Transcript for “Congress Gave Hospitals and Providers $100B in the Coronavirus Stimulus Package: What Now?” Webinar, June 11, 2020

Bobbi Brown: Good morning or good afternoon, everybody. I'm just excited to be here today. And I hope everybody is healthy and safe and we're going to take about an hour of your time today. And during that hour, we're going to ask you not to worry about anything. Let us worry about it for the hour, but you just listen real carefully and get lots of questions so that you can ask those questions and ask your finance team those questions and your own internal legal counsel those questions. This has been an interesting week. I happen to live in Arizona and in Arizona, we had the most fun Memorial day you could ever have. And now we have record hospitalizations at 49% since Memorial day and on Monday 76% of the ICU beds were full. So it's just so different in every part of the country. And I'm sure you can quote numbers from your part of the country, but things are changing.

Things are changing or moving at a very quick speed. We want to cover in the next hour the four major laws that were passed. We want to briefly go over the Stimulus Program. And then Dan's really going to explore the use of the funds and how you will have to have compliance with the various terms and conditions for the different monies and grants that have been given. And then finally we want to end with some impact and what we're seeing, how it could mean on future for health policy. You're going to hear two different ideas today. I'm a finance person by background and Dan is legal counsel. You're going to hear some of the same things stated with a different viewpoint on it. And my viewpoint would be, I want you to document, I want you to leave an audit trail. So that's my viewpoint.

When I was reading these regulations and I read regulations for years, I've been in the healthcare business a long time. It's always kind of a challenge to really go through them. And I just kind of thought of Rube Goldberg, those things that you see, and this challenge is over now. So if you want to, you can see the people, the finalists, the winners are going to be announced but the challenge was take 10 to 12, 20 steps and drop a bar of soap into someone's hand. Of course, they use a lot of toilet paper and marbles and toilet paper again, to get the soap from one to the other. And I kind of feel that way when I'm reading a domino impact and I really feel that way about the situation we're in right now.

48% of the adults, Kaiser Family Foundation did a poll, said that someone in their household, I always like that someone in their household delayed or postponed healthcare during this coronavirus. So that's interesting. A result, the domino that fell after that is March, April volumes are down in all settings across the health care, 40 to 60% in the inpatient side, in the physician practice side, in the emergency room. So we're seeing the results of all that now. And one other thing that we're also seeing is the worst thing that could happen right now is when you're doing a webinar like this and you get, oh, oh, the HHS modified their pages on six-eight, or there's a new program coming out. So

there's constant change in this, and it's just very dynamic to try to keep up with it. So we want to help you today, get us up to speed as we can, with the most current data that we have.

Let's go through a little bit of the timeframe on this. When this first happened, the first bill passed March six, $3.3 billion. And that was the beginning. At that point, only 11 Americans had died from coronavirus, and we really did focus on this. A lot has to do with public policy and vaccines. And you also see a little bit of a waving restriction. So we started the Telehealth movement there. Then March 18th, now March 18 everything's basically been shut down. Trump had officially declared the national emergency. A smaller bill gets passed really focused on the testing, really focusing on the unemployment and the sick leave.

Then the big bill gets passed the end of March. It was overwhelming support in both the house and the Senate for this. A huge amount of money. 2.2 trillion went to many, many places. Emergency assistant healthcare response, went to all businesses. And for our industry, there was this hundred billion distribution for providers. A lot of grants that were given out, and we're going to get into those and giving out in various ways and really trying to ensure that our healthcare industry would survive. Then we had an add-on to that. Another, again, basically an add-on adding more money into a lot of those same programs, but what they do to clarify more on eligibility changing allocations and try to do some more carve outs. So that made sure that specific areas like small and mid-size businesses got more money, hospitals got more money and so really just the same type of thing we're part of. Now, what's going to happen next? I don't know. The house has proposed something is basically stalled in the Senate.

I read something and I was in a meeting for the Wall Street Journal and somebody from the White House, the economic advisor said, "It's very, very high. There will be more money." Our secretary of the treasury stated he wanted to make sure it was very targeted and he wants a little more time to elapse to see what's happened to all the money that's given out. They did pass another bill on June 3rd though for the paycheck protection, really just giving more flexibility in this program, extending the time period. It was just eight weeks. Now it can cover 24 weeks of salary. The maturity was only two years, now you have five years and then they're still working out. And even on this one, they're still working out the safe harbors for forgiveness. So there's more to come for the small business on that.

