CHC Task Force Meeting

November 20, 2020
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
• **Election Debrief**, Harry Kaplan & Jeff Barnhart, McGuireWoods Consulting
• **2021 Policy Priorities**, Brendan Riley, Director of Policy, NCCHCA
• **Experience with Carolina Access**, Daphne Betts-Hemby, CFO, Kinston Community Health Center
• **Updates**, Shannon Dowler, MD, NC Division of Health Benefits
• **Wrap-Up**

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, NCCHCA
North Carolina Election Recap
November 18, 2020
THE COUNT
VOTER TURNOUT

In North Carolina…

✓ 5,545,859 voters

✓ 75.4% of registered voters cast a ballot

✓ 4,629,200 of voters voted early

✓ 916,659 voted on Election Day

✓ Voter turnout increased about 6% over 2016
FEDERAL RACES
FEDERAL RACES

✓ **US PRESIDENT**

President Donald Trump (R)  
INCUMBENT  
2,758,776 (49.93%)  

Former Vice President Joe Biden  
(D)  
2,684,303 (48.59%)  

✓ **US SENATE**

Cal Cunningham (D)  
2,569,972 (46.94%)  

Thom Tillis (R)  
INCUMBENT  
2,665,605 (48.69%)
FEDERAL RACES

US HOUSE

✓ DISTRICT 1:
G.K. Butterfield (D) - INCUMBENT- 54.18%
Sandy Smith (R) – 45.82%

✓ DISTRICT 2:
Deborah Ross (D) – 62.96%
Alan Swain (R) – 34.83%

✓ DISTRICT 3:
Greg Murphy (R) - INCUMBENT- 63.38%
Daryl Farrow (D)- 36.62%

✓ DISTRICT 4:
David Price (D)- INCUMBENT- 67.33%
Robert Thomas (R) – 32.67%

✓ DISTRICT 5:

✓ DISTRICT 6:
Kathy Manning (D)- 62.27%
Lee Haywood (R)- 37.73%

✓ DISTRICT 7:
David Rouzer (R)- INCUMBENT- 60.25%
Christopher Ward (D)- 39.59%

✓ DISTRICT 8:
Richard Hudson (R)- INCUMBENT- 53.28%
Patricia Timmons-Goodson (D) – 46.72%

✓ DISTRICT 9:
Dan Bishop (R)- INCUMBENT- 55.59%
Cynthia Wallace (D) – 44.41%

✓ DISTRICT 10:
Patrick McHenry (R)- INCUMBENT- 68.91%
David Parker (D) – 31.09%

✓ DISTRICT 11:
Madison Cawthorn (R) – 54.50%
Moe Davis (D) – 42.34%

✓ DISTRICT 12:
Alma Adams (D)- INCUMBENT- 100%

✓ DISTRICT 13:
Ted Budd (R)- INCUMBENT- 68.18%
Scott Huffman (D) – 31.82%
COUNCIL OF STATE
GOVERNOR

✓ Roy Cooper (D)  
  INCUMBENT  
  2,834,801 (51.52%)

Dan Forest (R)  
  2,586,608 (47.01%)
LIEUTENANT GOVERNOR

✓ Mark Robinson (R)
  2,800,658 (51.63%)

Yvonne Lewis Holley (D)
  2,623,467 (48.37%)
ATTORNEY GENERAL

✓ Josh Stein (D)  
INCUMBENT  
2,713,407 (50.13%)

Jim O’Neill (R)  
2,699,783 (49.87%)
STATE AUDITOR

✓ Beth Wood (D)  
INCUMBENT  
2,730,185 (50.88%)

Anthony Wayne (Tony) Street (R)  
2,635,827 (49.12%)
COMMISSIONER OF AGRICULTURE

✓ Steve Troxler (R)
   INCUMBENT
   2,901,852 (53.86%)

Jenna Wadsworth (D)
   2,485,731 (46.14%)
COMMISSIONER OF INSURANCE

✓ Mike Causey (R)
    INCUMBENT
    2,775,491 (51.76%)

