Emily DeMent (00:00:00):
Alrighty. Welcome everyone. Thanks for joining us today. This is Federal Funding Sources for COVID-19, Tips for Compliance and Allocation, also called on the website Understanding Your Federal Funding Streams and Appropriate Stewardship. My name's Emily DeMent, Program Associate in the Training and Technical Assistance Department here at NACHC, and I'm pleased to bring you this webinar along with my colleague, Colleen Meiman, Senior Policy Advisor, who you will get to hear from in just a few moments.

Colleen Meiman (00:00:25):
Thank you everybody for your faith in coming to this webinar. It's gone by a couple of different names because my internal personal name for this is the juggling webinar, because it relates to the fact that there are so many funding streams out there now around COVID-19. While right now Congress is doing a good job of getting money out the door, we know that in the future, we're going to be subject to a lot of oversight for that funding and we need to be careful to make sure that we have maximized what we were entitled to get, to be in compliance specific and that we have allocated things correctly and done all of the stewardship things correctly and trying to keep seven, eight sets of different rules straight is really confusing. So, that's the purpose of today's webinar is. As I said, unofficially, it's about juggling all these things. Couple logistics, the slides around the Noddlepod website and the NACHC COVID-19 website, where you found the link and password. I had to update a couple of things this morning, even.

Colleen Meiman (00:01:34):
So, if you downloaded them yesterday, you might want to get the new ones off the Noddlepod. In the chat box. Please use the chat box during night. You're going to have to listen to my voice for a while here, but we have some great experts on the line here available just to answer questions in the chat box early on. We've got Alison and Tony and Jonathan from Capital Link. They are experts on many things, but particularly the Paycheck Protection act. We've got Ted Waters from Feldesman-Tucker, managing partner. He knows all of the federal grants management stuff backwards and forwards. We have Jeremy Crandell and a couple other colleagues from NACHC online who can answer other questions from the policy perspective. Please take advantage of them. No problem if you're having a conversation in the chat box that has nothing to do with what I'm talking about. This is your chance to get these experts to weigh in.

Colleen Meiman (00:02:34):
Third, because there's so much to cover, this presentation's going to run close to an hour, but we're going to stay online another half hour to answer questions either through the chat box or verbally. And finally, because I know that an hour and a half on a beautiful summer Friday afternoon is not enough time for these topics. I wanted to make sure you know that HRSA's office of financial management is offering two trainings in the next two weeks on kind of similar issues of financial management responsibilities. Wanted to flag these because in some ways there's nothing quite like hearing it from the horse's mouth when it's the horse who's going to be reviewing at least your specific end of things. So, I want to suggest you put that on your webpage.

Colleen Meiman (00:03:20):
Okay, here's the agenda. I'm not going to go over that, but there's a key thing I wanted to tell you is that there will be slides at the end that will summarize all the key points. So, please don't feel like you have to scramble everything down right now. But basically, we're going to talk about some general rules to
keep in mind as you're juggling these funding streams and also some specific strategies when it comes
to figuring out what funding, what expenses you should allocate where. Okay, and once again, just a
reminder, take advantage of the experts in the chat box.

Colleen Meiman (00:03:57):
Okay. Number one, going to start with making sure that everybody is aware of a key tool that is out
there, free, available for your use, regularly updated. The official name is the Federal Funding Sources
for COVID Spreadsheet. The unofficial name is mega spreadsheet, but what we have done here at
NACHC is we have taken all of the pieces of information from many different places about major funding
sources and put them in one giant place, so that if you need to know what was the definition of rural
under the Provider Relief Fund, or can I bill, allocate or alteration and renovation to H8E? There's one
place you can go. And if it doesn't have the answer, it should at least send you to the link that does have
the answer.

Colleen Meiman (00:04:47):
There is the link to it right there. Key thing to know is that this document is
regularly being updated. Just
last week, there was a new law passed, significantly expanding the flexibility available under the
paycheck protection program. And so, Alison went in two days ago and did all sorts of updates. When
we've updated something significantly, we highlight it in bright green and we leave it that way for two
weeks. So if you just go in every week or so, and look at what's in bright green, it's a good way to get a
high level idea of what's changed. And I can tell you is the things are changing constantly, and you'll hear
that as I go through talking about individual programs. As I said, I just had to update something even this
morning with the latest information. One thing to know about mega spreadsheet is that it has three
tabs.

Colleen Meiman (00:05:43):
You look along the bottom to see the tabs. The major one is tab one. Here's a list of the funding sources
that we have talked about. Specific stuff, Provider Relief, Paycheck Protection, uninsured claims
program, what I've taken to calling this one and the FCC Telehealth funding. And then, we have details
about how much money, how is it calculated, deadlines, terms and conditions, eligible expenses, et
cetera. Tab two, I don't want you to lose sight of. We've taken all the deadlines and put them in
chronological order. Now this, you can see, I did this slide over a week ago, so it has some old deadlines
here, but you will see now that actually the first deadline is June 30. If you haven't applied for paycheck
protection loan, that's a set in stone date now. Keep an eye on that just as a way to make sure you're
not missing any of these deadlines.

Colleen Meiman (00:06:36):
Finally, tab three. Don't worry, I'm not going to read this. But, there have been a lot of questions about
double-dipping and rebudgeting. So, we did a one pager on it and just decided to just stick it in the
spreadsheet so that it would be one last click for people. So with that, just a reminder to keep an eye on
that and it'll help you find information, so you don't have to keep it all straight in your head and also
know what's changing. So with that, I'm going to start moving into the big picture rules and strategies
about how to juggle all these funds.

Colleen Meiman (00:07:11):
The first thing to know is while each set of funds has its individual rules and requirements, there are some rules that require that you look across all of the funding sources at once. And so, I'm going to start with those three rules that require looking across the board. The first one, and this is probably old news for some people, but new for people who are newer to the health center space is no double-dipping. And, double-dipping is the slang term for billing the exact same dollar expense to more than one external funding source.

And just to be clear, you can take an expense, like one person's salary, and you can divide it up and say, "Well, 50% is to this source, and 50% is to that source." So it's not that you can't split it, but it's that the total together cannot exceed 100%. Let's just say in this example, you have a person who's 75% of their grant, their salary is paid under the HRSA grant, that's H80, and 25% under CDC. And then you get CDC funding, and you're like, "I'm not going to put that person 50% on CDC." Well, unless you change something, you're now asking the government to pay for 125% of that person's salary that's double-dipping. So that is very, is illegal. And when you look at all of these funding sources, you need to look at expenses to make sure you're not over-billing for any particular line item of cost.

One question I've gotten a few times has to do with the timing of the draw down, and whether that impacts the theory of double-dipping. For instance, people had said, "Well, I had this person a hundred percent of the Bureau grant, on H80, but I didn't draw down any of their salary for April or May. So, doesn't that mean I can fill that with Paycheck Protection funds instead? The answer is no, unless you adjust what you have on your BPHC grant for them because if you don't do an adjustment, you'll have 100% of their salary rebuild BPHC and another 15% or whatever, build to the Paycheck Protection loan. Once again, that would be double-dipping. But, the good news is that there is a way around that involves rebudgeting. And as I said, for more information on this, see the third tab on the spreadsheet, but just a primer on rebudgeting. Rebudgeting means taking a look at the budget that you have in place for an existing grant program.

Classic example would be your H80 grant and moving the money around. So, let's say you could take that person who was a hundred percent on the H80 grant. You could take 25%, knock them down to 75 or 50 or whatever. Take the funds that you free up. You don't have to give them back to BPHC. You can allocate them to some other expense, another salary, another equipment supplies, something else that's eligible under the 330 grant. There's just a specific example there that you can look at later. But the bottom line, once again, is the total funding from external sources and this doesn't involve not just federal funds, but other external funds, you can't bill more than 100% of a cost, of an allowable cost outside. Now, important things to know about rebudgeting. You can do some rebudgeting or moving money around under your grant without having to get HRSA approval in advance.

