**Rural Health Centers Program**

**Medical Access Plan and Project Grants**

**SFY 2020**

**General Information**

**RFA Title:** Rural Health Centers Support Grants

**Funding Agency Name:** North Carolina Office of Rural Health (NC ORH)

**Funding Agency Address:** 311 Ashe Avenue, Raleigh, NC 27606

**Funding Agency Contacts/Inquiry Information:** Andrea Murphy, 919 527-6448, [andrea.murphy@dhhs.nc.gov](mailto:andrea.murphy@dhhs.nc.gov); and Maggie Sauer, 919 527-6450, maggie.sauer@dhhs.nc.gov

**Funding Opportunities** - Medical Access Planning (MAP) and Project Grants: Awards will be granted until all funding has been obligated. For July 1, 2019 effective date, all grant applications must be received via electronic survey by March 29, 2019.

1. **MAP Grant-** Award date: 7/1/2019

**Application Closing Date and Submission Instructions:** Grant applications must be received via electronic survey by March 29, 2019.

1. **Project Grants -** Award date: 7/1/2019

**Grant Application Closing and Submission Instructions:** Grant applications must be received via electronic survey by March 29, 2019.

All electronic applications and questions regarding the application should be sent to your assigned NC ORH Regional Field Staff. Incomplete applications and applications not completed in accordance with the instructions provided below will not be reviewed.

**RFA Description**

The purpose of grants awarded under this program is to support state-designated rural health centers. NC ORH assists underserved communities and populations with developing innovative strategies for improving access, quality, and cost-effectiveness of health care. Distribution of primary care providers in North Carolina has historically been skewed toward cities and larger towns. Rural residents, who often face transportation issues, find accessing primary care services difficult. Through the establishment of rural health centers, NC ORH enables local communities to provide access to their underserved populations who would otherwise be unable to receive needed primary care services due to geographic, economic, or other barriers. Thus, rural health centers have become an integral part of the health care safety net for North Carolina’s rural and underserved residents. **The SFY 2020 RFA supports developing sustainable models of care as well as partnering with community-based organizations to ensure access to transportation, food, housing and personal violence resources.**

North Carolina received approval of its [Medicaid 1115 Waiver and transformation](https://www.ncdhhs.gov/assistance/medicaid-transformation/proposed-program-design). NC Department of Health and Human Services (NC DHHS) has developed tools to support the development and implementation of the Waiver and assist communities in improving health, not just paying for health care. [Healthy Opportunities](https://www.ncdhhs.gov/about/department-initiatives/healthy-opportunities) are the foundation for Medicaid Transformation.

For that reason, the application encourages the implementation of a variety of strategies that align with transformation including:

* ***Healthy Opportunities Screening***
* ***Telehealth (including Telepsychiatry) and Integrated Care***
* ***Opioid Disorder Treatment***
* ***Incorporating*** [***Community Health Workers into the care setting***](https://www.ncdhhs.gov/divisions/office-rural-health/community-health-workers)

**As a new requirement for this application cycle, each applicant will be required to participate in a practice assessment coordinated and/or funded by NC ORH prior to October 1, 2019. It is not required prior to funding but completion is required prior to October 1, 2019.**

**Grant Funding Descriptions:**

**1. Medical Access Plan (MAP)** - Uninsured and underinsured residents are afforded access through the MAP program. MAP is a sliding fee scale program that helps residents of North Carolina access primary health care services when they meet specified financial criteria found in the current MAP manual and do not have primary health care coverage. Visits are reimbursable through MAP for medically necessary, on-site, face-to-face provider encounters less the patient copay amount.

**2. Projects** –All projects must show ability to create systems and processes that promote sustainability of the organization being funded. Funding shall assist the applicant with accomplishing one of the following goals:

* Supports efforts to becomerecognized as a National Committee for Quality Assurance (NCQA)Patient Centered Medical Home (PCMH). Grant funds must support either:

1) an outside subject matter expert to assist with PCMH recognition or

2) costs associated with educating site personnel with becoming a PCMH Certified Content Expert.