Wayne Goodwin (D)
    2,586,473 (48.24%)
✓ Josh Dobson (R)
2,726,624 (50.83%)

Jessica Holmes (D)
2,637,534 (49.17%)
SECRETARY OF STATE

✓ Elaine Marshall (D)
INCUMBENT
2,755,581 (51.16%)

E.C. Sykes (R)
2,630,562 (48.84%)
SUPERINTENDENT OF PUBLIC INSTRUCTION

✓ Catherine Truitt (R)  
2,753,223 (51.38%)

Jen Mangrum (D)  
2,605,178 (48.62%)
TREASURER

✓ Dale Folwell (R)
   INCUMBENT
   2,812,803 (52.58%)

Ronnie Chatterji (D)
   2,537,026 (47.42%)
North Carolina General Assembly: A Break Down

2021-2022 DEMOGRAPHICS

<table>
<thead>
<tr>
<th>HOUSE</th>
<th>SENATE</th>
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<tbody>
<tr>
<td>120 MEMBERS</td>
<td>50 MEMBERS</td>
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<tr>
<td>Republicans: 69</td>
<td>Republicans: 28</td>
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<tr>
<td>NET GAIN OF 4 SEATS</td>
<td>NET LOSS OF 1 SEAT</td>
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<tr>
<td>Democrats: 51</td>
<td>Democrats: 22</td>
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<tr>
<td>NET LOSS OF 4 SEATS</td>
<td>NET GAIN OF 1 SEAT</td>
</tr>
<tr>
<td>NEW MEMBERS: 18</td>
<td>NEW MEMBERS: 7</td>
</tr>
<tr>
<td>72 votes needed for override</td>
<td>30 votes needed for override</td>
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</tbody>
</table>
### North Carolina 2020 General Assembly: A Break Down

**LEGISLATIVE MAJORITY: HOUSE**

#### POST-ELECTION MAJORITY

<table>
<thead>
<tr>
<th>McGuireWoods Consulting</th>
<th>24</th>
<th>CONFIDENTIAL</th>
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<tr>
<td>Pre-Election Majority</td>
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<td>Post-Election Majority</td>
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#### POST-ELECTION MAJORITY VS.

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### Pre-Election Majority

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<th>Representative</th>
<th>Political Affiliation</th>
<th>District</th>
<th>Vote</th>
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<td>Howard Setzer</td>
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### Post-Election Majority

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North Carolina 2020 General Assembly: A Break Down

LEGISLATIVE MAJORITY: SENATE

PRE-ELECTION MAJORITY

VS.

POST-ELECTION MAJORITY
HOUSE
POST-ELECTION HOUSE DISTRICT MAP
Incumbent Rep. Jones was appointed to this seat during the 2019 session to the fill the seat of now-Congressman Greg Murphy. Jones was defeated by challenger representative-elect Brian Farkas, whose campaign was endorsed by former Governor Jim Hunt (D) and former president Barack Obama (D). Farkas is a Pitt County native and works at his family’s architecture firm. Previously, he specialized in emergency management for the National Institute of Health (NIH) and worked for the U.S. Attorney’s office.
KEY HOUSE RACES TO WATCH: THE RESULTS

HOUSE DISTRICT 37 (WAKE)

Sydney Batch (D) INCUMBENT
32,842 (46.79%)

Erin Pare (R)
35,136 (50.06%)

Winning this Southern Wake House seat was largely seen as the best chance for Republicans to regain a seat in the chamber. Pare narrowly defeated incumbent Rep. Sydney Batch, a family law attorney and social worker elected in 2018. Pare is a small business owner, mother of two, and founder of a non-profit organization that supports music arts programs. This gives the GOP their only legislative seat in Wake County.
Dr. Hardy, a social work professor at Fayetteville State University, upset six-term incumbent Rep. Elmer Floyd (D) in the March primary. She fell short to challenger Diane Wheatley. Wheatley has worked as a registered nurse at several Cumberland County health care facilities, served three terms on the County Board of Education, and was a county commissioner in 2004.
KEY HOUSE RACES TO WATCH: THE RESULTS

HOUSE DISTRICT 45
(CUMBERLAND)

