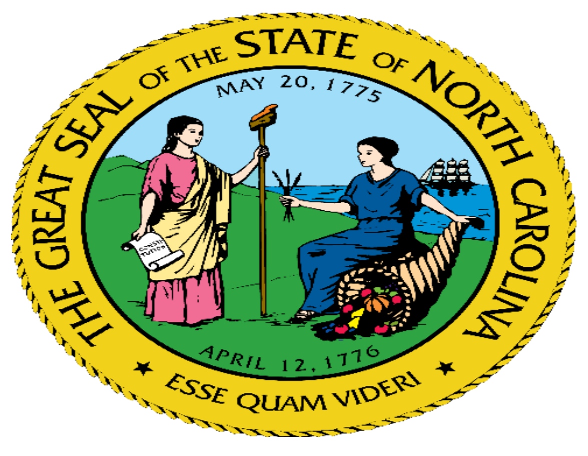


Welcome to the 2020 Virtual Rural Primary Care Conference!

Hosted by the NC Office of Rural Health in partnership with NC Community Health Center Association and NC Rural Health Leadership Alliance

Thursday, October 22, 2020 9:00 am – 2:45 pm

Housekeeping

- Please keep your lines muted when not speaking
- Submit questions in the chat box or use the raise hand feature during designated Q&A sections (click 3 dots on lower panel)
- Use the call-in feature to improve sound quality
  - This can be found in your event registration or if you click the ⓘ button on the top left
- Use the active speaker view for best view of panelists
- Take breaks as needed
- Sessions will be recorded

Agenda

- Welcome & Housekeeping
- Keynote –
  Michelle Rathman,
  President & CEO, Impact! Communications, Inc.
- Value-Based Care
- Quality & Value-Based Care Leading to Practice Improved Outcomes
- BREAK: 10:45 am – 11:00 am
- State & Federal Policy Issues impacting NC's Health Centers
- NETWORKING LUNCH: 12:00 pm – 12:45 pm
  Benson Area Medical Center, Inc. Video presentation & COVID19 discussion
- The Role of CHWs During COVID19 & Beyond
- CARES Act Initiatives through ORH
- Health Information & Technology Overview – Implementing Telehealth, NCCARE360 Plus, Medicaid Transformation
- Wrap up & Adjourn

Welcome from your ORH Rural Health Operations Program Team

Dorothea Brock, MPH

Rural Health Operations Manager

Clinical Quality / East

Monifa Charles, PhD

Rural Health Operations Specialist II

Operations & Policy / South Central

Caroline Collier, MPH

Rural Health Operations Specialist II

Professional Development & Training / West

Objectives

- ❑Understand collaboration's ripple effect and its power to drive advocacy
- ❑Know how your organization can celebrate National Rural Health Day
- ❑Understand the underlying goals of Value-Based Care
- ❑Recognize current policy issues facing health care centers in North Carolina
- ❑Increase knowledge of additional CARES Act initiatives through ORH for patients, providers and communities
- ❑Identify ORH Health IT initiatives and telehealth
- ❑Increase operational knowledge of NCs transition to Medicaid Managed Care

Introductions

Maggie Sauer

ORH Director

Michelle Rathman,

President & CEO, Impact! Communications, Inc.

Proven Solutions for Health Systems & Hospitals

October 22, 2020

ONE VOICE

& the Power of Advocacy

Advocacy is the multiplier for health equity.

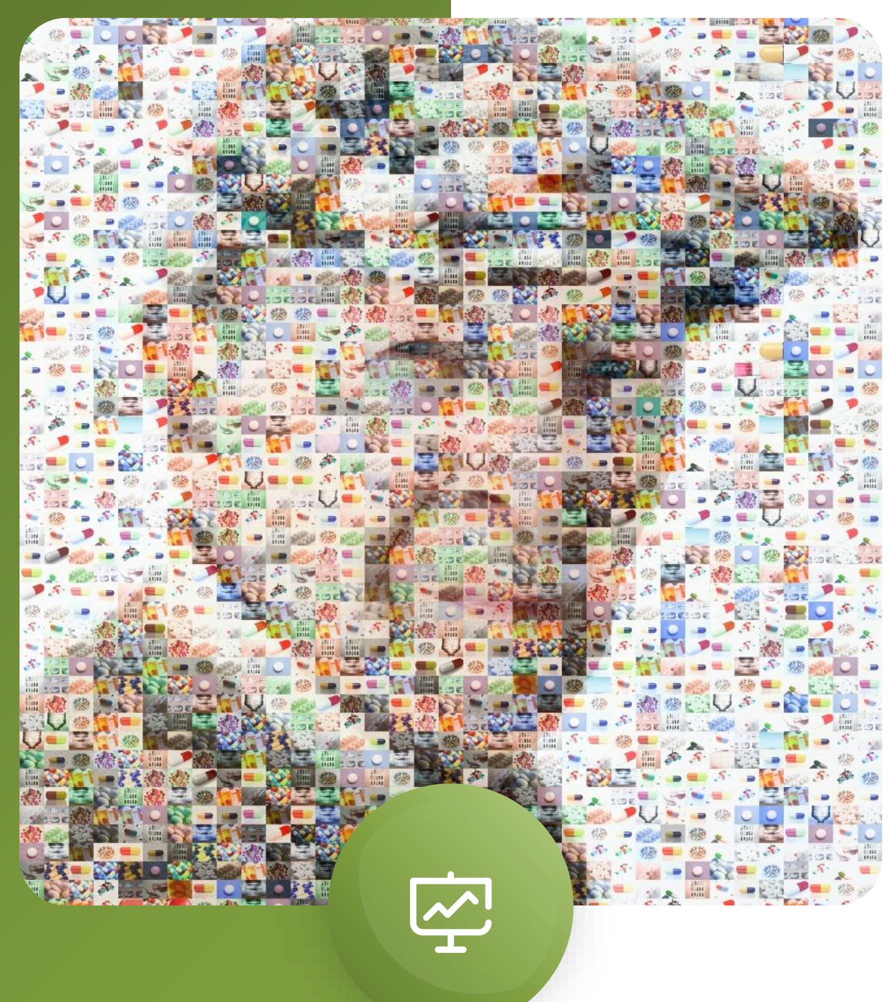
- Michelle Rathman

Meet Michelle.

Michelle is the founder of Impact! Communications, Inc. In their over 30-year history, Impact! has worked with academic, for-profit, Critical Access and rural hospitals, clinics, primary and specialty care provider practices in over 30 states. Michelle and her team are strategic and creative thought partners with several national rural health focused organizations and serve as strong advocates for programs and policies that ensure access to quality local health care, with an equal focus on improving population health by addressing social determinants in meaningful, equitable and sustainable ways.

Solvable Dilemmas.

Multiple organizations serving the health needs of diverse rural populations in the same state with varying and competing priorities– challenges growing, resources shrinking.



Opportunity.

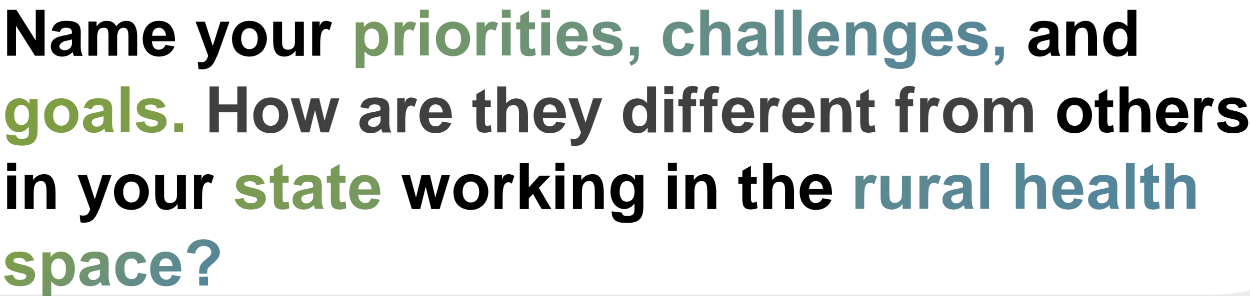
The year of 2020 is an invitation to rethink our individual roles in the creation of the problems before us. Now is our opportunity to see the big picture, putting into place the pieces we need to solve this full-sized puzzle.

It's bigger than you and me and it begins with

ADVOCACY.

What are you advocating for?

If you can't name it, you'll be hard pressed to claim it.



Name your priorities, challenges, and goals. How are they different from others in your state working in the rural health space?

What Do You Have in Common?

Competing priorities often share urgency.

Keeping the Lights On

Rural health organizations are fighting to save programs that keep them viable. Money in fact, is everything.

Ensuring High-Quality for All

Rural health organizations must constantly find ways to improve and maintain the highest quality of care and service.

Removing Barriers to Access

Access to the services and resources that support and promote overall health and wellbeing is a growing crisis.

Communicating your Value

With so many competing voices, it can be difficult to reach and engage stakeholders, including those you need to hear you the most.

What you focus your attention on expands.

Advocacy's Potential Effect

Butterfly

An initial condition in which a small change in one state can result in large differences in a later state.

Domino

The cumulative effect produced when one event sets off a chain of similar events.

Snowball

An initial state of small significance and builds upon itself, becoming graver and perhaps potentially dangerous or disastrous.

The
Ripple Effect.

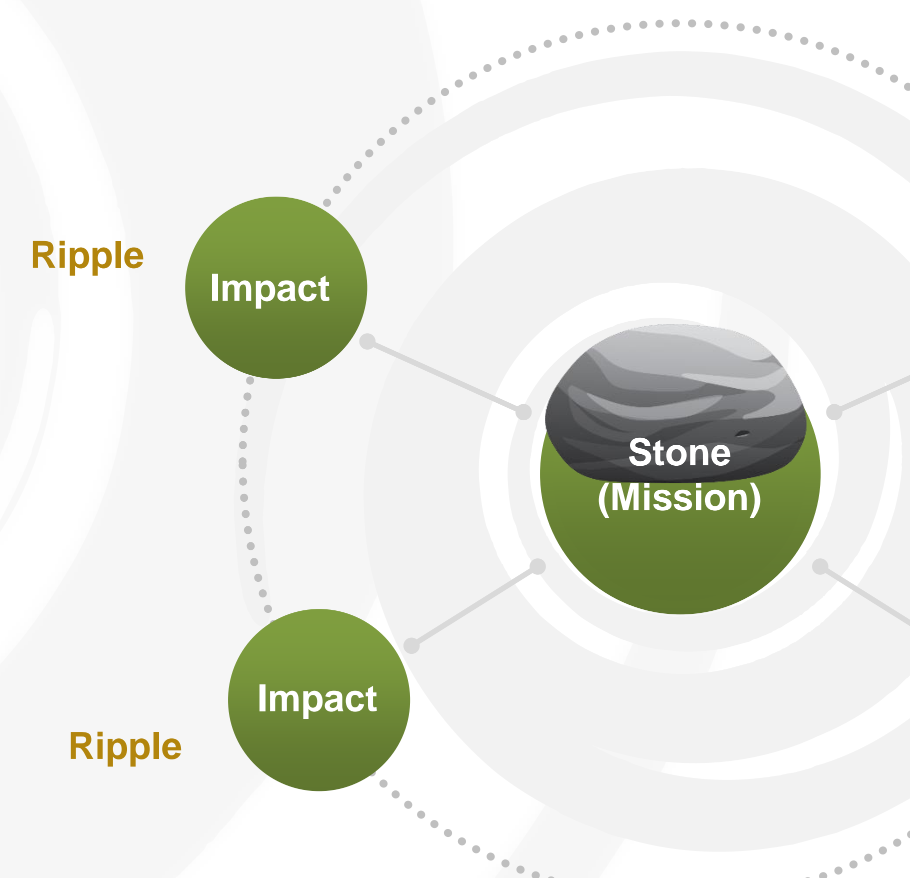
Occurs when an initial disturbance to a system spreads outward to **wake up** an increasingly **larger** portion of the system.

Starts with a Stone.

Imagine each of you standing side-by-side on the shore of a body of water with a stone in our hand.

The Power Rural Health Advocacy

Whether your efforts are for your own organization and community, the region or state, stones represent the **mission.** How you cast them will ultimately determine the **reach.**



Collaboration Amplifies.

What movement changed the world for the better with only one person seated at the table?

Why Collaborative Advocacy Works.

It frames a more strategic discussion among collaborative members for the work.

Focused

Shared vision diverse talents.

Relationships

Building a breathing culture of trust.

Accountability

Keeps the mission on course.

Infrastructure

Provides the foundation for the work to continue.

Measurable

Shows evidence of progress and success.

The Ripple Effect.

Exploring the process for making an impact where you are.

One Voice & The Power of Advocacy | October 22, 2020

Focus First on Stakeholder Engagement.

They support or oppose decisions, can be influential in the organization or within the community, hold relevant official positions or be affected in the long term.

Who are your stakeholders?

- People you haven't met yet
- Patients and their care partners
- Community Leaders
- Every Employee
- Board Members
- Legislators

Stakeholder Engagement
Is a Relay Race. Not a Sprint.

Advocacy efforts are successful when a common goal remains at the forefront.

The way to transform an idea into action, a moment into a movement that sustains and grows is to approach it in the same way brands create loyalty.

01 Attract

02 Convert

03 Close

04 Delight

Helping NOSORH Make a Greater Impact

Inspired by over

60 MILLION PEOPLE COUNTING ON US

IT STARTS WITH A STONE

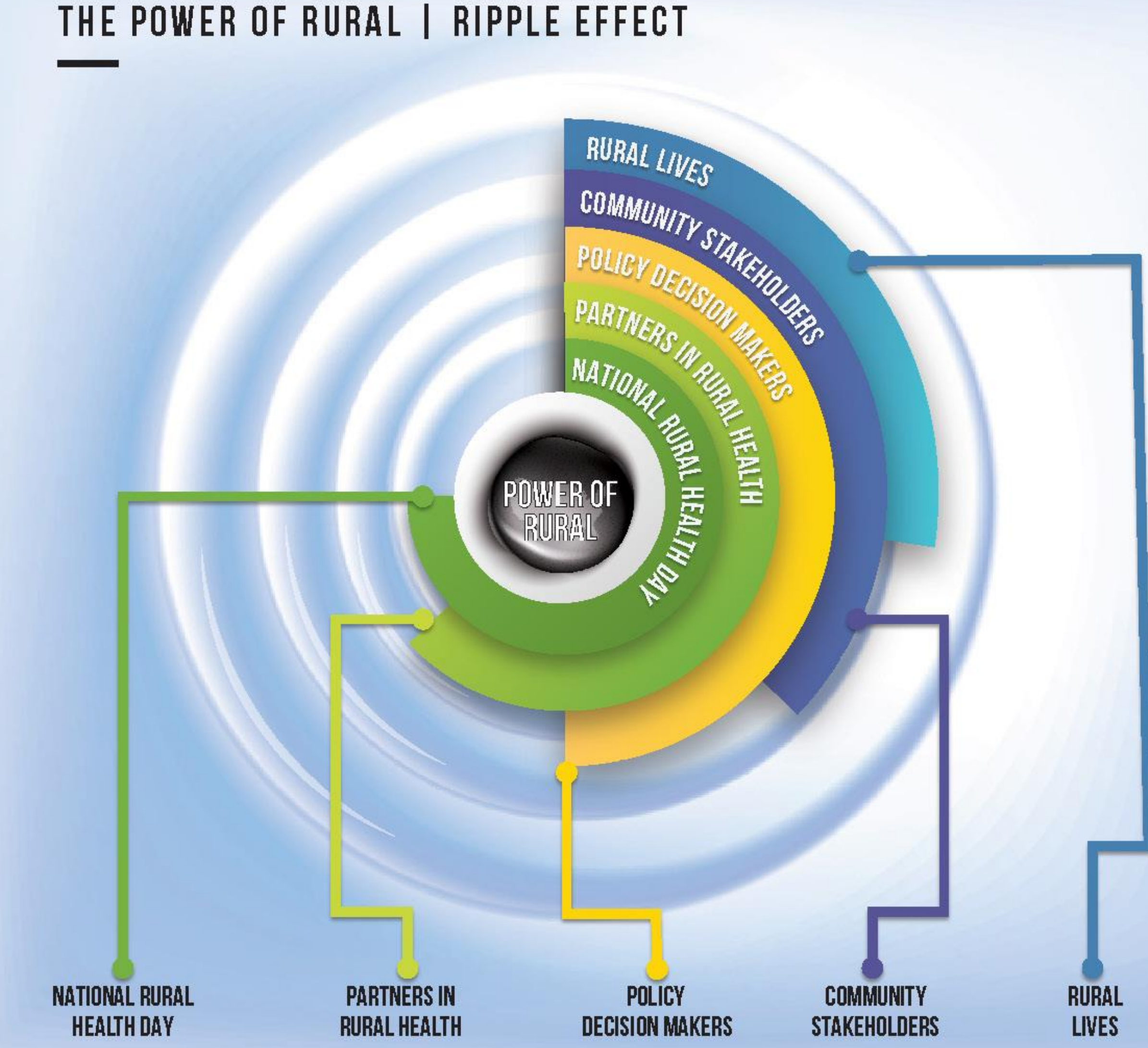
"Never underestimate that even the smallest idea has the potential to make an enormously positive impact."

Everything begins with a thought, and when that idea becomes a vision worth pursuing, it requires a clear strategy and structure that is strong enough to carry it wherever it leads. National Rural Health Day was an idea that developed out of a vision to formally recognize those whose work and contribute to make a positive impact on rural health.

The call to action of Celebrate the Power of Rural was the stone cast in the water by NOSORH. The ripple effect of this idea to create an annual day of thanks is now positively touching the lives of many, soon to be millions of people caring for those who are living, working, and raising their families across America's rural landscape.

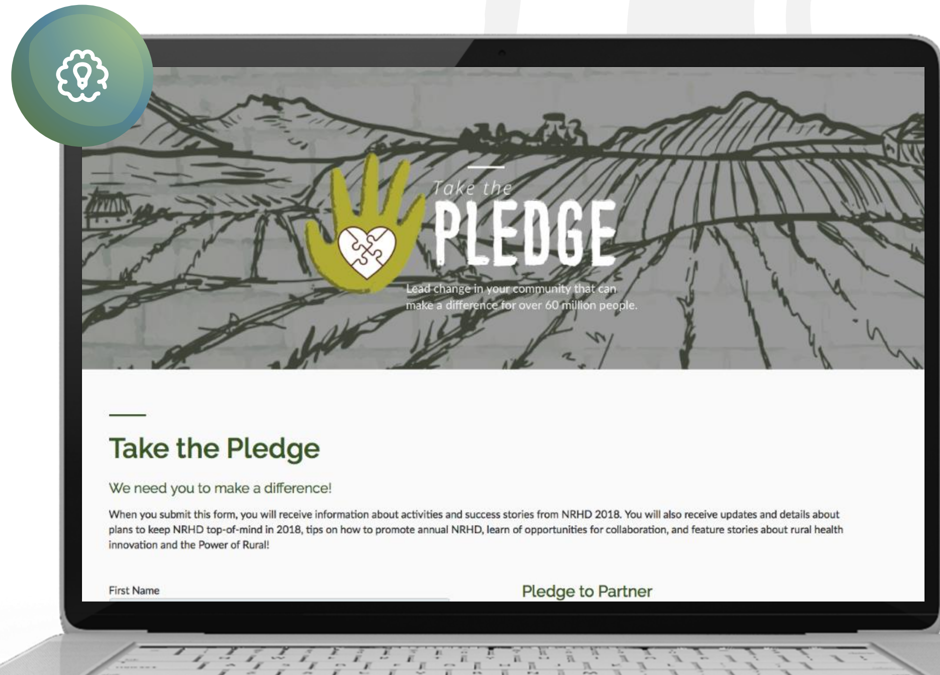
This customized Strategic Communications Playbook, developed by Impact! Communications, Inc., provides NOSORH with a structured, comprehensive, engaging, and creative communications foundation to help the organization further achieve its goal of increasing the impact of the Power of Rural movement and grow the visibility of the 50 State Offices of Rural Health and their successes within the communities each serves.

THE POWER OF RURAL | RIPPLE EFFECT



The Pledge

The Power of Rural Pledge was designed to help NOSORH strategically align with people and organizations wanting to achieve higher performance and visibility, optimize collective contributions, and realize complementary objectives that advance the rural health mission.



What it did #1

Attracted hundreds of pledge takers..

What it did #2

Converted an idea into a national action.

What it did #3

Awarded NOSORH with National Rural Health Program of the Year by NRHA 2018.

Power of Rural Website.

Advocacy requires visibility. There must be a place for stakeholders to receive information and something of value,

Inbound Traffic

2019- 27,603-page views in the 30 days leading up to NRHD

Tangible Engagement

Nearly 700 people registered for a special screening of The Providers

Toolkits

Make advocacy accessible, simple, and fun!

NEW Offerings every year!

In 2019, NRHD toolkits had 800+ downloads from community stakeholders, providers, national partners, and State Offices of Rural Health

Social Media.

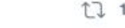
There is no replacement for the power of social media. The campaign begins in August and runs through December.

NOSORH Driven

16 million Twitter impressions, 3,439 tweets, and 1,711 participants on NRHD.

Collaborator Driven

The Access to Funding for Rural Health Projects Twitter Chat had a potential reach of over 280k w/approximately 3.5 million impress



What is National Rural Health Day & the Power of Rural Movement?

These fast facts will help you share the impact of NRHD. Since 2011, the National Organization of State Offices of Rural Health, the 50 State Offices of Rural Health, and rural health stakeholders from across the country have set aside the third Thursday of November to celebrate National Rural Health Day (NRHD) and promote the "Power of Rural," bringing much needed attention to the ongoing efforts to communicate, educate, collaborate, and innovate to improve the health of an estimated 57 million rural Americans. Over the years, NRHD has transformed from a day-long event to a sustainable movement.

Key Messages

- Rural America is a great place for mission-minded health professionals to provide individualized care.
- Rural America is fueling an innovative rural health infrastructure.
- Rural America offers a beautiful and challenging landscape, requiring unique approaches.

National IMPACT

Engaging a broad national audience of policymakers, program funders, partners, practitioners and the press to share and understand the importance of healthy rural communities

POLICYMAKERS
- Members of US Congress
- State Legislators
- Governors
- Agency Leaders

PROGRAM FUNDERS
- CDC
- HRSA
- USDA
- Veterans Health
- RWJF
- Helmsley Charitable Trust

PARTNERS
- AHA
- Chartis Center for Rural Health
- NRHA
- RHIhub
- RME Collaborative

The official NRHD hashtag -**#PowerofRural**- had *16 million* Twitter impressions, 3,439 tweets, and 1,711 participants on NRHD.

The *Access to Funding for Rural Health Projects* Twitter Chat had a potential reach of over 280k with approximately 3.5 million impressions.

Nearly 200 rural primary care providers attended RME Collaborative's inaugural *Rural Health Clinical Congress* – a free, virtual, multi-topic CME/CE event.

The HRSA *Virtual Job Fair* had close to 2,000 participants looking to practice in rural communities!

Three NRHD press releases were distributed with **over 1000 views and impressions.**

State IMPACT

Encouraging collaboration among stakeholders, including State Offices of Rural Health and State Rural Health Associations, to educate and communicate about rural health issues.

All 50 State Offices of Rural Health participated in NRHD activities, including

- Rural health award presentations
- Press releases
- Rural site visits
- Policymaker outreach
- Educational webinars
- Statewide rural health conferences/events
- Chartis Center for Rural Health's *Performance Leadership Awards*
- 25 gubernatorial proclamations

Nearly 700 people registered for a special screening of *The Providers* – a documentary that follows three health care providers in rural New Mexico as they work to make a difference in the lives of their patients. **Numerous facilities hosted screening parties to celebrate NRHD.**

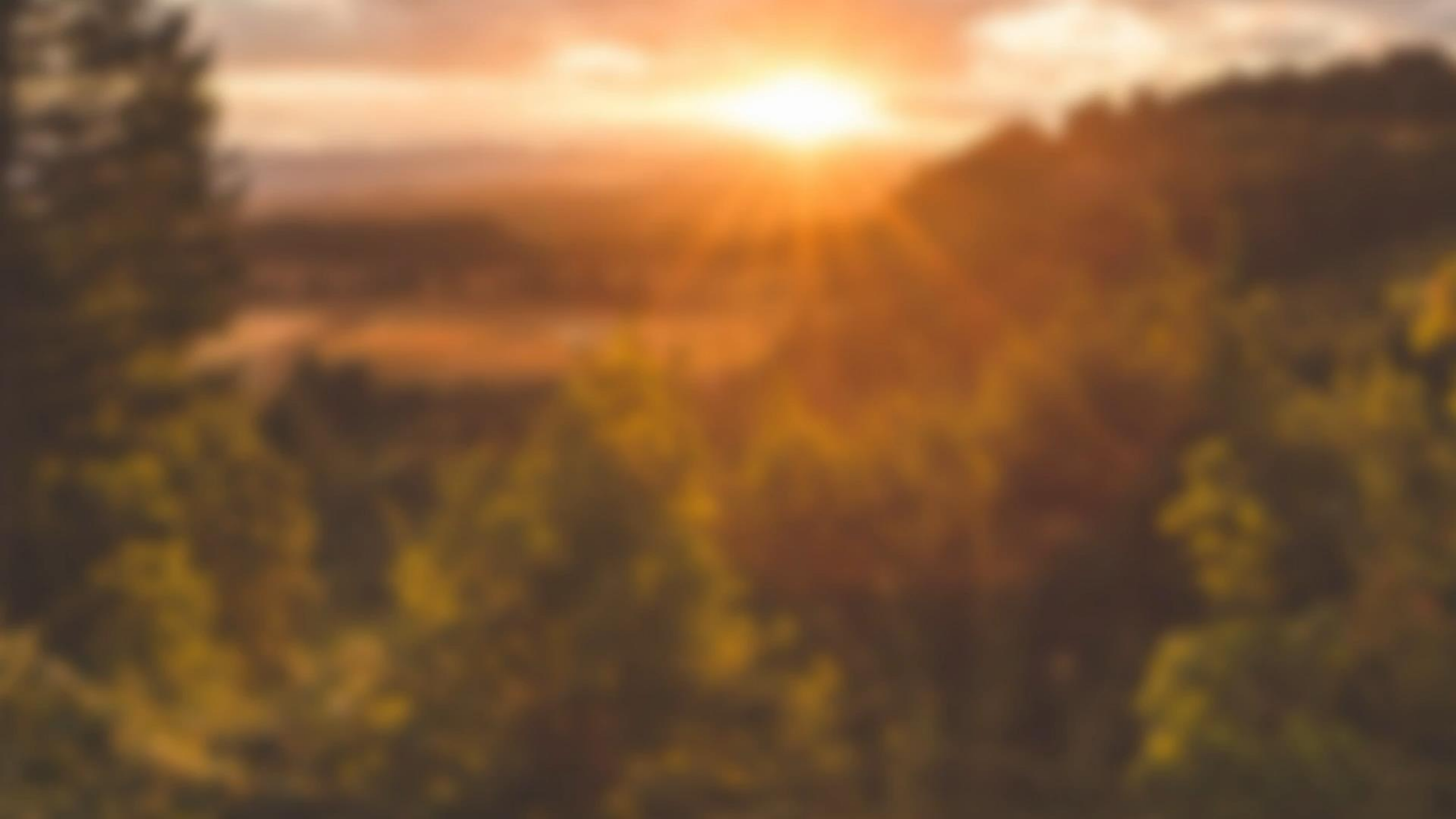
Local IMPACT

Equipping local communities with the tools and resources to grow engagement and demonstrate how their work to communicate, educate, collaborate and innovate has a big impact on the health of of rural Americans.

Community Stars is an annual eBook that tells the inspiring stories of the people and organizations who make a difference in the health of the rural communities they serve.

Since the first book in 2015, NOSORH has honored **181 Community Stars** and the books have been **viewed over 9,300 times**!

In 2019, NRHD toolkits had **800+ downloads** from community stakeholders, providers, national partners, and State Offices of Rural Health. Toolkits include templates, social media graphics, logos, celebration ideas, coloring books, and many other opportunities to engage in the Power of Rural.



October 22, 2020

ONE VOICE

& the Power of Advocacy

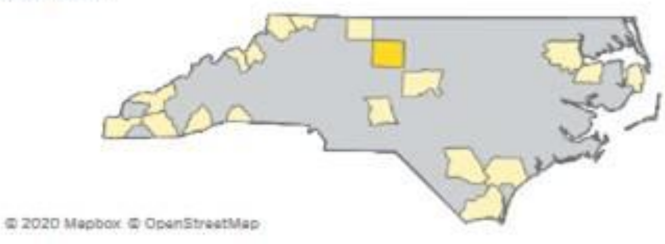
Thank You!

Elizabeth Mizelle, MPH
Director of Measurement

Operations and Finance: What will it take to operationalize and finance care coordination in your health system?

Hippocrates Memorial Hospital

Guilford County
Cone Health



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IP/OP discharge 5-year estimate

	Current	5 Year Estimate
27298	1,166.92	1,176.94

© Mapbox © OSM

Total operating expenses

2018
$30,871,642

Standardized Risk-Adjusted Per Capita Costs

	2017	2018
Guilford	9,133	9,302
North Carolina		20,300

Days Cash on Hand

2014	2015	2016	2017
39.81	11.21	12.74	17.40

Health Professional Shortage Area Scores

Total HPSA	Primary Care	Mental	Dental
0			

Rate of PCPs, mental health, dental providers per 10,000

	Primary Care Physic..	Psychologist	Dentist
2017	5.7	1.8	5.7
2018	5.8	1.7	5.8

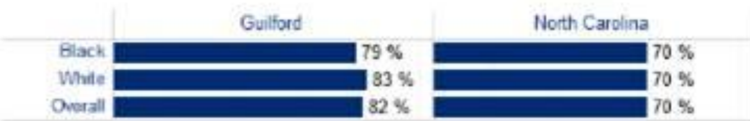
Change in avoidable IP Utilization

		CAH	County
Total	2018	546	56,719
	2019	487	57,324
Non PQI90	2018	253	50,954
	2019	140	51,126
Medicare PQI90	2018	109	3,709
	2019	97	4,014
Medicaid PQI90	2018	59	738
	2019	90	817
Private Commercial PQI90	2018	101	641
	2019	60	663
Self Pay PQI90	2018	60	569
	2019	79	593
Other payer PQI90	2018	64	108
	2019	21	111

Outmigration

Average length of stay for the top 5 diagnoses

Medicare enrollees age 65-75 having blood lipids

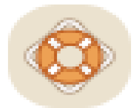


Aledade ACO

Clay Comprehensive Health Services DBA Chatuge Family Practice

Carie Free, Practice Administrator

Outreach Priorities



Attribution Risk

Coordinate with **36 patients** to save them from attribution loss

Medicare Age-In

Contact **18 eligible patients** to schedule their Welcome to Medicare visits

Transitions of Care

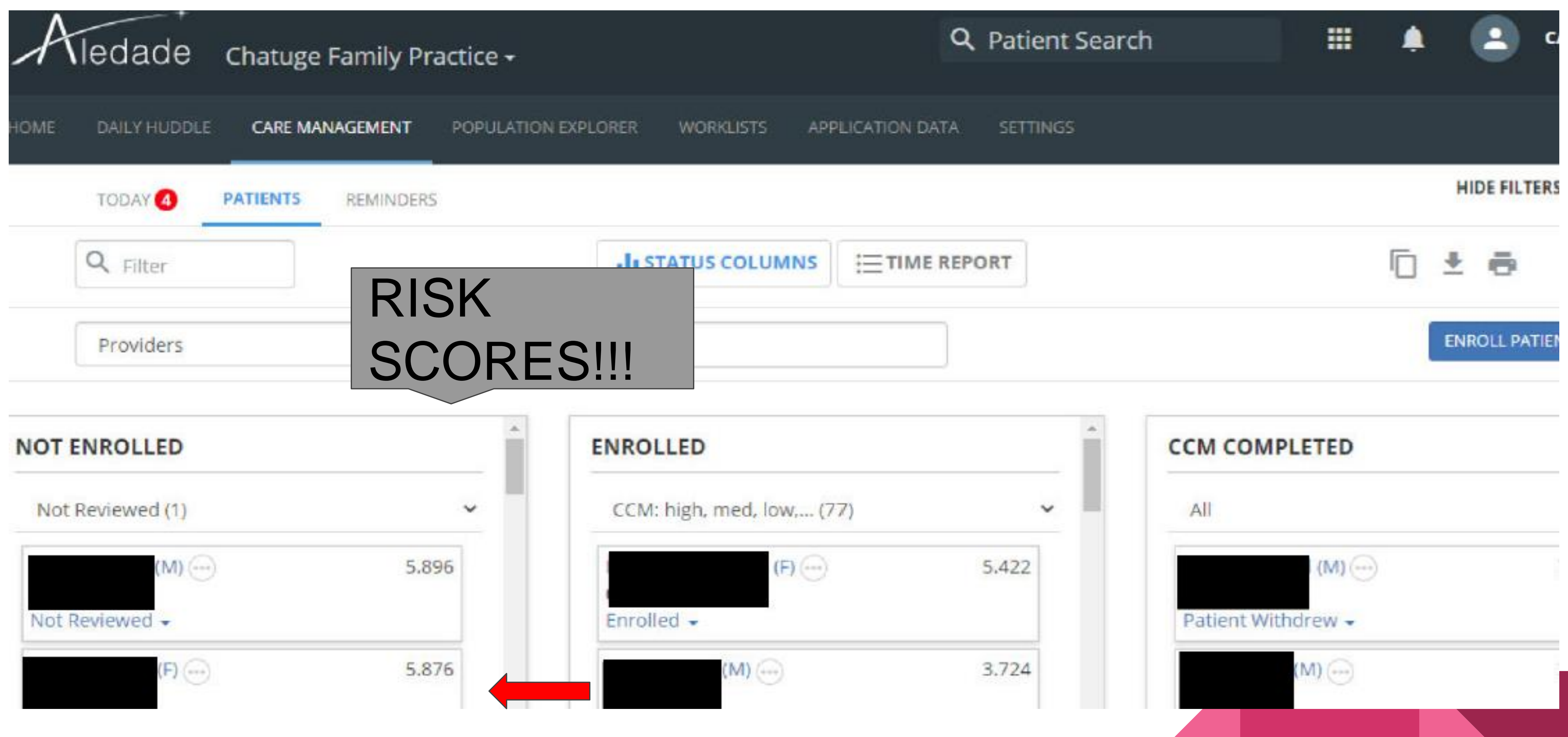
Coordinate with **1 patient** to decrease the chance of readmission

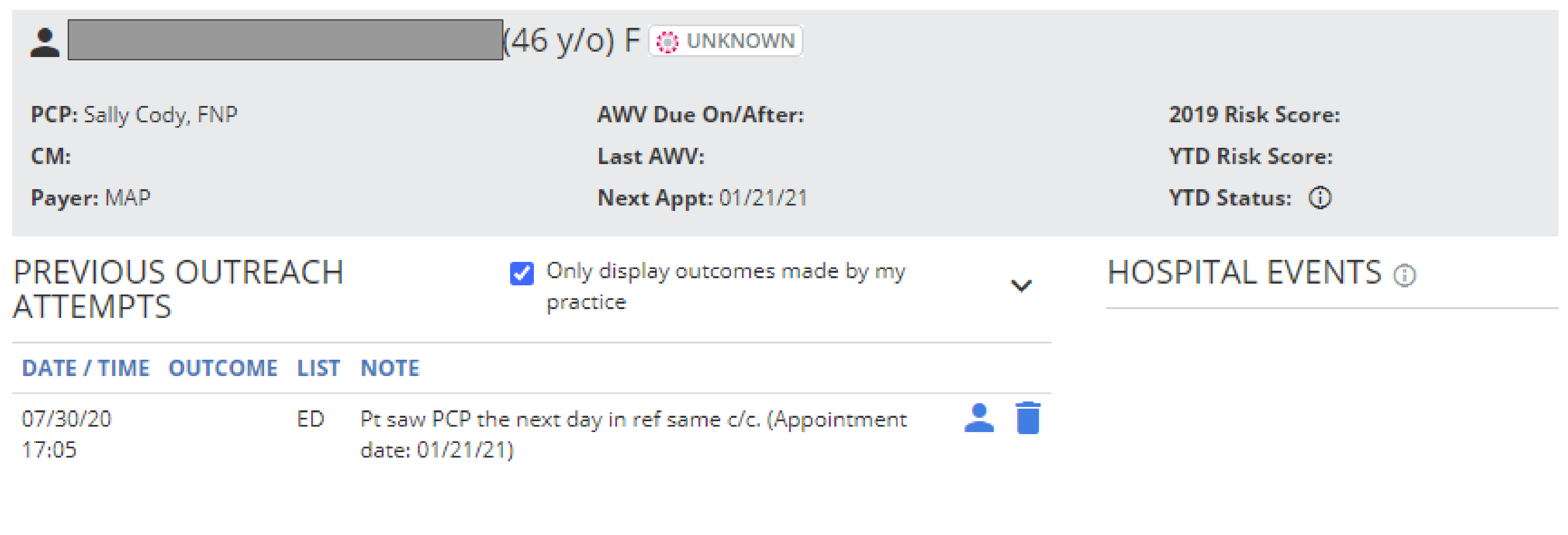
Annual Wellness Visits

Contact **154 eligible patients** to schedule wellness visits

Emergency Department Visits

There are no known Emergency Department Visit opportunities on your worklist.


Aledade
Chatuge Family Practice
Patient Search
HOME
DAILY HUDDLE
CARE MANAGEMENT
POPULATION EXPLORER
WORKLISTS
APPLICATION DATA
SETTINGS
TODAY 4
PATIENTS
REMINDERS
HIDE FILTERS
Filter
STATUS COLUMNS
TIME REPORT
Providers
RISK SCORES!!!
NOT ENROLLED
Not Reviewed (1)
(M) 5.896
Not Reviewed
(F) 5.876
ENROLLED
CCM: high, med, low,... (77)
(F) 5.422
Enrolled
(M) 3.724
CCM COMPLETED
All
(M)
Patient Withdrew
(M)



ADT Feeds for both Hospitalizations and ED visits
Places to put in notes to easily follow up on patients.

1. Hi this is [your name], I'm calling on behalf of Dr. [provider's name] office. We understand that you have had a recent visit to the emergency room. I'm calling to see how you are feeling since your visit? (select one)

- ◯ Better
- ◯ Same
- ◯ Worse

2. Would you please share a bit more about what happened leading up to your ER visit? (select all that apply)

- ☐ Accident or Fall
- ☐ Sudden physical symptoms
- ☐ Ongoing Illness that has been worsening over time
- ☐ Social care issue (ex.
- ☐ Mental health issue (ex. depression, anxiety)
- ☐ Access to medication
- ☐ Trouble affording co-pay or bill at primary care office

Sample Questions to reach out to our ED patients and this helps for re-education to patients.

