

Proposal for Arkansas Coronavirus Relief Fund

Submitted by The Arkansas Department of Human Services, in partnership with the Arkansas Chapter of the American Academy of Pediatrics

Title of Proposal: 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 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.

Executive Summary

Pediatric well-child care has suffered significant setbacks due to the COVID-19 pandemic. **This proposal will address significant gaps caused by COVID-19 in child and adolescent vaccine compliance by providing reimbursements from the Arkansas Coronavirus Relief Fund for enhanced immunization initiatives at primary care practices that serve children.** Practitioners will be allowed to request reimbursement for expenditures related to vaccinations efforts conducted through October 1, 2020 to allow for all children to receive vaccinations prior to the deadline for school attendance.

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

Background

In Arkansas and nationally, pediatric immunization administrations have fallen dramatically during COVID-19 as families have sought to keep their children safe and healthy but shied away from the health care system. As a result, primary care providers have reported unfortunate, significant reductions in vaccine compliance for their patients as well-child visits all but ceased. In short, pediatric well-child visits have simply not occurred at a rate that ensures all children are healthy and vaccinated. As Arkansas plans for schools and child care centers to resume in-person education in August, it is imperative that children be up-to-date on vaccinations recommended by the CDC’s Advisory Committee on Immunization Practices (ACIP) to prevent outbreaks of preventable diseases.

The financial impact of COVID-19 on practices with heavy Medicaid caseloads has been significant, but independent pediatric-heavy practices that do not see Medicare patients have

not received direct federal support to date, though a new federal opportunity was recently announced for Medicaid providers. Children have missed well-child visits, and the closing of schools and social distancing due to COVID-19 has reduced the infectious disease care that's a significant focus of pediatric care. **Many Arkansas pediatric practices have reported that visit volume was down 60-80% from typical in March/April.**

While many pediatric practices applied for Payroll Protection Program (PPP) loans and reimbursements for PPE, clinic modifications, and COVID-related investments in business changes, day-to-day operations have remained far from normal almost three months after the first case in Arkansas. These reimbursements will support enhanced vaccine delivery, a critical component of pediatric care infrastructure that has been put at risk by COVID-19.

Children, while not particularly vulnerable to COVID-19, ARE vulnerable to a host of vaccine-preventable infectious diseases. **The last thing Arkansas needs during an ongoing global pandemic is an outbreak of a different vaccine-preventable disease caused by delayed well-child visits and routine immunizations.** According to the July 6 legislative caucus testimony from Dr. José Romero at the Arkansas Department of Health (ADH), children missed approximately 58,500 immunizations during March – May 2020 compared to the same period in 2019, with two-thirds of this gap (41,900) being the Vaccines for Children population that has Medicaid or is un- or under-insured. One-third have other insurance types. Additionally, approximately 6,500 children missed a Measles, Mumps, & Rubella (MMR) vaccine during this same period, which is approximately 8% of the number of children who typically receive the MMR during an average year. Dr. Romero also stated that ADH provides approximately 50% of the state's vaccines each year and that they are concerned about capacity this fall as ADH focuses on COVID-response.

ADH reported similar data to the Arkansas Chapter of the American Academy of Pediatrics (ARAAP), stating that March/April vaccine administrations for children under age 18 were down 30% compared to March/April last year, and Measles, Mumps, Rubella (MMR) and MMR-Varicella vaccines were down 42% during the same time period. Measles, which is approximately 6 times as contagious as COVID-19, can easily turn into an outbreak in a population in which as few as 5-7% of the population are missing this vaccination. Arkansas saw firsthand the impact of a mumps outbreak in the Fayetteville area last year. In the midst of this worldwide pandemic, Arkansas should make every effort to prevent a similar outbreak again this year.

Private VFC practices can help make up this immunization gap to keep children healthy. Physicians already provide vaccines for children in their offices, but **practices are scaling up their efforts** to conduct data-driven and social media outreach, implement and clearly communicate office safety procedures to ensure families are comfortable, and fully utilize their electronic health records to identify and contact patients in need of vaccines. Many may have interest in hosting weekend immunization fairs, offering drive-through flu clinics, or partnering directly with local schools and childcare centers for on-site immunizations or flu-shot clinics to ensure patients are caught up on required and recommended vaccines. Most practices are not

currently equipped to handle these types of immunization events or even a larger volume of immunizations in a short period of time.

Solution:

This proposal will address gaps caused by COVID-19 in child and adolescent vaccine compliance by providing reimbursements from the Arkansas Coronavirus Relief Fund for enhanced immunization initiatives at primary care practices that serve children. The payments will reimburse practices for costs related to the rapid changes and improvements they have already made or will have to make to keep patients and staff safe while proactively looking ahead to address vaccine compliance – a very real public health concern prior to school starting.