Frances Vinell Jackson (D) 19,557 (49.12%)

John Szoka (R) INCUMBENT 20,260 (50.88%)

VS

Rep. Szoka is in the House leadership, serving as a Finance Committee Co-Chair among other positions. He is a retired US Army Lt. Colonel and a small business owner.
KEY HOUSE RACES TO WATCH: THE RESULTS

HOUSE DISTRICT 59 (GUILFORD)

Nicole Quick (D)
26,016 (47.74%)

Jon Hardister (R)
INCUMBENT
28,474 (52.26%)

VS

Rep. Hardister is the House Majority Whip.
KEY HOUSE RACES TO WATCH: THE RESULTS

HOUSE DISTRICT 63 (ALAMANCE)

Ricky Hurtado (D)
20,584 (50.59%)

VS

Stephen Ross (R)
INCUMBENT
20,107 (49.41%)

Ricky Hurtado, a UNC Chapel Hill instructor and a member of several gubernatorial task forces, defeated incumbent Rep. Ross.
HOUSE DISTRICT 66 (MONTGOMERY, RICHMOND, STANLY)


Ben Moss (R)  
22,093 (59.90%)

VS

Scott Brewer (D)  
INCUMBENT  
14,791 (40.10%)
Ray Pickett, a small business owner and political newcomer, upset the first-term incumbent, Rep. Ray Russell.
KEY HOUSE RACES TO WATCH: THE RESULTS

HOUSE DISTRICT 98 (MECKLENBURG)

John Bradford (R)  
31,793 (51.67%)

Christy Clark (D)  
INCUMBENT  
29,743 (48.33%)

In this rematch of the 2018 mid-term election, current incumbent Rep. Christy Clark fell just short of holding on to the seat she won from her opponent, and now representative-elect, John Bradford. Clark works as a paralegal and is a strong gun control activist and Bradford, who has held a variety of public offices, is a small business owner. This gives the GOP their only legislative seat in Mecklenburg County.
<table>
<thead>
<tr>
<th>District</th>
<th>Representative</th>
<th>Political Party</th>
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<tbody>
<tr>
<td>3 (Craven) - Steve Tyson</td>
<td>(R)</td>
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<td>7 (Franklin, Nash) - Matthew</td>
<td>(R)</td>
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<td>9 (Pitt) - Brian Farkas</td>
<td>(D)</td>
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<tr>
<td>19 (New Hanover) - Charlie</td>
<td>(R)</td>
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<tr>
<td>37 (Wake) - Erin Pare</td>
<td>(R)</td>
<td></td>
</tr>
<tr>
<td>38 (Wake) - Abe Jones</td>
<td>(D)</td>
<td></td>
</tr>
<tr>
<td>43 (Cumberland) - Diane</td>
<td>(R)</td>
<td></td>
</tr>
<tr>
<td>63 (Alamance) - Ricky Hurtado</td>
<td>(D)</td>
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<tr>
<td>66 (Montgomery, Richmond, Stanly) - Ben Moss</td>
<td>(R)</td>
<td></td>
</tr>
<tr>
<td>68 (Union) - David Willis</td>
<td>(R)</td>
<td></td>
</tr>
<tr>
<td>72 (Forsyth) - Amber Baker</td>
<td>(D)</td>
<td></td>
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<tr>
<td>74 (Forsyth) - Jeff Zenger</td>
<td>(R)</td>
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<tr>
<td>80 (Davidson) - Sam Watford</td>
<td>(R)</td>
<td></td>
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<tr>
<td>85 (Avery, McDowell, Mitchell)</td>
<td>(R)</td>
<td></td>
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<tr>
<td>95 (Iredell) - Grey Mills</td>
<td>(R)</td>
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<tr>
<td>93 (Ashe, Watauga) - Ray Pickett (R)</td>
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<tr>
<td>118 (Haywood, Madison, Yancey) - Mark Pless (R)</td>
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<tr>
<td>120 (Cherokee, Clay, Graham, Macon) - Karl Gillespie (R)</td>
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KEY SENATE RACES TO WATCH: THE RESULTS

