the 49,000. So I hope that makes sense. Obviously doing this work, you may feel inclined to do this kind of a breakdown and this kind of justification, where no one’s asking you again to report this proactively. But you’re gonna want to have some reference point if you are spending the money this way, kept internally in case you are audited? Well, we estimated based on our cost analysis, that we were, our total cost per test was x, and our reimbursement per test was why and then you can do the math. And that that was serve as an acceptable justification. They, I think in the in the materials, they say any reasonable method. So there’s not one method to do this. And again, you’re not going to report this anywhere proactively. But you do want to do this, if you are going down this route. So again, not necessarily recommended, but it is an option. Hopefully that’s clear. And I know we have a ton of questions. So let’s go ahead and try to get to that. Just you know, a question that I would ask is how does Medicare reimburse RFCs for COVID-19 tests if you’re doing the collection at the RSC, but then you’re sending the sample to an outsource third party, it doesn’t generate a claim because it doesn’t count as RFC and counter. And the allowable expense is counted on the cost report which may result depending on your cap, increased all inclusive rate for the next year. The third party lab would build the lab portion. So technically you are reimbursed just for specimen collection, even if you send the sample out right through the in the form of an increased all inclusive rate.
Next And the next year. But you of course, you had to factor in the rec, upper payment limit and things like that. So this does get really complicated. For if you’re doing the lab portion at the rec itself, you you, you do bill it like we do the rest of our labs, not through the Rh c all inclusive race system but you bill for independent RCTs, you build Part B on the CMS 15 104 provider base Sorry, excuse you build through the hospital. So there it’s it’s kind of, you know, you do get a explicit amount of reimbursement if you’re doing the lab portion. And so that’s the number you can use when you’re doing these kinds of calculations. Alright, with that, I think we’re at the FAQ portion. And we’re at what 250. So we will probably ask her answer FAQs all the way till maybe about 320. So we’re going to try to get through as many as we can. And we’ve asked Sarah to help sort of curate and group some of the Q and A’s. So we will go ahead and get into that portion now.

Sarah Hohman 51:15
Sure, great. Okay. So we have lots of questions on at home kits, specifically in regards to how are how should Archie’s handle the required reporting of results to their county or state? If they purchase if they choose to purchase that home kits and hand them out?

Shannon Chambers 51:36
So go ahead.

Nathan Baugh 51:41
No, no.

Shannon Chambers 51:42
All right. So for the actual home kits, you don’t have to report that positive test result to the state or the county, that is an option for a patient. If the patient were to follow up with you. At that point, then yes, you and you did another COVID test on site at your clinic, then you have to report those results. And at home kit test now. When you do one, and it will tell you depending on the version of the test that you have, it’ll tell you right then and there, if you are positive, that is not a requirement for you to report that back on your actual Rh c COVID. Reporting numbers.

Sarah Hohman 52:26
Okay, um, some more questions in regards to handing out COVID test kits in communities? Asking, Can we put a sticker on it saying to consult your healthcare provider? For any questions or concerns? Can we have our logo put on the kits to let people know we provided it?

Nathan Baugh 52:50
I forget I think is the logo explicitly mentioned whether I mean to be safe, I would say no. Is there? Am I missing something on that? And Shannon? You can’t put your logo on the on the kits if you’re handing them out?
Shannon Chambers 53:04
No. If you're, you know, for that you can't refer. So if it's a patient that you currently don't have, it's not that, hey, this test kit was provided by ABC medical clinic and you know, you're doing that as part of your, you know, community outsource community resource assistance. Hopefully that answers that. We're trying to logo you say, I'm very black and white and not in the gray here.

Nathan Baugh 53:35
Yeah, no logo, say, you know, if you're positive contact a health care provider. Generic. Yeah. Okay. Next question.

Sarah Hohman 53:44
Okay, questions about retention bonuses, if our hc is under the same 10 as the cost. Does that apply? Then we could give retention bonuses to all staff under that 10? What a reasonable amounts, and how long should people have been employed for?

Nathan Baugh 54:01
I mean, we've already gone into the, you know, some examples of what's reasonable, what's not reasonable, there's not a bright line test. Can you do it? Can you use it for people across the entire 10? I would say yes, Shannon, what do you think?