Extra “Helps”

- PROVIDED FREE PPE DURING PANDEMIC
- FREE TELEHEALTH PLATFORM DURING PANDEMIC AND REDUCED PRICES AFTER PANDEMIC AVAILABLE
- FREE RECRUITING FOR JOB POSITIONS ON INDEED.COM
- ASSISTANCE WITH CREATING TEMPLATES IN OUR EHR TO MAKE ADVANCE CARE PLANNING AND TRANSITIONS OF CARE EASILY CAPTURED AND DOCUMENTED
- ADT FEEDS FROM LOCAL HOSPITALS
- OVER AND ABOVE HELP WITH BILLING/CODING/DOCUMENTING
- CME FOR PROVIDERS

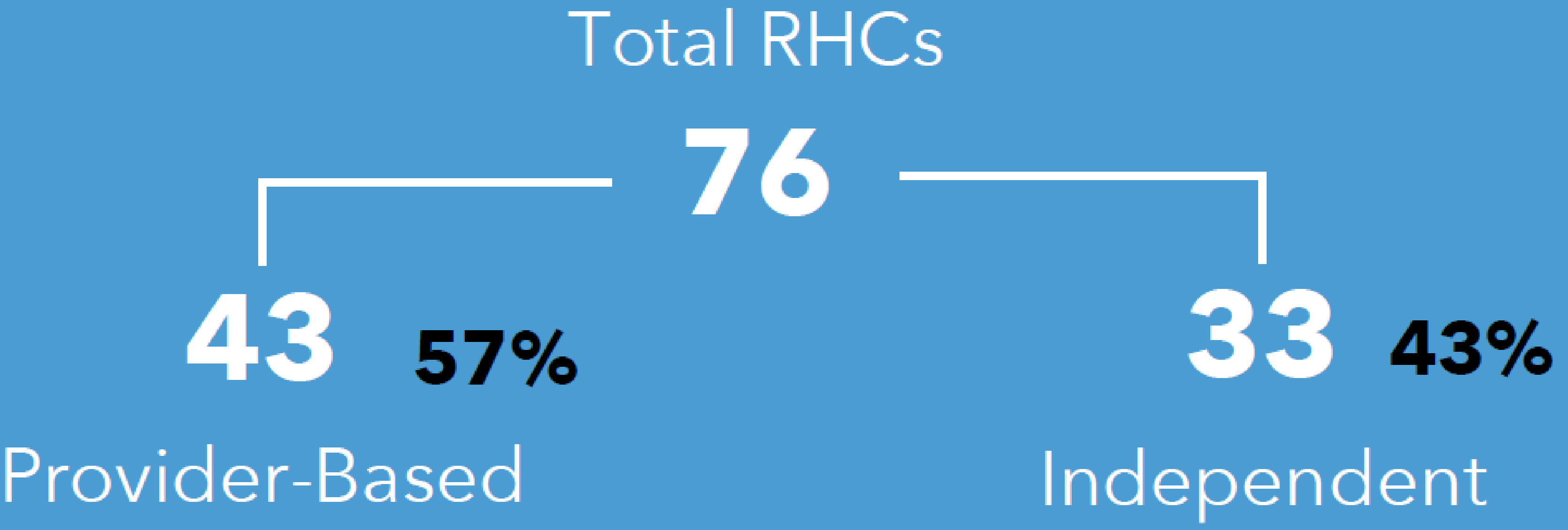
Questions?

Focus on Quality and Value-Based Care Leading to Practice Improvement Outcomes

North Carolina Virtual Rural Primary Care Conference
October 22, 2020

2019 North Carolina RHCs

RHC Counts



2019 North Carolina RHCs

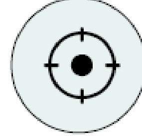
Statewide Medicare Reimbursement

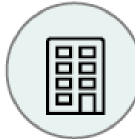
Medicare Costs	**$27,921,995**
Medicare Reimbursement	**$23,964,640**
(Loss) / Gain	**($3,957,355)**

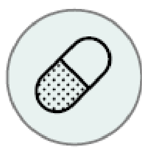
Rural Primary Care Practice Checklist

10-Point Checkup

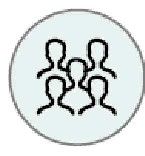
Cost Report Consolidation

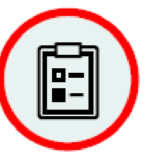

Productivity Standards


Optimal Hospital Linkage

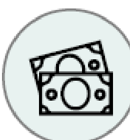

340B Optimization

Specialty Care Integration


Patient Panel Development


HCC Education and Monitoring

CCM, TCM and BHI Implementation


Contracts and Compliance

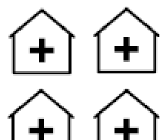
Quality Measurement/Benchmarks

Cost Report Consolidation

Hospitals have an option to "consolidate" statistics for rural health clinics on their Medicare cost report submissions.

Sample A

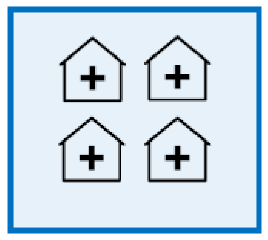
4 clinics, **NO** consolidation



4 Schedule M

Sample B

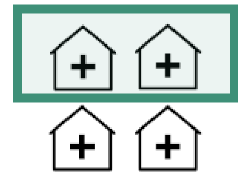
4 clinics, **FULL** consolidation



1 Schedule M

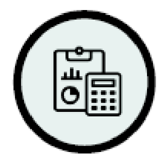
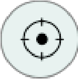
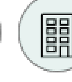
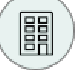
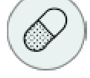
Sample C

4 clinics, **PARTIAL** consolidation



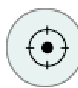
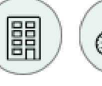
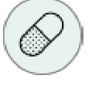
2 Schedule M

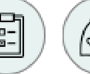
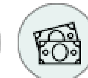
Note: Hospitals need to indicate they will consolidate clinics prior to the start of the cost report year
Note: Consolidation of clinics makes financial sense approximately 90% of the time
Note: Hospitals can elect to consolidate all, some or none of their rural health clinics

Consolidation Case Study

	Clinic A	Clinic B	Combined	Consolidated	Variance
Costs	$1,440,287	$910,724	$2,351,011	$2,351,011	--
Visits	8,644	4,788	13,432	11,031	(2,401)
Adjusted Cost/Visit	$166.62	$190.21	$169.14	$231.13	$43.99
Medicare Visits	2,919	349	3,268	3,268	--
Reimbursement	**$486,372**	**$66,383**	**$522,755**	**$696,501**	**$143,746**

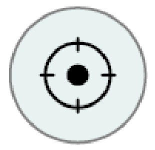




2019 North Carolina RHCs

Cost Report Consolidation

	Sites	Cost Reports	
Provider-Based	**43**	**37**	**86%**
Independent	**33**	**19**	**56%**
TOTAL	**76**	**56**	**74%**



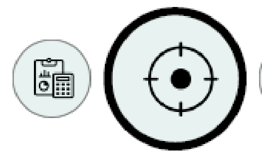
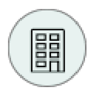
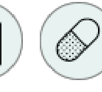
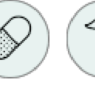
Productivity Standards

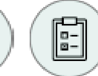
CMS defines a minimum expected number of patient visits for physicians and advanced practice providers (i.e. Nurse Practitioners and Physician Assistants)

The goal is always to maximize visit volumes

4,200	**2,100**
Physicians	APPs

Note: Only employed providers are subject to the Minimum Productivity standards
Note: Contracted physician volumes are not included in the calculation
Note: If clinics do not meet productivity standards, the clinic does not get cost-based reimbursement

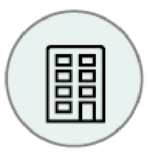


2019 North Carolina RHCs

Meeting Productivity Standards

Annual Work RVUs

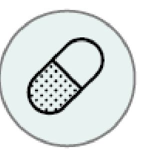
Physicians (n=561)	3,276 RVUs
APPs (n=564)	2,338 RVUs



Optimal Hospital Linkage

PB-RHC and hospital should maintain operational, financial and quality alignment

RHC	Hospital	Opportunity
☐	☐	Quality Improvement Program
☐	☐	ER Re-Direct Program
☐	☐	Overhead Allocation
☐	☐	Electronic Health Record
☐	☐	Financial and Reporting Systems
☐	☐	Budgeting
☐	☐	System-wide Clinic Alignment
☐	☐	CCM, TCM, BHI

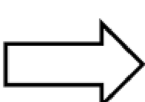


340B Optimization

Federal government program that requires drug manufacturers to provide outpatient drugs to eligible health care organizations at significantly reduced prices

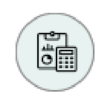
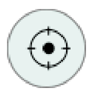
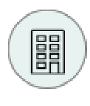
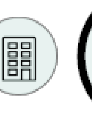
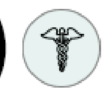
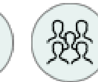
For every 10,000 patient visits equals $300-$400k of Net Revenue

20,000
Patient Visits



Up to $800,000
Potential Net Revenue

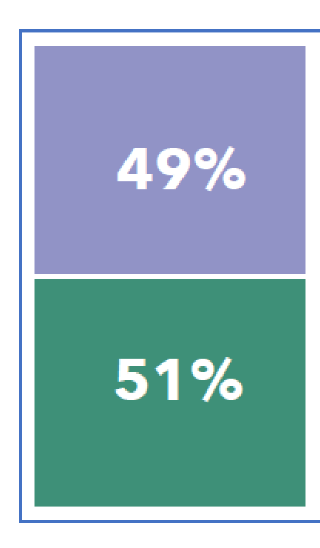
Note: Practices have to qualify for the 340B Program

Specialty Care Integration

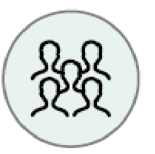
Rural Health Clinics were designed to increase access to primary care in rural communities but RHCs also can offer access to specialty care

Primary Care
At least 50% of all services rendered in the RHC need to be "primary care services"



Specialty Candidates
- General Surgery
- Orthopedics
- ENT
- GI
- Neurology

Note: RHCs should prioritize specialties that require clinical time to support surgical volumes

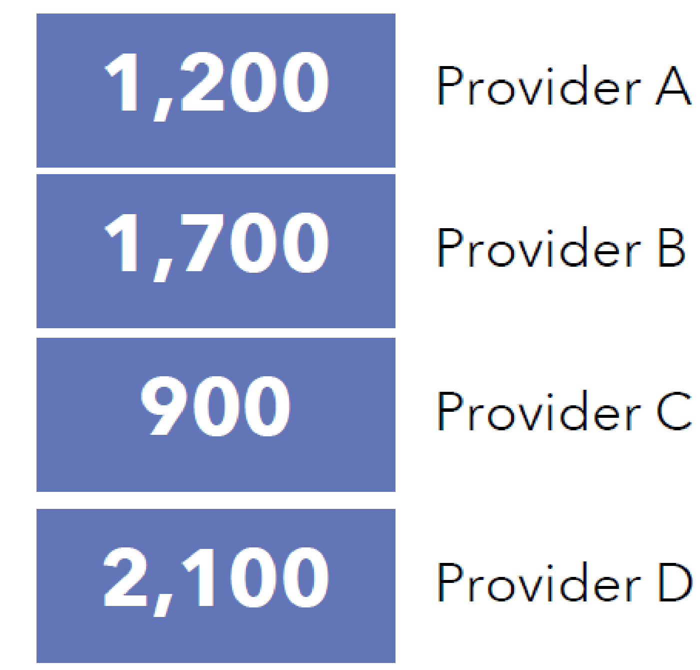


Patient Panel Development

Develop a 1:1 assignment of all RHC patients to a provider to create defined patient "rosters"

Using the EHR, establish a consensus-driven methodology for assigning patients to providers

Create a field in the EHR for primary provider to facilitate future reporting and analysis



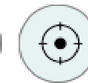
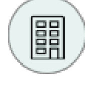
Provider A

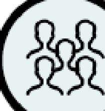
Provider B

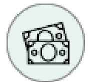
Provider C

Provider D

Note: Internal Target = Count of annual wellness visits equal to Patient Panel size for each provider

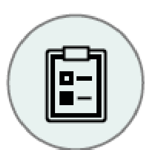







Patient Panel Benchmark

Physicians (n=561)	1,345 patients
APPs (n=564)	1,033 patients



HCC Education and Monitoring

Hierarchical Condition Category (HCC) coding is a risk-adjustment model driven by ICD-10 coding and originally designed to estimate future health care costs for patients

Patient A

A 68-year-old patient with type 2 diabetes with no complications, hypertension, and a body mass index (BMI) of 37.2

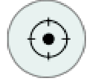
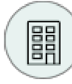
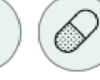
RAF = 0.00

Patient B

A 68-year old patient with type 2 diabetes with diabetic polyneuropathy, hypertension, morbid obesity with a BMI of 37.2, and status post-left below knee amputation (BKA)

RAF = 1.18

Note: HCC scores need to be re-computed every year

CCM, TCM and BHI Implementation

Chronic Care Management services are integral to the mission of Rural Health Clinics

CCM

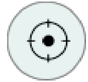
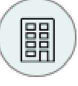
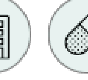
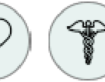
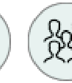
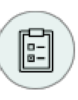
- CCM services are non-face-to-face care management and coordination services for Medicare beneficiaries with two or more chronic conditions
- CCM services can be billed by adding the general care management G code, G0511, to an RHC claim, either alone or with other payable services
- Payment is the average of the national PFS payment rate for CPT codes 99490, 99487, 99491, and 99484
- CCM or General BHI (HCPCS code G0511) services are paid at the rate of **$67.03** for 2019
- A minimum of 20 minutes of CCM or general BHI services must be furnished within the calendar month

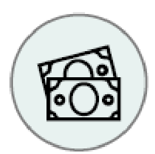
TCM

- TCM services support patient's transition from inpatient, SNF, inpatient rehab, outpatient observation or partial hospitalization settings to home or community settings
- TCM services can be billed by adding CPT code 99495 or 99496 to an RHC claim
- If it is the only medical service provided on that day with an RHC practitioner, it is paid as a stand-alone visit
- If it is furnished on the same day as another visit, only one visit is paid
- For 2019, TCM (CPT code 99495 or 99496) is paid the **same as an RHC Visit**

BHI

- General BHI is a defined model of care that focuses on integrative treatment of patients with primary care and mental or behavioral health conditions
- General BHI services can be billed by adding the general care management G code, G0511, to an RHC claim, either alone or with other payable services
- Payment is the average of the national non-facility PFS payment rate for CPT codes 99490, 99487, and 99484
- CCM or General BHI (HCPCS code G0511) services are paid at the rate of **$67.03** for 2019
- A minimum of 20 minutes of CCM or general BHI services must be furnished within the calendar month

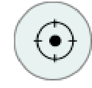
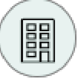
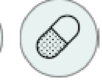







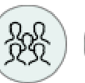
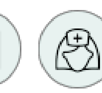
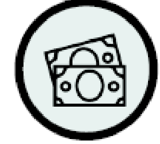


Contracts and Compliance

Provider Compensation is critical but mistakes are common

Inconsistency	Contracts, valuation opinions, and payroll are not standardized, documented, or executed consistently.
Reasonableness	Desperation leads to throwing money at recruitment and retention rather than stepping back and determining what makes sense. Often opportunities for non-monetary compensation are overlooked.
Wrong People	Organizations take a top down approach with compensation and do not involve the practice administrator or the physicians.
Benchmarks	Hospitals assume MGMA (or POND) median will protect them from a compliance standpoint – it won't. The OIG has consistently come out saying surveys are not the final word on Fair Market Value.
Monitoring	When compensation requires supervision, minimum clinical hours, or administrative duties, monitoring of scheduling and documentation is critical.

Annual Compensation (per FTE)

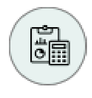
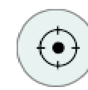
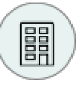
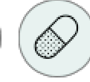
	Base Salary	Variable
Physicians	$165,000 (n=285)	$75,000 (n=184)
APPs	$85,000 (n=292)	$35,000 (n=143)

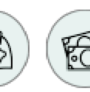
Quality Measurement/Benchmarks

Relevant quality measures for rural primary care practices have been elusive but there is a research-based set of NQF measures that all clinics should track – at the provider level

NQF 0018	Controlling Blood Pressure
NQF 0028	Preventive Care: Tobacco
NQF 0038	Childhood Immunization
NQF 0059	Diabetes: Hemoglobin A1c
NQF 0419	Current Medications

Good	Better	Best
Monitor Something!	Quarterly Clinic-wide Just quality	Monthly Physician Scorecards



Lilypad® and POND®

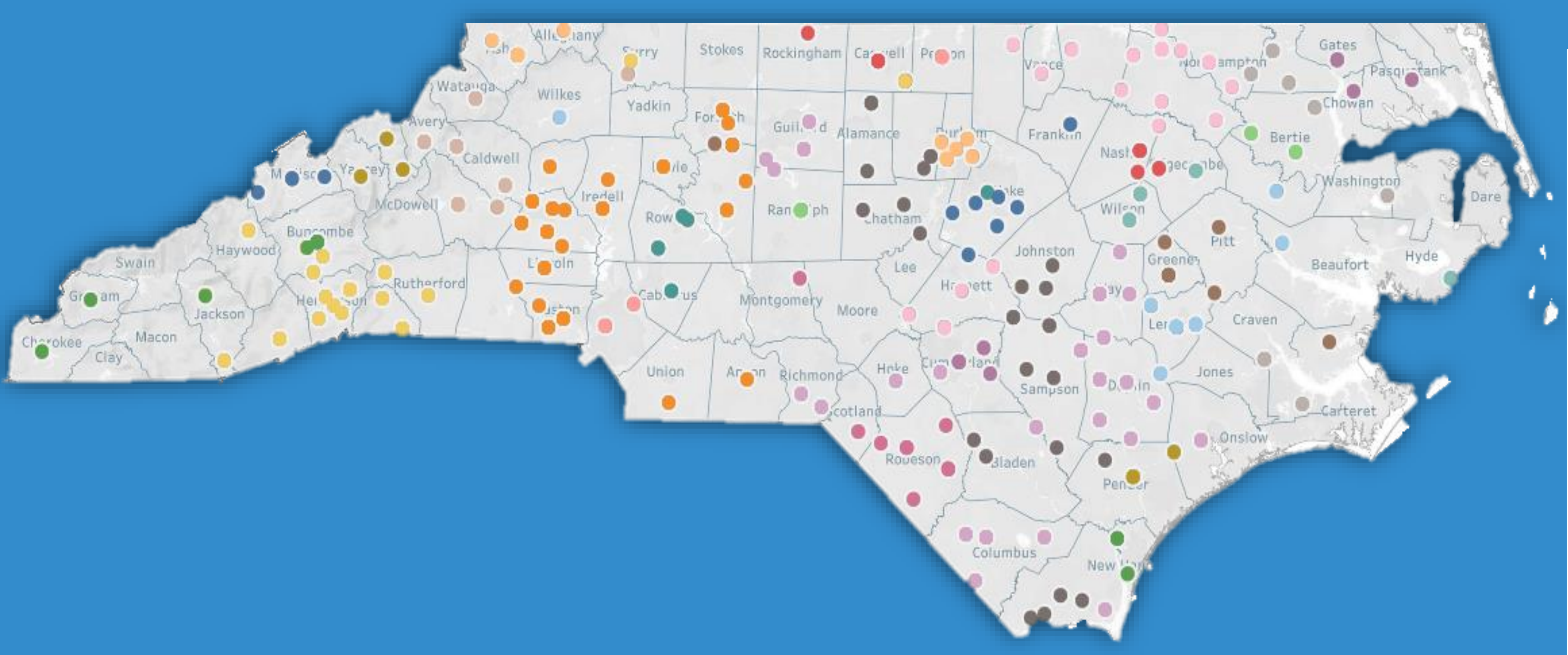
Gregory Wolf
gwolf@lilypad207.com
(207) 232-3733

Next session begins at 11:00 am

State and Federal Policy Issues Facing NC's Community Health Centers

Chris Shank, President & CEO, NCCHCA
featuring Brendan Riley, Mel Goodwin, and Leslie Wolcott

Kim Schwartz, CEO, Roanoke Chowan Community Health Center



Health Center Name

- ADVANCE COMMUNITY HEALTH
- AGAPE HEALTH SERVICES
- ANSON REGIONAL MEDICAL SERVICES
- APPALACHIAN DISTRICT HEALTH DEPARTMENT
- APPALACHIAN MOUNTAIN COMMUNITY HEALTH CENTERS
- BERTIE COUNTY RURAL HEALTH ASSOCIATION
- BLACK RIVER HEALTH SERVICES
- BLUE RIDGE HEALTH
- CABARRUS ROWAN COMMUNITY HEALTH CENTERS
- CAROLINA FAMILY HEALTH CENTERS
- CASWELL FAMILY MEDICAL CENTER
- CHARLOTTE COMMUNITY HEALTH CLINIC
- COMMWELL HEALTH
- CRAVEN COUNTY COMMUNITY HEALTH CENTER
- CW WILLIAMS COMMUNITY HEALTH CENTER
- FIRST CHOICE COMMUNITY HEALTH CENTERS
- GATEWAY COMMUNITY HEALTH CENTERS
- GOSHEN MEDICAL CENTER
- GREENE COUNTY HEALTH CARE
- HIGH COUNTRY COMMUNITY HEALTH
- HOT SPRINGS HEALTH PROGRAM
- KINSTON COMMUNITY HEALTH CENTER
- KINTEGRA HEALTH
- LINCOLN COMMUNITY HEALTH SERVICES
- MEDNORTH HEALTH CENTER
- MERCE FAMILY HEALTHCARE
- MOUNTAIN COMMUNITY HEALTH PARTNERSHIP
- NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
- NEIGHBORHEALTH CENTER
- OCRACOKE HEALTH CENTER
- OIC
- PERSON FAMILY MEDICAL CENTER
- PIEDMONT HEALTH SERVICES
- ROANOKE CHOWAN COMMUNITY HEALTH CENTER
- ROBESON HEALTH CARE
- RURUAL HEALTH GROUP
- STEDMAN-WADE HEALTH SERVICES
- TRIAD ADULT AND PEDIACTRIC MEDICINE
- UNITIED HEALTH CARE CENTERS
- WEST CALDWELL HEALTH COUNCIL
- WESTERN NORTH CAROLINA COMMUNITY HEALTH SERVICES
- WILKES COMMUNITY HEALTH CENTER

- 42 Community Health Centers in North Carolina
- 270+ clinical sites across the state
- 631,000+ patients served in 2019, over 40% of which were uninsured

NC’s Health Insurance Coverage Gap

Affordable Medications and the 340B Drug Discount Program

The Impacts of COVID-19 on FQHCs

Telehealth

Provider Loan Repayment Programs

Community Health Centers and Community Partnerships

Thanks!

shankc@ncchca.org

Questions?

Join us for an optional chat & chew 12:15

Focus for the discussion is to highlight one of our RHCs that received funding to be used in the community for COVID testing and related activities and sharing the successes as well as challenges the clinic encountered in the process.

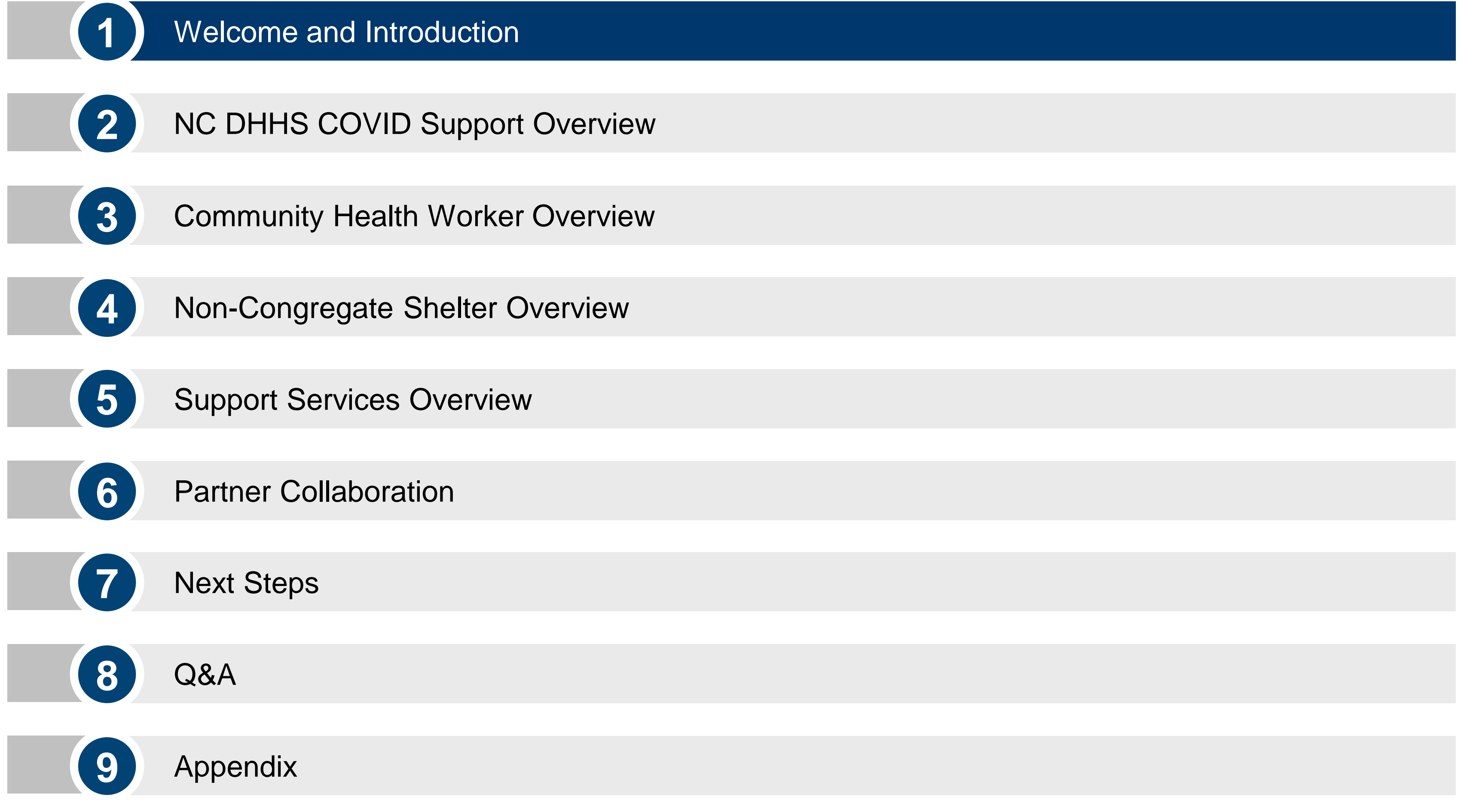
Next session begins at 12:45

https://bensonmedical.org/

NC DHHS COVID-19 Support

October 22, 2020

Welcome and Introduction



Questions?

Submit questions through the chat

Our Speaker

John Resendes

Analytics and Innovation Manager
Office of Rural Health
NC DHHS

NC DHHS COVID Support Overview

1 Welcome and Introduction
2 **NC DHHS COVID Support Overview**
3 Community Health Worker Overview
4 Non-Congregate Shelter Overview
5 Support Services Overview
6 Partner Collaboration
7 Next Steps
8 Q&A
9 Appendix

Questions?

Submit questions through the chat

NC DHHS COVID-19 Strategy

Goals

- Protect ourselves, our loved ones, and our neighbors from getting seriously ill
- Restore our economy and get North Carolinians back to work safely
- Get our children back to school so they can learn, play, and thrive
- Address the disproportionate impact of COVID-19 on historically marginalized populations

Strategy to Combat COVID-19	What the State is Doing	What the Public Can Do
Slow the Spread: Prevention	• Phase reopening of sectors/activities to minimize spread of COVID-19 • Require face coverings that cover the nose and mouth (indoors and outdoors) when physical distancing of 6 feet is not possible • Promote the 3Ws (Wear, Wait, Wash)	• Practice the 3Ws and encourage friends and family to do the same • Employers should follow NCDHSS guidance for specific settings
Know Who Has COVID-19 and Who Has Been Exposed: Testing and Tracing	• Build a statewide testing and contract tracing infrastructure • Surge resources in hardest hit communities and populations	• Get tested if symptomatic or if you think you are exposed to COVID-19 • Answer the call from the contact tracing team
Support People to Stay Home: Quarantine and Isolation	• Ensure access to non-congregate shelters for people who need to isolate • Enact policies to enable people to stay at home, leverage NCCARE360 to connect to supports	• Stay home when you can, especially when sick • Support employees to stay home when sick to minimize the spread of COVID-19

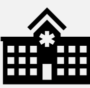
CHW and Support Services partners connect the public to vital resources and services helping the state achieve its COVID-19 goals

COVID-19 Quarantine and Isolation Support for Individuals Living in NC

Individual need is identified in a variety of ways:

Individual tests positive for COVID-19 and receives instructions from the testing center

Individual is contacted by a Contact Tracer about possible COVID-19 exposure/next steps



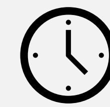
Individual reaches out to their Local Health Department about COVID-19 needs

Individual is referred to Q&I supports by their doctor/nurse

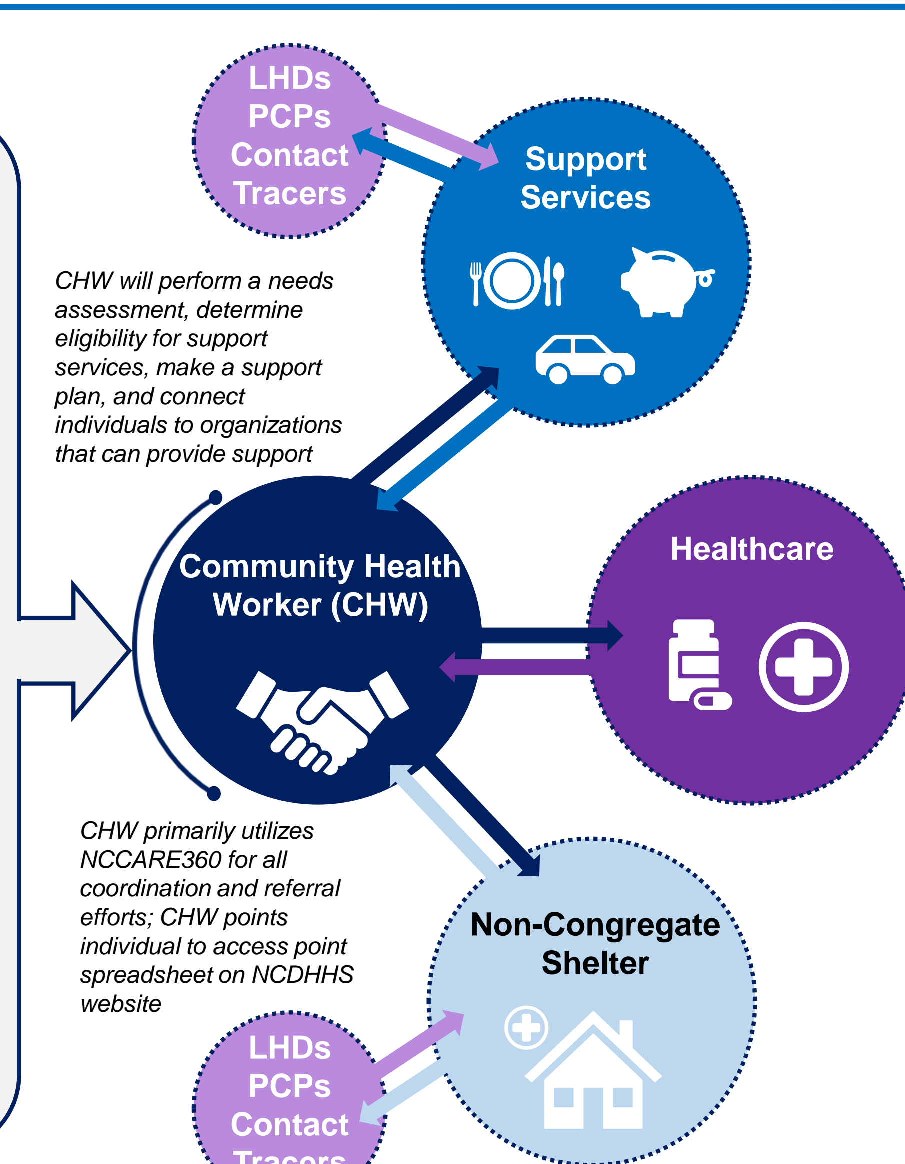
Individual has recommendation to isolate as a high-risk individual

Individual is a first-responder or frontline healthcare worker

Individual sees information online and believes they might qualify for services



Individual is waiting on test results to come in



Innovative new program to assist individuals in targeted counties who need access to primary medical care and supports such as food or a relief payment to successfully quarantine or isolate due to COVID-19:

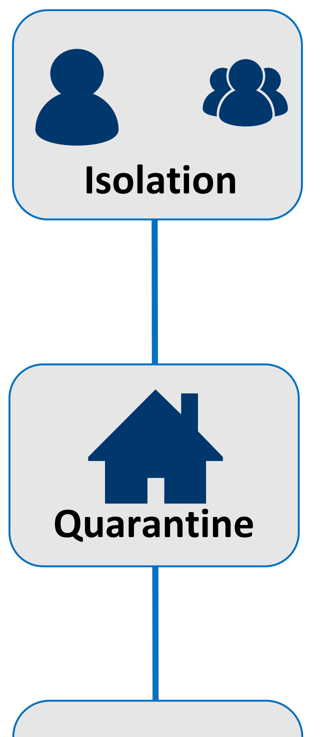
1. **Nutrition assistance**, including home-delivered meals and food boxes
2. **A one-time COVID-19 relief payment** to help supplement lost wages or the inability to look for work while in isolation/quarantine and to be used on basic living expenses
3. **Private transportation** provided in a safe manner to/from testing sites, medical visits, and sites to acquire food
4. **Medication delivery**
5. **COVID-related over-the-counter supplies**, such face masks, hand sanitizers, thermometers, and cleaning supplies
6. **Access to primary medical care** to manage COVID recovery will also be provided through telehealth services through Community Health Workers (CHWs).

Collaborative effort between the State, counties and local partners to secure **non-congregate shelter** for individuals with no other safe place to quarantine, isolate, or social distance due to COVID-19.

2 options for reimbursement:

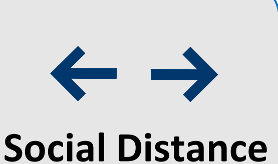
1. Local partners desiring state-centric coverage through NCEM (required MOA)
2. Local partners seeking direct reimbursement from FEMA

Terminology



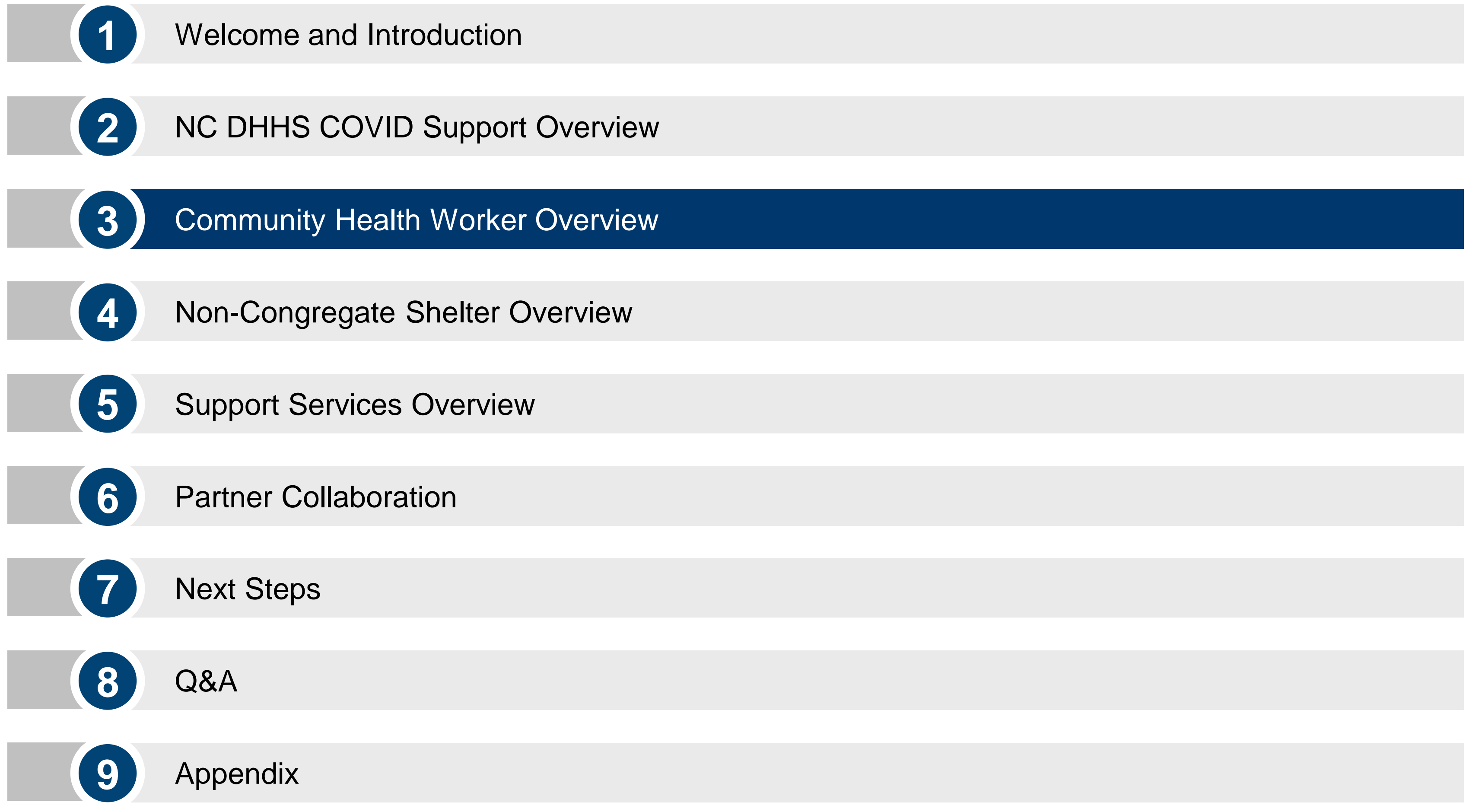
The separation of people who are sick from those who are well. People who have tested positive for COVID-19 in North Carolina should be in isolation.

The separation and restriction of the movement of people who were exposed to a contagious disease, such as COVID-19, to see if they become sick. These people may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms.



Social distancing, also called “physical distancing,” means keeping a safe space between yourself and other people who are not from your household.

Community Health Worker Overview



Questions?

