

Q&A on RHC COVID-19 Testing & Testing and Mitigation Program Webinar Transcript

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SPEAKERS

Shannon Chambers, Sarah Hohman, Nathan Baugh

Sarah Hohman 00:11

Hi everyone thanks for joining us we will get started in just about another minute getting giving everyone an opportunity to get logged on. Okay everyone, thank you for joining us. We will go ahead and get started with today's webinar. I welcome all of you to our webinar on the Archie COVID-19 testing and testing and mitigation programs. My name is Sarah Holman, and I'm the deputy director of government affairs for the National Association of rural health clinics. And joining me today Kate, you can go to the next slide is Nathan, ba Director of Government Relations for narc and Shannon chambers, with both the South Carolina Office of Rural Health and no sore. So thanks for joining us today. This webinar series is sponsored by hearses Federal Office of Rural Health Policy done in conjunction with narc and we're supported by a cooperative agreement, as you saw on the last slide through for and that allows us to bring these webinars to you free of charge. So we're happy you're here today to gain this technical assistance and ask all of your questions on both RH CCT and our HCC TM programs. As always, we encourage you to help us spread the word about these free webinars. By sharing them with your networks, and anyone who may benefit from this information. You can sign up to receive dates and speaker information on the narc website. As with all webinars, we're at the mercy of good bandwidth for all parties. And we all know that kind of connectivity can go up and down. So if you have any audio or visual issues, we ask that you just leave the webinar and rejoin. And if all else fails, as always, this webinar will be posted on our website in the coming days. And Kate provided the slides in the in the chat so you can access those there as well. Like I said, all of our webinars and slides are available on our website. And so we will kick things off. Okay, so can you can just click through there's a few animations here. We briefly wanted to go over a few things, the questions we get most often, and then we will open it up for you to ask your questions as well. So as always, these are the timelines for the programs. Both our hc COVID testing and our hc COVID-19 testing and mitigation funding. The the majority of questions that are receiving right now have to do with the upcoming deadline deadline to spend your RHC testing program funds and that's December 31 of this year, and you will continue reporting on those for another month. And then your reporting requirements if you received the RHC testing and mitigation funding will continue on our at COVID reporting.com as you have been with the testing program funds through January of 2023 as you can spend those testing and mitigation funds through the end of next year. But that upcoming deadline of the end of this year is something to make sure you're on top of. And hopefully, we'll answer any questions you might have as you close out this project period in the next month. Next slide, please keep. Okay, so many of you have have caught the recent changes to RHC COVID reporting.com. And I've talked to many of you about it. These are general categorical questions on the use of funds for testing and mitigation purposes. These

were implemented on the website in October. And they capture quarterly data. But each month when you enter your normal testing volumes data, you can adjust these general categorical questions. So as always, there is no requirement to enter dollar values or specific expenses in the RHC, COVID reporting.com. Portal. Certainly, that needs to be kept for your internal records. But that is not necessary to be reported within the portal. So these changes are minor, but they they help both us and HERSA better capture some of this information on how our agencies have been utilizing this funding. There's also incorporated in these new changes, optional at home test reporting. As we've mentioned, previously, purchasing at home tests, and distributing them within your community is a great use of the funds because you're not otherwise reimbursed for those. And so we just want to kind of have an understanding of if RH C's are spending their funds on that. So you can report numbers of those that you've purchased. If you would like that that piece is optional in the portal as well. And if you have any challenges and walking through these new reporting changes, you can access a quick video that walks you through these changes, under the FAQ is on Archie COVID reporting.com. And you can of course, always reach out to us as well. Next slide, Kate. Okay, so as I mentioned, the project period for the RHC COVID-19 testing funding, that's that just over \$49,000 that are each RHC received in 2020. That funding must be used by December 31 2021. And expenses must be allocated to allowable uses in the project period. So that's January 27 2020, through December 31 2021. Beginning in January, on our hc COVID reporting, comm your arksey or parent organization, whoever is responsible for that reporting, will self certify that the funds have been fully used in the project period, or returned to HHS through the partial or full risk return instructions that we can provide for you. So that's something you will self certify. And again, specific details on this will come in the in the next month. But if you have any other questions about this, you can reach out to us but please be patient as we determine this exact closeout procedure with HERSA. And we'll be certain to communicate that with you as those details are finalized. Next slide, please. Okay, so now, I believe that the q&a is is open for all of you, I ask that you use the q&a option as opposed to sending things through chat so that everyone can access all of your questions and the responses will be housed in one location, you can begin to submit those there. In the meantime, as we're waiting for those questions to come in, we're going to go over a few questions that were pre submitted or things that we commonly get. So Kate, if you can go to the next slide. Okay, Shannon, let's talk about allowable uses for refrigerators, freezers, generators, as well as some of these infection control and mitigation related options listed on the screen here, if you could just explain that a little bit further.

Shannon Chambers 09:21

Absolutely. So some great allowable uses. Here, of course, you're going to see these refrigerators, freezers and generators. These are great uses of your RHC COVID testing and mitigation funds. So the CTM as we're referring again, is COVID testing and mitigation. The thing to remember here is you have until December of next year to use those funds. We have heard that there is a backlog for the generators. So if it's something you're going to be interested in doing, you may want to go ahead and take a look at that. Additionally, there's torn carpet wallpaper if you've got vinyl first furniture or you've got cloth furniture, really, that's an infection control issue, and you can use your mitigation funds to take care of those as well. The other things here that you'd be able to do is maybe the countertop is cracked, where you can't clean the countertop correctly, or you have a bed that has a rip in it. Again, that's an infection control thing. And those can be utilized your RHC COVID testing and mitigation funds.

Sarah Hohman 10:33

Thank you. Nathan, can you re emphasize the program timelines a little bit more?

