

# While you're waiting for us to start, check out the results of HRSA's health center survey... (there is no audio for this slide) 54% of NC health centers responding

Testing Capacity	NC
Health Centers with COVID-19 Testing Capacity	90.48%
Health Centers with COVID-19 Drive-Up/Walk Up Testing Capacity	68.42%

Average Turnaround Time for COVID-19 Test Results	
Less than 1 Hour	5.26%
12 Hours or Less	5.26%
24 Hours	52.63%
2-3 Days	26.32%
4 Days	10.53%
More than 5 Days	0%

Operations	NC
Health Center Weekly Visits Compared to Pre-COVID 19 Weekly Visits	59.52%
Health Center Sites Temporarily Closed	12
Staff Tested Positive for COVID-19	4
Health Center Staff Unable to Work (due to site/service closure, exposure, family/home obligations, lack of PPE, etc.)	4.76%
Average Percent of Health Center Visits Conducted Virtually	47.86%

Latest Data from May 29

<https://bphc.hrsa.gov/emergency-response/coronavirus-health-center-data/nc>



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Number of Patients Tested for COVID-19	NC
Patients Tested	1,812
Patients Tested Positive	293

Race/Ethnicity	Patients Tested	Tested Positive
White, Non-Hispanic/Latino	27.43%	5.80%
White, Hispanic/Latino	22.90%	33.11%
Black, Non-Hispanic/Latino	29.25%	31.06%
Black, Hispanic/Latino	0.99%	0.34%
Asian	1.93%	0.34%
American Indian/Alaska Native	0.50%	0.34%
Unreported/Refused to Report	6.29%	1.71%

Latest Data from May 29

<https://bphc.hrsa.gov/emergency-response/coronavirus-health-center-data/nc>

Complete Race/Ethnicity data available, <https://bphc.hrsa.gov/emergency-response/coronavirus-health-center-data/nc>



# CHC COVID-19 Task Force

June 5, 2020



# Agenda

- Welcome, Chris Shank, President & CEO, NCCHCA
- Welcome Interns
- Financial Sustainability, Allison Coleman, Capital Link
- Updates from Health Centers
- Reminders/Updates
- Closing

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



Welcome from Chris Shank,  
President & CEO, NCCCHCA

Welcome Interns!



## Alexis Guillen

Rising junior, Guilford College

Biology and Computer Information System double major, with Pre-Med focus

Working with NCCHCA's Health Center Controlled Network team (HIT, data, value-based care)



## Brianna Hudson

Master's in Public Health candidate, Brody School of Medicine, East Carolina University

Concentrating in Community Health & Health Behavior

Working with NCCHCA's Carolina Medical Home Network team (IPA & Delta Center, clinical integration development, value-based care)



## **Frantasia Hill**

Rising senior at Wake Forest University

Sociology major, concentration in social determinants of health and well-being

Working with NCCHCA's Health Access Team (O&E, Special Populations, CHW, farmworker, SDOH)



## **Nitin Ankisetty**

Rising senior at University of Georgia

Biology and Finance double major

Working on data, communications, & workflow projects



# NCCHCA FQHC COVID-19 Task Force Meeting

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Covid-19 Funding, Resources, and Recovery



**Allison Coleman**

*Chief Executive Officer*

*June 5, 2020*

# Truly Unique Circumstances

- Health centers are responding to dual scourges:
  - COVID-19
  - Institutionalized racism
- Both are potentially destabilizing, as they threaten our patients, staff, organizations and communities
- We need to protect and strengthen our foundation
  - Financially
  - Morally
- Health centers play a special role – a place for healing, empowerment, uplift and action

# Today's Agenda

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- Current State of FQHC Operations
- Summary of Federal Funding
- Preparing for "What's Next?"
- Sharing Experiences
- Q&A

# Capital Link

- Launched in 1995, nonprofit, HRSA national cooperative agreement partner
- Offices in CA, CO, FL, MA, MO, and WV
- **Over \$1.2 billion** in financing for over **236** capital projects (~ 10% of current health center facility space)
- We help health centers:
  - **Plan for Sustainability and Growth** - Market assessments; new service line feasibility; scenario modeling; business planning and forecasts; understand costs of existing and new services; plan for collaborations, mergers and acquisitions.
  - **Access Capital** - Tools, resources, training; direct one-on-one assistance to leverage capital from a variety of sources
  - **Improve and Optimize Operations and Financial Management** - Provide analytics, tools and training in using comparative data to improve performance
  - **Articulate Value** - Assess value and impact of health centers on communities, the health system and the economy

# Current State of FQHC Operations



**National** - as of May 29 HRSA's survey results indicate the following:

- 92% of health centers have Covid-19 testing capacity
- 79% of tests conducted in 2 to 3 days or less
- Over 838,000 tested
- Weekly visits are at 63% pre-Covid-19 levels
- 44% of health center visits conducted virtually
- 1,782 health center sites temporarily closed
- PPE levels have improved to 87% to 96% of health centers have select supplies

