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)

51% of NC health centers responding

<table>
<thead>
<tr>
<th>Testing Capacity</th>
<th>NC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Centers with COVID-19 Testing Capacity</td>
<td>90.00%</td>
</tr>
<tr>
<td>Health Centers with COVID-19 Drive-Up/Walk Up Testing Capacity</td>
<td>77.79%</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>11.11%</td>
</tr>
<tr>
<td>12 Hours or Less</td>
<td>5.56%</td>
</tr>
<tr>
<td>24 Hours</td>
<td>11.11%</td>
</tr>
<tr>
<td>2-3 Days</td>
<td>11.11%</td>
</tr>
<tr>
<td>4 Days</td>
<td>11.11%</td>
</tr>
<tr>
<td>More than 5 Days</td>
<td>50.00%</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>76.25%</td>
</tr>
<tr>
<td>Health Center Sites Temporarily Closed</td>
<td>13</td>
</tr>
<tr>
<td>Staff Tested Positive for COVID-19</td>
<td>10</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>3.50%</td>
</tr>
<tr>
<td>Average Percent of Health Center Visits Conducted Virtually</td>
<td>42.75%</td>
</tr>
</tbody>
</table>

Latest Data from July 10th
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)

64% of NC health centers responding

**Race/Ethnicity** | **Patients Tested** | **Tested Positive**
---|---|---
White, Non-Hispanic/Latino | 25.63% | 44.77% |
White, Hispanic/Latino | 18.27% | 22.28% |
Black, Non-Hispanic/Latino | 37.39% | 6.32% |
Black, Hispanic/Latino | 1.08% | 0.31% |
Asian | 1.19% | 0.21% |
American Indian/Alaska Native | 1.88% | 0.83% |
Unreported/Refused to Report | 4.23% | 8.60% |

**Number of Patients Tested for COVID-19**

<table>
<thead>
<tr>
<th>Patients Tested</th>
<th>NC</th>
</tr>
</thead>
<tbody>
<tr>
<td>3651</td>
<td></td>
</tr>
</tbody>
</table>

**Patients Tested Positive**

| Patients Tested Positive | 981 |

Latest Data from July 10th

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. Send questions to Everyone or a specific person.
Agenda

• Welcome, Chris Shank, President & CEO, NCCHCA
• ORIG3N Laboratory, Kate Blanchard & Robin Smith
• Faith Health Division, Wake Forest Baptist Health, Brian Davis
• Uninsured Claims Portal/LabCorp, Brendan Riley, Director of Policy, NCCHCA
• Remote Patient Monitoring, Kim Schwartz, CEO, Roanoke Chowan Community Health Center
• BCBSNC Accelerate to Value, Kim Green & Joy Simmons, BCBSNC
• State Appropriations, Mel Goodwin, Interim Chief Operating Officer & General Counsel, & Ronak Patel, Director of Finance, NCCHCA
• Closing

Slides & Other Info will be available on our website: www.ncchca.org/covid-19/covid19-general-information/
Welcome from Chris Shank, President & CEO, NCCHCA
ORIG3N Laboratory,
Kate Blanchard, COO & Co-founder
Robin Smith, CEO
Faith Health Division,
Wake Forest Baptist Health,
Brian Davis
HRSA Uninsured Claims Portal

Brendan Riley, Policy Director, NCCHCA
Uninsured Claims Program

• Operated by United/Optum.

• Works like an insurance program -- claims must be submitted for individual patients, with CPT codes, etc., and reimbursement is paid for each claim.
  • Claims must include Social Security number, State ID number, or else an attestation that the provider couldn’t get this info.
  • Reimbursement is based on Medicare fee schedule rates

• *Every claim paid under this program results in increased revenue for the CHC.*

All health centers are **required**, under Section 330, to bill this program. Failure to do so will likely result in a condition on your grant.

You may not charge copays to anyone for whom you submit a claim under this program.

