

---

# ACC Program Improvement Advisory Committee

Tracy Johnson, Medicaid Director

December 16<sup>th</sup>, 2020

# Today's Agenda

- Provider Interim Payments Program
- COVID-19 Vaccine Distribution Plans

# Provider Interim Payments



## New COVID-19 Updates from States

Colorado – The Department of Health Care Policy & Financing [announced](#) the distribution of nearly \$600,000 in advanced payments to primary care providers known to have experienced revenue loss as a result of the COVID-19 public health emergency. The advanced payments were made possible through donations of \$1.925 million from a unique partnership with the Colorado Health Foundation, Caring for Colorado Foundation, Delta Dental of Colorado Foundation, Rocky Mountain Health Foundation and Rose Community Foundation. The state is able to draw down federal matching funds bringing the total funds to \$3.63 million. A second round of payments is planned prior to the end of the public health emergency in January.

# Integrated Care Providers Negatively Impacted by COVID-19



This new flexible funding opportunity protects practices that did the right thing by closing their doors and rapidly shifting to telemedicine, which protected our members, but caused them to suffer financial losses.

- ❖ **14 Small Health First Colorado-enrolled PCPs** that also provide behavioral health and/or dental services will receive a Provider Interim Payment (based on their Q4-CY19 pre-COVID monthly revenue) will receive payment Oct. 29th
  - Boulder, Delta, Douglas, Eagle, Elbert, Fremont, Garfield, Jefferson, Lincoln (2), Mesa & Montrose (3)
  - 7 small site clinics (includes 5 Peds & one private practice), 7 FQHC sites
  - First Round of payments was nearly \$600k
  - **NEXT STEPS** Round 2 to be available before the end of the PHE- Jan. 2021

# Model and Timeline

HCPF partnered with your foundations to provide **\$3.63 million in grants and loans** for Integrated Care Providers. These innovative private/public partnerships are essential to preserve safety net infrastructure and essential services for our members

## Interim Payment Example

During Q4 2020, eligible providers will receive an interim payment totaling their Q4 2019 Health First Colorado revenue.

**Example: \$50,000 Interim Payment to Provider (based on Q4 2019 revenue)**

**\$25,000 Grant=**  
Funded by local health foundations, no repayment required

**\$25,000 loan=**  
0% interest loan with a one-year repayment period



**Regular Claims Reimbursement**

Providers continue to bill for services provided and receive payment for those services in Jan 2021.

*The example demonstrates the value of the interim payment for a provider that received \$50,000 in Health First Colorado Fee-for-service revenues in Q4 2019.*

What	By When
Survey Open	Now thru Dec. 20, 2020
Application Open	Dec. 28-Jan 18, 21
Awards Made	Jan. 25, 2020
Interim Payment Made	Feb. 5, 2021
Actuals Paid	First week May 2021

# Cited Barriers through listening sessions

## Listening Sessions:

Met with associations, RAE outreach group, RAE member engagement group, and awarded providers

### Safety-Net Clinic Requirement

Serves a high percentage of Health First Colorado members meaning at least 40% of the patient mix in an urban area, and 30% in rural area

### Provider Feedback:

- Smaller clinics cannot meet the 40%/30% Medicaid population
- COVID-19 has caused payer mix to become unstable and swing dramatically. Providers are afraid to attest to this requirement because it may change, and/or is not consistent.
- Many of these clinics also serve CHP+ and the uninsured, which is not accounted for in the requirement

### Integrated Billing Requirement

Billed PCPM with BH and/or Dental services in Q4 2019 as demonstrated through Medicaid Claims

### Provider Feedback:

- RHCs are instructed if not disincentivized to bill this way
- Many providers set up similar relationships with contractors or in same office building to provide seamless care to clients with same intention
- Only 2 RHCs were included in round 1



