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RHC COVID-19 Program Updates

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SPEAKERS

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Mo Sullivan 00:16

Hi, everyone. Thank you for joining us today. We will get started in just a few minutes. We're just going to let everyone settle in and we'll get started shortly.

Sarah Hohman 01:16

Hello, everyone, thanks so much for joining us today. This is Sarah. We are having a few technical difficulties. So I'm just joining by phone for now. But thankfully you're in very, very capable hands with no. And so we'll get started in in just a minute. But thanks for being here All righty, we're gonna get started. So thanks again for being here. My name is Sarah Holman. I'm the director of government affairs for the National Association of rural health clinics, and the moderator for today's for today's call. Today's topic is RHC COVID program updates. This webinar series is sponsored by hearses Federal Office of Rural Health Policy or fr HP. And done in conjunction with NRAC. Were supported by a cooperative agreement with HERSA, as you can see on your screen, through fr HP, and that allows us to bring you these webinars about COVID and much, much more free of charge. The purpose of this series is to provide you all with valuable technical assistance or at specific information. We encourage you to help us spread the word about these free webinars by encouraging anyone who may benefit from this information, to sign up to receive announcements regarding dates, topics and speakers on our website, and just in general visiting our website for lots of information. So we will have plenty of time for questions today. We encourage you to hold your questions until that point. As with all webinars, and we are certainly experiencing this right now. We're at the mercy of good bandwidth and good connection on on all telecommunications front for all parties. And as we know, this can fluctuate quite a bit with perfect timing. So if you have any audio or visual challenges, we suggest refreshing the page that usually fixes the issue so you can close out and come back in. Or you know, worst case scenario like me, you can just call in to call. Additionally, don't worry, because a recording of today's presentation will be posted on our website. Mo can send the link to our TA webinars page where the slides already are and where you'll have access to the recording in the next couple of days. So with that, I'm going to turn it back over to mo Sullivan who is our Technical Assistance Specialist at an arc. And he specializes in all these programs and she can get us started walking through

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Nathan Baugh 04:33

Hey, Sarah, you should be able to our Internet has come back. So you should be able to log into the computer now. Oh amazing. Okay. All right to you. Well,

Mo Sullivan 04:46

that is great news is is the screen does that look right on your end? Nathan and Sarah just want to double check.

Nathan Baugh 04:52

It's our names right now. Perfect, perfect.

Mo Sullivan 04:56

All right. So this is like Sarah said My name is Mo I am the newest na RFC staff member. So if I haven't had the chance to speak with you or meet you yet, I hope to do so soon. This is the agenda for today we'll go over all the different COVID-19 programs that are out there. And we have a few additional things at the end to go over just on the NAR HC side. So I am getting I'm going to start with the newest of the COVID-19 programs, the therapeutics program. This allows all rural health clinics to have access to free COVID-19, oral antivirals, the names of them are right on the screen, I have trouble pronouncing them. So I'm not even going to try. So if as long as you are a CMS certified rural health clinic and have a formal agreement with a pharmacy, you should be able to you're eligible for this program. I will go over in a couple of slides more so about what that pharmacy relationship means. And the resources link right here. If you download the slides after our presentation, it will bring you right to our page on on the narc website about the therapeutics program. And it lists all the different FAQs, enrollment steps, etc. So don't feel like you need to write all this down right now. It is it might be a bit of information. But if you have any questions about this program, just email us here or at any of our personal emails and we'll be happy to help you out. So for enrollment steps in the beutics program, the first step is to ensure that you are in fact a CMS certified rural health clinic, you will just go to the cuecore website for CMS. And check that you are listed as a rural health clinic not as a laboratory or a hospital or anything else of the sorts. And also take note of that CCN number that is listed when you see your RHC pop up because you will be needing to send that to HERSA when you enroll. Secondly, like I mentioned before, you will need a formal agreement with the pharmacy. Thirdly, you will need to review the HHS program requirements and attestation agreement. It's listed right on the link right here. If you click it afterwards, you do not need to attest at this step. But it is good to ensure that you could attest if needed in the future. And the last step is to email her so with a bunch of your clinic's information, it is listed all right here on the screen. Once again, you can find this right on our website or or just download the slides after the presentation. So here are some frequently asked questions about the therapeutics program. So what is exactly a formal agreement with the pharmacy and and who is it with. So a formal contract agreement or arrangement with any of the above the listed pharmacies. So it can be an integrated onsite pharmacy it contracted on site Pharmacy, a contracted off site pharmacy, or your RHC and state guidelines allow your medical providers to prescribe and dispense at the point of care. Now this is really, really important because your providers cannot legally dispense unless they have the right to buy state guidelines. So having that