Submit questions through the chat

Community Health Worker Program

Create a robust infrastructure of Community Health Workers (CHWs) and Peer Support Specialists that can provide access to primary health care and coordinate social support needs for individuals quarantining and isolating

Overview

- CHWs are frontline public health workers who are trusted members of the community and trained to support disadvantaged individuals
- CHWs are responsible for connecting North Carolinians to medical and social support resources including diagnostics testing, primary care, case management, nutrition assistance, and behavioral health services
- CHWs coordinate with LHDs, contact tracers, and others to leverage NCCARE360 and to identify and connect individuals with needed services through NCCARE360

Partners

NCDHHS selected seven vendors* (Curamericas Global, Kepro, One to One with Youth, Vidant Health, Mount Calvary Center for Leadership Development, Catawba County Public Health, Southeastern Healthcare NC) **to recruit, train, and manage Community Health Workers deployed to areas with high COVID-19-related needs**

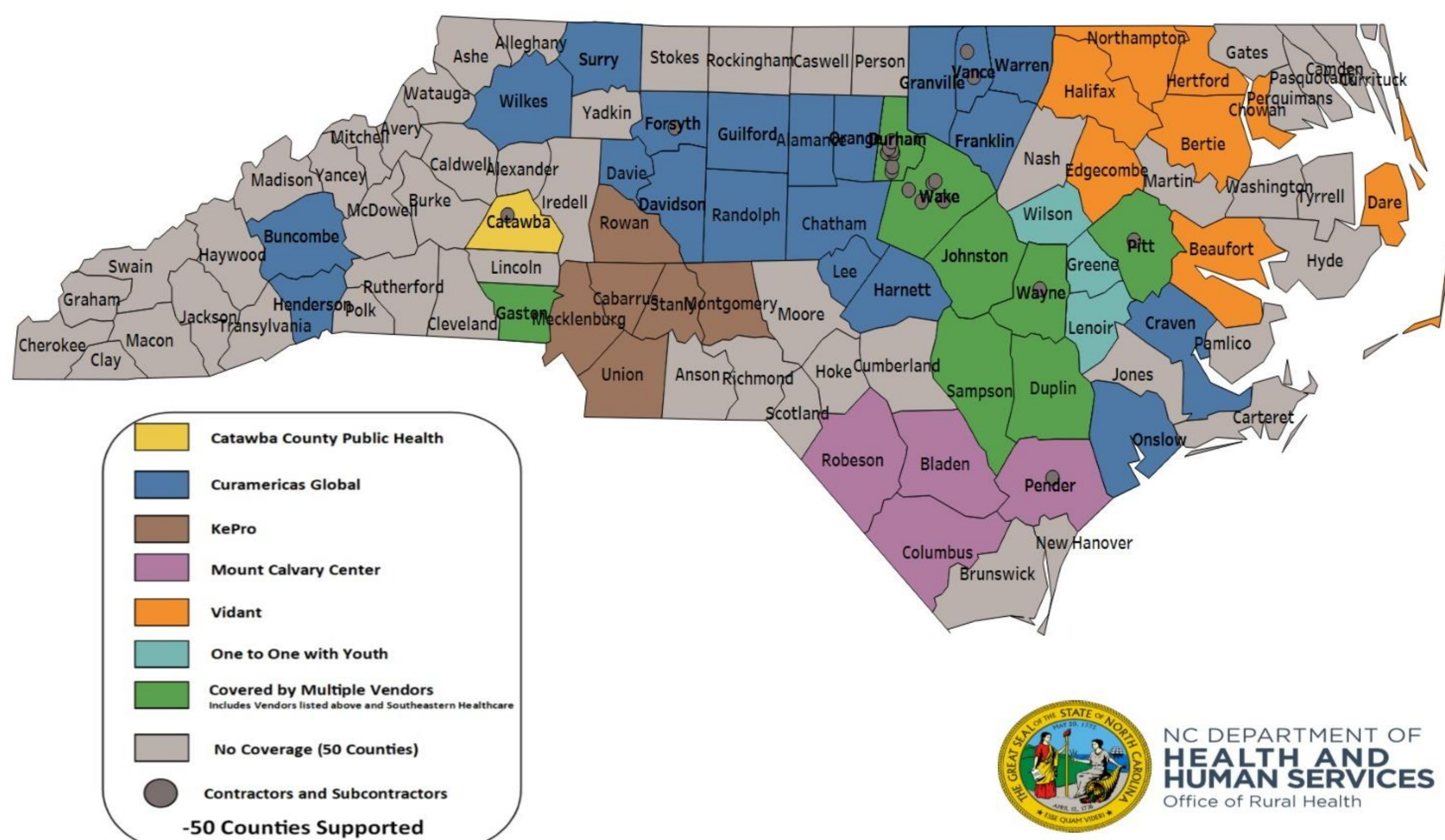
Process

Community Health Workers will follow this workflow to assist individuals

1. Review notes and triage for high priority cases
2. Engage with patient and ask clarifying questions
3. Identify available patient resources using NCCARE360 and primary care provider list
4. Conduct additional research and advocacy
5. Connect patients to available services
6. Note that needs are met in NCCARE360 or hand off to PCP or Resource Navigator or work with LHD/NCCARE360 to address resource deficits

*Note: See appendix for vendor coverage across the state

Community Health Worker Vendor Coverage



Survey Results

Total CHWs employed	336
Total CHWs deployed	334
Total CHWs who speak Spanish	84

Note: Data as of October 19

Community Health Worker Operations

Work in coordination with Local Health Departments (LHDs) and contact tracers to identify and connect with individuals who require assistance both virtually and face to face

Leverage NCCARE360, the nation's first statewide technology platform uniting traditional healthcare settings and organizations, to address non-medical drivers such as food, housing, transportation, employment, and interpersonal safety

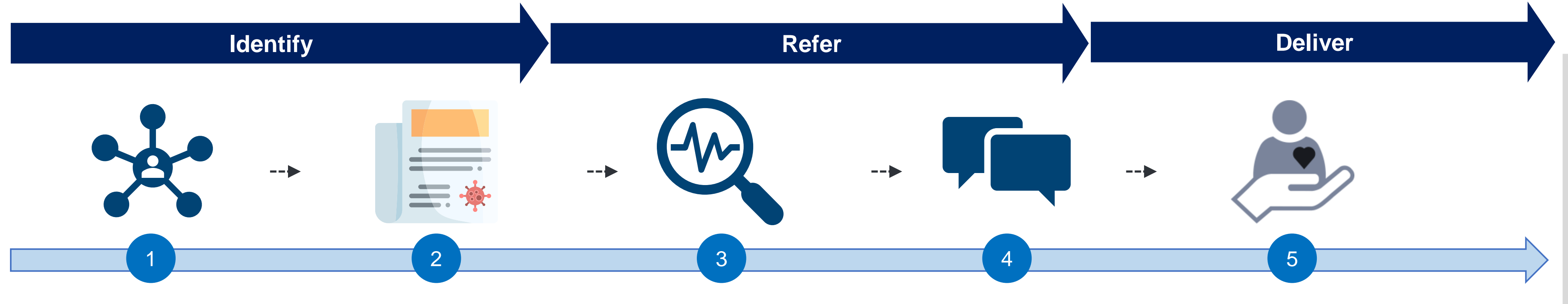
Help individuals connect with community resources for safe housing, culturally competent healthcare, and financial assistance

CHW Responsibilities

What CHWs Can Do	What CHWs Cannot Do
•Call cases/contacts that were identified as vulnerable during the home assessment •Help the case/contact identify what they need for safe/isolation quarantine and connection to primary care and use of telehealth services •Research and identify available services that meet the needs of cases/contacts both within and outside of NCCARE360. Enter referral data in NCCARE360 or work with support personnel to make sure data is entered accurately. •Connect with local service agencies to ensure they are functioning and able to meet the type of needs presented •Link cases/contacts to support services, ensuring a "warm handover". Please note that CHWs *can* call service agencies on behalf of cases/contacts *if* they have been given legal consent by the patient. Examples include, speaking with the housing authority, connecting someone with an outpatient quarantine facility, or arranging food delivery. •Follow-up with cases/contacts to ensure their needs were met (in close collaboration with CTs doing follow-up during the home monitoring phase) •Continue to look for place-based solutions even when barriers appear •Identify resource deficits and collect data to inform advocacy efforts and policy change through leadership •Share lessons learned and trends with supervisors and LHDs to ensure quality improvement	•Provide long-term case management beyond the scope of COVID-19 •Complete benefits applications on an individual's behalf (including unemployment and Medicaid) •Provide medical advice or direct, clinical interventions – CHWs are NOT called in a medical emergency •Guarantee that *all* needs will be met

CHW receives individual case and refers to primary medical care services

How does an individual who needs to quarantine/isolate get connected to primary medical care services through a CHW?



1. CHW receives individual cases from many different channels:

- Testing sites
- Contract tracers/Case investigators
- LHDs
- PCPs
- Outreach workers
- CBOs
- Self referrals

2. CHW creates a referral and enters individual information into NCCARE360.

CHW completes attestation form with the individual to determine eligibility for DHHS-funded Support Services.

CHW completes needs assessment in NCCARE360 to determine if additional services are needed.

3. CHW identifies Support Service Vendors in NCCARE360 *(instructions on slides 35-37)*

CHW attaches the completed attestation form to the referral in NCCARE360 *(example attestation forms on slides 30-32)*

CHW submits the referral for Support Services to these vendors.

CHW submits referrals in NCCARE360 for any additional services based on the needs of the individual.

4. CHW stays in contact with the individual throughout their quarantine/isolation.

CHW provides additional support if needed.

5. Support Service Vendor receives referral through NCCARE360 with attached attestation document.

Vendor delivers support services to individuals and closes the referral.

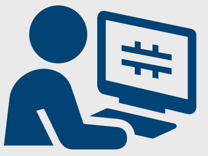
Support Service Vendors complete invoicing, reimbursement and reporting.

CHW provides individual with their contact information during first interaction so that the individual may reach out to the CHW if new needs arise

CHW and Primary Medical Care Connection

How an individual can connect with primary medical care services:

Individual With Insurance



Individual researches what physician(s) are in-network and/or are eligible for them to see and schedule an appointment.

CHW will coordinate their care and make referrals if needed.

Individual Without Insurance

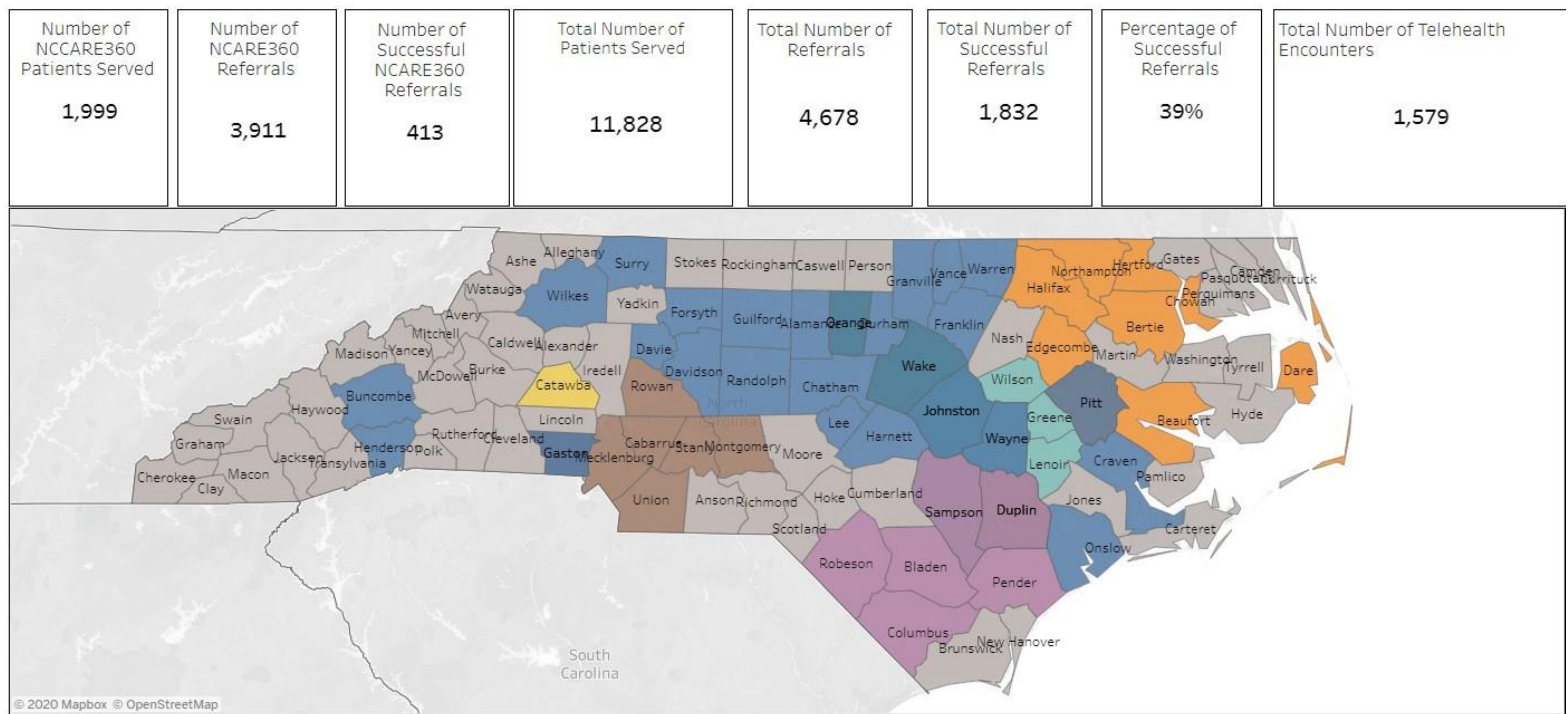
Individual can establish a Physician or Family Nurse Practitioner (FNP) or Physician Assistant (PA) as primary care provider when they get a full physical at a Federally Qualified Health Center (FQHC), Free Clinic, or any clinic that accepts Medicaid or other uninsured care payment.

Please see the 'Reimbursement for COVID Related Services Fact Sheet' resource below on how providers can be reimbursed for these visits to see these patients free of charge.

- Safety Net Site Dashboard - Link
- North Carolina Community Health Center Association - Link
- North Carolina Free and Charitable Clinics – Link
- Reimbursement for COVID Related Services Fact Sheet – PDF

Survey Results

Support for Patients with COVID019 Related Needs through Community Health Workers
Performance Measure Data



Note: Data self-reported as of October 15

Total Grant Spending

Grant Award Total	Number of Payments	Remaining Funds	Spend Rate	Funds Spent
$13,251,830	17	$9,859,245	26%	$3,392,585

© 2020 Mapbox © OpenStreetMap

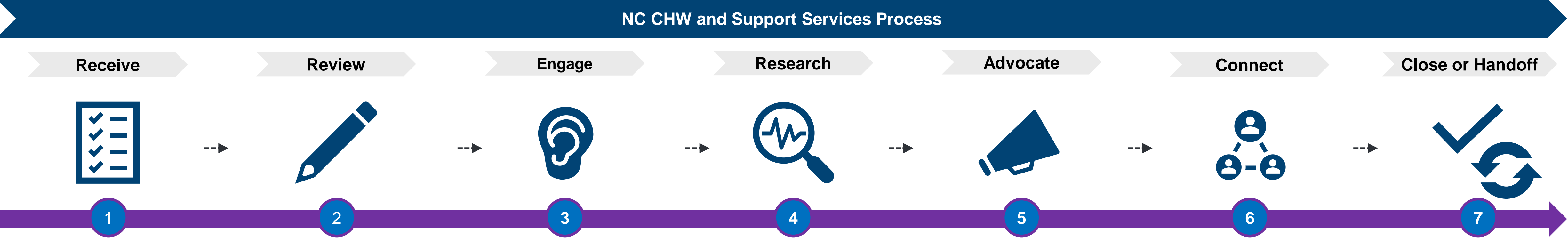
Note: Data as of October 15

Community Health Worker Vendor Contact Information

Counties	Vendor	Contact	Phone	Email
Catawba	Catawba County Public Health	Honey Estrada	(828) 695-6683	honey@catawbacountync.gov
Alamance, Buncombe, Chatham, Craven, Davidson, Davie, Durham, Forsyth, Franklin, Gaston, Granville, Guilford, Harnett, Henderson, Johnston, Lee, Onslow, Orange, Pitt, Randolph, Surry, Vance, Wake, Warren, Wayne, Wilkes	Curamericas Global	Andrew Herrera	(919) 801-0612	Andrew@Curamericas.org
Cabarrus, Gaston, Mecklenburg, Montgomery, Rowan, Stanly, Union	Keystone Peer Review Organization (KEPRO)	Lisa Bennett	(720) 724-0098	lbennett@Kepro.com
		Renee White	(919) 523-7999	stwhite@Kepro.com
Bladen, Columbus, Duplin, Pender, Robeson, Sampson	Mt. Calvary Center for Leadership Development	Jimmy Tate	(910) 284-9382	jtate@mtcalvarycenter.org
		Carol Highsmith	(910) 789-1886	chighsmith@mtcalvarycenter.org
Duplin, Greene, Johnston, Lenoir, Sampson, Wayne, Wilson	One to One with Youth	Danny King	(919) 922-7713	dking@adlainc.org
		Inonda Kind	(919) 987-2798	kone2one@aol.com
Johnston, Orange, Wake	Southeastern Healthcare of NC	Joyce Harper	(919) 987-2798	jharper@sehcnc.com
		Evelyn Sanders	(919) 987-2791	esanders@sehcnc.com
Beaufort, Bertie, Chowan, Dare, Duplin, Edgecombe, Halifax, Hertford, Northampton, Pitt	Vidant Health	Melissa Roupe	(252) 847-9350	myroupe@vidanthealth.com
		Crystal Dempsey	(252) 847-5162	Crystal.Dempsey@vidanthealth.com

Community Health Worker and Support Services Workflow

Scenario: How an individual who needs to quarantine or isolate gets connected to Support Services through a Community Health Worker



1 – Receive

CHW picks up assigned patients from a variety of channels:

- Testing sites
- Contract tracers
- LHDs
- DSS
- PCPs
- Outreach workers
- CBOs
- Self referrals
- Also receives patient lists from contact tracing tool (CCTO)

2 – Review

CHW performs a needs assessment, determines the person's eligibility for support services through a standardized attestation form, and makes a support plan. The CHW triages high priority cases first.

3 – Engage

Patient Engagement: CHW asks clarifying questions and presents options

4 – Research

CHW researches available resources using NCCARE360 and DHHS sites (Check My Symptoms, Find My Testing Place), and primary care provider list

5 – Advocate

CHW conducts additional research and advocacy

6 – Connect

CHW sends referrals to Support Service Vendors and subcontractors through NCCARE360 or other mechanism and includes the individual's eligibility attestation form.

The CHW continues to be the individuals' point of contact throughout their isolation/quarantine if they need additional supports. CHWs may call vendors on behalf of the patient and continue to communicate directly with the patient.

7 – Close or Handoff

Support Service Vendors deliver services to individuals and note that their needs have been met in NCCARE360 or with CHW.

Support Service Vendors conduct ongoing invoicing, reimbursement, and reporting (to be discussed in more detail).

Individuals can be referred to CHW organizations via DSS and LHDs or may reach out directly to a CHW organization

How a CHW Identifies a Support Services Vendor or Subcontractor in NCCARE360

- All Support Service Vendors and their subcontractors will be included in NCCARE360 and able to accept electronic referrals
- All Support Service Vendors and subcontractors will be identified in NCCARE360 as "COVID Support Services: [ORGANIZATION NAME]."
  - CHWs can search for "COVID Support Services" in the "Provider Name" field in NCCARE360 and a list of organizations delivering these particular, federally-funded services will appear. CHWs must refer individuals to these **particular organizations** in order for the support services to be provided at no cost to the individual and their family

Filters

NAME

Program or Provider Name

LOCATION

Location

SERVICE TYPE

- Benefits Navigation
- Clothing & Household Goods
- Education
- Employment
- Entrepreneurship
- Food Assistance
- Health
- Housing & Shelter
- Income Support
- Individual & Family Support
- Legal
- Mental/Behavioral Health

Applications/Recertification

Adult Care and Share Center
Provided by: Adult Care and Share Center
6709 Idlewild Road, Charlotte NC 28212
Services:
Individual & Family Support: Respite Care

Adult Placement Services
Provided by: Department of Social Services - Mecklenburg County
301 Billingsley Road, Charlotte NC 28211
3205 Freedom Drive, Charlotte NC 28208
Services:
Physical Health: Long Term Care (Facility-based)

Adult Protective Services
Provided by: Department of Social Services - Mecklenburg County
301 Billingsley Road, Charlotte NC 28211
3205 Freedom Drive, Charlotte NC 28208
Services:
Individual & Family Support: Social Service Case Management
Legal: Family Law

RESET

VIRGINIA

NORTH CAROLINA

SOUTH CAROLINA

GEORGIA

Technical assistance: Office of Rural Health (ORH) HIT regional contacts

Office of Rural Health (ORH) – Health Information Technology (HIT)

Primary responsibilities:

- Recruit LHDs currently not in NCCARE360 and connect LHD to NCCARE360 Regional CEM for onboarding.
- Help vendors and CHWs with telehealth and NCCARE360 questions.
- Technical Assistance around Electronic Health Records, Telehealth, and other state supported Health Information Technology.

Contacts:

Lakeisha Moore
Lakeisha.Moore@dhhs.nc.gov

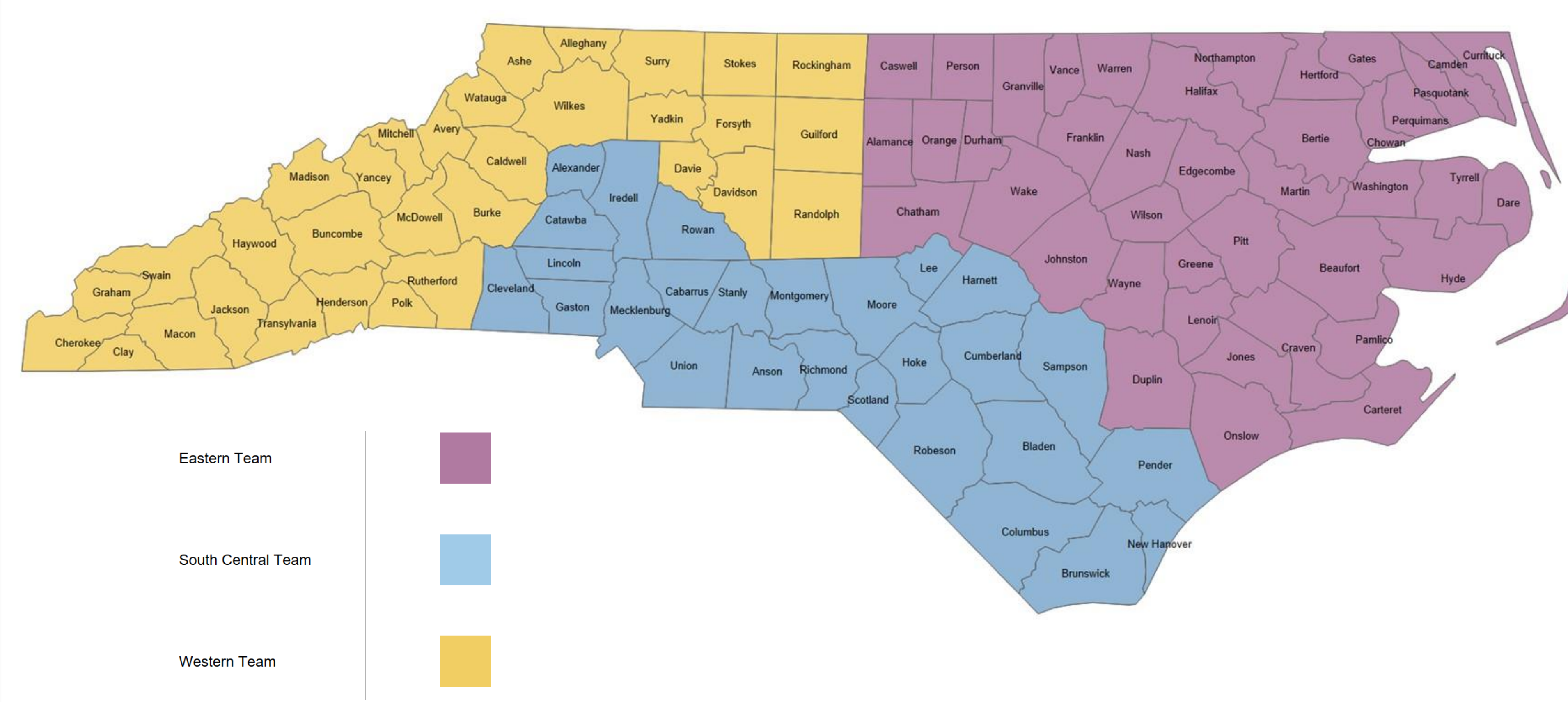
Sebastian Gimenez (East)
Sebastian.Gimenez@dhhs.nc.gov

Adonnica Rowland (South Central)
Adonnica.Rowland@dhhs.nc.gov

Gretchen Ramirez (Western)
Gretchen.Ramirez@dhhs.nc.gov

Robyn McArdle (Telehealth Specialist)
Robyn.McArdle@dhhs.nc.gov

ORH HIT regional contact should be the primary point of contact for counties in the respective region to ask questions about NCCARE360 and telehealth as well as technical assistance on electronic health records (EHR), telehealth, and other state-supported HIT



NCCARE360 Community Engagement Managers can support NCCARE360 efforts

NCCARE360 Community Engagement Managers (CEM)

Primary responsibilities:

- Directly support the community through every step of joining the network
- Regularly review data and network performance, solicit feedback and input on processes, and provide ongoing technical assistance
- Act as the main resources for technical assistance
- Host strategy sessions (variety of audiences, including LHDs)

Contacts:

Regional Field:
Dionne Greenlee-Jones
dionne.greenlee-jones@uniteus.com
Mikayla Gaspary
Mikayla@uniteus.com
Abbie Szymanski
abbie@uniteus.com
Abi Bussone
abi@uniteus.com
See next slide for regions

Network health managers:
Kate Geouge Brown (kate@uniteus.com)
Kristena Armwood (kristena@uniteus.com)

Non-Congregate Shelter Overview

1 Welcome and Introduction
2 NC DHHS COVID Support Overview
3 Community Health Worker Overview
4 **Non-Congregate Shelter Overview**
5 Support Services Overview
6 Partner Collaboration
7 Next Steps
8 Q&A
9 Appendix

Questions?

Submit questions through the chat

Non-Congregate Shelter Overview

Increase coverage of non-congregate shelter (NCS) statewide and particularly within counties that have been identified as needing additional assistance due to high volumes of positive COVID cases

NC received approval from FEMA to provide housing alternatives, such as hotels, motels, and dormitories, for individuals with unstable housing who may need to quarantine, isolate, or social distance in response to COVID-19. FEMA reimbursement is renewed on a monthly basis at 75%/25% FEMA/State match. Covers the cost of shelter plus certain wraparound supports, such as laundry, food, cleaning, and security at the discretion of the County, which operates the program.

Overview

- A collaborative effort between the State, counties and local partners to secure hotel and motel rooms, as well as essential wrap-around services, for individuals with no other safe place to quarantine, isolate, or social distance due to COVID-19
- Jurisdictions and agencies (Indian Tribal and local governments, non-profits, COC, and homeless shelters) may choose to partner with NC Emergency Management (NCEM) for expedited reimbursement of non-congregate shelter expenses
- All counties or organizations operating non-congregate shelter must complete a report for each operational site every Friday by close of business

Eligibility

Individuals are eligible for non-congregate shelter if they meet these categories:

1. Test positive for COVID-19, do not require hospitalization, but require isolation
2. Exposed to COVID-19, do not require hospitalization, but should be quarantined
3. First responders and healthcare workers who need to avoid direct family contact
4. Are at a high risk for COVID-19 and need services as a precautionary measure

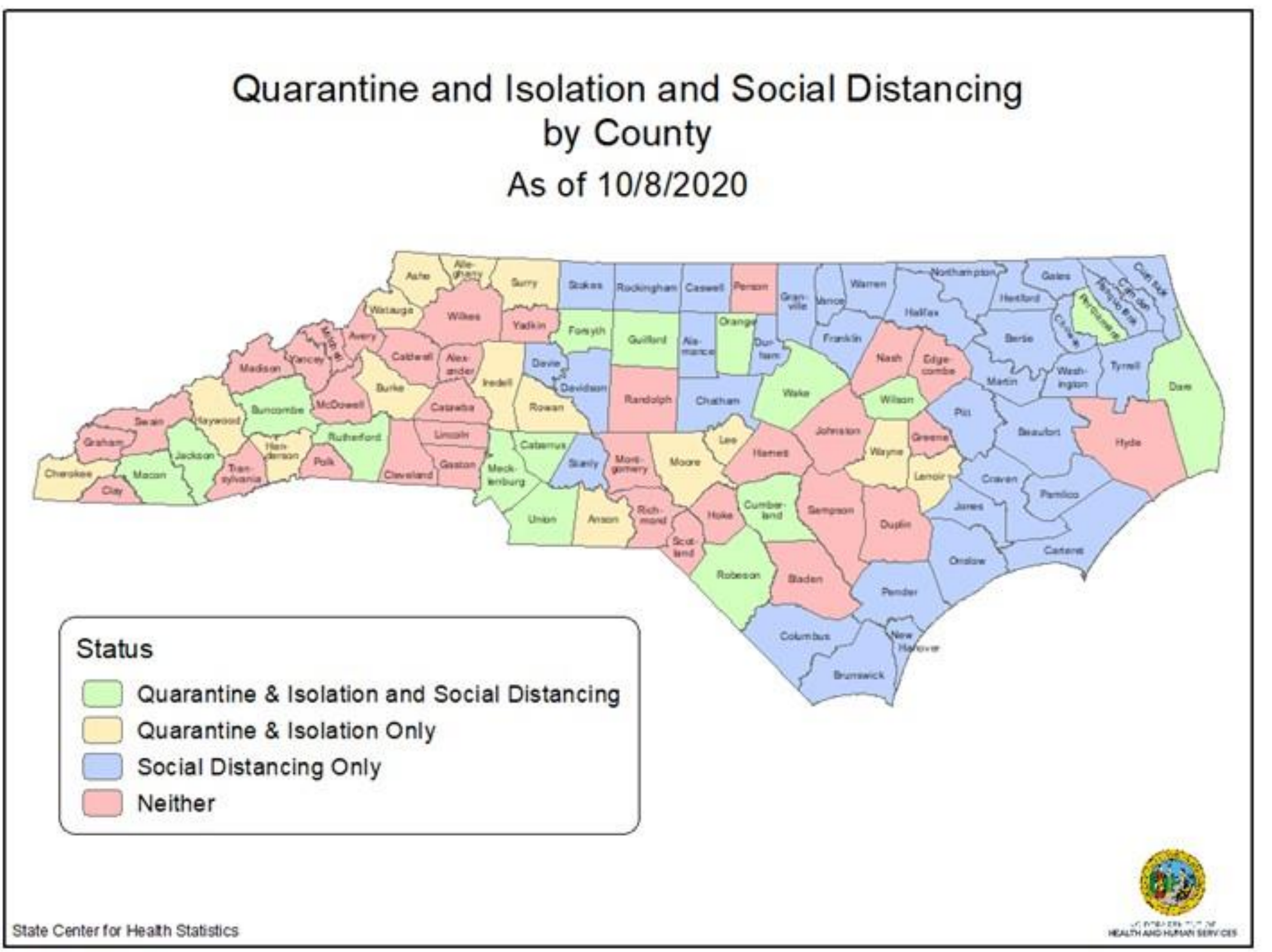
Process

An individual or health worker should follow these steps for non-congregate shelter:

1. If an individual meets one of eligibility requirements and has no way to safely distance from others, they or a Community Health Worker should check the list of non-congregate shelter access points across the state
2. Connect with the shelter provider for information about eligibility and location and bed availability
3. If an individual is not eligible for the site, or a county is not listed, contact the county Emergency Management Agency, Local Health Department, or NC 2-1-1 to ask for assistance

A non-congregate shelter program does not currently exist in every county

Current Non-Congregate Shelter Coverage



Support Services Overview

1 Welcome and Introduction

2 NC DHHS COVID Support Overview

3 Community Health Worker Overview

4 Non-Congregate Shelter Overview

5 Support Services Overview

6 Partner Collaboration

7 Next Steps

8 Q&A

9 Appendix

Questions?

Submit questions through the chat

Support Services Program

An innovative program to provide primary medical care and five key support services in target counties to help people safely quarantine or isolate

Overview

- Innovative new program funded by the CARES Act to assist individuals in targeted counties who need access to primary medical care and support services
- Frontline workers may be unable physically distance or may be unable to take paid sick leave, leading to higher rates of infection
- Targeted service areas are segmented into four regions: Region 1 (Mecklenburg, Gaston), Region 2 (Rowan, Stanly, Montgomery, Randolph, Chatham, Lee), Region 3 (Durham, Granville, Vance), and Region 4 (Robeson, Columbus, Bladen, Sampson, Duplin, Wayne, Johnston, Wilson, Greene)

Eligibility

Individuals must first be identified by a health professional because the individual:

1. Tested positive for COVID-19
2. Is waiting for the results of a COVID-19 test
3. Was exposed to someone who has tested positive for COVID-19
4. Needs to do so as a precautionary measure since they are in a high-risk group

Individuals must also attest to certain criteria, such as needing the services to successfully isolate or quarantine and not having another means to obtain these services.

Process

Individuals who need access to primary medical care and support services to successfully quarantine or isolate due to COVID-19 will follow this process:

1. A health care worker will identify an individual who should quarantine or isolate. If the individual may require support services to do so effectively, the health care worker refers the individual to a Community Health Worker (CHW) or LHD.
2. The CHW or LHD team member will be responsible for supporting the individual through the quarantine or isolation process. The CHW or LHD will perform a needs assessment, determine eligibility for support services, make a support plan, and connect individuals to organizations that can provide support services.
3. The support services vendor will directly provide, or subcontract with local Community Based Organizations (CBOs) to provide, the needed support services.

CHWs will serve as the individual’s point of contact throughout isolation or quarantine

Anticipated Performance Period: August 25, 2020 through December 30, 2020

Support Services Vendors

Piedmont Health Services and Sickle Cell Agency

- Mission is to provide outreach, education, screening and case management for people with high-risk health problems; focusing on sickle cell services, HIV/AIDS prevention & wellness.
- Services include: sickle cell services, HIV outreach and education, wellness services, child development programs, etc.

Duke University Health Systems

- A world-class academic and health care system that strives to transform medicine and health locally and globally
- Services include: complete care, COVID-19 testing and treatment, urgent care, etc.

Quality Home Care Services
doing business as
Quality Comprehensive Health Center

- A multi-faceted organization with five locations that has been serving Charlotte, NC, community for over 16 years.
- Services include: primary medical care, counseling, case management, substance abuse treatment, homeless initiatives, telehealth counseling, etc.

ADLA, Inc.

- Mission is to help local youth acquire the needed behavior and employability skills to function in a changing global society, while promoting the understanding and practice of the universal values of honesty, integrity, and respect in all we do.
- Services include: academic enrichment, after school programs, homework assistance, nutrition assistance, etc.

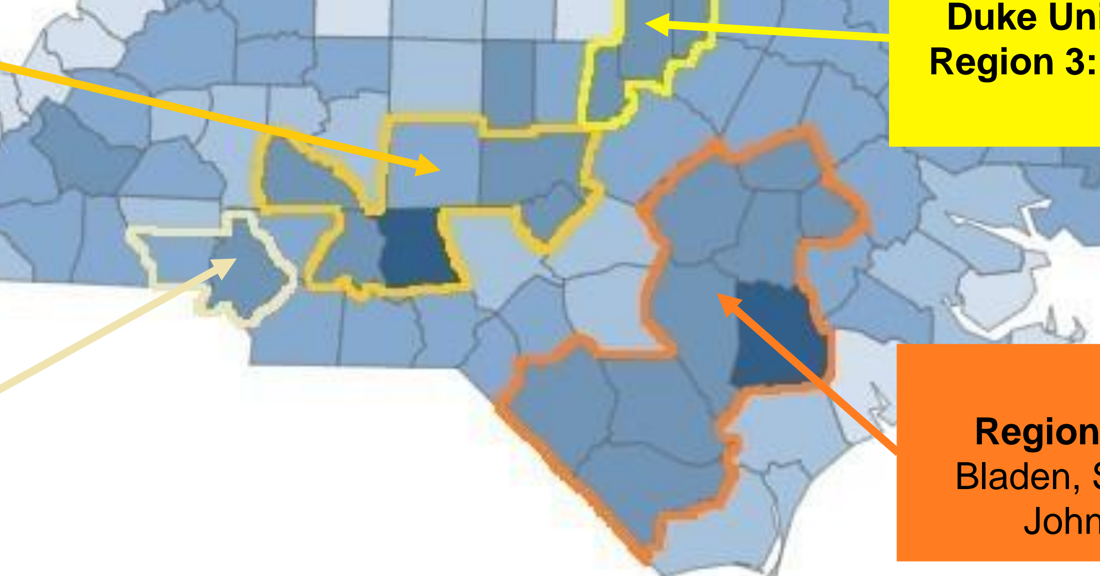
Support Services Vendor Coverage

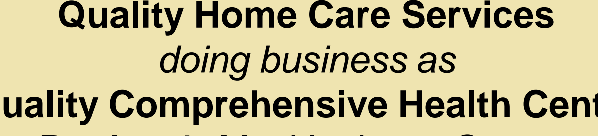
County Map by Cases per 10,000 residents

As of August 24. 2020

Piedmont Health Services and Sickle Cell Agency
Region 2: Rowan, Stanly, Montgomery, Randolph, Chatham, Lee

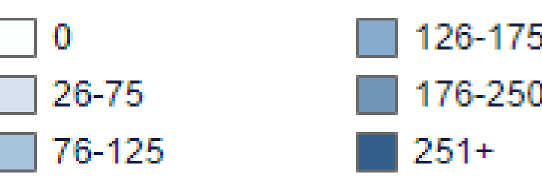
Duke University Health Systems
Region 3: Durham, Granville, Vance



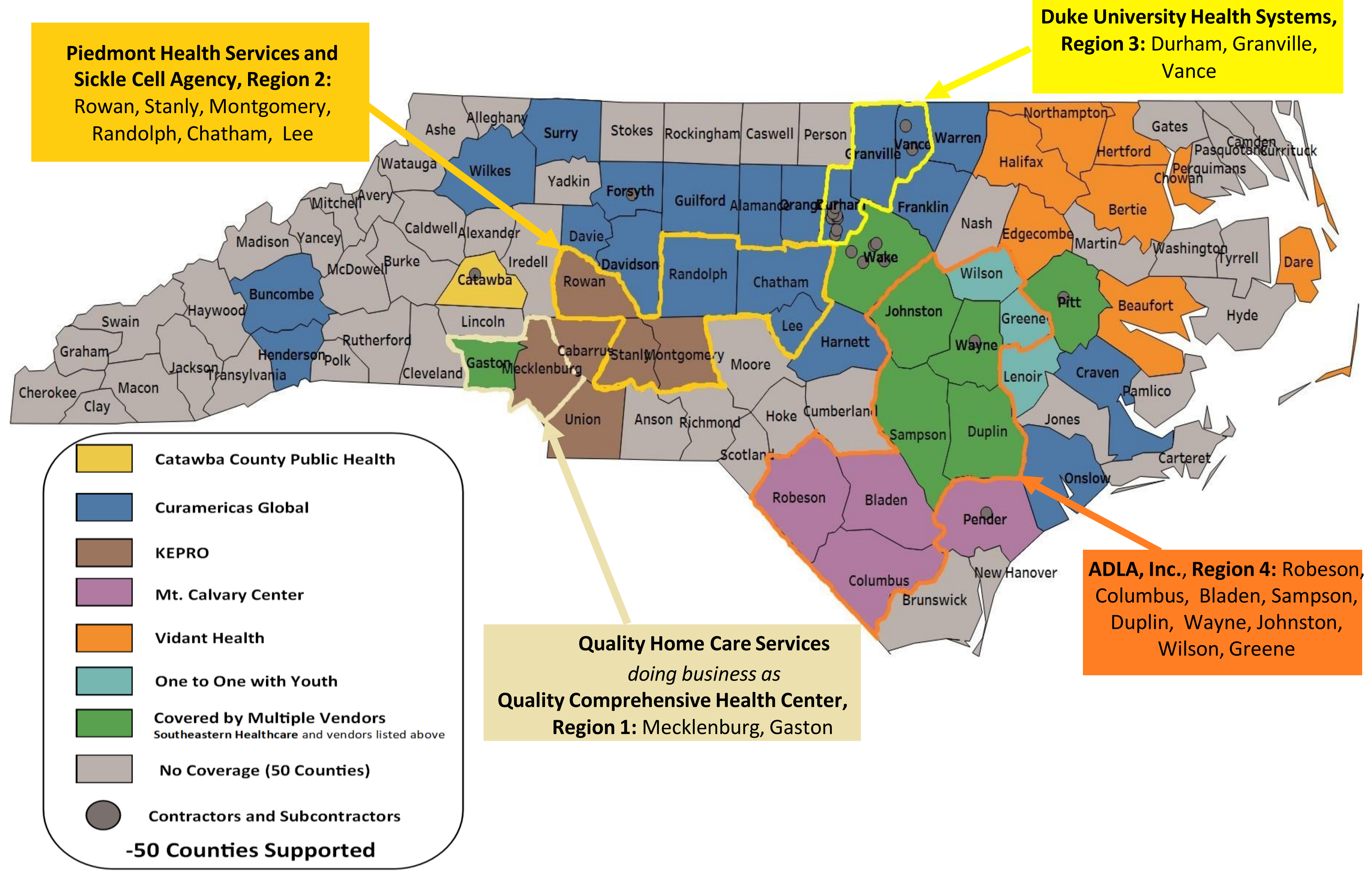


Quality Home Care Services
doing business as
Quality Comprehensive Health Center
Region 1: Mecklenburg, Gaston

ADLA, Inc.
Region 4: Robeson, Columbus, Bladen, Sampson, Duplin, Wayne, Johnston, Wilson, Greene



CHWs are vital to the Support Services Program - all Support Services counties must overlap with CHW counties



Attestation Form: Deep Dive

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Attestation for COVID-19 Isolation/Quarantine Support

If you have been directed by a medical professional or state/local public health official to quarantine or isolate due to COVID-19 but need financial or social supports to do so, you may be eligible for assistance covered by the NC Department of Health and Human Services at no cost to you.

