**Today with Macrae: Health Center Program Updates**
**April 15, 2020**
**3pm, ET**

Coordinator: Welcome and thank you for standing by. Today's conference call will now begin. All lines have been placed on a listen-only mode until the question-and-answer session. At that time if you would like to ask a question, you would press star, 1 and record your first and last name. If you need to withdraw your question, you would press star, 2. Today's call is also being recorded. If there are any objections, please disconnect now. And I will turn the call over to Mr. (Jim Macrae) Thank you. You may begin when ready.

(Jim Macrae): Great. Thank you and thank you, operator. Thanks so much for joining us today for Today with (Macrae) This hopefully will be our last one that we do just over the phone. We're going to try to do our next call using Adobe Connect and also some call-in monitor folks, so we're going to try to make this shift in technology to do something a little bit more visual.

You can actually see where I've been sitting for the last four weeks in my daughter's empty bedroom now since she's moved on from colleges. But anyway, it will be great to at least visually see you all in some ways. Of course good afternoon to everybody. Thanks for joining us and good morning to those out in the Pacific. Really pleased everybody could join us.

I know you all are continuing this incredible workout on the front lines of what's going on related to COVID-19. We continue to hear stories about just the impacts on your patients, on your staff, on your communities.

Many of your suffer much harder than others but I think we're all in this together and really one of the things that has been truly remarkable for me is just to see the outpouring of support from all the different health centers across the health centers across the country to each other, the Primary Care Association, the health center-controlled networks, all of our national partners, people who really are pulling together to see what we can do for our populations and for our communities.

So just, again, a huge debt of gratitude for everything that you all are doing. It really is remarkable. I also just at the very top want to thank my staff. They've been doing really yeoman's work in terms of initially getting funding out but then taking a lot of the data and information that you all have been providing to us -- I'll spend a few minutes on both of those in just a few minutes -- but really doing a remarkable job of getting the resources out the door, getting it out extremely quickly and then answering your questions because we know you have a lot of questions related to the funding in terms of what you can and can't do.

So we're going to spend some time today talking about that. We're going to spend some time going over the most recent survey data which we hope will be up on the ‘Web site if not tomorrow hopefully by Friday at the latest, in terms of what we're seeing nationally. And then finally we'll open it up for questions that folks may have. So why don't we jump right in?

I'm here with my senior staff and thank you, senior staff, for being here virtually with me to answer all of our questions. So in terms of the resources, I think everybody is aware that we awarded on March 24 $100 million that went out to health centers to support their efforts related to COVID-19. We were so very pleased to be able to get those rewards out.

Those rewards range from about $50,000 up to about $300,000. The average

award was about $70,000. And then just last week we awarded the Corona Aid Relief and Economic Security Act funds, known as the CARES Act. Those went on on April 9. That was a total of $1.316 billion. We actually were able to get those resources out within 12 days of enactment of the law. And, again, that was a huge testament to the staff and all the work that they did.

The award ranged from a low of $96,000 up to a high of $5.8 million. The average award was about $950,000 in terms of what people received. In terms of both of those, as you all are well aware, we put the resources out first and then are asking for a spending plan and a brief sort of work plan in terms of how you're going to spend those resources.

Each of those funding opportunities has a separate accounting and activity code and so it's really important in terms of for bookkeeping and general accounting for the dollars that you keep those resources separate because there are some differences between the two and there also are of course some differences from the regular H80 awards that people received. So just in terms of your accounting and all the things associated with that, please keep those separate.

The one other thing that the CARES Act did do and we are working on those right now, we're trying to reconcile all of the dollars to make sure we get out the right amount for you all, is of course the remainder of your mandatory funding for this year.

So I think, as most folks are aware, we were able to provide nine months of mandatory funding. We are planning to get the remaining three months out probably in mid to late May is what we're looking at right now, just because of all of the different processing and actions that are clearing the system at this time. So those mandatory resources, which we know many of you are really

looking forward to having the last three months, will be coming out very soon, in terms of all of that.

Let me spend just a couple of minutes because I think I had some good news for folks in terms of the resources themselves. And I'm going to try to talk as clearly as I can because we had some of our grants folks on and they're here to answer probably some of our tougher questions.

But we do have - and we did this based on your feedback as well as internal work, both from our grants staff side as well as our Office of General Counsel. The good news in terms of that additional review, based on your requests and feedback, is that there is going to be more flexibility for that initial $100 million than we had originally anticipated.

So based on our review of recent OMB guidance that came out, as well as the actual language in the appropriation, we determined that both COVID-19 funds and CARES Act funds may be used to prevent, prepare for and respond to COVID-19 and that includes detection and treatment. Both also can be used to maintain or increase capacity.

When we had initially awarded the funds, they were not sure whether that would be possible with the COVID-19 funds but, based on that recent OMB guidance as well as the language in the subsequent CARES Act, resources available in COVID-19 and the CARES Act are available for both of those purposes, so to respond to COVID-19 as well as to maintain our increased capacity.

The only remaining difference is that -- and this is consistent with the terms of the award -- only the CARES Act funds may be used for minor A&R or to purchase a mobile unit. So that is the one difference that exists between the COVID-19 original $100 million and the CARES Act $1.32 billion, roughly,

is that minor A&R can only be done under the CARES Act.

