While you’re waiting for us to start, check out the results of last week’s HRSA health center survey... (there is no audio for this slide)

62% of health centers responding in NC

<table>
<thead>
<tr>
<th>Testing Capacity</th>
<th>NC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Centers with COVID-19 Testing Capacity</td>
<td>91.67%</td>
</tr>
<tr>
<td>Health Centers with COVID-19 Drive-Up/Walk Up Testing Capacity</td>
<td>72.73%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Average Turnaround Time for COVID-19 Test Results</th>
<th>NC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 Hour</td>
<td>4.55%</td>
</tr>
<tr>
<td>12 Hours or Less</td>
<td>9.09%</td>
</tr>
<tr>
<td>24 Hours</td>
<td>31.82%</td>
</tr>
<tr>
<td>2-3 Days</td>
<td>40.91%</td>
</tr>
<tr>
<td>4-5 Days</td>
<td>9.09%</td>
</tr>
<tr>
<td>More than 5 Days</td>
<td>4.55%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Operations</th>
<th>NC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Center Weekly Visits Compared to Pre-COVID 19 Weekly Visits</td>
<td>59.79%</td>
</tr>
<tr>
<td>Health Center Sites Temporarily Closed</td>
<td>19</td>
</tr>
<tr>
<td>Staff Tested Positive for COVID-19</td>
<td>1</td>
</tr>
<tr>
<td>Health Center Staff Unable to Work (due to site/service closure, exposure, family/home obligations, lack of PPE, etc.)</td>
<td>6.67%</td>
</tr>
<tr>
<td>Average Percent of Health Center Visits Conducted Virtually</td>
<td>52.92%</td>
</tr>
</tbody>
</table>

Latest Data from May 15
Everyone will be muted. You can unmute yourself to ask questions by clicking on the microphone or phone button.

You can also send questions through chat. Pick To: Everyone or To: Alice or Kristen
Agenda

• Welcome, Chris Shank, President & CEO, NCCHCA
• Quest Diagnostics Discussion
• Health Center Updates
• New NC DHHS Testing Guidance
• NC Health Center’s Interest and Testing Capacity for COVID-19
• Important Reminders: Federal Funding, State Advocacy
• Closing

Slides & Other Info will be available on our website:
www.ncchca.org/covid-19/covid19-general-information/
Guidance on Specimen Collection

• Quest Guidance: see chat for handout

• LabCorp Guidance:
  • https://www.labcorp.com/assets-media/2367
  • https://www.labcorp.com/assets-media/2371

• NC DHHS: Requesting Specimen Testing Supplies webpage
  • https://covid19.ncdhhs.gov/information/health-care/requesting-specimen-testing-supplies

• JAMA Article: Detection of SARS-CoV-2 in Different Types of Clinical Specimens
  • https://jamanetwork.com/journals/jama/article-abstract/2762997
Health Center Updates
COVID-19 Testing
Updated NC DHHS Provider Guidance

• Clinicians should conduct or arrange for diagnostic testing for any patient in whom COVID-19 is suspected.

• Providers should consider sample collection strategies that preserve personal protective equipment if possible, such as having a dedicated team, practice site, or testing center that performs sample collections.

• As new collection sites and modalities are established, ensure these populations have access to testing:
  • Anyone with symptoms suggestive of COVID-19
  • Close contacts of known positive cases, regardless of symptoms
  • Regardless of symptoms, anyone at higher risk of exposure or at a higher risk for severe disease. Such patient populations are:
    • Persons who live in or have regular contact with high-risk settings (e.g., long-term care facility, homeless shelter, correctional facility, migrant farmworker camp)
    • Persons who are at high risk of severe illness (e.g., people over 65 years of age, people of any age with underlying health conditions)
    • Persons who come from historically marginalized populations.
    • Healthcare workers or first responders (e.g., EMS, law enforcement, fire department, military)
    • Front-line and essential workers (grocery store clerks, gas station attendants, etc.) in settings where social distancing is difficult to maintain

Call to Action

- Pandemic has shown spotlight on disparities, need to intentionally address
- Be aware of and share Provider Guidance
  - Test symptomatic people, close contacts of a known positive (symptomatic and asymptomatic)
  - Intentionality of providing access to high priority populations, potential lower threshold for known exposure
- Coordinate and communicate with LHD and help to facilitate testing for high priority populations
- Know the commercial labs capabilities and contacts and order supplies
- Know of the testing sites in your area, add or modify them
- Can request PPE
- Can request sample collections supplies
CHCs Step Up

• HRSA & NC DHHS have called upon FQHCs to help increase access to COVID-19 Testing
• We understand that there are barriers & challenges to increased COVID-19 testing

Where are you now with COVID-19 testing?

