

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)

64% of health centers responding in NC

Testing Capacity	NC
Health Centers with COVID-19 Testing Capacity	88.00%
Health Centers with COVID-19 Drive-Up/Walk Up Testing Capacity ¹	54.55%

Average Turnaround Time for COVID-19 Test Results	
Less than 1 Hour	4.55%
12 Hours or Less	0.00%
24 Hours	36.36%
2-3 Days	36.36%
4-5 Days	13.64%
More than 5 Days	9.09%

Operations	NC
Health Center Weekly Visits Compared to Pre-COVID 19 Weekly Visits	58.00%
Health Center Sites Temporarily Closed	19
Staff Tested Positive for COVID-19	5
Health Center Staff Unable to Work (due to site/service closure, exposure, family/home obligations, lack of PPE, etc.)	7.80%
Average Percent of Health Center Visits Conducted Virtually	53.60%

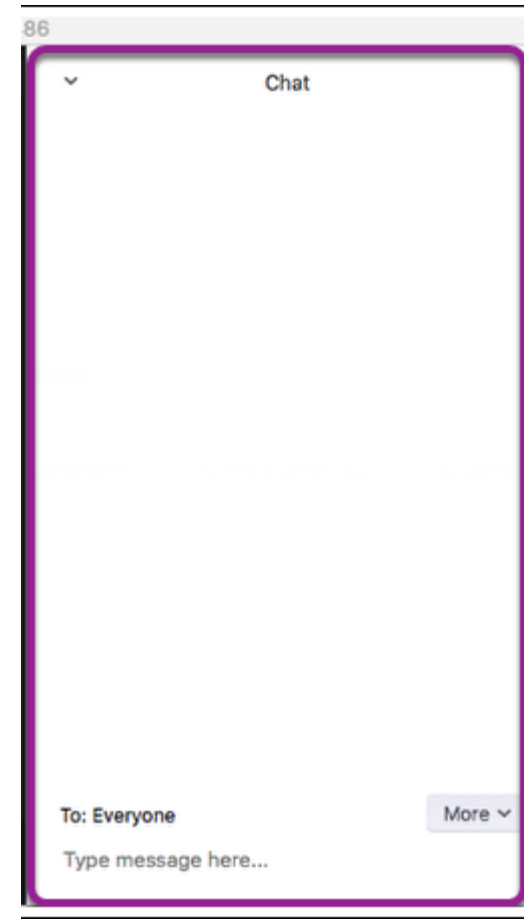
Last Updated: May 1
<https://bphc.hrsa.gov/emergency-response/coronavirus-health-center-data>



FQHC COVID-19 Task Force

May 8, 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
- Update on HRSA Funds Reporting
- Health Center Updates
- Re-opening
- Well Child Checks
- Update on Uninsured Claims Portal
- Health Center Provided Transportation
- Q&A
- Closing

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



Note: CHCs Must Act in Response to "HHS Stimulus" Funds from Provider Relief Fund

- Since April 10, U.S. HHS has distributed several payouts of "HHS Stimulus" dollars meant to support health care providers for expenses and/or lost revenue attributable to COVID-19.
- CHCs must attest to terms and conditions for these funds within 45 days of receipt through an online portal.
 - As of May 6, only 23 NC CHCs were listed as having done this for first wave of payments issued in April.
 - Earlier this week, CHCs with rural sites received additional payouts.
- NCCHCA is compiling information on these payouts and associated requirements. Stay tuned for more.