Okay? If the total amount that you're moving around is under 25% of your total award, you don't need HRSA. Wait, and there's a second piece. And you're not creating a new line item, which means you're not suddenly putting money into a general category, a general expense that you didn't have before. So, let's say you never billed for equipment before. You can't just put any of that money into equipment without getting HRSA approval. Okay. But if you're moving around less than 25% and you're moving
among existing line items, you do not need HRSA preapproval to do that. You do have to tell them that you did it, but it's more like forgiveness rather than permission or whatever the line is. Specifically, tell your PO, your project officer and your grants management specialist. Now, the flip side of that is that if you are moving around more than 25%, or you are adding new line items, then you do need HRSA approval in advance. So the takeaway for cross cutting, big picture, rule number one, no double-dipping. So, if you have costs you're billing to more than one external source, track how much you're billing to each and make sure it doesn't exceed 100% of the allowable amount. And if you need flexibility, look at rebudgeting. Number two, the cap on executive salaries. If you hadn't heard this before, it's not your imagination. This was just announced, I guess, two weeks ago. HHS announced that the cap on executive salaries, which is now I think, 197,300. It applies across all sources of federal funds. So, let's say you have a person who is partially on the H80 grant. And now, you're going to put them a little bit on H8C or D or E and their paycheck protection and you've got provider relief and et cetera. All of those put together cannot go above 197,300.

Colleen Meiman (00:13:03):
Okay. Previously, we thought maybe that was possible. We now know that it is not. So, the takeaway is that for people whose salaries exceed that threshold, you need to track how much federal funding is going to that individual's person across all funding sources. It's on an individual basis, not an average basis. They need to be tracking that. And then, just differ the confused things. There's a second layer around the salary cap issue and this applies to health centers who got Paycheck Protection loans. And I'll talk more about Paycheck Protection loans later, but in short, they now can pay no more than 24 weeks worth of an individual salary. And that individual, the maximum annualized salary, meaning how much that person would make it a full year if they paid all that, can be no more than a hundred thousand. So, if the maximum amount they would pay over a full year was a hundred thousand, but they're only going to pay a maximum of 24.

Colleen Meiman (00:14:12):
Then you just do the math and it comes up to, depending on exactly how you calculate weeks and days, basically $46,000. You can't pay more than $46,000 of Paycheck Protection funds to any one individual. So, what somehow centers might end up doing for their executives is putting 46,000, the Paycheck Protection funds in. Then, taking another 151,000 from the other federal sources and putting that towards it. And, that brings the total federal contribution up to the 197 cap, and then additional amounts beyond that have to be paid with non-federal sources. So rule number two, the salary cap applies across all federal sources. So, you need to track that and you also need to track the sub cap that no more than 46,000 per individual is billed to the Paycheck Protection Program. Okay. Rule number three, and for anyone from New Jersey who heard a dry run of this presentation last week, I'm alerting you that this one has evolved significantly in the past week.

Colleen Meiman (00:15:27):
When you read the information that is coming out of HHS about Provider Relief funds, it really kind of gives me a little bit of whiplash when it comes to about the oversight. On the one hand, they're saying you can only use these funds to things that are attributable to COVID, and we're going to have really tight LIG oversight and fraud investigation. And so, it really kind of makes you a little nervous. But anyway, I'm kind of jumping ahead of myself here a little bit, but the bottom line takeaway here is that the federal government does not want to pay you any more. And, don't panic until you hear the end of this. They don't want to pay you anymore in funding than your net COVID related costs. That's why I
have the scale there as an image. So just on a very simplistic image, let's just say that you had $200 of net COVID costs, then I'll get into how that's calculated. The feds are like, "Okay. Well, if that's the net cost to you, then we don't want to pay you any more than $200."

Colleen Meiman (00:16:38):
So, that's why I say that the rule here is you need to be watching how your net COVID costs compared to your federal funding in case anybody ever comes and ask you about that. And, it would be the Provider Relief Fund people who do that. Here's the good news that I just learned since last week. The Provider Relief Fund defines COVID related costs incredibly broadly. And, I'll get into that in a minute. I don't see this requirement that the cost can't exceed the funding or funding can't exceed the cost as being something that would force people to give up funding. I do see it as something that means you're going to just want to document stuff now, while it's fresh in your brain. So that if somebody comes knocking at your door in three years from now, you have that information. So, how are net COVID costs calculated? Theoretically, they're your expenses attributable to COVID and I'll define attributable to COVID in a minute, plus your lost revenues minus however much reimbursement you've got or should have gotten. And, lost reimbursements are you're canceled. What would you have gotten for your canceled visits, for your closed services? Remember, there's a significant loss revenue around the reduced reimbursement for visits to switch to telehealth in a lot of places, your reimbursement includes, insurance is a big one, other funding sources. So, the big question in my mind is what are expenses attributable to COVID? And on June 2nd, HHS very quietly inserted in its 37 pages of FAQs on the Provider Relief Fund, a definition of allowable expenses, which was very generous, I think we could say. It covers, allow the expenses of the obvious things, supplies, testing, training, alterations and renovations. It's also all mortgage, rent and utility cost.

Colleen Meiman (00:18:35):
And, it also includes the cost of, look at the final bullet, acquiring additional resources, including facilities, equipment, supplies, healthcare practices, staffing and technology to expand or preserve care. That is, in my mind, an extremely broad definition. You could use Provider Relief funds to buy other practices. Somehow or other, I don't see health centers doing that. But, what it does say here is that these funds can be used to expand staffing and facilities and everything else to expand care. So that's why I said that with this broad of a definition, I'm not concerned that health centers will have a hard time coming up with enough COVID related cost to justify the funding they've received. But, it's just important to write that down now, before you forget about it. Two important points about this definition. HHS has yet to announce an end date for what they consider these COVID related expenses. They said they can't be anything earlier than January 1st of 2020, but they haven't said how long this goes on for.

Colleen Meiman (00:19:56):
And they haven't said how much, what documentation you're going to need to verify it. So, I'm sure that will be slipped into the Q&A soon, at some point too, but just be prepared to have some documentation. Okay. And just while we're on the topic of the total funding you get, because you'll want to look across all the funding and compare that to net cost. And talking specifically about the Provider Relief Fund, thought it would be helpful to point out that to date, health centers have been eligible for funding from the Provider Relief Fund from two distributions. The general distribution, which was the original money. It started coming out on April 10th. Most, but not all health centers have gotten a second payment by now. That amount of funding should be roughly equal to 2% of your net patient revenues.
Colleen Meiman (00:20:55):
And, here's the bad news. Let's say, first of all, there's some health centers still waiting for their second payment and it's no fault of theirs. It's just where they fell in line. But let's say you have gotten both payments and it's really high. It's like 8% of net patient revenue, instead of 2%. The rules are that you have to return all of it and wait for them to reprocess it. So, very sorry if you're one of those people, but if it's that significantly above what you're supposed to be getting, you're required to return it and wait. You'll get it again later. The other pot of funding that health centers are eligible for was the rural distribution, which started going out in early May. It's been dripped. A lot went out early, it's still dribbling and drabbling in now. Health center sites that met a very complex definition, something to do with RUCAs, got 103,000 per site.

Colleen Meiman (00:21:58):
So, a health center in a rural area will most likely by now have gotten three papers from the Provided Relief Fund. First and second from the general distribution and then one from rural. Those in non rural sites should have gotten two, unless they're one of the unlucky ones who's still waiting. Other thing to know, there is still $50 billion remaining in the Provider Relief Fund. I'm not going to get into advocacy now, but let's just say that NACHC is very well aware of that funding and paying very close attention to where it is going. And, I'll just leave it at that. I think, that is for now. Okay. Based on all of this, here are a few just kind of general suggestions. Think broadly about what you consider a COVID related expense. Look at that FAQ. Go on Noddlepod, it'll give you the whole thing. Remember that your COVID related expenses, the window at that could last, there's no end to it at this point, could last for awhile. Make sure, look at the total amount... PART 1 OF 4 ENDS [00:23:04]

Colleen Meiman (00:23:03):
... to last for a while. Make sure, look at the total amount of federal funding you're getting and realize that hopefully there will be more coming from the Provider Relief Fund, although we can't guarantee it. Make sure that you can come up with COVID-related costs that exceed that amount, thinking very broadly about what is a cost. Also, please think carefully before you return or refuse any funding. Obviously, if it was a mistake and you got to repay, you need to return it, unfortunately, it's just the rules. I've heard some knee jerk reactions. "Oh, this is more ... We don't want to do that." Remember that this funding is to be used to expand capacity and everything else. Bottom line, document how your net costs exceed the total funding that you've received from the Feds using a broad definition of COVID costs, including general expansion of capacity.

