Disclaimer

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Housekeeping Items

• All materials will be emailed at the conclusion of this presentation
• All lines are muted
• Please feel free to use the Q&A feature throughout the presentation

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HHS PRF Reporting Updates

• HHS issued PRF General and Targeted Distribution Post-Payment Notice of Reporting Requirements on June 11, 2021
  • The reporting requirements outlined in this presentation apply to all past and future PRF payments made under the legal authorities outlined in the section Overview of Legal Requirements for Reporting in the June 11, 2021 reporting document.

• HHS PRF Updates – June 11, 2021
  • PRF recipients must only use payments for eligible expenses including services rendered, and lost revenues during the period of availability

<table>
<thead>
<tr>
<th>Payment Received Period</th>
<th>Deadline to Use Funds</th>
</tr>
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<tbody>
<tr>
<td>Period 1: April 10, 2021 to June 30, 2020</td>
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HHS PRF Reporting Updates

• HHS PRF Updates – June 11, 2021
  • Recipients who received one or more payments exceeding $10,000 in the aggregate during a Payment Received Period are required to report in each applicable Reporting Time Period

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• PRF recipients that do not report within the respective reporting time period are out of compliance with payment Terms and Conditions and may be subject to recoupment
HHS PRF Reporting Updates

- HHS PRF Updates – June 11, 2021
  - Recoupment
    - Any unused funds from the period of availability must be returned within 30 days after the end of the Reporting Time Period
    - The instructions for returning funds are linked within the partial returns form
    - The form link is located in the reporting portal FAQs

### Reporting Time Period Deadline for Returning Unused Funds

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HHS PRF Reporting Updates

- HHS PRF Updates – June 11, 2021
  - Summary of Reporting Requirements

### Payment Received Period Deadline to Use Funds Reporting Time Period

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HHS PRF Reporting Updates

• HHS PRF Updates – June 11, 2021
  • Responsibility for Reporting
    • For the purposes of registration and reporting in the PRF Reporting Portal, the Reporting Entity is the entity that registers its Tax Identification Number (TIN) and reports on payments received by that TIN and/or its subsidiary TINs
    • A parent entity may report on its subsidiaries’ General Distribution payments regardless of whether the subsidiary TINs received the General Distribution payments directly from HRSA or whether General Distribution payments were transferred to them by the parent entity
    • The parent entity may report on these General Distribution payments regardless of whether the parent or the subsidiary attested to the Terms and Conditions.

• HHS PRF Updates – June 11, 2021
  • Responsibility for Reporting
    • The original recipient of a Targeted Distribution payment is always the Reporting Entity
      • A parent entity may not report on its subsidiaries’ Targeted Distribution payments
      • The original recipient of a Targeted Distribution must report on the use of funds in accordance with the CRRSA Act
      • This is required regardless of whether the parent or subsidiary received the payment or whether that original recipient subsequently transferred the payment
      • A Reporting Entity that is a subsidiary must indicate the payment amount of any of the Targeted Distributions it received that were transferred to/by the parent entity, if applicable
      • Transferred Targeted Distribution payments face an increased likelihood of an audit by HRSA.
HHS PRF Reporting Updates

- HHS PRF Updates – June 11, 2021
  - Steps for Reporting on Use of Funds
    - Reporting entities will report on their use of funds using their normal basis of accounting (e.g. cash basis, accrual basis)
    - Reporting Entities will submit consolidated reports
    - Recipients will report data in the following order:
      1. Interest Earned on PRF Payment(s)
      2. Other Assistance Received
      3. Use of SNF and Nursing Home Infection Control Distribution Payments (if applicable)
      4. Use of General and Other Targeted Distribution Payments
      5. Net Unreimbursed Expenses Attributed to Coronavirus
      6. Lost Revenues Reimbursement
      - Option 1 – Difference between actual patient care revenues;
      - Option 2 – Difference between budgeted (prior to March 27, 2020) and actual patient care revenues;
      - Option 3 – Any reasonable method of estimating revenues

