OPCA COVID-19 Member Briefing

March 16, 2021, 2pm PST

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TODAY’S AGENDA

Welcome and Overview

COVID-19 Vaccine – Supply & Updates

Vaccine Workforce Discussion

Policy Update

Next Vaccine Workgroup Call: Wednesday, March 17, 4:00pm

Next Member Briefing: Tuesday, April 6, 2:00pm

Purpose of COVID-19 Member Briefings:

Provide members with up-to-date information and resources for testing, vaccines and any emerging COVID-19 response needs.

Member Briefings will take place: First Tuesday and third Wednesday of the month at 2pm, January – April 2021 (changing to third Tuesday for March)
Warm Up Poll

What is the best news you received in the past week?

Respond by unmuting yourself or typing into the Zoom chat
COVID Data: Quick Glance
Survey week of March 5, 2021

• This week FQHC’s reported a 9% positivity rate!
  » The previous week of survey data collection reported a 17% positivity rate. This is a significant decrease.
  » COVID testing has also largely been decreasing since vaccine rollout

• The top challenge in deploying the COVID vaccine has shifted to staffing to administer the vaccine (50% of CHCs said this was an issue); the previous weeks vaccine supply was the main concern
COVID Data: Vaccinations to Date

Survey week of March 5, 2021

Staff and Patient Immunization

Measure Names:
- Number of Patients Completed Immunization Series
- Number of Patients Initiated Immunization Series
- Number of Staff Completed Immunization Series
- Number of Staff Initiated Immunization Series
COVID & 330H Grantees - New Opportunity!

Survey week of March 5, 2021

• CDC + NHCHC have created a dashboard to highlight the COVID pandemic for patients experiencing homelessness and are asking for CHCs in all states to submit data

• Survey data is optional to fill in
  » It’s a short survey

https://nhchc.org/cdc-covid-dashboard
Vaccine Updates
State Equity Allocations to FQHCs

State Vaccine Equity Allocations:

- CHC of Benton-Linn,
- Columbia River Community Health Center
- Klamath Health Partnership
- La Clinica
- Lane County
- Mosaic Medical
- Multnomah County
- Northwest Human Services
- One Community Health
- Valley Family Health Care
- Virginia Garcia Memorial Health Centers
- Yakima Valley Farmworkers Clinics

***Additional CHCs are getting state allocations now/soon and many more are administering vaccines on behalf of their local public health authorities.
New State Vaccine Guidelines

**Phase 1A** Started on December 12, 2020

Everyone in Phase 1A, Groups 1, 2, 3, and 4 is eligible for the vaccine.

- **Group 1**
  - Hospital staff with patient care responsibilities
  - Urgent care
  - Skilled nursing and memory care facility healthcare personnel (HCP) and residents
  - Tribal health programs
  - Emergency medical services (EMS) providers and other first responders
  - All health care interpreters and traditional health workers in any setting within Phase 1a

- **Group 2**
  - Other long-term care facilities, including all paid and unpaid HCP, all staff and contractors, including residents who meet the age requirements of:
    - Residential care facilities
    - Adult foster care
    - Group homes for people with intellectual and developmental disabilities
    - Other similar congregate care sites
    - Hospice programs
    - Mobile crisis care and related services

- **Group 3**
  - Individuals working in a correctional setting
  - Adults and youth in custody 16 years and older

- **Group 4**
  - All other outpatient HCPs
  - Other HCP who provide direct service to people with I/DD and other high-risk populations.
  - Other public health settings, such as HCP serving WIC, or CBG’s with direct or indirect exposures

**Phase 1B** Started on January 25, 2021

- **Groups 1-4**
  - Childcare providers, early learning and K-12 educators and staff
  - People 70 and older

- **Group 5**
  - Eligible March 1, 2021
  - People 65 and older

- **Group 6**
  - Eligible no later than March 29, 2021
  - Adults 45-64 with one or more underlying health conditions with increased risk*
  - Migrant and seasonal farm workers
  - Seafood and agricultural workers
  - Food processing workers
  - People living in low-income senior housing, senior congregate and independent living

- **Group 7**
  - Eligible no later than May 1, 2021
  - Frontline workers as defined by CDC**
  - Multigenerational household members
  - Adults 16-44 with one or more underlying health conditions with increased risk*