Uninsured claims are paid on a first-come-first-served basis, and available funding is capped. **So submit your claims ASAP to maximize reimbursement.**
FAQs

Do I Have to Provide Sensitive Patient Information to the Portal?

No. In fact some larger companies like LabCorp and Quest have indicated they will not include sensitive patient information when billing the portal. When submitting a claim, you are asked to provide patient information that allows HRSA to verify that the patient is indeed uninsured. To do this, the Portal asks for a patient’s Social Security Number, State of Residence, or State Identification/Driver’s License.

While these are listed as required fields, you can bypass this "requirement". In fact, the Portal indicates that providers may not provide the information if they attest that they were not able to collect this information from the patient:

If a [Social Security Number] 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.

If the individual is unable or unwilling to provide their address, please add the address of the facility where the care was provided or other location that may be appropriate (e.g., shelter).
FAQs (continued)

What services are eligible for reimbursement?
For dates of service or admittance on or after February 4, 2020, reimbursement will be made for qualifying testing for COVID-19 and treatment services with a primary COVID-19 diagnosis, including the following:

• Specimen collection, diagnostic and antibody testing.
• Testing-related visits including in the following settings: office, urgent care or emergency room or telehealth.
• Treatment, including office visit (including telehealth), emergency room, inpatient, outpatient/observation, skilled nursing facility, long-term acute care (LTAC), acute inpatient rehab, home health, DME (e.g., oxygen, ventilator), emergency ambulance transportation, non-emergent patient transfers via ambulance, and FDA-approved drugs as they become available for COVID-19 treatment and administered as part of an inpatient stay.
• FDA-approved vaccine, when available.
FAQs (continued)

How can I bill for testing if our lab partner also wants to bill for specimen processing/lab analysis?

When billing for COVID-19 testing, FQHCs can bill for the office visit and/or specimen collection associated with the test if the FQHC conducted those services. The laboratory used for specimen processing should and can still bill the Portal themselves to get reimbursed for that service. You can indicate which testing procedure you’re seeking reimbursement for by providing the specific procedure code(s) associated with the service(s).
FAQs (continued)

Will the portal reimburse for negative or asymptomatic testing services?

Yes, but you must use one of the following diagnoses codes to ensure the claim is reimbursed:

• Z03.818 - Encounter for observation for suspected exposure to other biological agents ruled out (possible exposure to COVID-19)
• Z11.59 - Encounter for screening for other viral diseases (asymptomatic)
• Z20.828 - Contact with and (suspected) exposure to other viral communicable (confirmed exposure to COVID-19)
Get Started!

- NCCHCA Review of data shows only 10 NCCHCA members have been reimbursed for testing or treatment by this portal.
- HRSA Uninsured Claims Portal website: https://coviduninsuredclaim.linkhealth.com/
Get Started!

• Tools for navigating the Portal
  • Educational Tools: this page features some resources that may be helpful in getting started and navigating the Portal, including videos, an interactive User Guide, a Checklist one-pager, and other resources
  • Billing Codes page
  • Frequently Asked Questions – Organized into five categories: About the Program, Eligibility, Claims & Coding, Reimbursement & Payment, and Program Administration
Steps You’ll Need to Take

At [COVIDUninsuredClaim.linkhealth.com](https://COVIDUninsuredClaim.linkhealth.com), sign in with your Optum ID. If you don’t have an Optum ID or you are not sure if you have one, you can follow the steps on the screen to create one.

- Validate your Taxpayer Identification Number (TIN). This can take 1-2 business days to process.
- Register for direct deposit/ACH through Optum Pay.™ Be sure to check the required documents before you begin. This can take 7-10 business days to process.
- Add your provider roster. This step will be available soon after the TIN is validated. This can take 5-7 business days to process.
- Complete patient attestation and upload your patient roster. You may need to do this step more than once.
- Submit your claims electronically using the Payer ID 95964 (COVID19 HRSA Uninsured Testing and Treatment Fund).

Once you sign in, you’ll be able to track your progress through the program. There will also be on-demand training available for the steps in this program.
Why Would Claims Be Denied?

