



COVID-19

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Department of Health and Human Services

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Current Situation – as of 3/8/2020 according to World Health Organization

Location	Confirmed Cases	Deaths
Globally	101,927	
China	80,813	3,073
Outside of China (93 counties)	21,110	413
United States	213	11
North Carolina	2*	

^{*}Presumptively positive as reported by NC Department of Health and Human Services

NC Preparation and Response

- Coordinating state efforts through Governor's Novel Coronavirus (COVID-19) Task Force
- Developing response plans and decision triggers that address a range of scenarios and actions
- Identifying and testing people under investigation
- Implementing control measures, including selfmonitoring with local public health supervision, isolation and quarantine
- Activated a Joint Information Center and COVID-19 hotline
- Updating COVID-19 website: ncdhhs.gov/coronavirus

Testing

- State lab able to run tests as of March 3
- CDC expanded testing guidelines last week
 - States, including NC have had inadequate testing supplies
 - As March 7, NC had supplies from CDC to test 190 people
- Testing supply needs are being addressed
 - NC DHHS worked directly with supply manufacturer
 - Agreements signed with UNC and Duke
 - LabCorp began testing March
 - CDC increased the cap for supply orders states could place

Immediate Next Steps

- Transitioning response operations to the State Emergency Operations Center to expand coordination across the whole of state government
 - Similar to other states, we are evaluating declaration of emergency to allow for flexibility in resource allocation and additional authorities to aid in response preparation and execution
- Ordering additional equipment for state lab to increase number of tests that can be run at same time
 - State lab is first responder in identifying new outbreaks, initiating containment strategies, and supporting underserved populations
- Evaluating overall budget needs to adequately respond
 - Federal supplement approved last week

Immediate Next Steps – Medicaid Policy

- Allow Medicaid providers to bill for defined telephonic services
- Update pharmacy policies to allow orders for 90-day generic and brand; remove refill limits; eliminate 30-day requirement to qualify for 90-day supply
- Allow reimbursement for masks for ill patients requiring frequent transportation/public presence (i.e. dialysis)
- Eliminate Prior Authorizations for oxygen equipment and related supplies (including CPAP, respiratory assist devices, ventilator)
- Reinforce copay not required at time of office visit
- Encourage providers to use home visits for vulnerable populations and group living
- Finalize first responders ability to treat with no transport 911 calls; study impact of developing reimbursement for paramedics/caramedics to evaluate and treat in the home

Strategies Will Evolve

While we continue to practice containment, mitigation preparation is underway. Strategies do not occur in isolation.

Containment	Mitigation
 Individual level Provider guidance on risk assessment Monitor specific individuals for symptoms Isolation, quarantine, contact tracing procedures Might not prevent spread of disease, but delays spread providing valuable time to prepare 	 Community level Provide guidance on personal, environmental, and community measures to limit spread of illness Actions to increase social distancing, protect high risk people, Can blunt the intensity of epidemic so resources

Leading with Compassion and Reason

- North Carolina has been preparing diligently well before we had our first case
- As testing is expanded, the number of confirmed positives will increase
- Rely on facts and not fear. Get accurate information
 - www.ncdhhs.gov/coronavirus
- Blame, stigma, and harassment should not be tolerated