# Current State of FQHC Operations



**North Carolina** - as of May 29 HRSA's survey results indicate the following:

- 88% of health centers have Covid-19 testing capacity
- 81% of tests conducted 2 to 3 days or less
- 1,812 tested in past week
- Weekly visits are at 60% pre-Covid-19 levels
- 48% of health center visits conducted virtually
- 12 health center sites temporarily closed
- PPE levels have improved to 71% of health centers have select supplies

# Current State of FQHC Operations



**Capital Link's Impact Analysis** – initially based upon 50% visit loss for 3 months

- **National FQHC:** \$3.2B in lost revenue; 85,000 jobs lost; 28% FQHCs will exhaust operating reserves; national economic impact of \$6.5B with 171,000 lost jobs
- **North Carolina:** \$35M in lost revenue; 974 jobs lost; 32% FQHCs will exhaust operating reserves; state economic impact of \$72M with 1,936 jobs lost

**North Carolina revised** for visit loss of 47% for 6 months

- \$67M in lost revenue; 933 jobs lost; 44% FQHCs will exhaust operating reserves; state economic impact of \$138M in lost revenue with 1,854 jobs lost

# Summary of Select Federal Funding



- **Stimulus #1 – Phase One - March 6<sup>th</sup> for Emergency Health Funding**
  - March 12<sup>th</sup> – SBA announces economic injury disaster assistance loans
  - March 24<sup>th</sup> - HRSA announces \$100 million for FQHCs (330 funded centers only)
- **Stimulus #2 – Phase Two – March 18<sup>th</sup> - Families First CoronaVirus Response Act**
- **Stimulus #3 - Phase Three – March 27<sup>th</sup> - CARES Act**
  - April 3<sup>rd</sup> - Paycheck Protection Program (PPP) through SBA
  - April 8<sup>th</sup> - HRSA announces \$1.3 billion for FQHCs (330 funded centers only)
  - Included extension of Section 330 mandatory funding for FY20 through November 2020
  - \$100 billion Provider Relief Fund
    - \$30 billion dispersed April 10-17 based upon previous Medicare billing
    - \$20 billion dispersed April 24 based upon net patient revenue
    - \$10 billion announced May 1 for rural health providers including FQHCs
- **Stimulus #3.5 – April 23<sup>rd</sup> House Approves \$484 billion to aid small businesses, health, and testing**
  - \$310 billion additional funding to PPP – of which \$60 billion is for smaller lending institutions
  - \$60 billion additional SBA economic injury disaster loan relief
  - \$75 billion in additional funding to public health and social services
  - \$25 billion to expand Covid-19 testing – \$600 million to 330 funded and Look-Alike health centers
- **Stimulus #4?**



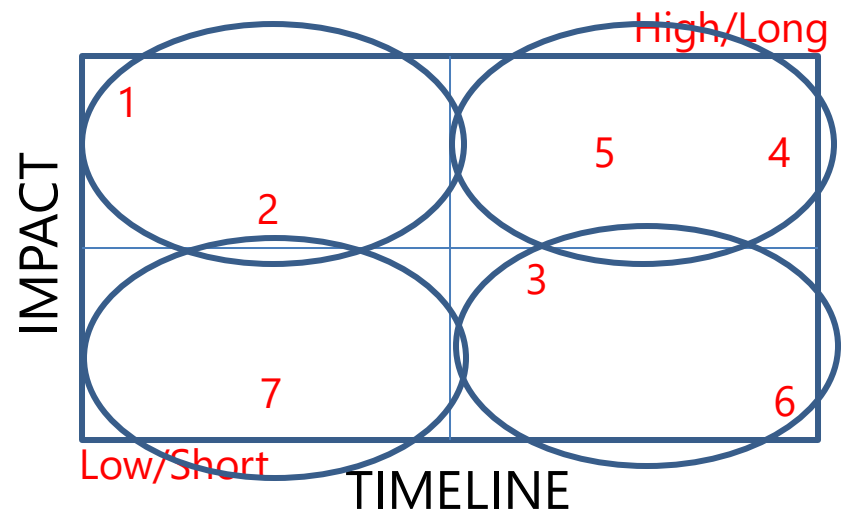
# Other Non-Traditional Funding

- Federal Tax Credit for Emergency Paid and Family Leave
- Federal Tax Credits for Employee Retention
- Deferral of Employer Share of FICA
- Advanced Medicare Payment
- Expanded Unemployment Insurance for Fully & Partly Laid-off Staff
- FEMA Public Assistance Grants
- Telehealth Utilization and Reimbursement
- Telehealth Grant Program – Federal Communications Commission (FCC)

# Preparing for “What’s Next?”

*If futurism means “recognizing that life will change, must change, and has changed,” then we are all futurists now.*