SENATE DISTRICT 1 (Camden, Chowan, Currituck, Dare, Gates, Hertford, Hyde, Pasquotank, Perquimans, Tyrrell, Washington)

Tess Judge (D)
47,248 (44.76%)

Bob Steinburg (R)
INCUMBENT
58,319 (55.24%)

Sen. Steinburg is a retired businessman who previously served three terms in the state House. Judge is a small business owner who previously ran for office in House District 6 when she fell short against now Rep. Bobby Hanig (R), 55% to 45%.
KEY SENATE RACES TO WATCH: THE RESULTS

SENATE DISTRICT 7 (LENOIR, WAYNE)

Donna Lake (D)
36,737 (44.75%)

Jim Perry (R)
INCUMBENT
45,364 (55.25%)

Sen. Perry, who was appointed to this seat in 2019, is a businessman with healthcare and aviation industry interests.
KEY SENATE RACES TO WATCH: THE RESULTS

SENATE DISTRICT 9 (NEW HANOVER)

Michael Lee (R)
63,259 (50.51%)

VS

Harper Peterson (D)
INCUMBENT
61,991 (49.49%)

In this rematch of the 2018 general election, first-term incumbent and former mayor of Wilmington, Harper Peterson, fell short to former Sen. Michael Lee. Peterson defeated Lee in 2018 by less than 300 votes.
KEY SENATE RACES TO WATCH: THE RESULTS

SENATE DISTRICT 11 (JOHNSTON, NASH)

Lisa Stone Barnes (R)
61,289 (54.98%)

Allen Wellons (D)
50,194 (45.02%)

KEY SENATE RACES TO WATCH: THE RESULTS

SENATE DISTRICT 24 (ALAMANCE, GUILFORD)

Amy Galey (R)  
61,287 (52.43%)

VS

J.D. Wooten (D)  
55,609 (47.57%)

Galey and Wooten, both political newcomers, were seeking to fill the seat left vacant by Sen. Rick Gunn’s retirement. Galey currently serves as Chair of the Alamance Board of Commissioners.
KEY SENATE RACES TO WATCH: THE RESULTS

SENATE DISTRICT 31 (DAVIE, FORSYTH)

Terri Elizabeth LeGrand (D) 49,928 (46.92%)

VS

Joyce Krawiec (R) INCUMBENT 56,477 (53.08%)

Sen. Krawiec, a three-term incumbent, is a Co-Chair of the Health and Human Services Appropriations and Healthcare Committees in the Senate.
NEW SENATE MEMBERS

✓ District 3 (Beaufort, Bertie, Martin, Northampton, Vance, Warren) - Ernestine (Byrd) Bazemore (D)
✓ District 6 (Jones, Onslow) - Michael Lazzara (R)
✓ District 11 (Johnston, Nash) – Lisa Stone Barnes (R)
✓ District 18 (Franklin, Wake) - Sarah Crawford (D)
✓ District 24 (Alamance, Guilford) - Amy Galey (R)
✓ District 39 (Mecklenburg) - DeAndrea Salvador (D)
✓ District 49 (Buncombe) - Julie Mayfield (D)
JUDICIAL RACES
# Judicial Races: Supreme Court

## Chief Justice

<table>
<thead>
<tr>
<th>Candidate</th>
<th>Party</th>
<th>Votes</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Paul Newby (R)</td>
<td></td>
<td>2,695,983</td>
<td>50.00%</td>
</tr>
<tr>
<td>Cheri Beasley (D)</td>
<td></td>
<td>2,695,577</td>
<td>50.00%</td>
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*There will be a statewide recount before this race is called.*

## Associate Justice Seat 02

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<tr>
<th>Candidate</th>
<th>Party</th>
<th>Votes</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lucy Inman (D)</td>
<td></td>
<td>2,652,196</td>
<td>49.33%</td>
</tr>
<tr>
<td>Phil Berger, Jr. (R)</td>
<td></td>
<td>2,723,707</td>
<td>50.67%</td>
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## Associate Justice Seat 04