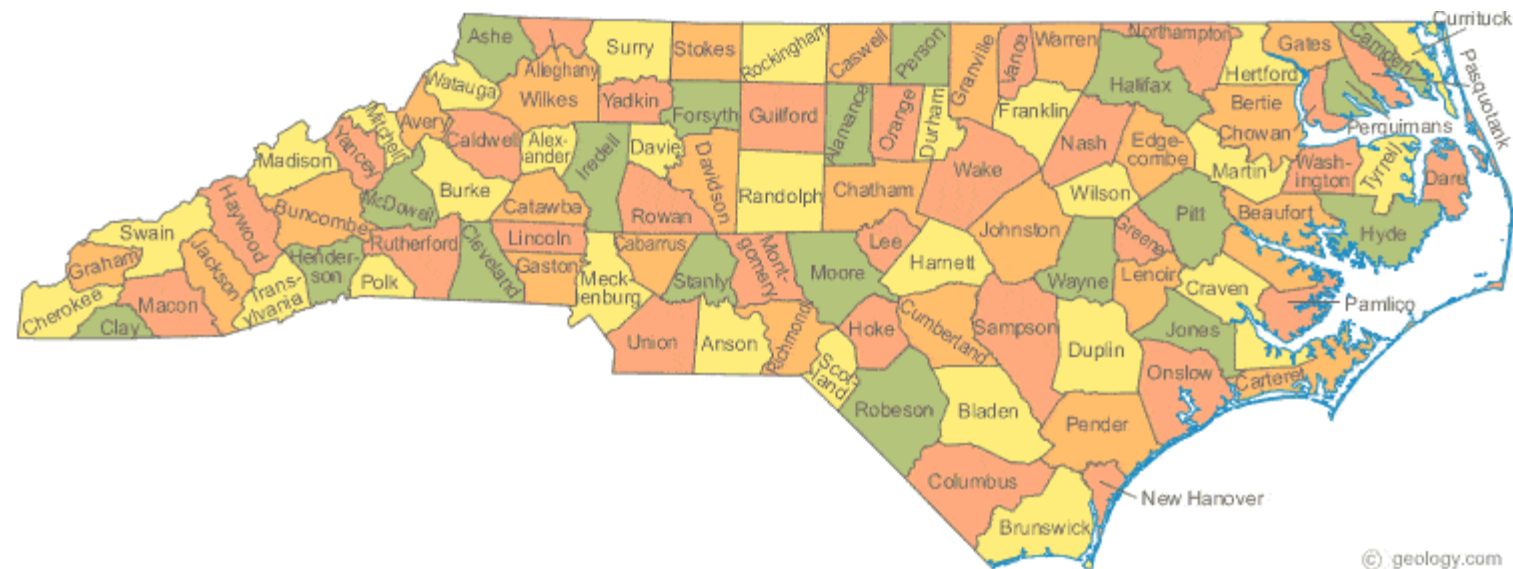
HHS Stimulus Terms & Conditions

NCCHCA is still analyzing and synthesizing this information, but here are some common themes among the Terms & Conditions for these Provider Relief Funds. **CHCs should review all terms & conditions.**

Recipients must attest that:

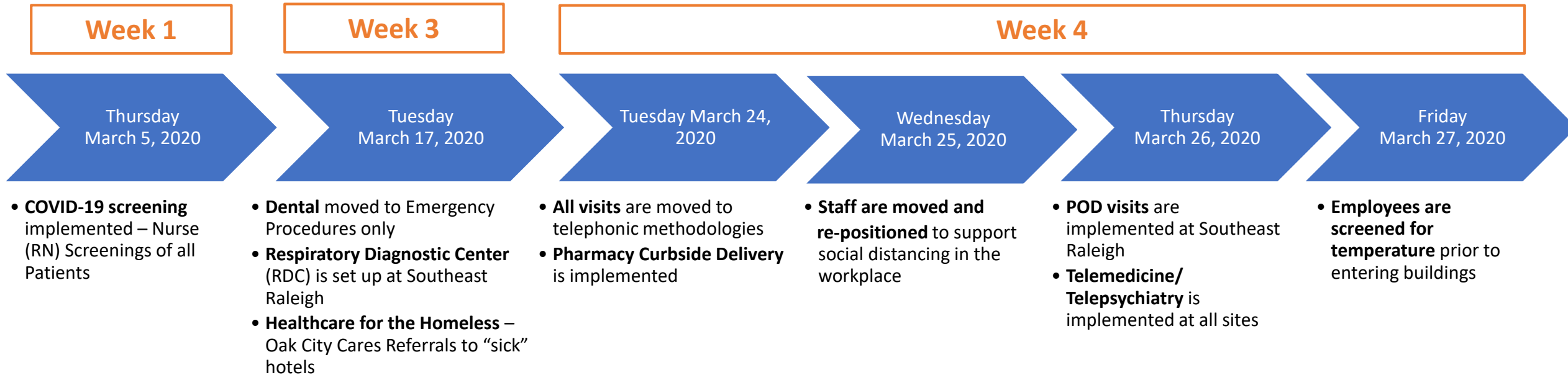
- They provide or provided after January 31, 2020, diagnoses, testing, or care for individuals with possible or actual cases of COVID-19, a requirement derived from the language of the CARES Act itself;
- They will not bill out-of-network patients beyond the rate that would have been received for an in-network patient;
- They lost revenue in March and April 2020 due to the COVID-19 pandemic; and
- They will use the funds in compliance with the CARES Act language and other restrictions that apply to funds appropriated to HHS, including:
 - The funds will be used only to prevent, prepare for, and respond to coronavirus, and to reimburse the provider only for healthcare-related expenses or lost revenues that are attributable to coronavirus;
 - The funds will not be used to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse; and
 - The funds will not be used for restricted purposes, including executive compensation, lobbying, abortions, or unpaid federal tax liabilities.