* Supports the creation and implementation of sustainable technological infrastructure that enhances access to health care and improves its quality. These efforts may include:
  + Technological infrastructure (hardware, software, etc.),
  + Administrative and clinical innovations that sustain primary medical care delivery models through the adoption of Electronic Health Records (EHR) technology, and using the North Carolina HealthConnex, formerly known as the Health Information Exchange.
    - Applications may include methods for expanding the ability to collect, exchange, store, and disseminate health information while augmenting the practice’s capacity to provide access to and delivery of primary health care.
* Supports rural health centers’ activities that increase and/or improve efficiencies, effectiveness, transformation, sustainability, quality, or access to care. Provides rural health centers with funding to hire or retain professional services including but not limited to: legal aid, actuarial services, and other professional services deemed prudent and necessary for business operations.
* Provides funding to **support Innovative Strategies including but not limited to:**
  + Healthy Opportunities Screening
  + Telehealth (including Telepsychiatry), Integrated Care, etc.
  + Opioid Disorder Treatment
  + Incorporating [Community Health Workers into the care setting](https://www.ncdhhs.gov/divisions/office-rural-health/community-health-workers)
  + Innovative collaboration with Community-Based Organizations to support Healthy Opportunities.

In 2015 North Carolina passed a law (NCGS 90-414.7) establishing the North Carolina Health Information Exchange Authority (NC HIEA) to oversee and administer the NC Health Information Exchange Network called NC HealthConnex. The use of NC HealthConnex promotes the access, exchange and analysis of health information to improve patient care and coordination of care. The law requires that providers of Medicaid and state-funded services shall connect by June 1, 2019

**Eligibility**

To be eligible to apply for these funds, your organization must be designated a State-Designated Rural Health Center by NC ORH. The maximum total grant award is dependent upon demonstrated need at the rural health center or by the organization and is contingent upon funding availability.

**Application Instructions**

* **Please read the following grant instructions and requirements carefully. Applications that do not adhere to all instructions and requirements will be ineligible.**
* **You must submit your application through the online survey tool by clicking on the following link:** <https://ncruralhealth.az1.qualtrics.com/jfe/form/SV_5hB14Gf1bAqIgex>

Applicants may apply for multiple funding options within the same application

* Grant awards are based on the availability of funding. The maximum total grant award is dependent upon demonstrated need at the rural health center. **Grant funds must be used at physical locations where primary medical care is provided and may not be used for vehicles or to pay down loans.**

**Funding Cycle**

The funding cycle is July 1, 2019 through June 30, 2020. All grantees must fully expend grant funds prior to June 30, 2020. All invoices for completed and projected work must be submitted to ORH for reimbursement no later than June 7, 2020.

**Scoring Criteria**

**Applications will be reviewed and scored according to the following criteria:**

|  |  |
| --- | --- |
| Grant Narrative: Overview of the Organization | 10 Points |
| Grant Narrative: Community Need, Project Description, and Improved Access to Care | 30 Points |
| Grant Narrative: Community Collaboration (eg, health departments, departments of social services, housing authority, etc.) | 20 Points |
| Grant Narrative: Project Evaluation and Return on Investment | 30 Points |
| Budget | 10 Points |
| **Total Points Awarded** | **100 Points** |

**Application**

SFY 2020 Rural Health Centers Program

**ORGANIZATIONAL INFORMATION & SIGNATURE SHEET**

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization EIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Fiscal Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Type (check all that apply)

🞎 State-Designated Rural Health Center (required) 🞎 Rural Health Clinic (95-210)

FQHC Look-Alike

Primary County served (where the grant will be utilized): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Counties served (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant Request: Total $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant Application Submitted By:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SFY 2020 Rural Health Centers Program Grant Application