<table>
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<tr>
<th>Candidate</th>
<th>Party</th>
<th>Votes</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark Davis (D)</td>
<td></td>
<td>2,616,274</td>
<td>48.79%</td>
</tr>
<tr>
<td>Tamara Barringer (R)</td>
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<td>2,746,365</td>
<td>51.21%</td>
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## JUDICIAL RACES: COURT OF APPEALS

<table>
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<tr>
<th>SEAT 04</th>
<th>SEAT 05</th>
<th>SEAT 06</th>
<th>SEAT 07</th>
<th>SEAT 13</th>
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</thead>
<tbody>
<tr>
<td><strong>April Wood (R)</strong>&lt;br&gt;2,767,472 (51.78%)</td>
<td><strong>Fred Gore (R)</strong>&lt;br&gt;2,735,957 (51.27%)</td>
<td><strong>Gray Styers (D)</strong>&lt;br&gt;2,561,098 (48.05%)</td>
<td><strong>Jeff Carpenter (R)</strong>&lt;br&gt;2,747,114 (51.59%)</td>
<td><strong>Chris Brook (D)</strong>&lt;br&gt;2,597,581 (48.84%)</td>
</tr>
<tr>
<td><strong>Tricia Shields (D)</strong>&lt;br&gt;2,577,022 (48.22%)</td>
<td><strong>Lora Christine Cubbage (D)</strong>&lt;br&gt;2,600,639 (48.73%)</td>
<td><strong>Chris Dillon (R)</strong>&lt;br&gt;2,769,024 (51.95%)</td>
<td><strong>Reuben Young (D)</strong>&lt;br&gt;2,578,042 (48.41%)</td>
<td><strong>Jefferson Griffin (R)</strong>&lt;br&gt;2,720,505 (51.16%)</td>
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</tbody>
</table>
Questions or Comments?

www.mcguirewoodsconsulting.com

/McGuireWoodsConsulting

@MWConsulting

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2020 Election Results & NCCHCA 2021 Policy Priorities

NCCHCA FQHC Task Force
November 20, 2020
Federal Policy Priorities

NCCHCA looks to NACHC for leadership on developments in federal priorities, as well as strategies and tactics

Top Issues, as of today
1. Increased, Long-Term Funding for Health Center Program, National Health Service Corps, and Teaching Health Centers GME
2. Additional COVID-19 stimulus and relief
3. Permanent Telehealth Coverage & Reimbursement
4. Protect 340B Drug Discount Program
   1. Affirm Contract Pharmacy Model
   2. Protect 340B Pharmacy Reimbursement from Discrimination
   3. Rescind Executive Order/Proposed Rule on Insulin & EpiPen Pricing
5. Future of Affordable Care Act and other efforts to expand coverage access
North Carolina State Election Results

GOVERNOR
Roy Cooper (D)

HOUSE
120 MEMBERS
Republicans: 69
Democrats: 51

SENATE
50 MEMBERS
Republicans: 28
Democrats: 22

72 votes needed for veto override
30 votes needed for veto override
NCCHCA State Policy Priorities

NCCHCA staff looks to its members to identify issues that become policy priorities each year, then works with members, contract lobbyists, and partners to execute strategies toward enacting priorities.

Top Priorities
1. Protect 340B Pharmacy Reimbursement from Discrimination by Pharmacy Benefits Managers (PBMs) and Insurers
2. Expand Medicaid / Close the Coverage Gap
3. Permanent Coverage of Telehealth & Virtual Care Modalities under Medicaid
4. Improved Medicaid Rates for Audio-Only/Telephonic Services

Other Important Issues
1. Additional COVID-19 relief/support (TBD)
2. Careful Rollout of Medicaid Managed Care Transformation
3. Development and Rollout of Behavioral Health/IDD Tailored Plans
4. Protect Medicaid from Cuts due to COVID-19 Budget Pressures
5. Improved Medicaid Rates for Remote Patient Monitoring
6. Medicaid Coverage for Patient-to-Provider Teledentistry
7. Funding for Community Health Grants
8. Funding for Provider Repayment
9. Broadband Infrastructure
In North Carolina, Medicaid eligibility is limited to select groups in low-income households:

