



NC Department of Health and Human Services

Office of Rural Health

State Designated Rural Health Center Kick – Start Meeting

June 14, 2021

Agenda

- I. Welcome**
- II. Office of Rural Health Program Announcements**
 - Program Updates / Timeline
- III. AHEC Practice Assessment & Action Plan Development – Chris Weathington**
- IV. Medical Access Program Overview & Marketing**
- V. Expense Reporting Requirements**
 - Monthly Reimbursement
 - Medical Access Plan
 - Monthly Expense Report
 - Desk Review
 - Contract Amendments
- VI. Quarterly Report Survey**
- VII. Capital Grant**
- VIII. Resources**
 - VI. Telehealth
 - VII. Professional Training/Development
- IX. Questions/Closure**

Welcome

About the Office of Rural Health (ORH) and Our Mission

- **First state office (1973) in the nation created to focus on the needs of rural and underserved communities**
- **ORH Mission Statement: The North Carolina Office of Rural Health (ORH) supports equitable access to health in rural and underserved communities.**
- **To achieve its mission, ORH works collaboratively to provide:**
 - **Funding**
 - **Training**
 - **Technical assistance**
- **For high quality, innovative, accessible, cost effective services that support the maintenance and growth of the State's safety net and rural communities.**

State Fiscal Year 2020 Office Facts:

- **Administered 216 contracts**
- **\$33.9 million available grant funding from state, federal, and philanthropic sources**
- **Returned 84% of its budget directly to NC communities**
- **Provided 2,778 technical assistance activities**

**** While we do not provide direct care, our programs support numerous health care safety net organizations throughout North Carolina.**



Office of Rural Health Program Announcements

- North Carolina's community owned Rural Health Centers provide quality primary medical services in underserved rural communities. By supporting these centers, the overall health of residents can be improved, and costly emergency department visits can be avoided. Our centers serve as medical homes for vulnerable populations, including uninsured and underinsured.