Colleen Meiman (00:23:57):
Yep. Okay. I think that's it. So those are my three looking across the big picture things, rules.

Colleen Meiman (00:24:06):
Moving on. Rule number four and forget this little, I forgot to delete this little footnote here. Just ignore that. Rule number four is to maximize the federal funding that you get, because remember it can be used to expand capacity, not to mention all the COVID costs. Most of the federal funding streams you don't have any control over what you get. You don't have control under BPHC, you don't have control under Provider Relief, they use formulas, et cetera. But there are two programs where you do have an impact. They're the protect per Paycheck Protection and the Uninsured Claims program. Besides just the
obvious financial responsibility thing, remember that as 330 Health Centers, we are required to maximize outside reimbursement. That's a standard compliance manual statutory thing.

Colleen Meiman (00:24:59):
So here's a few suggestions around that. Number one, the Uninsured Claims Program. This doesn't have a short name yet. That's just what I call it. It's managed by HERSA, operated by United, operated by Optum. It's like an insurance company and you submit a claim with data on it. They have their own special use of codes you need to use, and you're supposed to get reimbursement back based on the Medicare fee schedule amount. Unfortunately not on the Medicare FQHC PPS amount. I'll get back to the social security number thing in a minute, but just remember every claim that you submit and get paid for, there is funding that you would not get anywhere else. So if you don't submit claims there, it's sort of like just giving away money that you would be eligible for.

Colleen Meiman (00:25:48):
A couple things to note about this, though. First of all, it's required that if you submit a claim to this, you can not charge the person a copay. So if you tested people before this program came about and you did charge them a copay, you have to refund that. That's number one.

Colleen Meiman (00:26:05):
Number two, there has been a great level of concern about the fact that the claim submission portal requires you to include a social security number or state ID number for every individual. Obviously raises concerns on certain members of our community. Please know that there's a balance there, you can submit a claim without that number and just say you tried and you didn't have it. And it will go to the back of the line, but it should be paid. The other thing is to know that Lab Corp, the giant laboratory company is refusing to submit any social security numbers. They consider it a violation of protected health information. So if you don't submit that, you will be far from alone.

Colleen Meiman (00:26:54):
But the one thing to know with this program is unlike Medicare, there's not a guarantee that all the claims submitted will be paid. There's a set amount of money. We don't know how much it is, hasn't been announced, but when they run out of money, they're going to stop paying them. So if you submit a claim without a social security number, and it goes to the back of line, the chances of actually getting paid may go down a little bit, but obviously there's a lot of competing concerns that we need to balance here, including the fact that if you don't bill this, you could be viewed as in violation of it. You could get a condition for not maximizing reimbursement.

Colleen Meiman (00:27:35):
Moving on to paycheck protection loans. This program just changed in a very positive way just last week. And because of those changes, which I'll go through in a minute, Alison Coleman and the Kaplan people, and I all agree that every health center who got a paycheck protection loan should be able to get 100% of it forgiven even if you had to lay off staff for low staff, there's enough flexibility in there now that you should be able to get that forgiven. And I'll happily send you the Capital link for more details here, beyond what I'm going to give here.
The first general thing to know is that so you get a loan and you can get up to a 100% of it forgiven if you meet certain requirements. And also, I should mention paycheck protection loans are health centers with over 500 patients or 500 employees are ineligible for these, which is a sincerious detriment for them, probably about a billion dollars they would have received from this program if they were eligible. So that's another thing we're tracking very closely here.

Colleen Meiman (00:28:47):
But for those who are able to get these loans, to get an amount forgiven, the expenses have to be incurred during a determined 24 week window. And up until last Friday, when the law was signed, that was an eight week window. And that was causing a lot of people problems. Framing enough expenses into eight weeks to get it all forgiven. It is now 24 weeks, much more generous. As long as the 24 weeks ends before December 31st. I think you have to start it right after you get your loan or whatever, but it's much more time to cram in, used to be 15,000 with the cap on an individual employee. Now that they tripled the time it's now 45 or 46, whatever. Also the other flexibility they added, under the old rules it said that the amount that would be forgiven, 75% of it had to be for payroll costs and only the remaining 25% could be for mortgage interest, utilities, et cetera.

Colleen Meiman (00:29:46):
They have now dropped that threshold to 60%. So as long as you can come up with enough payroll expenses over 24 weeks to cover 60% of your loans, then you can put any part of that remaining 40% towards mortgage interest, utilities, rent. You can also put it towards payroll as well, but a lot of flexibility there. I highlighted the word mortgage interest because mortgage principal is not forgivable under Paycheck Protection loan, not even an allowable use.

Colleen Meiman (00:30:19):
A couple other things. If you reduced, as I said, if you reduced the number of employees, you reduced wages, don't assume you're out of the game here. There's a lot more flexibility around that, but take a look at Megan's spreadsheet elsewhere. Also know that you have to actively apply for forgiveness. If you don't proactively submit that application in 10 months or something that move recently, you're going to have to start paying it back. So you want to proactively submit that application. If you don't, then at some point you start paying it back. It's 1%, but why not just get it forgiven if you can.

Colleen Meiman (00:30:59):
This is actually a lot less important now that we're not having to squeeze things to fit into paycheck protection loans. But remember that you can get staff time covered here. So you should consider rebudgeting staff time from HBD to paycheck protection. Hazard pay and bonuses are eligible expenses towards forgiveness. Yes, you can use a 100% of PPP paycheck protection towards payroll. Just remember the 100,000 cap, which really is 45,000 over a 24 week period on each employee's salary.

Colleen Meiman (00:31:36):
Rule number three is a reminder. There are two programs where you have control over how much funds you get and you should maximize them, the HRSA Uninsured Claims Program and the amount of your paycheck protection loan, that's forgiven. For the uninsured claims highly recommend submitting them sooner rather than later because we don't know how much money is in there and paycheck protection, please don't settle for less than 100% forgiveness without talking to one of us.
Colleen Meiman (00:32:04):
Moving on to some of the fine details here. The question of how do you allocate expenses to the funding streams. So you've got all these different expenses. You've got all of these funding streams and which puzzle piece goes where. I would love to give you a cookbook that says, do this first and do that second. And of course it doesn't work that easily, but I can give you a general suggestion, which is you want to to think in terms of starting to allocate to the most restrictive and leaving the ... I'm sorry, to the most restrictive and ending with the least restrictive. When I talk about restrictive, there's several different types of restrictions to consider.

Colleen Meiman (00:32:52):
Expenses. There are some funding streams that only cover particular expenses, H8-elephants, if it's not testing related, you're going to have a real hard time justifying that as a valid H8 elephant expense.

Colleen Meiman (00:33:09):
The same time, there are expenses that only are eligible under one or two programs. Mortgage principal is only eligible under and I have this below, I'm pretty sure under provider relief. Couple others like that. So what pieces fit where. You also want to look at dates, you only have 24 weeks under the paycheck protection program. There are different start dates for BPHC things versus uninsured claims. You got to do all that. And also reporting requirements and oversight. How detailed are they? How much you have to say upfront? You got to balance all of those things.