Nathan Baugh 10:44

Sure. Testing, have to spend it by the end of this year testing and mitigation. And then next year, very simple, right? When can you start it? You have to think, Okay, you have a period of time in which you can incur expenses, right? For testing. It's January, I believe, 27th, when the Ph D started of 2020. For testing and mitigation, I believe they opened it up all the way back to the beginning of the year. But I doubt many of you were spending money on January 1 on COVID related things. But the point is, is that just because you got the money in May of 2020, or in June of 2021 does not mean that you have to identify allowable expenses after you got that money if you were doing things before you got the money. And those things were related to COVID testing, or mitigation, and were unreimbursed. And those are certainly you can use the funds to sort of reimburse yourself, even though you got them after you incur that expense. Hopefully that makes sense. But the end date, obviously for testing is coming up in a month. So we're getting additional questions on that and people really kind of looking back at okay, what is the period of time do I have to show that I've incurred an expense on this program?

Sarah Hohman 12:28

Thank you, Shannon, we had a question about policies and procedures for this program. As a lot of our agencies are working on their policies and procedures for the vaccine confidence grant program, do the RHC COVID testing and testing and mitigation programs require a separate set of policies and procedures?

Shannon Chambers 12:54

No, not for the RHC COVID testing and our hc COVID testing and mitigation. If you did receive the RHC vaccine confidence grant, there is a requirement for policies and procedures, you can go out and look for those 18 requirements that are a part of those policies and procedures. And we hope to have some more information out to you. But for the RHC COVID testing and the RHC COVID testing and mitigation, no policies and procedures. Just keep up with your documentation on how you spent your funds, just like you would do for any other program.

Sarah Hohman 13:33

Next slide please.

Nathan Baugh 13:37

Sir, do Do you want to maybe start tackling some of the live questions and we can come back to some of these pre submitted if they're similar to some of the live ones we get?

Sarah Hohman 13:48

Sure. Yeah, we can. Okay. First question. Are accounting fees for reporting purposes allowed?

Nathan Baugh 14:04

Shannon, do you want to weigh in here? I think you could call this staff training or staff expense. That's my first instinct. So I would say yes.

Shannon Chambers 14:18

Yep. I agree with you, Nathan, is that accounting to use for the actual reporting purposes? You have to remember that actually for doing the reporting as well. It's the time for hits the time for the reporting. You can cover the time of someone entering your data every single month as well.

Sarah Hohman 14:36

Yep. Okay, so one question on the self certification process once the project period for testing ends. So someone asks, Do you only choose the certify option if you have used all of the funds, not part of the funds? Hmm.

Nathan Baugh 14:58

Well, we haven't added this yet. Right. So there will be several options. And we're going to add them in January, if you haven't spent all the funds and you've spent some of the funds, there will be a, an option for you to select. But of course, the key is that you return the remainder that you were unable to allocate, or I'm sorry, incur in the period of support.

Sarah Hohman 15:26

So next question, our facility has newly become an RHC. We are not currently COVID testing, I feel we should start rapid testing any thoughts?

Shannon Chambers 15:39

I'll take that one. So one, if you are a new rural health clinic, did you actually receive this funding, if not, at the end of the presentation, our email addresses will be out here. So we want to make sure that you email us directly. So we can make sure that you're on the list. If you're not currently doing COVID testing there, you know, but you have a partner organization that is and you have that process worked out, you can use those funds as well. But I would highly encourage you to reach out to one of us to verify that you've received the funds. And if you're not on there that we can work to get you incorporated in, of course, depending on the availability of funds and data verification.

Nathan Baugh 16:26

Yeah, I would just say, you know, as some people have opted to return the money, it's allowed HERSA to pay some RH C's that are newly certified the money, it's not a guarantee, and but potentially you could get, you know, pulled into that process. Obviously, we would love to see you start testing. Of course, we think that testing is a key part of defeating the pandemic. So even if you don't get the funds, I feel like you should start by testing.

Sarah Hohman 17:05

Next question, who can I contact to get help setting up the bank information on their HERSA? website? I've tried two separate types and been rejected.

Shannon Chambers 17:18

This assuming, go ahead. Sorry, as I say, I'm assuming this is the Payment Management System, PMS system as part of the vaccine confidence grant. So you're going to have to contact the PMs system directly. To get some assistance there. HERSA doesn't even have access to help you with that PMS system. Yeah. That's where I would get with that

Nathan Baugh 17:43

one. Yeah, I will be I'll be honest with you, Christina, we don't have a ton of great insight into that process. Because we didn't, we created it COVID reporting calm. But, you know, the PMs system is something that we don't have like the backend insight into. So hopefully, they're able to help you. But I know it has been difficult for some people to get set up. Also, for it, if you guys, Shannon and Sarah, you guys are good with this. We can have people that are brave and would like to verbally ask their question, raise their hand. And we can actually allow you to talk and ask a question verbally. And then we can maybe even have a dialogue. So if folks want to prefer to ask the question, or open up a topic of discussion that way that that is an option just hit that raise hand. But

Sarah Hohman 18:49

the next question, we own three provider based RH C's that share 110 with our critical access hospital, can we reallocate the RHC testing funds to our critical access hospital due to the shared 10?

Shannon Chambers 19:04

i Hey, check out that second one that's on your screen here. Our HC service area using our HC funds that a parent hospital the 10 entity has discretion over the allocation among each of those rural health clinics. Funding is actually intended to serve the rural health clinics and their service areas. While service area is intentionally vague, please be reasonable in the use of your funds. Is that if again service area and that 10 parent organization is 100 miles away then is it really serving your service area? So that was a perfect timing for the one that was up on the screen sir.

Sarah Hohman 19:44

Next question, can refrigerators be purchased for testing supplies and used toward alrighty testing funding, not just testing and mitigation funding?

Nathan Baugh 19:58

Shannon What are you I think we did we say yes. I feel like we've answered this before, but I'm forgetting how are we testing?

Shannon Chambers 20:08

Yes, testing as well was for that because of being able to provide the service. Yes. Okay. Okay,

Sarah Hohman 20:22

it looks like we have a brave person in the chat who would like to talk. So, Christopher, I will allow you to unmute yourself and ask your question.

Caller 20:36

Alright, can you hear me?

Nathan Baugh 20:37

Yes. All right.