Where do you want to go?
Discussion: NC Health Center’s Interest and Testing Capacity for COVID-19

• Moving forward do you plan to include COVID-19 diagnostic testing as part of your primary care/lab service?

• What is the COVID-19 testing strategy for your health center?
Update: Searchable List of COVID-19 NC Testing Sites

- NC DHHS released a list of testing sites
- NC DHHS PDF https://covid19.ncdhhs.gov/about-covid-19/testing
- New updates allow you to modify or add sites

Look out for slides & recording from Thursday Webinar (CCNC/AHEC/DHHS) on Testing Updates. Will be shared in Daily Digest once available.
H8E: Expanding Capacity for Coronavirus Testing (ECT) Supplemental Funding for Health Centers

• One-time funding to support health centers to prevent, prepare for, and respond to coronavirus disease 2019 (COVID-19). Specifically, funds may be used for necessary expenses to purchase, administer, and expand capacity for testing to monitor and suppress COVID-19.

• More information: ECT TA webpage.
  • Additional information about the purpose and allowed uses of ECT funds is available on the Coronavirus-Related Funding FAQ webpage.

• H8E activity and budget information is due in EHBs by 11:59 p.m. ET on Saturday, June 6.
Example Uses of Funds

Maintain and increase capacity to support testing and related clinical and operational needs

Develop testing plans
Purchase and distribute testing equipment and supplies (including PPE)

Laboratory services
Temporary drive- or walk-up testing
Personnel testing

Assess symptoms
Deliver test results
Conduct appropriate follow up (including phone, text, or video)

Notify contacts in coordination with other public health activities
Report to public health agencies, consistent with law

Outreach and education for patients at high risk or with access barriers

Equipment and supplies
Health information technology and digital tools

Purchase or lease of mobile vans/units
Purchase of vehicles directly supporting testing capacity expansion

Note from NACHC: This is the most restrictive of the HHS funding sources (other than the reimbursement for uninsured patients). CHCs must be able to tie all uses of these funds directly to testing-related activities.
Important Deadline—Two Steps Required

- June 3 Deadline for Health Centers to Act or Forfeit Provider Fund Payments (“HHS Stimulus”)

- **Important!** On May 20, 2020, HHS announced that June 3, 2020, is the new important two-part deadline for all health care providers receiving funds from the Provider Relief Fund to:
  - Attest via the HHS portal that they accept the Terms and Conditions of the PRF funds. CHCs that have received more than one allocation of PRF funds must attest to separate T&Cs for each allocation.
  - Provide HHS with an accounting of their annual revenues by submitting tax forms or financial statements.
  - CHCs who fail to submit this financial information to HHS by June 3, 2020, will be ineligible for funding from the second distribution – and will be required to return any funding already provided.
Reminder: Uninsured COVID-19 Claims Reimbursement Program Portal Open

• HRSA portal is now open for providers to submit claims for COVID-19 testing and treatment provided to uninsured individuals: https://coviduninsuredclaim.linkhealth.com/

• NACHC recommends CHCs use this program as part of responsibility to "make every reasonable effort to collect appropriate reimbursement for its costs"
Legislative Advocacy Updates

• Have you been asked to support "Medicaid transformation" legislation or public relations efforts?

• We do not recommend that NCCHCA members support these efforts. Here's why:
  
  • **Not Our Bread & Butter:** Moving to Medicaid Managed Care is not core to the mission of community health centers. It is far from a clear-cut winner for patients or providers, and it presents many risks and challenges for us.
  
  • **Time Needed for Readiness & Recovery:** A swift resumption of Medicaid Managed Care implementation could be disadvantageous and disruptive for many CHCs, as time is valuable for readiness activities, and this would be extremely disruptive while we're still recovering from the pandemic.
  
  • **Political Football:** This could be risky territory to accidentally wade into, as it will likely become a partisan debate in an election year.
Upcoming CHC COVID-19 Task Force Calls

Friday, June 5, 10:00-11:30 am
Friday, June 19, 10-11:30 am
Stay connected!

www.ncchca.org/covid-19/

covid19@ncchca.org