Finding the Money A Process to Cost Recovery

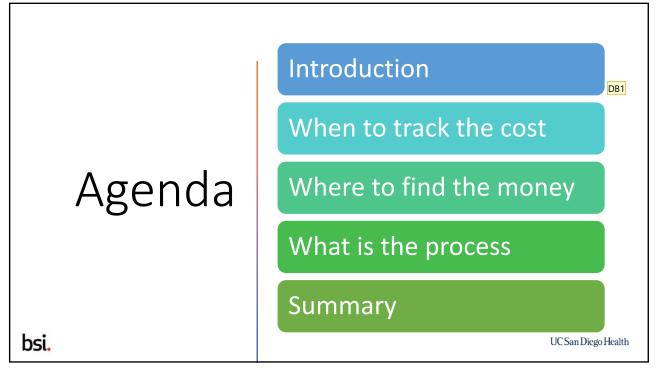
University of California – San Diego

David I. Blacksberg, MPH Gabrielle Wilson, MBA



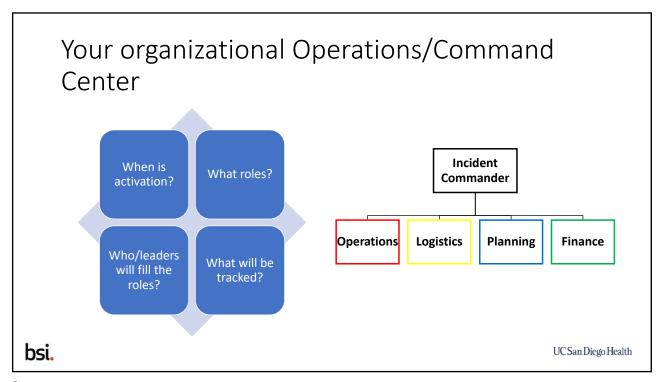
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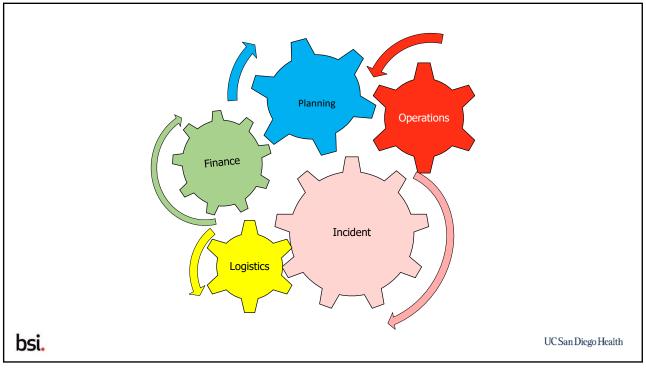
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DB1 I am not sure how clearly the topics are called out for people within the presentation itself. Consider either calling it something other than an agenda or work these titles into the slides or facilitation.

David Bernstein, 9/8/2021





Cost Tracking A haystack of needles (non-labor)

Cost

Tracking
Redeploy the

masses (*Labor*) Isolate

• Incident-specific expenses in single cost center/index

Control

- Identify person(s) for expense approval
 - All incident specific expenses must be signed for approval by Associate CFO

Repo DB2

• Develop and share

Collect and catalogue all Purchase Orders and Invoices

- Create custom categories to align with FEMA Projects
- PPE (by item description); Testing, Facilities & Alternative Sites, Vaccine (by vendor)
 - Not perfect, but **explainable**

Coordinate

 Accounting for validation documentation (check numbers, bank statements)

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Commandeer a cost center/index

- Labor activity track & record
 - Management
 - Clinical
 - Non-clinical
 - Labor Pool
 - Travelers and contractors

Categorize by Activity

- Lab Testing
- Operations
- Vaccine Efforts

Note: Unable to isolate and parse out COVID patient care costs on ICU units (individual cost centers/indexes) due to **evolving** nature of effort

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DB2 Just for consistency - any bullets here? David Bernstein, 9/8/2021

COVID-19 Healthcare Funding and Cost Recovery Strategy Targeted Programs Federal Funding Distribution Federal Funding Distribution Philanthropy Provider Relief Fund (PRF) Vaccine Distribution State Budget County / City budgets Medicare Add-on Payment **COVID Health Equity Emergency Management Public Partnerships Application Programs** Senate Bill 89 **Contact Tracing** Partnerships FCC Telehealth Program Vaccine Distribution Employer-based testing HHS COVID Minority Health **Skilled Nursing Facilities Emergency Management** FEMA Scaling core operations Cost recovery to support core operations and patient care to support community bsi. UCSan Diego Health