As I mentioned, the awards themselves remain separate and we're going to make sure that we keep those separate in terms of what we're doing, although we are looking to potentially streamline the reporting requirements on both of those to make it easier for you to be able to report all of your activities at once, (unintelligible) determine if that is possible.

Just so you know, the COVID-19 awards are affectionately known as H8D awards and the CARES awards are known as H8C. We are extremely creative in the Bureau of Primary Health Care with those acronyms, 8HC and 8HD. I can't do any laughter but I know - I'm sure I'm getting some for that. Anyway.

And if we have a subsequent supplemental award, which we potentially anticipate receiving, my assumption is that would then become H8E, but who knows? We may trick you on that. I doubt it. So. Anyway. That's my little bit of humor for the day. I've got a little bit of humor with everything else going on but that's all it for today.

One of the other questions that folks had asked about a lot is just how can they use these resources? So let me run through this, especially around that maintain and increase capacity. We had a number of questions about this last week and let me just share a little bit about where we are in terms of that.

So we are well aware that many health centers are experiencing significant reductions in revenues. We definitely have heard that. It's reflected in the survey data, which I'll share with you in a couple of minutes. And if that has occurred, those reductions in revenues have often resulted in you having to increasingly rely on your grant funds to cover fixed operational costs and this increased reliance on grant funds is an allowable expenditure for your H80 grant so you can actually use for your - with your H80 dollars that you receive

from us.

You can also use it for your H8C awards as well as your H8D funds. Those all have to be, however, in alignment with your policies and grant requirements. You may also H8C and H8D to cover costs that were previously covered by non-grant funds going back to January 20. So let me just repeat that. So the COVID-19 and the CARES funding, the H8C and the H8D, can be used to cover costs that were previously covered by non-grant funds going all the way back to January 20.

Just know you don't have to write all of this down. We're going to get this out in some guidance to you all. We're also going to hold a series of calls for you all to hear more about this. I believe the next one is on April 17 on Friday. But I just wanted to go over it because I know many people have been asking a lot of questions about these.

Beyond the H8C and the H8D you may also rebudget your H80 award as needed to cover operational costs differently than originally proposed. What does that mean? That means you could potentially move personnel from your H80 grants to another cost center. However, if you do rebudget your H80 funds, you will need to request prior approval in two circumstances, and this is your H80. This is sort of your standard health center program grant.

If the rebudgeting is more than 25% of your total grant award or if you rebudget funds to a line item that previously had no federal funds, so these are the two circumstances where you need to request a prior approval. Your project officer and your GMS will of course work to expedite either one of those rebudgeting requests because we know how time-urgent many of those requests are, so please know that.

One of the other questions that's come up is about staff who are temporarily

unable to fulfill their typical role in the health center. We've heard this quite a bit from a number of our health centers that there's been restrictions on non-emergency dental services, there have been many delays, for example, in patients seeking care due to social distancing mandates and recommendations, we also know that there are a number of temporary site closures due to school closures, meaning that in some cases providers and staff may not be able to fully contribute their services or their expertise to their patients or their organization.

And what can health centers do in that particular circumstance? They can use their grant funds, and this includes the H80, H8C and the H8D or program income to continue to pay staff as a means of maintaining capacity during the emergency to help ensure readiness to address the full range of comprehensive health needs, including potentially addressing pent-up demand as the emergency abates.

So you can use your grant funds or program income to continue to pay staff to make sure that you have those folks available to address issues during an emergency to bring people in as needed. We've known from a lot of health centers they're even redeploying staff from their original purpose or activity to another purpose or activity. You can absolutely use your funds to do that to make sure that you are ready if and when this crisis does begin to abate in some ways.

So that was a - that was more in-depth discussion of grant rules than I have done in quite a long time but we know that it's first and foremost in many of your minds. As I mentioned, we also have staff from the Bureau of Primary Health Care as well as from our grant staff on to answer any specific questions but I would really encourage you to participate in our upcoming calls on these different funding opportunities. The next one is on April 17 at 2 o'clock.

The last item that I did want to spend a little bit of time discussing with you was the latest of the survey results and so these are literally just what we've received as of 5 o'clock last night, and what this covers are the results from the survey that folks filled out from last week.

And first and foremost I just want to thank the large number of people that submitted their survey. We had 1,154 surveys that came in, so 83% of all health centers submitted survey data. Thank you, thank you, thank you, thank you. I can't tell you how important that is. It is being looked at honestly at the highest levels because we are one of the few data sources that has that amount of data available information and it is of high interest by people all the way up into the task force, in terms of what health centers are doing.

And the more people that we get to report this data, the more valid and accurate it is and a better representation of what's actually happening all across the country. So just a huge thank you for everybody filling that out. You will receive your next survey I believe on Friday and you will have until Monday to complete that. But just a huge thank you to everybody for taking the time to fill that out. It's incredibly valuable information and I will tell you that it is being used literally on a daily, hourly basis.

So in terms of some of the key data, let me just run through this quickly. And, again, this will be up on our ‘Web site I believe by tomorrow or at the latest by Friday. But in terms of the number of health centers that have COVID-19 testing capacity, about 82% report that they currently have that capacity, 44% report that they have drive-up or walk-up testing capacity.