Colleen Meiman (00:33:44):
So speaking very generally, and I'm sure there's exceptions to every rule. The most restrictive programs I see tend to be the HAD, the testing, because it's limited to testing. The uninsured claims program, because it's only for specific individuals getting specific services if they are uninsured. And the FTC telehealth grants. Once again, very limited within the telehealth world and enormous amount of flexibility, but only within the telehealth world. HHC and D are kind of in the middle. The least restrictive, and therefore I'll say this later, is the provider relief fund. You've seen how broad their definition of allowable cost is. Also unlike most of the other programs, not all of them. You don't have to tell them proactively what you're going to do with it. With the BPHC stuff, they actually gave us the money, but then we had the money say really quickly this is what we're going to use it for. Provider Relief, there's no upfront commitment. We're going to use her for this, this and that. So that's why that's your, I guess, payer of last resort. Although that term is overused.

Colleen Meiman (00:34:57):
Now to go through the various types of restrictions that I talked about. So I said there are some expenses that can only be allocated to a limited number of funding sources. Mortgage principal can only be directly allocated to the provider relief fund.

Colleen Meiman (00:35:12):
Now, if you have an indirect overhead rate with HERSA, mortgage is kind of mixed in there, but you can actually use provider relief funds to pay your mortgage principal. That's the only funding stream I know of where you can do that. And as I said, I don't know the end date, but I do know you may even be able to go back. I wouldn't personally go back till March, but the way before March, the way I read the language, I think they would allow you to go to back to January, but that makes me nervous. Mortgage
interest, rent and utilities can be directly remember, not indirectly, directly allocated only to the paycheck protection loans. Remember the fully forgivable subject to that 60/40 ratio and the provider relief fund. Alterations and renovations related to COVID can definitely be allocated to HAT, HAD and the provider relief fund.

Colleen Meiman (00:36:09):
And by the way, a big thank you to the people at HERSA who got the rules between HAC and HAD aligned. Definitely saved some hassle for health centers going forward. Alterations and renovations can only go to HAV if you can show that they're directly related to testing and they can never be billed to paycheck or allocated to paycheck protection loans.

Colleen Meiman (00:36:33):
Now flip side. There are some expenses that can only go to a few funding sources, increasing staffing and capacity, if related to COVID can be directly related to HAC and HAD. If you look at the BPHC language, that's right in there. Also, we saw the language for the provider relief fund. Another idea that you might not have thought about, but I just want to drop in people's heads is legal support for legal services to support patients. I was talking to our NCA colleague at the national medical legal partnerships, and she referred to the impending eviction tsunami, all of the individuals who are going to reach the end of the delays and forbearance on their rent and their mortgages and potentially face eviction within the next few months.

Colleen Meiman (00:37:29):
Just a reminder that BPHC considers legal services to support patients around social determinants of health issues as an allowable enabling expense. So consider that as something you might want to put a few dollars, you might want to put something forward, doesn't have to be a big partnership, it can just be some money towards your legal aid and happy to provide more information.

Colleen Meiman (00:37:54):
Lost revenues. And I put that in quotes can only be directly allocated to the provider relief fund, but remember lost revenues you can do rebudgeting creatively. And you can take something you would have paid with the lost revenue and you can rebudget from your H80 money that you freed up from the paycheck protection program and put that over to cover something else there. But the one program that literally says lost revenues are compensating for lost revenues are an allowable use for this fund is provider relief.

Colleen Meiman (00:38:27):
State restrictions for eligible programs. The most restrictive here is paycheck protection because you only have a 24 week window. Still a whole lot better than it was this time last week when it was an eight week window. BPHC grants go back to January and go forward for one year. Provider relief fund. Depending what document you read, the first date is either January 1st or January 20th. That would be I think, a little hard to have an argument to do anything before February or March, but important thing there. No clear answer of what the end date is. Also with the uninsured claims program, no clear answers to how long they will continue to accept. Will somebody tested a year from now be eligible for that program? We don't know.

Colleen Meiman (00:39:15):
Finally, another set of requirements to think about in terms of restrictiveness is the reporting and oversight requirements. The BPHC grant funds, I think we are all very familiar with the oversight there. You've got your project officers. You've got your operational site visits. You've got grants management. The provider relief fund also requires quarterly progress reports in the same way that BPHC typically requires them, but I'm going to show you in a minute the details they're asking for are a lot less detailed. And remember, you don't have to tell them upfront what you're doing. So it's not like measuring against the predetermlned yardstick.

Colleen Meiman (00:39:57):

HHS has been clear that the office of the inspector general is responsible for the oversight. So it is possible that there will be checks on that later. That's why I emphasized at the beginning, the importance of being able to show that your COVID costs were more than however much you got in federal funding. FCC stuff should be very flexible once you get it. Paycheck protection. This is the piece I wanted to flag and thank you to Alison for pointing this out. If you've got a loan between 2 million, under 2 million, excuse me, you may be reviewed for compliance. Did you use it for the right big allowable costs? If your loan was over 2 million, you will be reviewed. That's what they have said publicly as small business administration. And they will review it for two reasons. Compliance, like I said, did you use it for the allowable cost, file the right paperwork, whatever.

Colleen Meiman (00:40:54):

But the other thing is for lack of a better term, need. When you signed up for a paycheck protection loan, and I didn't put the language here, but you said something like I certify that we need these funds to continue operations. And this would have been small business administration said, we're going to assume anybody who borrowed less than 2 billion really needed them, but anybody who borrowed over 2 million, I meant today 2 million, anybody who borrowed over 2 million, we're going to go back and make sure that they really did need these for operations. You've probably seen in the press that there were some people who, some organizations, who flooded the paycheck protection program early on, and it came out later that they were not exactly in great need. I'm not worried about the health centers demonstrating the need, I just want you to know you should be prepared for that.

Colleen Meiman (00:41:46):

Okay. In terms of the quarterly reports, they're due July 10th, both to BPHC and to the provider relief fund. Remember that list of deadlines on Megan's spreadsheet. You can kind of tell the level of oversight by the relative size of the two boxes here I think.

Colleen Meiman (00:42:06):

BPHC grant funds, you have to give an overall status report with the percentage of activities that you have completed and related. I just saw a question, Oh, Oh, I'm sorry. That's a different one. You have to say, let's just say, you say these were our expected activities and we had spent ... 50% completed them. They're going to look at that and compare that to how much you have drawn down. So if you have drawn down 85% for 50%, that's going to make them kind of scratch their head and start asking questions. Same thing if you've only drawn down 10%. So you draw down rate should mirror your status updates as a percentage. They'll ask for narrative updates. They'll ask for any changes you made, any barriers.

Colleen Meiman (00:42:54):
On the provider relief fund. They're going to just ask for basically, what were the things you did with the money? How much did you spend each on? Interestingly, number of jobs created or retained? I think that's an important thing for them to demonstrate what this whole fund did for the economy and information on any subcontracts or subawards. So the level of oversight is really much, much less intense for the provider relief fund.

Colleen Meiman (00:43:24):
Close to wrapping up here, by the way. You've probably guessed it from several things I had said before, but the provider relief fund is the least restrictive funding stream, both in terms of expenses, you know that nice broad definition and the reporting requirements. You don't need to tell them upfront what you're doing. You can use the funds for lost revenue. You have this nice broad definition of expenses. You have to submit quarterly reports and they're setting up a portal on the same portal where you submitted your financial information to submit that report. But just knowing what I know about the workload the people at the provider relief fund are facing right now, I don't think there's going to be super high. It won't be as high as what we're used to from BPIC oversight. I'm not saying obviously that we don't do the right thing, but I just don't think they're going to be as drilling into the details. All of those things together say that the provider relief funding should be the last place you put money. Things that you can't fit in anywhere else you put in there. So here's the takeaway. Allocate expenses starting with the most restrictive areas. And when we say restrictive, think about expenses, what fits where, dates, reporting requirements, oversight in general, the provider relief fund is the most flexible. And so that's where you put stuff that doesn't fit elsewhere.

Colleen Meiman (00:44:51):
Just in summary here, I'm not going to grow. These are putting all the slides together. So the five rules are no double dipping, apply the salary cap across all federal funding sources, plus the mini salary cap to the paycheck protection lap. Be able to show that your "net COVID costs" were greater than your total federal funding you received, maximize the value of the uninsured claims program and the paycheck protection program and allocate expenses starting with the most restrictive. In terms of some concrete suggestions. First of all, here's the federal spending ... Megan's spreadsheet link, keep an eye on that for key changes, we highlight them for two weeks in bright green. Get your claims into the uninsured claims program as soon as you reasonably can. Maximize what you get out of the paycheck protection loan, good place to put payroll stuff and also mortgage interest, rent utilities, et cetera. Might require some rebudgeting of H80, you can do that.