COVID-19 Healthcare Cost Recovery Strategy

Coronavirus Aid, Relief, and Economic Security (CARES) Act

The CARES Act authorized more than \$2T in federal aid to address the pandemic and its economic effects, including direct support for hospitals. The legislation established:

- Medicare IPP Add-on payment
- Delayed reduction in Disproportionate Share Hospital (DSH) programs
- Payroll tax delay program
- Employee retention tax credit
- Supplemental Hospital Emergency Preparedness Program funding
- Medicare Accelerated payment program
- Workforce Telehealth award program
- Public Health and Social Services Emergency Fund (Provider Relief Fund)
- Federal Emergency Management Agency (FEMA)
 Disaster Relief Fund

Provider Relief Fund (PRF)

Through the CARES Act and later the Healthcare Enhancement Act and Paycheck Protection Program, the Health Resources and Services Administration (HRSA) obligated nearly \$120B from the PRF to more than 410,000 providers¹.

- Funding meant to cover health care related expenses and lost revenues attributable to COVID-19
- Payments made directly to providers based on net patient revenue and included general and targeted fund allocations
 - COVID-19 high impact areas
 - Rural providers

¹As of May 2021

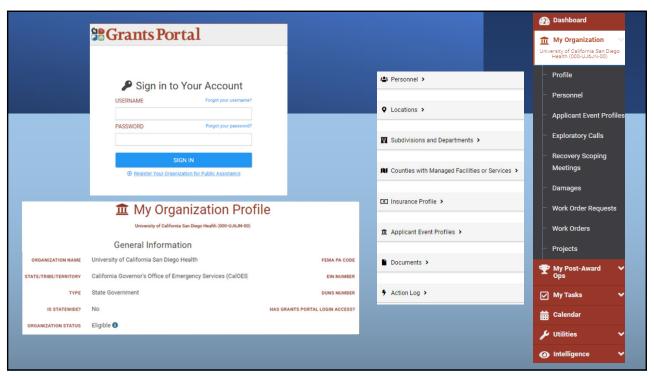
- Safety net providers
- · Children's hospitals
- Skilled Nursing facilities
- Indian Health Services
- Treatment for the uninsured
- Vaccines for the uninsured

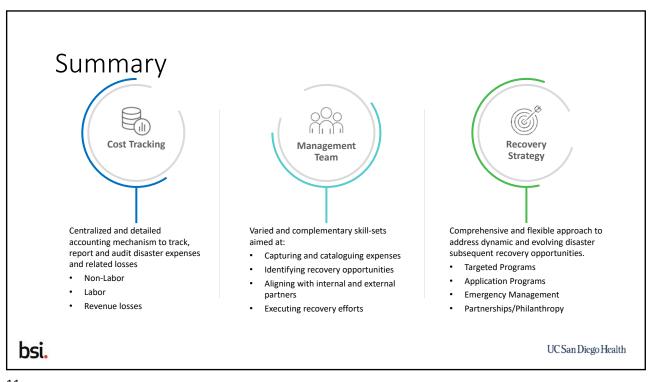
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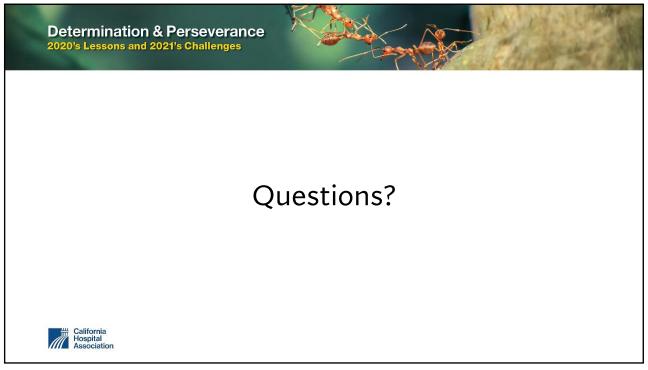
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FEMA Stay informed Where can you find assistance • Communications Finance • California Office of Operations **Emergency Services (CalOES)** • Emergency • FEMA representatives Management/Business Continuity • Websites- FEMA, CalOES, White House, Senate • Consultant/Contractor services bsi. UCSan Diego Health

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Thank You

David I. Blacksberg, MPH

Senior Consultant
BSI Consulting Services
David.Blacksberg@bsigroup.com

Gabrielle Wilson, MBA

Director, Strategic Initiative and Executive Affairs UC San Diego Health gewilson@health.ucsd.edu