Caller 20:39

So it may just be me. But we're a provider based Rural Health Care Clinic. And so one of the things I am getting confused on is the RFC COVID, testing funds, and then the R HC testing and mitigation. So they seem very similar. But when I reported through HERSA, our patient relief funds or all the Cares Act funds that we've actually received and actually spent, that was part of that is literally rec COVID-19 testing funds received, I actually have to report on that then. So is this two separate reporting portals that I would need to go back? Okay,

Nathan Baugh 21:24

there's two separate reporting portals. But when you did that PRF reporting, I believe, what all you had to do was check a box indicating that you are reporting in fact on RHC COVID reporting comm. So like you didn't, so that's, that's.

Caller 21:43

So it was actually in my so like, on screen for I have a print out and then you actually had to list. So RSE COVID test and it automatically populated the the amount that we actually got in total. And then I was able to go in and put like the SBA, like the local state, other other funds, you know, per breaking broken down by quarter, and then it actually totaled it at the end.

Nathan Baugh 22:12

Okay, so you're saying that, Sara, go ahead?

Sarah Hohman 22:15

Sure. So, yes, in the PRF Reporting Portal, it does pre populate these RHC COVID testing funds that you've received, those aren't calculated into your overall kind of what you have to show expenses for, but they're as part of the other assistance that you've received, within that time period that you were reporting your PRF funds on. So it identifies it there as funding that you received, but you're not really reporting on it there. The reporting requirements for that testing program, and also the testing and Mitigation Program is through our hc COVID reporting comm. So where you've previously reported your monthly testing volumes and positive tests, and then you also have these categorical questions, that's your reporting requirement for the program. So yes, it shows up in that PRF portal. But that's not you reporting on that. It's just identifying that you received it sounds awesome.

Caller 23:16

It definitely cleared it up for me, because I actually was thinking, hey, I'm done with it, you know, because it was under this one. And then my next question was, how do you determine, you know, the RC testing and artists or AC T or MC testing and mitigation? Is there a website that I can actually go out and see what amount I actually have a need to report on? Just to keep it clear and clean for myself?

Sarah Hohman 23:46

So the RHC COVID, testing funding is \$49,461.42 per RHC. And then the testing and mitigation funding is \$100,000 per RHC. So those are flat amounts. Not not variable, like a lot of the PRF payments. Does that help? Yeah, yes. Yes. Thank you. Yep, absolutely.

Nathan Baugh 24:18

Yeah. And there's some databases on some of the other provider relief fund payments where it indicates specifically how much every single 10 got there's that there's kind of that for us, but it's it's I think it's easier to just look for that specific dollar amount and you should know how many RH C's you have. And you can do the multiplication and that that's really Yeah, all right. Yeah. I also so I put the attendee can chat with no one has an option, I guess that we can select now. So apologies if you're trying to do stuff In the chat, but it gets really just distracting to have a chat. And we're really encouraging folks to use the q&a button. So I'm not trying to, you know, be mean or anything, but please just do use the q&a instead of the chat. So that's why I did that. Alright, let's keep moving.

Sarah Hohman 25:20

Sure, I just want to make a quick clarification based on some of the things in the chat. For the \$49,000 amount, again, your reporting requirement is on our hc COVID, reporting.com, once a month, and you will fulfill your reporting requirements for that program, when you report on your December 2021 testing volumes in January of 2022. So that's that for the 49,000 per RHC. But if you received and kept the \$100,000 amount per RHC, then your reporting requirements for that program will just continue on RHC, COVID, reporting.com, again, once a month, and you'll fulfill your request your reporting requirement for that program by reporting through December 2022. So hopefully, that helps to clarify some of the extra back and forth in the chat. Yes. Okay. Um, someone in the in the chat, or in the q&a box asks, If anyone has any luck in finding vendors selling at home test kits. So if anyone has had luck with this, or Shannon, if you've heard anything, and would like to raise their hand and unmute and share any of that, we can start a dialogue there. I don't have any specific insight on at home test kits. But if anybody in the audience, Steve

Nathan Baugh 26:57

Haines might want to weigh in Sure.

Caller 27:03

We've actually our procurement office has actually gone through amazon.com for some.

Nathan Baugh 27:11

Okay. We do need to be careful not to like promote a brand here, but it's good to know that, you know, they're, you're able to get some stuff online.

Shannon Chambers 27:24

Yeah, I would remind them also that you want to, you can check with some of the pharmacy locations as well. So some of those CVs, Rite Aid, Eckerd, Walgreens, all across the country that you can actually order some off of their websites as well. So just make sure that the product that you're actually buying is an FDA approved test kit.

Nathan Baugh 27:51

Yeah, yeah. Perfect. All right, why don't we tackle maybe one more or two? Let's do two q&a, and then we'll go back to voice.

Sarah Hohman 28:06

Sure. Next question, what level of detail is required for reporting on testing funds? Is it as much as the Cares Act reporting?

Nathan Baugh 28:15

What Gianna, I hope you've I don't know if you've done it yourself, or someone on your staff has gone through RHC COVID, reporting calm, but that is the level of detail. So it's, you know, it's a pretty simple profile. And then there's two, what we call purposes questions. But it basically you just checked the categories of expenditure that you use the funds on an optional page to report the number of over the counter tests. And then the final page is tests by month and positives by month. So that is the full level of detail that we're going to be asking for on rec COVID reporting. com. So take a look at it, or maybe someone on your staff is already familiar with it. They can show to show you what what we're asking for they're

Sarah Hohman 29:07

great. Next question. Would referral bonuses to our existing staff be eligible under the workforce retention to use of funds?

Shannon Chambers 29:16

So what's great is the payroll expenses Workforce Recruitment and Retention question that was one of the pre submitted questions is also up on your screen. So you'll see here retention payments, hiring bonuses, housing and childcare cost. And then so the thing to remember here is what is reasonable and these are other costs not otherwise reimbursed by another payer source. Nathan, you want to weigh in here?

Nathan Baugh 29:41

I'm sorry, what I what was the original? I kind of want to look at the original question.

Shannon Chambers 29:50

It was bonuses. Your existing invoice.