Grant Facts*

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\$2.9M

Grant funding appropriated from the General Assembly

66,574

Patients served

10,983

Uninsured patients served

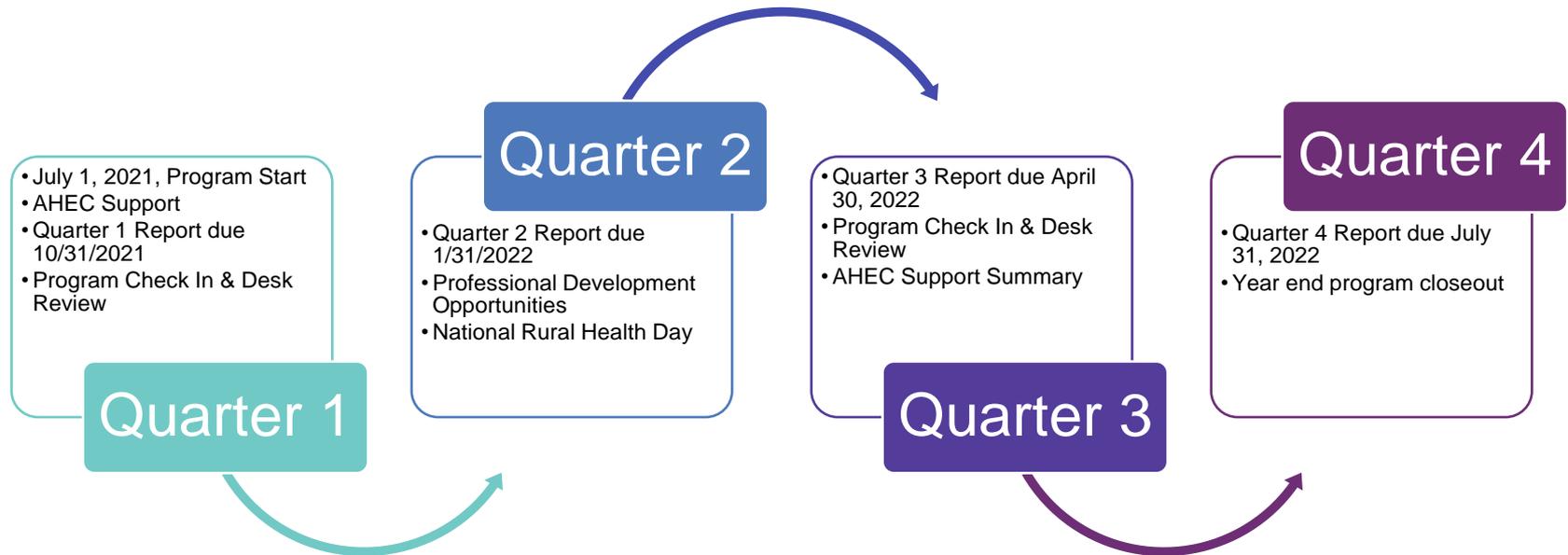
18,005

Medically vulnerable patient encounters for Medicaid, Medicare, underinsured, and uninsured