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having that relationship with the pharmacy is key to being able to enroll in this program, as you will need to work with them for dispensing purposes. And as you'll see at the bottom of the screen, there's a note about how this is vague and how it intentionally is. So because every rural health clinic, everything looks different, depending on what your relationship is with the pharmacy. So if you're unsure or not, and just need to confirm with us feel free to email any of us and we'd be happy to let you know if what you have working with working with a pharmacy is suitable for this program. So where do I place an order for therapeutics. So you will be headed to a website. The module is called T pop and it is on the Health Partner ordering portal website. Now I'm going to do a in depth walkthrough of that portal and just in just a few minutes. So for now, just remember that T pop is for therapeutics. And I will walk you through exactly how to place that order through screenshots of what it would look like on your end. And this is where you place those on those orders on a weekly basis. And you also complete the attestation piece of the program. And are there any reporting requirements? Yes, there are. So RHC is our work Prior to enter the courses administered every week and your inventory that you have left your stock on hand, so you will need to log it even if it is if it is zero. For that week, just please hop on, it'll take just a couple couple of minutes just to type those zeros in, you're all set for that week. Now the next program I'm going to be discussing, it's a another supply program. So the RHC COVID-19 testing supply program. This is where you can receive free COVID 19 testing supply is so this includes at home test kits and point of care test supplies, we do have test strips available still and we do have some analyzer machines available, but it is a it is limited in its supply. So please order in the next couple of weeks if you would like to get an analyzer machine before before we run out of those. So once again, you just need to be a CMS certified rural health clinic to be eligible for this program. And if you click the link on resources, it'll bring you directly to our website with all the information on this program. And to email us either here at RHC, COVID, supplies@gnarrk.org, or any of us any of our personal emails, we'll be happy to help you. So the enrollment steps for the testing supply program. First, like I said before for the therapeutics program, you need to ensure that you are a CMS certified rural health clinic and take note of that CCN number on cuecore. Secondly, you will need to complete and sign the HERSA COVID-19 testing supply program Conditions of Participation Agreement. That was a mouthful, like right here on the step here. And thirdly, you just need to email HERSA some clinic information, everything listed right here. Here are some FAQs and of course a picture of a dog because what else would be a successful presentation without that a dog picture on it. So where do I place an order for testing supplies? D pop. So as I mentioned before, T pop is for therapeutics D pop is for any of these testing supplies. And these are both modules under H pop the Health Partner ordering portal, you will you will enroll in both programs under the same H POP account along with vaccines if you're enrolled in the vaccine distribution program. Once again in a few minutes, I will do a walkthrough of the H pop portal and discuss how to place orders and change contact information for for this portal. But once you complete your enrollment steps for this program, you will be you will either be emailed a Depop account login or it will be added to your already existing H POP account if you're enrolled in any of the other programs and you may order the supplies on a weekly basis. Are there any reporting requirements? Yes, there are. So for the supply program you are required to enter your inventory number which is your stock on hand weekly. Once again please log it even if it is zero but your RHC does does need to enter the weekly stock on hand but not the tests handed out or administered or the lot number or the expiration date. So just leave those spots blank and just enter that weekly stock on hand every week and ignore the other ignore the other pieces H pop so now I will go over some of the H pop portal share some some walkthroughs of how to change certain things on your profile. As I mentioned earlier, H pop is the Health Partner ordering portal that you say partner not

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provider My apologies. And under it there are three modules V pop is for vaccines where you order vaccines under the vaccine distribution program Depop where you order diagnostic tests, the tests the at home test kits for the testing supply program. And T pop is for therapeutics where you order those antivirals so if you have participated in any of these programs if you enroll in an additional one you will just add be added right to the same account so all three modules will be in one place in one account to make it easier so your order it all under the same on the same website portal. So how do you place an order on h pop? So first, you will click the Create Order button. right here. And this is, by the way, this is the home screen, when you log into h pop, this is what will pop up under here is the name of your clinic. And this will be some of your recent orders. And right here, there's a green Create Order button. And the screen we're viewing now is enrolled in the testing supply program, the D pop portal. So this is what will pop up if you are to create an order under D pop, it will be all the different options for test kits, analyzers and testing strips. So once you select which one you would like to order, it'll prompt you to enter a quantity number, and then submit and you're done. And to ensure that that order did get submitted, you will see right here on the section under diagnostic orders all of your previous orders. How do I report my inventory slash numbers are administered on each pot. So this, the administered piece only applies to therapeutics. If we're talking about the therapeutics and testing supplies program, you would just enter right here, your number administered. Once again, we are looking at a testing supply page. So for testing supply, you would select stock on hand, and this screen will pop up and it will bring you to and you would click the Add diagnostic stock. And if you're testing supply, you will just enter that inventory number ignore the lot number pieces, and that is it. So to enter administered numbers, you put that here stock on hand, you would just select this, and this will pop up. And once again, this is all on your home screen, right on each prop when you log in, inventory is right below your orders. I just went over how to create an order right there.