The proposed solution provides reimbursements to independent physician practices for enhanced infrastructure that facilitates successful “catch-up” on missed vaccinations due to COVID-19. Practices began enhanced outreach and practice transformation focused on safety as soon as they received adequate PPE, and many will embrace opportunities to explore innovative solutions and targeted care coordination as they attempt to reach all children for back-to-school needs.

Reimbursements are available for enhanced immunization infrastructure including, but not limited to, the following:

- Vaccine outreach initiatives to encourage parents to bring their children for vaccines
 - Staff time spent on vaccine-related care coordination, scheduling, and outreach
 - Vaccine counseling conducted outside of billable service delivery
 - 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
 - Staff time spent developing new types of vaccine delivery
 - Additional vaccine-related supplies that were not previously budgeted, 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)
- Patient and visitor safety procedures to ensure families who want to make an office visit feel safe doing so
 - Additional staff and supplies to conduct health checks at clinic entrances
 - Technology systems that facilitate online screening and form completion to minimize time in office waiting rooms
 - Technology systems that allow online check-in or car check-in
 - Signage or communication expenses detailing universal mask requirements, social distancing, and other public health-related strategies
- Enhanced vaccine program infrastructure
 - Additional supplies for VFC immunization delivery and above-average purchases of private vaccines

- 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
 - New or upgraded EHR vaccine reminder and recall systems
 - Enhanced EHR report development to facilitate targeted outreach
 - Staff training on new EHR capabilities
- Mass flu vaccination or parking lot immunization events to prevent multiple simultaneous disease outbreaks
 - Staff time for mass flu clinics or childhood immunization events
 - 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, extra PPE that was not budgeted).

According to the Arkansas Department of Health (ADH), 68% of non-flu vaccine administrations to children were delivered by providers other than local health units. Immunization administrations can be broken out as follows:

- Independent practices and hospitals: 67.7%
- Federally Qualified Health Centers: 0.3%
- Local health units are not included in this proposal but administer 32% of non-flu vaccinations to children

Formula:

In an effort to distribute funds equitably, DHS will use a formula to calculate a *maximum reimbursement* for each primary care practice. In the end, the simplest calculation for primary care practices to use to determine *maximum reimbursement* is one based on the number of attributed Medicaid ARKids A and B patients, though any **reimbursements will only be made for reimbursable and reconcilable immunization enhancements.**

- Practices may receive reimbursements for enhanced vaccine-related expenditures that are not reimbursable through other sources.
- **The maximum reimbursement for each primary care practice is \$30 per Medicaid ARKids A or B-attributed child, up to the cost of the enhancements as supported by the documentation submitted to DHS.**
- Medicaid ARKids A or B attribution will be determined by DHS using the Medicaid Primary Care Case Management (PCCM) attribution reports from March 2020.

Total estimated cost: \$30 per attributed child x 430,000 children x 68% of vaccines administered at VFC sites = \$8.77 million. This estimate assumes 100% participation.

Restrictions on funds:

Practices would be required to attest that these are necessary expenditures due to the public health emergency with respect to COVID-19 and that none of these funds are 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.

The total amount of the reimbursement may not exceed the maximum reimbursement as set forth in this proposal, even if the particular provider incurs costs in excess of the maximum amount determined by the formula. To the extent that expenses are subsequently reimbursed under another federal or state program, funds disbursed from the Arkansas Coronavirus Relief Fund will be reconciled and recovered.

Process and Procedures for Payment:

Practices must be enrolled in Arkansas Medicaid and participate in the Vaccines for Children program as of March 1, 2020 to qualify for reimbursements. **Reimbursements are for eligible costs, as detailed above, incurred between March 1, 2020, and October 1, 2020.** Practices will have until October 15, 2020 to submit required documentation detailing expenditures, including required financial reports or receipts.

Requests for reimbursement will be submitted to the Department of Human Services (DHS) and will be processed through the Medicaid Management Information System (MMIS). Practices must attest in writing that funds are necessary for payment of costs associated with addressing gaps in childhood immunization delivery due to the COVID-19 public health emergency.

Conclusion:

Approximately 430,000 children are enrolled in Medicaid ARKids A or B in Arkansas at any given time. According to Arkansas Department of Health (ADH), 284 of the state’s 379 Vaccines for Children providers (75%) are private entities potentially eligible to receive proposed reimbursements.

These reimbursements will provide critical support for practices that serve children, supporting their efforts to ensure all patients are up-to-date on immunizations. Though this proposal was created in partnership with the Arkansas Chapter of the American Academy of Pediatrics, it can benefit members of, and is supported by, the Arkansas Medical Society and the Arkansas Academy of Family Physicians.