- Children, pregnant women, people with disabilities, older adults, and parents
- No matter how low their income, adults without dependents or a qualifying disability are not eligible.
- Medicaid eligibility for parents tops out around 42% of the Federal Poverty Level (FPL)
- Eligibility for financial help to buy a private plan through HealthCare.gov starts at 100% FPL, so hundreds of thousands of North Carolinians fall into a coverage gap

Under Medicaid expansion, adults under age 65 with incomes up to 138% FPL can qualify for Medicaid
- Nearly 700,000 uninsured North Carolinians would gain eligibility
• **What is 340B pick-pocketing?**
  Currently, health centers can GET 340B savings – but increasingly, they are unable to KEEP them. This is because third parties have found creative ways to transfer the benefit of the 340B savings from health centers to themselves – in other words, to pick the 340B savings out of health centers’ pockets.

• **How does 340B pick-pocketing occur?**
  The most common way is for an outside group with whom health centers must do business (e.g., insurers, PBMs) to force them to accept contracts that offer lower reimbursement for drugs simply because they were purchased under 340B.

• **State policy can ensure private insurance plans and Medicaid Managed Care plans treat 340B pharmacies like other pharmacies, protecting health centers’ 340B savings as the statute intends.**
• Prior to COVID-19, FQHCs couldn’t bill Medicaid as distant site telehealth providers.

• Under temporary flexibilities tied to the federal Public Health Emergency declaration, FQHCs can bill for core services via video-and-audio telehealth services, as well as non-core services via audio-only/telephone, digital portal communications, and remote patient monitoring.

• Through administrative or legislative changes, NC Medicaid can continue reimbursing FQHCs for these services throughout and beyond the pandemic.
Under temporary flexibilities during the COVID-19 pandemic, NC Medicaid now reimburses providers for some audio-only and telephonic services.

However, even at the early heights of the pandemic and even in areas without access to broadband, NC Medicaid has treated telephonic services as non-core, non-encounter services for FQHCs.

Under temporary rate increases, NC Medicaid pays FQHCs $26.80 for telephonic services (G0071), up from $11.27.
POLL: Which of these issues is your NUMBER ONE STATE POLICY PRIORITY in 2021?
POLL: Which of these issues is your NUMBER TWO STATE POLICY PRIORITY in 2021?
POLL: Which of these issues is your NUMBER THREE STATE POLICY PRIORITY in 2021?
POLL: Are there other state policy issues that should be priorities for NCCHCA in 2021?
Experience with Carolina Access
Daphne Betts-Hemby, CFO
Kinston Community Health Center
REQUESTING CAROLINA ACCESS PRACTICE ASSIGNMENT DATA

Submit request for access to Medicaid data

- ccpnsupport@communitycarenc.org
- Request will be sent to your local CCNC network

REQUIRED DOCUMENTS

PCCM Participation Agreement

CCNC Site Administrator Form
- Primary Site Admin
- Backup Site Admin
- Additional
  - Submit to :support@communitycare.org

Plans for Data Use:

- Outreach to assigned Medicaid recipients with no visit in past 12 months
- Population Health
  - Existing platform – NG Analytics
  - Unclear if CCNC data platform will provide claims information and risk scores
- Considering additional outreach via patient messaging platform for education on assignment process

NC DHB
Managing Your Primary Care Assignments
https://medicaid.ncdhhs.gov/blog/2020/10/27/managing-your-primary-care-assignments%C2%A0
Shannon Dowler, MD, NC Division of Health Benefits
A Spontaneous Update

From your NC Medicaid CMO
LIVE

Dr. Shannon Dowler, NC Medicaid CMO

BREAKING NEWS

NC MEDICAID COVERS MORE LADIES

17:42  BREAST CANCER AND CERVICAL CANCER PROGRAM NOW ALLOWS MORE WOMEN
BCCCP Changes

Women must FIRST be eligible for NC BCCCP (see below). Also see the BCCCP Eligibility / Enrollment page for additional eligibility details.