The overall language and we're going to repeat this a couple of times. This is what is so important to us as we decide how to use those funds. They were granted or given to prevent, prepare for and respond to coronavirus and therefore eligible health providers for healthcare related expenses or loss of revenue that's attributed to coronavirus. So again, we'll expand on that a little bit more. And then all of a sudden, June 2nd, another 250 million was released

to help the healthcare systems. Again, this was more targeted money. Expanding telehealth care, more on coordination, providing supplies.

And a lot of this went to responding to infectious disease with a national special type of gen system that they want to make sure it's shored up. And then on the forest, there was an announcement that the lab data, when you're reporting your coronavirus results, they really want to start getting demographic data, race, age, sex and ethnicity, so that we can do more analysis to target population. Basically, what's going on is there's a lot of sources of money coming out of many federal agencies. It's distributed in many ways. Grants just increased reimbursement. There's both long and short dollars who are going to go through some of those buckets of money now. And before we do that, Brooke I'd like to turn it over to you and do our first poll question.

Brooke MacCourtney: All right. We're going to go ahead and launch this poll. So we would like to know which COVID-19 program was most helpful for your organization? Your options are Provider Relief Fund, Accelerated and Advanced Payment, FCC COVID-19 Telehealth Program, FEMA Public Assistance Program, or you can select not sure. We'll go ahead and give you a few minutes, a few seconds to answer. Clearly, we're getting some lots of votes coming in, which is great. We really appreciate you participating in this and we'll go ahead and close the poll and share the results. So it looks like 40% said, Provider Relief Fund, 12% said Accelerated and Advanced Payment, 10% said FCC COVID-19 Telehealth Program and 38% were not sure. Is that kind of what you expected to see Bobbi?

Bobbi Brown: It's higher for the Provider Relief Plan than I expected. But yeah, thank you very much for responding. It gives us a good feel for how the money is, where it's going and how it’s being used. The Provider Relief Fund is, let's just talk about that one specifically. It's not alone, it's an actual, what we call a grant. Started out with 50 billion down in two rounds. You do have to attest to this. We're going to talk a little bit more and Dan's going to talk more about that. The allocation, where there were two formulas when they first gave it out, then they tried to correct that, the second time around, because if they're just doing it on Medicare revenue, it wasn't fair. So they tried to correct it. The second round of money they gave out so far 318,000 providers have attested and received money.

There are terms and conditions to this and you do have to follow this terms and conditions and when you attest, you say, you're going to do that. So there are reporting requirements. You're going to start to see themes as I go through some of this stuff. And the themes, a lot of the themes agreeing to make sure you document and make sure that you are willing to cooperate with the audits that are going to come through. Let us dig into some of that money, a little bit. The high impact hospitals, COVID-19, they gave out 12 billion for the high impact hospitals. I just wanted to give you some idea of how this money that is

not surprising. This top state of this was New York followed by New Jersey, then Michigan and essentially there were 184,000 COVID patients during that time through January through April 10th.

And so it resulted in about 77,000 per case. So again, this was distributed, they've done inpatient admission and a proportion of disproportionate share. And their COVID response, five billion given out, not surprising to the state here it's given out again. The uses of this was supposed to be for testing, staffing and your lost revenue. And the equipment, the rural facility, also a carve out given out to about 8,000 providers and 1300 different facilities focusing on the rural hospitals, the critical access hospitals, the clinics. Again, the top state, and this is Texas. Our health centers were also given money grants that were given out as of April, the money was just sent to them. And the, again, the requirement, quarterly progress reports were required, no surprise huh? So another way, switching gears a little bit on this.

Another way that providers can get money. If they can fill the uninsured that had COVID and they will be paid at Medicare rates. And again, there's a process for this and a lot on our slides. We tried to give you on the bottom, the web address for that particular program. They have held training on this. There is and if you have to enroll people eligibility, and again, final one, agree to an audit. There was an Accelerated and Advanced Payment Program that started, as of April, they had received 21,000 hospital requests and 24,000 requests for part B.