- Data Elements
  - The following data elements in the PRF Reporting Portal will allow HRSA to assess how recipients used PRF General and Targeted Distribution payments, consistent with the Terms and Conditions associated with payment:
    1. Reporting entity overview – TIN, Business Name, Doing Business As Name, Address, Contact Information, Provider Type, Provider Subtype
    2. Subsidiary Questionnaire – for reporting entities that have subsidiaries as well as reporting entities that are subsidiaries
    3. Acquired/Divested Subsidiaries – TIN, Effective date, PRF payments received, controlling interest, percent of ownership, TIN of acquiring entity
    4. Interest Earned on PRF Payments(s) – Separated by interest earned on SNF and Nursing Home Infection Control distribution and other PRF payments
    5. Tax and Single Audit Information – Federal Tax Classification, Exempt Payee Code, Exempt from Foreign Account Tax Compliance Act (FATCA) Reporting Code, Fiscal Year-End Date, Single Audit Status
    6. Other Assistance Received – Department of Treasury and/or Small Business Administration Assistance; Federal Emergency Management Agency Program; HHS CARES Act Testing; Local, State, and Tribal Government Assistance; Business Insurance; and Other Assistance
HHS PRF Reporting Updates

• HHS PRF Updates – June 11, 2021
  • Data Elements (cont’d)
    7. Use of SNF and Nursing Home Infection Control Distribution Payments (if applicable)*
    8. Use of General and Other Targeted Distribution Payments*

* Reporting Entities that received between $10,001 and $499,999 in aggregated PRF payments during each Payment Received Period are required to report on the use of these infection control payments in two categories: (1) General and Administrative Expenses and (2) Health Care-Related Expenses.

*Reporting Entities that received $500,000 or more in aggregated PRF payments during each Payment Received Period are required to report on the use of these infection control payments in greater detail than the two categories of General and Administrative Expenses and Health Care-Related Expenses.

HHS PRF Reporting Updates

• HHS PRF Updates – June 11, 2021
  • Data Elements (cont’d)
    * General and Administrative Expenses Attributed to Coronavirus
      • a. Mortgage/Rent: Payments related to mortgage or rent for a facility.
      • b. Insurance: Premiums paid for property, malpractice, business insurance, or other insurance relevant to operations.
      • c. Personnel: Workforce-related actual expenses paid to prevent, prepare for, or respond to coronavirus during the reporting period, such as workforce training, staffing, temporary employee or contractor payroll, overhead employees, or security personnel.
      • d. Fringe Benefits: Extra benefits supplementing an employee’s salary, which may include hazard pay, travel reimbursement, and employee health insurance.
      • e. Lease Payments: New equipment or software leases, such as fleet cars and medical equipment that is not purchased and will be returned to the owner.
      • f. Utilities/Operations: Lighting, cooling/ventilation, cleaning, or additional third party vendor services not included in the “Personnel” sub-category.
      • g. Other General and Administrative Expenses: Expenses not captured above that are generally considered part of general and administrative expenses.
HHS PRF Reporting Updates

- HHS PRF Updates – June 11, 2021
  - Data Elements (cont’d)
    * Health Care-Related Expenses Attributed to Coronavirus
      a. Supplies: Expenses paid for purchase of supplies (e.g., single use or reusable patient care devices, cleaning supplies, office supplies, etc.) used to prevent, prepare for, and/or respond to coronavirus during the reporting period. Such items may include PPE, hand sanitizer, supplies for patient screening, or vaccination administration materials.
      b. Equipment: Expenses paid for purchase of equipment, such as ventilators, refrigeration systems for COVID-19 vaccines, or updates to HVAC systems.
      c. Information Technology (IT): Expenses paid for IT or interoperability systems to expand or preserve coronavirus care delivery during the reporting period, such as electronic health record licensing fees, telehealth infrastructure, increased bandwidth, and teleworking to support remote workforce.
      d. Facilities: Expenses such as lease or purchase of permanent or temporary structures, or to retrofit facilities to accommodate revised patient treatment practices, used to prevent, prepare for, and/or respond to coronavirus during the reporting period.
      e. Other Health Care-Related Expenses: Expenses, not previously captured above, that were paid to prevent, prepare for, and/or respond to coronavirus.

9. Net Unreimbursed Expenses Attributed to Coronavirus - The unreimbursed health care expenses attributable to coronavirus, net of other reimbursed sources in two categories:
   1. General and Administrative expenses and

10. Lost Revenue Attributed to Coronavirus - Reporting Entities that expend all PRF payments on expenses or those with only SNF and Nursing Home Infection Control payments will need to submit patient care revenues for 2019 through the most recently completed calendar year.
    - Option i: Actual patient care revenues;
    - Option ii: Budgeted (prior to March 27, 2020) and actual patient care revenues.
    - Option iii: Any reasonable method of estimating revenues.
HHS PRF Reporting Updates

- HHS PRF Updates – June 11, 2021
  - Data Elements (cont’d).