In the last week health centers tested over 56,000 tests for COVID-19. So health centers last week conducted over 5,600 - 56,000, I'm sorry, get those numbers, over 56,000 patients tests for COVID-19, a total of close to 9,300 patients tested positive for COVID-19. So out of those 56,000, about 9,300

tested positive.

In terms of the weekly visits compared to pre-COVID-19 weekly visits, so this is what we had asked to get a sense about the impact on your revenues, your operation, health centers are operating at about 47% of their pre-COVID-19 weekly visit count. So last week it was about 54% and it has clearly dropped and we're really seeing that, again, across the country in terms of where health centers are with their pre-COVID-19 weekly visits.

In terms of the number of sites that have closed, we're up to almost 2,100 sites across the country, so a significant number and a significant even jump from last week where we were around 1,600, so we're up to almost 2,100 at this point. In terms of the number of staff that have tested positive for COVID-19, just in the last week it was a total of 1,380 that have tested positive -- 1,381 -- and so a significant impact on our workforce in terms of the number of staff that have been impacted.

Overall in terms of the number of staff that have been unable to report to work, either due to site or service closures, exposure themselves, family home obligations, lack of personal protective equipment, about 14% of health center staff are not able to report.

One of the pieces of good news is that in terms of health centers' ability to conduct site visits - conduct patient visits virtually, about 51% of patient visits are now conducted virtually by health centers. That's a dramatic, dramatic increase from where we were just a few months ago. It really is, again, a testament for what health centers have been able to do that almost more than 51% of our patient visits are now conducted virtually.

And then the last item I just wanted to talk about in terms of adequate supply of PPE, it's trending in the right direction in terms of where we are. About

81% of health centers say they have an adequate supply of surgical masks, almost 76% have an adequate supply of N95 PPR masks, about 72% have an adequate supply of gowns, about 90% have an adequate supply of gloves and about 75% have an adequate supply of facemasks and goggles looking into the next week.

So that just provides you I think with some key critical data in terms of what we're seeing nationally. This information, like I said, will be up on our ‘Web site. We will also have state-by-state breakouts. We also now have a copy of the survey up on our ‘Web site so you can take a look at that.

We also are incredibly pleased that we have information now from our FQAC look-alike organization so we will also be putting that data up and we'll make that available for everybody so you can see not just the, one, health centers that are currently funded but also the health centers are FQAC look-alikes, and a big thank you for participating in that survey. They did a great job in terms of participating.

And then the last thing which I wanted just to share for a minute was we also asked for our Primary Care Association to identify the top critical issues in their states. We had almost a 90% response rate on that. Not surprisingly, the two top issues that PCAs identified were a lack of PPE and the impact of the loss of patients on their operations of health centers.

The next largest one was the whole issue of telehealth and really making that transition both from a technological and operational standpoint but also from a billing standpoint. And so those were the top three issues that were identified by our Primary Care Association.

The last piece that I just wanted to spend a minute on because I know we've gotten some questions sort of in advance of this call and I will do my best to

speak to this. This is being overseen by the Health Resources and Services Administration. It's the $100 billion provider relief fund. I think as most of you know, a total of $26 billion went out last week in support of that fund. It was available to organizations based on their Medicare fee-for-service payment rate.

HHS is working to expedite the next round of awards but many of you may have received something in your bank accounts that look like it said HHS payment. That's what those resources were and, again, it was based on your share of 2019 Medicare fee-for-service reimbursement. These are payments and not loans to health care providers and will not need to be repaid.

So I know many of you have contacted us asking what this was. That's what it was. And hopefully more information will be out and available to you all. There is information up on the 'Web site, which we will provide that link towards the end of the call so you can see any additional information on that $100 billion.

So at this point I'm going to stop and open it up for any of my colleagues if they would like add any additional items and then, operator, we will open it up for questions. So, BPHC senior staff, any additional comments any of you would like to make?

Woman: Nope.

(Jim Macrae): All right. The last thing I will just say then is just continue to visit our 'Web site. It's up there. It has information about new frequently asked questions and we're developing a resource tool related to these two funding opportunities to make it a little bit clearer for folks about what folks can and cannot do. But that continues to be I would say a go-to resource in terms of those frequently asked questions. It really has been something that we've seen some real value

in.

We're continually trying to make it easier to navigate because the number of questions seems to keep growing. But if you haven't had a chance yet or if you haven't in the last week, I would encourage you to take a look at that ‘Web site because it continues to be updated almost on a daily basis.

So with that I'll open it up, operator, to any questions that folks may have. Operator?

Coordinator: And we will open our question-and-answer session. If there are any questions over the phone lines, please press star, 1. Again, please make sure mute feature is off and record your first and last name. One moment for our first question.

(Jen): And, (Jim), while we're waiting for our first question, this is (Jen), I wanted to share some late-breaking updates on the ‘Web site. So these updates are not under -this is (Jen) Good afternoon everyone. These are posted -- excuse me -- updates to our temporary service sites (PAL) and the telehealth (PAL). Those updates can be accessed on the Health Center Program Requirments page.

They aren't specific to COVID but they capture some additional information that I think could be helpful for folks. So you can see them both linked under News and Announcements on the Health Center Program Requirements pages. They may also be on our homepage but they are definitely under the program requirements page. I wanted to let folks know to look there for some additional information.