1. Managing through the crisis
2. Cash flow modeling/projections
3. Scenario planning
4. Telehealth/Patient engagement
5. Staff Engagement/Productivity
6. Emergency Planning/Business Continuity
7. Drive-through services



# What We Are Hearing?

- Challenges in determining how to appropriately spend and track the funding that has been allocated to date
- Working on near term facility modifications to enhance safety
- Beginning to think about longer-term financial planning:
  - Cash flow projections
  - Scenario modeling
  - What will the “new normal” look like?
- Beginning to think about longer-term facility modifications

# A Key Tool: Federal Funding Sources Spreadsheet

Here's the link:  
<https://docs.google.com/spreadsheets/d/1DfM-aU42TMaByT5YPOo0DAVWgT6CylAo67j4FWj9dho/edit?usp=sharing>

Significant updates are highlighted in bright green for at least 14 days.

**Join webinar:**  
 June 12th; 2:00 – 3:00 pm  
 Office Hours: Understanding Your Federal Funding Streams and Appropriate Stewardship

Federal Funding Sources for FQHCs re COVID-19

FEDERAL FUNDING SOURCE	H8D Grants	H8E Grants	Provider Relief Fund (PRF)	Reimbursement for C
<b>Other Names</b>	CARES grants	ECT grants (Expanded Capacity for COVID-Testing)	CARES Fund, or PRF (part of Public Health and Social Services Emergency Fund)	HRSA Uninsured Claim UnitedHee
<b>General Purpose (see details below)</b>	maintain or increase (CHC) both H8C and H8D)	Testing and testing-related activities	"to reimburse... eligible health care providers for <b>health care related expenses or lost revenues</b> that are attributable to coronavirus"	To reimburse provider cc uninsured patients with HRSA, through contract v
<b>Administered by</b>	HRSA/ BPHC		HHS, through contract with United Health/ Optum Pay	
<b>STATUTE/ APPROPRIATION</b>				
<b>In what law</b>	CARES Act	Paycheck Protection Program and Health Care Enhancement Act (PPPHCEA)	Established in CARES (\$100B); expanded in PPPHCEA (\$75B)	The Families First and PPPHCE to reimburse providers for portion of the Provider R purposes, including to reir costs for un
<b>Total Amount</b>	\$1.32 billion	\$600 million	\$175B (as of mid-May), split into "pots" -- see below.	TBD. Will depend at least i possible that funds may ru
<b>Signed into law on</b>	March 27, 2020	April 24, 2020	Mar. 27 (CARES) & Apr. 24 (PPPHCEA)	Varies (at lea
<b>ELIGIBLE RECIPIENTS</b>	ees only	CHC grantees and LALs	\$50 billion shared among all health care providers nationally, distributed in two rounds (called "General Distribution")	All health care providers n treating un
<b>AWARDS TO CHCs</b>			<b>General PRF Distribution</b>	<b>PRF funds for rural providers</b>
<b>Date awards were issued</b>	April 7 & 8	Around May 7	First round (\$30B total); Distributed April 10 (or soon after). <b>Second round (\$20B total)</b> . Distributed on a rolling basis, starting April 24	<b>Update 5/27:</b> Many around May 1, but some not till late May.
<b>How amounts determined</b>	BPHC formula	BPHC formula	HHS formula (in short, will total 2% of FQHC's 2018 net patient revenue)	HHS formula
<b>Formula for calculating award amount</b>	\$503K base; \$15 per patient; \$30 per uninsured patient (using 2018 UDS)	\$98,329 base, plus \$15 per patient in 2018 UDS	First \$30B distributed based on provider's share of national Medicare fee-for-service revenues. <b>Remaining \$20 billion</b> distributed so that the <b>total from both rounds</b> will be 2% of the provider's 2018 net patient revenue.	\$103,253 per FQHC site.

1. Details on all funding sources | 2. Deadlines | 3. Double-Dipping & Rebudgeting | Explore

# Sharing Experiences



# Funding Amounts and Recipients

- FQHC \$100 Million Supplemental Funding  
<https://bphc.hrsa.gov/emergency-response/coronavirus-covid19-FY2020-awards>
- FQHC \$1.3 Billion Supplemental Funding  
<https://bphc.hrsa.gov/emergency-response/coronavirus-cares-FY2020-awards>
- FQHC Covid Testing  
<https://bphc.hrsa.gov/emergency-response/expanding-capacity-coronavirus-testing-FY2020-awards>
- Provider Relief General Allocation  
<https://data.cdc.gov/Administrative/HRSA-Provider-Relief-Fund-General-Allocation/kh8y-3es6>
- Provider Relief High Impact Areas  
<https://data.cdc.gov/Administrative/Provider-Relief-Fund-COVID-19-High-Impact-Payments/b58h-s9zx>
- Provider Relief Rural Providers  
<https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/payment-allocation-methodology/index.html>

