



SORH COVID19 Learning Community Notes

Call Date: April 23, 2020

National Organization of
State Offices of Rural Health

NOSORH Update

Tammy Norville, NOSORH's Technical Assistance Director, provided a thorough overview of recent CMS guidance for RHCs and FQHCs and other relevant updates. More information for all updates can be found on the [COVID-19 RESOURCES](#) page:

RHC distant site guidance – 4/17/2020 – provided by any healthcare provider working for the RHC within their scope of practice from any location, including their home, and can provide any telehealth service approved as a distance site telehealth service. The guidance has a link to a list of those by CPT code.

- The important thing to know is that the reimbursement is \$92 HOWEVER... for services rendered between January 27, 2020 and June 30, 2020 RHCs must include a modifier 95 and will be reimbursed at their all-inclusive rate (AIR). These claims will be automatically reprocessed in July once the adjudication system updates are in play. There is no need to resubmit claims.
- For services furnished from July 1, 2020 through the end of the Public Health Emergency RHCs use G2025 and will be reimbursed at the \$92.
- There is some concern about how these services will impact the cost report as well as production standards but that's a discussion for another time. If you have questions regarding this guidance or specific "scenario" questions, don't hesitate to reach out.

Additional blanket waivers

- [ASPR/TRACIE's Workforce Virtual Toolkit – Resources for Healthcare Decision Makers Responding to COVID-19 Workforce Concerns.](#)

CARES Act Provider Relief Fund- As this legislative piece has only just rolled out, many SORH will likely receive many questions from their rural stakeholders. Upon initial reading, providers (hospitals and RHCs) should receive funding automatically.

- NOSORH will continue to monitor how this guidance is rolled out and provide updates on upcoming calls, as available.

If you have any specific questions, please reach out to Tammy Norville at tammyn@nosorh.org or happy to dig in on specifics for any of these items and any to come. Keep check on the NOSORH [website](#) for more updates!

Rural Challenges and Concerns

Some partners raised concerns that state and local governments are unaware that, after federal COVID-19 emergency funds, gaps still exist in resources for the rural health infrastructure.

- PA is seeing provider advocacy groups making a plea to state legislators for additional resources, who were unaware of the gaps.
- RI is seeing, rightfully, the focus on the current emergency; though there hasn't been much discussion on healthcare sustainability or viability.

Some concerns were raised with the quality and accuracy of data that is being used to make determinations at the state or local level, particularly for primary care providers.

- RI is using a survey from the [Primary Care Collaborative](#) to monitor the needs and status of the primary care workforce; they requested, and received, a state breakdown for responses. *Potential for NOSORH to work out a breakdown for all 50 states?* Also, reviewing weekly data from HRSA in the [Health Center COVID-19 Survey](#) and the [Health Center Program Look-Alike COVID-19 Survey](#).
- LA noted that their Medicaid office wasn't identifying any issues for RHCs (i.e., staffing reductions, etc.) as reported through MCO data. Went to the state's Health Standards division and received much more accurate data to seek state support for RHCs.

As states begin to slowly open back up, questions were raised if there are contingency plans in place for what happens in case of a second spike.

- MT noted that their state has developed a contingency plan, along with the guidelines for reopening.
- PA commented that they heard there was a contingency plan in place but hasn't identified a written plan to date.

Identified Rural Strategies

Foundations are stepping up across the country to assist with resources (i.e., cleaning supplies, etc.) for hospitals as they become available.

- In LA, [AmeriCares Foundation](#) provided some much-needed assistance to rural providers; this is the same foundation that helped put in a temporary building for an RHC after Hurricane Katrina.
- Another similar partner that SORH may want to link to rural providers/facilities is [Direct Relief](#).

A discussion on the amazing volunteer efforts to create PPE raised questions about coordination, to help with the distribution of these resources to the areas where they are needed most.

- WI noted that there is no real coordination of these efforts; hospitals are receiving large amounts of this support, but what about EMS, first responders, and other essential health and social service workers?
- MT noted that social media has helped groups come along and help to coordinate at the community/regional level. However, there hasn't been a statewide coordinated effort.
- RI noted that some states may have kept quiet on the matter because there was risk of liability by distributing handmade materials.
- OR saw great coordination of resources from the Forest Service to the state command centers, while makers have been directed to provide donations to the local health department.
- AZ helped lead an effort, using social media graphics, to encourage a more coordinated approach by leveraging local health departments.



The Federal Reserve is conducting a stakeholder survey and asked about “*local community efforts to minimize household and business instability and improve resilience during this pandemic*”. Are SORH seeing any of this? ([follow-up question from last week](#))

- MT shared (after the call) a [link to an example](#) from the Southwest Montana COVID-19 Response Fund; providing grants to community organizations focusing on the areas of health, food and supply distribution, emergency housing, emergency financial assistance, and programs supporting crisis response.

Needed Rural Resources

Several states discussed the need to shore up the contact tracing efforts in their state, particularly in light of the Federal recommendations for reopening states. States discussed what they are currently doing to help with contact tracing, and what else is needed:

- NE, FL, MT and NH noted that their state employees have been asked to volunteer either part or full-time to conduct contact tracing in the state; actively or on reserve at this time.
- AZ stated that they are using their students to do contact tracing in one county of the state currently.
- OH has been using student volunteers, leveraging social media and conducting online trainings on conducting contact tracing.
- NM has volunteered and will begin doing contact tracing next week (*Thank you, Roxanne!*)

SORH Discussion of Federally funded Programs

Since the release of the SHIP NOA for the emergency COVID-19 funds, a few concerns and questions have been raised about the language.

- One concern raised related to the anti-kickback language in the NOA conditions...
- One state indicated that they had asked for clarity on whether the indirect cost rate of 15% applies to the entire funding or just the first \$25,000.
- FORHP will be hosting a SHIP webinar on May 1, 2020.
 - **NOSORH encourages you to send any questions you have to your Project Officer in advance; this will help give them time to prepare the responses you need for the webinar.**