Sarah Hohman 16:55

Hi, I can just jump in real quickly. Can you go back to the last slide real quick? Thanks. Okay, so most walking through just because everything's under the umbrella of H pop, and some people have access to D pop, some have to pop somehow, all three of the programs. So it's just important to to notice that you everything looks pretty similar depending on what module you're in. And you're you know, requirements for each look pretty similar. But it's going to look a little bit different. And you have a little bit of a different requirement for each program. So specifically, what we're showing you is what the view looks like when you're in the diagnostics module. And so for diagnostics, so for those at home, at home tests, the only thing that you need to report is stock on hand, you don't need to report those that you've handed out or information about who exactly they were handed out to or anything like that. Just that weekly stock on hand, just the number for diagnostics. And then if we're talking about therapeutics, if you have access to tea pop, your screen will look pretty similar to this when you're in the tea pot module. But it would say therapeutics inventory. And up at the top, it would say central partner portal therapeutics. And so it looks pretty similar. We just have screenshots from one because there we don't want to be too repetitive. But just as a reminder, they all look similar, but you have different slightly different requirements for each. So this slides just a few ago talked about what's required reporting for therapeutics versus what's required reporting, for diagnostics or for your at home tests and things like that. Just wanted to clarify that quickly.

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Mo Sullivan 18:43

Yeah, thank you, Sarah. Thank you for the clarification. Yeah, this is right up here. What she was talking about the diagnostic right here would say either vaccines or therapeutics depending on what page you're on. So thank you for that clarification. So, how do I check the status of an order. So, once again, this is your home screen on Depop. So, under the create order button like I went over earlier, you will have all listed previous previous orders that you have made and on the right hand side it will have an order status you can see shipped, shipped and cancelled the only ones on here. But you may see transmitted which means when an order is accepted by the manufacturer, manufacturer. When you submit an order it will say submitted right here to ensure once you submit an order that this that the order does pop up here does have status processing means when HERSA is currently processing your order and sending it to the manufacturer and shipped once it is shipped. Click on whichever order you would like to check the order step Get us on. So let's say I'm looking with this one here, this first one that circled, I would click on it. And this screen right here pops up. And this will give you all the order details. It'll tell you what you ordered how much of what you ordered, when you ordered, where it's going, all those sorts of things. So please review this, make sure that it is correct. And then if you scroll to the bottom of this pop up page, you will find the shipping information. So this usually only pops up once it says shipped on your order status. And it will give you the order number along with the tracking information. So you can you can track your shipment and see when it will arrive right here. So that is how you would check when when your order is on the way. How do I change my contact slash address information in each pop. Here's also the right hand side of your home screen. Typically, it automatically places you on the provider Details section right here. So you'll just need to select the receiving address in hours portion. And this is what it looks like on all the screens. Instead of DS, they might say T for therapeutics, or V for V pop or all three potentially. So this is the order the address right here that is currently on this clinic's site. So to edit that specific address, you would select the physical button right here. And to add a new address, you would click the green plus sign right here. And now below the address information is your contact information. Now your primary contact is always listed first, we'll see Sarah here is a second contact on this account. To edit an account a contact that's already there just and to add a new one, you would click this green button right here. And when you add a new contact to your profile, they will receive an email from H pop to create an account and it will give them access to the account that you created. And now I am going to pass it on over to Nathan to get into the testing and Mitigation Program.

Nathan Baugh 22:19

Awesome. Thanks, MO. I think we perhaps there's at least one question that we can do right now. I'll just I'll preface it, or I'll say stated for you in regards to in 95 adult Max masks be were able to order on h pop, are they no longer available to order? And that's from a Stella?

Mo Sullivan 22:43

That's a great question. So previously, we did offer those through those program. But we have run out of stock of those. The program has sunsetted. So now it is just the at home test kits, the test strips and the analyzer machines.

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Nathan Baugh 22:57

Perfect. Thanks, MO. So I am going to cover the COVID in testing and Mitigation Program, which hopefully most of you are familiar with. The best way to describe it is this is the \$100,000 that \$100,000 That was automatically deposited, and RFCs are there 10 organizations, bank accounts in mostly in June of 2021. There were some people that got this funding after but the vast majority of our HCS got it in June of 2021. Very similar to the testing program, which was the 49,000 that you got in May of 2020. Sort of the follow up to it. And we call it the Rural Health Connect testing and Mitigation Program. The first thing that you need to know is that the project period for this and I actually Sarah, maybe you could weigh in I think it's actually January 120 20 through December 3120 22. It's a three year

Sarah Hohman 24:09

period, Sarah? No, it's January 120 21. The other the other one? Yeah.