# Funding Terms and Conditions

- FQHC \$100 Million Supplemental Funding Overview  
<https://bphc.hrsa.gov/program-opportunities/cares-supplemental-funding>
- FQHC \$1.3 Billion Supplemental Funding Overview  
<https://bphc.hrsa.gov/program-opportunities/cares-supplemental-funding>
- BPHC's FAQ  
<https://bphc.hrsa.gov/program-opportunities/coronavirus-disease-2019/faq>
- Provider Relief Fund Distributions  
<https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/terms-conditions/index.html>

# Resource Pages

- NCCHCA <https://www.ncchca.org/covid-19/>
- HRSA BPHC <https://bphc.hrsa.gov/emergency-response>
- HHS <https://www.hhs.gov/coronavirus/news/index.html>
- NACHC <http://www.nachc.org/coronavirus/>
- SBA <https://www.sba.gov/page/coronavirus-covid-19-small-business-guidance-loan-resources>
- Capital Link <http://www.caplink.org/covid-19>
- Feldesman Tucker Leifer Fidell  
<https://www.feldesmantucker.com/covid-19-resource-center/>
- BKD <https://www.bkd.com/covid-19-resource-center>



# Contact Us

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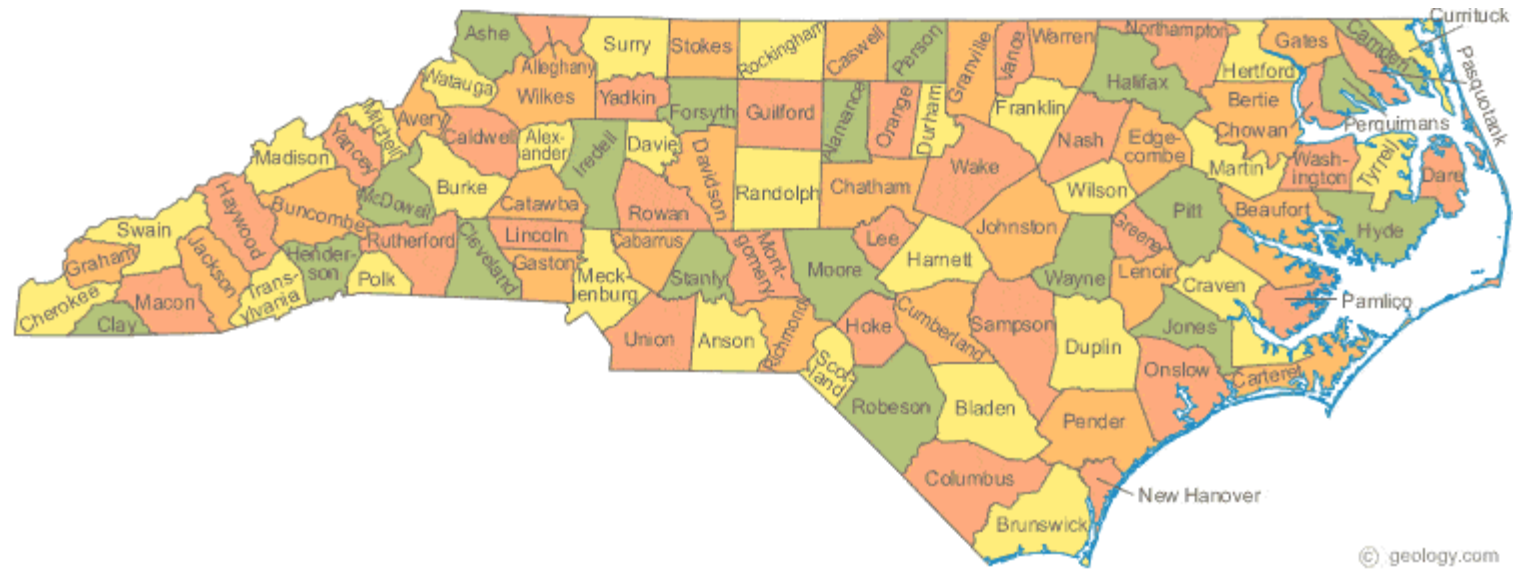
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# Health Center Updates