Nathan Baugh 29:57

Yes, bonuses for existing referral bonuses. Yeah, I mean, I would just categorize that as, as a type of workforce retention payment. It's, you know, a creative type of workforce retention payment. But But yeah, we call that workforce retention. And it's a, it's a good use of the funds. Because generally, you're not reimbursed for that by Medicare or any other payer, because you gave out workforce retention payments. The one nuance to that, and perhaps we can get to this slide now. K, if you scroll to the end, I do where there is a slide on that. There is one nuance and that is if you're an RHC, that has a cost per visit, that's well below your clinic's specific cap. And then, Kate, if you could move the slides forward, just all the way to the end. I don't know which exact slide. I'll tell you when I see it. Yeah. Keep going.

Sorry, guys, we put we put some of these slides together, just sort of as reference slides. By the animations here. One more. One more. Okay, here it is. So, retention payments, generally great use of money, particularly if you're at the cap, then basically, any increase in your costs is not going to increase any reimbursement. So if that is your situation, like your cost per visit is well above your cap, then take 100% of the retention payments. And, you know, put those allocate or incur those visa V or your testing fund. Okay? The only situation where that's not you can't do that is if you have cost per visit that are well below your cap. And if you're in that situation, what you can do is you can take your non Medicare ratio of patients and apply that to the retention payments. So if you have 30%, Medicare, then you could take 70% of the retention payment towards the fund. Hopefully that makes sense. Most people not are not going to have to do that, because you're at your cap. But retention payments is something that we've been encouraging for sure. Particularly with these mant the vaccine mandates, we know that some people are debating leaving the healthcare workforce. So, you know, putting making it known that there's a retention payment coming in January, for everyone who's still with us is going to potentially, you know, help help help you address some of those workforce shortage issues. So alright, I'm done there.

Sarah Hohman 33:18

Awesome. So I think we can take some live callers. So Neil, if you would like to speak first.

Nathan Baugh 33:33

Neil Christie.

Caller 2 33:35

Okay. So I was gonna help you guys with that at home testing. I do have a okay. For the I wanted to go back to that. And then I want to go back to I actually have two things. One, I'm going to help and one I'm going to ask. Okay, on the testing, his name is Chris Heaton HEDU M. And his email is Chris dot, Haytham at B as in boy, te te n as a Nancy usa.com. And his phone number is 916-690-1570. He's been a huge help, like whenever we're short or we can't get them from you know, our normal vendor. He has a mass collection that we can pull from so

Nathan Baugh 34:28

Hey, Chrissy, I I feel like I while I totally get where you're coming from here. I'm just gonna ask folks. I don't know if we're allowed to like promote a specific person or company like that. So I'm just gonna ask that people don't I know we asked. We asked the crowd if people have any ideas. Clearly there are people out there that can help you get over the counter tests and that's great. But tech Luckily, we're not really supposed to use this forum for that.

Caller 2 35:05

Gotcha. Okay, well,

Nathan Baugh 35:06

I was sorry. No, it's okay. No big deal. I forgive you. I'll take the blame. That's no, it's

Caller 2 35:13

totally okay. And what's your question? retention bonuses. So when I'm coding that, because I do code out like the payments that we pay excetera. So do can I call that is hazard bonus pay? Is that going to? So Can that be retention bonuses, it has to specifically say that when I'm running my reports, or for my documentation, your

Shannon Chambers 35:34

it's your documentation, it's whatever, you know, whatever you're gonna

Caller 2 35:39

put, you know, just because you don't call it has your bonus pay, it may be called retention bonus, it doesn't matter what I call it

Shannon Chambers 35:46

doesn't matter what you call it, as long as it's appropriately accounted for within your COVID testing, mitigation funds. Not original COVID testing COVID. Testing mitigation.

Caller 2 35:57

Got it. Thank you.

Nathan Baugh 35:58

Well, I just on that show, I think you could use testing for retention payments of 49. Do you disagree?

Shannon Chambers 36:11

Say that one more time.

Nathan Baugh 36:12

So you can you use the 49,000 that's due at the end of this year? Can you use that for retention payments,

Shannon Chambers 36:19

I always refer to it being as the mitigation piece. Because workforce is mitigation. But I want to disagree with you, like we like

Nathan Baugh 36:33

to do Shannon, I do this occasionally. Some of you probably already know that. I would call it a testing related expense, because you need to work for us to do tests. So if you're this is all in the under the broad category of maintaining and securing an adequate workforce and that order to do COVID testing.

Shannon Chambers 36:53

And Nathan, you are right, actually. So I'm gonna I

Nathan Baugh 36:59

know this is like I get one out of every four. Shannon's normally Beats me. Alright, let's do one more online, then we'll go back to the text. And by the way, we'll probably go about until 315. or So, as long as the questions are continuing to come in

Shannon Chambers 37:23

the nighttime, can I ask one quick question real quick before we jump back? There's a lot of questions that came through the chat prior

Nathan Baugh 37:33

to shutting it off. Sorry, everyone, yes, no,

Shannon Chambers 37:36

that's fine. I just want to answer some of these real quick because I think that it'll be pretty simple. You do need to remember that the funds have to be incurred prior to December 31 of 2021. So for example, if I'm hiring, if I'm going to go out and buy a bunch of at home test kits, but I'm not actually going to expend those funds until January of 2022. You'd actually have to do that in December. So try to remember that December date is that doesn't mean that if I order them and pay for them on December 25, which hopefully you're not doing on Christmas Day. But if you do that, and then they actually don't arrive until January 8, that's fine. But it's the actual funds date of December 31 2021. So I've saw that a few times throughout. So I wanted to go ahead and address that.

Nathan Baugh 38:33

Yeah. In other words, budgeting for something this year doesn't count as spending it.

Shannon Chambers 38:42

Yep. Perfect. Thank you. Sorry to interrupt.

Nathan Baugh 38:45

Nope, that's it. Any other questions in the chat that you want to address, Shannon? Or is that it?

Shannon Chambers 38:53

I tried to message some people back is that there was some clarifications about I thought all we had to do was report? Yes, that is correct. You do need to report your monthly numbers, you need to do need to report your total positives, you are going to be asked the questions of how you spent your RHC COVID. Testing mitigation funds. These are all requirements of you participating in receiving these funds. So if there's something you don't agree with, and that you feel like you shouldn't have to report, reach out to us, we'll be glad to walk you through the terms and conditions of where it says you have to do that. But and the one last clarification is for the rural health clinic COVID testing funds. We know that deadline is December 31 of 2021. What that actually means is that you will put in your December numbers sometime in January before the end of January of 2022. So that seems to cause a little bit of confusion. You'd have to have your full numbers for December and then enter those in January of 2022. Yeah, back to you, Sarah.