The payout that was documented, we've given out about a hundred million of death money, and this is a little bit different, because this is a loan with an advance payment to providers, and then Medicare is going to start recouping it 120 days after, and hospitals have one year to repay this. As of April, as the end of April CMS suspended this program and they're reevaluating it. Basically, now they've gone back to a grant doing a lot of grants. Another way hospitals can get money is through just through the billing process.

Medicare they've suspended some of the lower payments that they were going to put into place. The dish reductions have been suspended until December, and then they increased 20% your MS-DRG payment that you were going to get for patients that are diagnosed with COVID. So again, pausing some reductions, giving more money for the COVID patients. This is the program that we probably hear about the most. The paycheck protection program. It was a big start out, in fact a lot of the money was gone in the first week, but now they're attributing this program to a lot of stability and there's a lot of safety net for our small businesses. And so businesses less than 500 employees could apply for this. And the money has been going out.

Right now, the average loan is about 116,000. In Arizona, the average loan was 74,000. Finally we have the COVID, the Telehealth Program. Again, this is a

telehealth out of the bag. We have a lot of people that really want to ... Telehealth is very, very popular. 93% of the premier membership said, this is an essential program and needs to continue. Again, this is under a waiver. So it's real important that Medicare and they've, I'm pretty sure they're going to agree to extend this program. If you look at the little graph on the right, about three quarters of the people surveyed really liked, and they thought that telehealth wasn't as effective or the same as an office visit.

So it's been very popular for the consumer, as in our consumer world and it's really taken off in 2019 only 0.2% of the claims that were filed were telehealth. And in March of this year, 7.5% of the claims are telehealth. So again that Telehealth program and this particular program from the FCC was designed, and I mean, this is all public. A lot of this is public information. This was designed to help providers get equipment, and you can see here's some of the examples of the size of the grants and the way you get this money back is you just bill, you send an invoice of what you actually paid to FCC. And again, no surprise you have to agree to an audit. We also had some potential for a private nonprofit. They could go in for FEMA money and a lot of our hospitals in the Southern part of the United States are used to doing this from the hurricane money that they've received in the past.

It's to cover emergency work, must be documented and reasonable in nature and of course, you're going to be audited. We have a lot of flexibility and waivers that went through putting off reporting, delaying due dates and reporting. We talked about the telehealth services. In many cases, you could bill for services that were in temporary expansion sites and distinct units. A lot of things that went out to make sure that during this time of an emergency that you could still bill and use different sites if you needed to. Okay. Another poll question.

Brooke MacCourtney: All right. Let's go ahead and launch this second poll question. So for this one, we'd like to know which one program, is this the right one, Bobbi?

Bobbi Brown: As funds are distributed. Yeah.

Brooke MacCourtney: Okay.

Bobbi Brown: Which one program, has you most concerned for compliance and audits-

Brooke MacCourtney: Okay. Yeah, sorry. I just wanted to make sure I got the right one. Okay. Which program has the most concern for compliance and audits? Your options are Provided Relief Fund, Accelerated and Advanced Payment, PPP Paycheck Protection Program, has a lot of Ps. FCC COVID-19 Telehealth or the FEMA Public Assistance Grant. We'll give you a couple seconds, answer that. I think the votes are coming in. All right. We'll go ahead and close that and show the results. So it looks like 35% said the Provider Relief Fund, 17% said Accelerated

and Advanced Payment, 30% said PPP Paycheck Protection Program, 11% said FCC COVID-19 Telehealth and 7% said FEMA Public Assistance Grant. So-

Bobbi Brown: That's great.

Brooke MacCourtney: ... is that what you thought, Bobbi?

Bobbi Brown: Yeah, it is pretty much what I thought. I'm surprised that we have a lot of people and they've got the Paycheck Protection Program on the call, but that's great. That's wonderful. Again, what it means to me is the money is flowing out to providers. And now we're in the next phase of what do we do with this? And just to talk, there were many sources, just to kind of wrap up, many sources of money. There were waivers that were helpful to us. Now we're in the phase of preparing and planning how we're going to document and this documentation is crucial. I, as a CFO type person, I have to say grants are something that always drove me nuts. I remember sitting in a meeting and someone came in and told me, "Guess what? We bought a car. We took our grant and bought a car." And I thought, "Oh, no, I don't think that was the intent of the grant."

