

Members (CEOs, CMOs, CFOs, COOs),

Here is a run-down of COVID news and guidance related to: vaccine distribution, ordering, administration and documentation. Stay tuned for additional updates. Let me know if you have questions. Thanks! LMc

Vaccine Distribution - State Centralization

The Governor announced earlier this week the centralization of vaccine distribution at the state level and that they are contracting with Blue Shield Health Plan as a Third Party Administrator (TPA) to coordinate this. We anticipate 3-4 weeks before we transition to this new system. CCALAC met with HHS today. Following are key takeaways:

- TPA will build a network of providers to administer the vaccine. Will contract with providers that can meet certain benchmarks: speed, volume, equitable distribution (where and to whom you administer), and timeframes on getting 1st & 2nd doses completed. (Exact metrics TBD).
- If already registered with the state, you won't have to completely re-register, but there will be some kind of sign-up process with TPA to get your incentive payments.
- TPA will be providing incentive money to providers to reward and incentivize. Potential for up front investments to support three areas: large (mega) scale sites, mobile clinics reaching hard-to reach populations, vaccinating home bound people.
- State will be responsible for allocation decision-making, in collaboration with TPA and the counties. TPA handles the distribution.
- TPA expected to require providers to get data into CAIR in real-time (concerns were raised), details of integration of other platforms still TBD (strong emphasis on data linkages and importance of real time administration data)
- Until the transition the processes for ordering, etc remain the same.
- Kaiser is referred to as a "provider in the network." Some special arrangement exists, but details unclear.
- County is being referred to as a "provider." Instead of counties having delegated authority to distribute vaccines, TPA takes on that role.
- Subcontracting or aggregating models may be possible (e.g. Providers group together to better meet the benchmarks/metrics for receiving vaccines, or counties or other entities subcontracting with smaller providers).
- Still many opportunities to advocate for health center needs and full inclusion before the plan is finalized. CPCA and CCALAC will consult with members and provide input to the state and the TPA as structures and metrics are being developed.

Vaccine Distribution – Preparing for the Transition

Throughout this week we met with various people at LADPH, including Dr. Ferrer, Dr. Simon, and the vaccine unit. Here are our notes:

- State plan is to pivot to health care delivery systems and community sites. Any organization that wants to vaccinate after the state transition should be already vaccinating successfully before the transition in 3-4 weeks. This means both administering as well as reporting to the state.
- They are willing to partner to improve health center readiness. LADPH will host office hours dedicated to troubleshooting issues for health centers. In addition, CCALAC will host webinars on select topics over the next couple weeks. Topics would include issues like data mismatches, workflows, billing, and the state transition (MyTurn, etc.). Stay tuned for more info.
- Until the transition LADPH is committed to guarantee a minimum allocation of vaccines to health centers, and for weekly allocations to be more predictable.

Vaccination Planning Guidance for Partners

LADPH has released a [Partner Planning Guide](#) for COVID-19 vaccine, which outlines the shift in approach for allocations for the next few months until supply reliably expands. The [guide](#) incorporates the latest CDC and CDPH guidance to help use doses and schedule appointments and outlines LADPH's weekly allocation timeline.

Weekly COVID-19 Vaccine Inventory & Allocation Survey

LADPH has created a [survey](#) to be submitted on a weekly basis every Monday by midnight going forward until the CalVax ordering function is working for local health departments. Please note your ORG ID number should be submitted as CA####A. The number with "B" is the location ID.

Survey response is needed for each COVID Org ID, but not necessary to submit for each location ID (i.e., if you are a clinic with 3 sites and registered as separate Org IDs, then 3 responses are needed, one for each. If the 3 sites are locations within one Org ID then one response is needed).

This [survey](#) is necessary for all FQHCs and clinics who have previously received or will receive any vaccines doses. Survey response is required to receive allocations, but survey response does not guarantee allocation either. Please contact Margaret O'Neil at MOneil@ph.lacounty.gov if experiencing any difficulties submitting the survey.

Staff/Non-patient Vaccination Tracking

There are three ways health centers are separately documenting vaccinations for staff and non-patients within their electronic health records. By tracking this data separately, you are preventing non-patient data from mixing up with your patient data for reporting purposes, such as UDS reports. [Click Here](#) for an overview of these three options.

COVID-19 Vaccine CPT Coding and Guidance

[Click here](#) for a couple resources to help determine the appropriate CPT code combination for the type and dose of vaccine that you are using.