Sarah Hohman 40:04

Awesome. Judy, you should be able to unmute now and ask your question.

Caller 3 40:10

I was just going to comment on the home kit. I received an email from Dr. J. s this morning, but they have some they need to describe it.

Nathan Baugh 40:24

Okay, let's not i I'm not sure who DHHS maybe is the government but I just want I get a little antsy about promoting does. I think they said that we can use the forum for that. So why don't we push those kinds of suggestions to the forum? Let's do that. Okay. Thank you. Thank you for raising that though.

Sarah Hohman 40:55

Okay, Samantha, if you want to ask your question.

Caller 4 40:59

Hi, I didn't see this in the q&a. So hopefully, we can take care of two things at once here. Okay. We're using the funds as a retention bonus you address on the previous slide that the and in the comments that the 10 has the prerogative to spend it however it likes across the service area, right. However, does the critical access hospital or parent organization have the ability to spend that with retention bonuses for any type of employee, for example, our friends in finance, we help support testing and mitigation reporting, but we don't directly do the testing. Or housekeeping in the hospital, etc.

Nathan Baugh 41:45

Yeah, it's it's about maintaining overall workforce across the entire 10. Okay, so the answer is yes, you can spend that it can go to you know, every person is contributing to the team effort, some more directly than others indirectly, but it's all a part of having to people you need to do what you do. Right. So yes.

Caller 4 42:09

Excellent, thank you.

Sarah Hohman 42:13

Okay, and we'll go back to the ones in the q&a box. But again, if you have questions that you would like to ask live, please just raise your hand and will allow you to unmute yourself. Okay, next question. I understand that vaccine administration is not allowed, but as vaccination is a mitigation strategy, what related expenses are allowed?

Nathan Baugh 42:40

So there's a whole web website dedicated to talking about mitigation, mitigation related expenses on hearses page that I would I always refer folks to I understand, you know, the, the thrust, I think of this question, which is, you know, vaccination is the most obvious sort of mitigation strategy, yet, it's not allowed, but just understand that the way this money came through Congress, and and, you know, through the process, the it was not allowed to be used for vaccination. So that was a distinction not made by us, or even the folks at HERSA, it just kind of is a string that was attached to this money. Now,

with regards to mitigation strategies. There's a whole host of ideas, many of which were we've been talking about today. So, retention payments, obviously, is one that I would put up there, over the counter tests is the other one that we're putting out. Testing in general is a mitigation strategy. But then also anything that improves the hygiene, and literally mitigate mitigates the spread of the disease at your facility, is mitigation, even digital technologies, which is something that was not really a part of the testing fund, but is a part of the testing and Mitigation Program. Digital Technologies is an allowable expense, and that can help you do telehealth visits and mitigate the risk of spreading COVID to that patient because they can take that visit from home. So those are some ideas I mean, the Shannon just posted in the in the forum, the go to page on allowable expenses, and so I would refer you there as well. Hopefully that was helpful Sharon. Okay, let's go next one.

Sarah Hohman 44:52

We have been told that engineers can not be out by the end of the year to be able to purchase a generator so we can can we Hold on to the money and have it completed after the first of the year. I think Shannon talked about this based on questions in the chat. But if we can just reiterate this,

Nathan Baugh 45:07

Shannon, or I'll take for it. Yeah. So

Shannon Chambers 45:11

the generator, you can actually use your COVID testing mitigation funds, that would not be December of next year. So December of 2022, for those funds, so I'm not sure if you were going to use it for your COVID testing. I probably need just a little more information, Melinda to help with that. But feel free to email me. If I didn't answer your question completely.

Nathan Baugh 45:40

Yeah. I think if you you can't purchase something that you know, is gonna take like three years to show up. Right. But if you purchase something, and because it is a backlog of, you know, or there's a shortage of people that can install it, XY and Z, you you, you can incur that expense prior to the end of the year. And even though the the work isn't completed, if you've paid the contract, before the end of the year, you're okay, but you can't. Yeah, you can't just, you know, purchase something, knowing that it's gonna, like, get here like three years from now. And though a way to think about is the money kind of has to go out of your account by the end of the year, so. Yeah. All right, next question.

Sarah Hohman 46:40

Okay, for the allowable use questions, are those allowable for the first round testing, or only the second round testing and medication? Tim asks that we please differentiate where applicable.

Nathan Baugh 46:52

Um, it's, it's kind of like a square and a rectangle, right. Testing is a square and testing and mitigation is or a rectangle. So anything you can use testing and mitigation on, you can also use on testing. Okay, there are some things for testing and the 49,000 that you can't use for for because it's it was sort of added on as part of mitigation. So the 49,000 has a little bit more strings attached to it, then the testing and mitigation, the mitigation gives you more ways to spend the money. So hopefully, that's clear.

Many of the things like a square and a rectangle are you can use it in either the 49 or the 100. So I think, an example, again, that I would give for mitigation, the diff, one of the differences is that mitigation funding would probably be the only bucket that would allow you to pay for digital technologies. Because you could purchase a digital technology that has nothing to do with COVID testing. Right? You're doing virtual visits, you're mitigating the spread of COVID by keeping your patients at home, but you're not really doing COVID testing. So that would be an example. But most things are in my view crossover chanin. Can you think of any other ones that you can only use on mitigation?

Shannon Chambers 48:26

Oh, I will have to think about that and get back with you. Yeah, your example was was dead on though. So anything under testing and testing, related expenses are both COVID testing funds and COVID testing mitigation funds. They're allowable. So I liked your square fits in a rectangle theory there.

Nathan Baugh 48:49

Yeah, I guess you could also say like maybe facts like that you can't use the money for vaccine administration. But the anything that sets up a vaccination effort, like would would be allowable under mitigation. So any, anything that you're purchasing that might help you set up a space, or an area to do vaccination is considered mitigation. So that's a little tricky, because you can't count the shot and arm action of the administration against the mitigation but you can count the setup, if you will, and you couldn't use the testing money on something like that. Okay, next one.

