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

Testing Capacity	NC
Health Centers with COVID-19 Testing Capacity	91.67%
Health Centers with COVID-19 Drive- Up/Walk Up Testing Capacity ¹	72.73%

Average Turnaround Time for COVID-19 Test Results	
Less than 1 Hour	4.55%
12 Hours or Less	9.09%
24 Hours	31.82%
2-3 Days	40.91%
4-5 Days	9.09%
More than 5 Days	4.55%

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

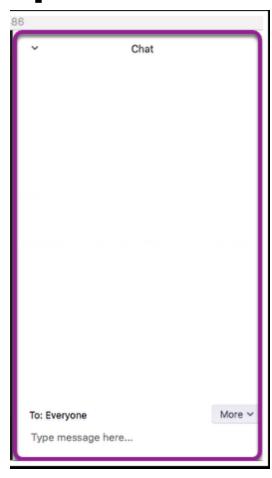
CHC COVID-19 Task Force

May 22, 2020



Zoom Help





You can also send questions through chat.

Pick To: Everyone or

To: Alice or Kristen

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



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/





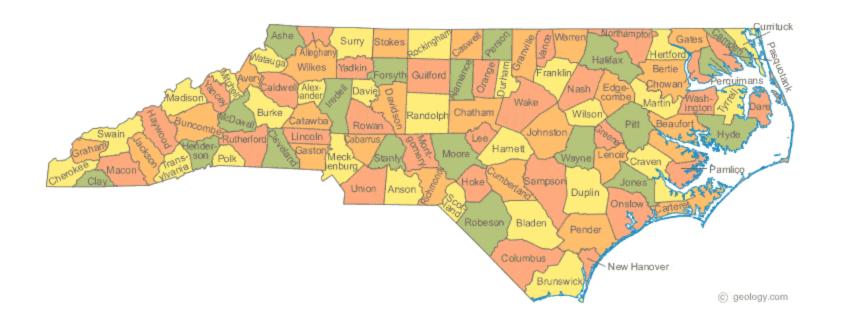


Guidance on Specimen Collection

- 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-191
 - 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 <u>Provider Guidance</u>
 - 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 <u>testing sites</u> in your area, add or modify them
- Can request <u>PPE</u>
- Can request <u>sample collections supplies</u>

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?



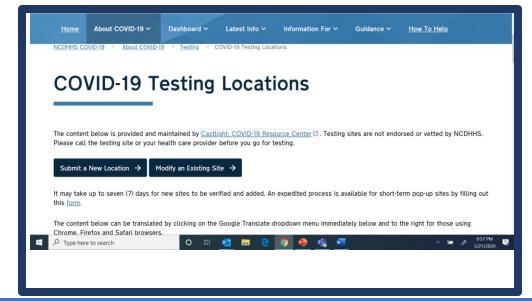


Update: Searchable List of COVID-19 NC Testing Sites



Look out for slides & recording from Thursday Webinar (CCNC/AHEC/DHHS) on Testing Updates. Will be shared in Daily Digest once available.

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





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: <u>ECT TA webpage</u>.
 - Additional information about the purpose and allowed uses of ECT funds is available on the <u>Coronavirus-Related Funding FAQ</u> 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

Health
information
technology
and digital
tools

Vans/
Purcha
vehic
direct
support
test

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

expansion

Purchase or





Other Updates

Important Deadline-Two Steps Required

- June 3 Deadline for Health Centers to Act or Forfeit Provider Fund Payments ("HHS Stimulus")
- <u>Important!</u> On May 20, 2020, <u>HHS announced</u> 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 <u>HHS portal</u> 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 <u>separate T&Cs for each allocation</u>.
 - <u>Provide HHS</u> 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.link health.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