Shannon Chambers 54:19
Yes, if your payment came under that, um, you know, that 10 now you have to be reasonable. We want to make sure as part of that is your retention bonuses. You want to make sure that again, there's not a line or a limit of Oh, you've had to have been here for a year, you're going to have to be again, if you get audited, what was reasonable. What's a reasonable amount is $500 a reasonable amount and you can show that is $1,000. I mean, it depends on one how many staff you have, and if you're part of a provider based system that's under one tax ID number, and have a lot of employees again, you're going to want to be reasonable With that the intent of the program is to help the Rh C and the Rh C service area. Right does vary for each Rh C.

Nathan Baugh 55:09
That's the only caveat I would throw on this one. So I would say yes can be at the hospital can be across the 10. However, if you're in a 10, that has it that spans a city and some rural areas, we would want the retention payments to go to employees that work and serve those rural health clinic service areas. Thank you. So next question.

Sarah Hohman 55:39
Sure. Okay. Um, there's a little bit of confusion in regards to the differences between the $49,000 testing bucket, and the $100,000 testing and mitigation bucket. We know that it's testing and testing related versus mitigation and mitigation related. But for some of those things that overlap a bit, if both you and Shannon could talk a bit more about what that differentiation is.
Shannon Chambers  56:10
Sure, so for the RH si COVID. Testing funds, that first $49,461.42 that you received, that is COVID-19 testing only. So take the mitigation piece out. Nathan's gonna flip back to that slide, why keep talking. So even if maybe you have funds left in that bucket, that would be a great source of purchasing those at home testing kits, right? So you can utilize those funds, you only have until December 31 of 2021, to pay out that first $49,461.42, then you have the 100,000. So you technically could be using this programs at the same time, you're gonna want to use the COVID testing funds and get those paid out again till December 31 of 2021. But maybe you also want to do some mitigation. So you want to work on maybe replacing your water, add a water cooler out into the waiting room, or

Nathan Baugh  57:16
that would be testing related to because any sort of hygiene improvement is retrofitting your facilities, right. So what I would argue as a mitigation related specialty, like what you can use the 100,000 on exclusively, you can't use the 49,000 on is something like expanding digital technologies. That's a mitigation related expense. That doesn't necessarily lead to testing. However, if you're doing more telehealth because you are expanding digital technologies, you're exposing, you know, less patients to COVID because you're doing more telehealth, and that's a mitigation related activity. That's not a testing related activity. Certainly long COVID is mitigation and not testing. And then the other one that I would point out is any sort of contact phrasing work would would not be necessarily testing but mitigation related. So there's a lot of overlap. Anything hygiene related, I would argue could be categorized under both. And most workforce, things could probably be categorized under under both as long as they're doing, you know, more than just testing. But some of the mitigation unique ones are those things that I just mentioned. Next question.

Sarah Hohman  58:43
Okay, one idea we had for education was to purchase a small electronic sign for the waiting room to scroll information regarding COVID testing, masking cleaning, vaccine opportunities in the community, etc. Would that be covered in the testing and mitigation funding?

Nathan Baugh  59:04
Okay, sorry, it's a it's a What is it? Again, it's a sign

Sarah Hohman  59:08
like an electronic sign. So I'm thinking something like a small TV type of idea with with information and an education.

Shannon Chambers  59:19
Hopefully you also applied for the RHC vaccine confidence and can use some of those funds. Again, that might be a great way for you to utilize more than just the Rh c COVID. Testing and COVID testing mitigation, a percentage of that if it's about vaccine confidence and hesitancy but regarding that, hey, we clean after each patient or you know,
we have COVID test. I'm a little more gray on that.

Sarah Hohman  59:55
What about retention payments for non medical personnel, fillers, accounting etc. And also, can retention payments be allowed if paid to a contract employee?

Nathan Baugh  1:00:06
Real quick, before we get into that question, I know I'm not in present mode. But that'll just help me flip between the sides better. Sorry, what was the question?

Sarah Hohman  1:00:15
on retention payments? Can they be paid at two contracted employees as well as non medical personnel?

Nathan Baugh  1:00:26
Yeah, it could. I would say yes to contracted employees and non medical personnel. Because the entire team is necessary for testing and mitigation activities. These are retention payments to retain the staff and services necessary to conduct testing and mitigation activities in your community. And if if your contractors quit, or your non medic medical staff quit, then you can't do that. There is a question that we need to think about a little bit more in terms of I know some people have some issues, doing retention payments with their physician contracted sort of organization. So if you contract with a medical group to do physician services, the system may be reticent to pay that Medical Group retention payments because of anti kickback stuff. So we're that's something that we're looking at. But if it's not, if they're a contracted employee, that's not a physician group, I would say. Absolutely, yes. And even for the physician group, I think the answer will be yes, but it is one of those lingering questions that I'm that we're working out researching. Shannon,

Shannon Chambers  1:02:00
I agree with what you said. Absolutely. I mean, it really is making sure that you know, you understand that even someone at the front desk, who may not be direct patient care, they're probably doing the paperwork for that patient to make sure we have the adequate insurance information, etc. Is all that good, fun stuff. Should they need it? Maybe setting up an appointment for the patient, etc. So yeah, I absolutely agree. Perfect. What's next there?