Sarah Hohman 49:44

A previous webinar slide had mentioned to assist with employee daycare, as a private office and in house daycare. Can these funds be used to help assist with a few weeks of daycare costs?

Nathan Baugh 49:57

Yes, it's one of the elicited expenses on the link to Shannon provided it's part of workforce. So yes. Agree. Okay, next one.

Sarah Hohman 50:14

When calculating the unreimbursed cost of COVID testing, are we expected to calculate this amount in the aggregate for all payers or on a per test basis? In other words, if one payer reimburses more than the actual cost, are we expected to use that profit margin to subsidize the unreimbursed cost of another payer that doesn't reimburse enough to cover the cost of a test?

Nathan Baugh 50:37

Yeah. Really, really great question, Paul. The answer is that you can use any reasonable method. I think that looking at it in the aggregate makes a lot of sense. Particularly if you know, you're still going to show a loss. If some payers are really bad reimburses, or don't pay a lot for a test and you want to use the per test method. I would call that a reasonable methodology. But yeah, it's not entirely clear if one is superior to the other, or if one is allowed, and the other isn't, but it's a really good question. Shannon, do you want to weigh in on this? Or Sarah?

Shannon Chambers 51:30

Well, actually, I I agree with with what you just said.

Nathan Baugh 51:34

Okay. Yeah, it's a great question, Paul. And I think, both sounds like reasonable methods of calculating unreimbursed cost. So I would say whichever one makes more sensitive for you. Go for that.

Sarah Hohman 51:55

Next question, if insurance companies refuse to pay for the G two, zero to three swabbing charge, and or the rapid test code 87635, can we use last staff time and providing the service as an expense 87635 is probably not available since the actual test costs, test kit costs are on our list already. But the G 02 G two, zero to three is very expensive and frustrating.

Nathan Baugh 52:26

So I Hi, Deb. And I, I think the the codes get me a little twisted, because I don't I'm not super familiar with the codes. Um, so in general, though, if an insurance company refuses to pay for the test, I would call that an unreimbursed. expense. And it's certainly related to COVID testing, it is a COVID test. Right? So it kind of follows intellectually into the same bucket as an over the counter test. Does. You did you did a service, you did a test, you weren't reimbursed for that. That's a testing related expense that is unreimbursed. So from that perspective, I think it's pretty clear cut. Now, whether or not insurers should be reimbursing you for these codes and or not, is kind of a different question. I think the bottom line is if you're trying to get reimbursement and they're rejecting it, for whatever reason, then it's clearly a testing related expenses, otherwise not reimbursed, therefore, you're golden in terms of, you know, counting that cost towards the testing pond.

Sarah Hohman 53:45

Okay, um another question on service areas. Our system has multiple RH C's under local hospitals 10. However, their service area is therefore technically over region of Michigan but at the hospital RHC level and up overlapping? Is it okay for us to use the system's service area?

Shannon Chambers 54:12

The goal, the goal, the goal of the program was the RHC service area. While there is some room for flexibility there. I would ask you, if you were audited, are you going to be able to sustain that and show that you used it for the RHC service area or the hospital service area? Additional thoughts, Nathan?

Nathan Baugh 54:36

There's no there is no formal definition of an RHC service area. So we're just asking folks to sort of use their best judgment. So certainly the entire state of Michigan, I wouldn't spend your RHC testing dollars in Detroit, or ann arbor or Grand Rapids but You know, the intent of this is to help rural patients. But there's no hard and fast definition of what constitutes the rec service area.

Sarah Hohman 55:18

A few questions on taxes. If someone asks, Will we will be taxed on the \$49,000? Testing COVID testing program in 2022? Can taxes be used as an expense? And how is this reported?

Nathan Baugh 55:35

Well, you by the time you're paying your your taxes, it's past a period of like, that's beyond 1231 2022. So So you couldn't use the 49, to pay the tax on the 49. You could use a piece of the 100 to pay a tax on the 49. So taxes are allowable expenses. And that's from the provider Relief Fund. Policies. That's what this is one area where we follow the provider relief fund guidelines. But just in your specific example, the answer would be no. Because in 2022, that's too late to spend the 49,000.

Shannon Chambers 56:23

Additionally, they really are going to want to ask those type of tax questions, we are not the IRS. So those are questions that you're going to want to talk to your accountant, the IRS additionally about the taxes and how to use the funds for those as well.

Nathan Baugh 56:43

Yeah, and this is, again, like I said, this is one area where the if you're looking through the testing, program, and testing and Mitigation Program, documents and guidance online, it does refer to the provider relief fund documents and FAQs on this specific issue on taxes. So this is where this is one area where we sort of share rules with the provider Relief Fund. All right, next question. And again, we're gonna go about 15 more minutes, who's still got almost 300 people. So hopefully, you guys are finding this helpful. And we're trying to knock as many of these questions out.

Sarah Hohman 57:27

Can the funds be used for payroll and other employee benefits, including retirement contributions?

Shannon Chambers 57:37

Its workforce, so I would not be comfortable with the retirement contributions, as again, it's to maintain adequate workforce. So, um, I don't know, if you're asking payroll taxes here. Either, I'd probably need just a tad bit more information. It's more of the hiring bonuses and retention payments, than paying payroll taxes and other employee health, like their health insurance or retirement contributions. So that's Nathan, additional thoughts.

Nathan Baugh 58:18

So little dice here. I mean, you could maybe intellectually argue that offering an attractive 401k contribution sort of thing allows you to maintain that workforce necessary to do mitigation and testing. But I certainly like retention payments better, but I think maybe you could argue that it's part of maintaining a workforce. So it's kind of some of these questions like, we're gonna give you our opinions. And it's, it's up to you. Right? So like, we you do the best you can, but like, at the end of the day, we can't give you a black and white upper down answer on everything. You're going to have to decide, okay, I believe that I can justify this according to the policies, as I understand them. And so, yeah, I would just, if you're going to argue that that's mitigation, that that's something or workforce retention, then that's, you know, that's something that you have the right to do.