Nathan Baugh 24:19

No, that's fine. I thought it was. So this is for any sort of allowable expenses in that period. And I'm going to get into that in just a second. related to testing that were otherwise testing and or mitigation that were otherwise unreimbursed. The reporting for this like the RHC testing program is our is done on ric COVID reporting.com, which full disclosure is the website that mo Sarah and I work work on and we created that way back the beginning of COVID two Due to report, so we are sort of the the admin team behind that. And so we've tried to create as best reporting system for these allocations as we can, and you have to report monthly on that program. And we've done some webinars specifically on that website if you are struggling, but you are free to contact us if you do have issues with your account on ric COVID reporting.com. Next slide. So these are some good examples of allowable expenses. We have temporary testing structures, I know a lot of folks have done tents and multiple multiple tents. Because you know, the weather does take a beating on some of them. Any anything that is retrofitting spaces that makes them easier to clean or improves hygiene, or even improves circulation and ventilation is a good use of the funding. We've done a lot of sort of things like automatic doors, automatic soap dispensers and your bathroom, things, swapping out anything in your clinic space that is less easy to clean and you know, improve the hygiene of it by swapping it for something that is easier to clean. All of that is, you know, some of the better uses of this funding. And then also, you can use it to pay for masks if you're not getting them for free through the through the Depop portal and other personal protective equipment. And finally, you can use this for staff bonuses and incentive payments, as long as those payments and are allowing you to maintain adequate personnel to carry out testing and mitigation activities. So next slide, please. So we've created a little brochure here to sort of there is a really well done website, maintained on hearses website that is, you know, has more language than what you see on your screen. But we created this as sort of a way to think about how you can spend this funding. There's two main major categories you have testing and testing related, and mitigation, mitigation related. And then you also need to consider what is not allowed and what's an unallowable expense. And it's just a smidge counterintuitive, but you cannot use this funding for vaccine administration, or the purchase is the purchasing of vaccines. And you also cannot use it to build brand new construction or buildings. You can

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use it to retrofit your current structures, but you cannot use it to build like a new rural health clinic, for example. The other tricky thing, and we did a whole webinar just diving in on this topic is that you, you basically have two tests that you need to run in your mind, what is the relation to COVID, either through testing or mitigation activities. And then the second test that you need to ask yourself is, whatever you're spending this \$100,000 on? Is it something that you are otherwise reimbursed for by any payer, Medicare, Medicaid or commercial payer or not. And if you are reimbursed, it doesn't mean you can't use it, if for that expense, if what you are getting reimbursed is less than what it costs you to offer that. But if you are getting adequately reimbursed by a payer for whatever the activity is, then that is what is funding that activity, and therefore it is not a good use of the CTM money. So that's a bit tricky. But you just have to ask yourself, Am I otherwise going to get reimbursed for this thing that I want to do? And all those examples that I just gave on the last slide, are pretty clearly not going to be reimbursed by any payer? Like if you buy a tent, you know, you don't put a put the cost of the tent on a claim and submit it to Medicare and say, you know, reimburse me for my tent. Right. So that's a good use of the funding as it's very clearly related. It's a COVID testing, because you're going to be doing tests, there are mitigation activities there, but also not reimbursed. Next slide please. So this program, the reporting, will go through the rest of this year, and then in January of 2023, will begin a closeout process, which is going to be pretty similar to those of you who have already gone through the Closeout process that we did for the COVID testing program. Right now, we ask a few questions that reset quarterly. And then we currently asked for monthly total tests and positives, as well as a monthly total at home tests distributed. But that is an optional page on RFC COVID, reporting.com, in January of 2023. I believe at the end, once you go through the process, for the last time, you will be prompted to sort of close out and indicate if you are sort of done with the \$100,000 or potentially have some funding to return or a few there's a few other edge scenarios. So that will be that will, you'll see that in January, it won't change between now and the end of the year. But in January, you will see that one other thing that I'll just point out is that you do have to incur that expense before the end of the year, because the project period for this does end at the end of this year. So if you purchase something in January of 23, or February of 23, that is sort of outside of the period where you can use this money. Next slide. There isn't a way to change the profile sort of ownership of any given profile, there's links to the email that were signed, that were initially signed up. So if you have, let's say an employee leave, and you want to transfer the responsibility of doing the RFC COVID reporting website, to a new employee with a new email, there's not a way for you to update that on your end. But if you contact us, we can transfer that and get, get that new person set up. So please just email us if that is an issue, you are also allowed to just share that email login with the new employee that is going to be responsible for this process. Next slide. The testing program, which is the \$49,000 that you received in May, of 2020 is over. So you cannot use if if you have any money, you shouldn't have any money left over from that. We did it close out period. And Moe and Sara have, you know, contacted folks that you know, might not have closed out properly on ric COVID reporting.com. So most of you probably are in full compliance here. But if for whatever reason you're not, please make sure you go to rec code reporting.com and close that out as soon as possible. And if there is sort of partially spent money, you will need to return the amount that you still have remaining. If you need any help with that, you can email us and we're happy to help you but that most of you should be have that in your rearview mirror at this point. Next slide. All right. This is going to be mostly Sarah and me weighing in. So I'll kick it over to Sarah for the provider relief fund topic.