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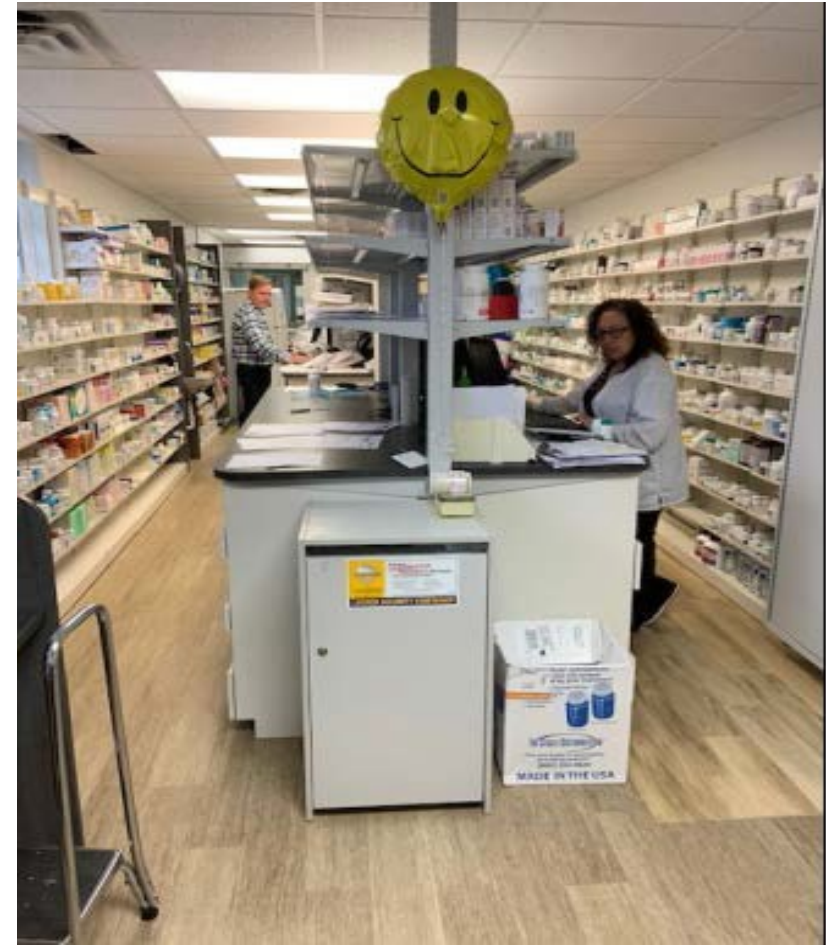
# Operations Update







