

NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Benefits



COVID-19 Webinar for Medicaid Providers

April 16th, 2020

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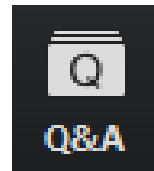
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Agenda

- Welcome & Logistics
- Medicaid Policy Updates
- Telehealth Pearls: Experience from the Field
- Resources
- Questions

Logistics for today's COVID-19 Forum

Question during the live webinar



questionsCOVID19webinar@gmail.com

Technical assistance

technicalassistanceCOVID19@gmail.com

Medicaid Policy Updates



TeleOB Program



Now enrolling. Please talk to your doctor to see if this is right for you.

Maternity Care From Home

Our TeleOB Program provides

Easy Access to Expertise

Telemedicine lets you talk privately with your

Clinical Excellence, at Your Convenience

The TeleOB providers at UW Medicine offer

Pregnancy Care and Telehealth

- Precedence exists Pre-COVID around the country
- ACOG previously had vague guidelines but are updating them
- Clinical Standards will be provided by our OB Champions with CCNC to ease the transition
- Current billing/coding solution is not ideal state but the fastest to stand up---this is interim guidance!

Codes	Description (See 2020 CPT Code Book for Complete Details)
59400	Routine obstetric care, including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care
59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care
59515	Cesarean delivery only; including postpartum care
59425	Antepartum care only; 4-6 visits
59426	Antepartum care only; 7 or more visits
59430	Postpartum care only; separate procedure

Note: FQHCs, FQHC Look-Alikes, and RHCs who bill T1015 for perinatal services rendered by core service providers may continue to do so when those services are provided via telemedicine.

C.2 The following **Pregnancy Medical Home incentive codes** may be billed after the specific services associated with each code are provided, consistent with the guidance above.

Codes	Guidelines (See CCP 1E-6 – Pregnancy Medical Home for Complete Details)
S0280	Providers shall bill this code after the pregnancy risk screening tool has been completed <i>Note: Must be billed by the practice</i>
S0281	Providers shall bill this code after the postpartum visit is completed <i>Note: Must be billed by the rendering provider</i>

Note: The incentive codes in table C.2 do not require GT or CR modifiers.

Behavioral Health Policy Flexibilities

- These flexibilities are in addition to those that have been announced in previous bulletins.
- Temporary changes are retroactive to March 10, 2020.
- When the temporary modifications end, all prior service requirements will resume.
- Special Bulletin article will outline changes to each service. All flexibilities will not apply to all services; but, examples include:
 - Waiving PA
 - Waiving training requirements
 - Allow components of service via telehealth/telephonic means.
 - Waiving dedicated team requirements
 - Waiving staff to beneficiary ratios
 - Waving UDS requirements.
 - Allowing staff supervision to occur via telehealth/telephonic means.

Durable Medical Equipment

- Added recently: Blood Pressure Monitors
- Adding next week: Scales and Portable Pulse Oximetry
- Must use Medicaid approved DME company
- Must meet medical necessity

<https://medicaid.ncdhhs.gov/providers/programs-services/medical/durable-medical-equipment>

Remote Physiologic Monitoring(RPM)

- Added recently: Self Measured Blood Pressure Monitoring(SMBPM)*

- Adding next week:

*Does not actually qualify as true remote physiologic monitoring!

Code	Description (See 2020 CPT Code Book for Complete Details)
99453	Remote monitoring of physiologic parameter(s)(e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment
99454	Remote monitoring of physiologic parameter(s)(e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission

Code	Description (See 2020 CPT Code Book for Complete Details)
99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes
99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes

This bulletin will be accompanied by an FAQ!

Pharmacy

- Added recently: 90 day supply MAT and Stimulants if clinically appropriate
- Adding Soon: Pharmacy delivery coverage!

Why Telehealth in COVID-19

Educational Video
on Telehealth

- Avoid close contact with people who are sick.

Stay Healthy

Will my Medicaid or NC Health Choice benefits change?

- No. Your benefits will not end during this emergency. Medicaid and NC Health Choice eligibility will be extended through the end of the emergency.

[More on back >>>](#)

NC MEDICAID EB COVID ENG 200406

Letter to All Beneficiary
Households

- You can get up to a 90-day supply of most prescriptions. You can also get all prescriptions filled at the same time to reduce the number of times you have to leave the house.

