



SORH COVID19 Learning Community Notes

Call Date: July 9, 2020

National Organization of
State Offices of Rural Health

NOSORH Updates

- Medicare Learning Network – MLN Matters number SE20016 REVISED – released on July 6th with some clarifying language related to coding/billing challenges, claims submitted through June 30 and reprocessing.
 - **NEW** on page 7 of 8 – Exception to the Productivity Standards for RHCs – “To minimize the burden on RHCs, exceptions to the productivity standard may be granted by your MAC during the COVID-19 PHE. Further direction will be forthcoming from your MAC.”

SORH challenges, concerns and questions

Are any of you facing unspent SHIP funds due to state level processes and concerned how it will be reflected on quarterly reports?

- Some states are facing difficulty with the contracting processes and are concerned they’ll have little to report on the first quarterly report.
- A few states indicated that their challenge is with some of the eligible hospitals declining to participate.
 - NC had 5 system-affiliated hospitals decline due to a lack of clarity and concerns of compliance.
 - IN had one system of several hospitals decline, indicating that other hospitals could use the funding more (told them it wouldn’t work like that).
 - CA indicated that they too had similar concerns with the system-affiliated hospitals feeling like it’s almost too much effort for the small amounts of funding.
 - Members reminded each other that the funding is retroactive, but also has an 18-month window to be spent. Encourage your hospitals not to decline because they are unsure in the moment.
 - A couple of states mentioned having to return unspent funds. Another state had been told by their PO to reallocate the funds through amendments to the remaining hospitals and pointed to the guidelines in the FAQ document they were given:

What should the recipient do if an eligible hospital refuses COVID-19 funding?

If a hospital declines all or part of the funding, the grantee has one of three options.

- *Send the funds back to HRSA*
- *Distribute the extra funds evenly between all COVID SHIP hospitals*
- *Apply funds to an activity (i.e., a training) that benefits all COVID SHIP hospitals.*

Please discuss this with your project officer immediately for details.

Follow-up: Please have this clarified by SHIP Project Officers.

As rural recreational areas, such as coastal regions and campgrounds continue to see surges, do any of you have examples of successful strategies communities or states are using to mitigate the spread?

- AR shared that their state and federal recreational areas remain closed unless you have a self-contained lavatory (i.e., RV camping, no tent camping). Does not apply to private campgrounds.
- PA shared that they have a state-wide mandatory mask requirement and county-level mandates, but people don't always follow them.
 - Not just a recreational concern – also a concern for college towns; what happens when the influx of students returns in the fall? (MA agreed)
- RI is seeing a surge with beaches and heavily touristed areas and while masks are mandated the discussion of enforcement keeps coming up. Suggested that we have work to do in making mask-wearing a social norm. How to de-stigmatize the wearing of masks and make it an expectation of society? *NOSORH should be sure to raise these issues with CDC partners.*
- MA noted that their two major islands are offering asymptomatic testing for anyone that comes to visit. Mask wearing remains an issue with visitors, but businesses and transportation providers are being very strict, which creates a culture and expectation that accepts masks.
- In ME, visitors must have a negative COVID-19 test within 72 hours or have been in quarantine for 14 days prior to visiting the state.
 - One state noted it's an interesting approach, but it may cause issues for non-traditional families; especially if parents live across state lines.
- LA noted that the state attempted to restrict the flow of residents with the Texas border; however, it didn't work for them and have since stopped enforcing.
- A few states offered powerful anecdotal stories about how, within states, there is high variation in wearing of masks and social distancing protocols. There are many rural communities following guidelines, it's inaccurate to say it's a rural/urban difference.

Are any SORH using their funds to establish or support networks within the state?

- WV is supporting an RHC network with education and resources.
- NH also supports an RHC network, offering webinars and education ranging from cost reports to blood pressure and chronic disease management.
- IN supports statewide and regional efforts:
 - Supporting a Community Health Center advisory council in the state that meets every other week.
 - Teamed up with Rural Health Affairs to offer a regional funding opportunity to address a regional health need and integrate systems. Ranges from nutrition needs to a women's recovery house, just to name a few. Example of nutrition program available as a NOSORH Promising Practice.
- Michigan supports a robust RHC network as well as the Michigan Quality Network for CAHs.



- MT worked with the Federal Reserve Bank and foundation partners to offer small \$5,000 community health grants. Created a virtual “network” of those grantees to be able to share best practices, other funding opportunities, etc. (happened about 5-ish years ago)
- Prior to the shutdown, NC hosted an annual Primary Care Conference to allow organizations to network. In addition, they were hosting regional multi-partner collaborative meetings – getting partners in the room to make sure they were communicating across sectors.

Topics held for next meeting:

- Dealing with recruitment and retention during and post COVID-19.
- Helping RHCs to rebuild community confidence in their facility during and post COVID-19.

Reminder: Please share any topics you have for discussion on future COVID-19 calls. These don't have to be specific questions but can include general “future focused” topics that you'd be interested in discussing with the group. To submit ideas, or for discussion, please contact [Chris Salyers](#).