• Claims may be denied if:
  • They are submitted improperly according to guidance (ex. Treatment where COVID-19 not the primary diagnosis)
  • The Portal determines that the patient is not actually uninsured
  • Funding appropriated for the portal is exhausted

• About that funding...
Thus far, Congress has authorized funding for these Portal in a few different pots:

- $175 billion for the Provider Relief Fund total. An undetermined amount of this funding is being used to reimburse costs for COVID-19 treatment of uninsured individuals.

- $2 billion to reimburse costs for COVID-19 testing of uninsured individuals.
Funding Available Until Expended

- Only 5% of the funds for testing have been spent as of July 16.
- Possible backup plan if/when funding exhausted: NC General Assembly authorized federally-funded option to have Medicaid cover testing for uninsured during public health emergency.
LabCorp Letter re: Uninsured Claims Portal
Telehealth and Remote Monitoring at RCCHC

July 24, 2020

Kim A. Schwartz
Chief Executive Officer

Roanoke Chowan Community Health Center
Fall forward, learn fast
Remote Patient Monitoring Framework

Proven to improve health and enhance care by interconnecting stakeholders to increase accountability and change patient behaviors.

Valuable Outcomes

**PATIENT**
- Fewer ED/Offices visits
- Fewer hospital re-admissions
- Improves overall health and quality of life
- Improves provider relationship
- Reduces out-of-pocket expenses
- Increases accountability and healthcare IQ
- Ease of use

**PROVIDER**
- Real time access to patient health data
- Better view into patient’s lifestyle
- Supports meaningful use
- Lower healthcare cost
- Improves treatment plans and outcomes
- Supports Patient Center Medical Home and NCQA accreditation
How We Got Here and Where to Go

- COVID-19
  - Tested and Positive – RPM Case Management

Chronic / Acute

- Keep moving forward
- Fail forward
COVID Positive

- Comorbidity
- Post Isolation
- Standing Order - 3 month Remote Patient Monitoring
RPM Case Management
Some Considerations for RPM

- Payor mix
- Cost of equipment
- Low hanging fruit during COVID
- Vendor selection
- Post COVID considerations
Don’t Go It Alone!
Resources

- MATRC
  - www.matrc.org
- MATRC RPM Tool Kit
- RCCHC White Paper
Virtual Rounds: Accelerate to Value

COVID-19 support and accelerated pathway to Blue PremierSM for independent primary care practices

July 24, 2020
AGENDA

• Who we are

• Program basics

• Upfront payment to stabilize practice revenue

• Terms of participation:
  • Deliver high-quality care and care coordination during the crisis
  • Move to value-based care through Blue Premier

• Introduction to Blue Premier℠

• Application process and timeline

• Q&A
  • Please hold your questions until we open the Q&A. We will ask the hosts as many questions as we can at the end of the presentation.

Please note:

There is a slight delay in the webinar feed. Please keep this in mind as we proceed.

Close your window and rejoin the webinar if you’re having technical issues. This typically fixes any audio/visual problems with the platform.
WHO WE ARE

- Rahul Rajkumar, MD, SVP, Chief Medical Officer
- Dr. Leslie McKinney, MD, Sr. Medical Director
- Scott Heiser, MPH, Sr. Manager, Health Care and Medical Expense Strategy
- Molly O'Toole, RN, MSN, CPC, Sr. Manager, Advanced Primary Care
- Amy Winstead, Manager, Provider Contracting and Director, Provider Network Healthy Blue
- Azalea Kim, MD, MBA, MPA, Chief of Staff to the Chief Medical Officer
- Theresa Chu, Team Lead, Health Care Communications
ACCELERATE TO VALUE:
PROGRAM BASICS
ACCELERATE TO VALUE: GUIDING PRINCIPLES

Independent primary care practices play a critical role in providing care to Blue Cross NC members and all North Carolinians.