Sarah Hohman  1:02:33
Okay, um, let's see. We are a call with an Rh D across the street. We had to do some renovations to our lab in the car to make room for testing equipment and more patient testing areas. Can the money be used for this?

Nathan Baugh  1:02:49
What do you say, Sarah?
Sarah Hohman 1:02:53
I say yes.

Nathan Baugh 1:02:54
I agree. retrofitting. Absolutely retrofitting. Okay, like those kinds of questions. Um,

Sarah Hohman 1:03:04
okay. There's a question about. And I just, I just want to touch on this quickly. There's a variety of questions in the chat about in the q&a box about provider relief funding, provided relief funding received in that first payment period. Those are the funds that need to be needed to be spent by June 30 2021. That deadline is not in regards to the RTC testing program, or the RSC testing and mitigation funding. So I'm seeing June 30 2021, a lot in the chat. That was the deadline for that first provider really fund. Period. Yeah. So that, that is ps. Just Just to clarify. And so I'm going to move on from some of the PRF questions. If we still have time at the end, we'll get back to those. But if your your questions are not answered today, we can you can reach out and we can discuss that a little bit more afterwards. But I just wanted to touch on that date, because that's showing up in the chat a lot. Okay. Can you count extra taxes imposed for the bonuses are any monies paid to staff for COVID related monies?

Nathan Baugh 1:04:29
I mean, certainly, it's part of their compensation and it will be taxed. So for example, if you wanted to give like $500 like the the employee receives $500 extra on their next paycheck, right, you can, you know, compensate them above that amount. So then when their taxes are taken out, they get right, exactly $500 it's just like any sort the compensation you provide to your employees it will be taxed. In terms of a payroll tax. I think that's what they're going for. are talking about there?

Sarah Hohman 1:05:11
Yeah. Okay. Question about COVID related Medicare visits, if our cost per visit is above the cap is the difference between the cost of visit and the cap and unreimbursed expense?

Nathan Baugh 1:05:36
Yeah, that would be an unreimbursed expense. But then you have to ask yourself, you know, is it related to COVID? Right? So but yes, if your cost per visits are above is above the cap, that applies to your clinic, and you are increasing your cost per visit, as a result of all your COVID activities, but you're not that's not going to lead to increased Medicare reimbursement because you're already at the cap or above the cap, then yes, it would be clearly unreimbursed. This gets into the nuances of I mean, Medicaid reimbursement, private payer reimbursement and Medicare reimbursement for our ACS. Right. So if you're gonna try to do something that is clearly something that you've gotten reimbursed for, you have to do the math and show? Well, yes, we, you know, we because we are at our cap, any increase in our cost per visit, didn't result in higher Medicare reimbursement in the next year. Therefore, it's
an unreimbursed expense, that is a very valid argument. But it’s just, you know, you have to do that sort of accounting and justification work, which, which, you know, obviously, will probably not be the easiest thing to do. Hopefully that answers your question.

Sarah Hohman  1:07:10
Okay, a question. If we buy the COVID test with our COVID, testing stimulus money, and do not build the patient’s insurance, is that an allowable expense? I’ll just answer this one. The answer to that question is no, that’s not an allowable expense, you should be billing insurance.

Nathan Baugh  1:07:31
Do you want to elaborate as to why?

Sarah Hohman  1:07:35
Because other reimbursement is available for those tests, so we shouldn’t use those.

Nathan Baugh  1:07:43
But the reason there is that the government didn’t want to subsidize the payers, right. At that point, you’re just taking it, you’re basically subsidizing the insurance companies, right? Or the or you’re helping the insurance company’s bottom line. That’s not the intent of the money. So you must seek reimbursement from the payer in all cases.

Sarah Hohman  1:08:08
Okay, trying to find ones we have not answered yet. Okay, questions about retrofitting parking lots? If that’s where testing is happening, for example, if they have symptomatic patients entering a different door, which then changes their traffic flow? Are those allowable expenses, for example, paving, parking lots, or paving a pad next to the facility so that they could have drive up testing those type of questions.