(Jim Macrae): Yes. And in reading those, I will tell you, it made things a lot simpler in terms of understanding what you can and cannot do and so really would encourage folks to take a look at those and so maybe, (Kate), if we haven't already we

can make sure that that's highlighted in an upcoming bulletin and in our digest.

(Kate): Absolutely.

(Jim Macrae): Okay. Great. All right, operator.

Coordinator: Our first question comes from (Dan Flores) (Dan), your line is open.

(Dan Flores): Hi, (Jim). This is (Dan) in California. Regarding the televisits, the home visits have been extremely well received by our providers and by our patients and right now about 50% of our (unintelligible) are televisits. My question is do you anticipate these virtual visits will continue being allowed as physical visits after the COVID-19 passes?

(Jim Macrae): It's a great question, (Dan), and good to hear from you. Right now the way the law is written is that it only will continue through the COVID-19 public health emergency declaration.

However, in a couple of conversations that I know even health centers have had most recently with our deputy secretary, one of the things that's he's asked us, and I would say in turn asking you, is some of the changes that are occurring that are a result of COVID, he's asked which of those do we feel like should continue and what arguments would we make to say why that is important in terms of either the cost effectiveness of services or the quality of services or access.

So I know this is one that many folks have already raised to me and so I think our ability to be able to document the impact of telehealth on access for our population on cost and convenience and other things, I think is going to be critically important to be able to make the case that this may be something that

we want to continue post-COVID.

I know there are several other items too. We're starting to make a list of those but would just encourage you from where you sit to also help us in that effort to really talk about what changes have been incredibly helpful that we should continue and maybe which ones don't make the most sense except in a crisis situation. So good question, (Dan)

(Dan Flores): Thank you.

Coordinator: Our next question comes from (Lyndee Lanigan) (Lyndee), your line is open.

(Lyndee Lanigan): Hi. Thank you so much for this call. My name is (Lyndee) and I work for (Litus) Community Health in Texas. These are so informative. I had a question about the remaining $76 billion that would be allocated from the CARES Act. We did receive a small payment for the Medicare patients that we treat. Obviously that's very small because most of the patients that we see are under the Medicaid program.

But my question was specifically to Texas. Over 90% of our state Medicaid program isn't fee-for-service, it's administered through continuous care organizations. And so I was wondering will there be an understanding that a lot of states have transitioned to continuous care organizations and wouldn't necessarily fall into the bucket of Medicaid fee-for-service in the distribution of the now $74 billion? Hello?

(Jim Macrae): I'm sorry. I had myself on mute. I muted myself.

(Lyndee Lanigan): I thought I chased you away.

(Jim Macrae): So in terms of the priorities for the remaining $70 billion, my understanding is

that the remainder of the $4 billion will be available fairly shortly but in terms of the remaining $70 billion after that first $30 billion, the 'Web site actually indicates, and I think it addresses several of your pieces of your question, is the administration is working rapidly on targeted distributions and will focus on providers in particularly impacted COVID-19 outbreak areas, rural providers, providers of services with lower shares of Medicare reimbursement or who predominantly serve the Medicaid population and providers requesting reimbursement for the treatment of uninsured Americans.

There is a recognition that, you know, these monies went directly to folks that may not be as involved in managed care and I think one of the things they're trying to explore is how to get resources to those other types of providers under different arrangements, including folks that may not be as benefited by the Medicare reimbursement that first came out.

(Lyndee Lanigan): Great. Thank you.

(Jim Macrae): Yes.

Coordinator: Our next question comes from (Pat Dubois) (Pat), your line is open.

(Pat Dubois): Hi. I'm (Pat Dubois) with Mercy Care in Atlanta. I understand that with the folks with the COVID funding and the CARES funding that we have additional information that we need to submit within 30 days. That's the project activity overview and the budget. Can you tell me will those be identified as tasks in EHB or how exactly are you expecting to receive that information?

(Jim Macrae): Sure. I know this has come up a couple of times. Can someone on the team take that one?

(Jen): Yes. So this is (Jen) It should - they are submissions. I believe they are submissions and I think that other folks have had similar questions and in some way this is not as straightforward as it - as (unintelligible) so I think if you are not seeing a submission or a task, I would recommend that you call the helpline. I think we also provided some guidance in our FAQs and I think someone's going to help me with this in a minute to see if there's another way that I can direct you. But that's what I can tell you at the moment. But if...

(Jim Macrae): (Kate), (Angela) or (Irma), if you want to add?

(Jen): Yes, does someone else have information?

(Vera): Yes, I can answer that. This is (Vera)

(Jim Macrae): (Vera), hi.

(Vera): Yes. Hi. This is (Vera) from the Division of Grants Management Operations. If you have - you have to be able to add the grant, remember it's H8C, that's the activity code, and there was a grant number on your award, you either have an H8C or an H8D, you have to add those grants to your portfolio in EHB.

(Pat Dubois): I've done that.

(Vera): If you've done that, you will not see the task to go along with that. So if you need assistance with that again, (Jim) mentioned that there is an FAQ that assists with you to do that and if you continue to experience issues, do call the help desk and they can walk you through that.

(Pat Dubois): Okay. Thank you very much. Thank you.

(Jim Macrae): Operator, next question.