PLEASE COMPLETE THIS FORM WITH YOUR COMMUNITY HEALTH WORKER. YOUR COMMUNITY HEALTH WORKER MAY COMPLETE THE FORM FOR YOU AND SIGN ON YOUR BEHALF.

I. Your Information (* = required)

Full Name (First, Last) or Anonymous Identifier*
This is needed so that supports may be mailed/delivered to you.

County Where you Currently Live* — Check this box if you are currently homeless: ☐

Street Address of Where You Will Isolate/Quarantine* — Apt/Suite #
This is needed so that supports may be delivered to your door.

City* — State* — ZIP Code*

Mailing Address of Where You Will Isolate/Quarantine* (*Leave blank if the same as Street Address.*) This is needed so that supports may be mailed to you. — Apt/Suite #

City* — State* — ZIP Code*

( ) - Phone Number — @ Email

Primary Language — Age — Gender — Race — Ethnicity

II. What supports do you need to quarantine or isolate? CHECK ANY THAT APPLY TO YOU

☐ Financial assistance ☐ Meals or groceries ☐ Transportation

☐ Medication delivery ☐ COVID-19 supplies (e.g., face mask, hand sanitizer, cleaning supplies)

III. Attestations CHECK ALL BOXES BELOW IF THEY APPLY TO YOU

I declare that…

☐ I have been directed by a medical professional or state/local public health official to quarantine or isolate due to one of the following reasons: testing positive for COVID-19, waiting for COVID-19 test results, being exposed to someone who has tested positive for COVID-19, or as a precautionary measure.

☐ I currently reside in one of the counties where covered support services are available, including if I am homeless or do not have a fixed address. (Your Community Health Worker can tell you these counties).

☐ If I receive the supports identified on this form, I will fully comply with the directive to quarantine or isolate for the full length of time directed; I cannot quarantine or isolate without the supports identified in Section II, and I do not have alternative means to access similar support services.

☐ The other members of my household also need the support services identified in Section II while I am in quarantine or isolation. Number of household family members that need support: ___

☐ I understand that I may receive State-funded support services for up to 14 days from the date of this assessment. If I need support services to quarantine or isolate for more than 14 days, a medical professional or state/local public health official must be able to confirm that I need additional time.

☐ I understand that I can request support services at any time while I am in quarantine or isolation by contacting my Community Health Worker. I may receive support services other than financial assistance more than once during the time I am in quarantine or isolation, if needed. I may only receive one financial assistance payment during my period of isolation or quarantine, even if that period is longer than 14 days.

Additional attestations required only for financial assistance:

I declare that…

☐ I do not have access to other financial support during my quarantine or isolation period, including paid leave, unemployment benefits, or the continuation of my salary or wages while teleworking.

☐ I will only use these funds for basic living expenses such as housing, food, utilities, medical care, child care and household bills to help me to quarantine or isolate; I will save the receipts from purchases made using this assistance, which I may be required to produce to prove I used these funds for basic living expenses.

☐ I acknowledge that I could be required to pay back financial assistance if I do not comply with the directive to quarantine or isolate for the full length of time directed or if I spend the financial assistance on anything other than basic living expenses to support isolation or quarantine.

Additional attestation required only for medication delivery:

I declare that…

☐ Any prescription medication that I ask to have delivered has been prescribed by a medical professional. Over-the-counter medications do not require prescription by a medical professional.

Sign Here

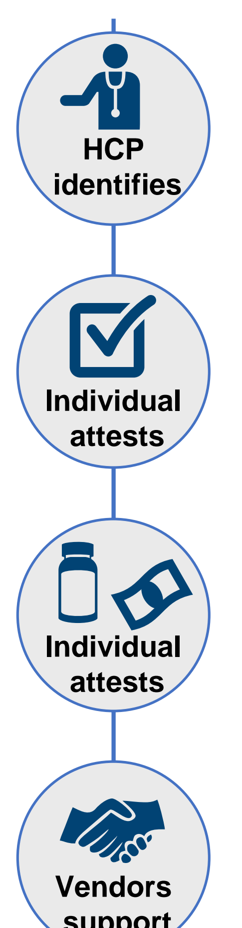
The information provided is true and accurate, and I have not knowingly made a false statement or misrepresented a material fact, omitted or failed to disclose a material fact, or submitted inaccurate records. I understand that an intentional false statement or representation, omission, or submission of inaccurate records may lead to sanctions or other legal action.

Signature of Applicant — Date

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Individual Eligibility for Support Services

Eligibility Criteria



An individual should isolate or quarantine because the individual:
- Tested positive for COVID-19, or
- Is waiting the results of a COVID-19 test, or
- Was exposed to someone who has tested positive for COVID-19, or
- Needs to do so as a precautionary measure because the individual is in a high-risk group

- Lives in the Target Service Area
- Has been directed by a health care professional to quarantine or isolate
- Will only be able to safely and effectively quarantine or isolate with one or more of the Support Services
- Does not have alternative means of accessing the Support Services
- Agrees to remain in quarantine or isolation for the entire length of time he or she is directed to do so

- *COVID relief payment:* the individual does not have access to financial support during the quarantine or isolation period
- *COVID relief payment*: the individual will use the funds for basic living expenses and will keep receipts
- *COVID relief payment*: the individual could be required to pay back the payment if they do not comply with quarantine or isolation requirements
- *Medication delivery*: the individual must attest that any medication to be delivered has been authorized by a medical professional
- *Support services at the Family-Level*: the individual must attest that they live in the same household with family members who require support

- Individuals may receive Support Services for up to 14 days beginning the day of their needs assessment or longer if approved by a HCP
- If an individual originally attested that they do not need a Support Service but later requests it, that individual is eligible for that Support Service
- Individuals may receive Support Services other than a COVID relief payment more than once if needed during their quarantine or isolation period
- If an individual lives in the Target Service Area but chooses to isolate in a county that is not part of the Target Service Area, they remain eligible

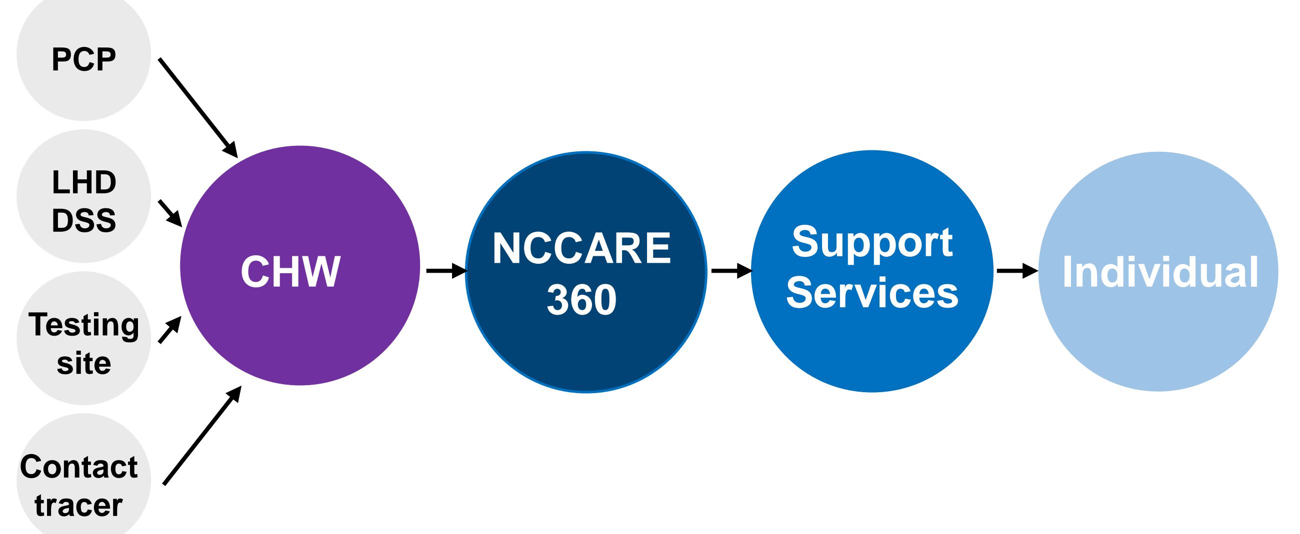
Support Services

Note: HCP: Health Care Professional

Referrals to Support Services Vendors

NCCARE360

- NCCARE360 is the first statewide network that unites health care and human services organizations via a shared technology platform that enables a coordinated, community-oriented, person-centered approach for delivering care in North Carolina
- NCCARE360 helps health and community-based organizations in all 100 North Carolina counties make electronic referrals, communicate in real time, securely share client information, and track outcomes together
- NCCARE360 has a community engagement team located across the state working with community-based organizations, health plans, health systems, and government agencies to create a statewide coordinated network and to train and onboard partners
- Anyone in North Carolina can request services and be connected to community resources. A referral can be added to NCCARE360 even when the service organization is not registered with NCCARE360
- Undocumented persons are eligible to receive services and NCCARE360 does not track, record, maintain, or report on the documentation status of any individual



Referral Process

- The Support Services Vendor and its subcontractors are strongly encouraged to use NCCARE360 to accept electronic referrals;
- If the Support Services Vendor/subcontractor does not have the capability to accept electronic referrals in NCCARE360, it can accept referrals through another method such as telephone or secure e-messaging system
- The Support Services Vendor/subcontractor must be able to receive and use information in the referral to provide the appropriate service, including knowing which Support Service to provide, whether at an Individual-Level or Family-Level and to whom at what location

Covered Services

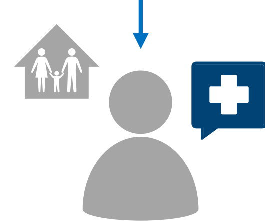
The Contractor will either directly provide, or subcontract with Community Based Organizations (CBOs) to provide, all of the Support Services described in the RFA to eligible individuals and their families, if applicable, *except that the Contractor may not sub-contract for the delivery of the COVID relief payment Support Service*

Covered Services Scenarios

Individual Eligible for Support Services

Individual-Level Services

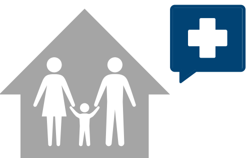
- Nutrition Assistance:
  - Health Food Box – Delivered
  - Healthy Meal – Delivered
  - Medically Tailored Meal – Delivered
- COVID Relief Payment
- Private Transportation
- Medication Delivery
- COVID-Related Supplies



Individual Eligible with Family Members in Need

Family-Level Services

- Nutrition Assistance: Healthy Food Box – Delivered
  - Larger food boxes for either a family of up to 2 members or a family of 3+ members
- COVID Relief Payment ($800/family vs. $400/individual)
- Private Transportation
- COVID Related Supplies



Family Members Eligible for Support Services

- If multiple family members in the same household are eligible for Support Services, the Contractor may provide only one family member with **Family-Level Services**
- The Contractor must provide all other family members eligible for Support Services with **Individual-Level Services**

ALL support services must be offered in ALL counties.

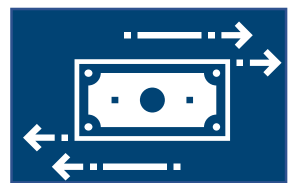
Priority counties may change over time as the COVID-19 pandemic and areas of North Carolina with high case rates change.

Support Services Vendor Service Delivery Responsibilities

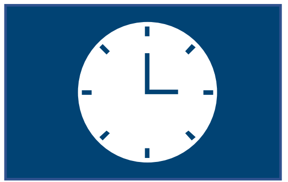
Responsibilities

Deliver services to eligible individuals and their families, if applicable, based on referrals from CHWs/LHD team members within fourteen (14) calendar days of contract award

Deliver services based on guidelines in the COVID-19 Quarantine and Isolation Support Services Reimbursement Rates (refer to appendix)



Provide the COVID relief payment as defined in the COVID-19 Quarantine and Isolation Support Services Reimbursement Rates (refer to appendix) and not subcontract for this service

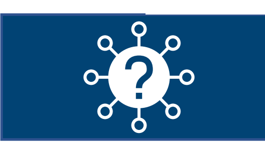


Make every effort to provide the recommended Support Service(s) to the individual and family, if applicable, within 24 hours of receiving a referral, but must provide the service(s) within 72 hours of receiving a referral

Be intentional in providing Support Services in a culturally and linguistically appropriate manner to those disproportionately impacted by COVID-19, such as African American/Black, LatinX/Hispanic, Native American/American Indian, Immigrant, and Refugee populations

Support Services Vendor Communication and Collaboration Responsibilities

Responsibilities



Demonstrate understanding of the local community and the needs of its populations

Provide culturally and linguistically appropriate services to individuals (e.g. interpreters or technology-assisted interpreter solution; sign language services).

Ensure all personnel are comprehensively trained to perform their duties in accordance with the RFA, including but not limited to cultural sensitivity

Prioritize creating a representative staff of the communities being served

Collaborate with organizations, including CHW organizations and LHDs, that employ individuals who are assigned to support and coordinate referrals for individuals who are quarantining and isolating.

Develop and distribute communications to key stakeholders, including CHW organizations and LHDs regarding which CBOs in addition to itself it has selected to provide Support Services and other updates

Send all materials to NCDHHS for review and guidance prior to use

Partner Collaboration

1 Welcome and Introduction

2 NC DHHS COVID Support Overview

3 Community Health Worker Overview

4 Non-Congregate Shelter Overview

5 Support Services Overview

6 **Partner Collaboration**

7 Next Steps

8 Q&A

9 Appendix

Questions?

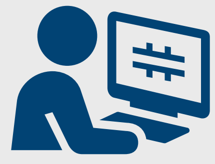
Submit questions through the chat

Community Staff should Refer Individuals with COVID-19 Related Needs to a CHW Vendor

Community Health Worker and Support Services programs are specialized programs aimed to serve and support individuals living in NC who need assistance quarantining and isolating successfully. Vendors managing the programs are intended to **alleviate DSS' and LHD's staff and resources,** so they can be allocated to other pressing areas. CHW vendors will connect individuals with COVID-19 related needs to supports to help them isolate or quarantine.

Communication

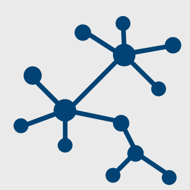
Collaboration



Community staff can communicate directly with the CHW operating in their counties to ensure referrals are made

Community staff can communicate with NCDHHS regarding vendors to provide feedback on the referral process

Community staff should understand CHW and Support Services programs and eligibility to be able to inform individuals



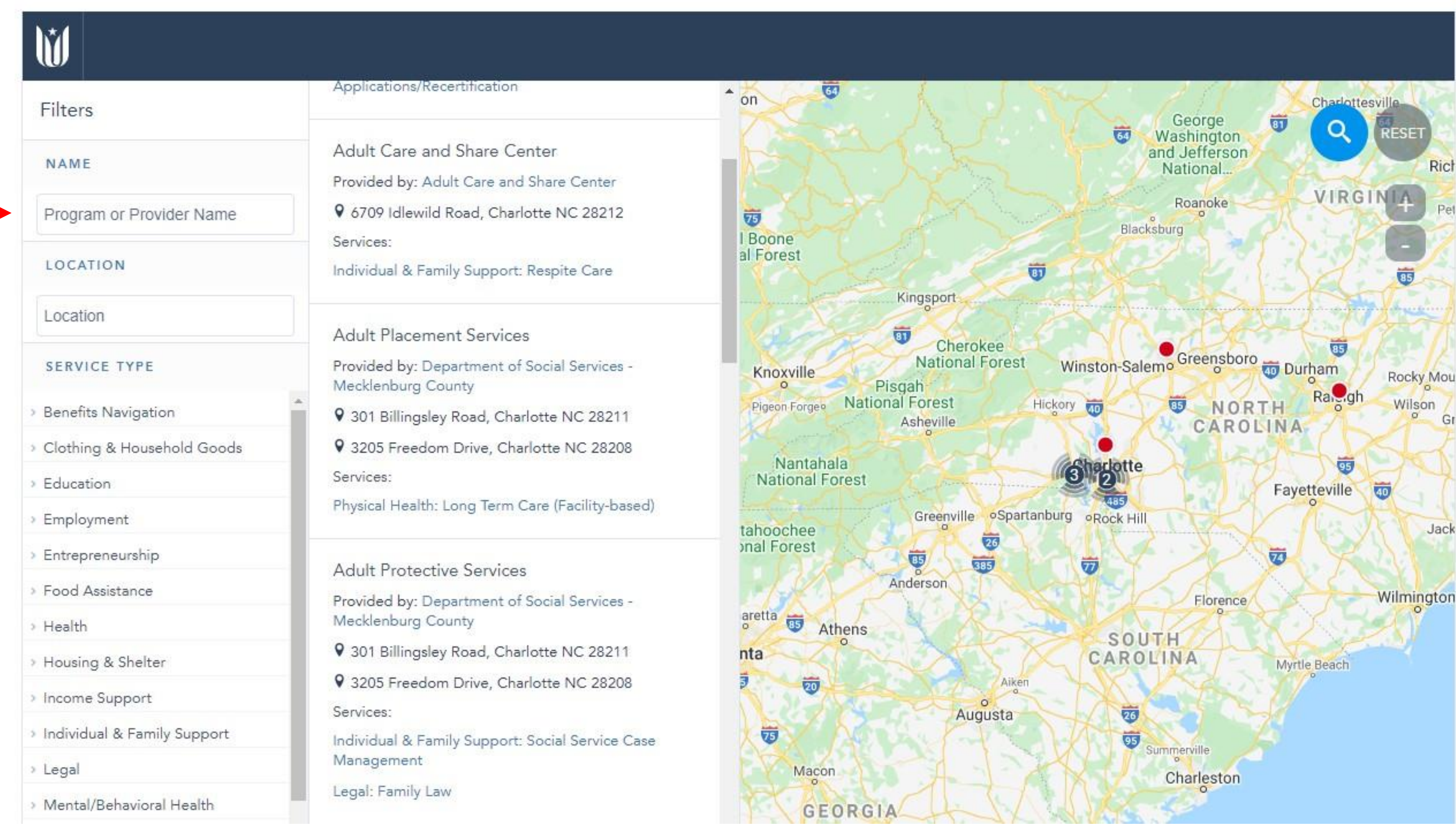
Community staff should refer individuals to CHW organizations through NCCARE360 if they are onboarded to the platform or connect individual directly via email/phone

How to Identify a CHW Vendor in NCCARE360

Search for the CHW Vendor name in the “Provider Name” field.

Community staff can search for CHW vendors in the “Provider Name” field in NCCARE360. A list of CHW vendors can be found in the appendix of this slide deck.

The CHW Vendor contact will connect the individual to COVID-19 related resources, including federally-funded Support Services to help the individual isolate or quarantine.



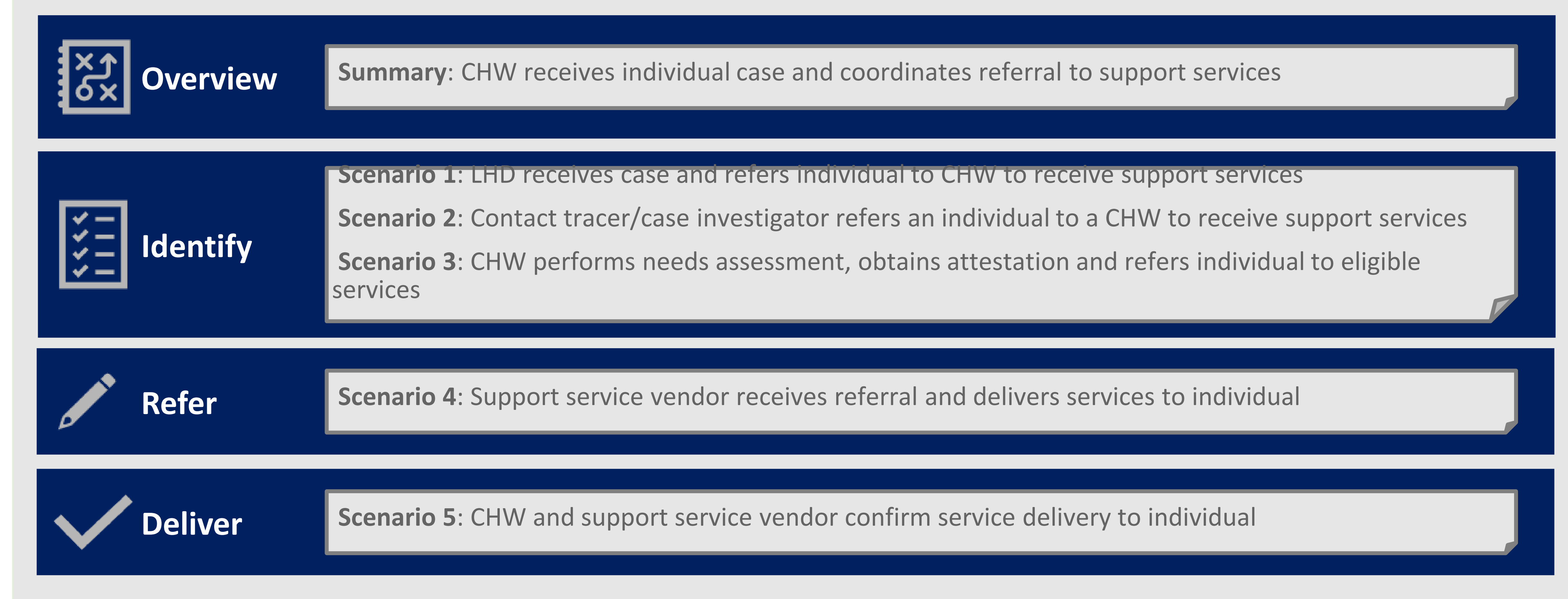
A Note for Community staff on COVID Relief Payments

One federally-funded Support Service that individuals living in NC may be eligible for is a **one-time COVID-19 relief payment,** provided in response to the federally-declared COVID-19 public health emergency. This payment is meant to assist the individual and his or her family in meeting basic living expenses such as housing, food, utilities, medical costs, childcare costs, and household bills to help them isolate or quarantine.

The individual in isolation or quarantine may receive $400 and if that individual has a family that also needs financial assistance, the family may receive $800.

This one-time COVID-19 relief payment should NOT be counted toward taxable income in determining the individual or family's eligibility for public programs, such as Medicaid, SNAP, or WIC.

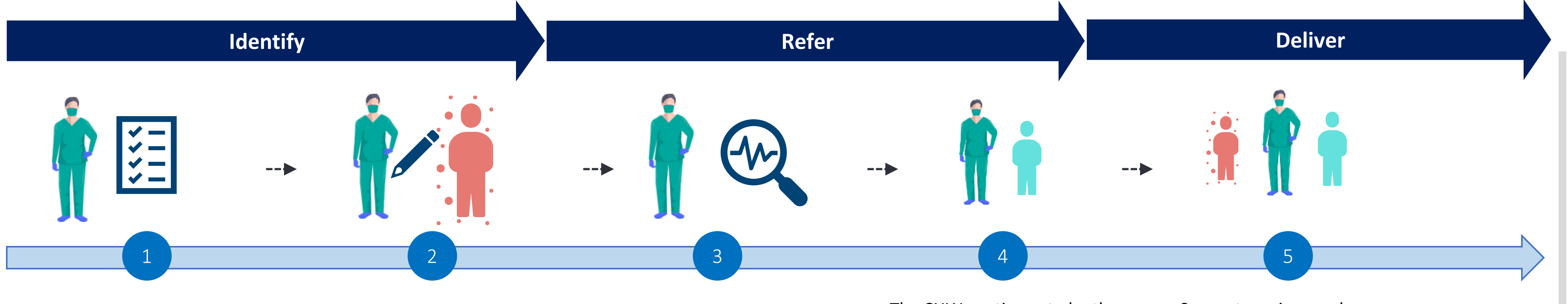
Playbook scenarios



SS CHW

Overview: CHW receives individual case and coordinates referral to support services

How does an individual who needs to quarantine/isolate gets connected to Support Services via a CHW?



CHW receives individual cases from many channels:
- Testing sites
- Contract tracers/Case investigators
- LHDs
- PCPs
- Outreach workers
- CBOs
- Self referrals

Once the CHW enters the patient into NCCARE360 the CHW then completes an attestation form with the individual to see if they are eligible for federally-funded Support Services.

The CHW then assesses if the individual needs any additional supports outside of these federally-funded services through the needs assessment in NCCARE360.

**CHW provides individual with their contact information during initial interaction so that the individual may reach out to the CHW if new needs arise.*

CHW identifies Support Service Vendors and subcontractors in NCCARE360 and submits referrals for federally-funded Support Services to these organizations. The CHW attaches the completed attestation form to the referral in NCCARE360.

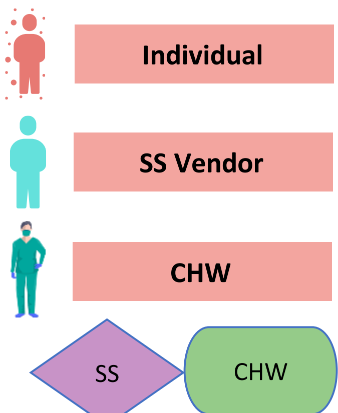
The CHW submits referrals for any other services needed to any organizations identified in NCCARE360 based on the additional needs of the client outside of the Support Services referrals.

The CHW continues to be the individual's point of contact throughout the isolation/quar antine period if they need additional support.

Support service vendor receives referral through NCCARE360 with attached attestation document.

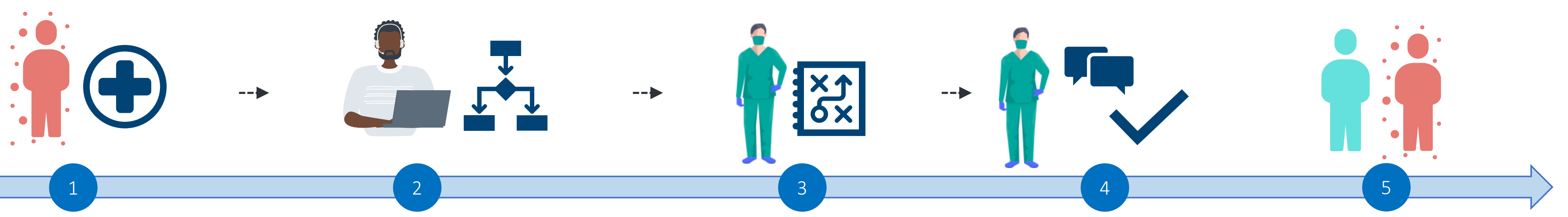
Support service vendors deliver services to individuals. Once complete, the vendor closes the referral in NCCARE360.

Support service vendors conduct invoicing, reimbursement and reporting.



Scenario: LHD receives case and refers individual to CHW to receive support services

If an individual in need of support services has been connected to their LHD, how does the LHD refer the individual to a CHW to coordinate support services delivery?



The individual is in contact with the LHD and has expressed a need for support services to help quarantine or isolate safely.

Individual should be in quarantine or isolation because he/she:

- Tested positive for COVID-19
- Is waiting on test results
- Has been exposed to COVID-19
- Is a member of a high-risk group

The LHD may choose to fulfill the request internally or refer the request to a CHW vendor.*

If LHD can meet the requested Q&I need:
The LHD completes the attestation form on behalf of the individual to determine if the individual is eligible for DHHS-funded support services.

- If yes, the LHD searches for a Support Services Vendor in NCCARE360. The LHD creates a referral in NCCARE360 and attaches the individual's attestation form to the referral. If the individual has needs in *addition* to DHHS-funded support services, the LHD submits referrals for any other services needed to any organizations identified in NCCARE360, based on the individual's needs.
- If no, the LHD submits referrals for any services needed to any organizations identified in NCCARE360 based on the individual's needs.

If LHD cannot meet the requested need:
LHD enters referral to CHW in NCCARE360 or calls the CHW agency to initiate a referral.

CHW agency obtains referral from NCCARE360 or directly from LHD.

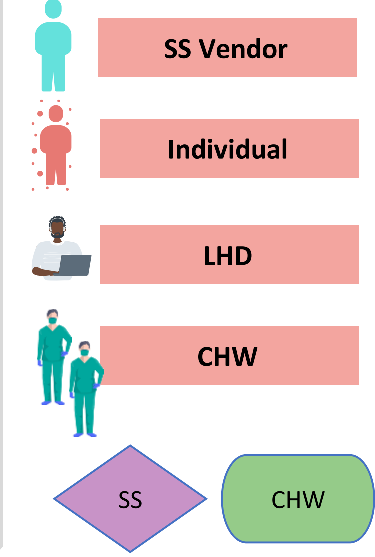
CHW agency assigns the work to an CHW who will follow up with individual and complete the attestation form for the individual and determine individual's needs.

After completing the attestation form, if the individual is not eligible for Support Services:
The CHW searches other services the individual may be eligible for.

If the individual is eligible for Support Services:
The CHW continues to step 4.

CHW connects individual to found resources via NCCARE360 or direct referral.

Scenario #4: Support service vendor receives referral and delivers services to individual.



Next Steps

1 Welcome and Introduction
2 NC DHHS COVID Support Overview
3 Community Health Worker Overview
4 Non-Congregate Shelter Overview
5 Support Services Overview
6 Partner Collaboration
7 Next Steps
8 Q&A
9 Appendix

Questions?

Submit questions through the chat

Next Steps and Expectations

Connect with the CHW vendor in your county, and begin referring individuals
Contact information in Appendix

Enroll in NCCARE360 (if not currently enrolled) and contact community engagement manager

Contact John Resendes <John.Resendes@dhhs.nc.gov> and Amanda Van Vleet <Amanda.VanVleet@dhhs.nc.gov> to learn more about the CHW and SS programs

Q&A

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Quarantine and Isolation Support Resources

Community Health Worker

- Webpage: https://www.ncdhhs.gov/divisions/office-rural-health/community-health-workers
- About the Community Health Worker initiative: https://www.ncdhhs.gov/divisions/office-rural-health/community-health-workers/about-nc-community-health-worker-initiative
- Community Health Worker core competencies: https://files.nc.gov/ncdhhs/Core%20Comps%20and%20Process%20Graphics.pptx
- Community Health Worker resources: https://www.ncdhhs.gov/divisions/office-rural-health/community-health-workers/resources
- Community Health Worker press release: https://www.ncdhhs.gov/news/press-releases/ncdhhs-send-community-health-workers-underserved-covid-19-hot-spots

Support Services

- Support Services fact sheet: https://files.nc.gov/covid/COVID-19-Support-Services-Program-Fact-Sheet-FINAL-revised-8-5-20.pdf
- Webpage: https://covid19.ncdhhs.gov/information/human-services/assistance
- Health insurance options: https://covid19.ncdhhs.gov/information/human-services/health-insurance-options
- Food and nutrition services: https://covid19.ncdhhs.gov/information/human-services/changes-food-and-nutrition-services
- Resources for renters facing eviction: https://files.nc.gov/covid/documents/info-for/housing-sheltering/COVID19-Renters-Eviction-Resources-Flyer.pdf

Non-Congregate Shelter

- Webpage: https://covid19.ncdhhs.gov/information/housing-sheltering/non-congregate-sheltering
- Access points: https://files.nc.gov/covid/documents/info-for/housing-sheltering/NCS-Access-Points.pdf
- Direct FEMA reimbursement guidance: https://files.nc.gov/covid/documents/info-for/housing-sheltering/NCS-State-Centric-Guidance-Documents.pdf
- Expediated NCEM reimbursement guidance: https://files.nc.gov/covid/documents/info-for/housing-sheltering/NCS-State-Centric-Guidance-Documents.pdf
- Reporting: https://app.smartsheet.com/b/form/add5cfc0fda647b4bd3d00707ea5d875
- FAQs: https://files.nc.gov/covid/documents/info-for/housing-sheltering/NCS-State-Centric-FAQs.pdf
- MOA template: http://files.nc.gov/covid/documents/info-for/housing-sheltering/NCS-State-Centric-MOA-Template.docx

Community Health Worker Vendor Contact Information

Counties	Vendor	Contact	Phone	Email
Catawba	Catawba County Public Health	Honey Estrada	(828) 695-6683	honey@catawbacountync.gov
Alamance, Buncombe, Chatham, Craven, Davidson, Davie, Durham, Forsyth, Franklin, Gaston, Granville, Guilford, Harnett, Henderson, Johnston, Lee, Onslow, Orange, Pitt, Randolph, Surry, Vance, Wake, Warren, Wayne, Wilkes	Curamericas Global	Andrew Herrera	(919) 801-0612	Andrew@Curamericas.org
Cabarrus, Gaston, Mecklenburg, Montgomery, Rowan, Stanly, Union	Keystone Peer Review Organization (KEPRO)	Lisa Bennett		lbennett@Kepro.com
		Renee White	(919) 523-7999	stwhite@Kepro.com
Bladen, Columbus, Duplin, Pender, Robeson, Sampson	Mt. Calvary Center for Leadership Development	Jimmy Tate	(910) 284-9382	jtate@mtcalvarycenter.org
		Carol Highsmith	(910) 789-1886	chighsmith@mtcalvarycenter.org
Duplin, Greene, Johnston, Lenoir, Sampson, Wayne, Wilson	One to One with Youth	Danny King	(919) 922-7713	dking@adlainc.org
		Inonda Kind	(919) 987-2798	kone2one@aol.com
Johnston, Orange, Wake	Southeastern Healthcare of NC	Joyce Harper	(919) 987-2798	jharper@sehcnc.com
		Evelyn Sanders	(919) 987-2791	esanders@sehcnc.com
Beaufort, Bertie, Chowan, Dare, Duplin, Edgecombe, Halifax, Hertford, Northampton, Pitt	Vidant Health	Melissa Roupe	(252) 847-9350	myroupe@vidanthealth.com
		Crystal Dempsey	(252) 847-5162	Crystal.Dempsey@vidanthealth.com

Support Services Reimbursement Rates

Service	Rate
Home-delivered healthy food box (Individual)	$90.04/food box
Home-delivered healthy food box (Family up to 2 members)	$90.04/food box
Home-delivered healthy food box (Family more than 2 members)	$141.06/food box
Home-delivered healthy meal (Individual)	$4.87/meal
Home-delivered medically-tailored meal (Individual)	$5.05/meal
COVID Relief Payment (Individual)	$400/individual
COVID Relief Payment (Family)	$800/family
Private, safe transportation to/from non-congregate shelter, medical visits, and testing sites (Individual)	$50 cap per ride, 6 one-way ride cap per individual
Private, safe transportation to/from non-congregate shelter, medical visits, and testing sites (Family)	$50 cap per ride, 6 one-way ride cap per family
Medication Delivery (Individual)	$1.50/medication mailed $3/medication courier-type delivered
COVID-Related Supplies (e.g. face mask, hand sanitizer, cleaning supplies) (Individual)	$50/package
COVID-Related Supplies (e.g. face mask, hand sanitizer, cleaning supplies) (Family)	$50/package

Contractors and subcontractors may invoice certain operational expenses separately, up to a cap.