First we got to fit, but it is just interesting, what is the intent of the grant and how can I use it and how do I document that I've used it for the purpose that was intended? And I just want to talk about one thing there, as you read those bills, there is a section in the Cares Act, section 38 54, which has to do with the treatment of Sunscreen Innovation Act. And as I was going through it, I thought, "What is this?" And it really is, it's not money to anybody but it's helping the over counter drug market under FDA regulations, but you never know what's going to go into a bill. There were a lot of things that helped us. There's always these kind of, what I think are kind of funny things that are in there. So I'm going to turn it over to Dan and you're going to get more detail about the Provider Relief Fund now from Dan. Thank you very much.

Brooke MacCourtney: Thanks Bobbi-

Dan Orenstein: Okay, fantastic. Thank you very much, Bobbi. And by the way, lawyers like to document things too. So I think that's something that we share in common and we should definitely catch up about a little bit later. So what I'm going to do is ... That was a great overview of the Stimulus Funding. I'm going to provide, like Bobby was saying a little more detail on some of the compliance related obligations and also hit what I think is the big elephant in the room, especially for the folks that expressed concern about compliance with a Provider Relief Fund. How do you use those Provider Relief Fund dollars? And then I'm going to talk about, this is a dynamic environment as we're discussing. Talk about some of the changes that we see coming after this initial surge of Stimulus.

And then I just wanted to mention before I get into it that this is for information purposes only, this is our standard disclaimer. It is not legal or compliance

advice. I'm going to express some views on some of the provisions, which are the views of Health Catalyst and hope we get some questions on those but encourage you to seek your own counsel, with compliance or legal as well. So Bobbi covered this very well. I just wanted to point out a couple of things here. So we have the calculation for the General Distribution Fund under the Provider Relief Fund. There's a provision that says ... That HHS has indicated that it views broadly every patient as a possible case of COVID-19. So for the requirement that there be diagnoses, testing, or care for individuals with possible or actual cases, that really is a broad universe of potential patients.

And it's similar for the rural targeted distribution as well as the high impact targeted distribution. So I'm just gonna gloss through these since I think these were covered well, but also to point out the calculation is a little bit different for each one. So under the General Distribution, it is this overall 2% of a provider's net patient revenue. That has been criticized as maybe being overly broad and not nuanced enough to deal with providers who are experiencing the pandemic differentially. Some are more affected with that than others, and that was partially corrected with the high impact distribution and other distributions. But it's just interesting to point out that each one has its own payment methodology, rural hospitals, have a base payment plus a percentage of operating expenses and so forth.

High impact is based on a fixed amount per admission. And then the remaining is distributed based on the proportion for the hospital, their dish and UCP payments. Okay. So Provider Relief Fund showed up in your account. And now what do you do? My focus again is going to be on the General Distribution, the 50 billion. And it can feel like you're the fish from Finding Nemo. Great thing happened, you got some relief and now what do you do? So my theme is going to be don't be too afraid. There are people that can help and more clarification is coming.

So first, yes, there are compliance obligations. There are a few things you need to do. Use the funds in accordance with the statutory requirements and the terms and conditions that HHS issued. A test of the terms and conditions reporting on a regular basis, so tracking the expenses and then preparing for audits. So as I was thinking about these requirements, I figured you may be in one of three situations. You're comfortable with all this. You have good staff to help you get on top of this, is one situation you may be in. Second, you may need some help. You may be consulting outside consultants and advisors. And the third may be that you have you have a need to return the funds because you're freaking out and you don't know what to do.

And I hope you don't stay in that third category if you are for very long, because I think that HHS intent behind these funds is to help and not to penalize providers. Yes, there will be audits and accountability, but there's also a lot of flexibility built into the way the agencies within HHS are looking at this. So

there's accountability, but there's also flexibility, I think is an important thing to bear in mind. And with that, let's go to poll question number three.

Brooke MacCourtney: All right. Let's go ahead and launch this one. So we'd like to know, can your organization use Provider Relief Funds for operational expenses other than direct COVID-19 health care expenses? And this is a simple one. You can just say yes or no. Got lots of votes coming in. Thanks again, everyone for voting these poll questions. All right. And then close the poll and share the results. So it looks like 71% said yes. And 29% said no. Is that what you expected, Dan?