How can Telehealth help me stay healthy?

- Telehealth is a way for your doctor to provide you care by telephone, smartphone or computer from the comfort of your home.
- You can receive therapy, mental health and some developmental disability services by telephone, smartphone or computer.
- Your visual aid (eyeglasses and medically necessary contact lenses) and hearing aid providers can provide some services by telephone.
- Telehealth is a great way to keep taking care of your health without having to leave your home. For many visits, including if you feel sick, telehealth can protect you

COVID-19

NC Medicaid

Telehealth Information

What is Telehealth?

Telehealth is the use of technology for health care appointments and services. It allows you to talk "see" to your doctor without having to go to the doctor's office. You can use telehealth to receive many services from physical therapy, to counseling or discuss your health conditions with diabetes care your doctor. It is a Medicaid covered benefit.

Telehealth is an important way to stay healthy

- Telehealth is a great way to take care of your health without having to leave your home
- Using telehealth instead of traveling to your doctor's office can help protect you and others from COVID-19
- Some doctor's offices may not be open for in-person visits, but your doctor may meet with you using telehealth

WAYS TO USE TELEHEALTH

Mobile Apps, such as MD Live or Facebook Messenger



Video



Patient Facing Flyer on
Website and App

BIG WINS...



Telehealth Pearls: Experience from the Field

Engaging Patients with Telehealth

Island Family Medicine

Hampstead, NC

“I have a staff member to call each scheduled patient to make the patient aware of how we are seeing our patients now (explaining telemed) and then give the patient the option on what method of contact they prefer for the visit, Skype, Facetime, or in some cases, just the phone, since some patients are older and prefer a phone call vs other technology.”

Encouraging patients to use telehealth options while supporting their choices on how to operationalize.

Engaging Patients with Telehealth

What are practices doing to engage patients with telehealth?



When the doc can say “this is new for all of us and you can help me figure this all out”, it helps the patient feel more involved and part of the solution.

Provider comment on MAHEC Webinar



Turning the focus on protecting the patient and her family from COVID19 exposure while ensuring that they feel safe in secure that they are receiving comprehensive high-quality prenatal care.

UNC Maternal and Fetal Medicine – Chapel Hill, NC



Reminding patients of availability of telehealth whenever they call in with issues or questions.

Piedmont Health Services – Multiple locations in Triangle

MAHEC Family Medicine

Asheville, NC

“We have engaged our patient advisory committee to give us feedback on the virtual health platform and usability.”

Regularly get feedback from patients on how it’s going. Implement a brief survey after visits to ensure patients’ needs are being met.

Engaging Patients with Telehealth

What are practices doing to engage patients with telehealth?



Cross referral – various departments' contact with patients could result in telehealth appointment being scheduled.

Piedmont Health Services – Triangle Region



Calling patients with scheduled routine care appointments to switch to telehealth instead of rescheduling months in the future.

A Plus Family Care, PLLC – Raleigh, NC



Utilizing opt-out language for MyChart, in a motivational interviewing way, and a Patient Account representative is going through the process for enrollment and activation.

Roanoke Chowan Community Health Center – Ahoskie, NC

Engaging Patients with Telehealth

What are practices doing to engage patients with telehealth?



We modified the voicemail on our office phone system to reflect our changes due to COVID-19.

West Primary Care – Pembroke, NC



Increasing the number of patients receiving Chronic Care Management (CCM) services is helping to keep our patients engaged.

Boiling Springs Lake Family Medicine – Boiling Springs Lake, NC



Utilizing social media and website to inform patients of availability of telehealth.

Piedmont Health Services – Multiple locations in Triangle

Managing At-Risk Patients with Telehealth

A Plus Family Care

Raleigh, NC

“We are working chronic patient reports from our EHR and from the Medicaid ONE LOGIN website [CCNC Practice Perfect Dashboard] to make sure they have future appointments.”

Utilize your EHR and other applications to create registries and lists of patients who need close monitoring during this time.

Managing At-Risk Patients with Telehealth

How are practices reaching out to chronic, at-risk patients and working to keep them healthy and out of acute care settings?



Identifying highest risk patients for COVID-19 and calling those who don't have follow-up in the near future. These are people with chronic disease, advanced age, etc.

Duke Outpatient Clinic – Durham, NC



Pulled a panel of patients who are uninsured and below the 200% poverty line and are reaching out to check on them during this vulnerable time and making an appointment if appropriate.

