

NC Department of Health and Human Services
Office of Rural Health

Hospital Program Updates

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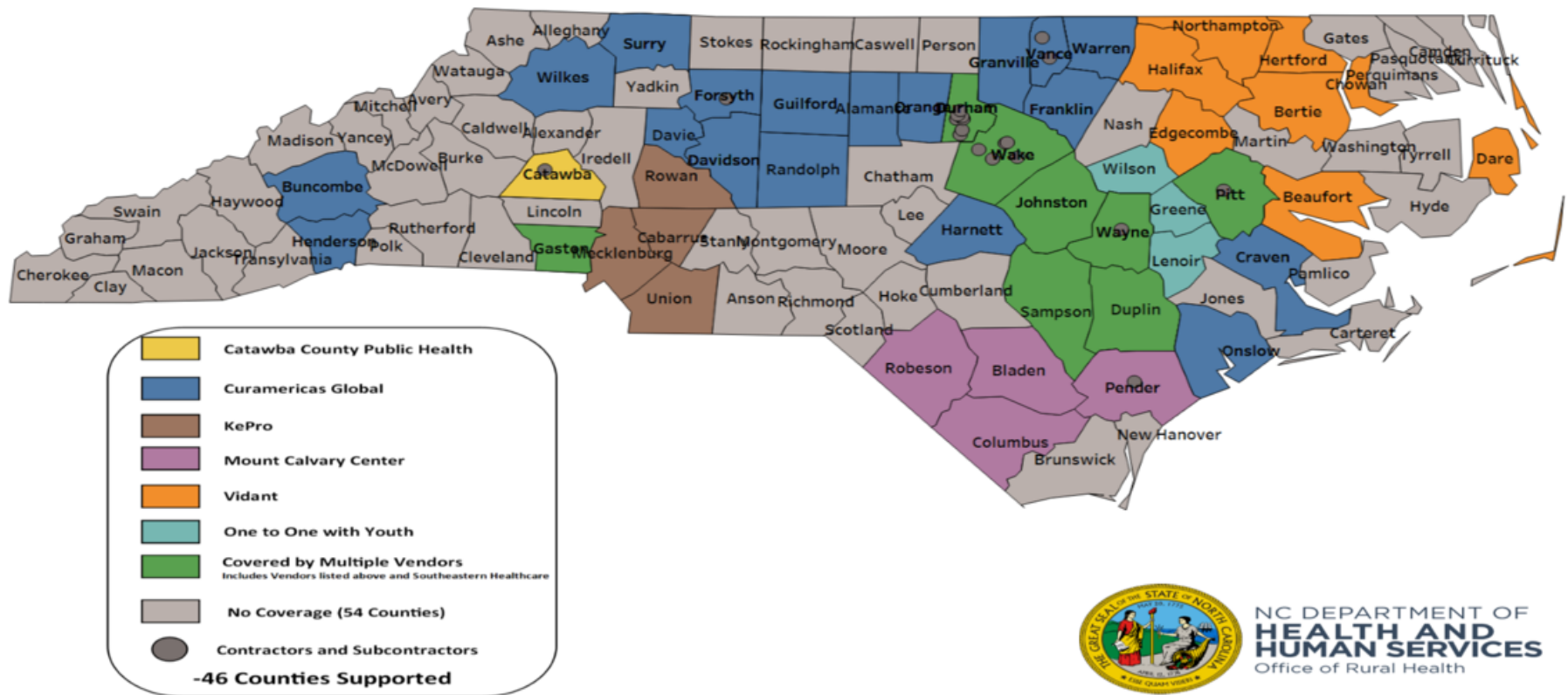
August 2020

