Preventing COVID-19-related Outbreaks of Vaccine-Preventable Childhood Diseases in Children

In response to the COVID-19 Pandemic, Governor Asa Hutchinson created the Arkansas Coronavirus Aid, Relief, and Economic Security (CARES) Act Steering Committee to make recommendations to the Governor on the "best uses of the CARES Act funding" under Section 601 of the CARES Act (PL116-136), the "Coronavirus Relief Fund." This proposal is designed to support primary care physicians in efforts to minimize the impact of COVID-19 on childhood vaccination numbers in the state.

The Department of Human Services (DHS) released guidance and the necessary PCCM Vaccine Payment Program reporting form to access funding. The link to those resources can be accessed at https://humanservices.arkansas.gov/resources/response-covid-19.

Updated August 20, 2020

1. **What is the purpose of these payments?**

These reimbursements will support infrastructure that is critical to child health and well-being following significant COVID-19-related decreases in pediatric immunizations prior to the start of the 2020-21 school year. By targeting reimbursements to private entities that participate in the Vaccines for Children (VFC) program proportional to their Medicaid pediatric attribution, this proposal will provide an efficient and effective path for children to get missed vaccines from trusted primary care physicians.

2. **What are the minimum requirements for these payments?**

Providers that meet the following requirements are eligible for this program:

   1. Participate in the VFC program;
   2. Not owned or operated by the State of Arkansas;
   3. Enrolled in the Arkansas Medicaid program as a Primary Care Case Manager (PCCM); and
   4. Serve and accept Arkansas Medicaid pediatric clients as patients.

3. **What can these payments be used for?**

Reimbursements are available to PCPs to enhance and increase current vaccination efforts statewide including, but not limited to:

- Vaccine outreach initiatives to encourage parents to get their children vaccinated
   o Staff time spent on vaccine-related care coordination, scheduling, and outreach
   o Vaccine counseling conducted outside of billable service delivery

- o Additional staff or supplies needed to meet the demand of increased childhood vaccine administration
- School- or childcare-linked childhood immunization delivery to ensure schools and childcare centers meet the October deadline for students to be fully immunized
  - o Staff time spent developing new types of vaccine delivery
  - o Additional vaccine-related supplies that were not previously budgeted, including needles, syringes, remote record-keeping for WebIZ (the shared portal for immunization records kept by the Arkansas Department of Health) such as a laptop and Wi-fi hotspot, vaccine transportation coolers that meet safety standards, touchless thermometers, and ice packs
- Patient and visitor safety procedures to ensure families who want to make an office visit feel safe doing so
  - o Additional staff and supplies to conduct health checks at clinic entrances
  - o Technology systems that facilitate online screening and form completion to minimize time in office waiting rooms
  - o Technology systems that allow online check-in or car check-in
  - o Signage or communication expenses detailing universal mask requirements, social distancing, and other public health-related strategies
- Enhanced vaccine program efforts
  - o Additional supplies for VFC immunization delivery and above-average purchases of private vaccines
  - o Additional staff for vaccine program management to oversee increased vaccine inventory, tracking, documentation, and supply chain
- Electronic Health Record (EHR) systems optimization to improve vaccine compliance
  - o New or upgraded EHR vaccine reminder and recall systems
  - o Enhanced EHR report development to facilitate targeted outreach
  - o Staff training on new EHR capabilities
- Mass flu vaccination or parking lot immunization events to prevent multiple simultaneous disease outbreaks
  - o Staff time for mass flu clinics or childhood immunization events
  - o Additional vaccine-related supplies including needles, syringes, remote record-keeping for WebIZ such as a laptop and wi-fi hotspot, vaccine transportation coolers that meet safety standards, touchless thermometers, ice packs, rental expenses for tents/tables/fans/air conditioning or heater to keep staff and patients comfortable, and extra PPE that was not budgeted.

4. Are there any restrictions for what these funds cannot be used for?

Yes, these funds cannot be used to:

- Duplicate or supplant funding from any other federal or state program. Payments or other reimbursement for direct patient care is not included as funding from a federal or state program.
- Offset loss of revenue
- Provide "retention" or retainer payments
- Pay bonuses
- Pay any increase in management fees to administrative personnel.

5. How do I determine how much my PCCM is eligible for?

The maximum reimbursement for each primary care practice is $30 per child who is covered by either Medicaid ARKids A or B as of March 2020, up to the cost of the enhancements as supported by the documentation submitted to DHS. If you have questions about your total eligible attributions or the maximum payment you are eligible for, you will need to email DCWP@dhs.arkansas.gov and include PCCM Vaccine Program Question in the subject line of the email.

6. Is there a specific time period in which the costs reported must have occurred?

Yes, that period is between March 1, 2020, and October 1, 2020.

7. I am a physician in a qualified PCCM, what do I need to do to apply?

Individual physicians, will only need to submit report forms if they operate an independent practice. For physicians who are part of a larger PCCM group you do not need to apply for this program individually. The PCCM should apply as one entity. The independent physicians or PCCM groups will need to complete the PCCM COVID 19 Childhood Vaccination Program Payment form on behalf of all affiliated physicians and email the completed form to DCWP@dhs.arkansas.gov. Please include PCCM Vaccine Program in the subject line of the email. The form can be found online on the DHS website under COVID Provider Resources.

8. Do I need to submit proof of costs?

Yes, you will need to submit proof of costs no later than October 15, 2020. The following documents are acceptable for proof of costs:

- Itemized receipts, paid invoices, and redacted staffing records are examples of acceptable proof of costs.

9. How does my clinic apply for this program?

You will need to complete the PCCM COVID 19 Childhood Vaccination Program Payment form and submit the completed form to DCWP@dhs.arkansas.gov. Please include PCCM Vaccine Program in the subject line of the email. The form can be found online on the DHS website under COVID provider resources.

10. How will these payments be made?

Payments will be processed through the Medicaid claims system (MMIS) to the Medicaid Provider ID of the clinic submitting the report. Payments will be paid weekly, off-cycle and not with your regular Medicaid claims payments, as reports are received.

11. How often should I submit proof of costs (since the program goes through Oct. 1)?

You can submit expenses as they are incurred, however total dollar amount is capped based on total pediatric attribution in March 2020.

12. Do I only fill out one form and all proof of costs after October 1?

No. You can submit expenses as they are incurred.

13. How long will it take to process reimbursements?

DHS will strive to make payments as quickly as possible. Please allow at least 2 weeks for processing.

14. How will I know if my form has been received to the email address?

Individual notification will not be sent for received forms. If you would like to track when a form has been received, please submit the form in the email with a read receipt. DHS will only contact individuals if there is a problem with the forms submitted.

15. Who do I contact with questions?

You can email questions to DCWP@dhs.arkansas.gov.