Roanoke Chowan Community Health Center – Ahoskie, NC



Revamped workflows and are being proactive in outreach to patients. Using Aledade high risk for COVID patient list, NC HealthConnex and CCHIE and anyone over 65yrs w/ chronic conditions to enroll in CCM via telehealth.

Jacksonville Children's & Multispecialty Clinic – Jacksonville, NC

Wakefield Pediatrics & Adolescent Medicine

Wake Forest, NC

“One great thing that we have found with our asthma patients is that we no longer have the barrier of knowing their current medications. Since the visit is at home, they have their meds there to show us so that we can confirm that they are taking the right ones and that they are not expired.”

Telehealth can give you a view into the patient’s home that you wouldn’t have otherwise.

Managing At-Risk Patients with Telehealth

How are practices reaching out to chronic, at-risk patients and working to keep them healthy and out of acute care settings?



Use of CCM outreach for individuals with chronic BH issues and addressing concerns during this phone outreach.

Piedmont Health Services – Triangle Region



Working with local labs and doing home visits to obtain lab specimens.

A Plus Family Care, PLLC – Raleigh, NC



Outreached to patients over a certain age to make sure they are practicing social distancing and answer any COVID-related questions.

Boiling Springs Lake Family Medicine – Boiling Springs Lake, NC

Managing At-Risk Patients with Telehealth

How are practices reaching out to chronic, at-risk patients and working to keep them healthy and out of acute care settings?



Working on identifying our asthma patients to call to schedule appointments.

Salisbury Pediatrics – Salisbury, NC



All prenatal patients are issued or prescribed an appropriately-sized blood pressure monitor and instructed on use.

UNC Maternal and Fetal Medicine – Chapel Hill, NC



Diabetes management is facilitated by sending blood sugar log via MyChart (patient portal) with frequent follow-up calls for those with poor control.

UNC Maternal and Fetal Medicine – Chapel Hill, NC

Johnston Family Practice

Smithfield, NC

“We are reaching out to our at-risk and vulnerable patients at least 2 or 3 times a month. Staff have divided patients to call. In March, they reached out with COVID-19 tips and chronic care assistance. In April, they are reaching out to all the chronically ill patients to do mental health screenings like PHQ-9 and GAD-7. They are providing up-to-date information on COVID-19 as the information changes. For instance, now you must stay at home and wear a mask if you go out.”

Think strategically about how to target chronic patients and stage implementation if needed.

Managing At-Risk Patients with Telehealth

How are practices reaching out to chronic, at-risk patients and working to keep them healthy and out of acute care settings?



Panel outreach to behavioral health and substance use patients with ED or inpatient visits in the last 90 days to follow up on aftercare attendance and offer appointments as indicated.

Roanoke Chowan Community Health Center – Ahoskie, NC



We recently had our nurse go through training on Chronic Care Management. We began calling the high risk and asthma patients on the list monthly to do CCM and ask questions around COVID-19.

Wake Forest Urgent & Primary Care – Wake Forest, NC



Having Peer support in clinic do telephonic outreach to all MAT patients to check in, guide towards virtual recovery based activity as needed.

Dale Fell Community Health Center – Asheville, NC

What are Patients Saying?

Vidant Family Medicine

Roanoke Rapids, NC

“Thank you so much for doing this and not having me come to the clinic. I don’t want to leave my house until it’s safe out there.”

Remind patients that telehealth is a way to provide care while keeping them safe during the COVID-19 pandemic.

What are Patients Saying?



After her telehealth visit, the patient gave her doctor a personal tour of her beautiful back porch. 'Not only was it enjoyable, it provided a great opportunity to strengthen our relationship.'

Southern Regional AHEC Family Medicine Center – Fayetteville, NC



I prefer telehealth because going in public right now, especially to a doctors office, is so anxiety provoking.

Piedmont Health Services – Triangle Region



I haven't spoken to another human in 3 weeks due to the shelter in place order. It's good to have some contact.

Piedmont Health Services – Triangle Region

Cone Family Medicine Center Greensboro, NC

“I have transportation issues and prefer this to taking multiple buses and waiting.”

Telehealth is convenient and can be a good solution for patients with unmet social needs as many may still have access to a phone.

What are Patients Saying?



I love not having to make the 20 minute drive with the kids.