Nathan Baugh  1:08:38
Shannon, I’ll let you handle this one.

Shannon Chambers  1:08:41
Thanks. Alright, so let’s talk through this if you are having to utilize a parking lot for your COVID testing, and you need to expand for COVID testing. Absolutely. If it is regarding you need a bigger parking lot for information, or for parking for employees or something like that. No, you need to think through the COVID-19 testing back to Nathan’s two questions at the beginning. Is it related? Nathan that slides not up. But is it related? And how how are you doing
that? Right. So some of the questions that we’ve received are, can we provide? You know, can we do testing? We’re doing it in our parking lot, but we need more room for employees to park. Unfortunately, that doesn’t make sense, right? If you’re doing testing outside and you need to have an area for testing specific. Absolutely.

Nathan Baugh  1:09:47
Yeah, I think that this is it’s much harder to talk about how Yeah, those are one on is testing related. Yeah,

Shannon Chambers  1:09:55
Correct. Those are more one on one conversations. So we’d absolutely want you to You know, reach out to us. Every scenario is a little bit different. So again, understanding that a lot of these questions are about may be very, very specific. So if it’s something very specific, our contact information, Nathan, we’ll get that up on the screen for you. And please reach out directly to us so that we understand your situation.

Nathan Baugh  1:10:22
Yeah, it’s also hard to talk about retrofitting a parking lot. Right, right. I agree. To me, it’s kind of like you’re constructing a parking lot. So yeah, there’s not? Yeah, case by case, I think it’s not my number one use of the funds. That would probably be over the counter tests. If people want to know. That’s my number one recommended use of funding by number two retention payments. Would you agree with that, Shannon? What’s your ranking, retrofitting facilities to improve hygiene? Where do you put that?

Shannon Chambers  1:11:00
Absolutely, that’s probably number one for me, is that the more that we worry about what’s happening within our facility and in our clinic, allows us to better serve our patients, to making sure that of course infection control, one of the things we haven’t talked about on this is if you have cloth chairs, replacing those chairs, you know, with healthcare, vinyl, or if you have beds that have tears or rips in them, please, please get that fixed. That’s an infection control nightmare. We want to make sure as part of your RFC compliance, that you’re taking care of those things as well, that’s an absolute great resource. We should never, you know, cloth chairs and waiting rooms. How do you clean that? How do you take care of that? If someone unfortunately throws up in a chair, a cloth chair, you have to take that out, you have to clean it, etc. That would be a better use of the funds versus, you know, paving a parking lot, in my opinion. What else you got Sarah? Okay.

Sarah Hohman  1:12:06
Someone says we are not reimbursed for any vaccine administration. Vaccines are definitely part of mitigation. I assume we can include these expenses.

Nathan Baugh  1:12:15
So you. So I would quibble with that, that you’re not reimbursed for vaccine administration. Certainly for Medicare, rural health clinics on the next cost report, the kind folks at CMS added a explicit line on the cost report to talk about your COVID-19 vaccine administration costs. And you will be reimbursed 100% of those costs at lump sum payment,
like we are reimbursed for flu and pneumonia. This is of course, just for your Medicare share of what you’ve done. But you know, I think that I would argue that you are reimbursed for administration of the vaccine plus, this is where testing and mitigation, not for vaccine. So the the 100,000 and the 49,000. Is is not allowed to be vaccine related. It can be testing related and mitigation related, it can’t be vaccine related to provide a relief fund is anything related to COVID. But the unreimbursed concept still applies. And you are reimbursed for the administration of the vaccine. I think in pretty much every case that I can think of if you are 1,000% sure that you are not reimbursed for a particular vaccine administration, you could theoretically take that as an unreimbursed expense on the provider Relief Fund, not the 149 but whatever you got in a provider Relief Fund. But that’s what I would say. It doesn’t generate a claim though, because it’s not an encounter. So that might be where some of the confusion is but you will be reimbursed a lump sum payment at the after you fire Cost Report.

Shannon Chambers  1:14:21
Alright, Sarah, what else you got for us?

Nathan Baugh  1:14:28
Probably a lot of repeat questions. I’ve certainly sometimes it’s hard to read them all and make sure that we’re getting to new topics.