Individual Level Services (1/4)

Service	Service Description & Reimbursement Requirements	Rate
Services Available to Individual		
Nutrition Assistance: Healthy Food Box – Delivered	• A healthy food box for delivery consists of an assortment of nutritious foods that is delivered to an isolating/quarantining individual's place of shelter. • Food selection should generally adhere to Dietary Guidelines for Americans, but is not required to. • Food selection should include meat/protein and other refrigerated foods. • Food may be tailored to meet cultural preferences or specific medical needs. • To receive this reimbursement rate, the healthy food box must constitute sufficient food for 3 meals and two snacks per day for one week (7 days). • Support Service Vendors and nutrition assistance organizations may establish a proportional amount of food and reimbursement if it is more appropriate to deliver less than one week's worth of food. For example, if an individual only has two days left in their isolation/quarantine period a food box may be delivered with two days' worth of food at a proportionally lower rate. • Individuals are eligible for up to 14 days' worth of food boxes if they isolate or quarantine for up to 14 days. This may be delivered via 2 food boxes that each cover 7 days or a different combination of proportional food boxes and reimbursements. • The reimbursement rate for a healthy food box is inclusive of all direct and indirect costs related to providing the service, including staff time and materials needed for preparing and delivering the service.	$90.04/food box
Nutrition Assistance: Healthy Meal – Delivered	• A healthy, home-delivered meal consists of a hot, cold, or frozen meal that is delivered to an isolating/quarantining individual's place of shelter. • Meals should generally adhere to Dietary Guidelines for Americans, but is not required to. • Meals may be tailored to meet cultural preferences or specific medical needs. • This reimbursement rate is for one meal. Individuals are eligible for up to 3 meals per day. • The reimbursement rate for a healthy meal is inclusive of all direct and indirect costs related to providing the service, including staff time and materials needed for preparing and delivering the service.	$4.87/meal

Individual Level Services (2/4)

Nutrition Assistance: Medically-Tailored, Delivered Meal	• A medically-tailored, delivered meal must be targeted to a specific disease or condition and developed in accordance with nutritional guidelines established by the National Food is Medicine Coalition or other appropriate guidelines. • Medically-tailored meals generally include an evaluation with a Registered Dietitian Nutritionist or Licensed Dietitian Nutritionist to assess and develop a medically-appropriate nutrition care plan and the preparation and delivery of the prescribed nutrition care regimen. • Food may be tailored to meet cultural preferences. • This reimbursement rate is for one meal. Individuals are eligible for up to 3 meals per day. • The reimbursement rate for a medically-tailored meal is inclusive of all direct and indirect costs related to providing the service, including staff time and materials needed for preparing and delivering the service.	$5.05/meal
COVID Relief Payment	This service is a one-time disaster relief payment provided to the isolating/quarantining individual in response to the federally-declared COVID-19 public health emergency. The intent of the payment is to assist the individual in meeting their basic living expenses such as housing, food, utilities, medical costs, child care costs, and household bills. The Support Service Vendor is responsible for managing this service and should bill administrative expenditures such as staff time to execute the COVID Relief Payments and mailing costs as operational expenses.	$400/individual

Individual Level Services (3/4)

Private Transportation	Provision of private transportation for the individual isolating/quarantining through one or more of the following services: (a) community transportation options (e.g., locally organized), (b) direct transportation by professional, private or semi-private vendor, or (c) account credits for taxis/ridesharing apps. Transportation services are only permissible to directly support the ability to isolate or quarantine and are subject to CHW approval. Examples of permissible transportation include, but are not limited to, transportation to/from: (a) non-congregate shelter, (b) medical visits, and (c) testing sites. Rides must be provided in a safe manner, with both the driver and passenger wearing face masks, cleaning employed between each rider, and, when applicable, with a service provider that has explicitly agreed to provide rides to a potentially or confirmed COVID-19 positive individual. Sub-contractors that provide transportation services are strongly encouraged to use large vehicles, such as vans, that allow six feet of distance between the driver and passenger. Sub-contractors providing transportation services may charge their standard meter rate, plus an additional 20% of the total ride fare to account for added costs related to taking appropriate COVID-19 precautions and cleaning the vehicle between riders. The Support Services Vendor is responsible for communicating with CHWs to coordinate transportation services and monitor caps.	$50 cap per ride, 6 one-way ride cap per individual
Medication Delivery	Delivery of prescription medication(s) to isolating/quarantining individual at their place of shelter. Reimbursement is for the delivery of the medication (not the medication itself) and may be directed to a pharmacy that mails or directly transports a medication to an individual. The reimbursement may also go to other organizations that facilitate the pick-up and direct delivery of a medication to an individual. The reimbursement rate for medication delivery is inclusive of all direct and indirect costs related to providing the service, including staff time and materials needed for preparing and delivering the service.	• $1.50/medication mailed • $3/medication courier-type delivered

Individual Level Services (4/4)

<table>
<tr><td>COVID-Related Supplies</td><td>Service consists of a package of COVID-related over-the-counter supplies known to help mitigate the spread and treat symptoms of COVID, including but not limited to:
• Face masks
• Hand sanitizer
• Sanitizing wipes or liquid sanitizer with paper towels
• Thermometer
• Tylenol

The reimbursement rate for COVID-related supplies is inclusive of all direct and indirect costs related to providing this service, including for sourcing, preparing, purchasing and delivering the supplies.</td><td>$50/package</td></tr>
</table>

Family Level Services (1/3)

Service	Service Description & Reimbursement Requirements	Rate
Services Available to Individual with Family Members in Household		
Nutrition Assistance: Healthy Food Box – Delivered	• A healthy food box for delivery consists of an assortment of nutritious foods that is delivered to an isolating/quarantining individual's place of shelter or to the individual's household members' place of shelter. • Food selection should generally adhere to Dietary Guidelines for Americans but is not required to. • Food selection should include meat/protein and other refrigerated foods. • Food may be tailored to meet cultural preferences or specific medical needs. • To receive this reimbursement rate, the healthy food box must constitute sufficient food for 3 meals and two snacks per day for one week (7 days). • Support Service Vendors and nutrition assistance organizations may establish a proportional amount of food and reimbursement if it is more appropriate to deliver less than one week's worth of food. For example, if an individual only has two days left in their Q/I period at the time the healthy food box is delivered. - If an individual isolating: (a) requires nutrition assistance, (b) has household/family members that also require nutrition assistance, and (c) is isolating separately from the household/family members, that individual may select to receive either healthy food boxes or meals for themselves. Service descriptions and rates in "Nutrition Assistance: Healthy Food Box – Delivered" for individuals (Appendix A) apply. Under these circumstances, the household/family members are only eligible for healthy food boxes. - If the individual and the household/family members require food assistance and are located in the same household during the isolation/quarantine, they collectively are only eligible for healthy food boxes. - The reimbursement rate for a healthy food box is inclusive of all direct and indirect costs related to providing the service, including staff time and materials needed for preparing and delivering the service.	• $90.04 for food box delivered to a household with up to two family members • $141.06 for food box delivered to a household with more than two family members

Family Level Services (2/3)

COVID Relief Payment	- This service is a one-time disaster relief payment provided to isolating/quarantining individual and their household members in response to the federally-declared COVID-19 public health emergency. The intent of the payment is to assist the individual and their household members in meeting their basic living expenses such as housing, food, utilities, and household bills. - If more than one household member is required to quarantine or isolate and is in need of and eligible for this Support Service, only one household member may receive the Household-Level benefit. All other household members required to quarantine or isolate in need of and eligible for this Support Service must receive it at the Individual-Level. - The Support Service Vendor is responsible for managing this service and should bill administrative expenditures such as staff time to execute the COVID Relief Payments and mailing costs as operational expenses.	$800/individual (individual quarantining or isolating receives $800 regardless of number of family/household members)
Private Transportation	- Provision of private transportation for the individual isolating/quarantining or a family member through one or more of the following services: (a) community transportation options (e.g., locally organized), (b) direct transportation by professional, private or semi-private vendor, or (c) account credits for taxis/ridesharing apps. - Transportation services are only permissible to directly support the ability to isolate or quarantine and are subject to CHW approval. Examples of permissible transportation include, but are not limited to, transportation to/from: (a) non-congregate shelter, (b) medical visits, and (c) testing sites. - Rides must be provided in a safe manner, with both the driver and passenger wearing face masks, cleaning employed between each rider, and, when applicable, with a service provider that has explicitly agreed to provide rides to a potentially or confirmed COVID-19 positive individual. Sub-contractors that provide transportation services are strongly encouraged to use large vehicles, such as a van, that allow six feet of distance between the driver and passenger. - Sub-contractors providing transportation services may charge their standard meter rate, in addition to 20% of the total ride fare to account for added costs related to taking appropriate COVID-19 precautions and cleaning the vehicle between riders. - The Support Services Vendor is responsible for communicating with CHWs to coordinate transportation services and monitor caps.	$50 cap per ride, 6 one-way ride cap per family

Family Level Services (3/3)

COVID-Related Supplies	Service consists of a package of COVID-related over-the-counter supplies known to help mitigate the spread and treat symptoms of COVID, including but not limited to: • Face masks • Hand sanitizer • Sanitizing wipes or liquid sanitizer with paper towels • Thermometer • Tylenol - Up to two COVID-Related Supplies packages may be provided when an individual who needs to isolate: (a) chooses to isolate outside of his/her primary residence, and (b) attests to having family members in the primary residence that require a second COVID-Related Supplies package. - The reimbursement rate for COVID-related supplies is inclusive of all direct and indirect costs related to providing this service, including for sourcing, preparing, purchasing and delivering the supplies.	$50/package

Benefits for Uninsured Individuals Living in North Carolina

October 5, 2020

Welcome and Introduction

1. Welcome and Introduction
2. COVID-19 Testing Benefit for Uninsured Individuals Living in North Carolina
3. COVID-19 Related Primary Care Benefit for Uninsured Individuals Living in North Carolina
4. Q&A

Questions?

Submit questions through the chat

Our Speakers

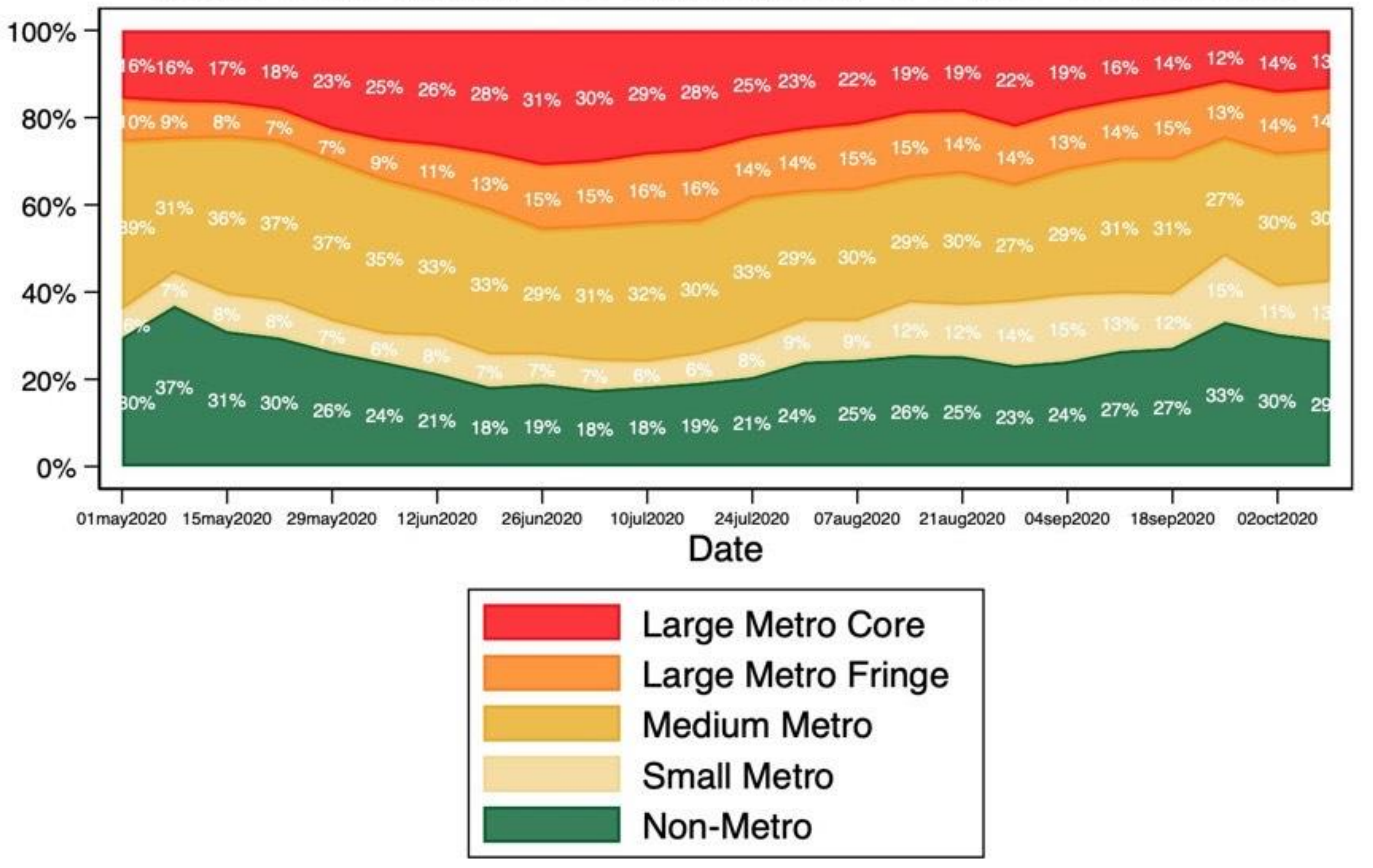
Maggie Sauer

Director
Office of Rural Health
NC DHHS

Allison Owen

Deputy Director
Office of Rural Health
NC DHHS

Where are North Carolina's New COVID-19 Cases?



Source: @gmarkholmes calculations using NYT GitHub data & 2013 NCHS Urban-Rural

Our Discussion

There are multiple funding programs available to support providers who are treating patients with COVID-19 or COVID-19 related needs

NC Medicaid Optional COVID-19 (MCV) Testing Program

Reimbursement for COVID-19 Related Primary Care Services for Uninsured Individuals Living in North Carolina

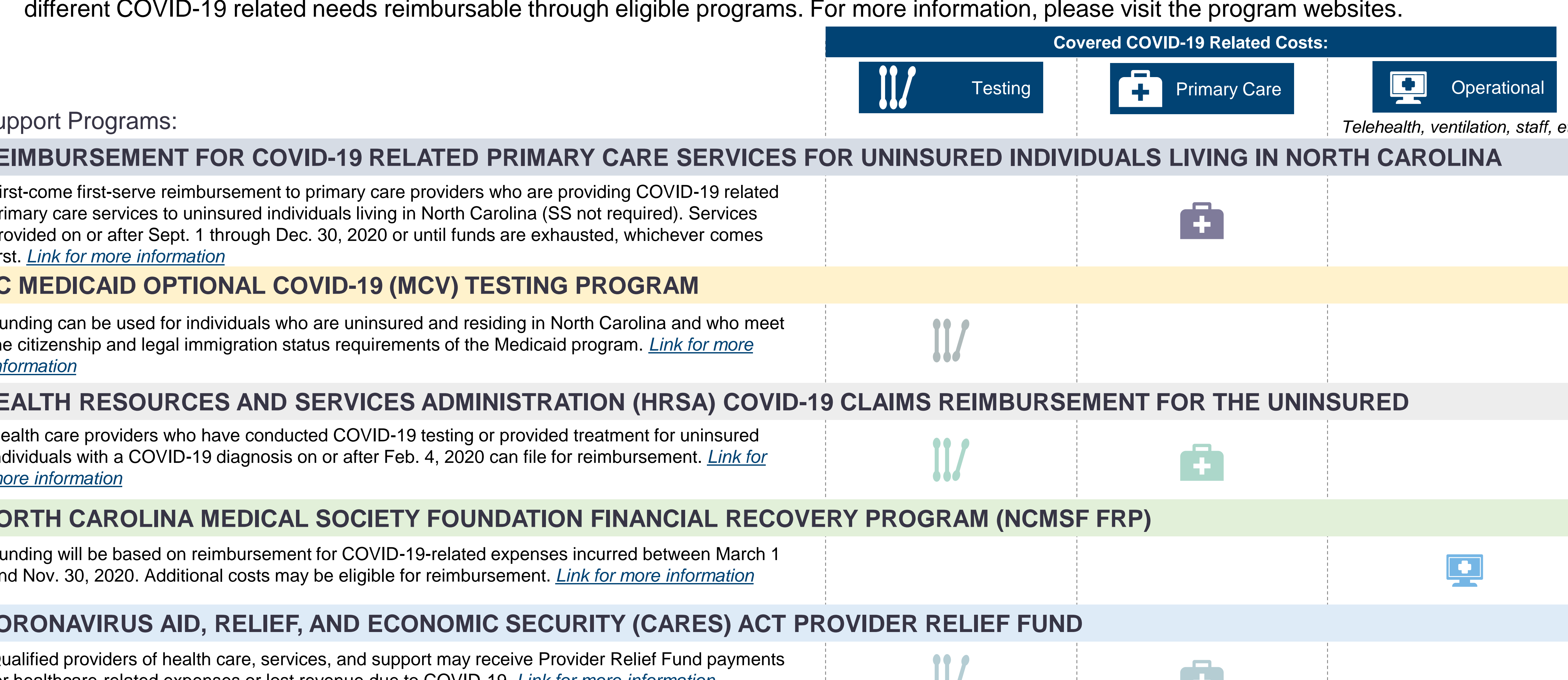
Focus of the presentation

Health Resources and Services Administration (HRSA) COVID-19 Claims Reimbursement for the Uninsured

North Carolina Medical Society Foundation Financial Recovery Program

Resources to Support NC Providers Responding to the COVID-19 Pandemic

There are multiple programs available to support providers who are responding to the COVID-19 pandemic. The below table outlines the different COVID-19 related needs reimbursable through eligible programs. For more information, please visit the program websites.



REIMBURSEMENT FOR COVID-19 RELATED PRIMARY CARE SERVICES FOR UNINSURED INDIVIDUALS LIVING IN NORTH CAROLINA

First-come first-serve reimbursement to primary care providers who are providing COVID-19 related primary care services to uninsured individuals living in North Carolina (SS not required). Services provided on or after Sept. 1 through Dec. 30, 2020 or until funds are exhausted, whichever comes first. Link for more information

NC MEDICAID OPTIONAL COVID-19 (MCV) TESTING PROGRAM

Funding can be used for individuals who are uninsured and residing in North Carolina and who meet the citizenship and legal immigration status requirements of the Medicaid program. Link for more information

HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) COVID-19 CLAIMS REIMBURSEMENT FOR THE UNINSURED

Health care providers who have conducted COVID-19 testing or provided treatment for uninsured individuals with a COVID-19 diagnosis on or after Feb. 4, 2020 can file for reimbursement. Link for more information

NORTH CAROLINA MEDICAL SOCIETY FOUNDATION FINANCIAL RECOVERY PROGRAM (NCMSF FRP)

Funding will be based on reimbursement for COVID-19-related expenses incurred between March 1 and Nov. 30, 2020. Additional costs may be eligible for reimbursement. Link for more information

CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY (CARES) ACT PROVIDER RELIEF FUND

Qualified providers of health care, services, and support may receive Provider Relief Fund payments for healthcare-related expenses or lost revenue due to COVID-19. Link for more information

COVID-19 Testing Benefit for Uninsured Individuals Living in North Carolina

1 Welcome and Introduction

2 COVID-19 Testing Benefit for Uninsured Individuals Living in North Carolina

3 COVID-19 Related Primary Care Benefit for Uninsured Individuals Living in North Carolina

4 Q&A

Questions?

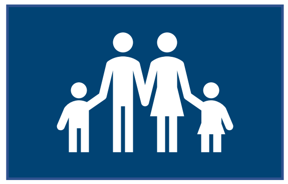
Submit questions through the chat

Medicaid COVID-19 Testing for the Uninsured

Many individuals living in North Carolina lack health insurance and require access to COVID-19 testing without financial barriers

Program Overview

Medicaid providers can be reimbursed for COVID-19 testing of uninsured individuals under the **NC Medicaid Optional COVID-19 Testing (MCV) program**



States have the option via the Families First Coronavirus Response Act (FFCRA) to pay COVID-19 testing for uninsured individuals

An application and approval for participation is required prior to payment for testing services

States may accept self-attestation of all enrollment factors, except citizenship/immigration status

The program will end when there is no longer a COVID-19 federal declaration of emergency

Eligibility and Enrollment

Funding can be used for individuals who are uninsured and residing in North Carolina and meet the citizenship and legal immigration status requirements of the Medicaid program; Medicaid is required to verify citizenship and immigration status

Individuals who qualify for the MCV program will remain in the program throughout the federal declaration of the emergency period; Costs for COVID-19 tests are covered retroactive to Jun. 1, 2020, provided individuals were uninsured at the time of the test

Individuals currently enrolled in NC Medicaid's limited "Family Planning Only" benefit and who have no other health insurance coverage are automatically enrolled in the MCV program and do not need to complete an application; Others must complete an application to enroll

Testing site providers and labs must be enrolled in NCTracks to be reimbursed for COVID-19 testing costs for an individual enrolled in the MCV program

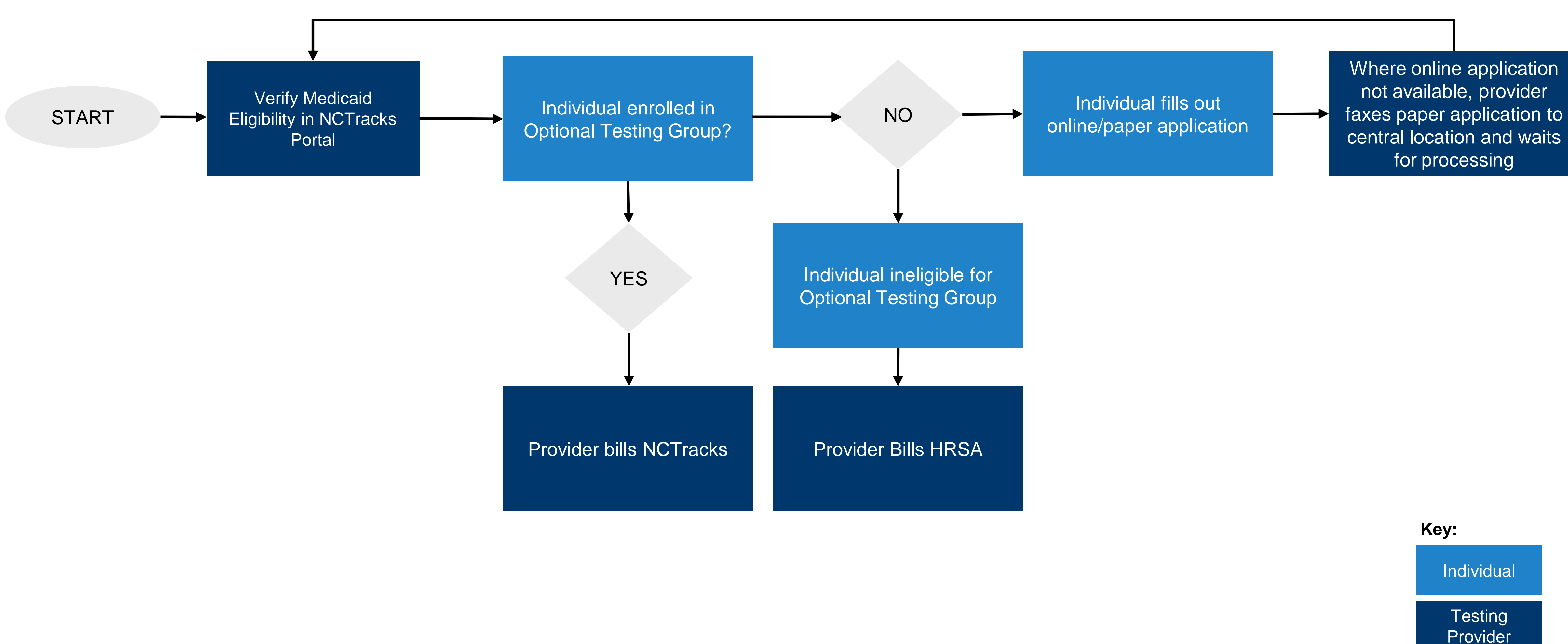
Implementation Approach

Testing Site Provider Options

Option 1	Option 2	Option 3
• Check NCTracks Portal to confirm Medicaid eligibility • Bill NCTracks for testing provided	• Allow beneficiaries to apply online or collect paper applications at testing location • Submit applications to DHB for processing • Wait 2-6 weeks for application processing* • Check NCTracks Portal to confirm Medicaid eligibility • Bill NCTracks for testing provided, as eligibility is retroactive to first of the month in NC Medicaid	• Bill HRSA for individuals who are not eligible for Medicaid

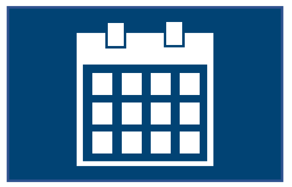
*Or other time period as determined by DHB

Implementation Flow



Next Steps

Ensure organization is enrolled in NCTracks



Refer individuals to complete the online application for COVID testing

Ensure testing sites and provider offices have paper application available for individuals

File eligible reimbursement claims to NCTracks (claims are covered retroactive to Jun. 1, 2020)

COVID-19 Related Primary Care Benefit for Uninsured Individuals Living in NC

1. Welcome and Introduction
2. COVID-19 Testing Benefit for Uninsured Individuals Living in North Carolina
3. **COVID-19 Related Primary Care Benefit for Uninsured Individuals Living in North Carolina**
4. Q&A

Questions?

Submit questions through the chat

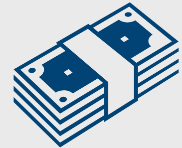
Program Overview

Many individuals living in North Carolina have lost their health insurance due to the COVID-19 pandemic and still require healthcare

Program Overview

North Carolina developed a program to support uninsured individuals living in North Carolina get access to healthcare for COVID-19 related needs

The program is aimed to quickly distribute reimbursement funds to primary care providers (PCP) who are providing COVID-19 related services to uninsured individuals living in North Carolina

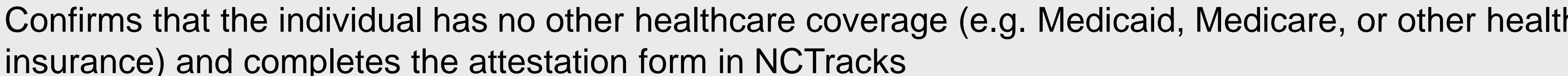


The program provides $150 for each eligible claim to PCPs while the fund lasts or until Dec. 30, 2020, whichever comes first

Primary Care Provider Process

Provides COVID-19 related services (e.g. follow-up appointments)

Confirms that the individual has no other healthcare coverage (e.g. Medicaid, Medicare, or other health insurance) and completes the attestation form in NCTracks



Files reimbursement claim through NCTracks portal

Receives $150 payment/encounter not per service

IMPORTANT: If you are attesting that you are not receiving any other funding to support the encounter, this includes co-payment or any other forms of payment from the individual.

NCTracks Attestation Statement

By submitting this transaction to the NC Department of Health and Human Services, I attest that the service performed is accurately represented as shown, and the patient was uninsured and the service was a COVID-19 related primary care service. I further attest that claims have been either submitted to the HRSA portal and denied or were not submitted because they were ineligible for HRSA reimbursement. I understand this transaction is a request for payment from CARES Act funding and is subject to audit by the Office of the State Auditor and other oversight organizations.

Uninsured Portal Communications and Training High Level Timeline

Key Audience:
- Providers
- Health Care Partners
- CCNC/AHEC
- LHDs
- CHWs

Begin eligibility

Sept. 1

Eligible claims from Sept. 1, 2020 can be retroactively submitted for reimbursement

Announce program

Oct. 2

Send announcements to providers, healthcare partners, CCNC, AHEC and LHDs (e.g. DHHS Medicaid website updates, fact sheet, email announcement, special bulletin, NCTracks e-blast) about new program

Inform partners

Sept. – Oct.

Inform providers via webinars: PCAC (9/18), Healthcare Coalition (10/7), AHEC Open House (10/9), CHW Vendor Meeting (10/28)

Open portal

Late Oct.

Portal opens late Oct. and providers can retroactively submit claims and regularly submit new claims

Train users

Nov. 9 – 20

Conduct 6 training sessions to educate primary care practices on reimbursement process in NCTracks

Remind providers

Nov. – Dec.

Send regular reminder emails to providers to submit claims and update website with status of available funds

End program

Dec. 30

Program ends Dec. 30, 2020 or sooner if funds are depleted

Next Steps

PCP Responsibilities

Ensure practice is enrolled in NCTracks as a provider; Enroll in NCTracks through the portal

Hold previous and ongoing claims backdated as of Sept. 1, 2020 until portal is live; Submit claims regularly when portal is live on Oct. 30, 2020

Expect additional communications regarding the uninsured portal including an email announcement, Fact Sheet, webinar and training before and after Oct. 30, 2020

Continue to check DHHS website for next steps, updates, and status of available funds

Q&A

1. Welcome and Introduction
2. COVID-19 Testing Benefit for Uninsured Individuals Living in North Carolina
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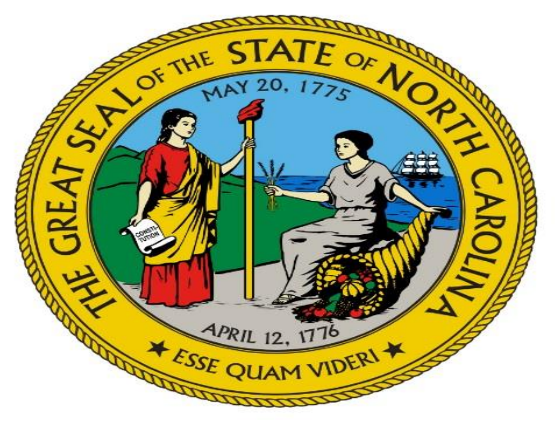
4. **Q&A**

Questions?

Submit questions through the chat

NC Department of Health and Human Services

Office of Rural Health



Lakeisha Moore
Health Information Technology (HIT) Program Manager

October 22, 2020

ORH Health Information Technology (HIT) Program

HIT Team Projects

NC HealthConnex	NCCARE360	Tele-Health	EHR TA
Health Information Exchange	Community Information Exchange	ORH Telehealth Initiatives	Electronic Health Record (EHR) Technical Assistance

NC HealthConnex Statewide Health Information Exchange (HIE) - Assisting ORH Grantees and Safety Net Providers with connecting to and utilizing the Statewide HIE (NC HealthConnex).

NCCARE360 Community Information Exchange (CIE) – Assisting ORH Grantees and Safety Net Providers with Enrolling and utilizing the Statewide Healthy Opportunities Resource Platform.

Telehealth (TH) Initiatives – Providing safety net providers with telehealth technical assistance, creating a statewide telehealth inventory and working with DIT Broadband Team on an ARC Grant Telehealth and Digital Literacy Implementation Project.

EHR Technical Assistance (TA) – Providing technical assistance to Rural Health Centers and other ORH Grantees with reporting Clinical Quality Measures.

Telehealth! Telehealth! Telehealth!

In the blink of an eye, telehealth and health care became synonymous.

<u>Question</u>: Who led your practice's most recent telehealth efforts?

A. Chief Technology Officer

B. Multi-stakeholder Digital Transformation Team

C. COVID-19

NC Office of Rural Health Telehealth Initiatives

- Appalachian Regional Commission (ARC) Grant Lead for ORH
  - Connect ARC Broadband and Telehealth (TH) feasibility study results to ARC Implementation Grant
  - Implement Year 1 of ARC POWER Grant
  - Develop a digital literacy curriculum for Telehealth
  - Implement TH at three pilot sites with economic development and improved health outcomes as performance measures
- Create statewide Telehealth Inventory
  - Obtain current data on TH usage across ORH Grantees and Safety Net sites, and measure against DHHS TH Strategic plan growth goals
  - Create a resource that includes NC TH best practice models and NC specific TH case studies
- Telehealth 101
  - Deploy TH 101 workshop, TH playbook and TH Training materials
  - Incorporate NCCare360, NCHealthConnex, and other value based care initiatives into TH workflow models
  - Include NC Band information and other Broadband opportunities in TH 101 Workshop
  - Conduct assessment for CAHs of gaps in care that could be addressed through TH (telecardiology in ED, telestroke, etc.)
- Community Paramedicine (CP) Pilot
  - Educate CP programs about telehealth workflows to advance CP goals
  - Create sustainable telehealth funding opportunities between CP and Primary Care Practice
  - Develop Chatuge as telehealth CP model in the state as best-practice example
    - Incorporating NCCare360 and NCHealthConnex into CP workflow

ORH HIT Team Coverage

Alleghany Ashe Surry Stokes Rockingham Caswell Person Vance Warren Northampton Gates Currituck Camden
Watauga Wilkes Yadkin Forsyth Guilford Granville Halifax Hertford Pasquotank Perquimans
Mitchell Avery Caldwell Alexander Davie Alamance Orange Durham Franklin Nash Bertie Chowan
Madison Yancey Iredell Davidson Wake Edgecombe Martin Washington Tyrrell Dare
Haywood Buncombe McDowell Burke Catawba Rowan Randolph Chatham Wilson
Swain Graham Lincoln Lee Johnston Pitt Beaufort Hyde
Jackson Henderson Rutherford Polk Cleveland Gaston Cabarrus Stanly Montgomery Moore Harnett Wayne Greene
Cherokee Clay Macon Transylvania Mecklenburg Lenoir Craven Pamlico
Union Anson Richmond Hoke Cumberland Sampson Duplin Jones
Scotland Robeson Bladen Onslow Carteret
Pender Columbus New Hanover Brunswick

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Team	Color
Eastern Team	
South Central Team	
Western Team	

STATEWIDE – ROBYN MCARDLE, TELEHEALTH SPECIALIST - ROBYN.MCARDLE@DHHS.NC.GOV

HIT PROGRAM MANAGER – LAKEISHA MOORE – LAKEISHA.MOORE@DHHS.NC.GOV

WE'RE HERE TO HELP

Request HIT Technical Assistance Here

North Carolina's Transformation to Medicaid Managed Care

Rural Health Updates from NC Medicaid

Shannon Dowler, MD

Chief Medical Officer

NC Medicaid

October 2020

Our Time Together

- Medicaid Telehealth Temporary and Permanent Provisions
- What the Data Has Taught Us
- Medicaid Transformation Updates
- BCCCP and FP Medicaid Changes

Telehealth Before the Pandemic:
In the beginning, there was 1.