Shore Fun Pediatrics – Southport, NC



I wasn't able to do OPT before due to my work schedule but now I can because of telehealth with Zoom at home.

Piedmont Health Services – Triangle Region



Postpartum patients seem to really value not having to leave the house with a newborn.

UNC Maternal and Fetal Medicine – Chapel Hill, NC

Guilford Medical Associates

Greensboro, NC

“Dr. Holwerda is the best. We did a Facetime visit and it went very well. I was skeptical about an online visit but he was very thorough. I got my money’s worth so to speak.”

Reassure patients through their uncertainty that telehealth can work well for them.

Overcoming Barriers

Roanoke Chowan Community Health Center

Ahoskie, NC

“Since over 40% of RCCHC service area does not have broadband access, we have hot spots in the parking lots of 3 clinics and designated spots and can also do some vitals and lab tests.”

Utilize the WiFi at your practice and encourage patients to do telehealth visits from the parking lot. You may need to boost your WiFi signal.

Overcoming Barriers

How is the practice overcoming barriers with hard-to-reach populations re: technology, poor internet access, etc.?



We've set up one exam room as a patient-friendly video station, so if they can get here we can still do a no-touch telehealth visit.

MedNorth Community Health Center – Wilmington, NC



Spanish-speaking patients are assisted in signing onto MyChart by phone with Spanish-speaking provider or interpreter.

UNC Maternal and Fetal Medicine – Chapel Hill, NC



Some patients cannot get the mic to work so provider uses video but also calls patient.

Albemarle Pediatrics – Albemarle, NC

Advance Community Health Center

Raleigh, NC

“We are offering curbside telemedicine as an option. The current workflow is that patients would call to schedule an appointment for a telemedicine visit with the provider, complete check-in and registration with a member of our clerical staff virtually/telephonically, then arrive on site at their scheduled appointment time where they would be provided an iPad to complete a telemedicine visit with their provider from the convenience of their personal vehicle in our health center parking lot.”

Consider providing the equipment for patients in addition to WiFi if needed.

Best Practices

Blue Ridge Health

Hendersonville, NC

“We have found it helpful for the clinical staff to call the patient to set up the visit prior to sending the link. This helps with setting up the chart, some of the screening, as well as the med recs. Also, if we are late, we can let them know.”

**Use your team to support patients and you
in implementing telehealth.**

Best Practices

What best practice does the practice want to share with other PCPs?



Make separate appointment types in EHR to differentiate telehealth from regular appointments (i.e., Sick Visit vs Telehealth-Sick Visit, Follow-up vs Telehealth-Follow-up, etc.)

A Plus Family Care, PLLC – Raleigh, NC



Provide combined telehealth visits with the prescriber and mental health provider sitting together and speaking to the patient, jointly making a care plan.

Lincoln Community Health Center – Durham, NC



Convert pharmacy and patient refill requests into telehealth visits.

Mountain View Pediatrics, PA – Morganton, NC

Burlington Pediatrics

Burlington, NC

“We would recommend a staged roll out process. We started with one provider, nurse, scheduler and manager. Then we expanded training to our providers and nurses at each of our other locations with one scheduler. Once all nurses and providers were trained, we expanded training to all schedulers.”

**It’s okay to take it slow with implementation.
But also, telehealth isn’t as hard as it may
seem. Give it a chance!**

Best Practices

What best practice does the practice want to share with other PCPs?



We are contacting patients from our daily fax reports from our after hours nurse triage services and converting these into telephone visits as appropriate.

Mountain View Pediatrics, PA – Morganton, NC



Prior to starting telehealth, we doubled our internet speed. We would recommend having a couple of superusers from each department for implementation.

Burlington Pediatrics – Burlington, NC



We're working on developing a system so front office can schedule virtual visits or in-person visits appropriately without provider input based on a list of complaints.

Cone Family Medicine Center – Greensboro, NC

UNC Maternal and Fetal Medicine

Chapel Hill, NC

“Our practice leadership developed guidelines for a schedule of needed onsite visits and what could be safely done via telehealth.