**Grant Narrative**

***I. Overview of Organization \_\_\_\_\_ 10 Poi*nts**

1. **Provide a brief description of your organization:**
2. **What have you achieved in the past year to advance your mission and improve your organization’s capacity?**
3. **What are your hours and days of operation?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Days Open**  **(click on the check box to toggle)** | **Total number of hours Open per day** | **Time Clinic opens** | **Time Clinic Closes** | **Services Offered** | **Notes (specialty offered twice a month, hour variations, etc.)** |
| Monday |  | am  pm | am  pm | Primary      Pediatric  Prenatal     OB/GYN  Dental        BH/IDD   Other Specialty: ­ |  |
| Tuesday |  | am  pm | am  pm | Primary      Pediatric  Prenatal     OB/GYN  Dental        BH/IDD   Other Specialty: ­ |  |
| Wednesday |  | am  pm | am  pm | Primary      Pediatric  Prenatal     OB/GYN  Dental        BH/IDD   Other Specialty: ­ |  |
| Thursday |  |  am  pm |  am  pm | Primary      Pediatric  Prenatal     OB/GYN  Dental        BH/IDD   Other Specialty: ­ |  |
| Friday |  | am  pm | am  pm | Primary      Pediatric  Prenatal     OB/GYN  Dental        BH/IDD   Other Specialty: ­ |  |
| Saturday |  | am  pm | am  pm | Primary      Pediatric  Prenatal     OB/GYN  Dental        BH/IDD   Other Specialty: ­ |  |
| Sunday |  | am  pm | am  pm | Primary      Pediatric  Prenatal     OB/GYN  Dental        BH/IDD   Other Specialty: ­ |  |

1. **Do you provide after hours call/care? If yes, please explain. If not, how are patients served and where?**
2. **Does your clinic have the capacity to accept new patients?**

 Yes

 No

If no, is there a waiting list? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you manage the waiting list?

1. **What is the average length of time for a new patient to be seen by a provider?**
2. **Have you attested to Meaningful Use? If yes, what stage? If yes, Medicare or Medicaid? All providers? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Where is your organization in the Patient Centered Medical Home (PCMH) continuum? Is an outside resource assisting with the process? If yes, provide the name of the outside resource (organization and/or individual).**
4. **Does your organization have an Electronic Health Record? If so, please provide the name and version. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **Do you have broadband internet access? If yes, do you receive discounted cost through Healthcare Connect? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
6. **Is your organization currently connected to the NC HealthConnex** (formerly the NC Health information Exchange)?
   1. If so, is data being submitted to NC HealthConnex?
   2. Does your organization have a need for additional technical assistance regarding NC HealthConnex (ex, report generation options, other potential opportunities for use of HIE data)?
   3. If your organization is not currently connected, is the organization actively working with the HIEA to execute a participation agreement?

1. **Describe current or past technical assistance/support provided by AHEC?** 
   1. **If your organization is currently working with an AHEC, include or attach the scope of work currently underway or a detailed listing that outlines topic areas addressed. The list or scope of work should include status updates and timelines for completion/implementation of the work for each topic area.**
2. **Please list *all* provider NPI numbers associated with your organization including each provider. Please list provider’s NPI by name and type (MD, DO, PA, NP, CNM, etc.).**
3. **Describe how you will incorporate the NC DHHS Healthy Opportunities Screening Tool in your practice.** [**NCDHHS Healthy Opportunities Screening Tool**](https://files.nc.gov/ncdhhs/Updated-Standardized-Screening-Questions-7-9-18.pdf)

**(See attached Screening Tool questions at the end of this application)**

Would you like assistance in incorporating this in your practice’s workflow? NC ORH will provide technical assistance to support its use in your practice and community.

1. **Please include any other pertinent information or additional explanation:**

***II. Community Need, Project Description and Improved Access to Care 30 Points***

Describe the population served by your organization and their healthcare needs - include information on the incidence of poverty in the targeted community and other pertinent demographic data. Please reference your county/region community health needs assessment to provide information in this section.

Provide citations/reference sources for all community demographics and health-status data.

**III. Collaboration \_\_\_\_\_\_\_\_ \_\_ *20 points***

The Office of Rural Health sees collaboration as an important tool to address community health needs. Collaboration may include partnerships with organizations that improve the coordination of patient care across multiple providers. Together these partnerships improve the overall health of the community and may be focused on healthy opportunities (such as social determinates of health that include transportation, food security, personal safety, and housing).