Dan Orenstein: I would have expected it to have been split, but it sounds like folks have already dug in to some extent. And I thought a lot about this. So that's great. And I agree with yes, you can use it for other expenses, not just direct expenses. So I'm going to get into that a little bit. And this is really nuanced, gray and a little difficult, so bear with me. And if you have questions, please reserve them for the end. All right. I'm going back to, this is the version of it that Bobbi was mentioning, but that's in the terms and conditions. The recipient certifies payment will only be used to prevent, prepare for and respond to coronavirus and shall reimburse the recipient only for healthcare related expenses or lost revenues that are attributable to coronavirus. So this could have been a lot clearer.

It's really kind of muddled and conflicting. And it's not you, it's the drafters of this. Unfortunately, we haven't seen official really clear guidance on this yet, but we do have FAQ from HHS and it's getting more clear all the time. It's not perfect. This is the provision you want to be focused on in the terms and conditions. If you're looking over at the prohibition on gun control advocacy, we need to reel you back in over here. This is really the key operative provision. So this really has two parts. The funds have to be used to prevent, prepare for and respond to coronavirus is the first part. And the second part has two parts, reimburse only for healthcare related expenses or lost revenues attributable to coronavirus.

So it's important to remember in this analysis that any patient, according to HHS is a possible coronavirus patient. This means that the scope is expanded beyond just COVID-19 patients. So in the first part, healthcare related expenses are direct expenses for COVID-19 or probable COVID-19 patients. And that provision is a little bit more limited. The second part lost revenues is, well it's a little unclear. The scope is broader. So you have to be able to demonstrate and document lost revenues during the COVID-19 emergency period but then if you do, and what's confusing about this is there's a temporal disconnection. So yes you would have used that money during the time you would have had that revenue for certain operating and patient care expenses. But now that it's disconnected and life has resumed, not to normal, but it's normalizing. What can you do with that money?

There hasn't been a lot of definition. There's some statutory language which is kind of unclear whether it applies to the direct expenses or the lost revenue provision. But let me try to get into this a little bit more in the next couple of slides. So over the last week, fortunately, we got a little more clarity from HHS in their FAQs on what healthcare related expenses are. So it's really good to look at almost every word. I don't like to look at every word of slides. It's not what you're supposed to do, but here the language is really important. And I want to point a few things out in the language. The term "healthcare related expenses attributable to coronavirus" is a broad term that may cover a range of items.

And this is all just quoted from the FAQ. A range of items and services purchased to prevent, prepare for, and respond to coronavirus, including all these things. Now, one thing you may notice, this is already broader and more inclusive than the statutory language in the Cares Act. So it includes that language possible or actual COVID-19 patients supplies, equipment, workforce training, whereas I'm going back to the statutory, it's not on the slides, the statutory language was much more limited kind of talking about temporary structures, properties. I did mention supplies and PPE. This also includes reporting and then in particular, the last one that I've highlighted acquiring additional resources, including facilities, equipment supplies, healthcare practices, staffing, and technology to extend or preserve care delivery. So the way I look at it is this FAQ guidance has some expander language in it.

The first one is the possible or actual and there may be more than I'm pointing out. The second is that bolded term, which actually expands to technology, which is fairly broad. And I also think this implies that technology acquisition can be included under the lost revenue provision as well. And so there's a broader reading coming out of the agency than we initially thought. Now, lost revenue. Providers can use the Provider Relief on payments to cover any costs that lost revenue otherwise would have covered. And again, you've got the qualification of prevents, prepares for response to coronavirus. So let's look at the bolded language here. These costs do not need to be specific to providing care for possible or actual coronavirus patients. This is even another expander here. So now it's bringing it beyond just the possible or actual COVID patients.

And it's really tying it to payment that covers ... As long as the payment covers losses documented during the coronavirus emergency. And then it also includes reference to maintaining health care delivery capacity, such as using Provider Relief Funds for the following. And this is some very helpful detailed payroll. So these are different types of operating expenses that weren't referenced in the statute. Health insurance and it also includes contractor payroll, equipment lease payments, rent or mortgage payments, VHR licensing fees. I think there's an implication, since this is an example, there's an implication that the stuff on the direct side is probably also available here. What's important about the lost revenue side is it does not have to, it's not subject to some of the rules of the Direct Healthcare Reimbursement provision. So you don't have to show that it

was spent for patient care. You really just need to demonstrate the lost revenue document, the lost revenue, and then be able to track that the payments were essentially what you were extending the funds on for essentially qualifying under these provisions.