\$31.86

Average annual contribution by ORH per patient

Program Timeline

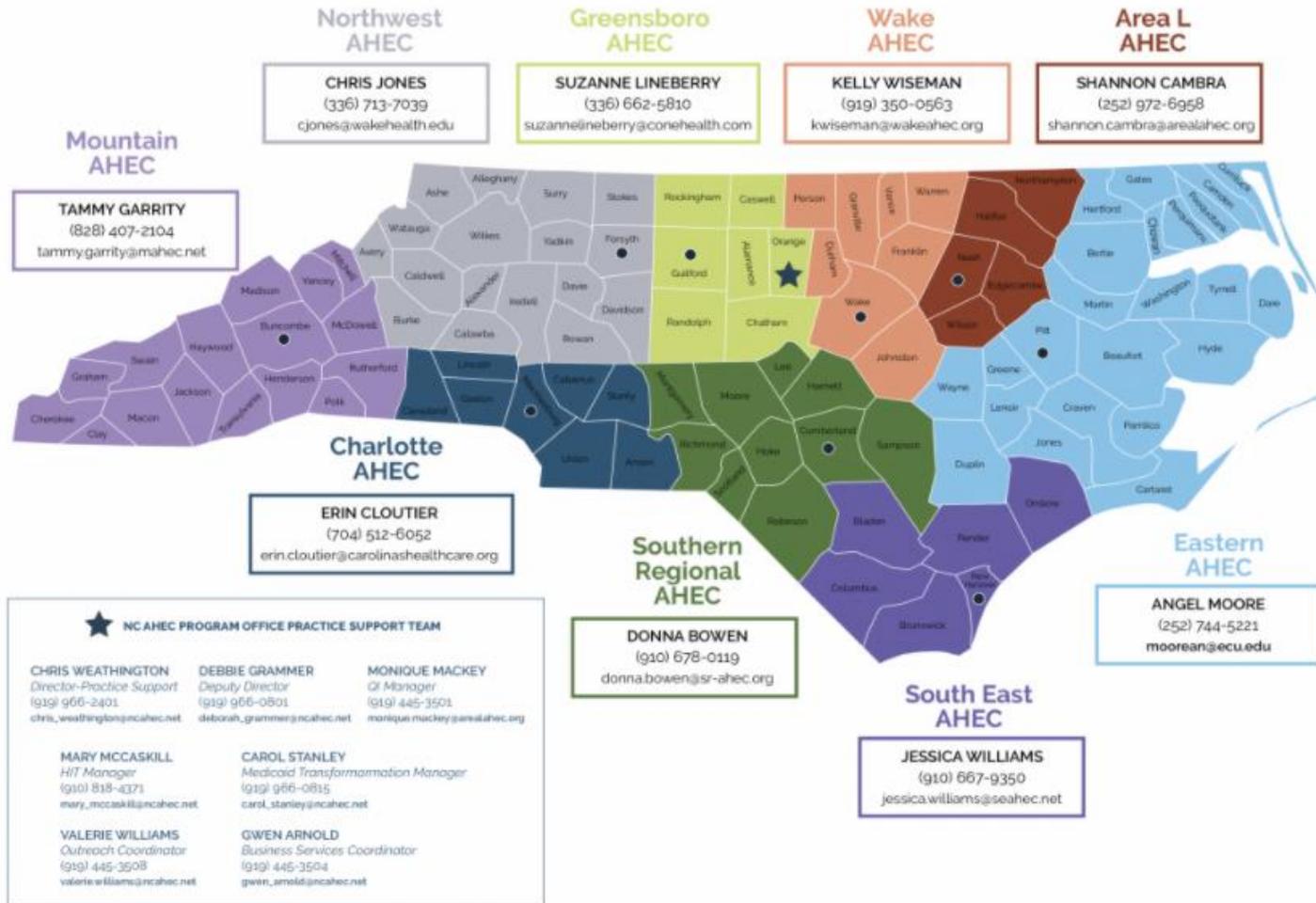


AHEC Practice Assessment & Action Plan Development

- AHEC practice support coaches are trained to work with you to transform the way in which care is delivered in your practice. To date, coaches have helped more than 6,000 providers at 1,400 practices move toward promoting interoperability (formerly meaningful use) of their electronic health records; nearly 600 practices with Medicaid Transformation education and issue resolution; over 500 practices improve office systems for better care; and more than 300 practices achieve patient-centered medical home recognition.
- **Practice coaches will help your practice navigate through a time of great transition in health care.**
- **Administer the AHEC Practice Assessment & create a collaborative Action Plan**

AHEC Practice Assessment & Action Plan Development

NORTH CAROLINA AHEC REGIONAL PRACTICE SUPPORT CONTACTS



Medical Access Program

- **Medical Access Plan (MAP) is a cost reimbursement program for State Designated Rural Health Centers who are awarded grant funds to provide primary care services to uninsured and underinsured residents of North Carolina.**
- **\$100 per encounter**



MAP Covers

- x-rays
- In-house labs
- Surgical procedures
- Services performed by providers
- Prophylaxis
- Telemedicine

MAP Resources

MAP Training

- Learning Management System
- Coordinate online registration
- Continuing Education
- Certification of completion

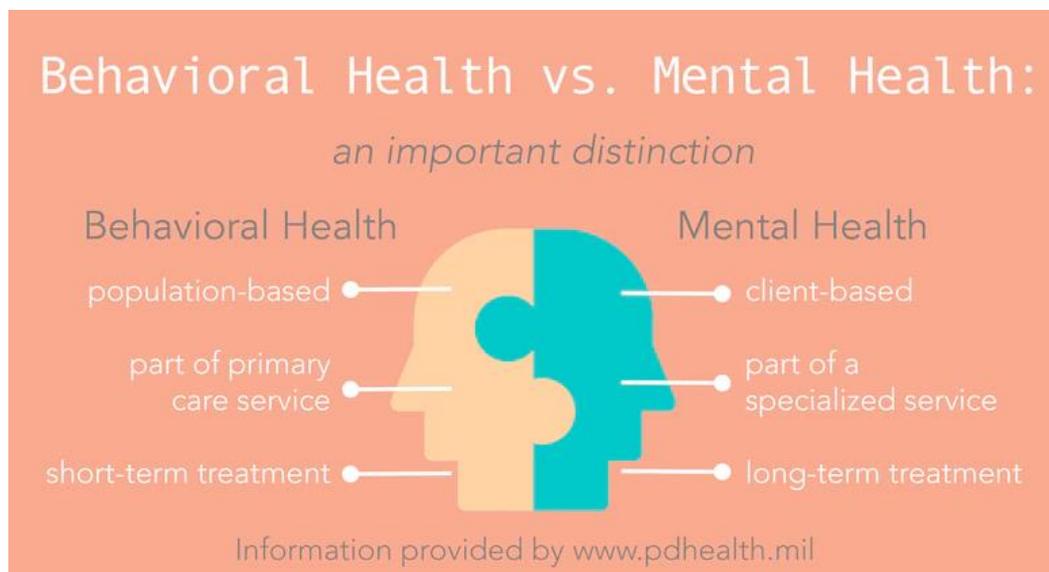


MAP Marketing

- Marketing Platform
- Direct Mail
- Advertising
- Social Media
- Videos
- Printing of promotional brochures & signage
- Website development
- Mobile App