Eligibility

- Women with family incomes at or below 250% of the Federal Poverty Level, who are uninsured or underinsured, and who are not covered by Medicare Part B
- Patients must be referred to the local NC BCCCP to apply for BCCM

Enrollment

There are several ways you can enroll an eligible patient in NC BCCCP:

- **PREFERRED METHOD:** Refer patient to local NC BCCCP for screening as soon as she presents (with or without complaints)
- Refer patient to local NC BCCCP when there is an abnormal screening or diagnostic test result for diagnostic work-up
- Provide preliminary screening test (CBE, screening and/or diagnostic mammogram, Pap test, colposcopy, etc.) prior to referral

Physicians Be Aware: It is preferable that a patient be referred and enrolled in NC BCCCP prior to being diagnosed with breast and/or cervical cancer.

For more information, please contact us (919) 707-3500.
How is NC doing with HIV prevention?

A. Killing It!
B. Almost leading the Country
C. Middle of the Stack
D. Okay, we could do better
E. Freaking Alabama prescribes more
Rates of People Living with HIV 2018
PEOPLE LIVING WITH HIV, BY TRANSMISSION CATEGORY, 2018

Percent of People Living with HIV, by Transmission Category, 2018

Male Transmission Categories
- Injection Drug Use (7.5%)
- Heterosexual Contact (12.7%)
- Male-to-Male Sexual Contact (73.2%)
- Male-to-Male Sexual Contact & Injection Drug Use (5.6%)
- Other* (1.0%)

Female Transmission Categories
- Injection Drug Use (18.4%)
- Heterosexual Contact (79.0%)
- Other* (2.6%)

*Includes risk factor not reported or identified, along with hemophilia, blood transfusion, perinatal exposure, or missing/suppressed data

New HIV Diagnoses

Number of new HIV diagnoses, 2018
1,187

Rate of new HIV diagnoses per 100,000 population, 2018
14

Percent of people newly diagnosed with HIV, by Sex, 2018
- Male: 80.2%
- Female: 19.8%

Percent of people newly diagnosed with HIV, by Race/Ethnicity, 2018
- Black: 62.6%
- Hispanic/Latinx: 10.7%
- White: 22.9%

Percent of people newly diagnosed with HIV, by Age, 2018
- Aged 13-24: 25.9%
- Aged 25-34: 32.4%
- Aged 35-44: 16.4%
- Aged 45-54: 14.3%
- Aged 55+: 10.9%
North Carolina prescribes PrEP at 50% of the rate of the US.
How many men enroll in FP Medicaid?

- Medicaid Eligibility by Gender for MAFD

Untapped potential!
NC Medicaid is also adding coverage for the following services for “Be Smart” Family Planning Medicaid (MAFDN) beneficiaries:

- Total Salpingectomy procedure (CPT 58661)
- NAAT diagnostic testing for Trichomonas Vaginalis (CPT 87661)
- NAAT diagnostic testing for Mycoplasma Genitalium (CPT 87563) and treatment medication Moxifloxacin
- Kyleena IUD (CPT J7296)
- Scabies diagnostic testing (CPT 87220)
- Amines vaginitis screening (CPT 82120)
- Comprehensive Metabolic Panel (CPT 80053)
- Added pertinent diagnosis codes for services added.
**How can the FP Medicaid Benefit Help Men and Women Prevent HIV Infection?**

<table>
<thead>
<tr>
<th>What NC Holds</th>
<th>What You Hold</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Addition of CMP allows the chemistry to be covered for monitoring PrEP</td>
<td>• Enroll your young men in the FP Medicaid benefit</td>
</tr>
<tr>
<td>• Allows men to have 6 visits a year covered including a comprehensive physical</td>
<td>• Use HRSA PrEP benefit or MAP to cover cost of the drug</td>
</tr>
<tr>
<td>• Reimburses cost of all STD screening except Hepatitis B, Allows developing a PrEP program to generate a positive ROI for your clinics</td>
<td>• Use State Lab for Hepatitis B testing</td>
</tr>
<tr>
<td></td>
<td>• Learn from colleagues around the state already doing this!</td>
</tr>
</tbody>
</table>
NO! NOT THE NAAT!