I know that raises a lot of questions. It does for me but I just wanted to make the point about the breadth of those requirements. There are other terms and conditions which are worth pointing out. The first is if you're using funds to reimburse healthcare expenses, there's a what I would call a payer of last resort provision. There can't be someone else another payer reimbursing for those same expenses. And there's a no balance billing provision. That's the third bullet. And that applies to COVID-19 patients. And then there's a bunch of what I would call political limitations in the second bullet. You can't use the money for access executive pay, gun control, advocacy, lobbying, et cetera.

All right. A little bit more on attestation and reporting. So the recipient must confirm agreement with the terms and conditions by written attestation if you've received funds, the deadline has been extended to 90 days. So for funds received on April 10th, it's now extended to July 11th, April 24th and July 23rd. It's possible that will change again. Things are very dynamic. And then in terms of recording, providers receiving more than 150,000 must provide quarterly reports for all the projects and activities for which the funds were used. So what do you need to include in the quarterly reports? Total amount of funds received, amount of expenditures, and then a detailed list of all the projects and activities.

The name and description estimated number of jobs created only if applicable. Detailed information on sub grants and subcontracts awarded. And then record requirements and audits. This is going to be with us for awhile, like it has been under other federal stimulus programs. There will be audits from most likely OIG and HRSA within HHS appropriate records as Bobbi was pointing out and documented costs to substantiate compliance is really important. And there's also a requirement that OIG report to Congress on its audit activity. So there will be some congressional oversight of the funds as well.

Okay. I'm going to get into this last piece here. Having discussed Stimulus that's the phase, it's kind of phase one, where the goal was to get money out quickly to keep the economy afloat, to support the healthcare industry, the healthcare community. More is coming in a phase two and we think that this is going to address some of the more systemic and infrastructure issues that were exposed by the crisis. So what I wanted to do, it's a little early for this and you may have seen the HEROES Act. I think Bobby mentioned that's on hold. On the Republican side of the aisle, there's a desire to wait and see what's gonna happen with the stimulus. Dems are more focused on pushing forward with this additional infrastructure funding and maybe some, and some more stimulus, not maybe, and some more stimulus as you saw in the HEROES Act.

But this is coming, we're likely to see a bill late summer, early fall. And I just wanted to give you our view on some of what's coming and some of what's needed. And that's been exposed in terms of weaknesses in the public health information infrastructure. And I'm sure a lot of you have thought about this and experienced this as well. So being a data and analytics company, one of the key near term things we've experienced at Health Catalyst is we need to share data better. So we've been asked to provide aggregated and de-identified information, both to public health authorities, but also research organizations, academic medical centers. And there are barriers that we knew existed, but have been really stark as we've encountered them that prevent us from disclosing some of that de-identified information and limited dataset information.

And so there have been some expanders out of HHS OCR that have waived some HIPAA provisions, but we think that some rethinking on that is really important. Testing and contact tracing, kind of data sharing is really important for that as well. And kind of rethinking some of the privacy rules, both pro and more stringent protection, as well as what needs to happen during an emergency to get the information flowing. A take away from this slide is as the Provider Relief Fund and some of those funds, the targeted funds just showed up or went out really quickly, we think there's going to be a more targeted intermediate, kind of more of a grant based process where there's targeted infrastructure for public health development, data infrastructure development, reporting surveillance that is going to be available and will be included in the next round of legislation, both for health and hospital systems, as well as for localities and states.

And some of those funds have already come through to states and localities for their own further distribution. National public health response infrastructure. There's been a lot of discussion around, are the existing systems that CDC and states and other federal agencies have in place sufficient? Is the infrastructure there to quickly aggregate and report data in an emergency. And I think the almost universal answer is no improvements need to be made. We can pay attention to things like that are shared vocabulary standards and expanding for precaury, taking a hard look at some of these national and federal state, federal and state aggregating and reporting systems.

Some of the changes that we think at Health Catalyst will be important to achieving a better data infrastructure are on this slide. So the National Patient Identifier it's controversial. It was frozen in Congress two years after HIPAA was enacted in 1996 but now it's coming back to life. We're seeing that this is a moment of reckoning with HIPAA. Nothing could have put the choice between more privacy restrictions and saving lives more starkly than the COVID-19 emergency has. And I think that both on the policy side, as well as the provider side and privacy advocates, people are coming around to, "Well, this will enable me to actually find my patients across a longitudinal care journey. Find their

information and use it in an emergency and otherwise for public health purposes in a non-emergency."