Behavioral Health Access Program

- **Visits are reimbursable through on-site face-to-face behavioral health provider encounters: licensed social worker, advanced practice registered nurses, psychologists and psychiatrists.**
- **\$75 per encounter**



Expense Reporting Requirements

- MAP, BH, and MER reimbursement requests are due by COB the 10th of the following month
 - Thank you for including supporting documentation along with your MER
 - Reminder: please do not include taxes in your reimbursement request
- Desk reviews
- Contract amendments
 - Ops team recommends making amendments by April 1

SFY 2021 - 2022 Rural Health Centers Operational Program - Medical Access Plan Grant						
Contract #:				MAP Budget Amount	\$	100,000
				Remaining	\$	90,300
				Utilization		10%
				Per Visit	\$	100

MONTHLY MAP WORKSHEET July 2020 Thru June 2021 ABC Medical Association, Inc.						
	All Visits	MAP Visits	MAP AMOUNT S	MAP AMOUNT S	MAP AMOUNT S	Total MAP COLLECTED
	Total Face-to-Face Patient Visits (MAP & nonMAP)	FACE TO FACE MAP VISITS	\$100 MAP ALLOWABLE (reimbursement amount)	MAP Bad Debt	Copayments Collected (based on clinic policy)	Total MAP COLLECTED
July	245	97	\$ 9,700	\$ -	\$ 2,425.00	\$ 12,125.00
August						\$ -
September			\$ -			\$ -
October			\$ -			\$ -
November			\$ -			\$ -
December			\$ -			\$ -
January			\$ -			\$ -
February			\$ -			\$ -
March			\$ -			\$ -
April			\$ -			\$ -
May			\$ -			\$ -
June			\$ -			\$ -
TOTAL	245	97	\$ 9,700	\$ -	\$ 2,425.00	\$ 12,125.00

I hereby certify that the expenditures on this report were incurred according to the provisions of the Duplin Medical Association, Inc. agreement and are accurate and complete. I further certify that, to the best of my knowledge and belief, we have complied with all laws, regulations, and contractual provisions that are conditions under this contract.

Prepared by (print): _____
 Authorized signatory: _____
 Printed name of authorized signatory: _____
 Date signed: _____

Office of Rural Health Monthly Expense Report (MER) 07/01/2021 - 06/30/2022																
Contract # 1149	Contract Name: Local A/C Contract Number and Email: local.a.c@health.usg.0000123.4537															
Project Expenses	Approved Budget	July	August	September	October	November	December	January	February	March	April	May	June	Year-to-Date	Funds	Remaining
Staffing																
Employee Salaries/Wages (Include Staff Office Aux)	20,000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$120,000.00
Employee Fringe Benefits	5,000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,000.00
Other Temporary Staff/Contracted Staff																\$0.00
Define -																\$0.00
Define -																\$0.00
Define -																\$0.00
Facilities Expenses	25,000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$125,000.00
Rent (office space, program meeting space)	1,000															\$0.00
Utilities	100															\$0.00
Telephone/Internet	100															\$0.00
Security	100															\$0.00
Repair & Maintenance	500															\$0.00
Other (define)																\$0.00
Other (define)																\$0.00
Other (define)																\$0.00
Other (define)																\$0.00
Special Supplies (NOT Capital Items)																\$0.00
Medical supplies	1,000															\$0.00
Office supplies	500															\$0.00
Patient education materials	500															\$0.00
Postage and delivery	100															\$0.00
Other (define)																\$0.00
Other Operating Expenses (NOT Capital Items)																\$0.00
Travel	1,000															\$0.00
Professional Services (Legal, IT, Accounting, Payroll)	1,000															\$0.00
Staff Development	1,000															\$0.00
Public Affairs - Marketing, Advertising	500															\$0.00