Shannon Chambers  1:14:43
So one of the other comments I saw and we may have lost Sarah on audio. One of the other comments that I saw out here is generators, generators is absolutely a great use because again, making sure that your vaccines are safe. All of that type of stuff and any other injectables that you have generators is absolutely wonderful. So Nathan, I’m a ball Sara jumps back on, I’m gonna throw some questions at you, okay, updated sign in front of our clinics, and we can advertise vaccines and testing.

Nathan Baugh  1:15:22
I think that’s much better for the vaccine confidence grant. If you if you got that. If you’re, if you’re getting like a fancy sign that advertises the fact that you do testing, I could see, you know, partially attributing the cost of that sign to the testing and mitigation buckets. But not fully, because you’re also advertising vaccine, and this can’t be used for vaccine related work.

Shannon Chambers  1:15:53
Right? So percentage of it, I absolutely agree, but not the whole entire thing. And that’s what you have to remember, is it going to pass an audit test? Is it something that you’re going to be able to define and say, This is why we were able to do it. So a lot of the questions that we’re receiving are regarding what’s reasonable for retention bonuses. My question back to you is What have you done in the past? If you’ve done any type of retention bonuses, what have you done in the past? What are you able to easily say that you’ve done or that you’ve shown as part of that? So Nathan, can we pay an employee who is vaccinated when they’re out with COVID? As part of these testing funds? I’m
going to say no, that you actually can talk to someone that does your taxes, all that good fun stuff, is there are some requirements, some things that you can get business tax credit, etc, for that prepaying an employee that's out with COVID. But that is, what are your thoughts on that?

Nathan Baugh  1:17:02
Um, well, I think that that, that I think you could do it. And that's an example where their salary isn't generating any, any visits, and you aren't being reimbursed while they're sick, or they're recovering from the shot. So that might be an area that I'm more interested in using the funding for. Because they're there, it's COVID related in terms of you're protecting your, your environment, your the hygiene of your, your office. And it's it's salary, that isn't generating any reimbursable work. So I actually like it a little bit more, maybe not as much as over the counter tests. But I like that as a use. So that's, that's where I come down.

Shannon Chambers  1:18:00
Yeah. And shout out to Stephanie, the COVID, sick pay tax breaks. And as of September 30. So thank you for giving me that date. I couldn't find it right off. Yeah. So again, there are some things that, you know,

Nathan Baugh  1:18:15
there are other things available explicitly for that. Right.

Shannon Chambers  1:18:19
So one of the other questions is, can you use cost loss on expired tests? Absolutely. I think that's a perfect example of a reasonable I'm thinking Sarah might be back with us. Are you back?

Sarah Hohman  1:18:32
I am, except only I can only see the qa since I've come back. So we'll download all these and I'll be able to see them following but, Shannon, if you can keep helping us out that would be great.

Shannon Chambers  1:18:44
Sure. Our allowable cost only for Rh C's can it be cost in the critical access hospital related to the Rh c? So again, we tried to answer some of these questions before that it's really that RFC service area to try to make sure that you have that information. But I know that's a lot of confusion as part of it.

Nathan Baugh  1:19:05
Yeah, it's a TIN organization. So they're saying its the CAH? Sorry, it's what is it again? Can you repeat it?
Shannon Chambers 1:19:12
Sure. Are these allowable costs for only Rh C's? Or can it be cost in the critical access hospital that is related to the Rh c? So we may need a little bit more information as to what costs she's actually asking about?

Nathan Baugh 1:19:26
Well, I think it's long as the as long as your QA isn't like, you know, super far away from your all your Rh C's, then I think that it would count. So

Shannon Chambers 1:19:41
yep, I think that, I would say yes, but I would love more information. So email us if there's something specific we're not answering. So we haven't looked at home tests. Where do we start looking just Amazon. So for that one is you do want to make sure that that tests is an FDA test cleared test. There are opportunities, whether that's Walmart, CVS, Rite Aid, I'm trying to think of all the eckerd, whatever ones are out there at this point. So you can purchase those, just make sure if you're purchasing, you know, from Amazon, that it's actual an FDA approved home test.

Nathan Baugh 1:20:25
Yeah. I agree. And you kind of purchasing on that as if you were not purchased. I mean, I don't know, if there's like a commercial option, you know, that because your physician or clinician officer, you get to go to like a special link and, and put it in an order. My understanding is that you kind of go like the general public would go to get these tests. I'm not aware of anything that's, you know, kind of special for the providers, but I could just be out of the loop on that.