**Phase 2**

- **Group 1**
  - Eligible no later than June 1, 2021
  - People who are 45-64

- **Group 2**
  - Eligible no later than July 1, 2021
  - All Oregonians 16 and older eligible.
**Underlying health conditions with increased risk as defined by the Centers for Disease Control and Prevention (CDC)**
- Cancer
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Down Syndrome
- Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Immune-compromised state (weakened immune system) from solid organ transplant or HIV
- Obesity (BMI greater than or equal to 30 kg/m²)
- Pregnancy
- Sickle cell disease
- Type 2 diabetes mellitus

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**Frontline workers include people who work in these industries:**
- A frontline worker is someone who has a job that puts the individual at higher risk for contracting COVID-19 because of:
  - Regular close contact with others outside of their household (less than six feet); and
  - Routine (more than 15 minutes per person(s)) close contact with others outside of their household; and
  - They cannot perform their job duties from home or another setting that limits the close or routine contact with others outside of their household.

These include:
- Workers who are manufacturing vaccine, therapeutics, devices, supplies, or personal protective equipment
- Ranching, greenhouses, beverage manufacturing
- Grocery store and retail workers, including food markets, pharmacies, convenience stores, retail clothing and specialty stores
- Community colleges, colleges, universities, vocational rehabilitation, trade and professional schools
- U.S. Postal Service workers
- Public transit workers, including rural, interurban and urban bus and rail operators
- Manufacturing: including paper, petroleum, coal, asphalt, roofing, chemical, plastics, metal, industrial machinery, computers, electronics, transportation, medical equipment, repair and maintenance
- Transportation and logistics, including air, rail, water, truck, taxi, limousine, charter bus, other transit and ground passenger transportation, warehousing, storage and delivery services
- Food service, including restaurant, bar and kitchen staff
- Energy, including utilities, oil and gas extraction, mining, gas stations, fuel delivery, environmental consulting
- Water and wastewater, solid waste management and recycling, including utilities
- Housing, including construction, contractors, real estate and hotels, housing services such affordable housing programs, motels and commercial accommodations
- Information technology and communications
- News media, including broadcasting and publishing
- Public health workers, including scientific and technical consulting, research and development
- Public safety, including civil engineers, human services and social services, such as child protective services
- Finance, including banks, accounting, tax preparation, payroll services
- Legal, including court staff, judges, attorneys
- Government, including employees and contractors performing services or business for the public, and elected officials
- State of Oregon legislative and executive branch frontline employees on a list maintained by the Department of Administrative Services (DAS)

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¹ This is not an exhaustive list; see [https://www.cdc.gov/vaccines/covid-19/categories-essential-workers.html](https://www.cdc.gov/vaccines/covid-19/categories-essential-workers.html) for a full list.

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https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le3527A.pdf
Letter from Pat Allen, OHA Director on Friday, March 5th

“I am writing to invite you to participate in a Federally Qualified Health Center (FQHC) pilot to expand vaccination efforts for Oregon communities most disproportionately impacted by COVID-19.

As one of seven FQHCs invited to participate in this pilot, we are giving you flexibility to move forward in vaccinating the populations you serve in your community at your discretion and not limited by current sequencing dates.

We ask that your vaccination work is guided by Oregon’s eligibility phases and that you work through currently prioritized populations as quickly as you can. Specifically, please continue to focus your attention on ensuring older adults 65+ have access to vaccine throughout March.”
The State Vaccine Tracking Systems - ALERT IIS – has been down since Monday.

3/16/21

“ALERT IIS is down and we do not have an ETA at this moment when it will be up. Because the system was unavailable yesterday, providers were unable to enter doses into the system. Once back up and running, there will likely be a delay in providers getting caught up entering doses into ALERT IIS that were administered while the system was down.”
Federal Equity Allocations to FQHCs

Phase 1 HRSA Allocations
250 Health Centers Nation Wide:
- Multnomah County
- Virginia Garcia Memorial Health Centers
- Lane County
- Neighborhood Health Center
- Yakima Valley Farmworkers Clinic

Phase 2 - 700 New Health Centers Invited as of March 11
- Clackamas CHC
- La Clinica
- Mosaic Medical
- NARA
- Outside In
- Siskiyou CHC
- Tillamook CHC
- Valley Family Health Care
- Wallace
- White Bird
Phase 2 Invited Participants

You must opt in to participate
Phase 2 has Cohorts 1 - 5

Cohorts 1 & 2
• VPC Registration was Due Friday 3/12

VTrckS PIN numbers have been generated by the state and OPCA has shared with CHCs.