Health Center Updates



Chronology of COVID-Related Actions at ACH

March 2020



Chronology of COVID-Related Actions at ACH

April 2020

Week 5

April 3rd, 2020

- **Teledentistry** visits begin

Week 6

April 6th, 2020

- **Dental visit workflows are redesigned** to use PODs
- **Healthcare for the Homeless – Oak City Cares** launches in-house Virtual Visits

April 8th, 2020

- **POD visits** are implemented at Louisburg

April 9th, 2020

- **Southeast Raleigh and Louisburg** begin Curbside Telemedicine and Curbside COVID 19 Testing

Week 8

April 20, 2020

- **Apex** begins Curbside Testing, Curbside Telemedicine, and POD Visit Go-Live
- **Pharmacy space redesigned** to promote social distancing
- **Care Management** Go-Live for patients diagnosed with COVID19 and hospital/ED/urgent care follow up

April 21, 2020

- **Pharmacy Medication Delivery** Go-Live

April 22, 2020

- **Behavioral Health Direct Scheduling** Go-Live
- **Call Center Agents** provided with updated scripting to encourage telehealth visits

April 23, 2020

- **Front Desk Digital Check-In** Go-Live via Doxy.me

Chronology

Week 9

Week of April 27, 2020

- **Primary care for homeless community – Referrals to “healthy” hotels**
- **Implemented Outreach campaign** to patients with chronic conditions (contacting 10,000 patients)
- **COVID-19 Contact Tracing:** Care Management Team Tracing COVID-19 positive patients

Upcoming Plans

- **Evaluate Re-opening Closed Sites (Cary, Fuquay-Varina, Women’s Center)**
- **Face to Face Well Child Visits and Physicals** for children < 5 years
- **Mass Testing**
- **Evaluate paperless registration** to continue post-COVID-19
- **Explore mobile outreach clinics**
- **Evaluate Remote Patient Monitoring and AWWs**

You will have a
virtual visit by
telephone,
smartphone,
or computer



Advance
Community Health

919-833-3111

advancechc.org

<https://youtu.be/iLCz6dwZwZQ>

“Re-opening”
Discussion



“Re-Opening” Health Center Services

What plans are you making to return to more routine in-person care?

- Designing the “new way” to conduct business –plan/policy
- Continue testing for COVID-19? Where and how?
- In-person vs. Telehealth – who gets what?
- Hybrid visits - lab visit pre/post provider telehealth consultation; designated staff member at patients’ home with provider telemedicine consult
- Staff and patient safety – engineering controls, common areas, PPE, staff screening, patient screening, infection control procedures

Create a plan and communicate with staff AND patients

Resources for re-opening your health center

Resources to help you build a framework for re-opening your health center for more in-person visits.