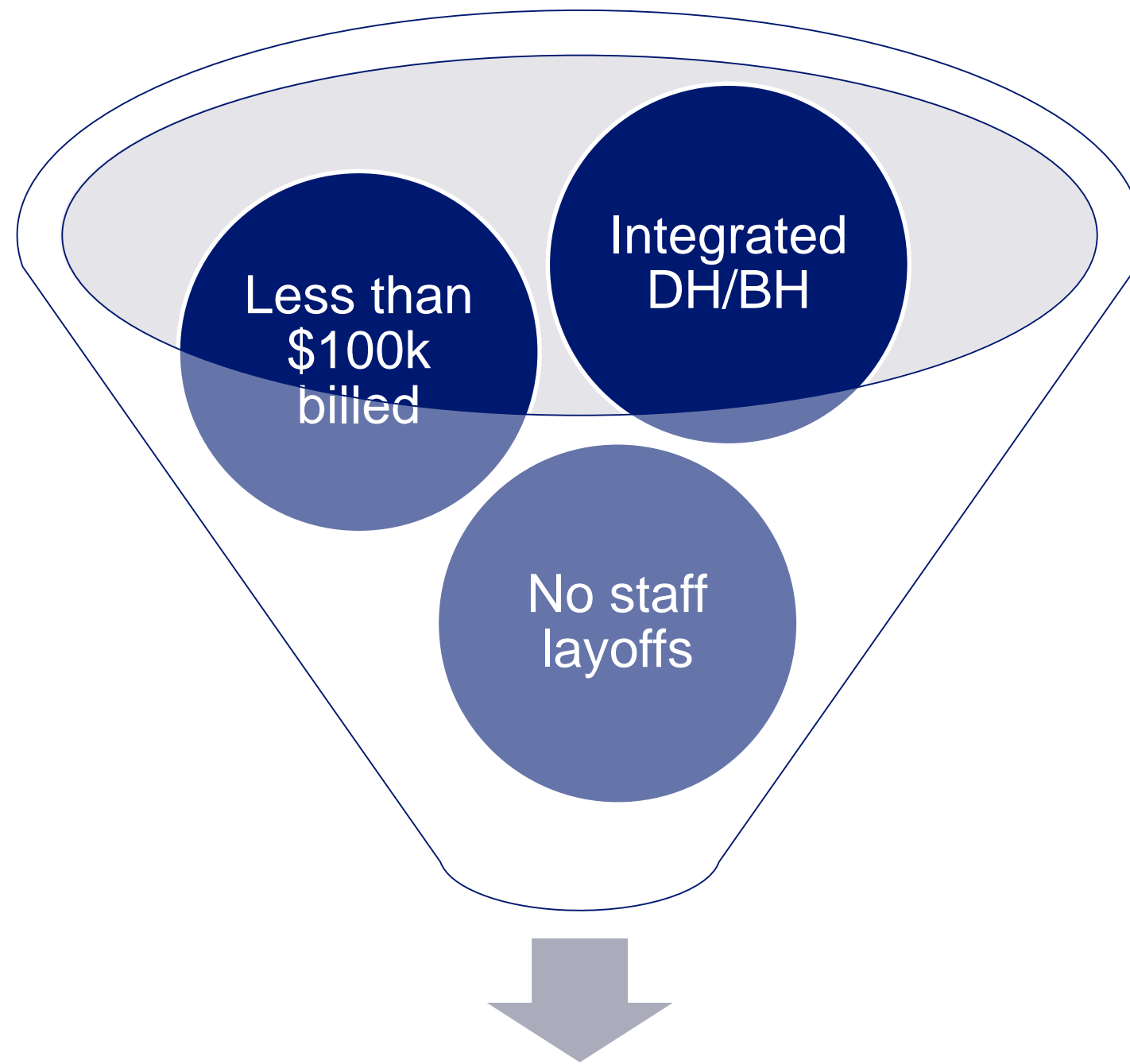


# Potential Eligibility Criteria

To be eligible:

- ✓ Contracted Health First Colorado (Colorado's Medicaid Program) and Regional Accountable Entity (RAE) provider
- ✓ Provides integrated behavioral health or dental care as demonstrated through billed claims or through a partner relationship with a provider co-located at your clinic site\*
- ✓ Agrees to continue to see the same number of Health First Colorado members, not file bankruptcy or lay off staff during the interim payment period (Feb-April 2021)
- ✓ Attests that any Federal COVID-19 relief funding received will not exceed expected revenue during interim payment period (Feb-April 2021)
- ✓ Billed less than \$100,000 in Health First Colorado (Medicaid) claims in Quarter 4 of Calendar Year 2019\*
- ✓ Payer mix includes at least 30% Health First Colorado (Medicaid), Child Health Plan *Plus*, and uninsured payor mix in a rural area OR 40% Health First Colorado (Medicaid), Child Health Plan *Plus* and uninsured payer mix in an urban area.
- ✓ Submits a quick & easy program application