Sarah Hohman 59:36

Okay, next question. Our accounting is accrual based, we have purchased test kits but not paid the invoice yet. Do we need to make the payment by 12/31/21 to use for RHC COVID. Testing funding?

Shannon Chambers 59:53

Yes, for the RHC it has to that payment needs to come out of your account was one of the great ways that I think Nathan Where did it it needs to come out of your account by December 31 of 2021. To use up those funds for your COVID testing funds.

Nathan Baugh 1:00:11

Yeah. And those were over the counter.

Shannon Chambers 1:00:17

Yeah, that was a question for over the

Nathan Baugh 1:00:19

counter. Yeah. Over the counter. Okay. Yeah. Again, the over counter is key because you with when you get those over the counter tests, you're not, you know, having your nurses do those, right, you are, what we're talking about is getting those over the counter tests and giving them away. Right, so that there's absolutely no reimbursement ever that you receive, like you purchase them as an expense. And they are giveaways, you're handing them to your patients as they walk out the door for any visit. Or you're donating them to a school or a business in your community. So yeah.

Sarah Hohman 1:01:00

Shannon, do you want to answer the next question on the application funds?

Shannon Chambers 1:01:04

Absolutely. So one of the questions is can mitigation funds be used for solar panel install for the clinic? Unfortunately, no, I am not sure how installing a solar panel works for mitigation. So we definitely want to tie that back into infection control. I'd highly encourage you in the link that I provided in the chat for the allowable expenses, there is a infection control document that you can utilize. It does talk about replacing carpet, it does talk about fixing beds, cloth chairs, etc. But the solar panel install would be a no.

Sarah Hohman 1:01:49

Any advice for Medicare cost based considerations for retention bonuses at the critical access hospital? You've addressed them at the RHC with the cap, but should we also consider our Medicare contribution against the payments to critical access hospital employees?

Nathan Baugh 1:02:07

Let me take this one. Cake. Can you go back a few slides? I think it had a bunch of animations. Right here. So this is the this is the concept or the philosophy that you got to ask yourself, right. I do not know. Ca reimbursement very well. So as in, particularly as it relates to how much I know, RHC reimbursement. So I don't know all the implications of you know, giving a retention bonus to your car employees. What does that do to your car reimbursement? I don't have a good grip on that. But what

this is the question you ask yourself, right? Am I otherwise reimbursed for this expense at some point? Right? Does the retention payment lead to more critical access hospital payment? That? And if it does, then, you know, but potentially, you would only want to take the non Medicare share of the cost. But again, I don't know all the implications of of call cost based reimbursement. So in that, Shannon, I don't know if you're tapped in on the cost side of things. But you have to basically ask yourself this question, am I otherwise reimbursed for this expense down the line? So run the track with the car people and see what they say?

Shannon Chambers 1:03:46

Yeah, that's what I was gonna say is the with them being 101% of the cost, etc, for critical access hospitals, I would highly encourage you to talk to your finance folks that do your cost report to see how that would impact you. Because there's nothing worse than sending out a bunch of payments that you then realized drop your critical access hospital rate. And so, but that is a very great question, Samantha, thank you for bringing that up, as we tend to always focus on the rural health clinics, because again, these funds for the RHC COVID testing and COVID testing mitigation. But that is a really great point. I actually really appreciate you bringing that up.

Nathan Baugh 1:04:26

Yeah. And it's valid because even though where it's the RHC people here, right? We just explained that the 10 can opt to spend this money across the entire organization. So if you're spending it on retention payments for staff that is clearly works at the car, we've just told you that's an allowable expense, but unfortunately, we're not super experts on the cost side of cost based reimbursement. So I would just try to look through it with a very careful eye is are you otherwise generating additional reimbursement for your call by giving out those retention payment. If it is, then you can potentially account for that by only taking the non Medicare share.

Caller 5 1:05:13

Thank you. And if it helps, you are saying everything in line with what our consultants are saying as well. So

Nathan Baugh 1:05:18

okay, great work. It must be good consultants. Excellent. Thank you. Thank you, Samantha. And please, if we still I love the voice. I love to hear people. So please raise your hand if you have a question. But we're going to keep on through the the chat box here are the q&a box.

Sarah Hohman 1:05:41

In regards to telehealth visits, you say that this is helping with mitigation. However, I was told we can't apply telehealth visits that are not covered by insurance unless it is COVID. related. Why would I tell health visit that is not COVID related be considered a mitigation use?

Nathan Baugh 1:05:59

Because you're preventing them from being exposed to COVID. Right. So I mean, early on in the pandemic, the reason telehealth got such a big boost in terms of all the policies, right? It's because people were afraid to come to the clinics in the hospitals. And they but they could take, they could see

their doctor and they could get health care from home. Right. So you know, if you have an immunocompromised person who's nervous about coming in, and doesn't want to risk exposure to COVID, then, you know, a telehealth visit would count even if that telehealth visit is about something not non COVID related.

Shannon Chambers 1:06:46

So one of the other cool things about the digital technologies here is kind of some of the questions that I see tied back to if you go to the link that I provided in the chat, it's also strengthening the core capacity to support your response to COVID. So how Nathan said, Hey, you're not bringing that patient in that could possibly get exposed if they're compromised, but it's also population surveillance. What about if you needed to do contact tracing, you could utilize the funds to help with so if I come in, and I tell you that I work at the jail, and I test positive for COVID, then you could also do contact tracing within my employer to kind of help and say, Hey, okay, well, you know, again, please maintain your HIPAA requirements and laws and all those good fun stuff. But contact tracing is another great digital technologies is one of those great uses of resources there.

Sarah Hohman 1:07:51

Shannon, you might want to take this one because it's about combining the various programs. The question asks, so we could leverage the testing and mitigation along with the confidence grant to purchase a van to do testing vaccination and education, correct?