A. Do you currently collaborate with partners in your community to improve health?

(Yes or No). Partners can include safety net providers, primary care providers, allied health organizations, or agencies that address social determinants (transportation, food security, personal safety and housing).

**If yes, then:**

* How will these funds help in your collaborations?
* Describe, *using a specific example*, how your organization has built collaborative partnerships with other safety net organizations in your community. The example should include:

1) the names of each partner organization; 2) the purpose of the collaboration; 3) the outcome of the collaboration

Make sure to document the collaborative roles among the safety net organizations in your example, specifying the distinct function of each organization and the designated fiscal contribution. Describe any unique or innovative community partnerships. Detail any barriers to collaboration.

**If no, then:**

What plans do you have to develop partnerships to address community health needs? Include proposed partners, the purpose of the collaboration, and anticipated outcomes of the partnership. Note any barriers to collaborating with community partners and potential ways to address those barriers.

***III. Project Evaluation and Return on Investment 30 Points***

Describe how you will evaluate *your organization’s* impact on access to care. At least one criterion should evaluate how the proposed project affects the population and/or community need (including anticipated impact on Healthy Opportunities).

Discuss potential factors that could negatively affect your organization’s ability to reach your evaluation targets and describe how these factors might be mitigated.

Explain why the proposed funding is a good use of State funds. Detail any anticipated cost savings to either your organization or other health care providers (for example: reduced use of the ER).

**IV. Budget 10 Points**

The budget should be for the project start date through the designated end date. **This should be a project specific budget, NOT the budget for your entire organization.**

Provide a detailed cost breakdown for the project and identify all sources of funding for the project. Clearly identify which project costs will be covered with grant funds and enter these in Column A; all other project costs should be entered in Column B. Use the budget narrative tab to explain in greater detail how funds will be used.

Innovation and Planning and Implementation grantfunds may not be used to purchase and/or lease vehicles or pay down existing mortgages and/or other loans or debt.

**For MAP Funding (Only):**

Complete only the following statement on the Budget Narrative tab in the separate Excel Document.

**Line 36 - “Approximately\_\_\_\_ (enter number) MAP encounters x $100 per encounter = $\_\_\_\_ [TOTAL AMOUNT OF AWARD]”**

This is the only Budget requirement for the MAP program.

SFY 2020 Rural Health Centers Program

**Organizational Profile**

Number of Service Delivery Sites (locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total FTEs (full time equivalent) of Staff Employed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please refer to Appendix A for instructions on calculating number of FTEs)

**Clinical Staff Profile**

|  |  |
| --- | --- |
|  | # of FTEs Employed |
| Physician |  |
| Nurse Practitioner |  |
| Physician Assistant |  |
| Certified Nurse Midwife |  |
| Registered Nurse (RN) |  |
| Licensed Practical Nurse (LPN) |  |
| Medical Assistant (CMA, COA, etc.) |  |
| Licensed Clinical Social Worker or Psychologist |  |

**Patient Mix**

Patient Insurance Status in your Organization:Enter the number of unduplicated patients, by category, who are projected to be served during the project period.  Enter an estimated baseline value as of July 1, 2019, in Column A; an estimated target for the total number of patients who will be served by June 30, 2020 in Column B; and the projected net additional patients seen in Column C for each insurance status.

|  |  |  |  |
| --- | --- | --- | --- |
| Insurance Type | Projected Baseline as of 07/01/2019 (Column A) | Projected Total Served as of 06/30/2020 (Column B) | Projected Net Additional Patients (Projected Total minus Projected Baseline) (Column C) |
| None/Uninsured Patients (include MAP) |  |  |  |
| Medicaid |  |  |  |
| Children’s Health Insurance Program (CHIP) |  |  |  |
| Medicare (including duals) |  |  |  |
| Other public insurance (e.g. Tricare) |  |  |  |
| Private Insurance (e.g. BCBS) |  |  |  |
| Total Unduplicated Patients (sum of groups above) |  |  |  |