11. Personnel, Patient and Facility Metrics - Reporting Entities will report on the following personnel, patient, and facility metrics by quarter for CY 2019 through the current period of availability
  - Personnel
    - Broken out by clinical and non-clinical, then by
    - Full-time, part-time, contractor, furloughed, separated and hired
      - The labor categories are mutually exclusive, and each employee should only be included in one labor category per quarter. If a hiring action (e.g., furloughed, separated, hired) occurred during the quarter personnel should be considered non-clinical if less than 50% of their time does not involve direct patient care. The employee should be identified in the category that occurred closest to the end of the quarter. All full-time, part-time, or contractor personnel should be those that experienced no hiring action during the respective quarter.
  - Patient
    - For SNFs, this will include the number of stays (defined as unique admissions) for patients residing in a long-term or short-term care or treatment facility
  - Facility – The number of any type of staffed bed that the facility has physically available and licensed to operate

11. Survey - Reporting entities will answer questions regarding the impact of payments during the period of availability in the following categories
  - Overall operations, maintenance of solvency and prevention of bankruptcy, retention of staff and prevention of furlough, re-hire or re-activation of staff from furlough, facilitation of changes needed to operate during the pandemic, ability to care for and/or treat patients with COVID-19, impact on business or patient services
Single Audit Requirements

- Required for expending $750,000 or more in aggregated federal financial assistance
- Recipients must indicate if they are subject to Single Audit requirements in 2020, and if yes, whether the auditors selected PRF payments to be within the scope of the Single Audit
  - If known at the time the Reporting Entity submits report
- No requirement prior to June 30, 2021
Provider Relief Funds – Reporting Questions

Auditing and Reporting

- When should Provider Relief Fund expenditures and/or lost revenue be reported on a nonfederal entity’s Schedule of Expenditures of Federal Awards (SEFA)? (Added 7/15/2021)
  - Non-federal entities will include Provider Relief Fund expenditures and/or lost revenues on their SEFAs for fiscal year ends (FYE) ending on or after June 30, 2021. Please refer to the 2021 OMB Compliance Supplement for additional information.
- How will a non-federal entity determine the amount of expenditures and/or lost revenues to report on its SEFA for FYEs ending on or after June 30, 2021? (Added 7/15/2021)
  - A non-federal entity’s SEFA reporting is linked to its report submissions to the Provider Relief Fund Reporting Portal. Therefore, the timing of SEFA reporting of Provider Relief Fund payments will be as follows:
    - For a FYE of June 30, 2021, and through FYEs of December 30, 2021, recipients are to report on the SEFA, the total expenditures and/or lost revenues from the Period 1 report submission to the Provider Relief Fund Reporting Portal.
    - For a FYE of December 31, 2021, and through FYEs of June 29, 2022, recipients are to report on the SEFA, the total expenditures and/or lost revenues from both the Period 1 and Period 2 report submissions to the PRF reporting portal Provider Relief Fund Reporting Portal I.
    - For FYEs on or after June 30, 2022, SEFA reporting guidance related to Period 3 and Period 4 will be provided at a later date.
Provider Relief Funds – Reporting Questions

Auditing and Reporting

- Will HHS release separate requirements for recipients of the Skilled Nursing Facility (SNF) and Nursing Home Infection Control Distribution payments? (Added 6/11/2021)
  - No. HHS included requirements on how recipients of the SNF and Nursing Home Infection Control Distribution payments will report on these funds in the June 2021 Post-Payment Notice of Reporting Requirements. Recipients of this funding will be able to submit a consolidated report that distinguishes use of SNF and Nursing Home Infection Control Distribution funds from use of other General and Targeted Distribution payments.

- Will HHS provide guidance to certified public accountants and those organizations that providers will rely on to perform audits? (Modified 6/11/2021)
  - The only guidance HHS provides to auditors is through the Office of Management and Budget Compliance Supplement. Non-Federal Entities subject to Single Audit requirements can find guidance in the 2020 Compliance Supplement Addendum, which is available at https://www.whitehouse.gov/wp-content/uploads/2020/12/2020-Compliance-SupplementAddendum_Final.pdf and in the forthcoming 2021 Compliance Supplement. The applicable Assistance Listings numbers include 93.498 [Provider Relief Fund] and 93.461 [HRSA COVID19 Uninsured Program].