PART 2 OF 4 ENDS [00:46:04]

Colleen Meiman (00:46:01):
Start with expenses at the most restrictive source. Testing expenses go to H8E, all that sort of stuff.

Colleen Meiman (00:46:09):
Re budget H80 funds to cover things that would have been covered with lost revenue. To provide a relief fund is generally most flexible, leave that until last. And when you kind of figure you have your whole package done, go back and make sure you're not double-dipping anywhere.

Colleen Meiman (00:46:28):
So with that, I'm here with my colleagues Jeremy and Gervean from NACHC, and Margaret. Allison and Tony and Jonathan are here from Capital Link. Ted is here from Feldesman Tucker. So I am happy, that if we want to open up the line and start taking questions. Or if any of the other speakers want to chime in.

Margaret Davis (00:46:55):
Hey, Colleen. So, we had a little back and forth with chat questions and Q&A questions. So, I'm just going to jump into what I pulled out of Q&A.

Colleen Meiman (00:47:08):
Okay.

Margaret Davis (00:47:08):
So, what about... So here's a question about personnel who are on the H80 grant who are working on COVID response and they have all the H8C, H8D, H8E. What is HRSA's response to re budgeting from H80 to H80 elephant. And, would that be viewed as a planned thing?

Colleen Meiman (00:47:33):
And Margaret, you can answer this probably just as well as I can. I think they would be okay with moving it from say H80, to H80 elephant, as long as the total amount of funding does not get into the double dipping world. And then you can free up some of that H80 funding for other things that might not be covered elsewhere. Just particularly with H8E, that is by far the most restrictive of the BPHC funding streams. You really have to be able to tie stuff to testing. So I would say, just be careful with that one in particular, that the time you're allocating is time really related to testing activities.

Ted Waters (00:48:16):
On the supplement supplanting, we've had this question a lot, and I think there's a bit of a misunderstanding. It's not supplanting when you take H80 and pay for these costs. And then it's use H8E for those costs. Your grant is there to pay allowable costs, and supplanting is a concept that is in various grant programs where you have some level of non-federal support and you are supplanting that was federal support. These are all federal funding streams, that's kind of not the issue, if that makes sense.

Colleen Meiman (00:49:01):
It just kind of, it's like shifting around within all the feds is okay. It's just like, if the state were paying for it, the feds don't want to start paying for something like that. Thank you, Ted.

Ted Waters (00:49:18):
Exactly. That's right.

Margaret Davis (00:49:21):
Colleen, do we have any thoughts about starting the budget period renewal process and a participant is wondering if they need to add all the new funding into their budget period renewal, including provider relief funds into the BPR budget?

Colleen Meiman (00:49:47):
I’m not sure I feel qualified to answer that, honestly...especially since we don’t know...

Margaret Davis (00:49:52):
...waiting for that guidance to come out.

Colleen Meiman (00:49:54):
Yeah, wait until that guidance, and also that's a good one to ask OGM, or OFM on the webinars next week, and the week after.

Margaret Davis (00:50:03):
Great, thanks.

Ted Waters (00:50:07):
I am, this is Ted again. You absolutely should hear what HRSA has to say, but, if you think about how the health center budget is constructed is, you have total healthcare operations, minus fees, premiums, third-party reimbursements, and other funding support. So, I would think if you have an overlap with these funding streams, you're expecting these funding streams to go on, which they are supposed to go on for the next six to nine plus months, then you should budget for it. But certainly be curious to hear what HRSA says.

Colleen Meiman (00:50:48):
And so just one kind of general comment, we are in such unchartered times, not just in terms of dealing with the pandemic, but there are so many rules that, questions that have never had to been asked before. And that's why stuff is coming out, sort of in dribs and drabs late, but I'm sure you are not the only health center or grantee in that situation. So hopefully HRSA has an answer to that.

Margaret Davis (00:51:17):
So I'm going to keep jumping in with some other questions.

Margaret Davis (00:51:21):
So there was some questions around social security numbers on the claim, and some patients who don't have those or have those to report. So do you have any thoughts on that?

Colleen Meiman (00:51:37):
Yeah, my thought is that there is no good answer, how's that for an answer. I was just actually on with a reporter about that yesterday, and I said health centers would be between a rock and a hard place. We are required to maximize external reimbursement by statute, and we are required by our mission and our purpose to maintain trusting relationships with our patients. I do worry that if a health center doesn't bill these charges to the uninsured claims fund, that there might be concerns that an auditor, an OSB could raise concerns that you didn’t comply with the rule about maximizing outside reimbursement. But I also know that there are other factors that need to be considered. There is always the option of sending the claims in without a number on them or taking the lab core approach, sending every claim in, without a number on them, at which point, you can’t be blamed for not having submitted them. Also, I guess it’s always theoretically possible that an immigration authority could choose to look into Optum’s data, but I know that there’s been no suggestion about that anybody in the administration has heard.
Colleen Meiman (00:52:55):
So the one thing I will say is I heard somebody saying they were going to put the cost of testing per undocumented persons in their H8E elephant grants. I doubt that will be approved because there will be the argument that there is this other funding source. I've also heard of somebody who just found outside money to pay for those costs and just kind of made the issue go away that way. But it's like I said, there's no good answer. It's a matter of balancing all these, kind of, competing commitments. And please know that we are working behind the scenes that the reporter, et cetera, to see if there's some way to get that requirement eliminated. That's it.

Margaret Davis (00:53:43):
Thanks, Colleen. So just to jump in on some of the timelines and deadlines that you provided, the link to the Excel spreadsheet for that, is that in Noddlepod, or in a Google doc?

Colleen Meiman (00:53:57):
It's in Noddlepod. Just go in and I'll go on Noddlepod.

Colleen Meiman (00:54:03):
You know what? It's not on the COVID webpage, I keep meaning to do that.

Colleen Meiman (00:54:07):
But it's also on here.

Colleen Meiman (00:54:10):
Yep.

Colleen Meiman (00:54:10):
And also it's on your slides.

Colleen Meiman (00:54:14):
Yeah, so on my slides and it's tab two, with the deadlines.

Margaret Davis (00:54:18):
Okay. I'll go try to pull that and put it in to chat for folks.

Margaret Davis (00:54:23):
There were some questions around... Oh, go ahead.

Colleen Meiman (00:54:29):
No, no, that was me, sorry.

Margaret Davis (00:54:32):
Did you have something else? Oh, okay.
Margaret Davis (00:54:36):
So it looks like Ted has written back to some of the 2% questions that came up, so that's good.

Colleen Meiman (00:54:43):
Okay.

Margaret Davis (00:54:44):
Oh, we have questions in all the places.

Margaret Davis (00:54:48):
So there was some questions around FEMA funds and around whether COVID related resources can tie to an organization using funding for lost revenues. So can you talk a little bit about how health centers are able to manage funding for lost revenues as well as if you have FEMA information? And there was a question on salary cap with FEMA.

Colleen Meiman (00:55:16):
Okay. I have to say honestly that I do not have information about FEMA yet, but keep an eye on the spreadsheet because I'm hoping to add that next week. So I honestly can't tell you how that fits in yet. In terms of lost revenue, there are really two ways to deal with that. In the short term, let's say you have a person who is a 100% on H80, and you're going to move 24% of their time to paycheck protection or 24 weeks worth of their time to paycheck protection. Well, you've now freed up 24 weeks of their time on H80. You can take that funding and re-budget it within H80 to pay for something else that you would have paid for with those revenues.

Colleen Meiman (00:55:59):
Let's say that you would have used those revenues to buy new lab tests or more new laptops for your front office staff. You could take that freed up money and from the salary that you reallocated and use that to pay for that expense. So, obviously won't work for everything, but just know that that is one way you can compensate for lost revenue.