**Patient Race/Ethnicity**

Patient by Race and Hispanic or Latino Ethnicity: Enter the number of unduplicated patients served within the past 12 months, by race/ethnicity. If you have data based on the calendar year (January -December 2018) it can be entered below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Hispanic/Latino | Non-Hispanic/Latino | Unreported/Refused to Report Ethnicity | Total |
| 1) Asian |  |  |  |  |
| 2) Native Hawaiian |  |  |  |  |
| 3) Other Pacific Islander |  |  |  |  |
| 4) Black/African American |  |  |  |  |
| 5) American Indian/Alaska Native |  |  |  |  |
| 6) White |  |  |  |  |
| 7) More than one race |  |  |  |  |
| 8) Unreported/Refuse to report race |  |  |  |  |
| Total Unduplicated Patients (sum of lines 1-8) |  |  |  |  |

**SECTION I: Patient Insurance Status:** Enter the number of unduplicated patients by category, who will be served by the proposed project or during the project period. Enter a baseline value as of July 1, 2019 in Column A; a target for the total number of patients who will be served by June 30, 2020 in Column B; and the net additional patients seen in Column C for each insurance status.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Column A  Baseline  as of  07/01/2019 | Column B  Total Served  as of  06/30/2020 | Column C  Net Additional Patients  Col B minus Col A |
| 1) None/Uninsured Patients (include MAP) |  |  |  |
| 2) Medicaid |  |  |  |
| 3) Children’s Health Insurance Program (CHIP) |  |  |  |
| 4) Medicare (including duals) |  |  |  |
| 5) Other public insurance (e.g. Tricare) |  |  |  |
| 6) Private Insurance (e.g. BCBS) |  |  |  |
| 7.Total Unduplicated Patients (sum of Lines 1-6) |  |  |  |

**Section II: Evaluation Criteria**

Complete the mandatory performance measures required for all applicants. These measures will be reported quarterly. Add additional measures to the table as needed working with the assigned Rural Health field support staff.

*For each measure, you will need to include the following information:*

* **Data Source:** where will you obtain the information you report for your performance measures?
* **Collection Process and Calculation:** what method will you use to collect the information?
* **Collection Frequency:** how often will you collect the information?
* **Data Limitations**: what may prevent you from obtaining data for your performance measures?

**Evaluation Criteria**

|  |  |  |
| --- | --- | --- |
| **Evaluation Criteria Primary and Preventive Care** | **Baseline Values/Measures as of 07/01/2019** | **Target to Be Reached**  **by 06/30/2020** |
| *Example:*  *Increase uninsured patient visits from 300 to 348 encounters per month by adding one evening clinic per week.* | *300 encounters per month* | *348 encounters per month* |
| **REQUIRED:** Output Measure  Number of face-to-face MAP patient encounters  **Data Source**:  **Collection Process and Calculation:**  **Collection Frequency:** QUARTERLY  **Data Limitations**: |  |  |
| **REQUIRED:** Input Measure  Number of Full Time Equivalent (FTEs) supported by this grant  **Data Source**:  **Collection Process and Calculation:**  **Collection Frequency:** ANNUALLY  **Data Limitations**: |  |  |
| **REQUIRED:** Output Measure  Number of unduplicated patients served (MAP and non-MAP patients)  **Data Source:**  **Collection Process and Calculation:**  **Collection Frequency**: QUARTERLY  **Data Limitations:** |  |  |

|  |  |  |
| --- | --- | --- |
| **REQUIRED:** Output Measure  Number of face-to-face encounters  **Data Source**:  **Collection Process and Calculation:**  **Collection Frequency:** QUARTERLY  **Data Limitations**: |  |  |
| **REQUIRED:** Quality Measure  Level of Patient Centered Medical Home certification attained  **Data Source:**  **Collection Process and Calculation:**  **Collection Frequency:**  ANNUALLY  **Date Limitations:** |  |  |

**Controlling High Blood Pressure**

The two metrics collected here will calculate the percentage of patients 18-85 years old who had a diagnosis of hypertension ***and*** whose Blood Pressure was adequately controlled (less than 140/90 mm Hg) during the reporting period.