- *Virtual nurse encounter for intake and education*
- *<9 weeks: First prenatal visit is done via telehealth, labs ordered. Arrange for home BP monitor and scale. Complete Pregnancy Risk Screen*
- *12 weeks: In office visit for labs, provider visit and physical exam, ultrasound to confirm EDD*
- *19-20 weeks: In office for anatomy scan, vitals, nurse visit. Virtual provider visit*
- *28 weeks: In office for glucola, vitals, nurse visit, FHTS and fundal height. Kick counts are emphasized.*
- *36 weeks: In office for GBS, vitals, nurse visit, FHTS and fundal height*
- *Third trimester: Telehealth visits at usual intervals for BP and weight monitoring. In person as needed.”*

Rethink what is necessary to do in-person and what can be safely done via telehealth, either by a nurse or the provider.

Best Practices

What best practice does the practice want to share with other PCPs?



Schedule visits 30 minutes apart and consecutively (e.g., 9:00am, 9:30am, 10:00am, etc.).

Mountain View Pediatrics, PA – Morganton, NC



We have four (4) telehealth providers each half-day and two (2) providers who do in-person visits.

Cone Family Medicine Center – Greensboro, NC



We have our nurses talk to each patient just like an office visit prior to their discussion with the provider. Patients seem to open up more to them.

Cross River Cardiology – Lenoir, NC

UNC Maternal and Fetal Medicine

Chapel Hill, NC

“With a system and a team of skilled nurses, most of the provider’s care can be delivered via telehealth. Virtual care is not all about the provider visit. Do not overlook the importance of nursing education. Make the most of every in-person visit – take every opportunity when the patient is in the office for blood work, ultrasound, injections, vital signs and other needed services.”

It goes without saying: Make the most of your visits with your patients, whether they are telephonic, telehealth or in-person.

Where To Get Information and Help

Q&A Resources

- COVID-19 Telehealth Clinical Policy Modifications and Guidance Main Page - <https://medicaid.ncdhhs.gov/about-us/coronavirus-disease-2019-covid-19-and-nc-medicaid>
- Medicaid Questions and Answers for Telehealth Giving Guidance Regarding COVID-19 - <https://files.nc.gov/ncdma/covid-19/QA-COVID-1st-Release-2020-0327-FINAL.pdf>
- Medicaid Questions and Answers for Telehealth for FQHCs and RHCs - <https://files.nc.gov/ncdma/covid-19/COVID19-QA-FQHC-RHC-2020.pdf>

www.Medicaid.ncdhhs.gov

Key Federal Funding Available to All Providers

Funding	Amount	Details	Status/Timeline	Action Needed
CARES Act Provider Relief Fund	\$100 B	Grants for Medicare and Medicaid providers to support health care-related expenses or lost revenue attributable to COVID-19.	HHS began delivering initial \$30B on April 10, 2020. NC to receive \$919M for 6,905 Medicare providers. Remaining \$70B prioritized for providers in COVID-19 hot spots, rural areas, and serving Medicaid beneficiaries.	Providers paid via account info on file. Within 30 days, confirm receipt and agree to terms and conditions. See Relief Fund website to estimate your funding and for more info.
COVID-19 testing and services for uninsured	\$1 B	Reimbursement for Medicare and Medicaid providers for COVID-19 testing and treatment to uninsured individuals.	Payments made through the National Disaster Medical System (NDMS) definitive care reimbursement program.	Providers must register with the NDMS to submit claims for services rendered to uninsured.
COVID-19 Telehealth Program	\$200 M	FCC grants to provide services and devices to support telehealth.	Funding made on a rolling basis.	Providers must submit an application. For information on how to apply, please visit the FCC's website .
Accelerated Payment Program	Unspecified	Expands the Medicare Accelerated Payment Program. These are loans that must be paid back.	As of April 9, 2020 CMS has delivered nearly \$51B to Medicare providers.	See CMS' fact sheet on the program and how to submit a request or contact your MAC with questions.
FEMA Public Assistance	\$45 B	FEMA grants to support disaster-related actions including construction, staffing and supplies.	Costs must be incurred between January 20, 2020 and September 19, 2020.	An overview of the application process and steps to apply are available here .
SBA Paycheck Protection Program	\$349 B	Treasury loans for most small businesses; some larger providers may also be eligible. Funds will cover payroll costs, mortgage interest payments, rent, utilities, group healthcare benefits, and interest on debt obligations.	Funds available through June 30, 2020. Additional information can be found on the SBA website , in addition to other SBA-operated COVID-19 related relief options for small businesses. Lenders could begin processing loan applications on April 3.	Businesses must apply by submitting an application to an existing SBA lender or through any federally insured depository institution, federally insured credit union, and Farm Credit System institution that is participating.