Shannon Chambers 1:21:05
Okay, and then we have a few questions regarding the PRF webinar. That information will be coming out soon, so stay tuned for that. But I've seen several questions throughout that

Nathan Baugh 1:21:20
we're gonna dive into lost revenue, we're gonna dive into phase four, their p rural distribution, the timeline for that, which is very interesting is the second half of 2020 in the first quarter of 21. So that is the period of time in which you're looking at for unreimbursed expenses and lost revenue for phase four. So we'll dive into that in much greater detail next week. But this concept of unreimbursed expenses does apply to both testing and mitigation and PRF.

Shannon Chambers 1:21:59
Alright, so we have a question. I want to clarify this one. So it says if you're retrofitting projects, maybe for your h bic were not completed before 630. But they were ordered earlier in started, can you accrue the expense that was not completed to 630 2021? So do you want to address that since that's, I think we're missing out a relief if you'll address that one.
Nathan Baugh  1:22:24
Yeah, so 630 is provider Relief Fund, right period, one of the provider Relief Fund, so if we're talking about the testing money, or the set testing and mitigation money, 630 is is you don't need to worry about that. So my first suggestion would be, you know, put it put the cost of the H back on testing, and or testing and mitigation, not on provider Relief Fund. If you've used all your testing, and testing and mitigation, money and provide a refund money is all the money you have left, you know, then I think we can have a conversation. But that's I would probably need more details to figure out like what portion of that you could put on or something.

Shannon Chambers  1:23:13
So we've had a few additional questions regarding other equipment for mitigation. That would be most of those are going to be no again COVID-19 testing and mitigation. Most of those questions I see out here it looks like EKG, it looks like spirometry, it looks like other type of equipment, would ask out, unfortunately,

Nathan Baugh  1:23:40
why? Why are you saying no on those equipment?

Shannon Chambers  1:23:43
Because that equipment is not necessarily mitigation. Right? So those aren't, that's not COVID-19 mitigation.

Nathan Baugh  1:23:52
So you're saying it doesn't pass the first test?

Shannon Chambers  1:23:56

Nathan Baugh  1:24:01
So I'm not a clinician. So sometimes I'm a little stumped by I don't know how that relates to, you know, COVID long haul mitigation efforts, that piece of equipment. So sometimes I have to rely on others for that evaluation.

Shannon Chambers  1:24:20
Now and then it looks like so um, they were asking if the questions and answers will be included on the website for future references. Sara Nathan, if you can take that one.
I don't know. This is we did switch from go to webinar to zoom. So I don't know totally all the features quite yet.
Sarah, do you know

Sarah Hohman 1:24:43
this about aqa? Question? Yeah, yes, so will will download them. Our plan will be to organize them by questions and
and provide more resources on on the most, most asked question. And other things we want to get to in today's
webinar.

Shannon Chambers 1:25:07
All right,

Nathan Baugh 1:25:08
there's a question at the top here from Melissa Shepard, it's get for upload, so I wanted to take a crack at it, then if
other industries received care, Zack dollars with no strings attached, and they do not have to report the use of those
funds. Why in health care? are we dealing with COVID increased expenses due to supply chain changes, staffing
shortages have to deal with all of these changes to us, as well as recruitment? I feel that frustration. Certainly, I can
say that the government has tried to make it as painless as possible. But of course, you always have to have
safeguards. And by General experience, sometimes there are way too many safeguards. And it really hampers the
program, and sometimes there are not as not enough, right. And it's a difficult balance. And certainly folks have tried
to make it very not burdensome for the provider Relief Fund money. You'll note that all this money showed up in your
bank account without you having to do anything. Right. So in that sense, you know, there there haven't been strings
attached. ric COVID reporting comm is certainly we designed it full disclosure to be as easy as possible and I think
largely minus a few login issues we've achieved that not going to comment totally on the other industries that might
have received money through cares act. I'm sure some of them you know have not a lot of strings attached and
others have have lots of strings attached to the other money and care Zack so don't necessarily know how it
compares to other industries or the PPP program, but certainly in healthcare, we tried to strike the balance between
enough guardrails, but not too many.