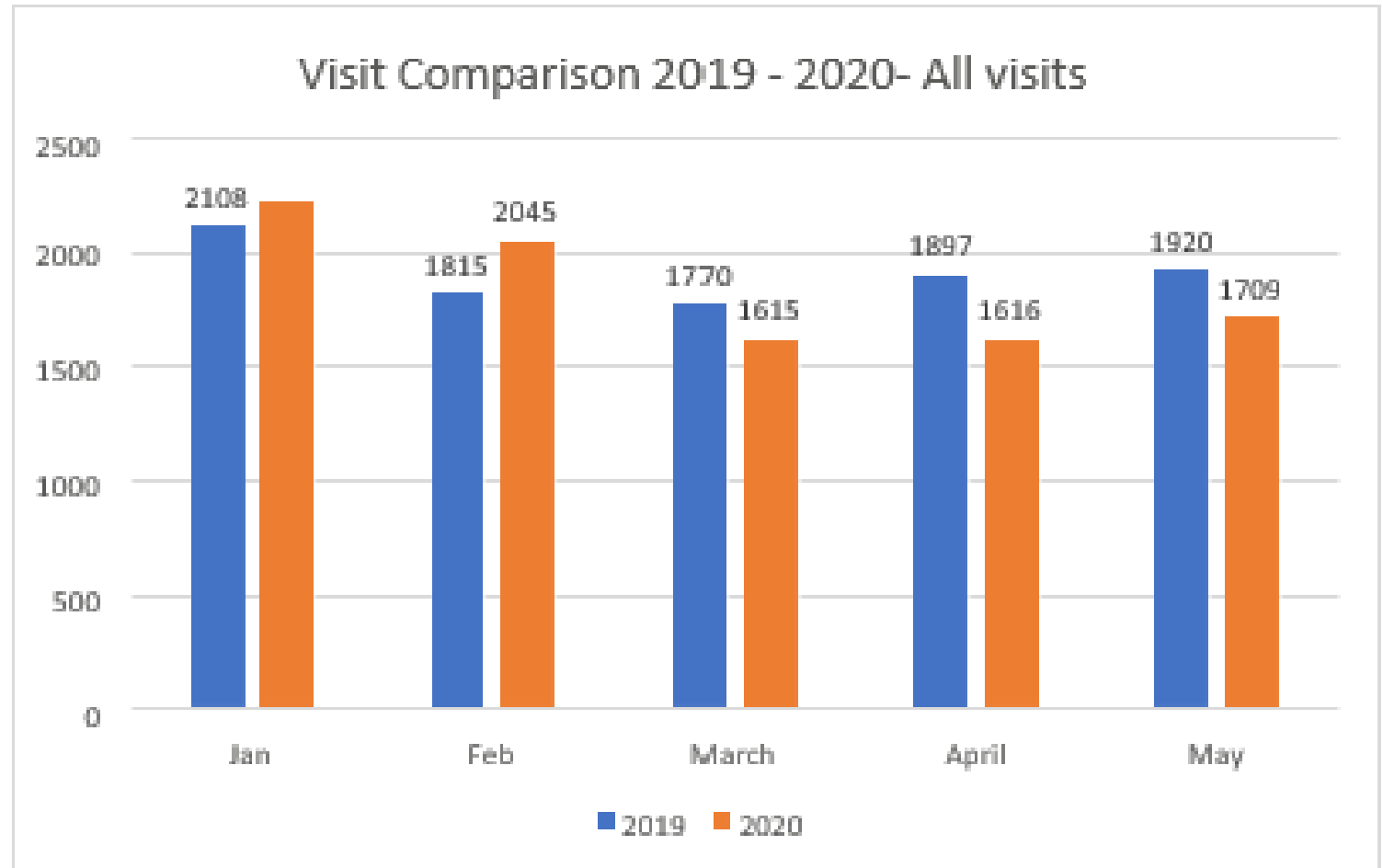


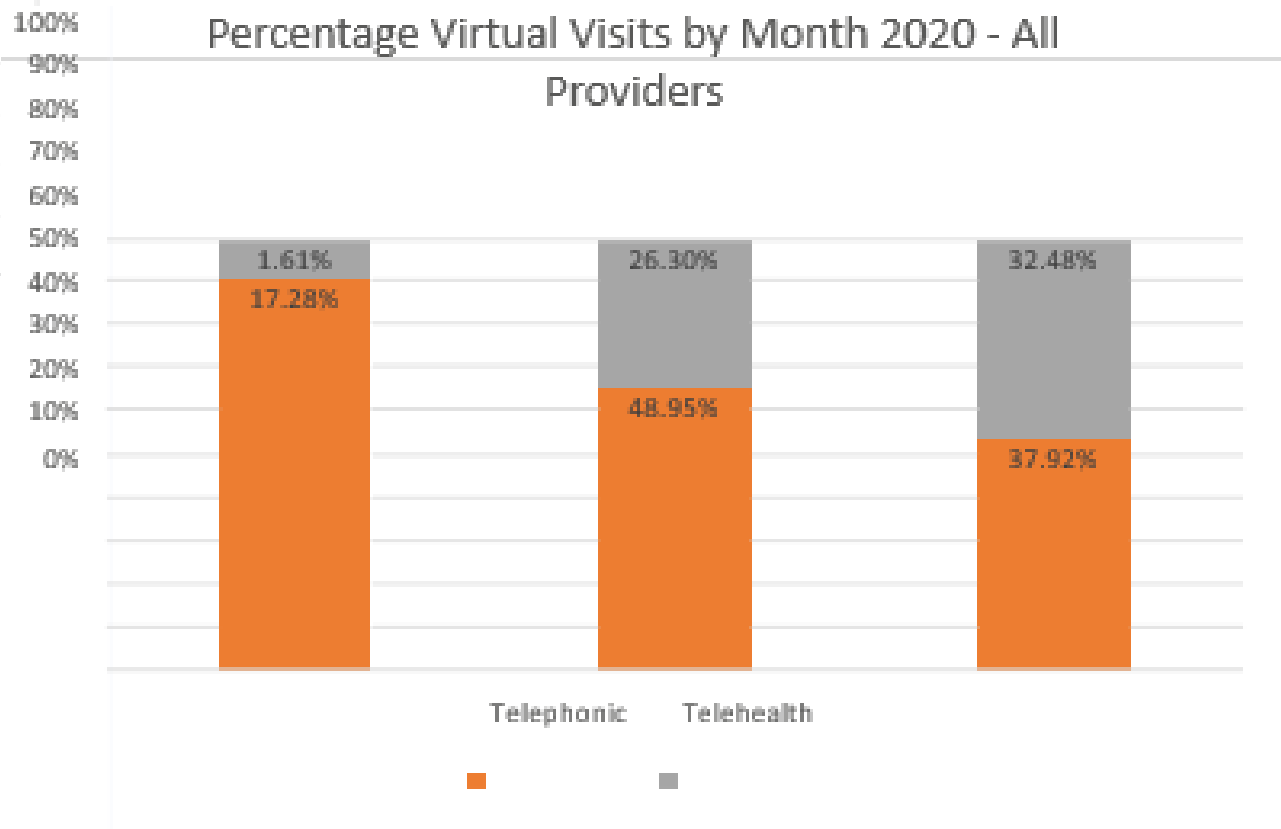