Quarterly Report Survey

- Data use is central to our focus on providing high quality primary care for residents in rural communities regardless of their ability to pay
- Data reporting is vital to understanding the impact of the Rural Health Center Program
- Highlight Care Delivery and Health Outcomes you provide to patients
- Ability to evaluate ORH program
 - Show impact to funders and partners

Quarterly Survey Data

- This performance report is required as part of the terms and conditions of your grant with the Office of Rural Health. If the report is not submitted by the due date, grant payments could be held until the report is received. If you need more time to complete the report, please notify your grant monitor.
- Reports are submitted through a Qualtrics Survey, you will be provided a word version of the questions that will be asked.
- Reports go out the first business day of the new quarter and the quarters cover a cumulative time period (i.e. Q1 (July-September), Q2 (July – December), etc.)
- Performance Measures (Asked each quarter)
 - Unduplicated patients served
 - Number of MAP Encounters
- Quality Measures (Asked at Q2 and Q4)
 - Uncontrolled Diabetes
 - Controlled Hypertension
 - BMI Screening & Follow-Up Plan
 - Tobacco Use Screening & Cessation Intervention

Capital Grant

- Funding allows for investment in healthcare infrastructure, including the construction, renovation, and expansion of rural healthcare facilities. Capital investments can also be made through the purchase and installation of major equipment and technology. **Capital Grant funding does not support staff salaries and requests should not duplicate Community Health, Farmworker Health, or Rural Health Center grant funded operating projects.**
- Organizations are encouraged to apply at least two months prior to their project to allow for application review and grant processing. Applicants will be notified of awards within 20 business days of submitting their application.
- Applicants are required to participate in quarterly audit activities, as appropriate.
- Proposed projects must be completed within the funding cycle (July 1, 2021 – June 30, 2022).
- Budget should include the total amount that you are expected to utilize within the application.
- Applicants are required to report any changes in the project or proposed activities as appropriate or monthly to ORH Operation Specialist: Kimberly.r.mcneil@dhhs.nc.gov

Capital Grant

- **Request for Application (RFA): Monday, August 16, 2021 - Friday, January 14, 2022**
- **UPDATE:** Only SDRHCs are eligible for Capital funds (Capacity building sites will not be eligible)