**50% Response Rate**

# PCMP providers- 512 practices



Capitated Payments are not included



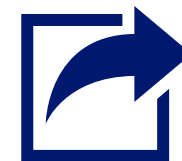
Small PCPMs providing integrated care (BH and/or Dental)



Billed less than \$100k in Q4 of Calendar Year 2019

# What Can you do?

- Share the Survey link with Potentially eligible providers
- If providers have questions, connect them with answers



**Thank you for supporting Colorado's medical safety-net during these times!**

# COVID-19 Vaccination Distribution



# PHASE 1

Winter



1A

## Highest-risk health care workers and individuals:

- People who have direct contact with COVID-19 patients for 15 minutes or more over a 24-hour period.
- Long-term care facility staff and residents.

1B

## Moderate-risk health care workers and responders:

- Health care workers with less direct contact with COVID-19 patients.
- Workers in home health/hospice and dental settings.
- EMS, firefighters, police, correctional workers, dispatchers, funeral services, other first responders, and COVID-19 response personnel.

# PHASE 2

Spring



2

## Higher-risk individuals and essential workers:

- People age 65 or older.
- People of any age with obesity, diabetes, chronic lung disease, significant heart disease, chronic kidney disease, cancer, or are immunocompromised.
- People who interact directly with the public at work, such as grocery store workers and school staff.
- People who work in high density settings like farms and meat-packing plants.
- Workers serving people that live in high-density settings.
- Other health care workers not covered in Phase 1.
- Adults who received a placebo during a COVID-19 vaccine clinical trial.

# PHASE 3

Summer



3

## The general public:

- Anyone age 18-64 without high risk conditions.

**\*Timeline subject to change based on supply chain. Prioritization subject to change based on data, science, availability.**

**Note:** CDPHE recognizes the Tribal sovereignty of the Ute Mountain Ute and Southern Ute Indian Tribes, and that the Tribes have the authority to determine how vaccine supply will be prioritized for their populations, even if their prioritization scheme is different than what CDPHE recommends. Federal entities such as the Bureau of Prisons, Department of Defense, Department of State, Veteran's Hospital Association, and Indian Health Services will be vaccinated by the federal government. Children and pregnant people are not included in this preliminary phased approach; they may be prioritized for vaccine contemporaneously when/if safety and efficacy data are available with the appropriate ACIP recommendation.

# Medicaid-Specific Requirements

- **Cover COVID vaccines during the PHE without cost-sharing**
  - We already cover all ACIP-recommended vaccines without cost-sharing for our members.
- **Initiate coverage of COVID vaccines within 15 business days of recommendation by ACIP and adopted by the CDC**
  - Because the vaccine is coming for free, HCPF will only reimburse for the administration, not the vaccine product itself, during the PHE.
- **Reimburse for pharmacy administration of vaccine**
  - Expand adult pharmacy vaccine program
  - Begin allowing pharmacy to administer vaccine to children



# Pharmacy and Pediatric Considerations

- Ensure that providers receiving free vaccine product (including pharmacies) can bill for administration
- Ensure members under 19 can be vaccinated
- Secure appropriate state and federal authority
  - Emergency rules
  - Disaster SPA



# Vaccines

## Pfizer

- Emergency use authorization (EUA) approval for the 16+ group.
- Requires ultra-cold freezers or boxes with dry ice. Requires two doses. Dosing interval: 21 Days

## Moderna

- EUA expected 12/17 for age range: 18+
- Refrigeration: regular freezer. Two doses. Dosing interval: 28 days

# Vaccines

## Other vaccines in the development pipeline:

- Oxford/AstraZeneca
- Johnson & Johnson
- Many others in various stages of development

## Future anticipated vaccine products:

- Single dose
- Stable at room temperature
- 12-18 age group

# Arrival of Vaccinations

- Vaccinations arrive mid-December
  - First delivery occurred 12/14.
- Initial allocation of vaccines will be 46,800
- Second allocation of vaccines requested: 95,600

**Visit <https://covid19.colorado.gov/vaccine> for further vaccine information**

# Potential Opportunities for RAE Engagement

- Amplifying CDPHE messaging
- Overcoming vaccine hesitancy
  - Affirmative messaging
- Reinforcing need for physical/social distancing
- Helping to identify vaccination providers for phases 2 & 3
- Notifying members when it is “their turn”
- Assisting with member reminders to return for second doses



# Thank You!