NC ORH FLEX CAH meeting August 26th

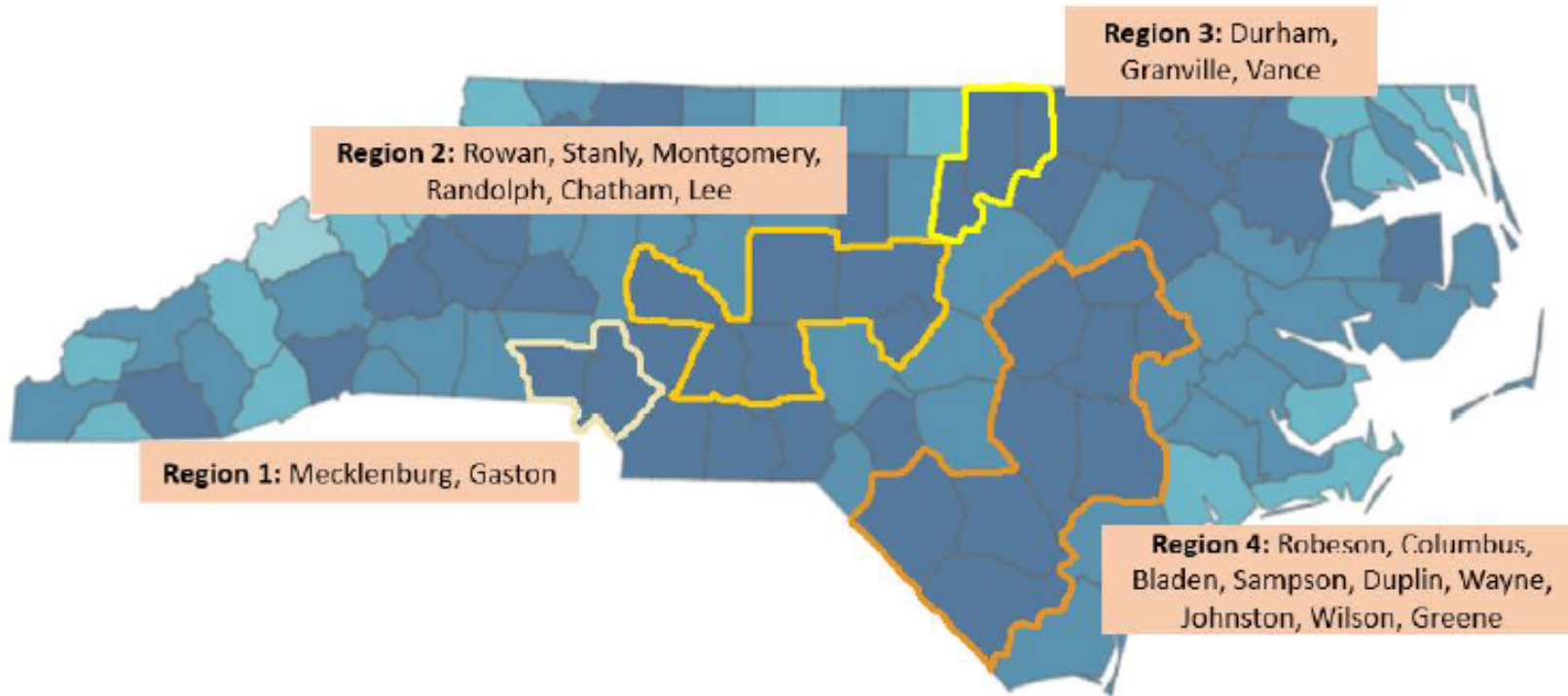
- **DHHS/ORH Community Health Worker program**
- **DHHS Support Services for COVID-19**

Community Health Workers

CHW RFP



COUNTY MAP BY CASES PER 10,000 RESIDENTS



NC ORH FLEX CAH meeting August 26th

- **Racial equity and health equity**
- **Historically Marginalized Populations/COVID-19**
- **COVID-19 Response**
- **MBQIP reporting (health equity)**
- **Telehealth**
- **Population Health profiles**
- **Swing bed discussion/presentations**

FLEX Year 1 program updates

- **2019-2020 Flex Program structure**
 - Finance/Operations (Stroudwater), Quality (NCHA)
 - (2) statewide meetings
 - (3) Regional CAH meetings
 - (4) Individual CAH engagements
 - Population Health development (ORH/Stroudwater/NCHA)

COVID-19 pivot (March 2020)

- ORH involved in COVID-19 Healthcare Coalition
- Cancelled April regional meeting
- Continue FLEX program virtually
- Support CAHs during COVID-19 pandemic

FLEX Year 2 program plans

- **2020-2021 Program structure**
 - **Finance/Operations (Stroudwater), Quality (NCHA)**
 - **(2) statewide meetings**
 - **(3) Regional CAH meetings**
 - **(4) Individual CAH engagements**
 - **Population Health development (ORH/Stroudwater/NCHA)**

Other Focus areas

- **MBQIP measure improvement**
- **Community Paramedicine support**
- **Swing Bed Program support (locally/systems)**
- **Obstetrical Services/Maternal Health (Sheps/Chatham)**
- **NC Rural Health Clinic (primary care) network**

FLEX 5 Year Program Goals

2024 Flex Program Long Term Goals

- **MBQIP 100% compliant (HRSA defines)**
- **CAH statewide meetings 20/20**
- **Improve operating margins**
- **Community engagement**
- **Regional**
- **Health System Engagement**
- **Hospital Redesign Projects**
- **Global budgeting models**
 - **NC Medicaid**
 - **CMS/CHART Model Fall 2020 RFA**

Community Health Access and Rural Transformation (CHART)

CMS aims to continue addressing these disparities by providing a way for rural communities to transform their health care delivery systems by leveraging innovative financial arrangements as well as operational and regulatory flexibilities



Community Transformation Track

Communities receive **upfront funding**, **financial flexibilities** through a predictable capitated payment amount (CPA), and **operational flexibilities** through benefit enhancements and beneficiary engagement incentives.

This track builds on lessons learned from:

- *Maryland Total Cost of Care Model*
- *Pennsylvania Rural Health Model*

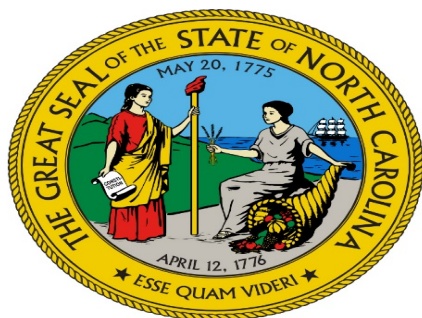


ACO Transformation Track

Rural ACOs receive **advance shared savings payments** to participate in one-sided or two-sided risk arrangements in the Medicare Shared Savings Program (Shared Savings Program).

This track builds on lessons learned from:

- *ACO Investment Model (AIM)*



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