Provider Relief Funds – Reporting Questions

Auditing and Reporting

- Are Provider Relief Fund payments to commercial (for-profit) organizations subject to Single Audit in conformance with the requirements under 45 CFR 75 Subpart F? (Modified 6/11/2021)
  - Commercial organizations that expend $750,000 or more in annual awards have two options under 45 CFR 75.216(d) and 75.501(i): 1) a financial related audit of the award or awards conducted in accordance with Generally Accepted Government Auditing Standards; or 2) an audit in conformance with the requirements of 45 CFR 75.514 (Single Audit). Provider Relief Fund General and Targeted Distribution payments (93.498) and Uninsured Testing, Treatment, and Vaccine Administration reimbursement payments (93.461) must be included in determining whether an audit in accordance with 45 CFR Subpart F is required (i.e., annual total awards expended are $750,000 or more).
  - Audit reports of commercial organizations must be submitted via email to HRSA's Division of Financial Integrity at PRFAudits@hrsa.gov.
Provider Relief Funds – Reporting Questions

Use of Funds

• If rent or mortgages were paid during the applicable period of availability but staff worked remotely, could those expenses be claimed as eligible expenses? (Added 7/1/2021)
  • Health care-related operating expenses are limited to costs incurred to prevent, prepare for, and respond to coronavirus. The amount of mortgage or rent eligible for Provider Relief Fund reimbursement is limited to that which was incurred to prevent, prepare for, and respond to coronavirus. Providers are required to maintain documents to substantiate that these funds were used for health care-related expenses attributable to coronavirus, and that those expenses or losses were not reimbursed from other sources and other sources were not obligated to reimburse them. The burden of proof is on the provider to ensure that documentation is maintained to show that expenses are to prevent, prepare for, and respond to coronavirus.

Provider Relief Funds – Reporting Questions

Use of Funds

• If a Reporting Entity anticipates that it will receive coronavirus-related assistance, such as from FEMA, but that assistance has not yet been received, should that be accounted for in its Provider Relief Fund reporting? (Added 7/1/2021)
  • Provider Relief Fund payments may be applied to expenses or lost revenues attributable to coronavirus, after netting the other funds received or obligated to be received which offset those expenses. If a provider has submitted an application to FEMA, but has not yet received the FEMA funds, the provider should not report the requested FEMA amounts in the Provider Relief Fund report. If FEMA funds are received during the same Payment Received Period in which provider is reporting on use of Provider Relief Fund payments, the receipt and application of each payment type is required in the Provider Relief Fund reporting process. If an entity receives a retroactive payment from FEMA that overlaps with the period of availability, the entity must not use the FEMA payment on expenses or lost revenues already reimbursed by Provider Relief Fund payments.
Provider Relief Funds – Reporting Questions

Use of Funds

• Must the Reporting Entity be in receipt of purchases made using Provider Relief Fund Payments in order for the expense to be considered eligible for reimbursement? (Added 7/1/2021)
  • No. For purchases of tangible items made using Provider Relief Fund payments, the purchase does not need to be in the Reporting Entity’s possession (i.e., backordered personal protective equipment, capital equipment) to be considered an eligible expense. However, the costs must be incurred before the Deadline to Use Funds. Providers must follow their basis of accounting (e.g., cash, accrual, or modified accrual) to determine expenses.

• Can providers allocate parent overhead costs to the entities that received Provider Relief Funds? (Modified 7/1/2021)
  • Yes, providers that already have a cost allocation methodology in place at the time they received funds, may allocate normal and reasonable overhead costs to their subsidiaries, which may be an eligible expense if attributable to coronavirus and not reimbursed from other sources.