Coordinator: Our next question comes from (Jeffrey Gomez) (Jeffrey), your line is open.

(Jeffrey Gomez): Hi. Thanks. Two things, (Jim) Is there any help that the bureau can provide to FQHCs that have not been able to get tests? I'm aware of at least one that has not been able to get and you said that 82% have them so I'm wondering if you can help us out. And then the only other thing is you said the next call was April 17. I think it's the 24th. Is that correct? Thanks.

(Jim Macrae): Oh, yes. There's two different calls. (Jen), can you help me with the one on the 17th? Isn't that - am I...

(Jen): Sure. Yes. So on April 17 that call's from 2 to 3. So that is specifically to provide technical assistance to support your submissions for - it had originally been scheduled to be focused for the COVID-19 funding. We're going to answer questions about both the H8C and the H8D funding in that call this Friday April 17 from 2 to 3. And that...

(Jim Macrae): And in terms of your first - oh, go ahead, (Jen), finish.

(Jen): And that should be a digest and repeated in a digest if there's one between today and then and I lose track at what point those have gone out. Yes.

(Jim Macrae): And in terms of your first question, we are providing this information to our colleagues at FEMA related to just the needs of health centers. In terms of approach, what we've been encouraging health centers to do is to continue to try to work with their primary care associations and the state health department.

Also with respect to private supply chains, we know it's been difficult,

especially in certain areas of the country but, as I mentioned, we are starting to see a little bit of movement in that area but we continue to make the case at the higher levels about the importance of having health - both testing equipment as well as PPE so they can help release the burden on our nation's hospitals and emergency rooms.

So we are trying to share the information, so just continue to ask health centers to work with their PCAs, the city health department and even their private chain, in terms of supplies, which we know is not always working perfectly but it's definitely getting a little bit better.

(Jeffrey Gomez): Thank you, (Jim)

(Jim Macrae): Yes. Operator, next question?

Coordinator: Yes. Our next question comes from (Vanita Todd) (Vanita), your line is open.

(Vanita Todd): Good afternoon. Thanks, colleagues, for having this call. My question was addressed with the continuation of telehealth should be national or just be canceled before the state emergency is up.

(Jim Macrae): Great. Thank you. Next question?

Coordinator: Yes. Our next question comes -- I'm sorry, one sec -- our next question comes from (Ann Slaughter) (Ann), your line is open.

(Ann Slaughter): Hi. Thank you so much. My question actually has been answered already but thank you.

(Jim Macrae): We are just rocking and rolling. All right. Next question.

Coordinator: Our next question comes from (Barb) - I'm sorry, (Bob Marsala) Your line is open.

(Bob Marsala): (Jim) and company, thank you very much for the call today. Question: in Washington, as you may know, governors from our state, California and Oregon are thinking very seriously about what steps to take to restart, if you will, the economy in each of our states and health centers in Washington are thinking very seriously about what steps they might need and want to take to reengage a normal routine in both oral health care and physical and behavioral health care.

This is accelerated by the grave financial circumstances in which community health centers in the state of Washington find themselves in and we have been able to quantify specifically by health center the number of days of cash reserve for example that are on hand. What, if any, recommendations or guidance do you imagine might come from the bureau as health centers in our state, and perhaps eventually and hopefully across the country, begin to return to some sense of normalcy in the work that we do with community health centers?

(Jim Macrae): Thanks a great question, (Bob). And, again, thank you for all your leadership in Washington state. You've been a true advocator and support of the health centers in Washington and have given us a lot of critical information early on, so really appreciate it.

It's a great question. I would like to say we have all of the answers but we do not. I think part of what we're trying to work on, and I think you've probably seen some of it in the press, is there's, you know, different plans about what are the different steps that organizations and businesses and health care facilities need to take to be able to come back up to speed, what activities for those typical of business operations need to take, what individuals need to do,

what do communities need to do.

So a lot of that I think is still being fleshed out. We also know several states have identified different goals in terms of when they want to reopen or how they want to proceed. I think in terms of where we are, it sort of relates to conversations we've been having with folks on the Hill in terms of how to approach this is that we still are in the phase of responding immediately to COVID-19 in terms of what we're experiencing now.

But soon and hopefully sooner than we all hope, we will get to that place of recovering. And what we've indicated is that health centers have experienced a body blow in terms of the impact of COVID-19 on our operations, both in terms of patients, in terms of impacts on both their staff as well as on their communities and that resources, like we were able to provide just last week, are critically important.

They've also indicated, however, that there will be the need to really ramp up our services and we expect that in a lot of cases, especially as you mentioned around dental, even care for pregnant women, children, other things that are, to be honest, being postponed, that there will be a huge sort of ramped up demand for services. And so we communicated that, you know, it's important to be thinking about those pieces of the equation too.

So, you know, almost as soon as we start to transition, you know, that demand is going to happen when people (unintelligible) experience it. So I think thinking about sort of how do we continue to do what we need to do to really survive through the next several weeks and months and then how do we at the same time sort of prepare ourselves to ramp up and then ultimately, you know, how do we build something for the future, given that the entire economy and health care system has been impacted.

I think those are all the things that we're thinking about. And like I said, (Bob), we have some ideas but we'd be definitely interested in hearing from you all what do you think makes the most sense in terms of the impact. And, you know, it definitely is different based on the particular health center, the patient population, in terms of what we're seeing, so I'd like to say I have a perfect plan and answer but I don't have that right now. But we are thinking about it.

