

COVID-19 Vaccine(s) Information & Health Plan Updates

Updated: March 11, 2021

*Coverage for
every stage of life™*

Introduction

- ☑ **Questions** – Please submit any questions in the Q&A window.
- ☑ **Material** – Following this webinar, a copy of the materials presented will be sent out.
- ☑ **Resources** – In the Appendix, you will find more detailed information about the information presented.



Introduction

Presenter Name

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Health Net, LLC and California Health & Wellness



Today's Agenda

COVID-19 Vaccines

Provider Selection

State and Federal Programs

Approach to Mass Vaccination

Vaccine Best Practice

Administration

Documentation

Adverse Event Notification

Vaccine Hesitancy

Communication Strategy

Key Points on Communicating About the COVID-19 Vaccine

Health Plan Updates

HEDIS Medical Record Collection

State Minimum Performance Measures Released

Supplemental Data: Claims and Encounters

Appendix

Regulatory Guidance

CDPH Vaccine Enrollment

Health Plan Available Resources

COVID-19 Vaccines

An abstract graphic at the bottom of the slide consists of several overlapping, wavy shapes in various shades of green and teal. The shapes flow from the left side towards the right, where they culminate in a sharp, upward-pointing peak. The colors range from a deep teal to a bright, lime green.

Goals of the COVID-19 Vaccine Strategy

Ensure all members are vaccinated at the right time and place



1. Promote Provider enrollment in CAIR2

- CDPH/LDH will invite providers to enroll to become COVID-19 vaccination sites



2. Connect Members and Providers with vaccination sites



3. Provider and Member engagement: outreach and education

- Get vaccinated at the right time and place, 2nd dose reminders
- Increase vaccine confidence and decrease vaccine hesitance
- Mitigate disparities

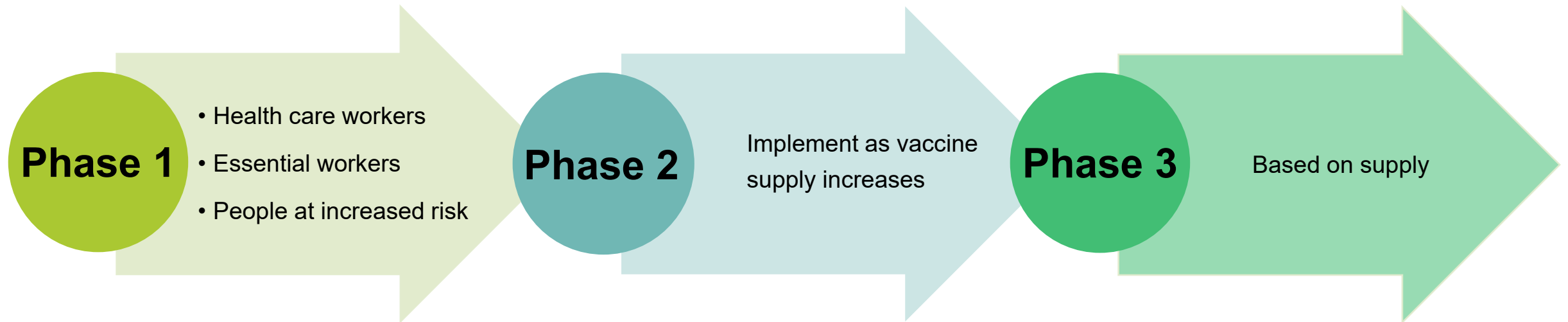


4. Track and report data

- Providers enrolled
- Members vaccinated

Approach

Federal government will oversee a centralized system to order, distribute and track vaccines.



High-Risk Groups

These groups are at higher risk for COVID-19

Health Care Workers

- Health care workers face increased risks of coronavirus exposure and infection.

Health Conditions

- Certain medical conditions might increase the risk of severe illness in adults and children.

Older Adults

- Risk is due in part to changes in immune defenses with increasing age.
- Older adults are at greater risk of hospitalization or dying.

Pregnant Women

- Changes due to pregnancy may increase risk of some infections. Have a higher risk of severe illness.

Disabled Individuals

- Decreased mobility and difficulty with muscle function, lung function or difficulty coughing, swallowing or clearing fluids.