Baseline Telehealth/Virtual Health Policies 1

Over 7 weeks…

Total Flexibilities >367 +
Telehealth Flexibilities 135+
Codes Impacted 482+
Permanent Telehealth Policies >34++

Weekly Plan Projected Publicly to Providers

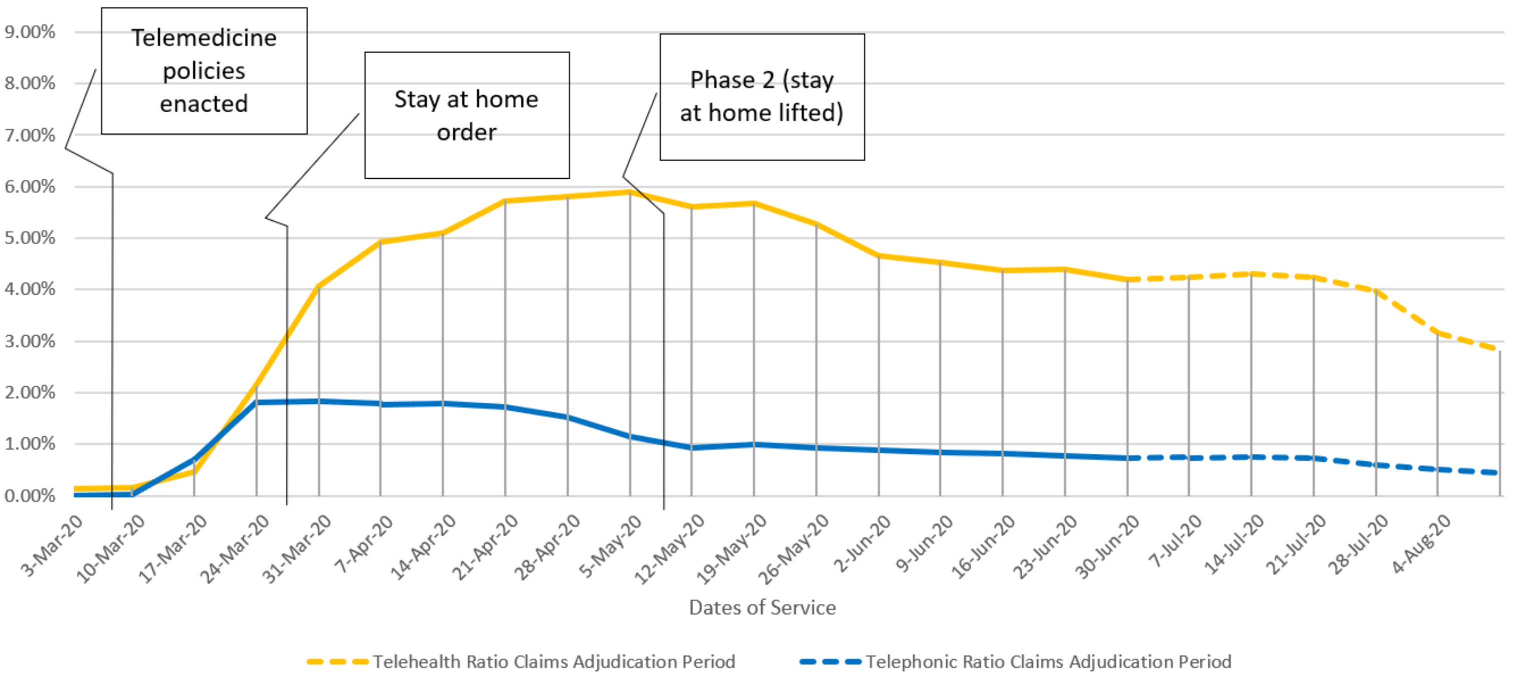
- High Priority Modifications First
- Innovative Modifications Second
- Preventive Care Modifications Last

Concurrent Rate Changes to Support Providers

- Safety Net Providers First
- LTC/Hospitals Second
- Broad Rate Changes Last

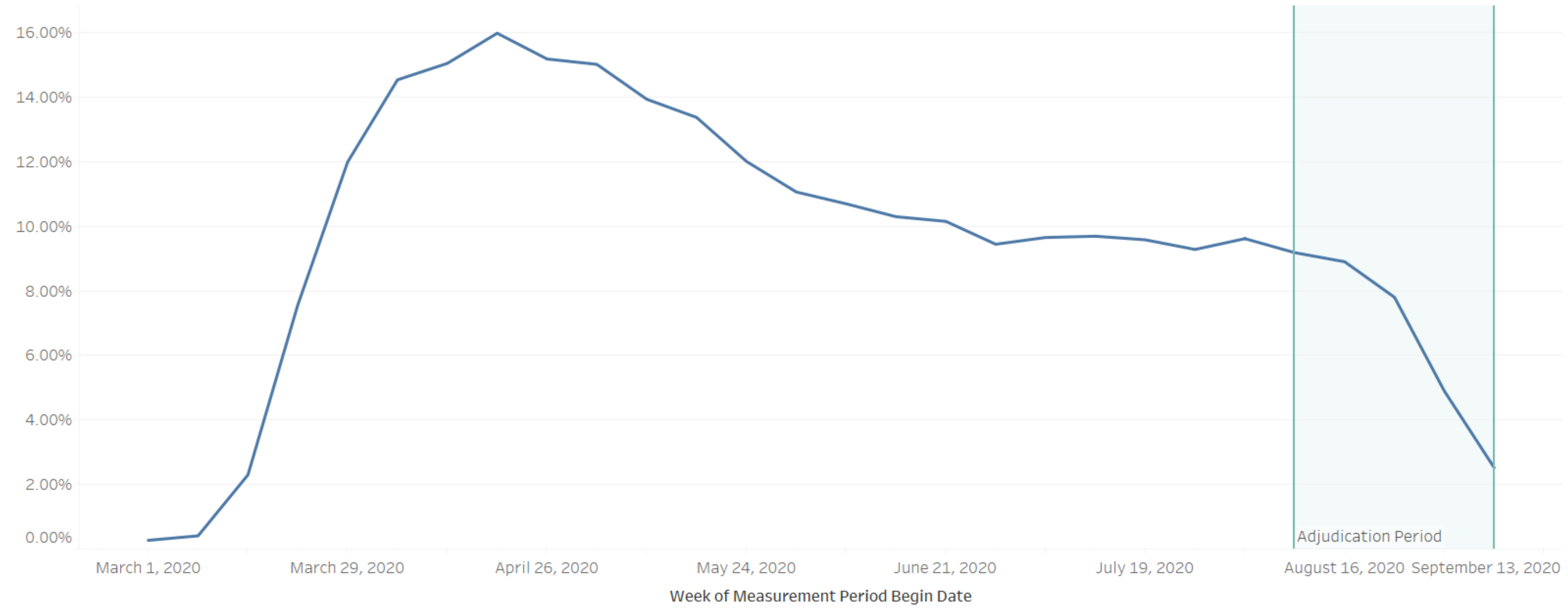
Telehealth and Telephonic Ratios| 03/03/20 – 08/17/20

Ratio of telehealth and telephonic to in-person claims jump after NC Medicaid implements telehealth/telephonic policy changes



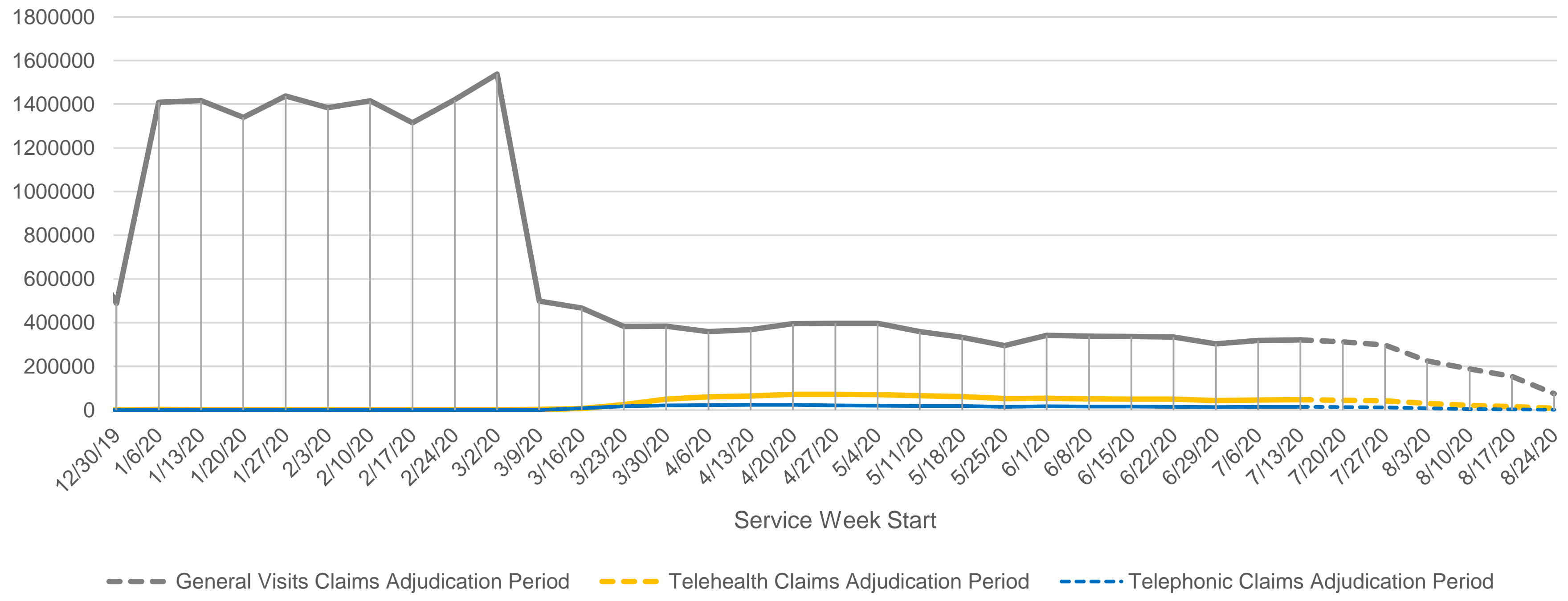
% Beneficiaries Served via Telemedicine by Week | 03/01/2020 – 09/12/2020

- Rate starts to decrease in late April coinciding with Phase 2 and rebound in in-person services
- Over the course of this time period, **309,966** beneficiaries have had at least one telemedicine encounter



Medicaid Telehealth, Telephonic and In-Person Professional Claims Volume | 12/30/19 - 08/31/20

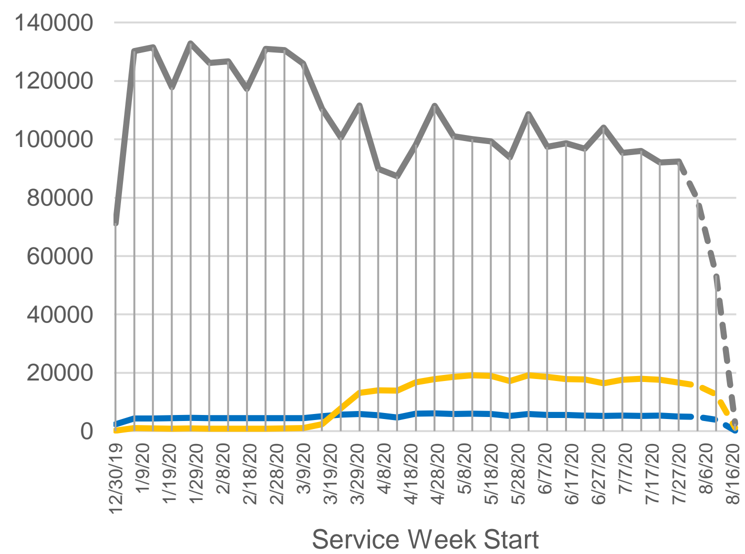
- **Steep increases in telehealth and telephonic claims and an even steeper decrease in-person claims combined to produce dramatic increases in telehealth and telephonic claims ratios.**
- **All modalities decrease with claims adjudication.**

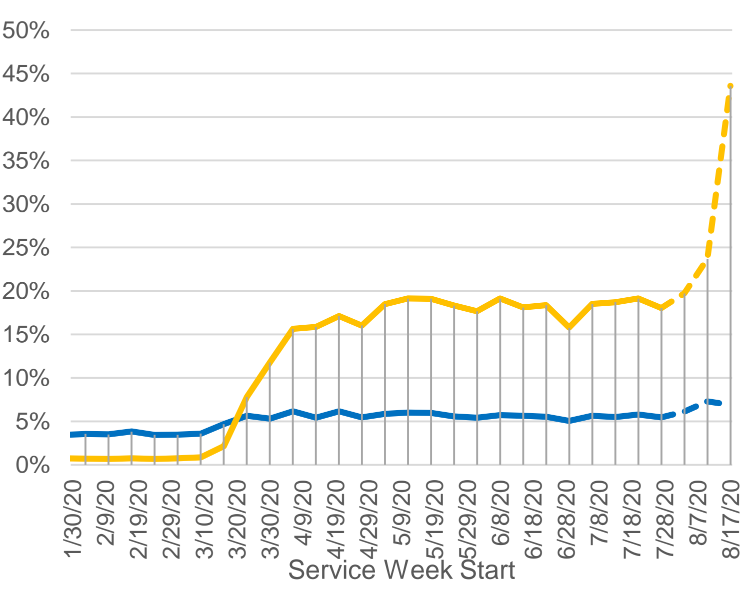


Data pulled from DHB dashboard, contains ALL professional claims

Behavioral Health Telehealth, Telephonic Uptake | 01/30/20 – 08/24/20

- While in-person behavioral health (BH) claims (grey line, left chart) have decreased, telehealth claims (yellow line, left chart) have jumped. This relationship produces the spike in the ratio of telehealth to in-person services represented by the yellow line in the chart on the right.

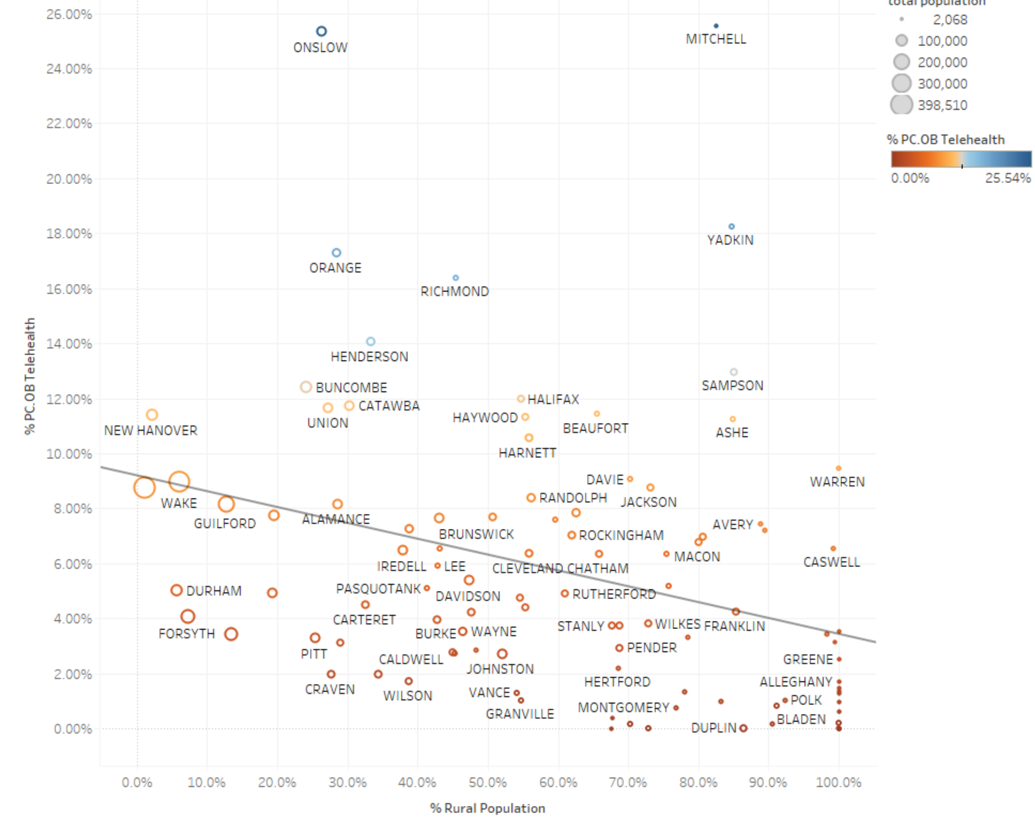




Data pulled from CCNC behavioral health dashboard

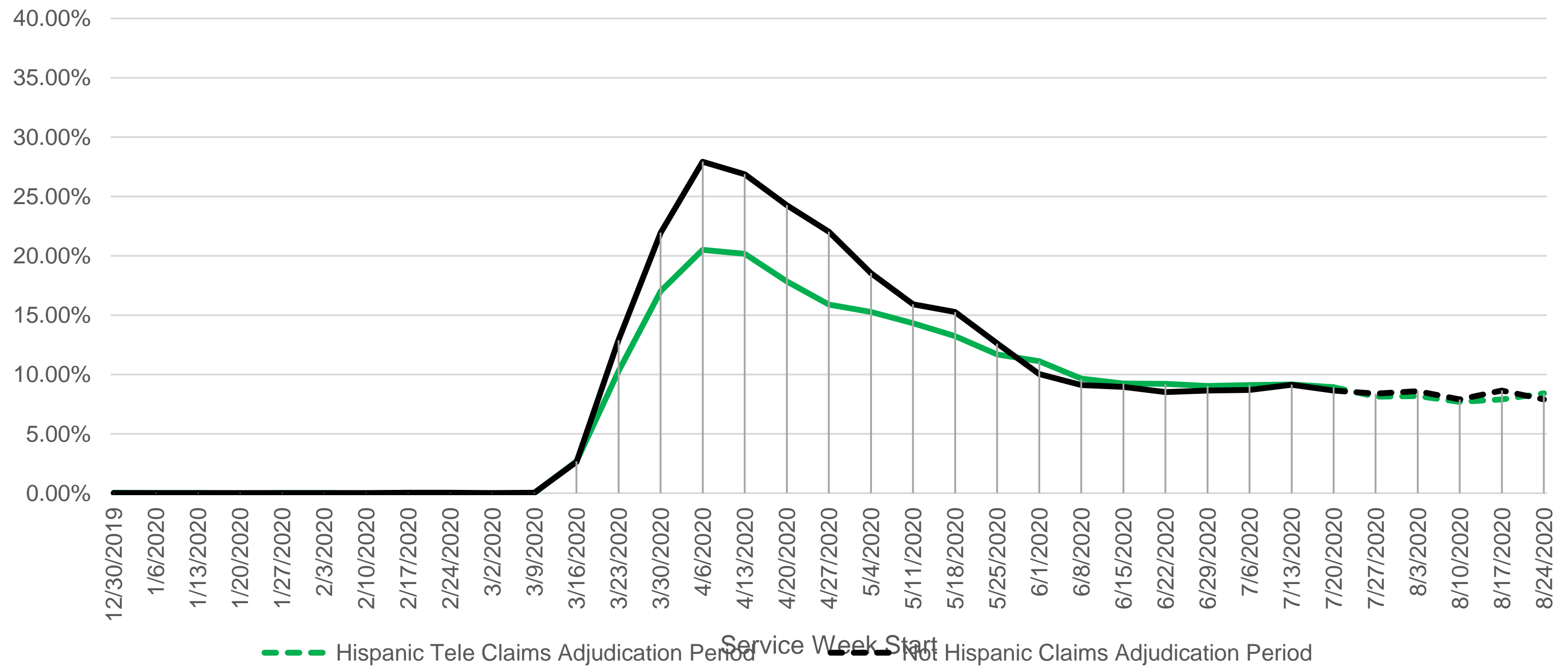
Rurality, Broadband and Telehealth | 3/9/2020 – 8/02/2020

- Counties’ rates of primary care and OB services that were telehealth:
  - decrease as the percent of counties’ populations living in rural areas increases
  - increase as the percent of counties’ populations with broadband access increases
- These relationships do not hold for behavioral health telehealth services



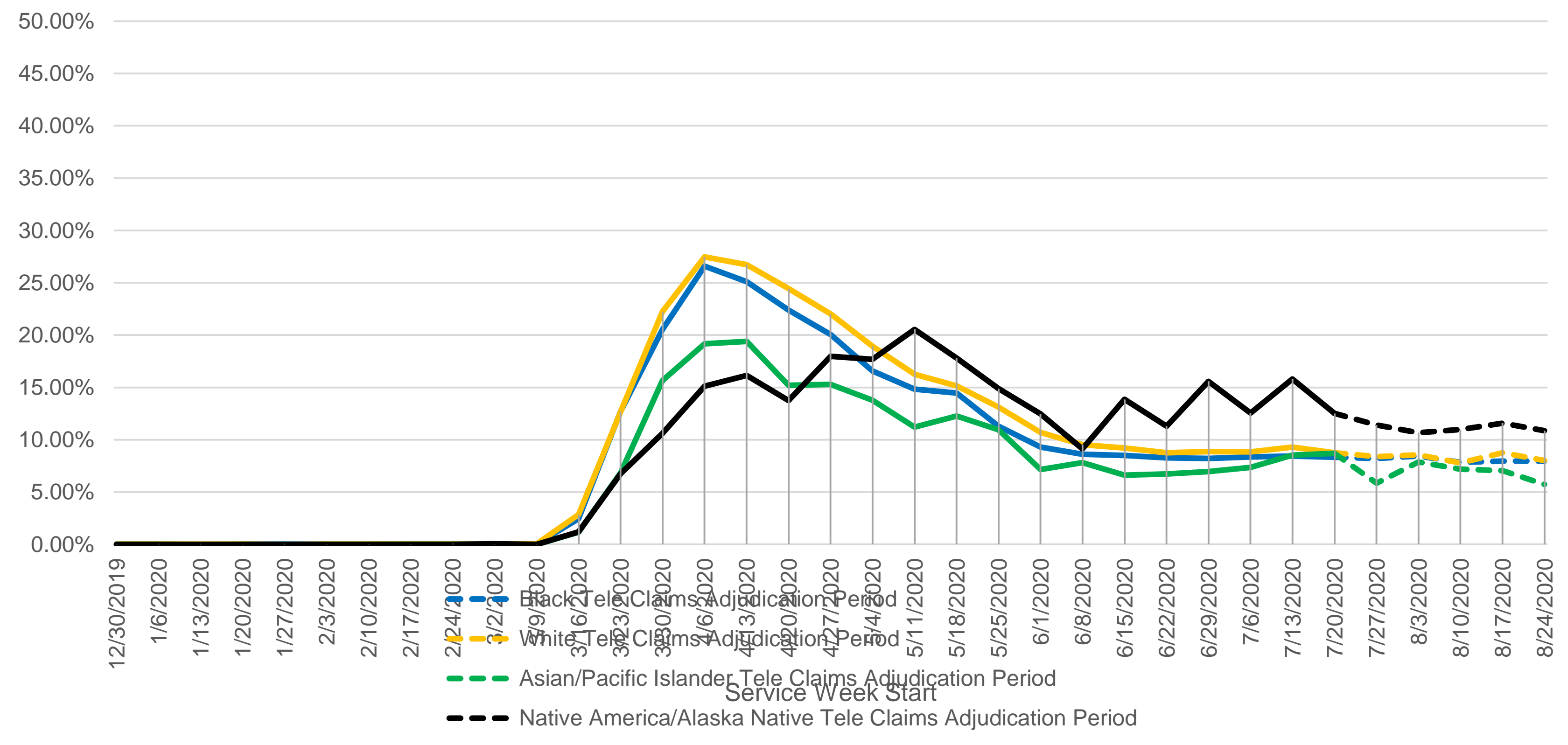
Rurality and Broadband data pulled from the Federal Communication Commission’s Mapping Broadband Health in America project - https://www.fcc.gov/health/maps/developers

Combined Telehealth/Telephonic to In-Person Ratios by Ethnicity | 12/30/19 – 08/30/20

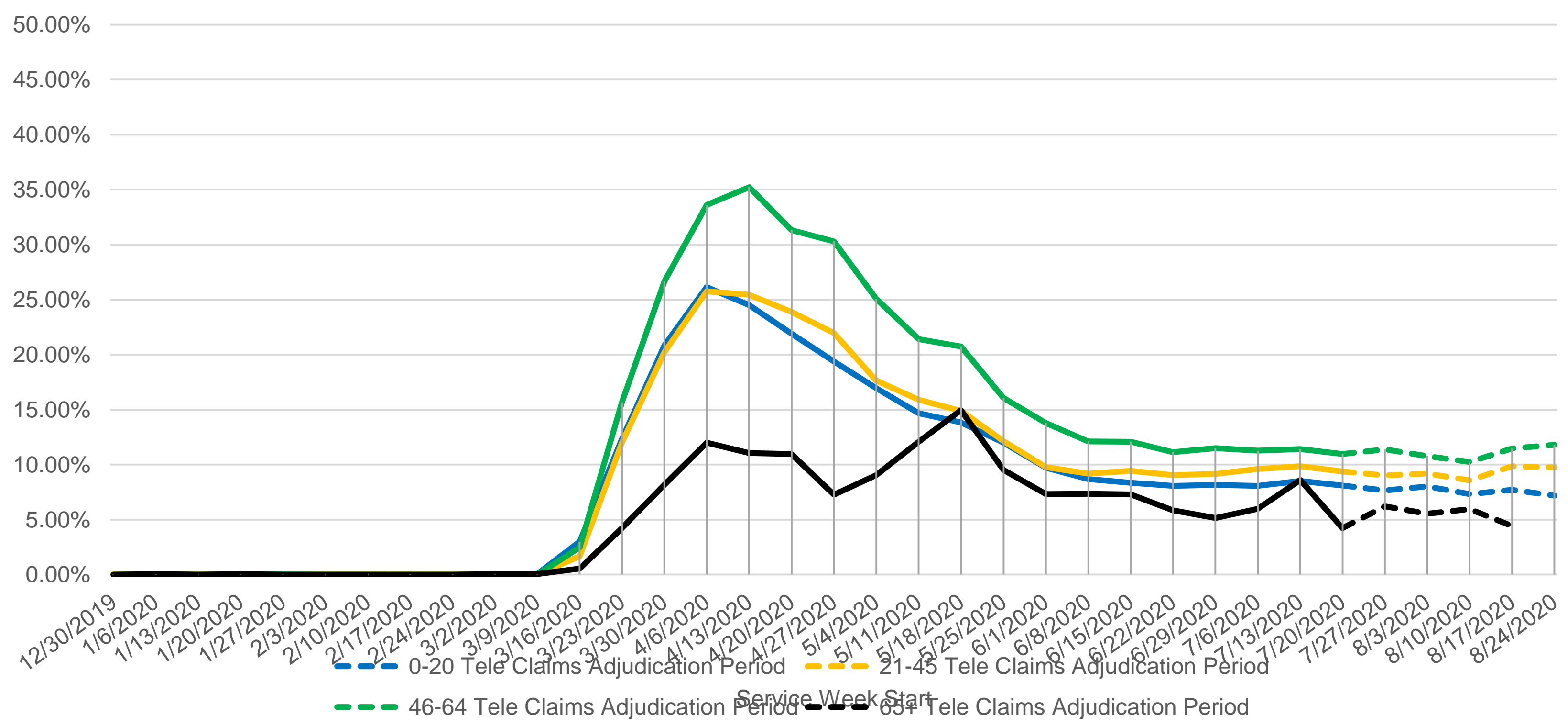


Data pulled from CCNC dashboard, containing mainly primary care and OB claims

Combined Telehealth/Telephonic to In-Person Ratios by Race| 12/30/19 – 08/30/20

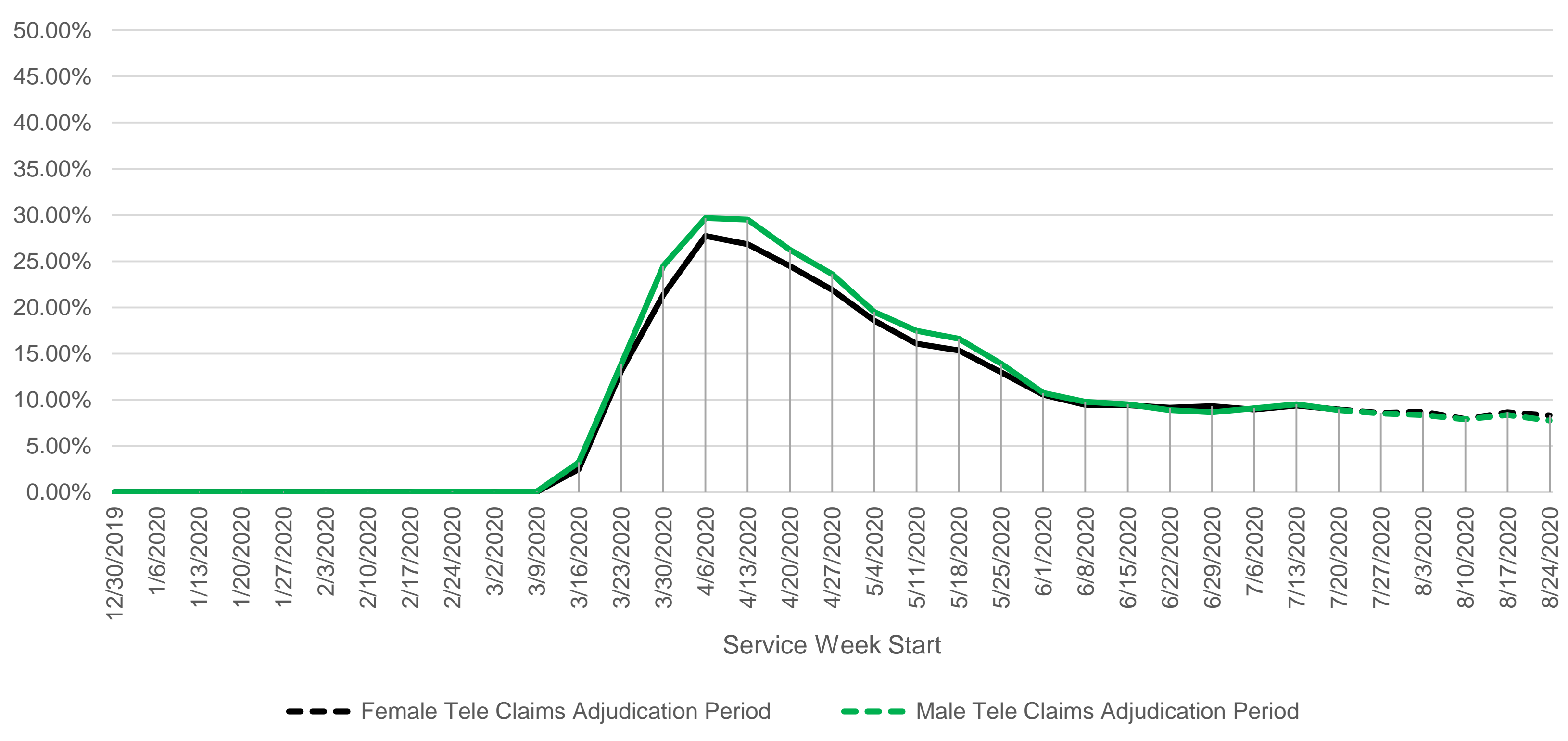


Combined Telehealth/Telephonic to In-Person Ratios by Age Group1| 12/30/19 – 08/30/20



1. The ratio for the 65+ age group for the week of 8/24/20 has been suppressed due to a small number of claims.
Data pulled from CCNC dashboard, containing mainly primary care and OB claims

Combined Telehealth/Telephonic to In-Person Ratios by Gender | 12/30/19 – 08/30/20



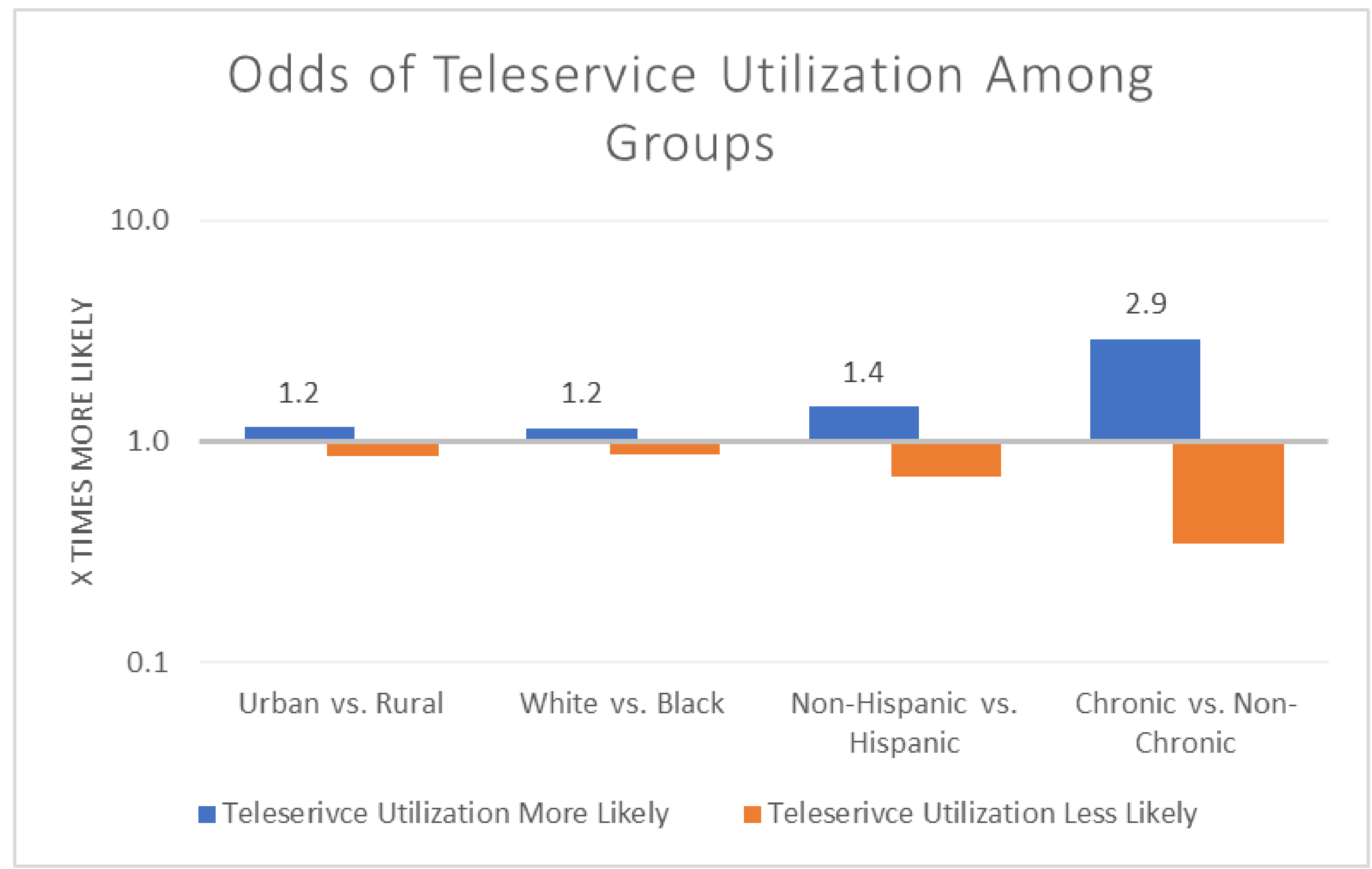
Data pulled from CCNC dashboard, containing mainly primary care and OB claims

Using Teleservices to Close Care Gap

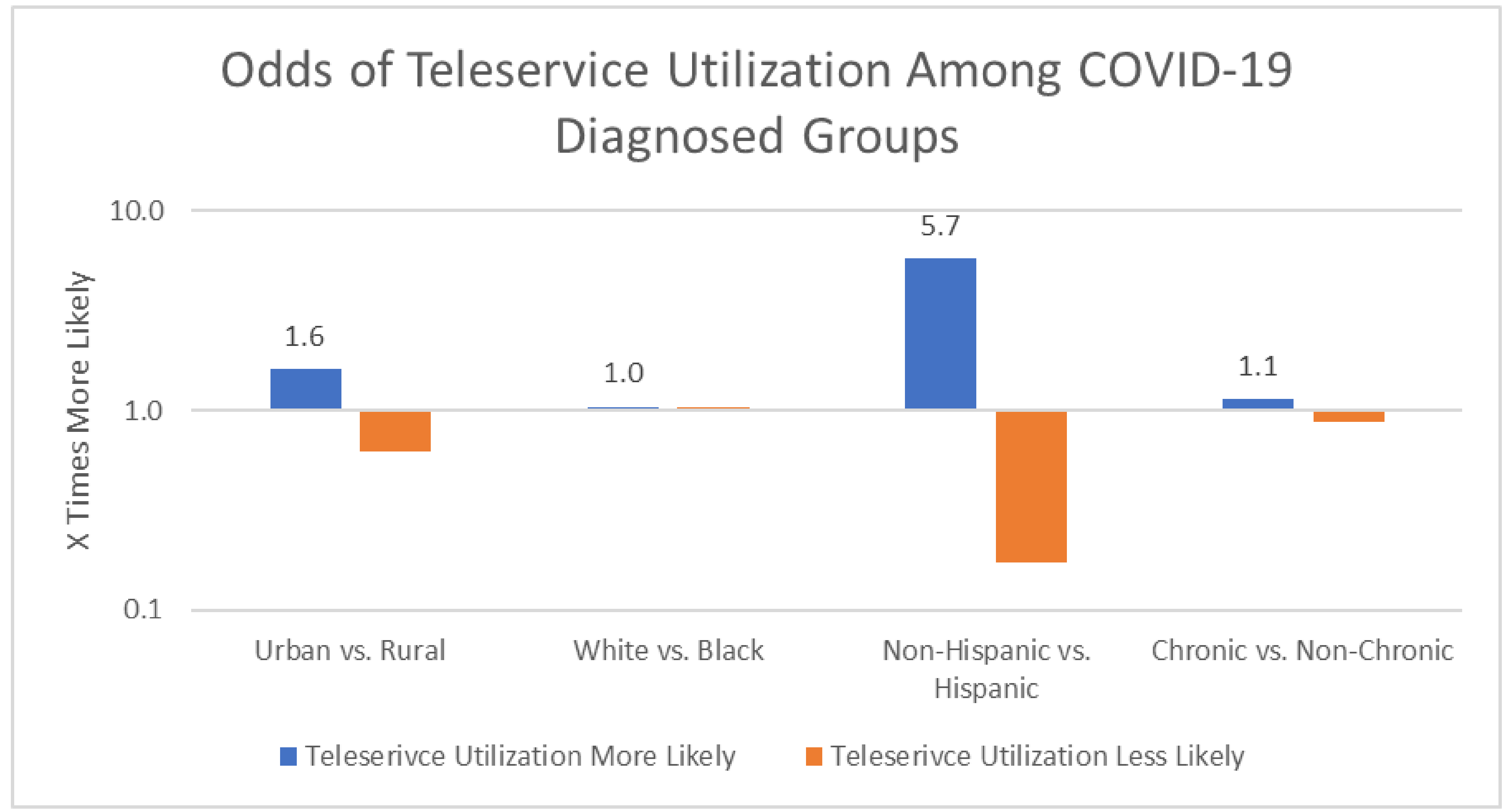
Primary care practices that adopted teleservices at higher rates saw a much larger proportion of their patients during the first three months of the COVID-19 period.