And we think and are hopeful that privacy advocates will see, and I think they are seeing that an MTI can give patients more control as well over their information. HIPAA, I've talked about some of these barriers that we've encountered and we're not the only ones thinking about this, but I think we're going to see some legislation over the next year or two that grants further waivers, at least during an emergency and for public health oversight purposes to share limited data set and de-identified information more freely. And then interoperability this kind of got eclipsed, anti-information blocking and information interoperability rules. It was eclipsed by COVID-19 and now delayed, but we continue to think that that is important and enforcement of those provisions is going to be important to respond to a further wave of COVID or future public health emergency and just to improve public health response and oversight over time. So we're in favor of getting that back on track as soon as reasonably possible. And I think that brings me to the end of my formal piece, Brooke.

Brooke MacCourtney: All right. Thanks Dan, and thanks Bobbi. So before we move into our Q&A session, we just wanted to give you a quick update on our Healthcare Analytics Summit, or HAS, as you might know it. HAS will be held virtually this year, September 1st to the third and our theme this year is about the transformative role of data and analytics in our new normal with COVID-19. We'll be featuring speakers who've battled COVID-19 in the trenches, as well as some other speakers who will discuss how to adjust and pivot to this new normal. So we plan to provide a unique virtual experience that'll be innovative. We're going to have some nationally recognized keynote speaker, a few of which you can see on this slide, and we will be adding some more and announcing those as they come up. We'll also be having some individual connection points throughout the summit with our analytics walkabout, our brain date and many other activities.

And we're really excited about this. And we have a really interesting event plan and we hope you'll be able to join us. Our registration is now open. The registration fee is $99 per registrant, and you can get more information and register to attend at hasummit.com. But we also want to give away three complimentary passes right now to those of you that are still on the line. So I'm going to go ahead and launch this poll.

So if you know that you're going to be able to attend our summit September 1st through the third, and you would like to be considered for a complimentary pass. Please answer this poll question right now and we'll pick three winners. Please go ahead and answer that. I see we've got lots of people answering. All right. I'll give you a couple more seconds to answer. And now it's also a good time to submit your questions. We'll be jumping into the question and answer session in just a moment. All right. Right, close that. Okay, and we have one final

poll question before we jump into the Q&A. All right. So while today's webinar was focused on the COVID-19 Stimulus Package and the opportunities and risks for providers in hospitals some of you may want to learn more about the work that Health Catalyst is doing in this space, or maybe you'd like to learn more about our other products and professional services. So if you'd like to learn more, please answer this poll question and we'll go ahead and leave that open for a minute while we go ahead and start with the Q&A a.

So, yeah, if you have any questions and you're still online, please submit those in the questions pane, and we'll do our best to get to as many as we can. All right. So Bobbi and Dan, our first question comes from Beth and she asks, "Are there any guidelines on how to calculate the loss revenue?"

Dan Orenstein: Yeah. Bobbi, do you mind if I start on this one?

Bobbi Brown: Oh, no, that's fine.

Dan Orenstein: Yeah. So I wish there were a better guidelines and I'm hopeful that there will be more forthcoming soon from HHS. Some of the lawyers we're talking to in Washington are pushing them to do that. And I certainly would've shared that if I had it at this point but it is a little gray and I think the best guidance we have at this point is document and track as required to be able to purport that you have, I mean, not purport, that's a little, that's on the expenditure side, but to demonstrate that you had lost revenues. So there's probably different methods to doing that, but something showing pre-COVID-19 and post COVID-19. And one thing that was in the FAQs is it said that I don't think this was in my slide that lost revenues can be attributed to things like lost patient care volume, canceled appointments and things like that. There are a list of things so that guidance was provided, but nothing kind of more concretely in terms of a formula for it.

Bobbi Brown: Yeah. The best we can do at this point is something compared to last year's time period. And again, anything with those canceled appointments, anything with the lost patient that you knew that happened documenting that will be very important.

Brooke MacCourtney: All right. Our next question comes from Curtis. He says, "Other than PPP, are there any aspects of the Stimulus Package applicable to nonprofits that provide cancer screenings, which have had to be delayed due to COVID-19, but the nonprofit still has to cover ongoing expenses?"