Provider Relief Funds – Reporting Questions

Use of Funds

• How does a Reporting Entity determine whether an expense is eligible for reimbursement through the Provider Relief Fund? (Modified 7/1/2021)
  • To be considered an allowable expense under the Provider Relief Fund, the expense must be used to prevent, prepare for, and respond to coronavirus. Provider Relief Fund payments may also be used for lost revenues attributable to the coronavirus. Reporting Entities are required to maintain adequate documentation to substantiate that these funds were used for health care related expenses or lost revenues attributable to coronavirus, and that those expenses or losses were not reimbursed from other sources and other sources were not obligated to reimburse them. Reporting Entities are not required to submit that documentation when reporting. Providers are required to maintain supporting documentation which demonstrates that costs were obligated/incurred during the period of availability. The burden of proof is on the Reporting Entity to ensure that adequate documentation is maintained.
Provider Relief Funds – Reporting Questions

Use of Funds

• How do I determine if expenses should be considered “expenses attributable to coronavirus not reimbursed by other sources?” (Modified 6/11/2021)
  • Expenses attributable to coronavirus may include items such as supplies, equipment, information technology, facilities, personnel, and other health care-related costs/expenses for the period of availability. The classification of items into categories should align with how Provider Relief Fund payment recipients maintain their records. Providers can identify their expenses attributable to coronavirus, and then offset any amounts received through other sources, such as direct patient billing, commercial insurance, Medicare/Medicaid/Children’s Health Insurance Program (CHIP); other funds received from the federal government, including the Federal Emergency Management Agency (FEMA); the Provider Relief Fund COVID-19 Claims Reimbursement to Health Care Providers and Facilities for Testing, Treatment, and Vaccine Administration for the Uninsured (Uninsured Program); the COVID-19 Coverage Assistance Fund (CAF); and the Small Business Administration (SBA) and Department of the Treasury’s Paycheck Protection Program (PPP). Provider Relief Fund payments may be applied to the remaining expenses or costs, after netting the other funds received or obligated to be received which offset those expenses. The Provider Relief Fund permits reimbursement of marginal increased expenses related to coronavirus provided those expenses have not been reimbursed from other sources or that other sources are not obligated to reimburse...
Additional Questions

Question

• When reporting use of funds – do you have to report expenses before lost revenue or can you just use lost revenues? For example, Infection control funds are tied to preventing infection control so we don’t want to use funds used to purchase PPE, testing, etc. when reporting use of the general distribution and save those expenses until reporting the infection control funds.

Answer

• You are required to report expenses before lost revenue. With that being said, in Step 8 of reporting, you will report your Nursing Home Infection Control Expenses for Payments Received During Payment Period BEFORE moving to Step 9. Step 9 requires reporting of Other Provider Relief Fund Expenses for Payments Received During the Payment Period. Step 9 specifically states that the “payments must be used for expenses unreimbursed by other sources and that other sources are not obligated to reimburse”. It further states that “other PRF payments” include all General Distribution payments and Targeted Distribution payments, except for those payments categorized as Nursing Home Infection Control payments.

Additional Questions

Question

• Salary cost – many times over the past few months we have heard the phrase “prepare, prevent and treat Covid19”. With this in mind, one could make the argument that all salary costs are associated with this goal. What is your opinion on this and is there anything in the FAQs or online that address the differentiation of salary costs for reporting purposes.

Answer

• Based on the HHS FAQ below, you would need to proved the expense was newly incurred after the declaration of the of the PHE.

  • Are expenses related to securing and maintaining adequate personnel reimbursable expenses under the Provider Relief Fund? (Added 12/11/2020)

    Yes, expenses incurred by providers to secure and maintain adequate personnel, such as offering hiring bonuses and retention payments, child care, transportation, and temporary housing, are deemed to be COVID-19-related expenses if the activity generating the expense was newly incurred after the declaration of the Public Health Emergency and the expenses were necessary to secure and maintain adequate personnel.
Additional Questions

Questions and Answers

- When reporting the Personnel information for contracted employees
  - Does that cover both Agency personnel (for RN, LPN, and Aides position) as well as Therapy?
    - Yes, if they are not receiving direct benefits or compensation from the provider
  - Does this include Contracted staff if either Housekeeping, Laundry or Dietary services were outsourced.
    - Yes, if they are not receiving direct benefits or compensation from the provider
  - We do track Agency hours and Therapy Hours for the PBJ reports and could convert them into “FTE’s” for a quarter, but not as “bodies” as they seem to want.
    - This should be available for PBJ as each employee/contractor has a unique ID, which includes their daily hours for each quarter.
Links

- HHS PRF Reporting Web Page
- FAQs
  - Reporting specific
  - Portal specific
- Portal User Guides
  - Registration
  - Reporting

QUESTIONS
THANK YOU FOR PARTICIPATING

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