- **American Medical Association:** A Physician Practice Guide to Reopening
<https://www.ama-assn.org/system/files/2020-05/physician-guide-reopening-practices-covid-19.pdf>
- **American Academy of Family Physicians:** A checklist for reopening your practice for “non-essential” face-to-face visits
https://www.aafp.org/journals/fpm/blogs/inpractice/entry/reopening_a_practice.html
- **MGMA:** COVID-19 Medical Practice Reopening Checklist
<https://www.mgma.com/MGMA/media/files/pdf/MGMA-Practice-Reopening-Checklist.pdf?ext=.pdf>

NC DHHS Guidance: Well-Child Checks

Providers may bill for allowed telehealth services delivered on or after March 10, 2020.

Children Under 24 Months of Age

- In-person WCC recommended
- A limited set of services may be delivered via telemedicine if circumstances prevent in-person WCC
- If a telemedicine visit is provided, conduct in-person visit soon as possible

Children 24 Months of Age & Over

- Telemedicine recommended for a broad range of Well Child services
- Providers use clinical judgement to determine WCC components appropriate for telemedicine visit
- If a telemedicine visit is provided, conduct in-person visit soon as possible

Immunizations

- Recommended to provide immunizations during the pandemic
- May deliver vaccine counseling by telemedicine and administer the vaccine at a later date (e.g., via curbside vaccine services). The immunization administration code is billed at time of vaccine administration



All New: Hybrid Home- Telehealth Visit

- Allows a Telehealth visit to be paired with a Home visit by an appropriately trained delegated staff person
- Use Cases
 - High Risk Pregnancy
 - Uncontrolled chronic illness requiring closer follow up
 - Well Child for infant or Complex child
 - Provision of vaccines, draw labs, monitor vitals in select patients
- Billing Methodology:
 - Well Child, Routine E&M, Antepartum Individual Visits
 - Pregnancy in Pregnancy Global Package



Notes

- Established patients only
- No prior authorization required

NC Medicaid Special Bulletin:
<https://medicaid.ncdhhs.gov/blog/2020/05/01/special-bulletin-covid-19-78-telehealth-and-virtual-patient-communications-clinical>



NC DHHS Guidance: Well-Child Checks & Hybrid Home Visits

Health Care Professionals Webinar Series, Every Thursday from 5:30 to 6:30pm

Register for the webinar series (https://zoom.us/webinar/register/WN_-B1t8DJXRoOfmZOrOR5LEw)

April 30, 2020 - Focus on Well-Child Checks Guidance from NC DHHS

- [Recording](https://mega.nz/file/s0VGFCrL#4aEG_enfhOd2yJeo1govZbgT4fJHqAbpeXz61h1hIgl) (https://mega.nz/file/s0VGFCrL#4aEG_enfhOd2yJeo1govZbgT4fJHqAbpeXz61h1hIgl)
- [Transcript](https://www.ncahec.net/wp-content/uploads/2020/05/043020_Transclean_Healthcare-Professionals-Webinar-Series.pdf) (https://www.ncahec.net/wp-content/uploads/2020/05/043020_Transclean_Healthcare-Professionals-Webinar-Series.pdf)
- [Slide deck](https://www.ncahec.net/wp-content/uploads/2020/05/DHHS-CCNC-AHEC-webinar-April-30-FINAL-FINAL.pdf) (<https://www.ncahec.net/wp-content/uploads/2020/05/DHHS-CCNC-AHEC-webinar-April-30-FINAL-FINAL.pdf>)

Payments for COVID-19 Related Services Furnished to Uninsured Patients Under the Provider Relief Fund

- Eligibility: Providers are eligible if they “hav[e] conducted COVID-19 testing or provided treatment for uninsured individuals with COVID-19 on or after February 4, 2020.”
- Services:
 - Testing: testing-related visits taking place in an office, urgent care or emergency room setting, or via telehealth, as well as specimen collection, diagnostic and antibody testing
 - Treatment: When COVID-19 is the primary diagnosis: office visits (including via telehealth), home health, DME, emergency and non-emergency ground ambulance transportation, FDA-approved drugs for COVID-19 (once available)
- Payment: “reimbursed generally at Medicare rates, subject to available funding; reimbursement will be based on current year Medicare fee schedule rates except where otherwise noted.” *

What do you do to get payment?