Shannon Chambers 1:08:09

Yes, so we love that you're able to utilize some of the programs together. It is always a great way to share the money and to be able to do more for doing COVID testing or mitigation or vaccine confidence. So the way that you're describing this is using testing and mitigation along with confidence to purchase a van and unit to do testing, vaccination and education. So the key word here that I would have you avoid is that vaccination word, right? So we remember that the COVID testing is testing related here within your COVID testing and testing and mitigation funds. The education is vaccine confidence, and hesitancy of let's talk about why the vaccine is important, why it's safe, all those type of things, just not the shot in the arm. So remember the vaccine. So hopefully, you can use some of your own funds to cover the vaccine type costs there. Because if you remember vaccines are reimbursed on the cost report. So you are getting reimbursed for that vaccine part. But Kimberly, absolutely wonderful question. I love to see these examples. If you have a great way that you're doing this, please share it with me. I would love to highlight that I love when we see these opportunities.

Nathan Baugh 1:09:34

Yeah, I would say just also on this. It is it's easier to use the testing and mitigation to purchase the van full stop. You can use vaccine confidence grant dollars to purchase a vehicle 100% You can do that. But there's additional things that come with that terms of using the brand had to purchase what the government would consider equipment. And there's sort of additional reporting and certain such that comes with that. So I would advise you to make life easier if you really want to use the funding to purchase a van. And you can use the VAX confidence on another initiative and use your mitigation 100% of mitigation on the van.

Shannon Chambers 1:10:30

Yeah. And hopefully you're able to find a van with the backlog of vehicles for now.

Sarah Hohman 1:10:41

Next question, we purchased a small outside building for storage of supplies. Can we use this for medical mitigation funding?

Shannon Chambers 1:10:56

Nice, I'm gonna let you go first on this one.

Nathan Baugh 1:10:59

Okay, so they they want to purchase a small outside building for storage of supplies. Um, I would say that the reason I'm hesitant is that permanent structures causes issues, temporary structures for storage would be allowable. But I believe construction, permanent construction is is not something that you're allowed to use the funding for. You can do retrofitting and you can purchase like temporary facilities. So that's, I guess I might need to learn more. Joe.

Shannon Chambers 1:11:47

I actually 100% agree with you is that when I saw that one, I was waiting to see if it was saying it's a small outside building. So I'm not necessarily. That's temporary. Unless we're just using it for now. And then. Yeah, if

Nathan Baugh 1:12:03

it's already built, and you're leasing it, and you're just putting stuff there. I think that that would work. If it's just yeah, if it was just a building that you didn't have access to before, but now you're you need it to put your mitigation supplies. I think that that makes sense. But there's the the construction is the age where it gets complicated.

Sarah Hohman 1:12:29

Okay, we will answer just one more. So on the reporting for mitigation, anything that was already included in the testing funds, 49,000 needs to be excluded from the mitigation reporting correct. And maybe you both could touch on just the importance of not double dipping, and all of all of the use of this ones

Shannon Chambers 1:12:52

are. So if you use if you purchased something out testing funds, you wouldn't want to use that also out of testing and mitigation funds, unless you ran out of money for COVID testing funds, and needed to use additional dollars from COVID testing and mitigation funds. But the key is really, if you're going to get reimbursed from somewhere else, and you don't want to use these funds, right? We want to keep it nice and clean. As Sarah said, that whole double dipping is we don't want you if you're going to get reimbursed one place and then you shouldn't be using the funds. Nathan, you want to elaborate a little more than that.

Nathan Baugh 1:13:35

When she was asking about reporting, so just in terms of it COVID reporting comm. Like, we're not going to ask you to say, Okay, what was the what was your testing numbers for the testing fund, and you need to exclude those testing numbers for the testing and mitigation funds. So that is sort of all gets combined there, if that makes sense. So your your monthly tests and your monthly positives? Is your monthly testing your monthly positives. And we don't want us like going through that and saying one is associated with testing and one is associated with mitigation. So that's on the reporting. And then I also would just like to address Miss Dee's comment briefly. She says, but couldn't digital technology allow for virtual visits, that allows for a testing order to be placed and allowable for RF CCT? And I know I talked about virtual visits and digital technologies a second ago, and it is related to mitigation, even if it's not related to COVID Because you're allowing the patient to stay at home which reduces exposure to COVID. But what's the big problem with putting the money towards that is number two on your screen right now, which is that you are, especially by Medicare, you are reimbursed for that virtual visit Right. So it wouldn't be the cost of providing that virtual visit. It could be the technology that you had to purchase, if you had to buy a computer and a camera and get all that set up. That's the kind of digital technology that we're talking about. But generally, after you get set up, and you're doing those virtual visits, that is something that you are otherwise reimbursed for. So while it's clearly that is related to COVID mitigation, it's also pretty clearly reimbursed. So unless you're showing a loss, it that that gets into our tricky area of it's clearly related to COVID. But it's also clearly reimbursed. So now you have to ask these second order questions of where you fully reimburse where you partially reimbursed, you still have unreimbursed expense after you do all that tabulation.

Shannon Chambers 1:15:57

Now, the other thing is, they could also use it for actual software so that digital technologies allows them to actually order, like if it's software for scheduling visits, if it's helping to schedule visits for those telehealth, great, but if it's actually paying for a telehealth visit that should have gone on a claim no. Yeah, so that would be pretty.

Sarah Hohman 1:16:22

Awesome. Thank you both. Kate, if you could move forward to the end of the presentation. I want to be respectful of everyone's time. And thank you for joining us today. If you have lingering questions, or you want to talk further about anything in this presentation, please don't hesitate to reach out to RFC COVID. Reporting at NIH c.org. The CEU code for CRE HCP is on your screen right now. Again, if you have any additional topic ideas for future presentations, please email nathan@nathan.ba at an rhc.org and share your ideas for future webinars with us. Thank you to everyone who attended. Thank you to our speakers. And real quick to for

Nathan Baugh 1:17:15

the next week, we are going to do a webinar on vaccine mandate. So that's going to be fun. And I know there's been a lot of questions on that Sarah did a great job putting together his policies and procedures template for that. And so we will be diving into the policies there. And what's going on with that, so just be on the lookout for an announcement. There.

Sarah Hohman 1:17:45

Awesome. Took the words right out of my mouth. Thank you everyone for joining us and have a great rest of your Tuesday afternoon.

Nathan Baugh 1:17:52

Thank you guys. Thanks, Shannon.

Shannon Chambers 1:17:55

Thanks, everyone. Have a great day. Be safe.