Dan Orenstein: Bobbi, I'm not aware off hand of a program that directly addresses that. Are you?

Bobbi Brown: No, I'm not.

Dan Orenstein: There's a lot in there though. So there are the direct healthcare related expenses under the General Distribution. And then maybe something we wanted to follow up on afterwards.

Brooke MacCourtney: Yeah. We'll follow up on that Curtis-

Bobbi Brown: Yeah.

Brooke MacCourtney: ... see if we can get an answer to you. All right, let's go on to our next question. This question comes from Beth. She's also asking about the employee retention credit and how it impacts a nonprofit healthcare providers waiting for the IRS to determine the calculation for gross receipts and how to determine what is a partial shutdown. And an example is that in Texas the governors required them to maintain 15% bed capacity for COVID. Would that be considered a partial suspension?

Dan Orenstein: Yeah. That one sounds more like accounting to me, Bobbi.

Bobbi Brown: Yeah. I would say yes, but I don't have all the, I'm not a specialist in IRS, so ...

Brooke MacCourtney: Okay. All right. The next question, this comes from Clay. He says, "I have specific questions about the Medicaid Provider Relief Fund. The announcement says that they will provide at least 2% of reported gross revenue. Could you please address this in detail, what would be the projection?"

Dan Orenstein: So is the question, the projection of what the total expenditure will be?

Brooke MacCourtney: Clay if you're still on the line, if you want to write in and maybe clarify your question.

Bobbi Brown: Probably what their allocation is going to be. How to calculate their allocation.

Dan Orenstein: Yeah.

Bobbi Brown: There are two new programs that came out one for the safety net hospital and one for the Medicaid. And I believe that they're asking you to respond to some information by June 15th in order to finally formalize exactly what they're going to do on now. What we just have now is just some vague, like you have 2% but nothing more specific than that.

Dan Orenstein: Yeah. I would also say that we've provided in the slide, a link to the FAQs, which has some pretty detailed provisions on calculation of the amounts and for the resources from HHS in that website that that's part of. But HHS is also a good source of information on calculating the amounts and what to do if you think the calculation might be incorrect.

Transcript for “Congress Gave Hospitals and Providers $100B in the Coronavirus Stimulus Package: What Now?” Webinar, June 11, 2020

Brooke MacCourtney: And we will just, as a reminder to everyone, we will be sending out the slides in a follow up email by tomorrow. So you will have access to all those links if you didn't get a chance to take those down.

Bobbi Brown: And I'll also say that money that was discussed on the press release on June 9th from HHS, that's 15 billion for Medicaid and chip providers. They are assuming that you did not receive any money from the other funds in the Provider Relief Fund. So if you already have received money then this is not for you. So ...

Brooke MacCourtney: Great, thanks guys. All right. The next question comes from Ann Marie. She says, "If I take a job in HMO in COVID-19 research, how long do you think these positions will last?" That might be a tricky one to answer but I don't know-

Dan Orenstein: [crosstalk 00:56:20] first part of the job in what?

Brooke MacCourtney: I said HMO.

Dan Orenstein: Okay. HMO and COVID-19 research. Okay. I'm not sure I quite understand the question. But I hear a couple of things like maybe it's how long will the pandemic last and how long will the administration of these programs last under Stimulus? So I think that kind of grappling with how payments work for COVID-19 and dealing with treatment and delivery is going to be at least a few years. And if you're involved in administration of the funds and audit and compliance, that's going to be an eight to 10 year journey. So if that helps in terms of that job you're looking at, that maybe useful.

Brooke MacCourtney: All right. Thank you. This looks like our last question. If anyone else has a question, we do have a couple more minutes. So I would encourage you to submit your question right now, if you have a question so we can get that answered for you. This question comes from Sandra and she said, "Provider Relief Fund reports are due 10 days after quarter end. First one is less than a month away. Do we know where or how to submit?"

Dan Orenstein: Good question, mechanics question. I would refer you to, I think that is addressed in the FAQs. I don't remember exactly how to do it offhand. But it does say reporting requirements, additional guidance will be posted at www.hhs.gov Provider Relief on how to do that. So and these are changing again kind of week to week, day to day. So I'm hopeful in that a little more information comes out on exactly how to do that.