Colleen Meiman (00:56:21):
The other thing is you can just flat out bill them to the Provider Relief Fund. That is an allowed expense, goes all the way back to the statute. That's it.

Margaret Davis (00:56:34):
Great.

Margaret Davis (00:56:36):
Okay, and thanks for posting the link to that spreadsheet onto the chat for folks.

Colleen Meiman (00:56:45):
No problem.
Well, I'm going to check in with Ted and see if he feels like... He's just ripping down all these questions here in the chat.

Ted Waters (00:56:58):
I do want to, thanks. Lost revenue, I really do think, and as Colleen said, this stuff is changing, almost by the minute, it feels like, and it's very hard to keep up. But if you think logically, lost revenues, of course, is to me for a health center, you had to shut down your dental clinics. You had to close sites, you had to do this and this, and that is those sites, those services were generating fees, premiums, third-party reimbursements, program income, and now isn't there anymore.

Ted Waters (00:57:42):
And so when you say lost revenue, it's not just put the money in the bank. It is, to me, logically replacing those fees, premiums, and third-party reimbursements. So what were you going to use your program income for this year? That, to me, is where you would make the connection between, 'I got this Provider Relief Funds and I'm spending now on costs that I can't cover anymore because I had to shut down.'

Ted Waters (00:58:11):
And so you're creating that audit trail showing 'I used these funds for this specific purpose.' And when the audits happen, and they will happen, then you want to be able to say, 'Yeah, I got these dollars and I use them appropriately.' That's my speech for the day, sorry.

Margaret Davis (00:58:36):
That's great, thank you.

Margaret Davis (00:58:48):
Oh, go ahead. No, go ahead, Colleen.

Colleen Meiman (00:58:50):
I was going to say there was just a question about deadlines and confusion about the original deadline for the Provider Relief Fund. I'm sorry, not their result, the date for the first one.

Colleen Meiman (00:59:01):
The original documents that came out on the Provider Relief Fund said no expenses before January 20th. Then, the most recent documents said, you can use this for any COVID related costs, and we have a hard time envisioning how a COVID related cost could have been incurred prior to January 1st.

Colleen Meiman (00:59:23):
So, I think we can read that as really now it's January 1st, but just any costs that predate the real outbreak of the pandemic, you just want to make sure that you can demonstrate that they're clearly related to COVID.

Ted Waters (00:59:43):
On pre award costs, so that's a concept that you don't really have much in the health center program, but in other programs, there is a provision of the cost principles on pre award costs. And whether it's
H8C, D, E or any of these costs, the concept of pre award cost is things that you are buying with, say, your own money, or in this case, maybe program income that were necessary to address COVID.

Ted Waters (01:00:15):
So, if you went and bought a whole bunch of PPP on January 31st, then you could essentially charge that cost to the grant and essentially repay yourself for that cost that you spent, kind of, your own money on.

Ted Waters (01:00:37):
I probably would read the cost principles carefully.

Colleen Meiman (01:00:42):
Yeah, exactly.

Colleen Meiman (01:00:45):
Margaret, can I respond to a couple of the Q's I saw in the chat box?

Margaret Davis (01:00:49):
Please, go right ahead.

Colleen Meiman (01:00:51):
Okay, the general distribution, the first distribution from the Provider Relief Fund came in two parts.

Colleen Meiman (01:00:57):
The first one was the one that showed up in your bank account, right around April 10th, probably without you even knowing to expect it; it was labeled something like HHS stimulus.

Colleen Meiman (01:01:08):
And then there was a second piece that most health centers have gotten. The goal of these two pieces in total is that the total amount that you receive should be roughly equal to, 2% of your net patient revenue across all healthcare, across all patients, not just Medicare, okay?

Colleen Meiman (01:01:55):
It was very confusing how that happened. They were in a hurry to get the money out the door, understandably. And so they did the first payment based on what information they had, or Medicare fee for service, patients, or billing. So if you had a lot of Medicare fees for service, you probably got
proportionately more in the first payment than in the second, but the two of them pieced together is supposed to bring you to 2%.

Colleen Meiman (01:02:20):
If you are significantly higher than that, based on, and my gut is if you put ten people in a room, there might be 12 ways to measure net patient revenue. I just looked at what was in UDS, nationally.

Colleen Meiman (01:02:34):
But, if your gut is that the amount got out of the two payments from the general distribution was significantly higher than that 2%, that is the one time where I think you might need to consider maybe sending some of it back.

Colleen Meiman (01:02:51):
I don't have a threshold. It's not like it's over 2.5%, you have to send it back, and if it's below 2.5, you don't. There is no hardcore rule like that. But let's just say they accidentally sent you 10% as opposed to 2%. That's kind of, it's real hard to argue that you didn't see that that was an overpayment. And in that case, unfortunately, the expectation is that you've sent all of it back, go to the back of the line and start all over again.

Colleen Meiman (01:03:21):
So the reason that no health centers, or if any, a handful, that payments under the $15 billion that was announced this week for quote unquote Medicaid and CHIP dependent providers, was that, in my opinion, that $15 billion was mislabeled. It should have been said for Medicaid and CHIP dependent providers. It was for providers who don't bill Medicaid and don't bill Medicare, and do bill Medicaid. And the goal there was, 'Okay, there are some people, like pediatricians, let's say, who never bill Medicare and bill a lot of Medicaid.' They got nothing out of that first general distribution because it started out being based on Medicare data and they don't have any. So any rate, I hope that helps answer the questions about the 2%.

Colleen Meiman (01:04:14):
So, I also saw something about cost being denied for food. I don't think you're allowed to use federal funds for food. Are you Ted? Do you know that?

Ted Waters (01:04:28):
Well, if you have a USDA grant, you can.

Ted Waters (01:04:38):
If you have a WIC program, you can use, it's vouchers.

Ted Waters (01:04:45):
It again comes back to allow whole cost. So, H8E is the most restrictive, but if people are working through lunch, if you could pay for food, but as far as paying for patients and potential patients, I don't see that in any of these clinics.

Colleen Meiman (01:05:13):
Okay. A couple questions about the salary pop. First of all, funds that you would get back from the uninsured claims program do not count towards that. So even if you had one only one provider, so you can assume every payment you get from that program was really around that one provider, that's [inaudible 00:19:32], or off book, or whatever the term would be.

Colleen Meiman (01:05:35):
What you need to look at is all of the federal funding, like all the stuff that's not reimbursement for an individual service, so H80. Yes, Paycheck Protection money does count towards this. So, remember that the max you can put towards any one person's salary under the Paycheck Protection Program is 24 weeks worth of a $100,000 annual salary. In other words, $46,000, you can put $46,000 towards Paycheck Protection, another 150 something, but don't hold me to the math, from other federal funds, not the uninsured claims, to bring it up to the 197. If you have salaries beyond the 197, then it's got to be non federal funds used to pay the rest of that.

Colleen Meiman (01:06:28):
Do you have other questions?

Margaret Davis (01:06:29):
Thanks, Colleen.

Colleen Meiman (01:06:31):
Yeah, no problem.

Margaret Davis (01:06:35):
So we have... Oh, go ahead.

Colleen Meiman (01:06:40):
Are there limits to how much can be moved across budget lines or categories? I will give you my best answer, but please check with HRSA before, because I'm not a grant person.

Colleen Meiman (01:06:49):
My understanding is there's not an official limit. If you're moving more than 25% or creating a new line item, you definitely need HRSA approval. And, let's say, I'm just making this up, you're moving 75% of your money around. Well, that's the sort of thing that you need to request preapproval for it. And they might decide not to approve that. So it's not like there's a hardcore, if you can't move more than 50% or whatever, it's just that once you get beyond moving 25K, 25%, or creating a new line item, the decision becomes up to HRSA as to whether or not it's okay.

Ted Waters (01:07:28):
Right, if I could just jump in, Colleen.