|  |  |  |
| --- | --- | --- |
| Measure | Baseline Value as of **07/01/2019** | Target to be reached by **06/30/2020** |
| Patients 18-85 years of age who had a diagnosis of essential hypertension within the first six months of the reporting period or any time prior to the reporting period with a *medical* visit during the reporting period.  **(Denominator)** |  |  |
| Patient Population Exclusions | * Patients who were diagnosed with essential hypertension within the last six months * Patients with evidence of end-stage renal disease (ESRD), dialysis, or renal transplant before or during the reporting period * Patients with a diagnosis of pregnancy during the reporting period * Patients who were in hospice care during the reporting period | |
| Guidance | * When reporting the baseline number do not include patients with an initial diagnosis of hypertension that occurred after January 1, 2019 * Include patients who have an active diagnosis of hypertension even if their medical visits during the year were unrelated to the diagnosis. | |
| Measure Type | Outcome | |
| Data Source |  | |
| Collection Process and Calculation |  | |
| Collection Frequency | Quarterly (at Q2 and Q4 only) | |
| Data Limitations |  | |

|  |  |  |
| --- | --- | --- |
| Measure | Baseline Value as of **07/01/2019** | Target to be reached by **06/30/2020** |
| Patients 18-85 years old who had a diagnosis of hypertension *(who meet the population above)* **AND** whose blood pressure at the most recent visit is adequately controlled (systolic blood pressure less than 140 mmHg and diastolic blood pressure less than 90 mmHg) during the reporting period (**Numerator**)  (Note that Adequate Control is defined as systolic blood pressure lower than 140 mm Hg **and** diastolic blood pressure lower than 90 mm Hg.) |  |  |
| Guidance | * Include blood pressure readings taken at any visit type at the health center as long as the result is from the most recent visit. * Only blood pressure readings performed by a clinician in the provider office are acceptable for numerator compliance with this measure. Blood pressure readings from the patient's home (including readings directly from monitoring devices) are not acceptable. * If no blood pressure is recorded during the reporting period, the patient's blood pressure is assumed "not controlled” and isn’t counted in the numerator * If there are multiple blood pressure readings on the same day, use the lowest systolic and the lowest diastolic reading as the most recent blood pressure reading. | |
| Measure Type | Outcome | |
| Data Source |  | |
| Collection Process and Calculation |  | |
| Collection Frequency | Quarterly (at Q2 and Q4 only) | |
| Data Limitations |  | |

**Diabetes: Hemoglobin A1c Poor Control**

The two metrics collected here will calculate the percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c (HbA1c) greater than 9.0 percent during the reporting period.

|  |  |  |
| --- | --- | --- |
| Measure | Baseline Value as of **07/01/2019** | Target to be reached by **06/30/2020** |
| Patients 18-75 years old with diabetes with a medical visit during the reporting period  (**Denominator**) |  |  |
| Patient Population Exclusions | * Patients with diagnosis of secondary diabetes due to another condition (e.g., Patients with Gestational diabetes, steriod-induced diabetes) * Patiens who were in hospice care during the reporting period | |
| Guidance | * Only include patients with an active diagnosis of Type 1 or Type 2 diabetes | |
| Measure Type | Outcome | |
| Data Source |  | |
| Collection Process and Calculation |  | |
| Collection Frequency | Quarterly (at Q2 and Q4 only) | |
| Data Limitations |  | |

|  |  |  |
| --- | --- | --- |
| Measure | Baseline Value as of **07/01/2019** | Target to be reached by **06/30/2020** |
| Patients 18-75 with a diagnosis of Type 1 and Type 2 diabetes *(who meet the population above)* who met one of the following criterial   * thier most recent hemoglobin A1c level is greater than 9.0 percent   **OR**   * they had no test conducted during the contract period   **OR**   * their test result is missing (**Numerator**) |  |  |
| Guidance | * Include patients in the numerator whose most recent HbA1c level is greater than 9 percent, the most recent HbA1c result is missing, or when no HbA1c tests were performed or documented during the reporting period. | |
| Measure Type | Outcome | |
| Data Source |  | |
| Collection Process and Calculation |  | |
| Collection Frequency | Quarterly (at Q2 and Q4 only) | |
| Data Limitations |  | |