Primary care practices' level of teleservice claims through May 2020	# of Practices	# of Patients Receiving Primary Care	Est. % of Panel Accessing Practice
HIGH (100+)	91	111493	32%
MED (20-99)	357	87059	22%
LOW (1-19)	586	60922	20%
NONE	586	64829	16%
Grand Total	**1620**	**324303**	**22%**

Teleservice Utilization Odds by Geography, Race and Disease Type



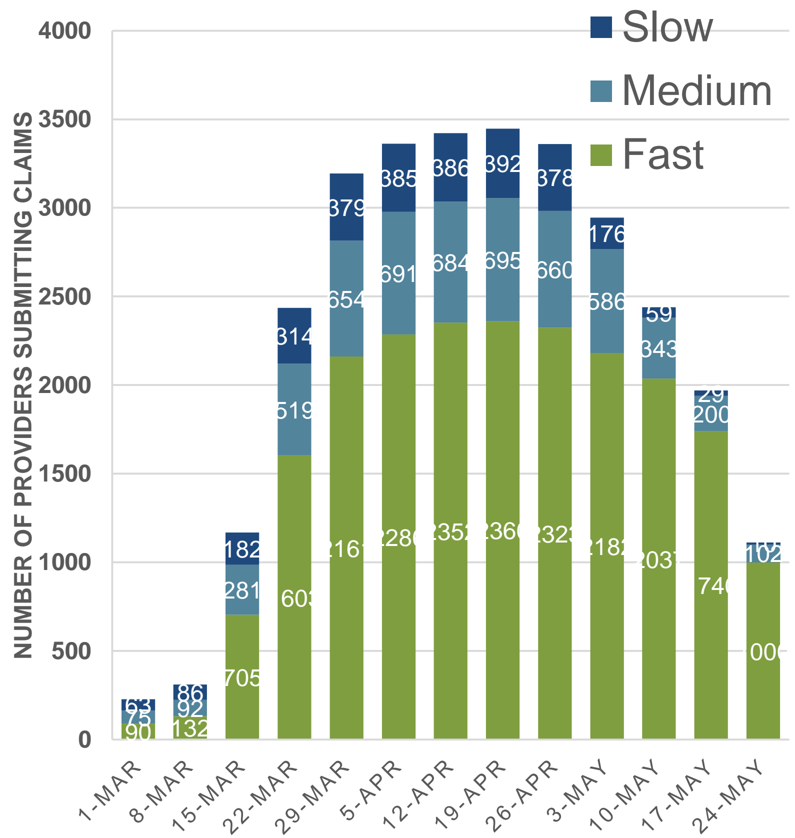
Teleservice Utilization Odds by COVID-19 Diagnosed Groups



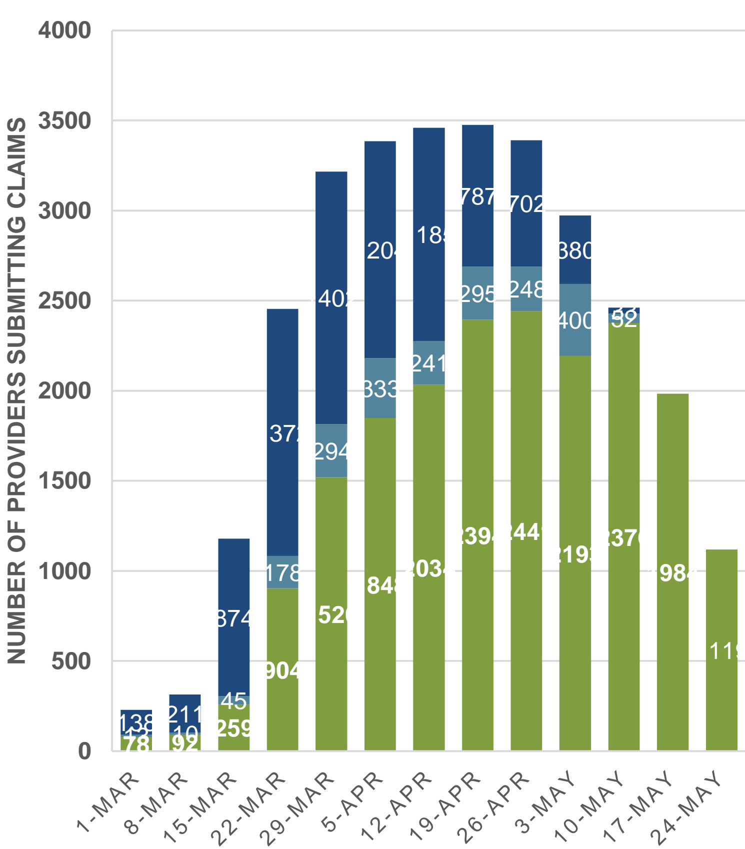
Rates of Telehealth Among ABD Beneficiaries

Total Patients	Total Telehealth	Client ABD Status	Percent Telehealth
21,124	2,797	**NULL**	13.24%
410,777	86,848	**No**	21.14%
114,680	31,745	**Yes**	27.68%

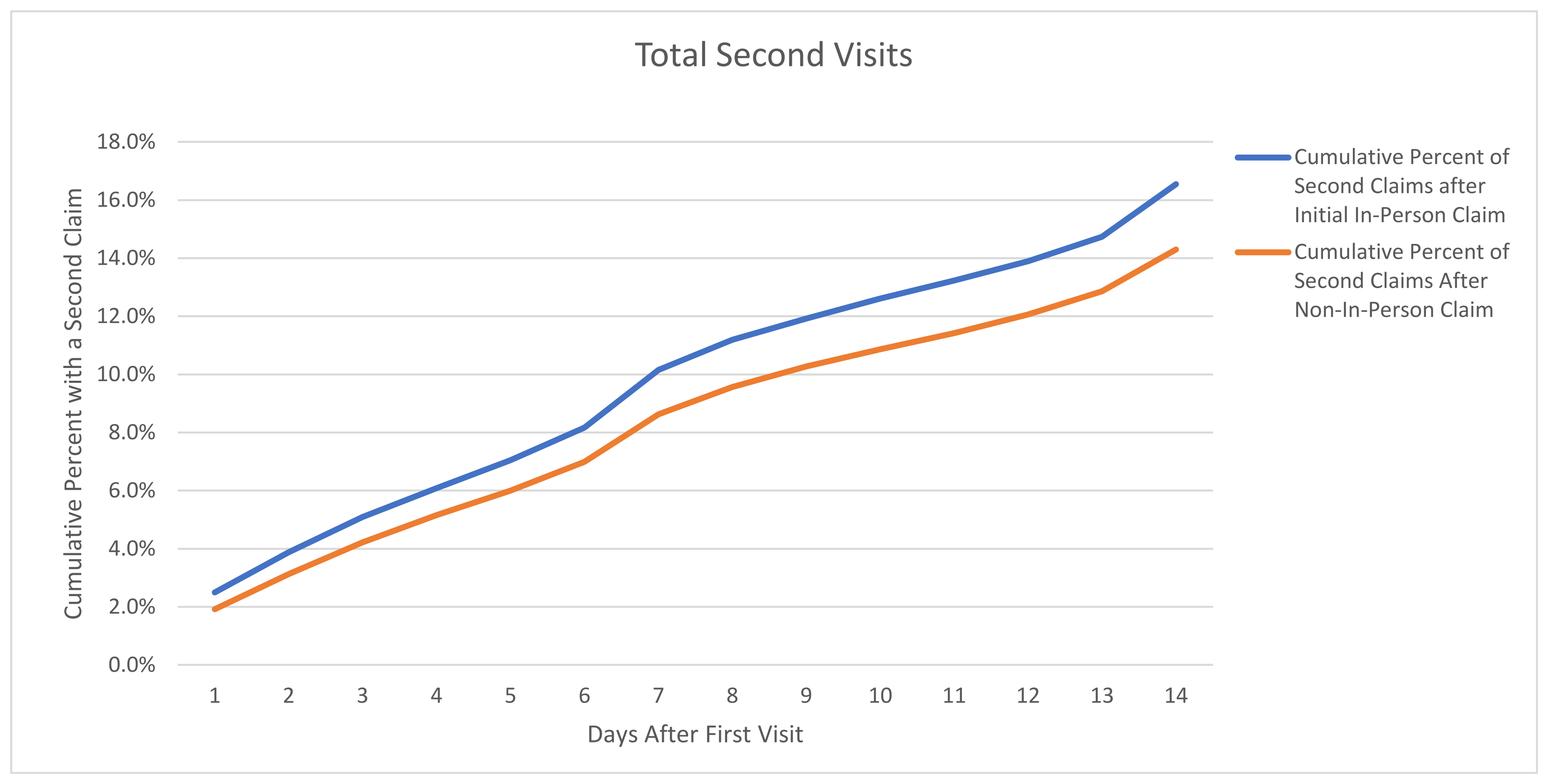
Providers engaged in teleservices were slower to bill



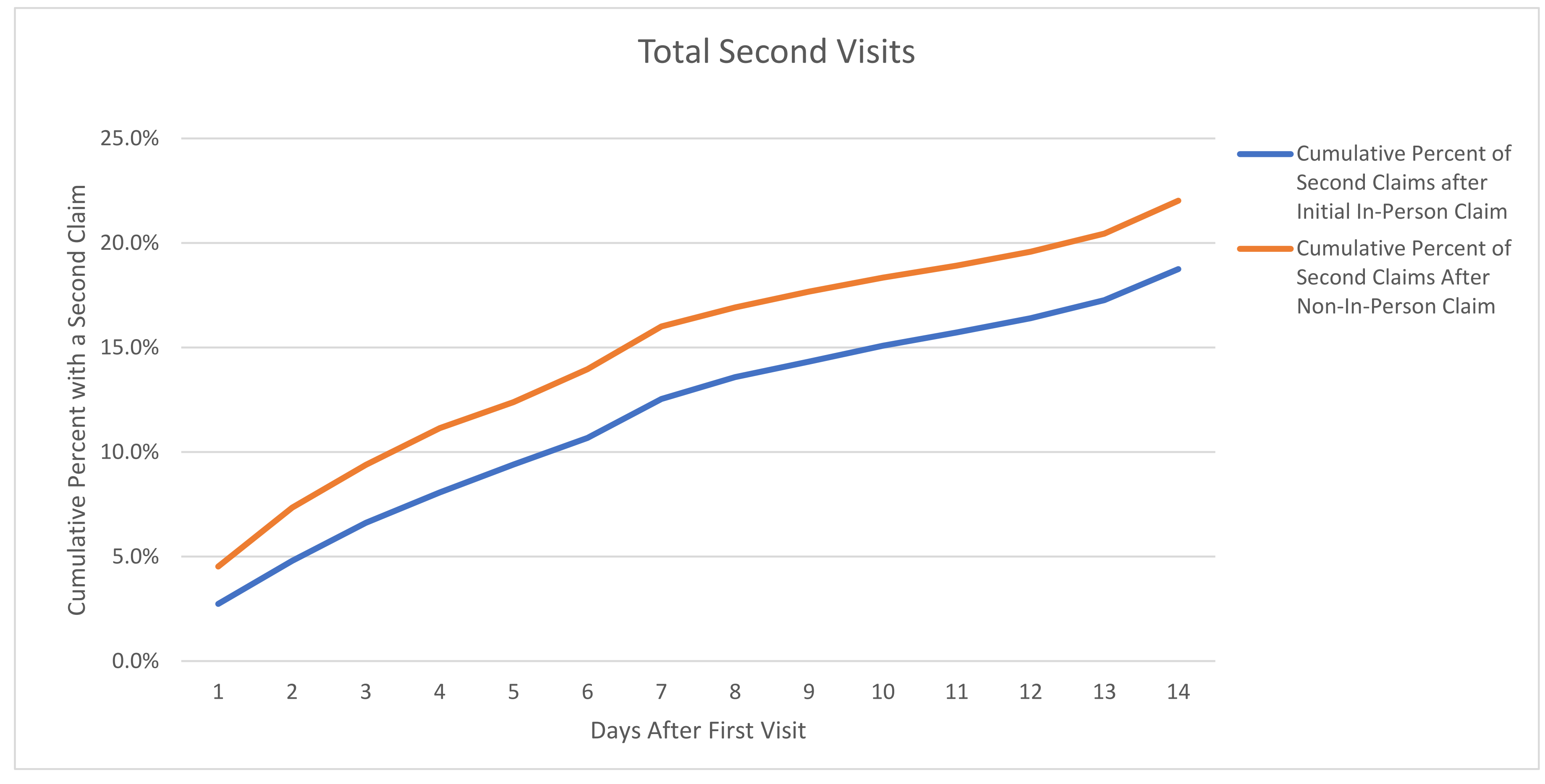
COVID-19 Period (March-May 2020)



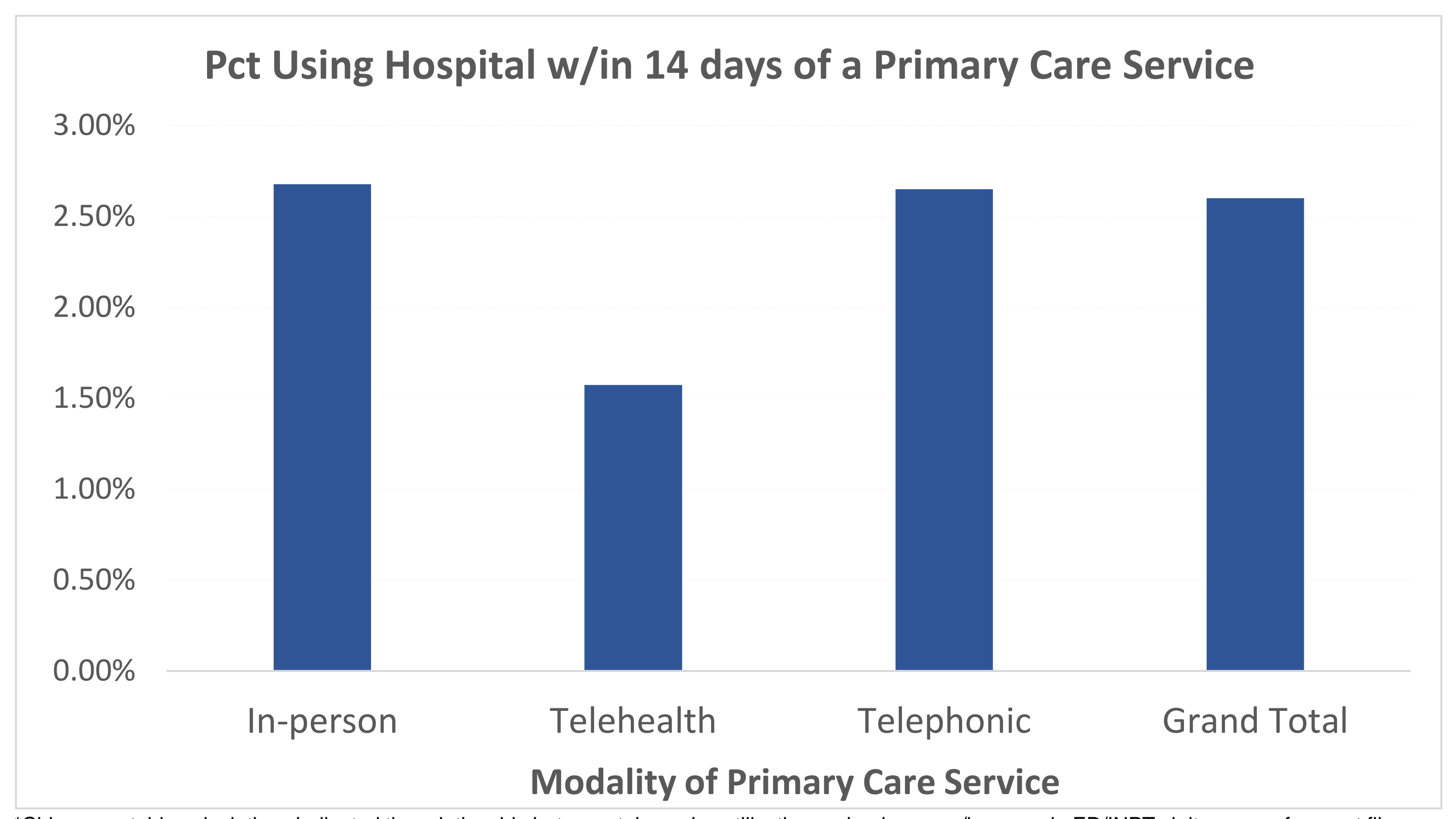
A Second Visit Was Less Likely After Teleservices



A Second Visit Was MORE Likely After Teleservices for ILI Symptoms



Hospitalization Following Primary Care Visit



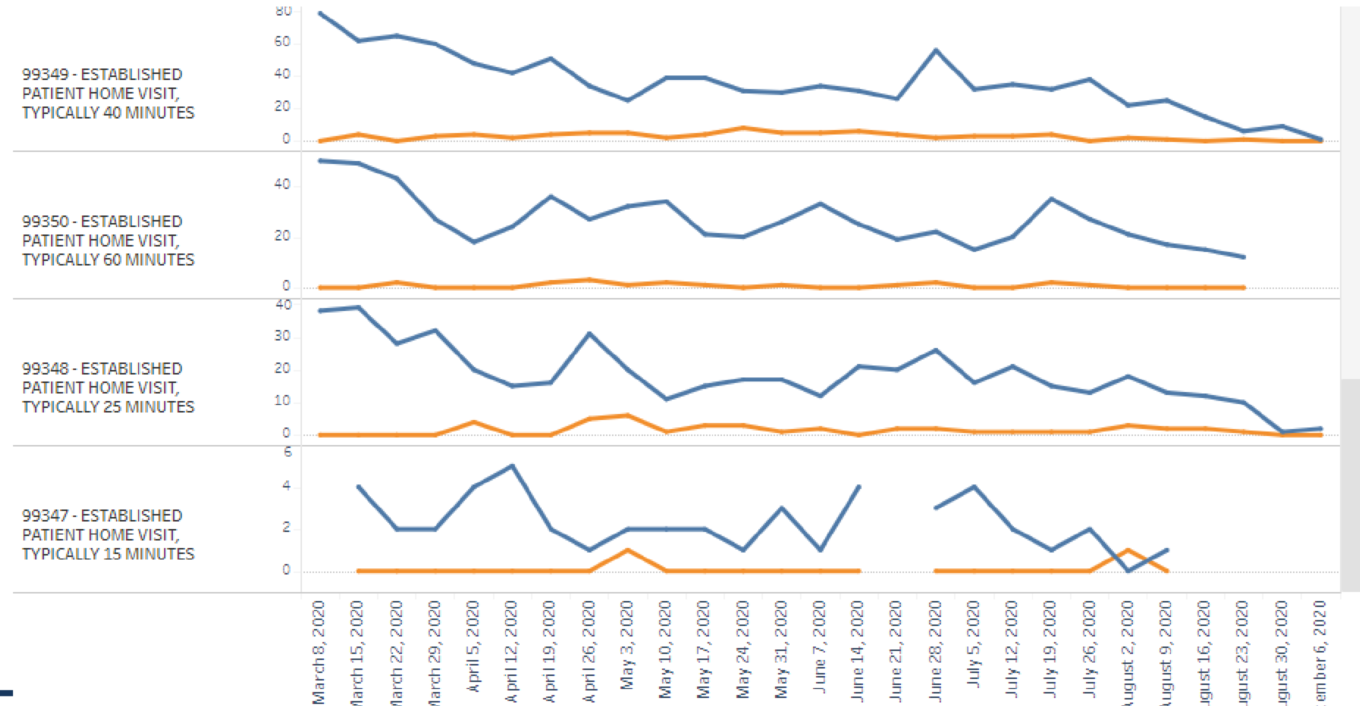
*Chi-square table calculations indicated the relationship between teleservice utilization and a decrease/increase in ED/INPT visits among frequent flier populations was not statistically significant.

DME and Physiologic Monitoring

- Physicians/APPs may be reimbursed for management of patients' blood pressure via self-measured blood pressure monitoring (SMBPM).
- Reimbursement for Remote Physiologic Monitoring (RPM)
- DME coverage is available when deemed medically necessary by the physician/APP for the following:
  - Automatic blood pressure monitors
  - Scales
  - Portable pulse oximeters
- Special Bulletin #43 (Self-measured Blood Pressure Monitoring)
- Special Bulletin #48 (Remote Physiologic Monitoring)
- Special Bulletin #29 (DME coverage for automatic blood pressure monitors) Special Bulletin #52 (Weight Scales and Portable Pulse Oximeters)

Hybrid Telemedicine with Supporting Home Visit

- **Physicians/APPs may be reimbursed for a telemedicine visit conducted with a simultaneous home visit made by an appropriately-trained delegated staff person.**
- Special Bulletin #78 **(Hybrid Telemedicine with Supporting Home Visit)**
- Special Bulletin #49 **(Interim Perinatal Care Guidance)(specific to perinatal providers)**



Consultation

- **Interprofessional consultation between a consultative physician and a treating/requesting physician or other qualified health care professional may occur via telemedicine.**
  - **Primary Care to Specialty**
  - **APP to Supervising Physician**
  - **Specialty to Specialty**
- **Special Bulletin # 34 (Telehealth-Definitions, Eligible Providers, Service and Codes) (all Medicaid providers)**

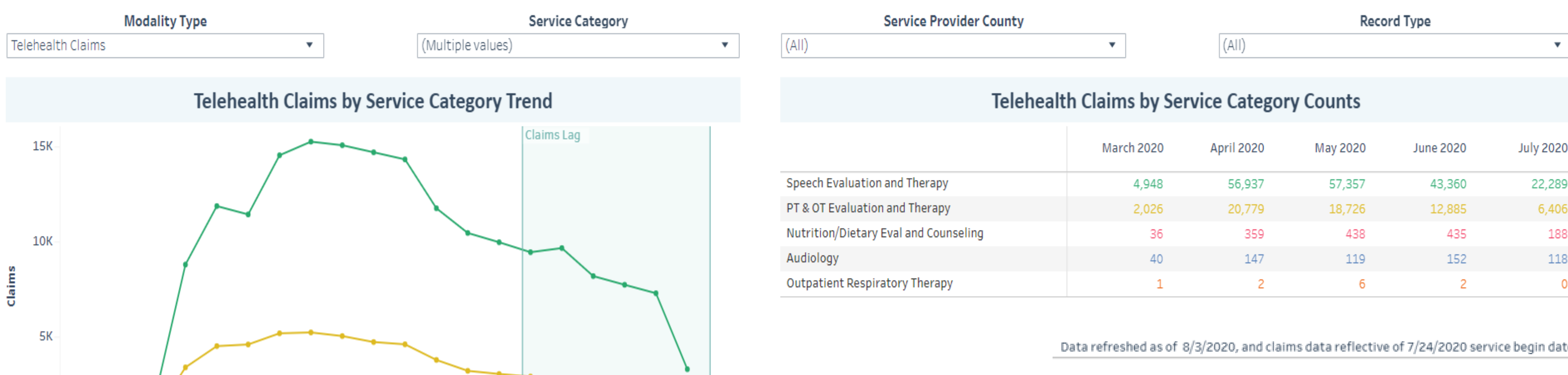
Portal Communication

- **Communication between a physician/APP and a patient through secure EHR portal.**
- **Special Bulletin # 34 (Telehealth-Definitions, Eligible Providers, Service and Codes) (all Medicaid providers)**
- **https://medicaid.ncdhhs.gov/blog/2020/04/07/special-bulletin-covid-19-34-telehealth-clinical-policy-modifications-%E2%80%93-definitions**

SHOULD IT STAY OR SHOULD IT GO?
Using Data to Inform Policy Change
Challenging Assumptions & Getting Past the Noise

NC Medicaid COVID-19 Monitoring

Telecode Utilization by Modality - Service Category



Telehealth Claims by Service Category Counts

	March 2020	April 2020	May 2020	June 2020	July 2020
Speech Evaluation and Therapy	4,948	56,937	57,357	43,360	22,289
PT & OT Evaluation and Therapy	2,026	20,779	18,726	12,885	6,406
Nutrition/Dietary Eval and Counseling	36	359	438	435	188
Audiology	40	147	119	152	118
Outpatient Respiratory Therapy	1	2	6	2	0

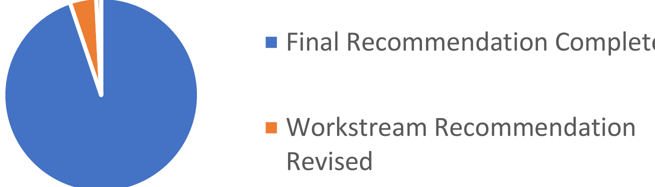
Data refreshed as of 8/3/2020, and claims data reflective of 7/24/2020 service begin date.

Circuit Breaker Recommendations: Round 1 Outcome

The Department analyzed 367 flexibilities across multiple functional areas. LME-MCO team further updated their recommendation on 16 flexibilities. The summary tables below provide insight into the current round 1 Recommendation status.

Circuit Breaker Recommendations	#	%
Recommended Keep	43	11.7%
Recommend keep with changes	68	18.5%
Consider Keep	4	1.1%
Recommend to not keep	252	68.7%
Grand Total	**367**	**100.0%**

Status of Circuit Breaker Recommendations	#	%
Final Recommendation Complete	348	95%
Workstream Recommendation Revised	16	4%
Workstream Recommendation Complete	3	1%
Grand Total	**367**	**100%**



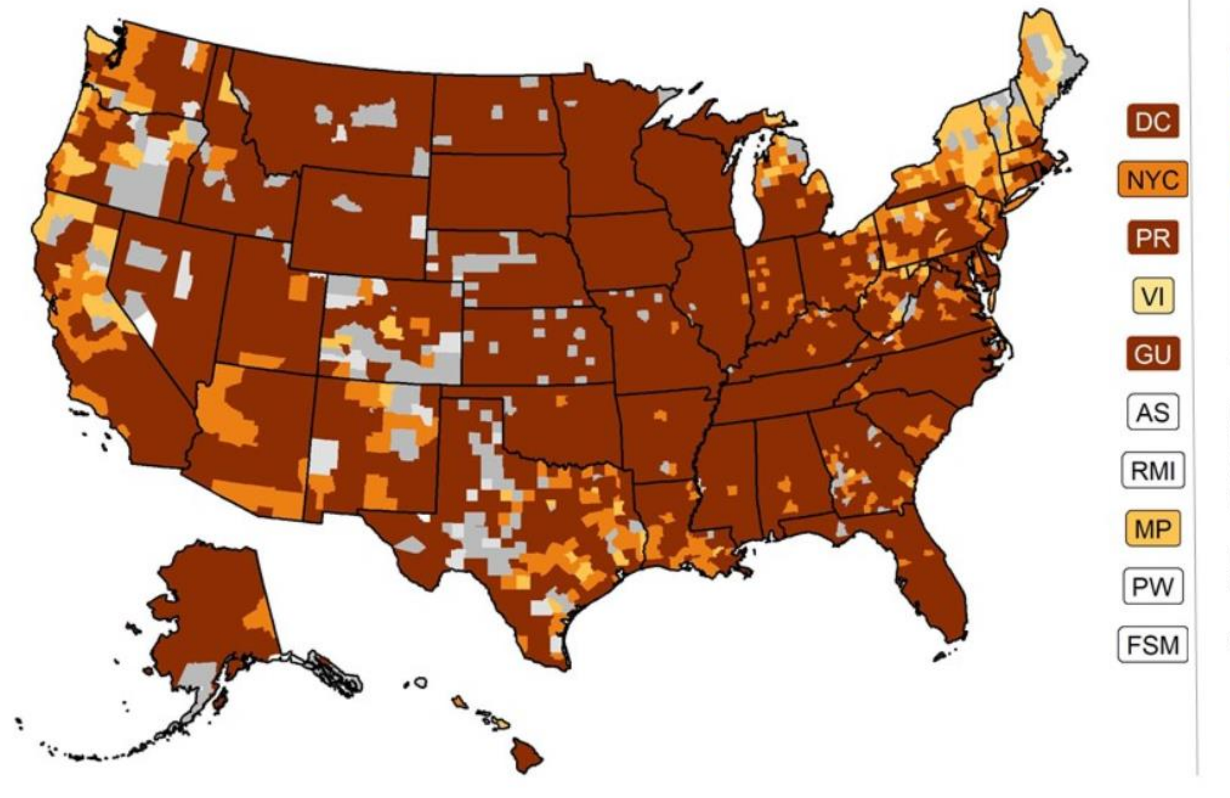
Workstream Recommendations	#	%
Benefits	**121**	**33.0%**
Recommended Keep	14	3.8%
Recommend keep with changes	39	10.6%
Consider Keep	3	0.8%
Recommend to not keep	65	17.7%
Finance and Rate Setting	**20**	**5.4%**
Recommended Keep	6	1.6%
Recommend keep with changes	3	0.8%
Recommend to not keep	11	3.0%
LME-MCO	**200**	**54.5%**
Recommended Keep	19	5.2%
Recommend keep with changes	24	6.5%
Consider Keep	1	0.3%
Recommend to not keep	156	42.5%
Member Services	**8**	**2.2%**
Recommend to not keep	8	2.2%
Pharmacy	**9**	**2.5%**
Recommended Keep	3	0.8%
Recommend to not keep	6	1.6%
Provider Operations	**6**	**1.6%**
Recommend to not keep	6	1.6%
Command Center	**2**	**0.5%**
Recommend keep with changes	2	0.5%
Contact Center	**1**	**0.3%**
Recommended Keep	1	0.3%
Grand Total	**367**	**100.0%**

Pandemic Clinical Policy

- **Dependent on Federal Public Health Emergency**

Waiver Document	Expiration	Implementation Requirement (e.g., State may vs. State must implement)	Authority to End Early (e.g., State may end early vs. must remain through end of Waiver period)
1115 Waiver	Expires at end of PHE + 60 days (evaluation due 1 year after end of demonstration completion)	State may implement granted flexibilities	State may end early
1135 Waiver	Expires at end of PHE	State may implement granted flexibilities	State may end early
Medicaid Disaster SPAs	Expires at end of PHE	State must implement granted flexibilities	State may end early
CHIP Disaster SPA	Expires at end of PHE or state-declared emergency	State must implement granted flexibilities	State may end early
CMS Blanket Waivers	Expires at the end of the PHE	State must implement granted flexibilities for Medicare*	Flexibilities remain through PHE**
Concurrence Letter	Expires at the end of the PHE	State may implement granted flexibilities	State may end early
Appendix Ks	Expires on March 12, 2021	State must implement granted flexibilities	State may end early

Coronavirus Disease 2019 (COVID-19)
Number of New Cases per 100,000 in the past 2 weeks,
by U.S. County, 01 October–14 October, 2020



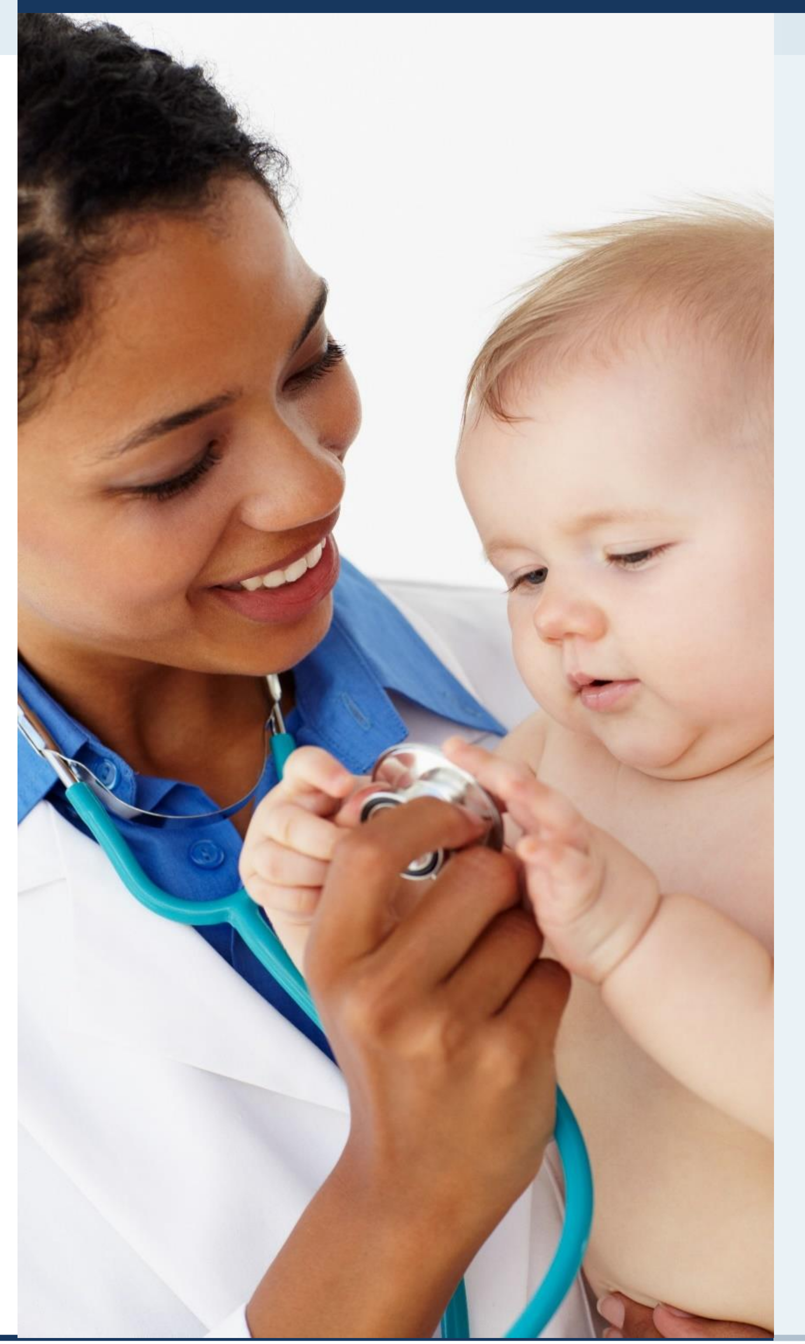
Incidence

- Low
- Moderate
- Moderately high
- High
- 1-5 cases in the past 2 weeks
- 0 cases in the past 2 weeks
- No reported cases

Purpose of this map
Describes recent incidence of COVID-1‹ capture the potential burden of currently may be infectious and/or accessing heal‹

Main Findings
- COVID-19 infection remains prevalent country.
- Elevated incidence of disease during ‹ remains widespread, including in the ‹ Midwest, and the West.

s: Defined using the number of new cases per 100,000 in the past 2 weeks. Low is >0 to 10, moderate 0 to 50, moderately high is >50 to 100, and high is >100. Jurisdictions denoted as 0 cases in the past 2 weeks had at least 1 case previously.
ces: HHS Protect, US Census



North Carolina's Vision for Medicaid Transformation

"To improve the health of North Carolinians through an innovative, whole-person centered, and well-coordinated system of care that addresses both the medical and non-medical drivers of health."

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SAVE THE DATE

MEDICAID MANAGED CARE
FIRESIDE CHAT WEBINAR SERIES

The **North Carolina Department of Health and Human Services** and **North Carolina AHEC** are offering a twice-monthly evening webinar series to help prepare providers, practice managers, and quality managers for Medicaid Managed Care going live on July 1, 2021.

Hosted by Chief Medical Officer of the NC Division of Health Benefits **Shannon Dowler, MD**, the series will feature changing subtopics on Medicaid Managed Care on the first Thursday of each month and clinical quality on the third Thursday of each month. The series kicks off on October 1 with a high-level introduction to Medicaid Managed Care followed by a webinar reviewing pediatric immunization trends during COVID-19 on October 15.

THURSDAY, OCTOBER 1 | 5:30–6:30 PM

Better with Time: Medicaid Transformation State of Things

continues on the first Thursday of each month

- Hosted by Shannon Dowler, MD, Chief Medical Officer, NC Division of Health Benefits.
- Moderated by Hugh Tilson, Director, NC AHEC Program

Register for Medicaid Managed Care topics

THURSDAY, OCTOBER 15 | 5:30–6:30 PM

Immunizations and Keeping Kids Well:

Trends and COVID-19

continues on the third Thursday of each month

- Hosted by Shannon Dowler, MD, Chief Medical Officer, NC Division of Health Benefits, and Tom Wroth, MD, CEO, Community Care of North Carolina.
- Moderated by Hugh Tilson, Director of the NC AHEC Program.

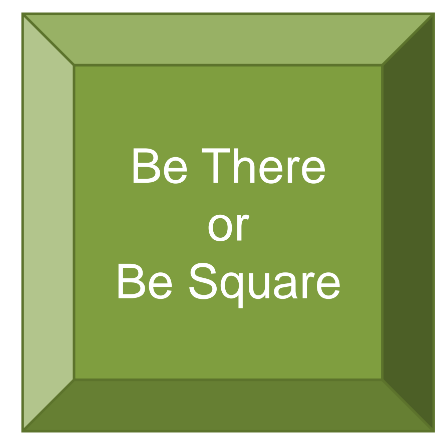
Register for Clinical Quality topics

CONTACT US

For questions about provider trainings and other NC Medicaid resources, please contact medicaid.practicesupport@dhhs.nc.gov.

Visit NC-DHHS Division of Health Benefits

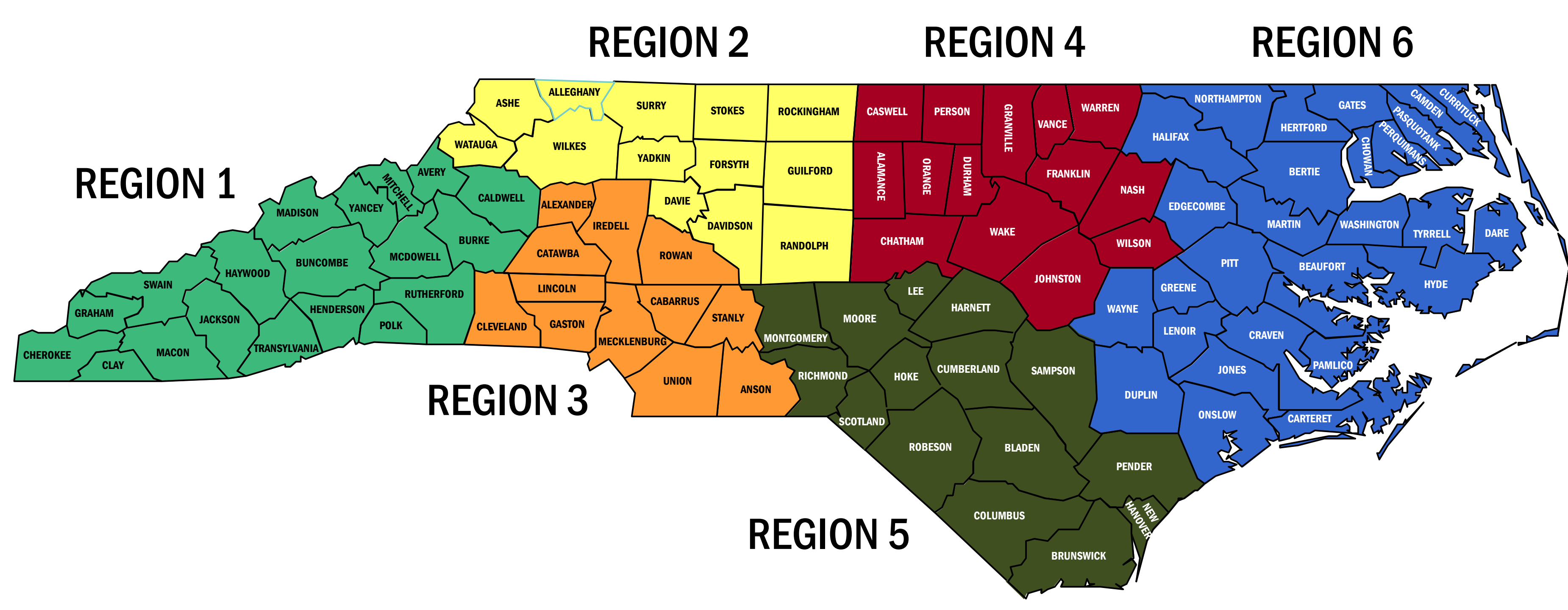
https://medicaid.ncdhhs.gov/blog/2020/09/23/new-webinar-series-medicaid-providers-and-practice-leaders



Moving to Managed Care

- 1.6 - 1.8 million Medicaid beneficiaries will enroll in Standard Plans.
- Beneficiaries will be able to choose from 5 Prepaid Health Plans (PHPs)
  - AmeriHealth Caritas, Healthy Blue, United HealthCare, WellCare, Carolina Complete Health (Regions 3, 4, 5)
- Some beneficiaries will stay in fee-for-service because it provides services that meet specific needs or they have limited benefits. This will be called NC Medicaid Direct.

NC Medicaid Managed Care Regions



Our Dance Card is Full

- COVID-19
  - Uncertainty about provider's prioritizing contracting
  - Complexity in project planning – rapid evolving conditions

- Other Program Changes
  - Tailored Plan Request for Application (RFA) and operational transition in preparation for July 2022 launch
  - DHHS is working with the Eastern Band of Cherokee Indians to develop a PCCM "Tribal Option" to go live in Region 1

Medicaid Transformation Timeline

NC Provider Directory Tool

Provider & Health Plan Look-up

- A new, redesigned, Provider Directory will be available January 1, 2021. In preparation, providers are encouraged to fully review their NCTracks provider record, and pay particular attention to the following sections:
  - Basic Information
  - Health Benefit Plan Selection (i.e. Medicaid and NC Health Choice)
  - Addresses and the associated Taxonomy Classification
  - Accreditation
  - Hours of Operation
  - Services (i.e. Accepting New Patients, Siblings, and Physically Handicapped indicator, Languages Supported, Ages Served)
  - Affiliation Provider Information
    - Confirm that individual providers are correctly affiliated to organizations billing on their behalf and to each appropriate location within that organization.
    - When a beneficiary searches for an individual doctor at a specific organization's location, the affiliated information from NCTracks is used in the search. Therefore, all individual providers should check their affiliations not only to the group NPI, but also to the specific location(s) where services are rendered.
- Both Individual and Organization records should be reviewed.
- The NCTracks Manage Change Request (MCR) process is used to view and update record information.
  - Assistance with completing this process is available on the NCTracks User Guide & Fact Sheets webpage, or by calling the CSRA Call Center at 800-688-6696.