Ted Waters (01:07:32):
The role of the budget flexibility, 75, 308; you should all again read them.
Ted Waters (01:07:38):
But, the concepts, and HRSA has adapted to 25% threshold, which is you're moving. The concept is, or the basic rule, is budget flexibility. You don't need federal approval to move dollars between and among line items, approved line items. And so the 25% of the concept is, you're moving so much money that you've basically changed the scope of project. And the scope of projects, we all talk about five, A, B, and C, the forums, but scope of project also, and the uniform guidance includes the approved budget. And so if you're moving so much, then there's the concern that you maybe have changed your scope.

Ted Waters (01:08:25):
The $0 rule, or what I call the rule of zero is, you have no dollars in a line item, you told the federal agency, 'I'm not spending any of your money on this,' again, that's part of your scope of project, and now you are. So you need federal approval, because the first principle of budget flexibility is you don't get to change scope without federal approval. So, that's what's going on with those provisions. It's not... the 25% is in your notice of award, or the other rule is not in your notice of award. It's an interpretation, a longstanding interpretation of HHS, of the...

PART 3 OF 4 ENDS [01:09:04]

Ted Waters (01:09:02):
It's an interpretation, a longstanding interpretation of HHS of these budget flexibility rules.

Colleen Meiman (01:09:07):
All right. Okay. Couple of things here for those who aren't aware of Noddlepod, it is an online sort of discussion forum limited to members of the health center community but open to anyone there. The way the system works out, you have to email us to get an invitation. There is the email, Susan Hansen, shansen@nachc.org. That tends to be where we post late breaking news. And it's also a great place for people to share information and ask their colleagues questions. So if you’re not on that, I definitely encourage you to look into that. Also, there was a question. So since the Provider Relief funding amount was based on our Medicare activity, does that mean it didn't include dental? No. When they say that it was based on Medicare, what they mean is that you were a provider for whom the CMS contractors had name, address, billing number, bank account and everything on file, because you've got payments under Medicare fee-for-service.

Colleen Meiman (01:10:18):
And the very first payments, the first round of the two part general distribution, was based on your Medicare fee-for-service billing. But the reason that they had you submit financial data later was because the 2% was supposed to be based on all of your revenues, not just your Medicare revenue. In some cases, HHS felt that they already had enough data on what health centers' net revenues were overall, but they sent you money proactively. They said, we think we know what this is. We're just going to send it to you. You send us the data, the financial information, so we can make sure we got it right. Some health centers, unfortunately, and I don't know why certain ones were kicked out and others weren't, HHS said, we don't know enough about you to be able to determine what 2% is. And so we're not going to pay you until you send us your financial information proactively and you stand in line behind the other 197,000 providers. Hopefully you got in there earlier than that, but that is the number of providers I've learned.
Colleen Meiman (01:11:24):
So anyway, long way of saying that that 2% was based on everything, not just Medicare. When they say Medicare, it was really only related to the fact that they had your billing information on hand, okay. Okay.

Colleen Meiman (01:11:40):
Somebody is telling me they got three general distributions, three payments through the general distribution. I would just take a close look at those and make sure that you're not grossly over the 2% of net patient revenue. There are obviously some mistakes. HHS is having to set this up really quickly. There are some mistakes going out, and you don't want to be seen and in violation of keeping was too much money.

Colleen Meiman (01:12:11):
How was net patient revenue calculated? I honestly don't know how HHS is doing it. I can tell you that for my purposes, at a national level, I used forms five, I think it is, of UDS and just took the total national revenue for health centers. Net patient revenue was $20.2 billion. So which brought us to less than half a billion for health centers out of that funding.

Colleen Meiman (01:12:44):
Do you match lost revenues by month to expenses charged to the Provider Relief Fund by month? I don't think you need to do it by month, but I do know since you're required to submit quarterly, that might be a more logical way to do that, to try to match things up quarterly. But in terms of comparing total money that you got and total cost, that's something that's a big picture thing kind of from when this all finally calms down. And this, you may never need it. Hopefully you'll never get audited by OIG, there will never be a question. But I'm a worrywart and I want to make sure people are prepared for that just in case. Then there's a question about for the uninsured claims program, can we file for people who are on the sliding fee scale? Yes, definitely in that on the sliding fee scale, they are... Well, let me distinguish between uninsured and underinsured. For uninsured individuals who qualify for the sliding fee scale, you can definitely submit to the uninsured claims program. In fact, even if they're above 200% of poverty, anybody who is uninsured you can submit to the uninsured claims program. But the thing to remember is you have to waive any fee. So there is no slid fee for those individuals. There is no fee for those individuals. That's part of the terms and conditions you agree to when you sign up for that program. This was a big issue early on before we created this program, was it was hard to get approval to waive the sliding fee scale for COVID testing and treatment. And then later, Congress creates a program that says, oh, you need to waive it. And now go back retroactively and refund all those dollars, you were trying to figure out how to waive in the first place. So just be aware of that.

Colleen Meiman (01:14:43):
What becomes more complicated would be underinsured persons. Let's just say that an underinsured person who had no coverage came to your health center and wanted to get the tests. I don't think there's clear guidance what to do in that case because they're technically not uninsured, but we obviously want to make sure that cost is not a barrier. And so maybe in that case, it would make sense to apply the sliding fee scale. Happy to hear any other thoughts on that.
No requirement to match month to month. I'm going through these...location. Yes, HHS isn't clear about that yet. Can I get a copy? Da, da, da. Can you use 100% of the Paycheck Protection thing towards payroll expenses? Absolutely. And remember that payroll expenses includes the fringe benefits. It includes hazard pay, bonus pay up to the 24 weeks and add up to the $100,000 per person cap. The only reason I would say you might want to think for a second before you put your whole Paycheck Protection loan towards salary is that it also will allow you to pay for mortgage interest, rent and utilities. And the only other place where you can allocate those costs directly is the Provider Relief Fund. So maybe it makes sense to just figure, okay, I'm going to put pay Paycheck Protection 100% into salaries. And I'm going to put all my mortgage, all my rent, all my utilities into Provider Relief Fund. But just make sure you've figured out how you're going to balance those two before you make a final decision. Da, da, da.

Colleen Meiman (01:16:46):
There's a question here I'm hoping Capital Link can help with where it's an FQHC under 500 employees who's part of the county, the other who is ineligible for Paycheck Protection. I actually think you're ineligible also because you are a public entity, but I don't know if Tony or Jonathan can respond to that question.

Margaret Davis (01:17:10):
I think I saw that in chat, and Alison did reply that exact thing.

Colleen Meiman (01:17:16):
Yes, she did. Okay, great. Thank you.

Jonathan Chapman (01:17:16):
Yeah. This is Jonathan. I was going to agree. It just took me a second to get off mute.

Colleen Meiman (01:17:22):
No problem. Okay. ...asked to redo and re-upload, okay. Somebody did all of their stuff for the round one and round two. They signed both sets of terms and conditions. They uploaded their financial data. And now they're being asked to redo and re-upload. I would chalk that went up to bad luck and not anything. It was just bad luck, and probably it didn't upload something properly. I did see an FAQ on that today. And I'm trying to remember. Ted, maybe you remember. But it was basically we weren't able to get the data we needed to appropriately calculate, which as my father used to say could be a cover for a multitude of sins, including our system crash or something like that. I would just re-upload it and hope for better luck next time. I wouldn't read anything into that.

Ted Waters (01:18:17):
Yeah.

Colleen Meiman (01:18:19):
Okay. You want to add to that, Ted?

Ted Waters (01:18:23):
I said I agree. We haven't gotten any calls saying...
Colleen Meiman (01:18:30):
Yeah.

Ted Waters (01:18:31):
Yeah.

Colleen Meiman (01:18:32):
Where do we submit the Provider Relief Fund reports? It'll be the same "portal" that you use for to submit your financial information, to submit your attestations for the terms and conditions. By the way, just a reminder, you should have to submit a attestations and terms and conditions for each allotment of funding you get. So there were two allotments under the general distribution, two different sets of terms and conditions. Another set if you got rural. I honestly don't understand why. I'm sure it's some legal thing. You look at them, they all pretty much look the same. They all contain the stuff we're all used to with grantees. You can't use the money for abortion. You can't use the money. You can't use it for whatever the various reasons are. You can't go above the salary cap I think is in there, but you just have to go back and resubmit them. I'm sure it's some legal thing that they need there. Okay.