**Body Mass Index Screening and Follow – Up**

The two metrics collected here will calculate the percentage of patients 18 years and older who had a documented BMI screening and follow-up during the reporting period.

|  |  |  |
| --- | --- | --- |
| Measure | Baseline Value as of **07/01/2019** | Target to be reached by **06/30/2020** |
| Patients who are 18 years of age or older on the date of the visit with at least one medical visit during the reporting period  (**Denominator**) |  |  |
| Exclusions | * Patients who are pregnant, * Patients receiving palliative care * Patients who refuse measurement of height and/or weight or refuse follow-up visit * Patients with a documented medical reason during the visit or within 12 months of the visit, including:   + Elderly patients (65 years or older) for whom weight reduction/weight gain would complicate other underlying health conditions such as the following examples:     - Illness or physical disability     - Mental illness, dementia, confusion     - Nutritional deficiency, such as vitamin/mineral deficiency     - Patients in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient’s health status,   + There is any other reason documented in the medical record by the provider explaining why BMI measurement was not appropriate. | |
| Guidance | * Report this measure for all patients seen during the reporting period. | |
| Measure Type | Quality / Process | |
| Data Source |  | |
| Collection Process and Calculation |  | |
| Collection Frequency | Quarterly (at Q2 and Q4 only) | |
| Data Limitations |  | |

|  |  |  |
| --- | --- | --- |
| Measure | Baseline Value as of **07/01/2019** | Target to be reached by **06/30/2020** |
| Patients *(who meet the population above*) with a documented BMI (not just height and weight) during their most recent visit or during the previous 12 months of the most recent visit, **AND** meet one of the following criteria:   * when the BMI is outside of normal parameters, a follow-up plan is documented during the visit or during the previous 12 months of the current visit   **OR**   * the documented BMI is within normal parameters   (**Numerator**) |  |  |
| Normal Parameters | Age 18-64 years and BMI was greater than or equal to 18.5 and less than 25  Age 65 years and older and BMI was greater than or equal to 23 and less than 30 | |
| Guidance | * An eligible professional or their staff is required to measure both height and weight. Both height and weight must be measured within 12 months of the current encounter and may be obtained from separate visits. Do not use self-reported values. * BMI may be documented in the medical record at the health center or in outside medical records obtained by the health center. * If more than one BMI is reported during the measurement period, use the most recent BMI to determine if the performance has been met. * Document the follow-up plan based on the most recent documented BMI outside of normal parameters. * Documentation in the medical record must show the actual BMI or the template normally viewed by a clinician must display BMI. * Do not count as meeting the measurement standard charts or templates that display only height and weight. The fact that an HIT/EHR can calculate BMI does not replace the presence of the BMI itself. | |
| Measure Type | Quality / Process | |
| Data Source |  | |
| Collection Process and Calculation |  | |
| Collection Frequency | Quarterly | |
| Data Limitations |  | |

**Tobacco Use and Screening**

The two metrics collected here will calculate the percentage of patients 18 years and older who were screened for tobacco use one of more times within 24 month and who received cessation counseling intervention if defined as a tobacco user.

|  |  |  |
| --- | --- | --- |
| Measure | Baseline Value as of **07/01/2019** | Target to be reached by **06/30/2020** |
| All patients aged 18 years and older seen for at least two visits **or** at least one preventive visit during the reporting period  (**Denominator**) |  |  |
| Exclusions | * Documentation of medical reason(s) for not screening for tobacco use or for not providing tobacco cessation intervention (e.g., limited life expectancy, other medical reason). | |
| Measure Type | Quality / Process | |
| Data Source |  | |
| Collection Process and Calculation |  | |
| Collection Frequency | Quarterly (at Q2 and Q4 only) | |
| Data Limitations |  | |