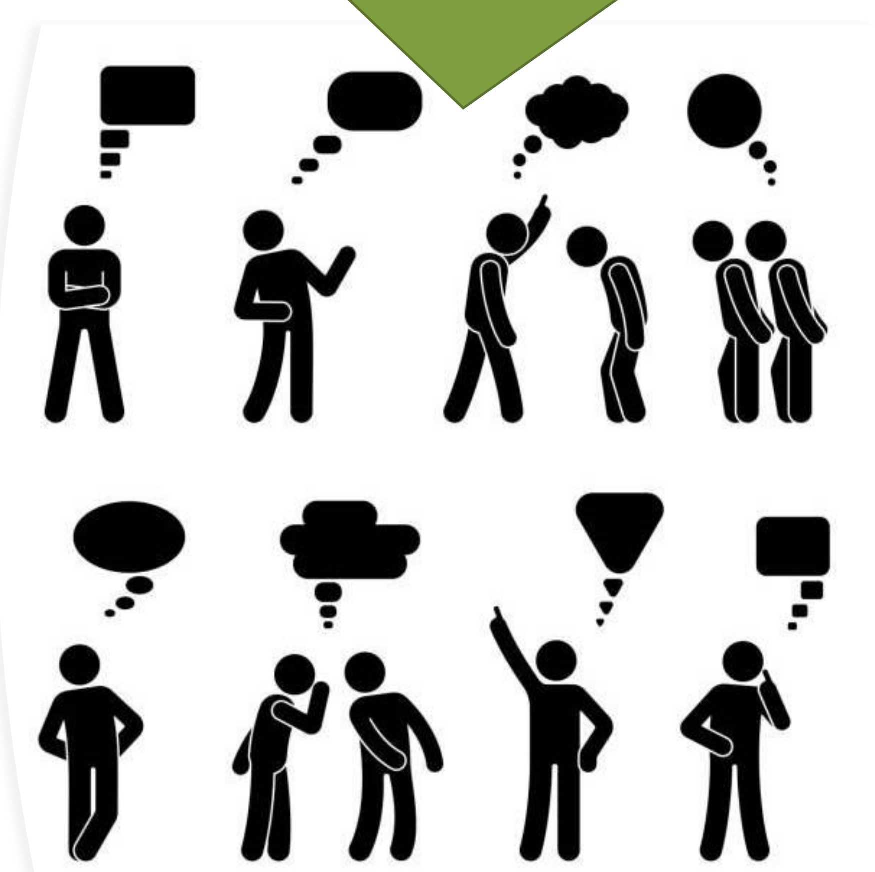
SOURCE:

How can Vaccines today prepare you for Managed Care tomorrow?

- Showing your quality as a provider and value to a plan
- Honing your population health skills and strategies
- Engaging developing care management capabilities you need for AMH Tier 3
- Showing your patients how committed you are to their wellness by reaching out
- Solidifying the medical home for your patients for attribution in managed care

Equity Lens in Clinical Policy

Where and when does Medicaid policy and/or process inadvertently contribute to health inequities?



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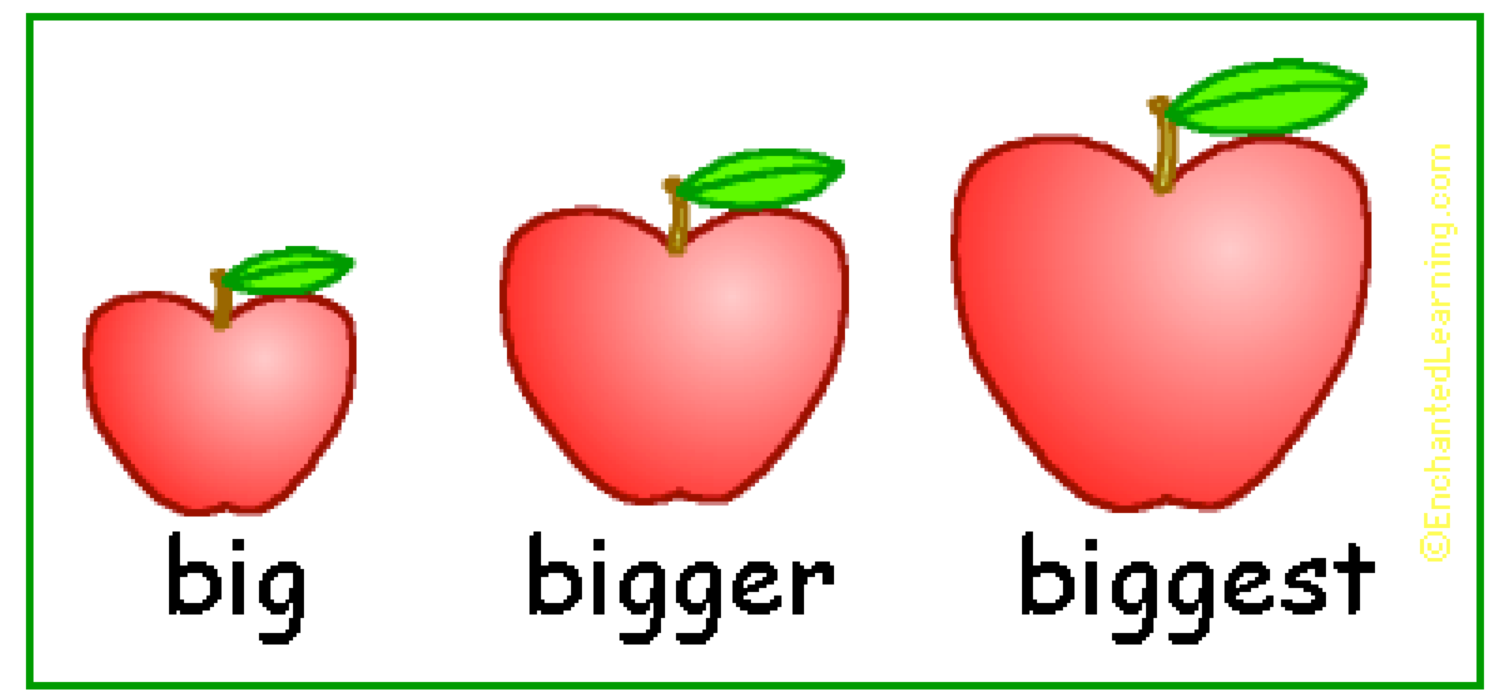
Breast Cancer and Cervical Cancer

- **Modification to the criteria to qualify for BCCCP Medicaid**
  - **No longer requires enrollment prior to diagnosis**
  - **Women still need to go through the BCCP program in LHDs to facilitate enrollment**



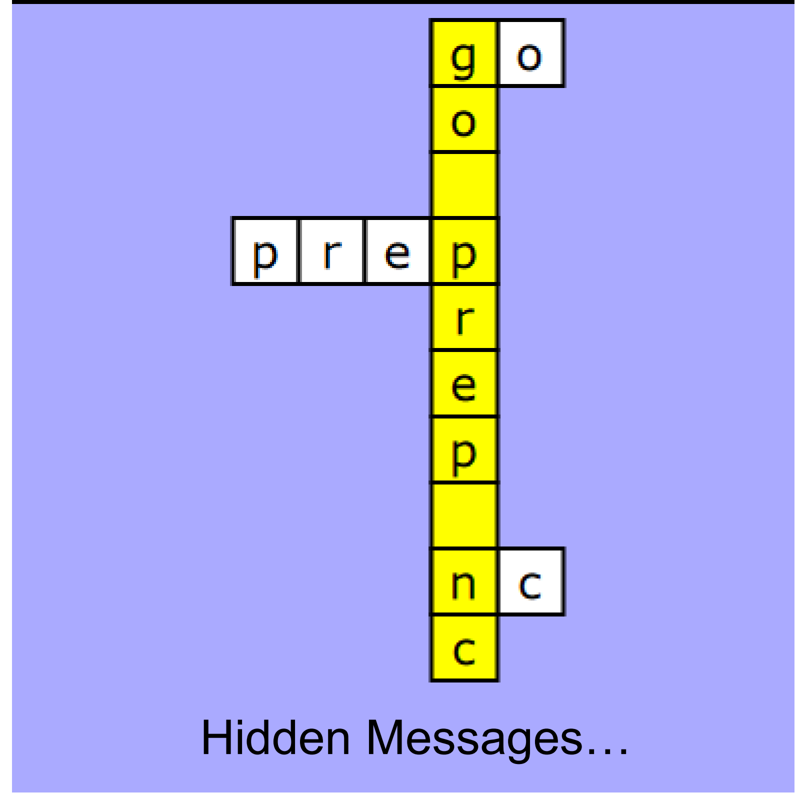
Changes to Family Planning Medicaid

Family Planning Medicaid Clinical Policy

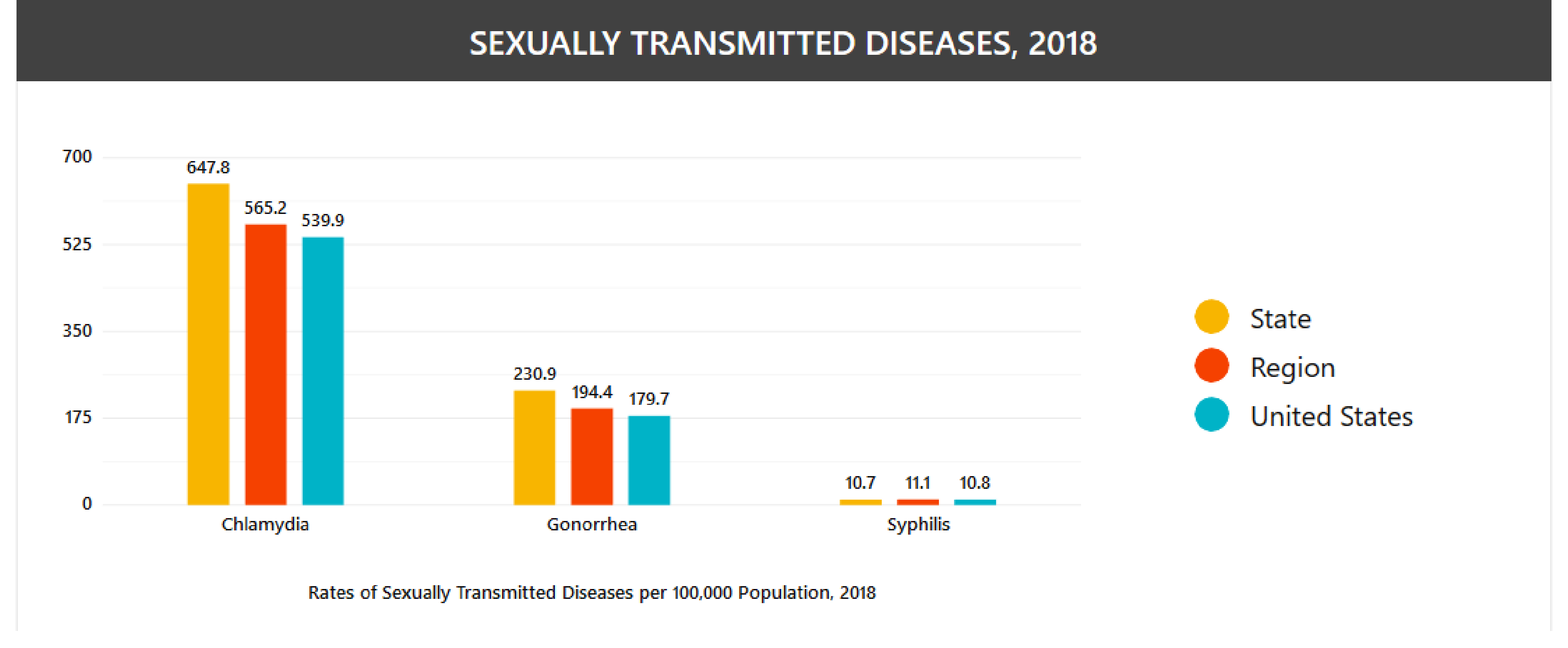
- **Changes up for public comment and received several comments so are posting again for 15 days to reflect changes**

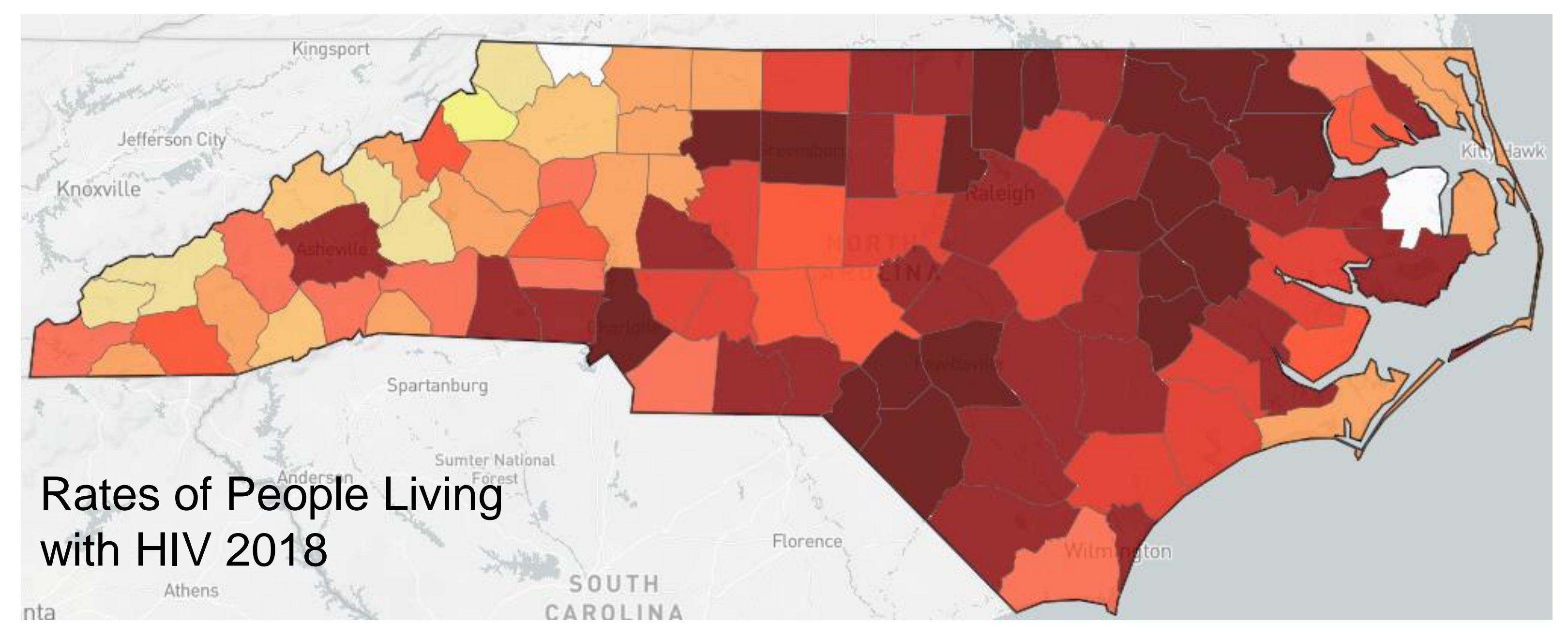
https://medicaid.ncdhhs.gov/meetings-and-notices/proposed-medicaid-and-nc-health-choice-policies

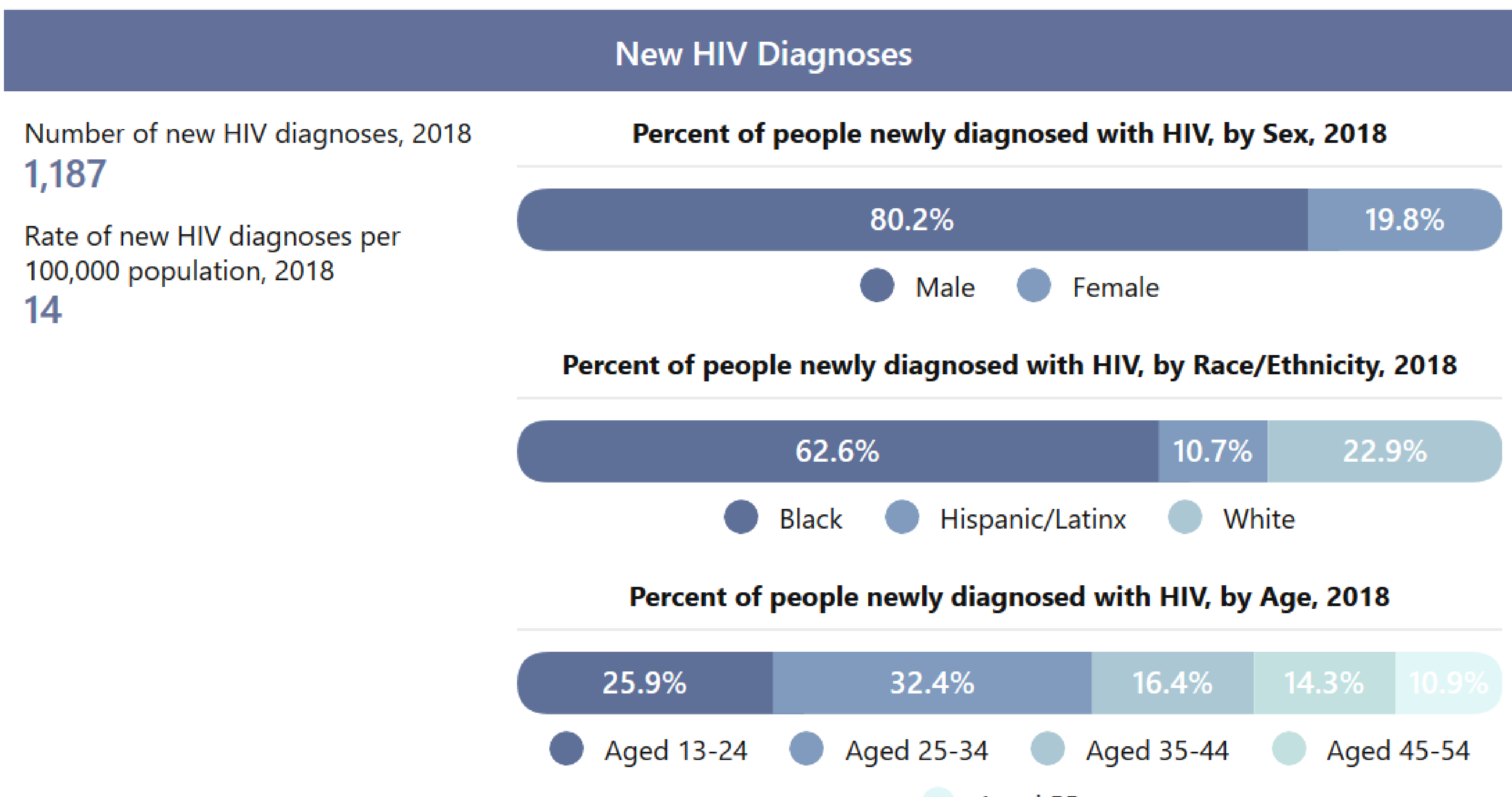
How is NC doing with HIV prevention?



Hidden Messages…

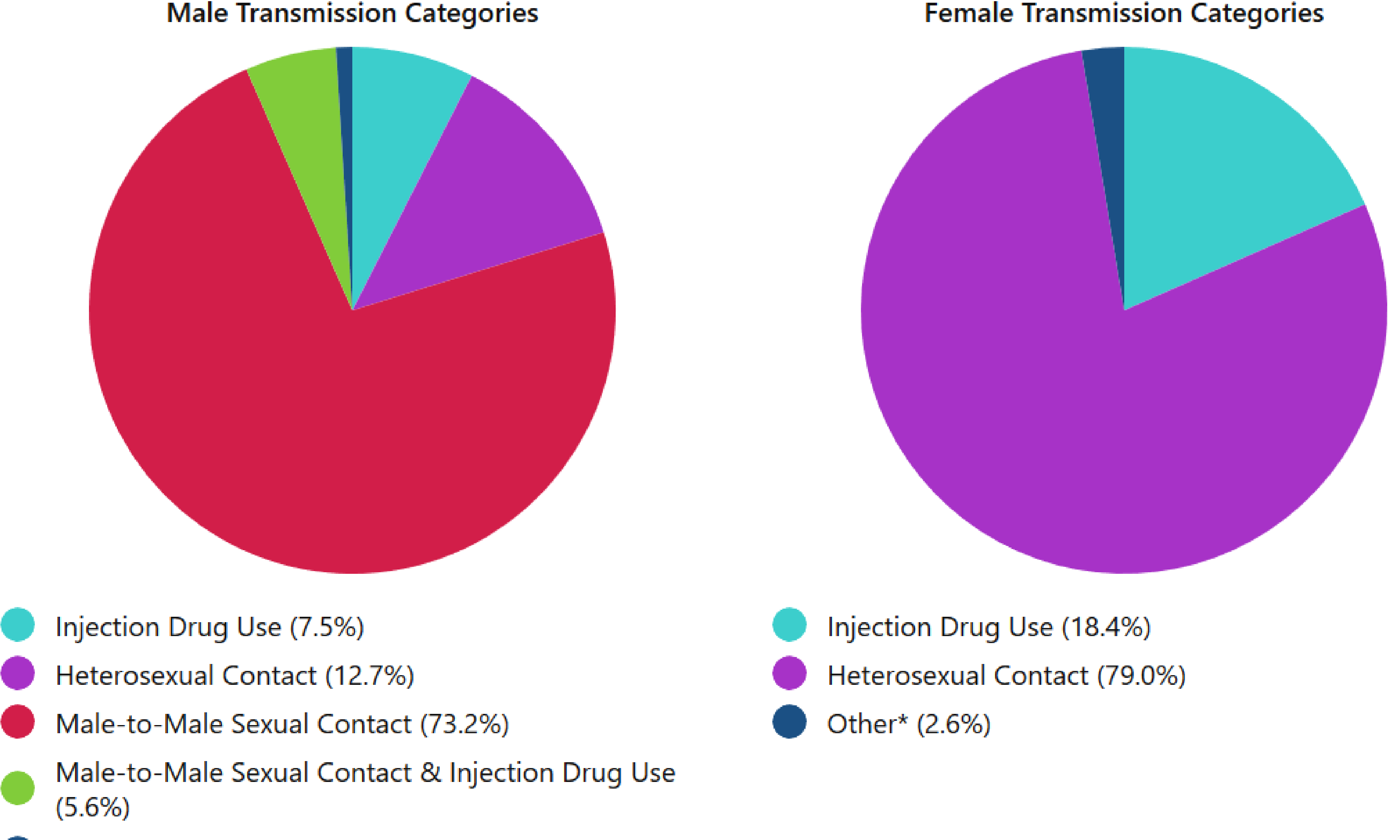

SEXUALLY TRANSMITTED DISEASES, 2018
700
525
350
175
0
647.8
565.2
539.9
230.9
194.4
179.7
10.7
11.1
10.8
Chlamydia
Gonorrhea
Syphilis
State
Region
United States
Rates of Sexually Transmitted Diseases per 100,000 Population, 2018


Kingsport
Jefferson City
Knoxville
Asheville
Raleigh
Kitty Hawk
Spartanburg
Sumter National Forest
Anderson
Florence
Wilmington
Athens
SOUTH CAROLINA
Rates of People Living with HIV 2018

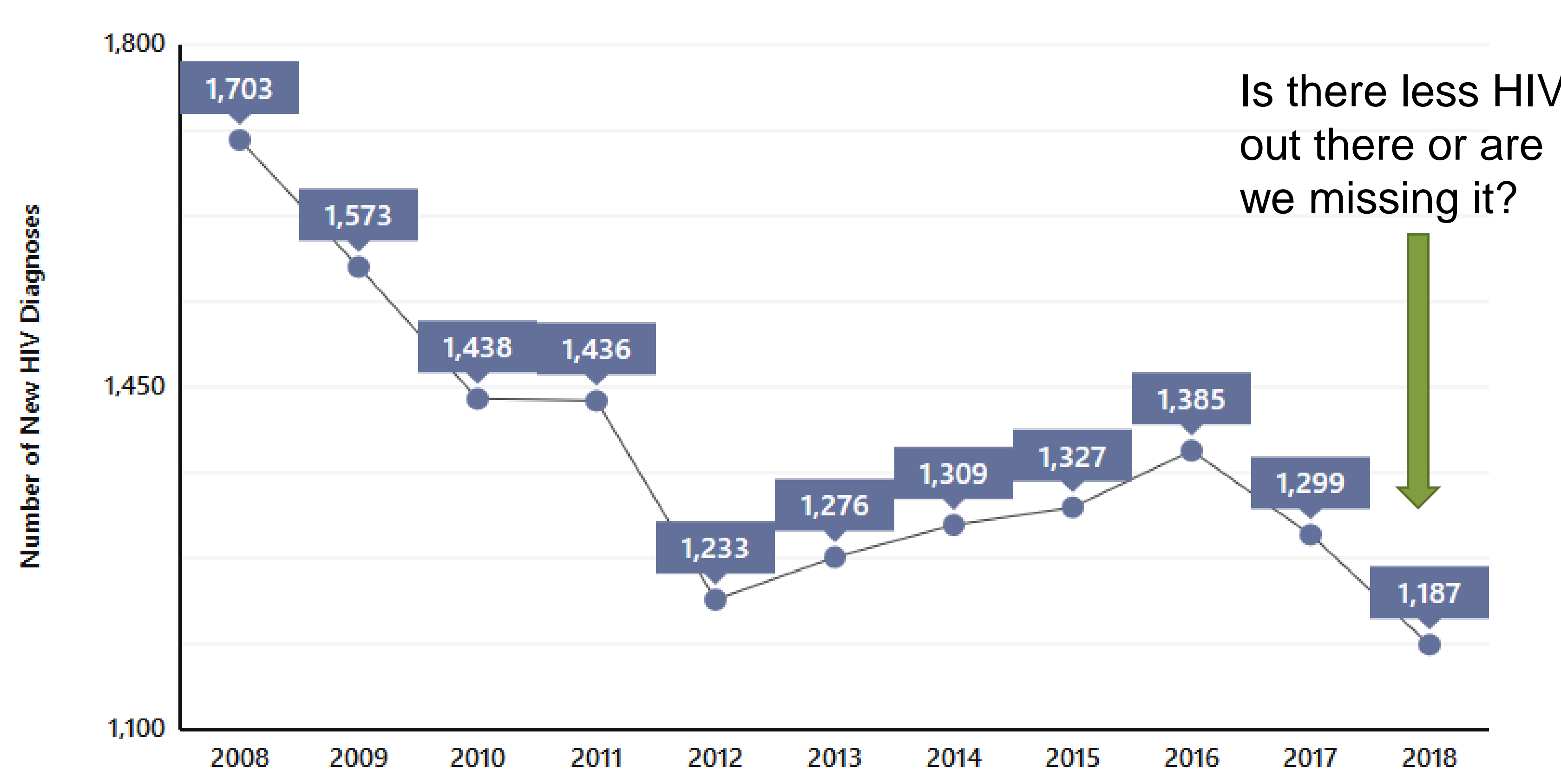


New HIV Diagnoses
Number of new HIV diagnoses, 2018
1,187
Rate of new HIV diagnoses per 100,000 population, 2018
14
Percent of people newly diagnosed with HIV, by Sex, 2018
80.2%
19.8%
Male
Female
Percent of people newly diagnosed with HIV, by Race/Ethnicity, 2018
62.6%
10.7%
22.9%
Black
Hispanic/Latinx
White
Percent of people newly diagnosed with HIV, by Age, 2018
25.9%
32.4%
16.4%
14.3%
10.9%
Aged 13-24
Aged 25-34
Aged 35-44
Aged 45-54
Aged 55+

PEOPLE LIVING WITH HIV, BY TRANSMISSION CATEGORY, 2018



**Includes risk factor not reported or identified, along with hemophilia, blood transfusion, perinatal exposure, or missing/suppressed data*



Number of New HIV Diagnoses, 2008-2018
1,800
1,450
1,100
Number of New HIV Diagnoses
1,703
1,573
1,438
1,436
1,233
1,276
1,309
1,327
1,385
1,299
1,187
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
2018
Is there less HIV out there or are we missing it?

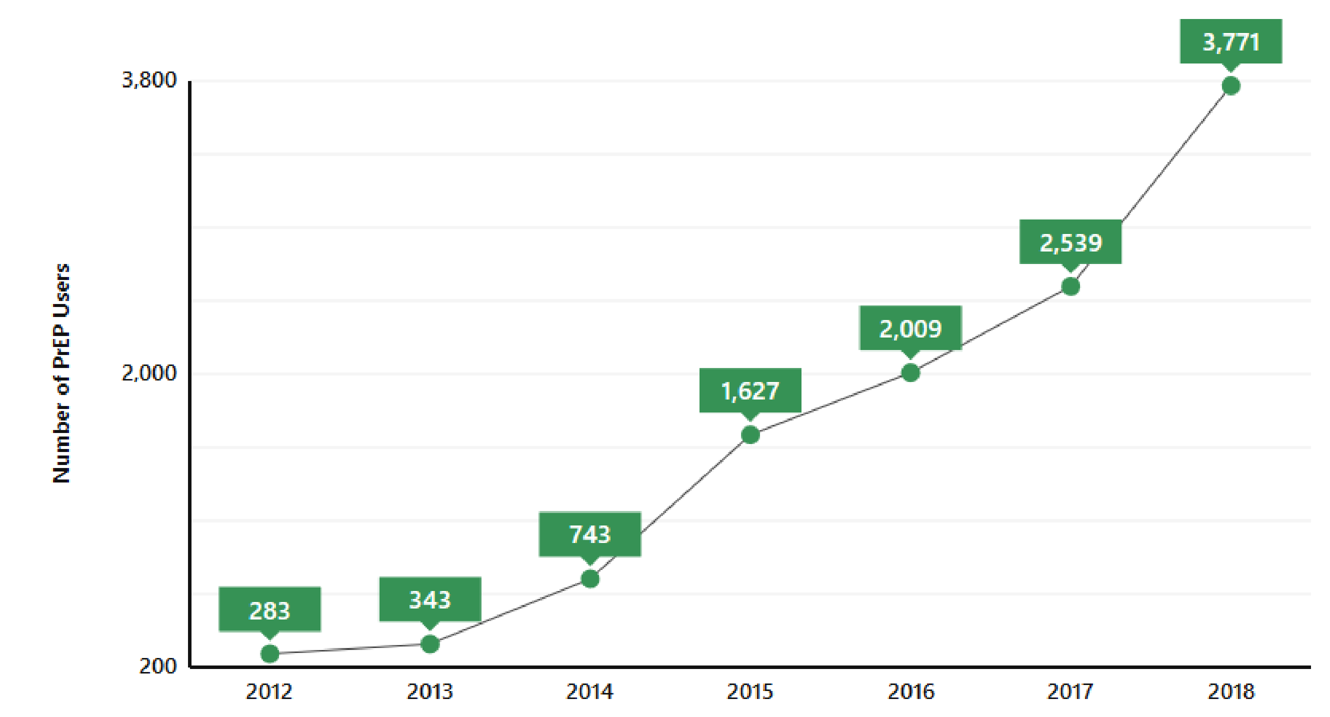
PrEP (Pre-Exposure Prophylaxis)

Number of PrEP users, 2018
3,771

Rate of PrEP users per 100,000 population, 2018
43

Percent of PrEP users, by Sex, 2018
93.1% male | 6.4% female

Percent of PrEP users, by Age, 2018
16.1% aged 13-24 | 38.3% aged 25-34 | 22.5% aged 35-44 | 17.2% aged 45-54 | 7.9% aged 55+



PrEP-to-Need (PNR)

The 2018 PrEP-to-Need Ratio (PNR) is the ratio of the number of PrEP users in 2018 to the number of people newly diagnosed with HIV in 2017. PNR serves as a measurement for whether PrEP use appropriately reflects the need for HIV prevention. A lower PNR indicates more unmet need.

PNR, 2018

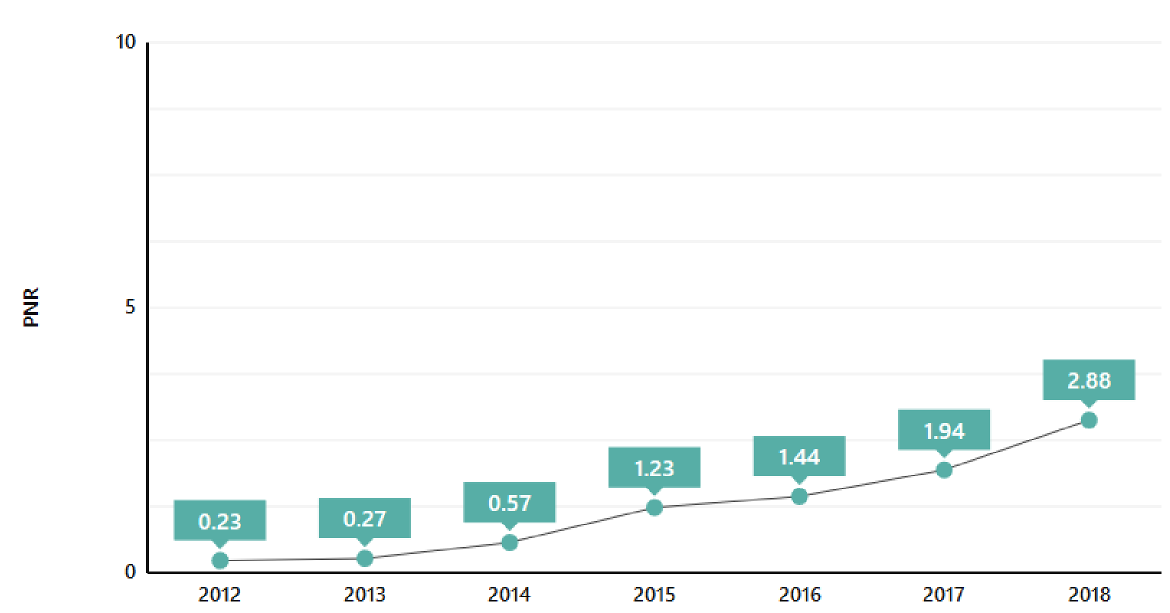
2.88

PNR, by Sex, 2018

3.33 male | 0.95 female

PNR, by Age, 2018

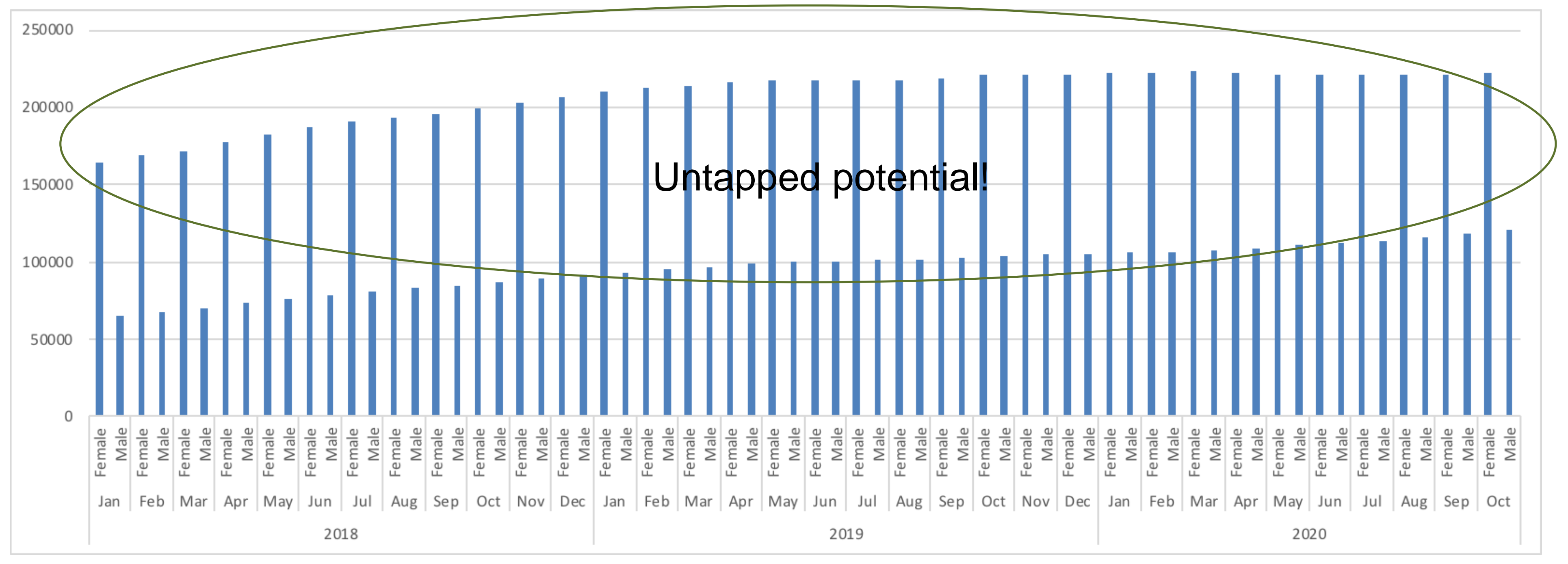
1.86 aged 13-24 | 3.19 aged 25-34 | 3.98 aged 35-44 | 3.80 aged 45-54 | 2.03 aged 55+



North Carolina prescribes PrEP at 50% of the rate of the US

PNR
5
3
0
4.89
3.52
2.49
1.77
0.81
0.38
0.25
2012
2013
2014
2015
2016
2017
2018

How many men enroll in FP Medicaid?



Medicaid Eligibility by Gender for MAFD

1E-7 Family Planning Services Policy Updates

- NC Medicaid is also adding coverage for the following services for "Be Smart" Family Planning Medicaid (MAFDN) beneficiaries:
  - Total Salpingectomy procedure (CPT 58661)
  - NAAT diagnostic testing for Trichomonas Vaginalis (CPT 87661)
  - NAAT diagnostic testing for Mycoplasma Genitalium (CPT 87563) and treatment medication Moxifloxacin
  - Kyleena IUD (CPT J7296)
  - Scabies diagnostic testing (CPT 87220)
  - Amines vaginitis screening (CPT 82120)
  - Comprehensive Metabolic Panel (CPT 80053)
  - Added pertinent diagnosis codes for services added.

SOURCE:

How FP Medicaid Benefit Can Help Men and Women Prevent HIV Infection?

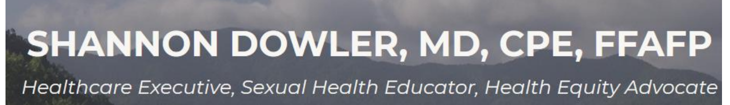
What NC Holds

- Addition of CMP allows the chemistry to be covered for monitoring PrEP
- Allows men to have 6 visits a year covered including a comprehensive physical
- Reimburses cost of all STD screening except Hepatitis B, Allows developing a PrEP program to generate a positive ROI for your clinics

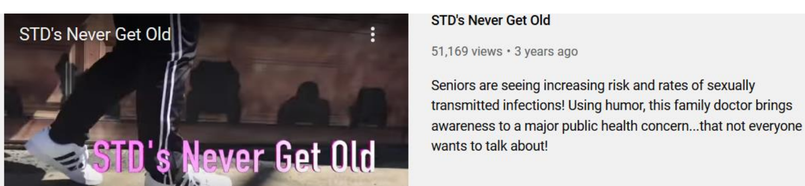
What You Hold

- Enroll your young men in the FP Medicaid benefit
- Use HRSA PrEP benefit or MAP to cover cost of the drug
- Use State Lab for Hepatitis B testing
- Learn from colleagues around the state already doing this!

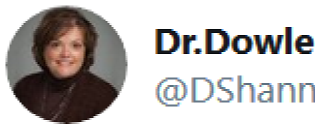
Questions?
Shannon.dowler@dhhs.nc.gov



https://shannondowlermd.com/



https://youtu.be/wMFRM1bkEDg



Dr.DowlerNCMedicaid
@DShannondowler

Shannon Dowler
Chief Medical Officer, North Carolina Medicaid at NC Department of Health and Human Services

Thank you for joining us today! Please complete the post-event survey