• Local health departments have a VERY limited number of test kids for CT/GC NAAT and all remaining for 2020 have been distributed

• STD Treatment Guidelines will not be out 2020
  – Use 2015 Guidelines
Chlamydia and gonorrhea screening of asymptomatic individuals.

Asymptomatic women, especially pregnant women, <25 years of age or women > 25 years of age at risk (e.g. those who have a new sex partner, more than one sex partner, a sex partner with concurrent partners or a sex partner who has an STI).

Genital CT/GC NAAT testing should be prioritized with a vaginal swab, the preferred specimen.

Extra-genital CT/GC screening is not recommended for women.

Asymptomatic men who have sex with men (MSM):

Rectal and pharyngeal CT/GC NAAT testing for men with exposure at these anatomic sites should be prioritized above urethral (or urine-based) testing in order to maximize the detection of infection per below.

If test kits are severely limited, consider prioritizing rectal testing over pharyngeal testing.

Asymptomatic Men who have sex with women:

CT/GC screening is not recommended

Extended screening intervals for whom screening is recommended every 3 months (i.e. high-risk MSM and MSM on pre-exposure prophylaxis (PrEP)) may need to be considered in order to provide access to testing for other populations (listed above) while test kits are in shortage.
Men with symptomatic urethritis. A Gram stain (GS) or methylene blue (MB) stain should be performed as the diagnostic test on urethral specimens at clinical sites with this capacity. Clinics without this capacity should send a urethral GS or MB stain specimen to a laboratory to distinguish between gonococcal urethritis and non-gonococcal urethritis (NGU). The GS and MB stain are highly sensitive and specific in symptomatic urethritis. If the GS or MB stain is available at the time of the patient visit, therapy can be targeted appropriately, thus limiting unnecessary antibiotic exposure. If empiric treatment is administered, the GS or MB stain should still be obtained to confirm a GC or NGU diagnosis and to inform partner management and future management if symptoms persist or recur. If GS/MB is not available, treat men with symptomatic urethritis for both gonorrhea and chlamydia per the 2015 CDC STD Treatment Guidelines.

Women with Cervicitis Syndrome or PID: Empirically treating these syndromes is a priority. If CT/GC NAAT kits are available for diagnostic testing, then vaginal swabs for chlamydia and gonorrhea NAAT test are the preferred specimen type. Endocervical swabs can also be considered. Tests should be prioritized for women < 25 years of age with cervicitis or PID.

Individuals with Proctitis Syndrome: Empirically treating these syndromes is a priority. Therapy for herpes simplex virus may be considered if pain or mucocutaneous lesions are present (see April 6th Dear Colleague Letter). If rectal CT/GC NAAT test kits are available for diagnostic testing, then obtain a rectal specimen and treat empirically per the 2015 CDC STD Treatment Guidelines.

Individuals taking PrEP: (i.e. high-risk MSM and MSM on pre-exposure prophylaxis (PrEP)) may need to be considered in order to provide access to testing for other populations (listed above) while test kits are in shortage.

Contacts to chlamydia and/or gonorrhea: Empirically treat the contact for the appropriate organism. If CT/GC NAAT test kits are in short supply, consider forgoing testing.
Questions?
Shannon.dowler@dhhs.nc.gov

https://shannondowlermd.com/

https://youtu.be/wMFRM1bkEDg
Upcoming FQHC Task Force Calls

*No Task Force Calls in December

Calls will resume in January
Webinar Today at 4:00pm

Abbott IDNow Instruments and Test Kit Listening Session w/ Q & A
Today at 4:00 pm – 5:00pm

This is a call between Abbott and NC community health centers to discuss Abbott’s ID NOW rapid molecular point-of-care diagnostic test. Abbott will have representatives from clinical affairs, commercial, sales and government affairs on the call. We will present the basics of ID NOW (how it works, time to result, tests per hour, where it can be used, etc.) and accuracy of the test. There will be plenty of time to answer your questions and to engage in discussion. We look forward to it.

When it’s time, join your Webex meeting here.
Meeting number (access code): 146 984 8335
Meeting password: BJvJuaUR257

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