Timeline for Cohort 5
• Received an email on Thursday 3/11
• Complete VPC registration (two team members) by 3/19
• Complete RA/CoP by 3/24
• Order doses by 4/15
• Administer vaccines by 4/19
• Reporting weekly to HRSA starts 4/23
COVID Awards – Project Periods Ending

Project periods for awards provided to respond to the COVID-19 public health emergency end soon:

- COVID-19 (H8C) ends on Sunday, March 14.
- CARES (H8D) ends on Wednesday, March 31.
- Expanding Capacity for Coronavirus Testing (ECT) (H8E) ends on Friday, April 30.
- Look-Alikes ECT (L1C) ends on Wednesday, June 30.

If your health center has already completed award activity—and reported this in your quarterly progress reports—we may shorten your project period to complete a timely closeout of these grants. In that case, you will receive a Notice of Award shortening the project period. It will include a revised Federal Financial Report due date.
Outline of Vaccinator Project

• Outreach to traditional health care workers; other healthcare providers without scope of practice to vaccinate; others
• Provide vaccinator training at no cost to individual
• Background checks?
• Confirm skills
• OHA maintain records of training and registry of available vaccinators
• Vaccination sites can request vaccinators
• Vaccinators “deployed” to sites, paid by OHA for travel and hours.
Legal protections/Legal issues

- OHA would issue order or some other assurance that vaccinators have liability coverage under the federal PREP Act.

- Workers Comp?

- Need to work through whether direct supervision by licensed HCP (MD, PA) is necessary given recent PREP Act amendments.
Go to www.menti.com and use the code 9289 2486

Feedback Needed

• Is this a resource that you would utilize?
• What scale is needed?
• Do you have licensed HCP on site to supervise?
• What concerns do you have about this proposal?
Policy Updates
Policy Updates
Who does the American Rescue Plan help? American families

- Veterans: $17 billion
- Restaurant and bars: $25 billion
- Renters and homeowners: $40 billion
- Other: $45 billion
- FEMA disaster relief: $47 billion
- Farmers, small businesses, and other vital industries: $109 billion
- Vaccinations and health care: $176 billion
- Reopen schools and higher education: $178 billion
- Tax credits, aid, and child care for families: $219 billion

$1,400 checks: $424 billion
State and local aid (prevent layoffs and service cuts): $350 billion
Unemployment insurance: $246 billion

American Rescue Plan Act (ARPA)
Signed into law March 11, 2021

• $4.262 B to Oregon
  » $2.6 B to state and $1.6 B to county and local govt’s
  » CAHOOTS funding incentive

• $7.6 B in one time funds for CHCs (including LALs)
  » Used for expenses incurred starting January 31, 2020 (last year)
  » Allowable uses of funds are broad, and include:
    • standard COVID activities (e.g., testing, tracing, vaccinating, educating),
    • equipment and supplies, including to purchase and maintain mobile vehicles for COVID care
    • workforce – both to address COVID needs and “to carry out other health workforce-related activities”
    • “to modify, enhance, and expand health care services and infrastructure”
American Rescue Plan Act Cont’d

• BPHC leadership is expected:
  » Carve out some funding for large construction projects (min. $500M) and likely will award competitively
  » Provide remaining funds to CHCs as quickly as possible, ideally without CHCs having to submit applications
    • Funds likely to be able to be used for expenses through September 30, 2022.
American Rescue Plan Act: CHC Provisions of Interest

- **Paycheck Protection Loans for larger CHCs**
  » Health centers with over 500 staff will be eligible for Paycheck Protection Loans, provided that they have no more than 500 staff per site.

- **Medicaid**
  » Postpartum Coverage: Option to extend Medicaid/CHIP eligibility to pregnant individuals for 12 months postpartum; full Medicaid benefits

- **Family and Medical Leave**
  » FFCRA Leave. Reinstates until Sept. 30, 2021 the mandatory paid family and medical leave provisions that were established by the Families First Coronavirus Response Act and expired on Dec. 31, 2020.