(Bob Marsala): Thank you. We'll be a solid partner with you and thank you for all you're doing. I appreciate it very much.

(Jim Macrae): Absolutely. Thank you. Operator, next question? Next question?

Coordinator: Our next question is from (Antoine) (unintelligible).

(Jim Macrae): Hello? Hello? Hello?

Coordinator: Hi. Are you not able to hear me?

(Jim Macrae): No. I couldn't hear you, I'm sorry.

Coordinator: It's okay. I opened the line for (Frank Killian)

(Frank Killian): Hi, (Jim). This is (Frank Killian) from Public Health Management corporation Philadelphia. We appreciate everything you're doing for us. I wonder if - regarding the Medicare payment we received last week, is this an advance on our Medicare payments and we have to pay it back or is part of the H8C or H8D grants?

(Jim Macrae): So the grants that you received from the Medicare program last week, let me just pull that up so everybody can hear this, so in terms of the payments

arriving, they should have arrived beginning on April 10. It sounds like you received them. Just to be clear, these are payments, not loans, to health care providers and will not need to be repaid. So these are considered payments, not loans to health care providers and will not need to be repaid. So that's the first piece.

In terms of your second question related to the H8C and the H8D, so those are one-time resources that are going out to health centers. Those also will not need to be repaid. You do need to make sure that you account for it and that you spend the money in the appropriate account category as well as for allowable costs, but these will not also be required to be repaid in any way. But they are one time, which I think is important for folks to know and to understand. So. I don't know if (Vera)..

(Vera): (Jim), this is (Vera)

(Jim Macrae): Yes?

(Vera): Yes. I just want to add a little bit about those payments. They were documents and other resources that were provided with those payments. There's a ‘Web site on the HHS ‘Web site that provides additional information as to the use of those funds. They are not a HRSA grant specifically.

They are for HHS and then HRSA is, you know, one of the agencies that is part of that effort but it was direct - it's not of one of HRSA's specific grant programs. I just wanted to because he asked about H8C and D. It's a separate pot of money, a separate funding stream and should be accounted for separately and not under our H8C or D for funding.

(Jim Macrae): Yes. The way it appears, and you can go to hhs.gov, as (Vera) said, /provided-relief and you can find this information. But basically it says that HHS is

partnered with United Health Group to provide rapid payments to providers eligible for the distribution of the initial $30 billion in funds. Providers will be paid via an automated clearinghouse account information on file with UHG, the United Health Group, or the Centers for Medicare and Medicaid services.

The automated payments will come to providers via Optum Bank with HHS payment as the payment description. Providers who normally receive a paper check for reimbursement for CMS, will receive a paper check in the mail for those payments as well within the next few weeks.

What I do think is important is the next two statements that they have there that within 30 days of receiving the payment, providers must sign an attestation confirmation receipt of the funds and agreeing to the terms and conditions of payment. The portal for signing the attestation will be open the week of April 13, so this week, and will be linked on this page.

HHS payment of this initial tranche of funds is conditioned on health care providers' acceptance of the terms and conditions which acceptance must occur within 30 days of receipt of payment. Not returning the payment within 30 days will be viewed as acceptance of the terms and conditions.

If a provider receives payment and does not wish to comply with these terms and conditions, the provider must do the following. Contact HHS within 30 days of receipt of the payment and then remit the full payment to HHS as instructed. Appropriate contact information will be provided.

So I would just encourage you to go to that ‘Web site, get a little bit more information. There's some more information, as (Vera) said, from CMS that you can see in terms of different usage for the funds, all those different aspects. We've lowered some of the requirements associated with it.

Coordinator: Are we ready for the next question? Our next question...

(Jim Macrae): Do we have another - oh, go ahead.

Coordinator: Yes. Our next question comes from (Antoine Boyd) (Antoine), your line is open.

(Antoine Boyd): Okay. Thank you. I'm (Antoine Boyd) from (unintelligible) health centers of Baltimore. These calls are very helpful. Part of it was answered previously but more specifically with due dates, I had a - well we had a call previously that showed the due dates for the budget activity overview, et cetera was due April 23 but then on the NOA it says 30 days after the award was released. So I'm just trying to figure out when specifically is the budget and activity overview and stuff is submitted through the EHB?

(Jim Macrae): That's a good question. Who would like to take that one?

(Jen): I'm happy to take that. This is (Jen). So your budget and activity overview for the COVID-19 funding is due on Tuesday March - no, it was released on March 24, I'm so sorry. Due April 23 and then it says April 23 for the H8C COVID-19 funding and then May 8 for the CARES Act or H8D funding. So April 23 and May 8. And you can get additional information to support those submissions Friday on the call April 17 at 2 pm. There will also be some calls the following, there's supposed to be two subsequent calls, but the next one is this Friday.

(Antoine Boyd): Okay. H8D is the 23rd of April for the budget and active review and then May 8 is for the CARES Act, H8D.

(Jen): You got it.

(Antoine Boyd): Thank you very much.

(Jen): You're very welcome.

(Jim Macrae): Thank you. All right, operator. Next question. Operator, we're having problems hearing you again.