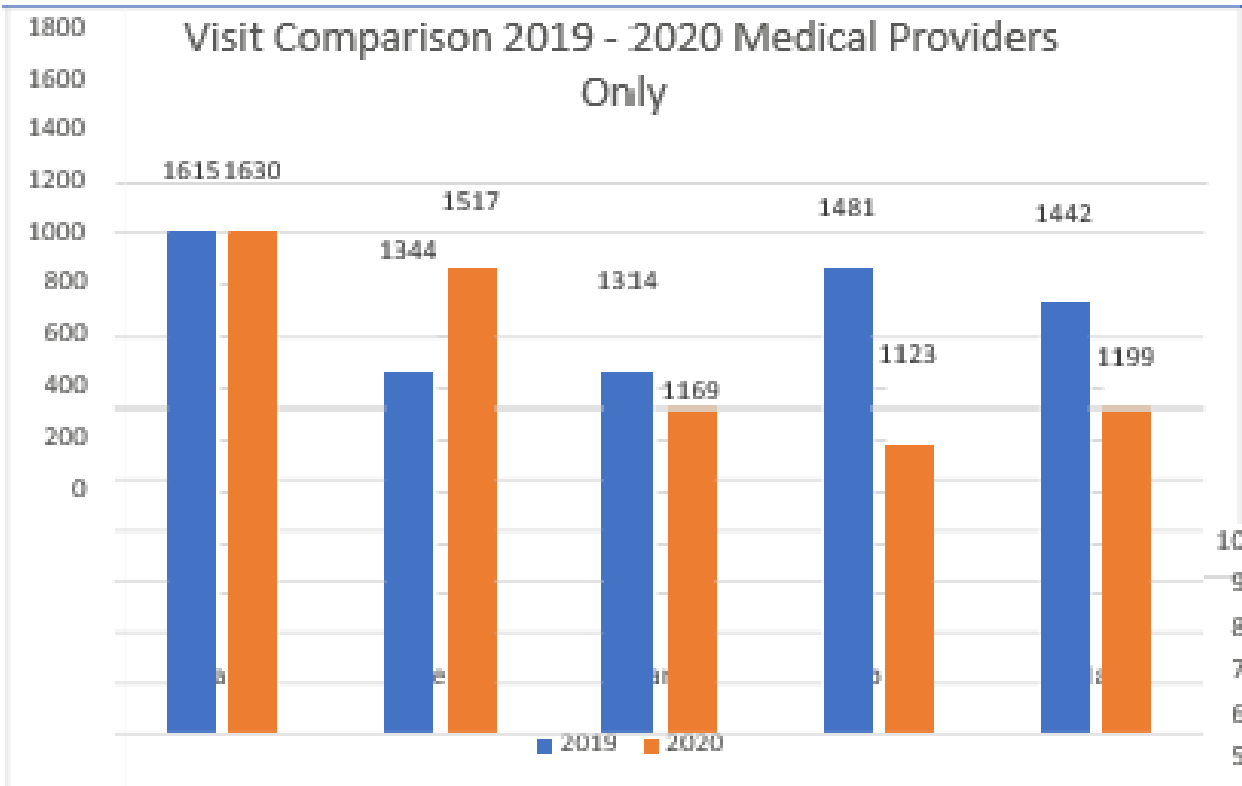


