

Announcements:

- On Thursday, April 1, the County is opening vaccination eligibility to residents ages 50 and over. On April 15, the County is opening eligibility to residents ages 16 and over.
- In low HPI areas of LA County that are hardest hit by COVID-19, clinics can start vaccinating residents and their family members. All households in low HPI areas can be vaccinated by clinics (list of low HPI zip codes and map are attached).
- LADPH received an influx of J&J vaccines Friday night, and allocated doses to providers. This was a one-time allocation, but the County hopes to continue to receive increases like that. Clinics will be receivers of additional doses. If you're one of the clinics that received an extra allocation, LA County encourages you to still use up to 90% of the allocation.
- LADPH received a complaint from a Health Deputy that one clinic was screening at a public vaccination site with the sliding scale information. It looks like they were using the same screening form for their regular patient intake process. The concern is around the screening questionnaire, which has language regarding payment. It implies people would be charged. LADPH received guidance and it states that clinics are not required to perform the sliding scale screening. For HRSA allocations, that may be different.
 - Guidance from HRSA:

Are health centers required to assess eligibility for sliding fee discounts for patients and others presenting for COVID-19 vaccination?

Since no out-of-pocket costs are charged directly to individuals who receive a COVID-19 vaccination, health centers do not need to assess eligibility for the sliding fee discount program if the only service being delivered is the COVID-19 vaccination.

However, if individuals present for other in-scope health center services (for example, a routine primary care visit), health centers are required to continue assessing eligibility for and providing applicable sliding fee discounts and maximizing reimbursement, and they must continue to ensure that no patient is denied service based on inability to pay.

As indicated in CDC's COVID-19 Vaccination Program Provider Enrollment: Guidance for Providers, health care providers that enroll as participating providers in the U.S. COVID-19 Vaccination Program must sign the CDC COVID-19 Vaccination Provider Agreement, which includes various requirements specific to the program. Participating providers are required not to seek payment from patients who receive COVID-19 vaccine doses purchased by the U.S. government. However, enrolled providers may charge a fee for the administration of the vaccine. More information is available in the question "What considerations apply to health centers' billing for COVID-19 vaccination?" in this FAQ.

Are health centers required to assess eligibility for sliding fee discounts for patients and others presenting for COVID-19 vaccination?

Since no out-of-pocket costs are charged directly to individuals who receive a COVID-19 vaccination, health centers do not need to assess eligibility for the sliding fee discount program if the only service being delivered is the COVID-19 vaccination.

However, if individuals present for other in-scope health center services (for example, a routine primary care visit), health centers are required to continue assessing eligibility for and providing applicable sliding fee discounts and maximizing reimbursement, and they must continue to ensure that no patient is denied service based on inability to pay.
 - As indicated in CDC's COVID-19 Vaccination Program Provider Enrollment: Guidance for Providers, health care providers that enroll as participating providers in the U.S. COVID-19 Vaccination Program must sign the CDC COVID-19 Vaccination Provider Agreement, which

includes various requirements specific to the program. Participating providers are required not to seek payment from patients who receive COVID-19 vaccine doses purchased by the U.S. government.

Systems/Allocations:

- Q: For CHCs receiving vaccines directly from HRSA, are we expected to use PrepMod or MyTurn to schedule appointments, track and report those vaccines?
 - A: Expect that you would because to deviate from the process already established would be complicated. If you are able to submit all data through end of care without using PrepMod or MyTurn, you should do whatever is easiest for your workflow. There's been no direct guidelines from HRSA on how to track and manage appointments.
- Q: For our HRSA vaccine inventory, do we have to report this inventory in myCAvax?
 - A: All inventory should be reported into myCAvax and Vaccine Finder.
- Q: Are PrepMod registration screening questions being translated to other languages other than English?
 - A: Not sure, will follow up.
- Q: With the MOU by local jurisdictions with Blue Shield, are they obligated to continue to provide vaccines to clinics if they did so in the past? If we signed our own contract with the TPA, will the direct allocation supplement the vaccines we received from LADPH?
 - A: Yes, that was part of the agenda to the MOU that LA County negotiated. Not sure yet how they will manage allocations. Can't imagine FQHCs will receive allocations from LA County separately from TPA. A lot of unknown with the TPA.
- Q: How are people scheduling vaccines if they have two different vaccines available at their clinic? Are clinics asking the patient what they prefer when making the appt? Or just scheduling?
 - A: There are different links, and people can pick which vaccine they want. If there's an option of a choice, patients can choose. When you go to the LADPH website, you can see which provider has which vaccine.

Insurance:

- Q: Are we assessing insurance information and enrolling uninsured into the HRSA COVID-19 uninsured program for vaccines?
 - A: Consider this a best practice if individual is uninsured.
 - COVID-19 Claims Reimbursement to Health Care Providers and Facilities for Testing, Treatment, and Vaccine Administration for the Uninsured: <https://www.hrsa.gov/CovidUninsuredClaim>

Eligibility:

- Q: Can you go over the HPI+ zip codes list that we received today? In terms of how to utilize that in outreach strategy?
 - A: If there's a "Q1" next to the zip code, it has a low Healthy Person Index. The additional zip codes with a "+", they have low vaccination rates or high morbidity.
 - How to outreach to these zip codes – there's a map, and clinics can screen patients based on zip codes. There was no guidance on how to reach out specifically.
- Q: Can we target anyone from the zip codes, not just those in Q1 or HPI+?
 - A: Yes. Also, you do not need to use the attestation form for people living in these zip codes. No attestation forms are needed after April 1.

Vaccine Preference:

- Q: How have J&J vaccines being received by community members? Is one vaccine more popular than the other?
 - A: Behavioral Health Services has been having more patients request J&J than Moderna. Same with TCC Family. Other clinics have been experiencing the same pattern because the vaccine only requires one dose. Some patients say vaccination is required by their employer and the J&J vaccine is a quicker option to get back to work.