1. Provide financial stability to independent primary care practices
2. Ensure patient access to high-quality, well-coordinated care
3. Provide a bridge to participate in Blue Cross NC’s value-based care program called Blue Premier
4. Help independent primary care practices stay independent
ACCELERATE TO VALUE: PROGRAM OVERVIEW

There are four key parts to the program:

1. **Stabilize practice revenue**
   - Upfront payment to practices to what an average practice would have earned for core primary care service
   - "Catch up" payments to make course corrections along the way to maintain 2019 levels

2. **High-quality care + care coordination during crisis**
   - For our Blue Cross NC members, practices pledge to:
     - Ensure access
     - Promote telehealth
     - Provide care delivery and care coordination activities responsive to COVID-19 pandemic

3. **Rapid transition to value-based care through Blue Premier (Required)**
   - Join a Blue Premier accountable care organization (ACO) by December 31, 2020

4. **Pathway to PCP capitation (Not Required)**
   - Options to join a Blue Premier ACO through Aledade or an existing Blue Premier clinically integrated network (CIN)
   - Opportunity in 2022 to adopt a PCP capitation model
ACCELERATE TO VALUE:
UPFRONT PAYMENT TO STABILIZE PRACTICE REVENUE
ACCELERATE TO VALUE: WHO IS ELIGIBLE?

✓ Independently owned and operated primary care practices:
  ✓ Includes internal medicine, family medicine, pediatrics, geriatrics, OB-GYN and multispecialty practices.
  ✗ Practices owned by hospitals and health systems are not eligible.

✓ In-network and otherwise in good standing with Blue Cross NC

✓ Able to receive funds via electronic funds transfer into the bank account on record with Blue Cross NC

✓ Attest to quality, value and intent to stay independent

Our aim is maximize the number of primary care practices who are eligible and can benefit from this program.
The design of the program is to subsidize the revenue shortfall practices are enduring for 2020 and 2021 compared with pre-COVID 2019 level.

In 2020:

1. We compare 2020 allowed revenue for core primary care services to 2019 allowed revenue to determine shortfall across all eligible independent primary care practices.

2. Total shortfall amount across all practices is converted to a “per attributed Blue Cross NC patient per month” (PAMPM) amount.
   - When requested, Blue Cross NC will provide a snapshot of your practice’s attribution totals using the most recent data available. **Note:** There will be slight differences in the final attribution totals and the figures reflected, but it will give you a reasonable approximation of your anticipated attributed members. All commercial members, including Blue Card, ASO and FEP are included.

3. We estimate this amount to be $8 per attributed member per month (PAMPM) for the 6-month period ending December 2020. This $48 amount is multiplied by each practice’s attributed patients. This is the first payment amount.

4. For 2020, at the end of the year we calculate a “catch-up payment” if the shortfall for the pool was more than the estimated. If we overestimated the shortfall, you still keep the payments (i.e. no “claw back”).
The design of the program is to subsidize the revenue shortfall practices are enduring for 2020 and 2021 compared with pre-COVID 2019 level.

In 2021:

5. We use recent 2020 experience to forecast the shortfall relative to 2019 revenue for primary care services across all eligible independent primary care practices in 2021.

6. This forecasted shortfall amount across all practices is converted to a prospective “per attributed Blue Cross NC patient per month” (PAMPM) amount.

7. This forecasted PAMPM is multiplied by each practice’s attributed patients. Payments will be made within 60 days of the end of each quarter of 2021.

We can make course corrections and adjust payments to keep total revenue for practices in the program at 2019 levels. Through financial stability, practices will be able to deliver high-value, well-coordinated care during the COVID-19 crisis pandemic.
Example: There are 800 Blue Cross NC members who are attributed to this practice as of July 1, 2020.