# COVID-19 update MAY 2020



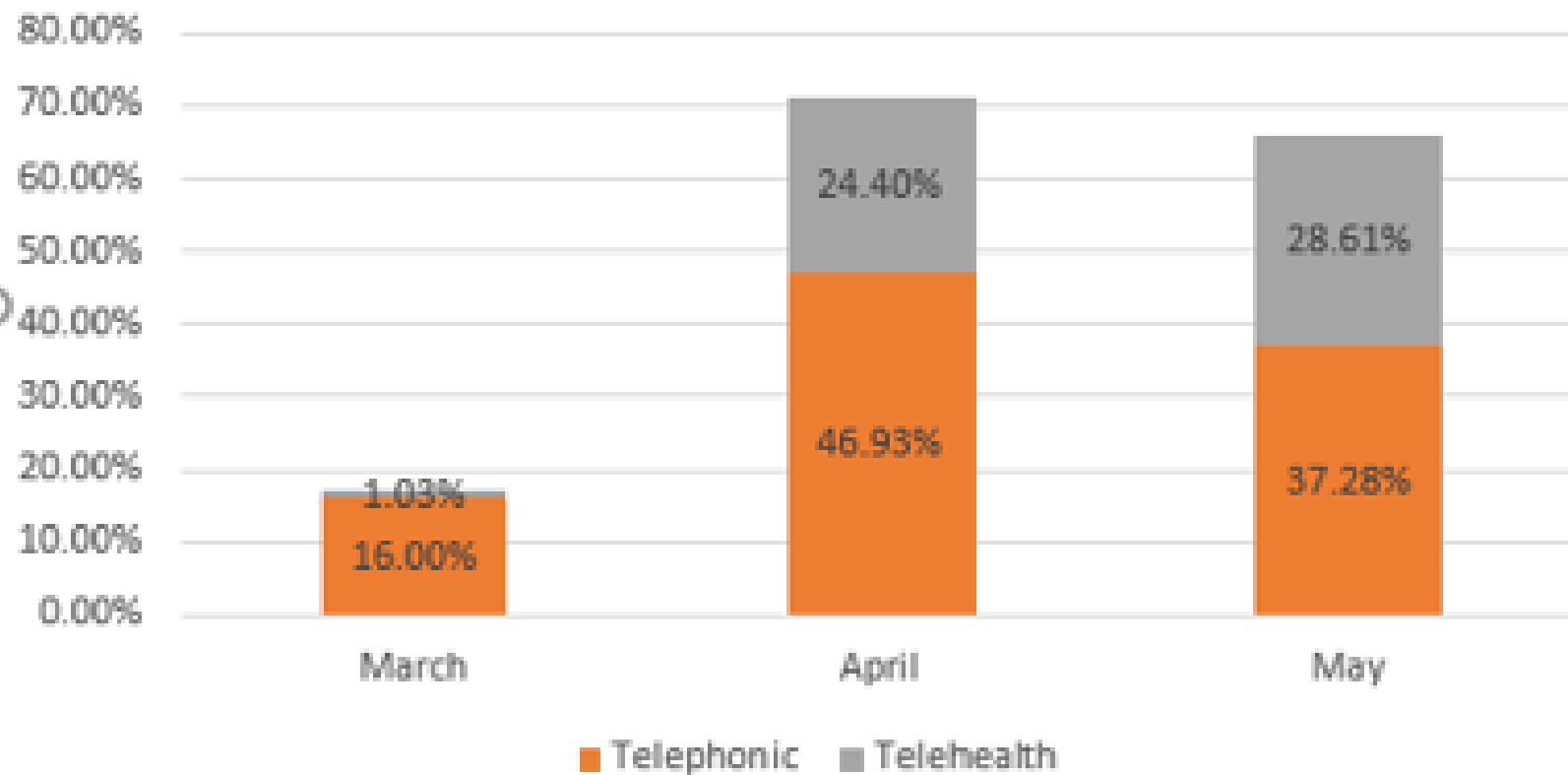
- COVID Testing for staff began May 26, 2020
- Continue:
- with COVID area until July 1, 2020
- daily temperature for all staff and anyone entering the building
- FD screening for COVID symptoms
  - Front desk training on Check-in Health Asyst-Go Live June 1, 2020- Electronic registration
- Re-locating staff offices to social distance
- Plexi has been installed in all FD/MA/Pharmacy check in areas
- Pursuing divider wall in areas that are staffed with cubicles/ stations MA-FD







## Virtual Visits by Month 2020 - Medical Providers Only



Summary: Overall decrease in visits YTD is 3.18% with decrease in medical visits by 8.41%. Mednorth volume increased in Jan, Feb until COVID (March) which caused us to trend downward

A blue ribbon graphic with a 3D effect, featuring a darker blue shadow on the left side. The ribbon is horizontal and contains the text "Reminders/Updates" in white.

Reminders/Updates

# CAC Designated Organization Open Season

April Morgan,  
NCCHCA Outreach & Enrollment Manager

# Why Become a CAC Designated Organization (CDO)?

- **Many health centers already have CDO status, but for those that do not...**
- CDO status allows health center to train staff/volunteers as Certified Application Counselors (CACs).
- CACs provide enrollment assistance for insurance plans available on the [Marketplace](#).
- Marketplace Open Enrollment is November 1 – December 15, 2020.
- However, opportunities to provide enrollment assistance exist now.

# Opportunities for Health Insurance Enrollment

North Carolina is expected to see changes in health insurance coverage, due to rising unemployment:

- Medicaid: increase of 273,000 – 568,000 individuals
- Marketplace: increase of up to 27,000 individuals
- Uninsured individuals: increase of 98,000 - 524,000

[Data Source](#): Health Management Associates, 4/3/2020

# Opportunities for Enrollment

- Since mid-March, **907,000+** people have applied for unemployment benefits in North Carolina.
- Loss of job-based health coverage: 370,000 – 1.1 million individuals ([Data Source](#): Health Management Associates, 4/3/2020)
  - Loss of job-based health insurance affects not only the individuals who have lost their job, but also family members who may have been on a job-based health plan.
- CACs can help individuals who have lost job-based health coverage, or who have experienced certain other life events, enroll in health insurance.

# How to Obtain CDO Status (*if your health center doesn't already have it*)

- CDO Open Season: Now – **August 31, 2020**
- To apply, visit <https://mats.secure.force.com/CDOApplication/>
- Technical Resources, <https://marketplace.cms.gov/technical-assistance-resources/assister-programs/cac-apply>
  
- Questions? Contact April Morgan, [morgana@ncchca.org](mailto:morgana@ncchca.org)

# Upcoming CHC COVID-19 Task Force Calls

**June 19, 10:00-11:30 am**

**July 10, 10:00-11:30am**

**July 24, 10:00-11:30am**





**Stay connected!**

[www.ncchca.org/covid-19/](http://www.ncchca.org/covid-19/)

[covid19@ncchca.org](mailto:covid19@ncchca.org)