Shannon Chambers 1:27:11
No, and I think we have to understand that's actually how the legislation was written. So as part of this, I do, we did
receive a comment in the chat that I want to address. Okay. So it says our original payout came and we were told we
didn't need to pay this back. And now one year down the road, we have to do these reports, that's frustration. This is
a requirement it was in the terms and conditions of that payment. If you're talking about the original payment, and
you did not do the reporting, then you would not have received the additional $100,000. Because in order for you to
be in compliance to receive the second payment, you would have had to been doing your monthly reporting on the
website on the Rh c COVID. website. It is merely your monthly number of COVID test and the monthly positive test.
There are some checkboxes for you to answer the questions, it is not a lot of detail compared to what you're going to
have to enter for the provider relief funds. I'll be glad to talk to you individually, if you want to reach out absolutely
takes about 10 minutes if that. And you can offset that time for you putting your information into the Rh d COVID.
website with these funds. So if I make $20 an hour, and it takes me 15 minutes, I could offset that $5 of my time for
putting the information into this website. We never want to make something difficult for any Rural Health Clinic. Our
goal as an association is always to be what's best and be in your corner. So if there are things that you're frustrated
with, trust me, we understand, we want to be here to help you. But our contact information I've already seen my email is blowing up with questions, which is great, I promise I will answer them in the order that it was received. And so reach out to us, you know, this, the RFC COVID reporting website is probably one of the easiest information that you will have to put in, I guarantee you it's probably easier than you putting in all of your vaccine information into one of the systems as well. So I'm gonna jump on to a few more questions, Nathan. Well, I

Nathan Baugh 1:29:26

do want to I mean, we are at an hour and a half. Okay, I you know, I'll just say this is obviously we usually go a little bit longer on the q&a. Seeing that we have enough people here I have no issue going another 10 minutes or so. Obviously, I'm not going to be offended if people have to drop off and this is all recorded. So people can can scroll back and come back but so why don't we do another 10 minutes but then at the end we'll end it.

Shannon Chambers 1:29:56

Absolutely that works for me. Um, so let's see. answer a few more questions here. So what a staff apprec? Nah, I can talk with a staff appreciation meal for retention be an allowable expense. No, you cannot use federal funds to pay for food. So while I would love to do that, to be able to do that, you could do a if you were going to roughly pay for staff appreciation if it costs you $20 or $25. Sure, add that in as a retention payment, but not unfortunately not a meal. Sarah, do you have any more that you see down there?

Sarah Hohman 1:30:51

But if we had to purchase another building, because our current office space did not allow for adding additional space to House staff because of social distancing?

Nathan Baugh 1:31:07

Okay, sorry, I was reading questions. say one more time, sir. Okay.

Shannon Chambers 1:31:15

It was regarding they had to purchase another building.

Nathan Baugh 1:31:19

Building. Okay. Yeah, I don't like that at all. That's not retrofitting. If you're purchasing a mobile unit, that's more justifiable. mobile unit, I would say yes. But a full permanent structure. No. Next question, Sarah.

Sarah Hohman 1:31:46

Sorry, I'm trying to get through all these. We had wanted to buy a robot ultraviolet cleaning device for the Rh C, with a portion of the mitigation funding. We were told that it was equipment that would be allowable on the cost report. It meets mitigation for funding, but our understanding is that because it's depreciated equipment, it is reimbursed
through cost report settlement. How would you interpret such a purchase?

Nathan Baugh  1:32:21
Well, it's Yeah, it's a good point. I mean, this this can this might fall into the camp of are you at the cap already or not. So if purchasing this equipment is not going to lead to a higher all inclusive rate, because you're at your cap already, then it's an unreimbursed expense? I would I would say yes, even though you are putting on your cost report. Now, if you're beneath your clinic specific cap, and you need to purchase the ultraviolet filtration system to get to the cap, then it is reimbursed. So it's it's nuanced. And of course, that's just the Medicare portion, a little piece of every reimbursement you get from commercial payers, you know, you could argue covers certain costs, like rent, utilities, equipment, things like that. So this is a very, I would say, yes, absolutely needs to go on the cost report. Whether you can use the funds these funds for it depends on a lot of different things. It's not my favorite use of the funding. So the question is, are you reimbursed for that? Yes or No, is very difficult. And I understand that, and that's what we were trying to help with today. And and so any sort of reasonable method you can use to show Well, now we argue that we weren't reimbursed for this cost, because and if you have a reasonable method that shows that that's what we're asking for. Right.

Sarah Hohman  1:34:11
Can the time of our people in our finance department to calculate and report the use of these funds? Be allowable expenses?

Shannon Chambers  1:34:22
Absolutely, yes.

Nathan Baugh  1:34:24
Yes. Any other ones that are popping out at you, Sarah?