Colleen Meiman (01:19:32):
Oh, and also, FYI, just last week or the week before, HHS submitted more details about what is required in the quarterly reports for Provider Relief Fund. Still not a ton of details, but you will find them highlighted in green on MEGA spreadsheet with a link to where you can find more information. So they're still much less intensive than I think we need to be for HRSA for BPHC. Let's see. And also, people can raise their hands if they have questions as well. Yes. The Paycheck Protection is considered federal funds for purpose of the salary cap. There is a date.

Margaret Davis (01:20:22):
There's a bunch of questions rolling through chat too.

Colleen Meiman (01:20:25):
Yeah. Okay. Down. I've been tried to start up at the top. Yes. Happy to share this information with other people.

Margaret Davis (01:20:35):
Yeah.

Colleen Meiman (01:20:36):
Okay. Is the provider -

Margaret Davis (01:20:37):
Can you scroll down chat maybe?

Colleen Meiman (01:20:42):
Sure.
Margaret Davis (01:20:42):
Oh, sorry.

Colleen Meiman (01:20:42):
Sure.

Margaret Davis (01:20:42):
I was going to say scroll down in the chat and go from the... Yeah, yeah.

Colleen Meiman (01:20:45):
Start from the bottom. There was just one about a third allotment under the Provider Relief Fund. If the system is working correctly, and that is a big gift, the only people who should get three allotments should be providers with a sites in rural areas. You should get two from the general distribution, one from the rural. If you're getting three and you're not in a rural area, then you really need to take a look. What can be covered under utilities? Jonathan, Tony, do you know about that? I'm assuming... you there?

Jonathan Chapman (01:21:23):
No. Yeah, this is Jonathan. I don't have a simple list on hand, but I see who's submitting the question and maybe I can find out and follow up.

Colleen Meiman (01:21:33):
Okay.

Margaret Davis (01:21:37):
And I think we're going to try to collect these and do an FAQ document too, just [inaudible 01:21:42].

Colleen Meiman (01:21:42):
Yeah. Yeah. Can standing up a new clinic, be charged against Provider Relief Funds? I certainly read it that way. I think, had responded. Look at the FAQ. But yes, expanding capacities, getting new facilities, buying other practices, all allowed. Oh, does the difference for what you would have gotten for an onsite visit and what you did get for a telehealth visit qualify as lost revenue? Absolutely. Classic example. Medicare would have been $165 somewhere in your PPS. Now you're getting $94, don't hold me to those numbers, for the same visit as tele-health. That is $70 in lost revenue. For some providers, that's a big deal. So please feel free to put that in there. All your expenses to set up telehealth, to train people, to get licenses, equipment, all of that stuff is also allowable. And remember, if you haven't applied yet, there still may be money left in the FCC program. And that is the most flexible grant program I've ever seen in my life. So click on Noddlepod if you need more information on that.

Colleen Meiman (01:22:55):
Are communications costs, such as internet, phone, cells, allowable as a PPP cost? Paycheck Protect, I don't think so, Janet. I would be very hesitant to do that given that there's so much flexibility to max out that program without getting into communication cost, I would not recommend going there because I've never seen that listed as an allowable Paycheck Protection cost. Yes, you are correct that the
Paycheck Protection window has been extended from 24 weeks instead of eight weeks. So much more flexibility. As I said before, there should be no health center that does not get 100% forgiveness. Please, before you give up any of that money even if you laid staff off, please call one of us because we really think there should be ways around that. The maximum that you can bill per employee to the Paycheck Protection loan is $46,000, yes. And you can bill that over 24 weeks.

Jonathan Chapman (01:24:00):
Colleen?

Colleen Meiman (01:24:00):
Yes, uh-huh (affirmative)?

Jonathan Chapman (01:24:02):
Colleen. Yeah. This is Jonathan. I just wanted to say I was Googling the utilities, and the first couple of things I've found actually include electricity, gas, water, transportation, telephone and internet access, which I bring it up simply because we had both questions about utilities and communication.

Colleen Meiman (01:24:22):
Oh, yeah. Great. Okay. Okay. So wait. So okay. Well, and internet. So I guess, okay, Janet, just forget everything I just said. That would be great. I made it this far without having to totally eat everything I said. You know what? That would be a great question if you could post that on Noddlepod. Not that I'm...

Jonathan Chapman (01:24:47):
Sure.

Colleen Meiman (01:24:47):
... pushing Noddlepod or anything here, but that would be a great one. People are talking about the FFATA. I'm really hoping, Ted, that means something to you because it doesn't to me.

Ted Waters (01:24:59):
Yes, that's the COBRA and Obama act, actually. It's the Federal Financial Accountability and Transparency Act or something like that. It's a reporting law on federal grants that went into effect 12, 15 plus years, 15 years ago. But I think the question was about sub-awards. And sub-awards are sub-grant, sub-recipient agreements. And under FFATA, you have to report on sub-awards over $25,000. But I think most of you probably do not have, you may do not have some sub-awards. So that's the question.

Colleen Meiman (01:25:42):
Mm-hmm (affirmative). Okay. Couple questions here. Do we think that funding from the uninsured claims program will need to be reported on the single audit? Ted, that's you?

Ted Waters (01:25:58):
Right. Well, they've signed is a CFDA number, Catalog Federal Domestic Assistance. I'm sorry for talking too much Greek today. And I think that to me would be an indicator that, yeah, it's going to be on your schedule of expenditures of financial assistance you receive. But we don't know for sure yet. And then,
of course, there have been delays in the single audit. You're allowed to, I think, push it back and a year maybe. Don't quote me on that, but everything is kind of pushed off. But I would expect clarification, but it seems like by assigning a CFTA number that would be the intention. But I don't know. We'll find out.

Colleen Meiman (01:26:49):
Yeah, making this up as we go along. There's a question from Peggy about a health department that various parts of it got different amounts of funding. And can they be combined to make one purchase? My guess is yes, that they can. But Peggy, I would recommend that you Google Provider Relief Fund FAQs because there's a lot of really detailed stuff that gets in there. I really think you should be fine, but I would just feel better if you just look there to be on the safe side. But as long as the funds are being used to expand capacity, I think you should be fine.

Colleen Meiman (01:27:24):
Does the 2% calculation include the Paycheck Protection Program loans? This is the 2% that you got from the Provider Relief Fund general distribution. No, it does not because it was based on 2018 net provider revenue or net patient revenue. So it's not in there yet. And no, once again, so the Provider Relief Fund payments are not in there. What if our combined PRF payments were less than 2% of our revenues across all services? This is going to be fun for you. You need to go back to HHS and show that to them. If you go into the FAQs, there are instructions about how to do that. But if you're less than 2%, you are very much entitled to go back and ask for additional funding, but you're going to have to do the legwork to do that. So I'll post the link to the FAQs on Noddlepod as well. Yes, it was net patient revenue for 2018, I think we might be reaching the end here. Okay. And it's 3:31, so we're one minute over anyway. So Margaret and Emily, you want to wrap us up?

Margaret Davis (01:28:47):
Yeah, yeah. I think Emily will do the final wrap up. We are going to look at trying to get some of these questions documented and posted for folks as well. Emily will provide that. Emily, is there any thought closing remarks?

Emily DeMent (01:29:05):
There are no closing remarks, but I'll just, again, reiterate that we're collecting all of these questions. If folks want to email us any other questions that they have that are lingering or that they think of five minutes after we end you can email us at trainings@nachc.org. I'll put that email right now in the chat box, but feel free to email us any questions, and we'll get an FAQ out and make sure that all of the questions that have been put in here get a response.

Colleen Meiman (01:29:33):
Awesome. Thank you very much, everybody, for spending your time today. And maybe we'll see you at one of these future webinars. Thank you.

Emily DeMent (01:29:41):
Thanks, all. Bye.