

Members (CEOs, CMOs, CFOs, COOs),

Here is a run-down of COVID vaccine news and guidance related to: federal FQHC vaccination initiative, state centralization, FEMA's mass vaccination site, DPH office hours, and upcoming webinars to support your vaccination efforts. Stay tuned for additional updates. Let me know if you have questions. Thanks!
LMc

DPH Health Center Office Hours & Webinars

Office Hours: DPH continues to host twice-weekly office hours for health centers – Tuesdays and Fridays from 12-12:30. Please email your questions to amohamadzadeh@ccalac.org by COB the day prior to each call. Due to Monday, February 15th being a holiday, this is your reminder to email your questions before the Tuesday, February 16th office hours. Notes from the calls are sent out to all members and are posted on our website here <https://ccalac.org/resource-library/covid-19-resources/>.

Webinars: Our first weekly webinar with DPH featured a demo of the MyTurn system (recorded and posted [here](#)). Following are the planned topics of our future webinars. We'll record these webinars and send you the link afterward.

- **Thursday, February 18, 11am-12pm - Managing Fixed Allocations:** how to manage fixed weekly allocations with scheduling (including 1st and 2nd doses) and reporting.
- **Thursday, February 25, 11am-12pm - Clinical and Operational Workflows:** CHCs will learn best practices in both the clinical and operational workflows for vaccine administration.
- **Thursday, March 4, 11am-12pm - Billing:** How to get paid for vaccine administration (note: see billing update below).

To Join: <https://us02web.zoom.us/j/89749374992>

Meeting ID: 897 4937 4992

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Biden Vaccine Initiative

Starting next week, 25 health centers nationwide will begin ordering vaccine supply. HRSA plans to expand the program to 250 health centers over the next 3-5 weeks and then to all CHCs that wish to participate. Their goal is to distribute up to 1 million doses each week to health centers. Of note:

- This is meant to supplement, not supplant, what health centers are already getting from their local jurisdictions. The administration is calculating health center allocations based on their capacity *above* what they currently receive.
- It's an opt-in program, and health centers will complete a readiness assessment before joining.
- Health centers *may only use these doses for their existing patients*, not for the broader community.
- Health centers must follow their state guidelines for populations receiving the doses.

- Two LA CHCs will be involved in the early rollout of the program. We are working with HRSA and our state association to ensure that these pilots are successful and more members will be able to join the program.
- HRSA's goal is to eventually open the program to ALL FQHCs, but acknowledges this will take time to ramp up, and will be somewhat dependent on available vaccine supply from the CDC.
- HRSA also aims to be able to secure at least a 5 week's supply to participating FQHCs to better support planning efforts around workflows and staffing.
- There will be additional reporting questions added to the HRSA COVID-19 Weekly Survey, and survey submission will be mandatory for all participating health centers.

State Centralization

Today we met with Blue Shield to discuss the state centralization. In short: we are not impressed, and we need to keep pushing. Here are our notes:

- Counties will be phased in weekly, in three phases. First several central valley counties will start on 2/22. They are talking to LA now but expect that we will be in a later phase.
 - We raised concerns that LA is a heavy lift, and they need to take their time to get LA ready.
- The transition *within* counties will not be phased in, meaning that on its effective date only contracted health centers will be part of the distribution network.
 - We advocated for county systems to be incrementally phased out as the state network is phased in, and that no county go fully live on the state network until the health centers have had the opportunity to get on the state network.
- Implementing MyTurn is the ultimate key to becoming a part of the network. BS is exploring whether contracts with the plan will be required. Want to bring as many health centers that are currently vaccinating on board. The system onboarding is the issue.
 - We raised concerns with the functionality of MyTurn, the lack of language access and current systems issues.
- We will be following up with Blue Shield and HHS regarding our concerns next week.

Billing for vaccine administration

This week we learned that DHCS cannot currently reimburse FQHCs for vaccine administration by non-billable providers. DHCS is seeking CMS approval that will allow medical professionals (including both billable and non-billable) with adequate training to administer vaccine outside of a traditional PPS visit (see SPA 20-0040). Once DHCS secures federal approvals, they will provide additional guidance on how the clinics should bill for the administration of the COVID-19 vaccine. In the meantime:

- Keep billing for privately insured patients and Medicare patients. DHCS policy does not apply to these payers.
- Bill PPS for Medi-Cal patients if the vaccine administration is part of a PPS billable visit.
- Hold your Medi-Cal claims for vaccine administration that is not part of a billable visit. We are awaiting guidance from DHCS on retroactivity.

FEMA Mass Vax Sites

Today we met with federal HHS regarding the new FEMA site to be opened at Cal State LA. Here are the notes from our discussion:

- The expressed strong support for health centers, recognizing you'll be here after mass vax sites. They want opportunities for synergy between FQHCs and mass vax sites.
- We shared the experience and conversations we've had with KP about their CalPoly site. Explained that many health centers will vaccinate their own patients, and those that aren't vaccinating may refer their patients to the site. They seemed to understand.
- We shared the importance of offering low and no barrier options. For example, walk up options to improve access for patients who cannot access appointments online. They are planning to make walk ups available – figuring out how this would work with MyTurn.
- We asked whether the military folks staffing these sites will be in uniform, and stressed the chilling impact that could have on many community members. The Department of Defence is staffing Cal State LA and will have more of a military look (!!!). Oakland will be staffed by national forest service. In addition, any health service corps members will be uniformed too. HHS recognizes our concern and asked us to continue to be vocal about this. We asked them to explore how to minimize people in uniform in public facing roles (especially on walk up lines, etc).
- We asked about their plans to deploy 2 mobile clinics from each of the mega sites. They are interested in leveraging local capacity.
- We will follow up with weekly calls.

Making the Case for Equity

We continue to raise concerns with the state's approach to vaccine eligibility. As you all know, it makes no sense that a 65-year-old from Bel Air can be vaccinated before a 63-year-old on Skid Row. Bel Air is not a hot spot. That is not equity. Of the 1.7 million patients seen by LA's CHCs, only 100,000 are over 65. But all of your patients are arguably at higher risk of exposure and bad outcomes than LA's more affluent residents. While we appreciate that the state wants to present clear guidelines, and that the county is stuck following them, we firmly believe that any current health center patient should be considered a priority population. We continue to advocate for the state to consider a waiver or other mechanism to allow CHCs to vaccinate their patients, or at least the most vulnerable of them. We are sending a letter to the Governor later next week, and will share with members next week.