Application due July 31, 2020
Contracting June – August 2020

2020 year-end payment
Covering period Jan-Dec 2020
Additional payment if underestimated 2020 shortfall

Q1 2021 payment
Covering period Jan-Mar 2021

Q2 2021 payment
Covering period Jan-Jun 2021

Q3 2021 payment
Covering period Jul-Sept 2021

Q4 2021 payment
Covering period Oct-Dec 2021

Fall 2020
(within 45 days following contract signature)
$48 x 800 patients
$38,400 payment

Join Blue Premier ACO

PCP Capitation Option
WHAT COUNTS AS CORE PRIMARY CARE SERVICES?

• Blue Cross NC assessed all revenue billed by eligible practices in 2019

• Separated all spending into commoditized goods (e.g. injectable drugs) v. non-commoditized services (e.g. all evaluation and management visits).

• Only the **non-commoditized services** are considered core primary care services.
HOW DO MEMBERS BECOME ATTRIBUTED TO YOUR PRACTICE?

Membership in these lines of business are eligible for attribution:

✓ Fully insured
✓ Self-funded (employer groups)
✓ Inter-Plan Program members (also referred to as IPP Host)
✓ Federal Employee Program

State Health Plan is not participating in this program at this time.

Blue Medicare Advantage is not included.

We will use the same methods as our value-based program, Blue Premier, to attribute members to your practice.

We use the history of claims to identify members who:
• Were seen at your practice for wellness, primary care, and E&M services, or
• Have selected you as a primary care provider
ACCELERATE TO VALUE:
HIGH-QUALITY CARE AND CARE COORDINATION DURING THE CRISIS
TERMS OF PARTICIPATION:
OVERVIEW

We trust that you provide excellent care to our members during the COVID-19 crisis.

We will ask that you attest, or pledge, to continue to execute these efforts:

1. Provide care delivery and care coordination activities
2. Commit to join the pathway to value-based care
3. Maintain independent status for the duration of this program

Our aim is to minimize the administrative burden on practices while requiring actions that support access and high-quality care for our members.
To be enrolled in the program, we will ask practices to **pledge** to and execute the following actions:

- **Access:**
  - Will maintain and expand access to care delivery for Blue Cross NC members, including expanded hours, weekend access, and asynchronous communications (i.e., secure messaging)
  - Will keep provider panels open for Blue Cross NC members

- **Telehealth Adoption:** Have already deployed or will plan to deploy telehealth services

- **EHR Adoption:** Have already deployed or will plan to deploy electronic health record technology in their practice operations by December 31, 2020.
In order to justify this payment, we have identified activities your practices are likely doing already that are important to our members during the COVID-19 pandemic. We ask you to pledge to:

**Provide care delivery activities responsive to COVID-19.**

*Examples you may already do include:*
- Referrals for COVID-19 testing, coordination to access public health resources (including testing, contact tracing, and supportive services in the event of a need to quarantine)
- Behavioral health screenings
- Delivery of preventive services
- Proactive monitoring and delivery of care for members with chronic disease

**Provide care coordination activities.**

*Examples you may already do include:*
- Member identification (e.g., complex patients or patients with chronic
- Care plan preparation
- Referral, test, and follow-up care coordination and tracking
- Self-management support
- Patient/member follow-up care
- Care transition support and management
- Care coordination with other health care providers
- Medication reconciliation and adherence assessments
- Transitions of care support and management
TERMS OF PARTICIPATION:
AUDIT PROGRAM

We are required to have an audit program that will focus on ensuring access for our members.

1. **Data reviewed**
   to determine adoption rates of telehealth and delivery of preventative care, behavioral health care, and support of transitions of care among practices.

2. **Data shared**
   to inform you of your existing quality improvement activities.

3. **Corrective action**
   if the audit identifies critical deficiencies. Practices will be asked to remediate with a corrective action plan.
To be enrolled in the program, practices must attest to transition to value-based care by joining a Blue Premier ACO by December 31, 2020 for the 2021 Blue Premier Performance Year. This is a **binding commitment**:

This can be done through one of two mechanisms:

1. Joining Blue Premier Aledade ACO, or;
2. Joining an existing Blue Premier ACO through their clinically integrated network (CIN)
   - The three eligible Blue Premier CINs are: UNC Health Alliance (UNCHA), Triad Health Network (THN), WakeMed Key Community Care (WKCC)

If the independent practice is already in Blue Premier, this commitment is satisfied. The practice must submit an application for Accelerate to Value.