Sarah Hohman 34:18

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Thanks. Next slide, please. Okay, so there were a variety of phases of the provider relief fund allocations over the last few years since 2020. And so you can see the different phases here. They're referred to a little bit differently. In terms of I'll talk in a second about reporting periods occur based on when you received the funding and what time period you received the funding as opposed to what specific phase you received it in. So just a quick note there but there were four phases of a Um, general PRF distributions. And then there were also, as you can see, and many of you probably received rural targeted allocations, and an American rescue plan rural allocation, which occurred at the end of last year and, and throughout the beginning of this year. And so if you received it, it was either a direct allocation, so like Phase One was a direct allocation didn't require an application, and then later phases required applications or were based on kind of the amount you had received previously. Next slide, please. Just a couple of important points on reporting for PRF. So, reporting on PRF is separate reporting than what Nathan went over in terms of the rural health clinic specific COVID testing and testing and mitigation money. That's RHC COVID reporting.com, which we manage the portal for PRF reporting occurs on the provider relief fund Reporting portal website. Like I mentioned, the reporting periods correspond to when organizations received the funding. And so right now reporting period is open for those providers that received over \$10,000, between January 1 of 2021, and June 30, of 2021. And so if that applies to the Reporting Portal is open now for PRF reporting until September 30. Just on that, on that funding, so if you received PRF and in multiple, multiple time periods, you would report multiple times throughout this process. We've passed the point where reporting period one and reporting period two occurred. There were some grace periods for those, those reporting periods as well. But those have now passed. So the thing to pay attention to right now is reporting period three, that's open, if you received funding through the provider Relief Fund program in in that period. Next slide. Something else to just be aware of sort of moving forward if your organization received over \$10,000, from peer to face for worth the ARP rural allocation, so this was distributed late last year, earlier this year, some providers you know, even in the last, in the last few months, were receiving funding as applications were processed and things like that. You still probably have reporting, if you meet that criteria, and that reporting will be next year. So if you received funding, between July 1 and December 31, of 2021, your reporting period will be the first three months of next year. And then if you received it, between January 1 And June 30 of this year, your Reporting Portal will be July through September of 2023. So lots of dates based on when you received the funding is when your reporting is due. But just something to be aware of as we sort of move out of the time periods when a lot of this funding can be spent. And it's really top of mind for a lot of us. Just remember if you received over \$10,000, in these time periods, you'll still have reporting requirements next year. And again, PRF looks a little bit different than like Archie COVID reporting that's monthly. This is just a one time thing you go in as it applies to you. For a full for a full chart on this that's linked here. You could look about when you received funding, what reporting period corresponds to that.

Nathan Baugh 38:54

This is the period period of availability that I got confused with this is that three year period that I alluded to, so I apologize for that. But yeah, CTM you can't use it for expenses in 2020. It's a two year period, whereas this is the three year.

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Sarah Hohman 39:15

Okay, next slide. Okay, so that's all on PRF. I did go through that quickly because many of you are pros in reporting on that site since you've been doing it for various time periods. And I'm going to move into vaccine distribution, which is another one of those programs that falls under the umbrella of H pop. Next slide please. Okay, so this is like I mentioned another one of those programs. This is V pop for vaccines. Another program where you can directly order and have COVID vaccines shipped directly to your clinic. So Pfizer and Moderna vaccines now pediatric vaccines. So the newest approved are also now available on V pop enrollment open to all CMS certified or HCS, as are the other programs, you can enroll now and an order if necessary. So we don't know what future rounds of boosters will look like. But again, being enrolled in these programs gives you access when supply and demand may fluctuate. So if you're interested in getting enrolled, again, make sure you have that CCN number, and you can email RHC Vax distribution@hrsa.gov, get involved in this program. Once you do that, similar to the other two programs, you'll gain access to another module in H pop, which will allow you to order and manage inventory and things like that in the portal. And then I'm going to quickly go over vaccine confidence as well. So next slide, please, this is a grant. This was something that Archie's needed to apply for. But it was an RHC specific grant. Over 700 awards were given to two organizations owning RH CES last year. And the project period lasted until June 30 of this year, unless you applied for it and were granted a no cost extension. So again, this number could get confused with the testing program because of that \$49,000 amount. But as a reminder, this was a grant you had to apply for, unlike the allocation that the testing program was. And this was to combat vaccine hesitancy or vaccine hesitancy, so not just COVID, but much more. And it's been really neat to see what Archie's have done with this funding. couple important dates, the last day to draw down funds in the payment management system and complete your closeout requirements. Unless you are granted a no cost extension is September 28. Those costs needed to be incurred by June 30, the end of the project period, but you can draw down funds in the system until September 28. So variety of closeout requirements, they're all listed. You can find them on our website, you've most certainly been contacted by No sir or by HERSA in regards to these as well. can just go back one slide real quick. And then the Federal Financial Report, which is another part of your closeout requirements needs to be completed by October 30. That's regardless of whether you were granted that no cost extension, or your project period ended fully on June 30th. That needs to be done by October 30. And then lots of resources here in terms of vaccine confidence. So the quarterly call recordings, if you're looking for those they can be found on HERSA's website, along with a host of other information, knows or has a variety of resources, marketing campaigns, promo videos and a lot more that RHCs have used this vaccine confidence funding to do so check out those if you're interested in what people did, or you're looking for ways to encourage vaccine confidence in your community in general. And here's just another resource about drawing down funds on PMS. If you're curious, again, that needs to be done by the end of September if you weren't granted a no cost extension. Okay, and I'm going to turn it back to me.

