DEPARTMENT OF HEALTH
OFFICE OF RURAL HEALTH AND PRIMARY CARE

COVID-19 Grant Reporting Frequently Asked Questions

Current as of August 6, 2020

Topic Index:

Budget/25% variance

Q1:   What does it mean that we can have a 25% variance between approved budget lines?

A1:   Grantees are allowed to modify their budget for amounts less than a 25% percent of any budget line item in the approved budget in Exhibit B of the grant agreement. For **Healthcare Response Grants** budget line refers to Staff and Personnel, Supplies, Equipment, Construction and Other. For **COVID-19 Emergency Funding** grants this refers to Salaries & Fringe, Supplies, Testing, Construction, Equipment, Temporary Information Technology, Transportation and Other. Modifications greater than 25 percent of any budget line requires written pre-approval.

Financial reporting

Q1:   Is each reporting period for a specific date range? If we don't have details of those expenses prepared will we still be able to still apply expenses to the grant at a later reporting date?

A1:   Yes, although the reports are for expenses from a reporting period timeline MDH does recognize that each agency may vary in their accounting systems, or have delayed invoicing. Expenses from previous report periods can be added to a future reporting period statement. The final report and reconciliation will be the last chance to document expenses unrecognized in previous reporting periods.

Portal

Q1:   Where can I find my active requests when I log on to the portal?

A1:   When you log on to the portal you are automatically pushed into the Active Requests tab. In this tab you should see the active requests for your program and financial report.

Q2:   How do I upload multiple receipts to document my expenses?

A2:   The system allows you to upload five separate attachments. Each attachment can be multiple pages. Include all required documentation.

Procurement

Q1:   Are we required to obtain more than one quote for items over a certain dollar amount?

A1:   Grantees are expected to adhere to both the state and their own procurement policies. In times of emergency, MDH does not require multiple bids under certain circumstances. However, your organization's own procurement policies must also be taken into consideration. Please ensure that your grant documentation for contracted services align to both policies.

Referral

Q1:   How do we count the number of patients referred? Is it an actual referral created, or just told to be seen at another system?

A1:   Count only referrals that included a request from one physician to another to assume responsibility for management of patient's specified problems related to COVID-19 or COVID-19 related symptoms.

Salary expense

Q1:   Can salary & fringe funds be used to pay staff hazard pay for the following:
   1.   Incentives to work additional shifts when other staff are out for illness.
   2.   Incentives to work additional hours when additional hours are needed, like resident 1:1 time because they are not able to gather as groups to eat or for activities
   3.   Incentives for current or potential employees, to work in an environment that has a higher risk for COVID-19 exposure.

A1:   Hazard pay is an eligible expense for the grant funds. Only scenario three would meet the criteria for hazard pay based on environmental safety. Per Title 5 CFR 550, Appendix A to subpart I, there are specific conditions for when a person could get hazard pay for working with or in close proximity to micro-organic materials that are likely to cause serious disease or death, and which protective devices do not offer complete protection.

Specialized cleaning

Q1:   What is considered specialized cleaning?

A1:   Any supplies being used or additional cleaning activities due to COVID-19. For example, clinics sanitizing rooms after every visit.

Testing costs for uninsured

Q1:   Can organizations charge individuals that are uninsured for testing?

A1:   No. Any organization that receives funding through COVID-19 Response funds is not permitted to charge uninsured individuals for testing.

Q2:   Our practice requires a tele-visit prior to any COVID-19 testing being done. Are we allowed to bill a patient for an office visit done prior to the COVID-19 test or is the grant money received specific to just the actual COVID-19 test and the antibody test?

A2:   You should not charge anyone who is uninsured for a pre-visit, if the pre-visit is required for the test. The pretest would be considered part of the test fee and you should not charge anyone who is uninsured for a pre-visit.

Q3:   What are the rules around billing for the ED or urgent care charges and facility fees on the same bill as the COVID-19 test?   Is it the full visit or just the COVID-19 test that are not billable?

A3:   If the patients are only coming in for COVID-19 testing, then they should not be charged for the visit. They should not be encouraged to address other conditions in order to be able to charge for the visit.

Q4:   In regard to billing uninsured patients-if we offer an IGG Antibody test – would this still fall under testing if it's not our primary diagnostic test?

A4:   Yes, this would be considered testing or screening, and uninsured patients are not to be billed.

Q5:   In regard to billing uninsured patients for treatment does that refer to all charges to an inpatient visit and/or in the Emergency Room?

A5:   Yes, uninsured patients are not to be billed for inpatient, emergency room, outpatient and any other classification of treatment related to the treatment of COVID-19 and COVID-19 related issues. If you are in need of other resources to provide reimbursement of uninsured testing costs, you may wish to apply through the federal HRSA program: https://www.hrsa.gov/CovidUninsuredClaim.

There is also Medicaid coverage for uninsured people for COVID testing; the Minnesota Department of Human Services website at Minnesota Department of Human Services website provides information for individuals on how to get this coverage, and includes a link to the application.

Tracking testing

Q1:   How do we report on patient testing?

A1:   Each COVID-19 test conducted is counted individually, even if it is for the same patient. In reporting testing data follow all HIPPA rules, and do not send in individual patient data.

Q2:   What is the requirement for tracking tests? We swab onsite and send to our reference lab, or swab onsite and send to hospital lab, and send patient to another facility for testing.

A2:   Only count the actual tests swabbed onsite and submitted for analysis either in your lab or sent to an outside lab. Do not include patients tested in another facility.

Q3:   We offer an IGG Antibody test – would this still fall under testing if it's not our primary diagnostic test?

A3:   Yes, this would be considered testing.

Tracking transportation

Q1:   How do I track transportation to another entity for COVID-19? Hospitals aren't going to tell us if they tested the patients we brought in or are treating them UNLESS we are transporting them to another facility.

A1:   If you transported patients for the treatment of COVID-19 or COVID-19 related symptoms, or to be tested for COVID-19 include in the number of individuals transported.

Treatment

Q1:   How is treatment for COVID-19 defined? Is it only inpatient treatment? Treated in clinic, what is best way to determine if they were treated?

A1:   Providing treatment to a patient includes management and care of a patient for COVID-19 and COVID-19 related symptoms. Reporting requires in-patient services and out-patient services separately. For in-patient services report will also ask for number of days for hospitalization.

Q2:   We were awarded $7,000 in grant funds for Supplies -PPE, but need much more. We would like to reallocate funds from Salaries to Supplies, is this allowed?

A2:   It is allowable to reallocate funds if less than 25% of the budget line. You will need to document this spending in the expense report, and it must be for an eligible expense. If it is greater than 25% you will need to make an official request for a budget amendment and receive written pre-approval.

Q3:   In regards to treatment, we're assuming this means all charges incurred as an inpatient and/or in the ER.

A3:   Yes, all charges related to COVID-19 or COVID-19 symptoms for treatment includes inpatient, ER, urgent care, outpatient or other classification of treatment.