If the practice has not executed a Blue Premier value-based agreement by December 31, 2020, they will be removed from the Accelerate to Value program and will not receive payments in 2021.
All Accelerate to Value participants will pledge to consider the opportunity to join a **primary care capitation** model to begin in performance year 2022.

This is a **non-binding** commitment.

The Blue Cross NC team will work closely with Accelerate to Value practices, Aledade, and the Blue Premier CINs to share details of the PCP capitation model when it is available for review in 2021 or sooner.

**More details on Blue Premier and PCP capitation in the next section.**
TERMS OF PARTICIPATION:
PLEDGE TO STAY INDEPENDENT

Accelerate to Value practices must remain independent through December 31, 2022. This is a binding commitment.

If a practice is no longer independently owned or operated before December 31, 2022 (i.e., sell themselves to a hospital or hospital system), the practice will be removed from the Accelerate to Value program and required to return the amount of the program funding to Blue Cross NC.
ACCELERATE TO VALUE:
MOVE TO VALUE-BASED CARE THROUGH BLUE PREMIER
We want to provide primary care physicians across North Carolina the tools they need to be best-in-class and succeed in a remodeled health care system built on the foundation of value-based, patient-centered care.

Note: Q&A is now open
True shared risk and savings

• One of the nation’s most comprehensive shared savings models with a pathway to two-sided risk

• Gives independent practices opportunity earn substantial rewards for improving quality and reducing total cost of care

• Makes primary care a priority
Accountable Care Organizations

• ACOs are groups of providers who assume responsibility for the quality and cost efficiency of the health care for a designated patient population.

• The goal of coordinated care is to ensure that patients, especially the chronically ill, receive the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors.

Aligned Goals

• Provides physicians flexibility and incentives to deliver higher-value care

• Better care coordination and support

• Innovative population health management

• Focus on maintaining patient health and improving patient experience
=value-based care: blue premier key model components

**Standard Attributed Population:** connecting our members to your practice

**Quality Component:** using a standard set of quality metrics and targets to measure performance

**Financial Model:** developing shared savings and compensation for high quality performance

**Data and Insights:** delivering improved data and insights to help you better manage your attributed members

**Provider Engagement** to deliver improved reporting and opportunity analysis designed to inform providers of areas of targeted change and savings potential
  - Deployment of consulting teams to regularly engage with providers
ACCELERATE TO VALUE:
PATHWAY TO PCP CAPITATION
(NOT REQUIRED)
VALUE-BASED CARE FUTURE STATE: PCP CAPITATION

- Blue Cross NC will offer a model for primary care provider (PCP) capitation starting in 2022 to practices in the Accelerate to Value program.

- PCP capitation is a fixed payment for a set of core primary care services paid on behalf of all Blue Cross NC members attributed to providers for these services.

- We are not asking practices to make a binding commitment to accept PCP capitation at this time. However, we believe this will be an attractive payment model that will offer sustainable funding for primary care services.

- PCP capitation will let practices determine the best way to deliver primary care to all of the patients they serve, allowing for new flexibility in how and when that care is delivered.
NEXT STEPS
NEXT STEPS

- Visit BlueCrossNC.com/Accelerate-Value-Program to apply (only takes 10 min!)
- Application and refreshed FAQs are available on the website
- Application deadline July 31, 2020 at 5 p.m. ET

Additional webinars will be announced on our website

You can also send inquiries to AcceleratePCP@bcbsnc.com.
State Appropriations,
Mel Goodwin, Interim COO &
General Counsel, NCCHCA
Upcoming FQHC Task Force Calls

August 7, 10:00-11:30am
August 21, 10:00am-11:30am
Stay connected!

www.ncchca.org/covid-19/
covid19@ncchca.org