- **Rural**
  » **Funding for rural providers**: Provides $8.5 billion to reimburse rural health care providers (including CHCs) for health care-related expenses and lost revenues attributable to the pandemic.
    - Providers will be required to apply for that funding, and cannot have received funding to cover those expenses from a different source.
  » **Rural Broadband**: Creates a $10 billion fund to finance rural broadband infrastructure

Congressional program-by-program summary of ARPA
American Rescue Plan Act: CHC Interest Cont’d

• Workforce
  » **National Health Service Corps**: $800 million in one-time funding. (In recent years, annual NHSC funding has been around $310 million for the standard program.)
  » **Nurse Corps**: $200 million in one-time funding. (In recent years, annual Nurse Corps funding has been around $85 million.)
  » **Teaching Health Centers**: $330 million in one-time funding. (In recent years, annual THC funding has been around $127 million.)
  » **General expansion of the public health workforce**: $7.66 billion for establishing, expanding and sustaining the public health workforce, including by making awards to state, local and territorial public health departments. Public health departments may use awarded funds to hire staff and procure needed equipment (including PPE), technology, and other supplies to support public health efforts. Public health workforce also is one of the permitted uses of funds in several other sections (for example, the section on COVID-19 testing, contact tracing and mitigation).

• Access to Affordable Insurance
  » **Premium contributions expanded to persons above 400% FPL and capped at 8.5% of income**: Currently, the ACA provides subsidies to help with premium costs (via advanced tax credits) for persons between 100-400% FPL. Under the ARP, for the next two years:
    • Any currently eligible individual or household who is paying more than 8.5% of their income on ACA plan premiums will see their subsidy increased so they pay no more than 8.5% of their income.
    • Persons over 400% FPL will become eligible for premium subsidies, capping their contributions at 8.5% of their income.
  » **Free coverage for unemployed persons**: Individuals who are eligible for unemployment insurance in 2021 will receive subsidies to cover the entire cost of their ACA Marketplace insurance premiums.
  » **100% coverage for COBRA costs**: The Federal government will pay 100% of COBRA costs through Sept. 30, 2021 for workers who lost their jobs or had their hours reduced, and who are not eligible for other coverage.
American Rescue Plan Act: Vaccines

• COVID Vaccines and Treatment
  » Provides 100% FMAP for COVID vaccines and treatment, without beneficiary cost-sharing, under both Medicaid and CHIP until one year after the end of the PHE.
  » States have the option to provide coverage to the uninsured for COVID-19 vaccines and treatment without cost sharing at 100% FMAP.
  » Provides coverage for COVID vaccines for patients in limited-scope Medicaid programs (e.g., programs that cover only family planning services)
COVID-19 Vaccine Administration Reimbursement

Medicaid

- Reimbursed at Medicaid PPS encounter rate
  - COVID vaccine excluded from the APCM program ("carved out")

- **OHA Memo** and **APCM Fact Sheet** on OPCA website
  - Note: Claims can now be submitted; OPCA working with OHA on additional FAQ and clarifications for APCM billing
  - Please send billing questions to Danielle at dsobel@orpca.org
COVID-19 Vaccine Administration Reimbursement

• Increased Medicare COVID-19 vaccine reimbursement rate- effective for claims after March 15, 2021.
  » Reimbursement increases to $40 for administration of each dose of vaccine
    • $40 for single-dose vaccine
    • $40 for each dose for vaccines requiring multiple doses
In other good news...

- Public Charge regulations under Trump Administration- officially “off-the-books”!
  - DHS blocked 2019 rule nationwide, permanently
  - For your patients, this means the use of public benefit programs like SNAP, federal housing assistance or Medicaid will not be negatively factored into public charge assessments.

- Vaccination assistance
  - FTCA/PREP summary coming to OPCA website soon
  - OHA/FEMA funding to offset vaccine-related event cost
Testing
Order more BinaxNow

https://www.orpca.org/chc/operations/36-covid-19-resources

Sarah Andersen, Director of Field Services
Oregon Office of Rural Health
Email: ansarah@ohsu.edu
Phone: 503-444-1570
COVID-19 Resources

- Direct Relief donates medicines & medical supplies to health centers; currently delivers free medical resources & provides grant funding to some OPCA members. More information, contact USAPrograms@directrelief.org.

- PPE M Plus LLC New Jersey-based company provides medical supplies to community-base healthcare.

- CDC’s vaccine site resources:
  - Advisory Committee on Immunization Practices recommendations on how to use each of the vaccines.
  - CDC Clinician On-Call Center for clinician-to-clinician peer consultation
  - Interim Public Health Recommendations for Fully Vaccinated People
Where to find the latest COVID-19 information

- OPCA’s Member Update: Sign up at https://action.orpca.org/newsletter_signup/
  » Check your spam or junk folders to ensure you are receiving these
- Visit OPCA’s website for COVID-19 resources: www.orpca.org
- Follow us on Twitter @OregonPCA
  Facebook @OregonPrimaryCareAssociation
  or LinkedIn: www.linkedin.com/company/oregon-primary-care-association
Thank You!