CMS is also temporarily suspending the 2 percent Medicare sequester on FFS Medicare payments from May 1 – Dec. 31, 2020. No action is needed from providers.

Key Federal Funding Available to Other Provider Types

Funding	Amount	Details	Status/Timeline	Action Needed
Community Health Center Grants	\$1.32 B	Provides additional funding for the detection, prevention, diagnosis, and treatment of COVID-19.	Funds available through September 30, 2020. On April 8, 39 health centers in NC received a collective \$35.3M. A list of health centers and awards are on HRSA's website . Award recipients can view HRSA's COVID-19 FAQs .	None
FQHC Grants	\$100 M	Funds COVID-19 related primary care under the Health Centers Program.	Funding available through September 30, 2024. On March 24, 39 health centers in NC received a collective \$2.8M. A list of health centers and awards are on HRSA's website . Award recipients can visit HRSA's Technical Assistance page for resources.	None
Rural Health and Small Provider Grant Programs	\$397.5 M	HRSA grants to support rural health care outreach and network development and small provider quality improvement.	Funds available until September 30, 2025.	TBD
Telehealth	\$145 M	Grants for Telehealth Resource Centers and Telehealth Network Centers.	Funds available until September 30, 2025.	TBD
Certified Community Behavioral Health Clinic Expansion Grant Program	\$250 M	Additional SAMHSA grants to support CCBHCs.	Funds available through September 30, 2021.	TBD
Distance Learning and Telemedicine Grants	\$25 M	USDA grants to support distance learning and telemedicine.	Funds available until expended.	TBD
Coverage of Testing for COVID-19 through VHA	\$30 M	Funds reimbursement by the Department of Veterans Affairs for the cost of COVID-19 testing for veterans receiving care through Medical Community Care.	Funds available until September 30, 2022.	TBD

Available Telehealth Vendor Support

- Several organizations are partnering with vendors to provide telehealth services at no cost to providers for a limited time:
 - CCNC partnering with DocsInk
 - NC Medical Society partnering with Presence
 - NC Community Health Center Association partnering with Doxy.Me

CCNC and AHEC Partnering to Support Practices

Telehealth Support

- How to Get Started
- Evaluating Technology
- Staff Education
- Patient Education
- Workflow Re-design
- Billing & Coding
- Clinical Case Study Examples
- Access to Resources
- Tips for conducting AWW

How to Contact Practice Support

CCNC Practice Support

Email: CCNCsupport@communitycarenc.org OR

CCPNSupport@communitycarenc.org

Phone: 919-926-3895

Website: <https://www.communitycarenc.org/statewide-operations>

NC AHEC Practice Support

Email: practicesupport@ncahec.net

Phone: 919-445-3508

Website: <https://www.ncahec.net/practice-support/what-we-do/>

FCC Funding for Telehealth

- **COVID-19 Telehealth Program** with up to \$200 million to help health care providers provide connected care services to patients at their homes or mobile locations in response to the COVID-19 pandemic
- Additional 3-year **Connected Care Pilot Program** with up to \$100 million of support to help defray providers' cost of providing telehealth
- Eligible providers consist of teaching hospitals and medical schools, community health centers or health centers caring for migrants, health departments, community mental health centers, not-for-profit hospitals, rural health clinics, skilled nursing facilities or consortia of one or more of the eligible providers types
- More information: <https://docs.fcc.gov/public/attachments/FCC-20-44A1.pdf>

Healthcare Preparedness Survey for Providers

- It is critical that DHHS understands the medical staffing resources available and needs identified across the state to prepare for the peak of the COVID-19 outbreak.
- Hospitals regularly report their needs to the Healthcare Preparedness Coalitions but there has not been a way to gather this information from practices, until now.
- Please complete the following brief survey in order to enable DHHS to provide current information and source supplies more effectively.

Survey link: <https://nc-covid19.sirs.unc.edu/healthcare-preparedness>

COVID-19 Triage Plus – Resource for Practices and their Patients

Statewide, Inbound Call Center Providing:

- Information on COVID-19
- Clinical Triage by RNs, using latest CDC/NCDHHS guidance
- Care Coordination services
- Open to all NC residents, regardless of payer/insurance

COVID-19 Triage Plus Line: (877) 490-6642

**Hours of Operation: 7am – 11pm
7 days a week, including holidays**

Please add this number to your practices outbound phone message and your website.