Mo Sullivan 43:36

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Awesome. Thank you, Sara. So right here on the screen is the link to our Facebook page. So we have started doing a new segment on Facebook called RHC spotlights where myself, Sarah, we speak or just chat online with a rural health clinic in regards to some of these programs. So we're looking to get feedback and hear what you all think of these programs, what worked for you, and be able to share them with your other RHC community members. So maybe they can get some ideas and hear directly from clinic staff. What worked, what didn't work. Were these programs worth it and that sort of thing. So I'm always looking for new new clinics to speak with about these programs. So if you're interested, please just reach out to me. I'd be happy to hear all of your feedback on these programs. I'm going to pass it back to Sarah for a brief moment.

Sarah Hohman 44:32

Yeah, I just wanted to highlight quickly a new and I RHC forum so many of you participate in our NMHC news forum. You can ask all types of questions on here and hear from your peers and from experts in the community. In response to those. We created another one recently called announcements and opportunities. This is separate so that you can subscribe perhaps separately Based on your interest level in webinars and funding opportunities and things like that, so your subscription preferences can look different between the two, perhaps you get daily emails of NMHC news forum updates, and you want to get weekly announcements and opportunities, kind of recaps or you can not subscribe. And you can just check back here whenever you'd like. So this is going to be stuff that's ranges from webinars, we host ourselves, which will continue to send through email as well. So webinars, we host ourselves or funding opportunities that perhaps some members of the RC community may be interested in, perhaps it doesn't apply to everyone. But it's hopefully going to be built out as a as an opportunity for us to share additional things with you. And so NFC staff are the only ones that can post initial threads on this. Be can respond with questions and things like that. And if you have specific things that you think are appropriate to be shared on that thread, feel free to reach out and we can talk about that.

Nathan Baugh 46:15

All right, I think we're ready to head into the q&a. So we usually do this, excuse the phone. We usually do this, you know, as long as questions are coming in, you know, maybe sometimes we go a little bit over and that's okay. Feel free to put your question in the chat or in the q&a box. And we will start just knocking them out one by one. So the first question is not a question. It's a comment. Just clarification from Emma Cook, who is with HERSA. who just wants to know that you are required to port report wastage, such as expired vaccines, but there's no there's no penalty for the ways but you are required to let us let HERSA know how much weight you know was not used. And that would be through the H pop or V pop portals. Mo anything you want to say about reporting wastage in the H pop system?

Mo Sullivan 47:28

Yeah, there is an option along also with T pop to report your wastage right on the homepage should be below where you, you put your stock on hand in your inventory, there should be an option for wastage right there. And that's where you would just enter that weekly along with your other weekly requirements.

Nathan Baugh 47:51

Perfect. Thanks, MO. The next question is from Judy lemons. And I believe she asked it when I was talking about COVID testing and mitigation. And she asks, can it be used to pay staff salaries? This one is a bit tricky. It is certainly not the easiest way to use the \$100,000. You can use it for workforce and the workforce terms. You know, say things like hiring providers and staff to carry out COVID-19 and mitigation activities. overtime pay offering hiring bonuses and retention payments, incentive pay, but not necessarily salary. And one of the reasons for that is because remember, this needs to be an unreimbursed expense. And in the health care environment. You can make the intellectual argument and I would make the intellectual argument that most everyone's salary is paid for. By you know, the reimbursement that you receive. I know that you also get co pays and coinsurance from patients as well. But that is largely you could you could argue that that's largely a reimbursable expense. But workforce is one of the things that you're allowed to use it on. And clearly we've carved out overtime pay incentive pay, hiring bonuses, retention payments, sort of things that might be one offs, I just think are cleaner. You could also argue that someone's salary isn't a reimbursed expense. But it's just a And, you know, maybe you can go down fighting on that. I just would, I would, I would suggest you not use it to pay staff salary, but other workforce costs. So I know I'm doing a bit of a Dodge there, but it's a good question. And it's a tricky one to answer. Sir, do you have any thoughts that you would like to add?