Program Process Steps Recap



Reimbursement applies to eligible claims, as determined by HRSA (subject to adjustment as may be necessary), for dates of service or admittance delivered on or after February 4, 2020, subject to available funding; see details at [COVIDUninsuredClaims.HRSA.gov](https://www.hrsa.gov/covid19/uninsured). Terms and conditions will apply. Content subject to change.

Thoughts from NACHC, FTLF, HRSA

NACHC/FTLF: “We do not believe any of the Program terms are sufficiently concerning that health centers should be counseled not to enroll and ultimately participate in the Program especially given the current financial circumstances most health centers find themselves in.”

HRSA: “We strongly encourage health centers to register for that site. There are certain requirements and intersections with the sliding fee that we want to make sure everybody understands if they use this portal. But the bottom line is that health centers can take advantage of this program both for themselves and most importantly for their patients.”

Relationship to Other Funding Sources

Program terms requires recipients of Program payments to certify:

- 1) They will not use the payments to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse
- 2) They will reimburse the Provider Relief fund if they subsequently receive payment that duplicates payments under the Fund;
- 3) They “will not include costs for which Payment [under the Program] was received in cost reports or otherwise seek uncompensated care reimbursement through federal or state programs for items or services for which Payment was received”
- 4) They will forgo “uncompensated care reimbursement through federal or state programs for items or services for which Payment was received.”
- 5) They must consider payment from the Program “to be payment in full for such care or treatment.”

So...it is important for health centers to account separately for all funding spent to cover the direct and indirect costs of furnishing COVID related services to ensure that the same costs are not claimed on more than one source of funding.

No Cost Sharing for Patient

- Health centers should not apply their schedule of charges and sliding fee discount schedule (SFDS) (if applicable) to determine out-of-pocket payment due from uninsured individuals whose treatment and care are paid for under the Program
- Health centers that plan to register with the Program should revise their policies and procedures to reflect that they do not intend to seek any out-of-pocket payment from uninsured, self-pay individuals whose testing/treatment services have been charged to the Program
- Providers are also required to certify that they will timely return to uninsured individuals any fees collected from the individual for COVID-19 testing or treatment, if that care is billed to the Program

Special Considerations

- NACHC/FTLF: No express prohibition on inclusion of undocumented noncitizens

BUT

- “It would be perilous for health centers to bill the Program for testing and treatment provided to undocumented noncitizens. HRSA’s operational guidance requires Program participants to check patients’ eligibility (i.e., their uninsured status) and provide information on the patients to HHS. Screening and reporting information on undocumented patients could place those patients in vulnerable position.”

Patient Information

- First and last name
- Date of birth
- Gender
- *SSN and state of residence; if not available, enter state identification / driver's license
- Date of service for professional, institutional outpatient services.
- Date of admission and date of discharge for institutional inpatient services.
- Address (optional)
- Middle initial (optional)
- Patient account number (optional)

**A SSN and state of residence, or state identification / driver's license is needed to verify patient eligibility. If a SSN and state of residence, or state identification / driver's license is not submitted, you will need to attest that you attempted to capture this information before submitting a claim and the patient did not have this information at the time of service, or that you did not have direct contact with the patient and thus did not have an opportunity to attempt to capture this information. Claims submitted without a SSN and state of residence, or state identification / driver's license may take longer to verify for patient eligibility.*

Health Center Provided Transportation Discussion

Reminder: HRSA Weekly Survey

- Distributed by HRSA every Friday; Closes Monday @ 11:59 PM
- Survey comes from BPHCAAnswers@hrsa.gov
- Questions: <https://bphc.hrsa.gov/emergency-response/covid-19-survey-tools>

Stay connected!

www.ncchca.org/covid-19/



covid19@ncchca.org

Upcoming NCCHCA COVID-19 Related Meetings

- Wednesdays @ 10 am Human Resources Workgroup
- Wednesdays @ 12:30 pm Medical Directors Workgroup
 - Fridays @ 10:00 am FQHC COVID Task Force
 - Fridays @ 12:30 pm Behavioral Health Workgroup