Sarah Hohman  1:34:40
I'm sorry, lots of more nuanced ones, that we can certainly address in the resources we provide after this, but are a little more challenging to answer here, so if patients are self pay, or those COVID tests and allowable expense,

Nathan Baugh  1:35:15
If there's if they're self pay and don't have the means to pay, so if they're uninsured, and you're not enrolled in the uninsured program that hersa established, then if all of those things are true, and you know that they don't have the means to pay you, then yes, that would be an unreimbursed service. But if you're enrolled in the hersa, uninsured program, or anything like that, or they're just, you know, a wealthy, uninsured patient and has the means to pay you, then you need to seek reimbursement.
Shannon Chambers  1:36:03
So I do see a question out here, sir, I'm going to jump in while you try to find another. So I do see a question out here, have we not been billing our COVID test to insurance? For those COVID test, you would need to build those to an insurance carrier. If you're doing those within your clinic. I understand if you're doing it as part of maybe a vac or excuse me a testing community event or something like that, then I absolutely understand that. But if you're actually within the four walls of your clinic and doing testing a test, then you should be billing insurance for those tests, not utilizing the COVID-19 testing funds. Yeah.

Nathan Baugh  1:36:46
And I see a question here from Diane Davidson. shows in a cost based facility, provider based storage, see almost everything except marketing is on an allowed expense that are submitted in the cost settlement, we're still being told by auditors that if allowed on the cost report is considered an allowable expense, and cannot use cares funding. So I think where she's going with that, is that yes, this is one of our sort of the difficult things about this funding, right, is that most normal activities that we do are reimbursed because they can be allowable expenses on our cost report. Right? And Medicare will adjust our all inclusive rate accordingly. However, right, you have to now factor into account of the fact that every row house clinic is now subject to some sort of upper payment limit. Okay, so no one is completely uncapped anymore. Right. And, two, there are certainly things that you wouldn't put as allowable expenses on the cost report, such as over the counter tests that you purchased and just handed out, right, that it wouldn't be an allowable expense that you would put on the cost report. And certainly your cost based reimbursement is only relative to your Medicare percentage of patients. So your private payers you know, reimburse you more on a fee for service methodology and certainly they're not going to adjust what they reimburse you based on allowable expenses that you accumulate elsewhere. So if you wanted to be super cautious you would only take the non Medicare percent of your your costs and attribute those to the to this because your Medicare costs are eventually reimbursed through through a higher all inclusive rate, but this is where it gets really nuanced. I didn't put a slide in this because I wasn't even sure I could create a slide that nuanced all this stuff about the cap and things like that. So hopefully that's clear. But that's that's the answer I got. Alright, we're we're at 340. And I can sense that we're running out of steam. I appreciate everyone for being have been sorry. Go ahead. Yeah, yeah,

Shannon Chambers  1:39:32
my answer one last one. Well, that was one of the best ones that I just saw out here. And one of another one of our partners actually just caught this at the same time is that we brought on a social worker to help with counseling and COVID issues do the cost of bringing this employee in count even though they directly get paid when they see a patient? Absolutely yes. Because if especially if you're doing some of the That's that one of those long term COVID things. So any salary that's unreimbursed, or any expenses that are unreimbursed? Absolutely, yes. Love that I actually may follow up directly with you to understand one how you were able to bring on someone right now in the middle of a crazy workforce. So shout out to you. But if you have any additional things, of course, please reach out to us. Nathan, Sarah and I are always willing to answer your questions. We appreciate doing, you know, y'all being here. As part of this, we know we still have over 300 of you on the call. So of course, let us know Nathan, I will turn it back over to you.

Nathan Baugh  1:40:43
I'm going to turn it over to Sarah to close it.
Okay, thank you both. Thank you, Shannon, and Nathan, for presenting today. Thank you to all of you for attending. We certainly can empathize that there are a lot of programs, and there are nuances and lots of remaining confusion. But we are here as a resource for you. Like we’ve said several times during this presentation. And we will continue to work through these questions, one on one with you as well as providing resources for you. So thank you for bearing with us throughout these conversations, and we will certainly continue to provide resources for you. thank you as well too for for sponsoring the RFC technical assistance webinar series. If you have ideas for future webinars, and I know that some of those are going to be again related to what allowable expenses are. We welcome those suggestions. Please just email one of us with those suggestions for our certified Rural Health Clinic professionals. The cu code for today is ZZDF you when we scheduled the next webinar, a notice will be sent out via email. As always, thank you again for your participation and all of your questions. And this concludes today’s presentation. Have a great rest of your day.