Medicaid Resources

Medicaid COVID-19 website: [medicaid.ncdhhs.gov/coronavirus](https://www.ncdhhs.gov/medicaid/coronavirus)

Medicaid Special Bulletins: <https://www.ncdhhs.gov/about-us/coronavirus-disease-2019-covid-19-and-nc-medicare/covid-19-special-medicare-bulletins>

Rates: [medicaid.ncdhhs.gov/providers/fee-schedules](https://www.ncdhhs.gov/providers/fee-schedules)

NCDHHS COVID-19 website: www.ncdhhs.gov/coronavirus

Telehealth Billing Code Summary: <https://files.nc.gov/ncdema/covid-19/NCMedicaid-Telehealth-Billing-Code-Summary-20200407.pdf>

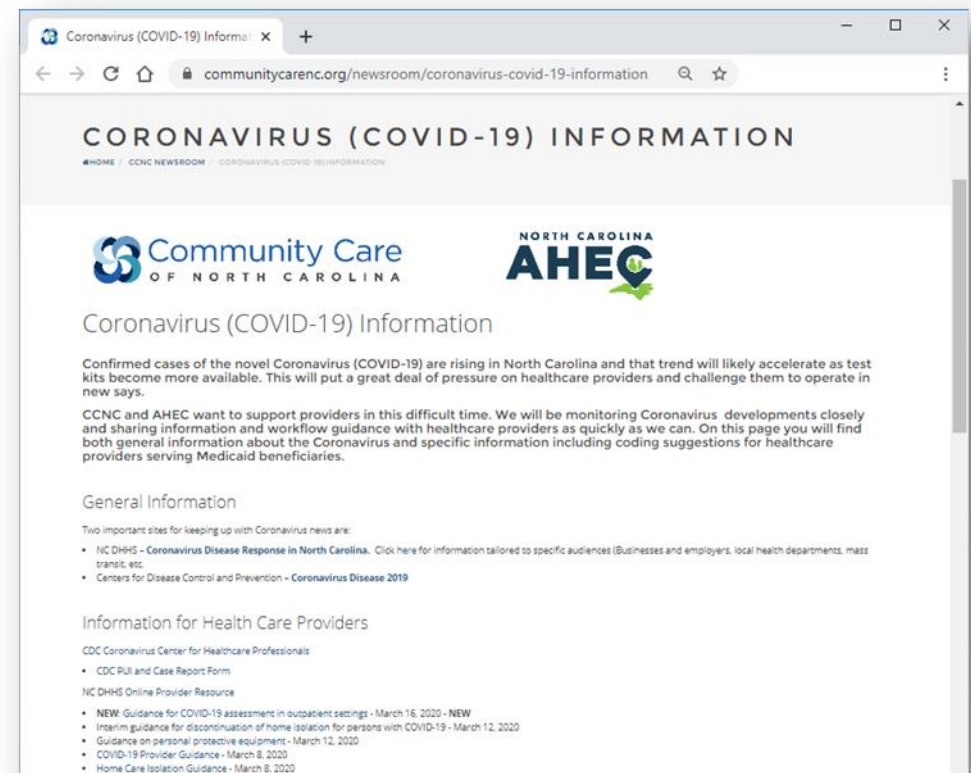
Email for Medicaid-specific questions or concerns:
medicaid.covid19@dhhs.nc.gov

CCNC/AHEC Website

<https://www.communitycarenc.org/newsroom/coronavirus-covid-19-information>

Links for NCDHHS info on:

- General information on COVID-19
- Medicaid coding changes and suggestions for implementing
- Guidance on workflow changes
- Financial assistance
- Webinar recordings



Additional COVID-19 Webinars

NC AHEC/Office of Rural Health Telehealth Webinars

Addressing the role of virtual visits in responding to COVID-19

Mondays from 12-1pm

<https://zoom.us/j/985104650>

Navigating COVID-19: Financial Resources for Practices in the CARES Act

Information for providers on available financial resources

Tuesdays from 6-7pm

<https://zoom.us/j/131899801>

DPH/NC AHEC Webinars

DPH provides COVID-19 updates and Q&A with providers

Fridays from 12:30-1pm

<https://zoom.us/j/705979628>

Questions?