Coordinator: Our next question comes from (Sue Legard) (Sue), your line is open.

(Sue Legard): Thank you and thank you, (Jim) and everyone, for everything you're doing for us. So I'm from Fair Haven Community Health Clinic in New Haven and my question has to do around the issue of minor alterations and renovations. One of the things that we very much would like to do is to get rooms at each of our sites kitted out as negative pressure rooms.

Now that - I'm assuming that would be an A&R that would fall under A&R. My concern is that I'm told that it requires venting to be exterior so there is some effect on the exterior of the building and that in turn makes me worry that we're going to have to get environmental and, you know, (SHPO), (unintelligible) Preservation Office approval which would enormously slow down the process. So I'm wondering if you can provide any insight on that. Thank you.

(Jen): So. This is (Jen) I can't give you a definitive answer but there are some flexibilities that we're exploring in those spaces understanding that there are some significantly different needs at this point in time and so we're looking at opportunities to streamline how we approach those requirements if in fact they apply to your particular situation.

(Sue Legard): Is there a way to get more information from me? Should I just send an email into the - into BPHC?

(Jen): Yes. If you send the details of what you're proposing in your response submission, so when you provide us with your budget and you activity plan, give us as much detail as you can in that with respect to what you're proposing to do and we will - that will give us, you know, additional information to help us understand what bucket that falls into and what environmental review may be needed and we are looking at ways to expedite those environmental reviews.

(Sue Legard): Thank you.

(Jen): If in fact it applies. Yes.

(Jim Macrae): And, as (Jen) mentioned, we are trying to also expedite other aspects, so even if it does ultimately require that, we're trying to see if we can get some increased flexibility to be able to expedite those types of reviews going forward, especially during the crisis itself. So. But definitely, submit that information and we'll work with you.

(Sue Legard): Thank you.

(Jim Macrae): Yes.

Coordinator: Our next question comes from (Jame Word) (James), your line is open.

(James Word): Thank you.

(Jim Macrae): (Unintelligible). Go ahead.

(James Word): Hello?

(Jim Macrae): Please go ahead.

(James Word): I want to circle back to the very first question around telehealth and I just want to reinforce the importance of equal pay for telephone visits as well as video visits. In our rural area where broadband infrastructure isn't in place, we're running about two to three-to-one telephone to video because people just can't - don't have the access to video in their house - in their homes.

So I just want to, as you're moving forward and discussing things, I just want to reinforce the need for telephone visits to be reimbursed adequately and preferably retroactively to the beginning just as the video has been. Otherwise it's going to be really difficult for us to keep offering these services. Thank you.

(Jim Macrae): (Jen), do you want to speak to that because I know that's been one of the - we've had some conversations with our colleagues at CMS and so I think that guidance is going to come out fairly soon. Is that correct, (Jen)?

(Jen): Yes. The guidance is going to come out soon with respect to what the reimbursement rate would be for the distance site Medicare, yes. And understood the desire for that to be comparable to the PPS rate which was, you know, not what was in the legislation.

(James Word): Maybe I wasn't clear. I'm talking about telephone, not video.

(Jen): Oh, so I - oh, I understand what you're saying. So the fact that it can't be completely telephonic, but there has to be video capability.

(James Word): Correct.

(Jen): Absolutely, yes.

(James Word): Yes. We don't have the broadband infrastructure proposed to be able to do the video part so we're 2.5 to 3-to-1 audio only (unintelligible)

(Jen): I'm sorry. I misunderstood that.

(James Word): (Unintelligible) in a rural area.

(Jen): Yes. Thank you.

(James Word): Thank you.

(Jim Macrae): Okie-doke. Operator, next question?

Coordinator: Our next question comes from Dr. (Alyssa Nicolas) Dr. (Nicolas), your line is open.

Dr. (Alyssa Nicolas): Hi. This Dr. (Alyssa Nicolas) from Long Beach, California at the Children's Clinic servicing children and their families. Thank you so much for your flexibility and your advocacy for those of us that are on the front line and the primary care workers, right? I really, truly appreciate it.

I'm wondering if you have any more information on the public health and social services emergency fund part of the care. I know you touch on the Medicare. Anything else coming down the line or any insight that you have on that for us?

(Jim Macrae): Nothing beyond what I've shared earlier which was just that they are looking at focusing on providers in areas that have been particularly impacted by the COVID-19 outbreak, rural providers, providers of services with lower shares of Medicare reimbursement or who predominantly serve the Medicaid

population and providers requesting reimbursement for the treatment of uninsured Americans. Beyond that I don't know.

Dr. (Alyssa Nicolas): Okay. Well thank you for your advocacy for us and these are great calls. I appreciate it.

(Jim Macrae): Thank you.

Coordinator: Our next question comes from (Jean Poster) (Jean), your line is open.

(Jean Poster): Hi, (Jim) (Jean Poster) from Neighborhood Family Practice in Cleveland. Thanks so much for everything that you're doing. My question is related to the Payroll Protection Act where small businesses like health centers can apply for eight weeks of staff-related cost. If we were to receive that how does that impact the way that we would pay for and budget using federal grant funds?

(Jim Macrae): (Vera), do you want to speak to that? And I know we'll talk a little bit more about that on our -- what is today again? -- Wednesday.