Sarah Hohman 50:24

Yeah, no, it's it's definitely a tricky question, I would just say that, in general, we caution against putting the entirety of any expense on CTM, on the CTM allocation. So, you know, there are certainly situations where you could identify that, you know, your office manager is doing some additional reporting based on these, these programs and these funding programs, or providing additional staff training. And these are kind of outside of what their typical responsibilities would look like outside of what they're typically reimbursed for otherwise. And so in that case, perhaps a portion is appropriate to allocate to this, you know, in general, rarely are things 100% connected to COVID, or mitigation. And so that's the place where you kind of need to make the best determination for what fits your situation and what your most appropriate, you're most comfortable with the documentation you can maintain for. Because just to just to kind of emphasize this point to the reporting, that you need to do on the testing and mitigation program. And the COVID testing program, is just to provide, you know, those general categorical ways that you've spent the funding, and your monthly test reporting, the documentation about how you spend the funds, specifically is kept internally to your organization, and would be, you know, needed in the case of an audit, but that's your organization's justification that you're comfortable with, not something that gets turned over to us or her. So when you report monthly. So, you know, it looks a little bit different for everyone. And like, it's sometimes a bit of a gray area. So we'll give kind of the perspective that that we share, but it's not always black and white.

Nathan Baugh 52:20

Yeah, really, really good points there, Sarah. So hopefully, that was helpful, Judy, Sara, just like you could do some, but there's easier ways to do it. So yeah, thank you for that. So our next question is from Peggy, who asks, Would you know, if you did not report a certain phase, is there a website that will tell them, Hey, you didn't report on period two, but you should have,

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Sarah Hohman 52:51

um, you probably would have received or someone within your organization would have received a significant amount of communication from from HERSA, or at least HERSA would have attempted to do a significant amount of communication on all of all of these, when you were required to report. I will also add the provider support line in number in the chat. They're also very helpful. If you have specific, specific questions like that and you're able to provide your tin and other information, they can help you to understand sort of what your requirements were and what was met, but they should have done and probably did a significant amount of outreach. If you were no late on something they did have a grace period for for different phases as well.

Nathan Baugh 53:47

Next question is from Meg Portwood. Will we be notified regarding due dates for reporting?

Sarah Hohman 53:55

I again, think this came through during PRF. So my first recommendation is to look at that link that I sent in the chat that has that table of important dates. So it's when you received over \$10,000, if you have reporting responsibilities, and when you could spend it and look back, you know, the initial payments were automatic allocations, but the others required an application. So hopefully, there's documentation if you applied for one of these, and then look in your in your accounts because they were deposited via ACH. And then you can sort of track that accordingly. And again, that provider support line is really helpful if you have specific questions or you're not able to locate a payment or something like that.

Nathan Baugh 54:48

Great. Next question is from Stephanie pretty. And she has is the PRF for an AARP reporting done together

Sarah Hohman 55:01

So they both need to be done through the provider relief fund Reporting Portal, whether they're reported in the same time period depends on when you received them. So if you look at that table that I just sent, perhaps you received ARP rurale, first, and you got that before the end of last year, but then your face for payment didn't come through until after the first of January, that would mean that you were in separate reporting time periods based on when you received it. So just check, check out that table. If you received them on the same day or back to back days, they did come through as separate payments. So depending on when you received the money would determine when you need to report on it. But both through the same portal.

Nathan Baugh 55:58

Excellent. Next question is from Deborah Martel. Since we had to give a lot of info and upload documents in order to get PRF for what is left to report on it, just how we use the funds. Question mark.

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Sarah Hohman 56:14

Yeah, so Good point, lots of you did need to provide a lot of information in order to apply for provider really fun, phase four and ARP rurale. The reporting looks the same as it does for other provider relief fund phases. So basically, it's identifying the amount that you spent on unreimbursed expenses, and the amount you spent on lost revenues, they need to make sure that those numbers match what you received. If they're less, you need to return the remainder of of the funding. So really identifying, you know, those categories, it's broken down a little bit more, but not as in like a line item list of the things that that you spend it on. That's again, documentation you'll need to to keep internally.

