

Members (CEOs, CMOs, CFOs, COOs),

We started off the week with lots of news related to vaccine administration. Here's a quick update on the Biden initiative, state centralization and mass vax sites. We'll send more news, updates and info on Friday. Let us know if you have questions. Thanks,

Louise

Biden Vaccine Initiative

On Tuesday the Biden administration [announced the first phase of an FQHC program](#) for COVID 19 vaccines. Starting next week, health centers will begin directly receiving vaccine supply. This is meant to supplement, not supplant, what health centers are already getting from their local jurisdictions. The program will be phased in, with the first centers able to start ordering vaccines as early as next week. They're starting small, with 25 health centers to start, expanding to 250 centers over the next 3-5 weeks and then to all CHCs that want to participate. They aim to distribute up to 1 million doses each week to health centers. Health centers will follow their state priority guidelines for the doses

We know that 2 CCALAC members will be involved in the early rollout of the program. We are working with HRSA and CPCA to ensure that these pilots are successful and more members will be able to join the program.

Additionally, the Biden-Harris Administration announced they will increase overall, weekly vaccine supply to states, Tribes, and territories to 11 million doses nationwide beginning this week. This is a 28% increase. The Administration is committing to maintaining this as the minimum supply level for the next three weeks.

State Centralization

Last week we reported that Blue Shield was not inclined to contract with all health centers in the state for their Third Party Administrator (TPA) network. Since then CPCA engaged Blue Shield further, and there was some movement. Here are the notes:

- The statewide system will be done in phases, and they do not plan on the TPA being here long term.
- The first phases for rollout will be the counties hit hardest by COVID. Their goal is to prioritize around highest risk and greatest need and drive towards equity.
- Because they are having to onboard so many providers they cannot do all CHCs at once, it has to be phased in. CHCs that can meet the specifications for operational/workflow expectations and equity will be first, but all CHCs can secure incentive payments right away.
- They are also looking to work with a small subset of CHCs up front to learn what works/doesn't so they can make it easier for other CHCs to on board and work with the TPA.

- Incentive payments will be for helping secure higher numbers of vaccine (irrespective of administering the vaccine). For example, a CHC that is not onboarded to the TPA but who can arrange for a vaccine clinic to be run out of their parking lot will be paid incentives for helping to usher in their patients to be vaccinated
- Left the door open for all CHCs that wish to be in the network to be onboarded eventually.

FEMA & KP Mass Vax Sites

FEMA: On Friday I will be meeting with federal HHS regarding the new FEMA site to be opened at Cal State LA. We will be sharing how HHS can create an equitable approach for these sites. We will also clarify how these sites will impact health centers' ability to demonstrate their value in the delivery system, especially with the state pushing for volume. Stay tuned.

KP: We are in regular contact with Kaiser regarding the mass vax site at Cal Poly Pomona. If health centers in the San Gabriel Valley are not able to vaccinate their patients over 65, Kaiser will carve out appointments for these patients so they don't have to go through the regular scheduling system. Kaiser does recognize that some health centers are already administering vaccines and need to demonstrate their capacity to vaccinate to be included in the state network.