(Vera): Sure. I'll take that.

(Jim Macrae): Okay.

(Vera): Health centers can use whatever other sources of funding in this particular time period that they can, you know, applied for. That's a business decision. But if you're trying to utilize that funding to replace that funding such as the H80 grant and you are moving that money to another line item or category, (Jim) sort of addressed that earlier, where you certainly could utilize those funds to replace the salaries but then you would need to communicate to HRSA via a prior approval if it's more than 25% of your federal funds that are being moved so that we understand how you're going to reutilize funds that

were previously all in personal and fringe, for instance, because, you know, it affects your overall health center budgeting and in federal funds there's a requirement that, you know, that once you pass that threshold you would need prior approval.

And, again, we would expedite those requests, now understanding that you would, you know, we want to make sure you have that ability to utilize those funds on an approved budget so we try to expedite those requests as they come into us. And the second part of that is it does not affect your level of funding in any way. I think people were concerned with that. You know, we would not take that into any kind of account in terms of your level of funding in the future.

(Jean Poster): Thank you. And I assume when you're talking about 25% you're talking about for the budget for the whole year or is that - is there a shorter period of time that we would be needing to look at?

(Vera): It is for your federal funds award. So for instance if you have an award of $1 million for the year it would be 25% of that. So if currently you have nine months of funding that is the fund you've been awarded so far, so if you were rebudgeting based on that, you would use that amount.

(Jean Poster): Thank you very much.

Coordinator: Our next question comes from (Allison Coleman) (Allison), your line is open.

(Allison Coleman): Thank you. Hi, (Jim) and team. Great to hear your voices. That's great news about the flexibility for the H8C and H8D use of funds and also for rebudgeting of the H80 grant. This is a little bit of a piggyback onto the last question. I thought you said, (Jim), that there were two instances in which you would need to request rebudgeting approval. I heard the rebudgeting for more

than 25% of approved grant funds but I thought that there was a second one. Could you repeat that, if I mishear it?

(Jim Macrae): Yes. So if you need to rebudget if the rebudgeting is more than 25% of your total grant award or if you rebudget funds for a line item that previously had no federal funds, so basically an activity that you have not previously supported with federal funds. Those are the two circumstances, but, (Vera), please tell me if I'm correct.

(Vera): That's correct. I'm sorry. I didn't address that and that is for - and if the organizations that have their funds that are narrowly budgeted versus just in salary and fringe and do not have them in other categories, they would need to come in for prior approval if they were to move them, move those funds to a category that previously did not have any federal funding in that category.

(Allison Coleman): Great. Thank you for that clarification.

(Jim Macrae): All righty, I think we're up on time. Operator, I think we can take one last question.

Coordinator: Okay. Our next question comes from (Sue Veer) (Sue), your line is open.

(Sue Veer): Hi. Thank you so much. And, (Jim) and team, thanks so much for these calls. They're really beneficial. I wanted to speak a bit to the need for access to our pharmacy services has not diminished and luckily, at least for everyone I've spoken to, the volume has not taken as significant a hit as it has on the medical side. However, most of the people I've talked to have had to make some major adaptations. I've heard a lot, ourselves included, closing our doors to walk-in traffic and converting to Chick-fil-A service models all across the country.

I'm assuming that -- this is a two-part question -- number one, I'm assuming that costs associated with adapting and maintaining our capacity for any in-scope pharmacy services would - those costs could be allocated to the H80, H8C and D, both the C and D provisions.

The second question is could you speak to any possible expedited 340b eligibility for temporary service sites and additional contract pharmacy, should we need that in order to maintain access?

(Jim Macrae): So let's - (Vera), correct me. I think the first answer is that she can use those funds to do that. (Vera), am I correct?

(Vera): Yes. We've had requests in terms of being able to main things or other kinds of accommodations for costs associated with different methodologies to deliver pharmacy supplies, and those are allowable.

(Sue Veer): Okay. Good.

(Jim Macrae): And then in terms of your second question, there have been a number of questions about the 340b program and so they're actually up on the HRSA 'Web site. So I'm pulling that up right now just to make sure. So. Of course I'm having problems pulling it up right now. Hrsa.gov/coronavirus. There is a 340b drug pricing program section under the frequently asked questions.

The basic answer is they are looking at those on a case-by-case basis, if I understand in terms of any potential situations that may need more urgent movement rather than the quarterly process or other questions that said they would take those and they'd work with the different grantees. So I would just encourage you to go first to their frequently asked questions, which is on hrsa.gov/coronavirus and then scroll down to frequently asked questions and click on the 340b drug pricing program.

(Sue Veer): Thank you. We appreciate the responsiveness. Thank you.

(Jim Macrae): Absolutely. And, operator, thank you so much and thanks to the team for answering all of the hard questions. Thank you, team. I really appreciate that. And, again, a big thank you to everybody really out there on the front lines doing incredible work. We understand the sacrifices that many of you are making, both at your self level, for your families and for your communities and can't thank you enough for everything that you're doing.

We continue to try to be a valuable partner and we will continue to try to do that but just know we really appreciate all of the work and effort that you've all put into this. And have a good rest of today and hopefully a good rest of this week. Take care everybody. Thank you.

Coordinator: This does conclude today's conference. Thank you all for participating. You may now disconnect.

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