|  |  |  |
| --- | --- | --- |
| Measure | Baseline Value as of **0701/2019** | Target to be reached by **06/30/2020** |
| Patients *(who meet the population above)* who were screened for tobacco at least once in the last 24 months **AND** meet one of the following criteria:   * patient was screened for tobacco use, was identified as a tobacco user and received documented tobacco cessation intervention   **OR**   * patient was screened for tobacco and was not a tobacco user   (**Numerator**) |  |  |
| Guidance | * Include in the numerator patients with a negative screening ***and*** those with a positive screening who had cessation intervention if a tobacco user. * If patients use any type of tobacco (i.e., smokes or uses smokeless tobacco), the expectation is that they should receive tobacco cessation intervention (counseling and/or pharmacotherapy). * If a patient has multiple tobacco use screenings during the 24-month period, use the most recent screening which has a documented status of tobacco user or non-user. * If tobacco use status of a patient is unknown, the patient does not meet the screening component required to be counted in the numerator and has not met the measurement standard. "Unknown" includes patients who were not screened or patients with indefinite answers. * The medical reason exception applies to the screening data element of the measure or to any of the tobacco cessation intervention data elements. * If a patient has a diagnosis of limited life expectancy, that patient has a valid denominator exception for not being screened for tobacco use or for not receiving tobacco use cessation intervention (counseling and/or pharmacotherapy) if identified as a tobacco user. * Electronic nicotine delivery systems (ENDS), including electronic cigarettes for tobacco cessation, are not currently classified as tobacco. They are not to be evaluated for this measure. * Include in the numerator records that demonstrate that the patient had been asked about their use of all forms of tobacco within 24 months before the end of the measurement period. * Include patients who receive tobacco cessation intervention, including:   + Received tobacco use cessation counseling services, ***or***   + Received an order for (a prescription or a recommendation to purchase an over-the-counter [OTC] product) a tobacco use cessation medication, ***or***   + Are on (using) a tobacco use cessation agent. | |
| Measure Type | Quality / Process | |
| Data Source |  | |
| Collection Process and Calculation |  | |
| Collection Frequency | Quarterly (at Q2 and Q4 only) | |
| Data Limitations |  | |

**Appendix A: Table for proper conversion of hours to Full Time Equivalent (FTE)**

|  |  |  |
| --- | --- | --- |
| **# of FTEs** | **Conversion** | **Logic when staff sustained from grant >1.00 FTE**  **Add 1.00 to fraction of part time.**  **Example: if there is a part time staff working 10 hours a week in addition to one full time, that converts to**  **1.00+.25=1.25 FTE**  **Hint: for staff working odd number of hours (e.g., 3 hours per week) round up to next level or, in this case, to**  **4 hours=.10FTE.** |
| 2 hours/week | .05 FTE |
| 4 hours/week | .10 FTE |
| 6 hours/week | .15 FTE |
| 8 hours/week | .20 FTE |
| 10 hours/week | .25 FTE |
| 12 hours/week | .30 FTE |
| 14 hours/week | .35 FTE |
| 16 hours/week | .40 FTE |
| 18 hours/week | .45 FTE |
| 20 hours/week | .50 FTE |
| 22 hours/week | .55 FTE |
| 24 hours/week | .60 FTE |
| 26 hours/week | .65 FTE |
| 28 hours/week | .70 FTE |
| 30 hours/week | .75 FTE |
| 32 hours/week | .80 FTE |
| 34 hours/week | .85 FTE |
| 36 hours/week | .90 FTE |
| 38 hours/week | .95 FTE |
| 40 hours/week | 1.00 FTE |

Appendix B – [**NCDHHS Healthy Opportunities Screening Tool**](https://files.nc.gov/ncdhhs/Updated-Standardized-Screening-Questions-7-9-18.pdf)

**Updated Standardized Screening Questions for Health-Related Resource Needs**

**7-9-2018**

Revisions to the standardized set of screening questions for health-related resource needs (social determinants of health) were made based on public comment and further input from the NC DHHS Technical Advisory Group on screening. The current questions are below. This set of questions will undergo field testing and validation over the next several months. Further revisions may be made based on the results of the field testing.