Nathan Baugh 57:04

Okay, excellent. Next question is from Skye. Maris Marie's, where can I find a list of PRF payments and dates that apply to the PF reporting requirements deadline. So that's actually what I was hunting for. So I will put that in the chat. This gives you i There's probably more lists available online that even offer more information. But that is the best one in terms of showing you the different periods as as to when you received it, what the period availability is, and then what the reporting time period is. So to Sarah's point, with ARP and phase four, most of you receive that in what they're calling period four, which was the second half of 2021. However, period five began on January 1, is the first half of 2022. So if for whatever reason you received your ARP payments, and some of those did go out this year, as opposed to last December, that would that would then be period five, and that table breaks it down pretty, pretty clearly, I think. And you can see, again, the period of availability is indicated there as well as when you will be expected to report and I will just note that the reporting periods are usually three months. Okay, so now we'll go to Jaden miracle. How can we confirm if we've received a provider relief funds? We have had high turnover, or we've had turnover throughout COVID-19?

Sarah Hohman 59:01

Sir, yeah. So if you are unable to, to locate these HHS payments, in, you know, in your bank account records, then you can always call that provider support line. And if you have your organization's information, they'll be able to help you identify payments you received. If you want the payment, kind of the total amount that your organization has received throughout COVID or the tags website is helpful in identifying that you can enter some information and see PRF payments received and COVID testing and mitigation payments received. But if you're looking for specific specific periods and you can't identify those in your records, then you can always reach out to your support line.

Nathan Baugh 59:52

Great. Next question is from Amy and we'll just do a few more here. I know we're at the top of the hour AMI asks, Can a provider based clinic use the funds for hospital expenses? The short answer is yes. The longer answer is that is it needs to be as long as that hospital that is serving the same service area as the rural health clinic, then that is allowed, allowed. We did we tried to avoid the situation where an urban hospital that owned an RHC was using the money, and it wasn't getting into rural, underserved areas. And so we discourage that. But if let's if your hospital is in the same town as the provider based clinic, or very close, and there is patient overlap, and it's overlapping service area, then absolutely. The money

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was delivered in systems the money was delivered to the organizational 10 level. And the organization as a whole could decide where to spend that money and and the hospital was an allowable location for that. So hopefully that answers anything you want to add to that, Sarah?

Sarah Hohman 1:01:22

Nope. That covers that.

Nathan Baugh 1:01:26

Gideon asked, Are there any grants still available to apply for? There's always grants available to apply for nothing COVID specific to RH C's currently available, but I would suggest that you if you're interested use you follow our announcements and opportunities forms that Sarah went over. And you will see the grants and other opportunities available on not only COVID. But any other thing that's real, rural relevant. So I just suggested to look there, but there's nothing sort of still available from the provider Relief Fund, or, you know, vaccine coffins things like that to apply for currently. Next question is from Lauren can at home COVID tests that are ordered through Depop be given to other organizations in the community, such as the local school district? Mo, do you want to handle that one?

Mo Sullivan 1:02:31

Yeah, sure. Um, that is a great point to bring up, Lauren, you are definitely allowed to share these supplies with your community, especially the testing supplies, the test kits, and other things, like you said to school district is great a local church, you can partner and do events with other other community organizations and members to to get those supplies out to that service area of your rural health clinic. So great question. Yes, yes, you can share them with your community.

Nathan Baugh 1:03:04

Great. And sir, I see you're typing an answer to sky. So while you're doing that, actually see that we have one person who has raised their hand, Rola Albertine. So Rolla, if you're still there, I'm gonna allow you to talk. So you should be able to unmute and ask a question verbally, if you'd like. And if if you don't have a question anymore, that's, that's fine.

Sarah Hohman 1:03:37

I'm also gonna just use this as another opportunity to advertise our weekly office hours. So the q&a that we've just had, but on a smaller scale, and where everyone can unmute and ask their questions live, radio show style, happens every Wednesday at 1pm Eastern Time, and so that information is on our website. Same link every week, same time. And yeah, we just have a informal conversation about all things RHC. So COVID programs and and much more. So, join us there if you have questions.

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Nathan Baugh 1:04:21

Okay, I don't know if we're all going to come through or she's still there. So I think that are we at the bottom of the q&a. Yeah, we have. Okay, excellent. So I think that covers it all. Sir. are you closing us out today?

Sarah Hohman 1:04:37

Yes. Thanks, everyone for for joining us and for sticking with us through technical difficulties in the very beginning. Also, thank you to Fr HP for sponsoring the RHC technical assistance webinar series. For our certified rural health clinic professionals. Please complete the survey that pops up at the end of today's webinar and you can get your CEU code there. Again, please encourage anyone who may be interested to sign up for information about our webinars and to attend them as well. If you have suggestions for future topics, you can email Nathan his contact infos on the screen and let him know what you'd like to see in this series moving forward. When we schedule our next webinar, we'll send an email notice to everyone subscribed to our listserv, so you can do that on our website if you're not already. Thank you again for your participation and to our speakers today. And this concludes today's presentation. Have a great afternoon.

Nathan Baugh 1:05:38

Thank you, everyone. Thank you