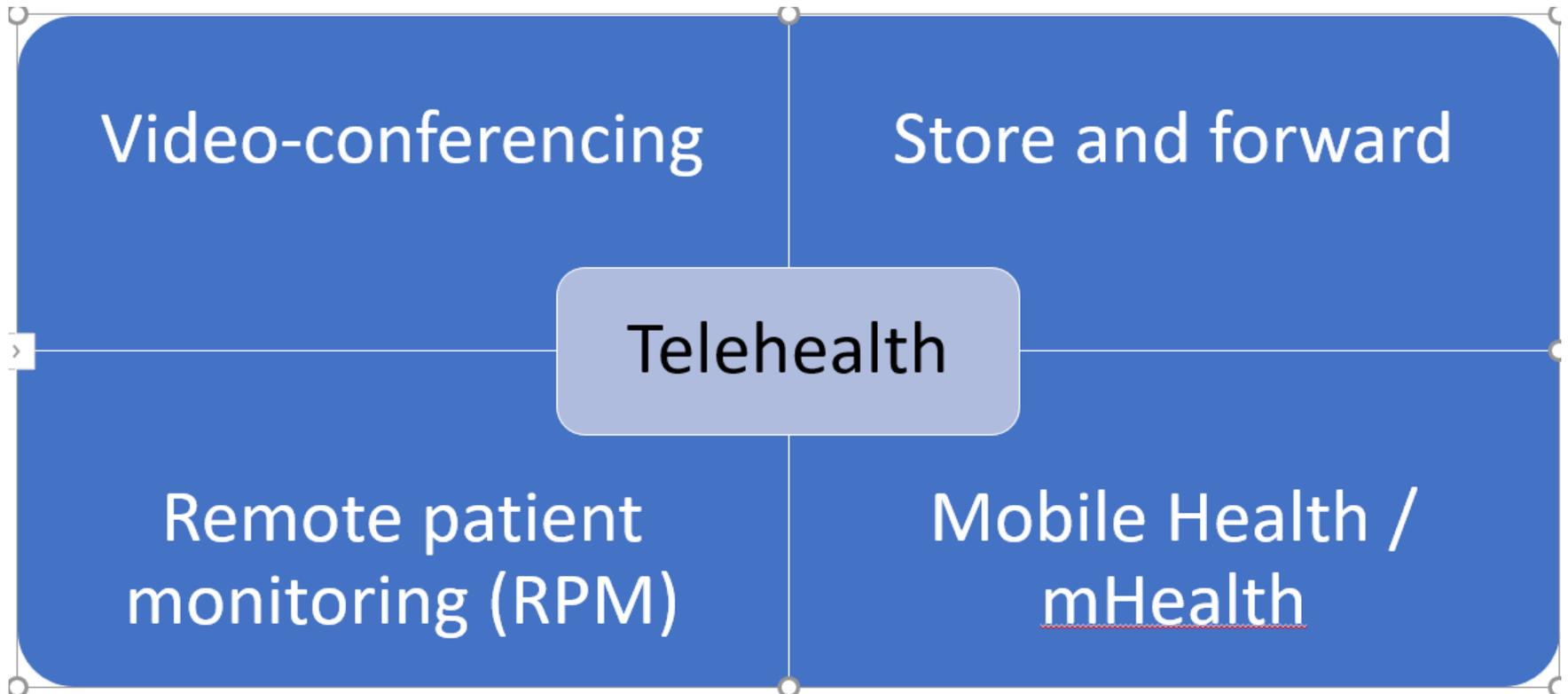


What is Telehealth?

Health Resources & Services Administration (HRSA) Definition

Telehealth is defined as the use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

Telehealth Categories



2020-2021 NC Office of Rural Health Telehealth Initiatives

➤ ARC Grant Lead for ORH

- Connect ARC Broadband and Telehealth (TH) feasibility study to ARC Implementation Grant
- Implement Year 1 of 2 for the ARC POWER Implementation Grant
- Develop a digital and health literacy curriculum for Telehealth Implement TH at three pilot sites with economic development goals and improved health outcomes as performance measures

➤ Create statewide Telehealth Inventory

- Obtain current data on TH usage across ORH Grantees, and measure against DHHS TH Strategic plan growth goals
- Create resources that includes NC TH best practice models and NC specific TH case studies

➤ Telehealth 101

- Deploy TH 101 workshop, TH playbook and TH Training materials (remote if needed – targeting at least 3 community sites per ORH HIT region)
- Incorporate NCCare360, NC HealthConnex, and other value-based care initiatives into TH workflow models
- Include NC Band information and other Broadband opportunities in TH 101 Workshop
- Conduct assessment for CAHs of gaps in care that could be addressed through TH (Telecardiology in ED, Telestroke, Telediabetes, etc.)

➤ Community Paramedicine (CP) Pilot

- Educate CP programs about telehealth workflows
- Encourage sustainable telehealth relationships between CP and Primary Care Practices
- Develop Chatuge as telehealth CP model in the state as best-practice example
- Incorporate NCCare360 and NC HealthConnex in CP workflow

Resources

Professional Training/Development

- **ORH Quarterly Trainings & Newsletter**
- **Board of Director Training**
- **Social Determinants of Health**
- **Medical Access Plan (MAP)**
- **North Carolina Rural Primary Care Conference**
- **National Association of Rural Health Clinic; National Organization of State Office Rural Health (NOSORH); National Rural Health Association (NRHA); NC AHEC**
- **Community Health Worker Training**
- **Mental Health First Aid**



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Thank
You