COVID-19 HOSPITALIZATION AND DEATH BY AGE

FACTORS THAT INCREASE COMMUNITY SPREAD AND INDIVIDUAL RISK



CROWDED SITUATIONS



CLOSE / PHYSICAL CONTACT



ENCLOSED SPACE



DURATION OF EXPOSURE

Rate ratios compared to 18-29 year olds

0-4 years

5-17 years

18-29 years

30-39 years

40-49 years

50-64 years

65-74 years

75-84 years

85+ years

HOSPITALIZATION¹

4x lower

9x lower

Comparison Group

2x higher

3x higher

4x higher

5x higher

8x higher

13x higher

DEATH²

9x lower

16x lower

Comparison Group

4x higher

10x higher

30x higher

90x higher

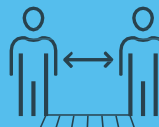
220x higher

630x higher

ACTIONS TO REDUCE RISK OF COVID-19



WEARING A MASK



SOCIAL DISTANCING (6 FT GOAL)



HAND HYGIENE



CLEANING AND DISINFECTION

¹ Data source: COVID-NET (<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>), accessed 08/06/20). Numbers are unadjusted rate ratios.

² Data source: NCHS Provisional Death Counts (<https://www.cdc.gov/nchs/nvss/vsrr/COVID19/index.htm>), accessed 08/06/20). Numbers are unadjusted rate ratios.

cdc.gov/coronavirus

CS319360-A 08/10/2020



COVID-19 Cases, Hospitalizations, and Deaths, by Race/Ethnicity

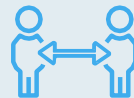
Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases ¹	1.8x	0.6x	1.4x	1.7x
Hospitalization ²	4.0x	1.2x	3.7x	4.1x
Death ³	2.6x	1.1x	2.8x	2.8x

Race and ethnicity are risk markers for other underlying conditions that affect health, including socioeconomic status, access to health care, and exposure to the virus related to occupation, e.g., among frontline, essential, and critical infrastructure workers.

How to Slow the Spread of COVID-19



Wear a mask



Stay 6 feet apart



Wash your hands



¹ Data source: Data reported by state and territorial jurisdictions (accessed 11/27/2020). Numbers are ratios of age-adjusted rates standardized to the 2000 US standard population. Calculations use only the 52% of reports with race/ethnicity; this can result in inaccurate estimates of the relative risk among groups.

² Data source: COVID-NET (<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covid-net/purpose-methods.html>, accessed 11/25/2020). Numbers are ratios of age-adjusted rates standardized to the 2000 US standard COVID-NET catchment population.

³ Data source: NCHS provisional death counts (<https://data.cdc.gov/NCHS/Deaths-involving-coronavirus-disease-2019-COVID-19/ks3g-spdg>, accessed 11/27/2020). Numbers are ratios of age-adjusted rates standardized to the 2000 US standard population.

cdc.gov/coronavirus

CS319360-A 11/30/2020

Importance of Equity

Promoting fair access to health care

- Reduce disproportionate burden of COVID-19 among different populations at higher risk for infection, severe illness, and death.
- Address health disparities with a holistic, all-of-response approach.

- **Targeted Population and Place-Based Focus:**

- Racial and minority populations
- People living in rural or frontier areas
- Homeless persons
- Essential and frontline workers
- People with disabilities
- People with substance use disorders
- People who are incarcerated
- Non-US born persons

Promote equity through:

- Communication
- Outreach
- Counseling
- Access to vaccine sites

California Distribution Framework

Starting March 15, 2021 healthcare providers may use clinical judgement to vaccinate individuals aged 16-64, deemed at highest risk for severe illness. See [California Department of Public Health for allocation updates](#).

Phase 1A

Health care workers

Long-term care residents, and similar settings for older or medically vulnerable populations

Refer to CDHP Allocation guidelines for Phase 1A

3 million people

Phase 1B Tier 1

Individuals 65+

Risk of exposure at work: Education and childcare staff, emergency services, and food and agriculture

12 million people

Phase 1B Tier 2

Risk of exposure at work: Transportation and logistics, facilities and services, critical manufacturing.

Homeless shelters or group homes

Incarcerated individuals

Phase 1C

Individuals 50-64 years of age

People 16-64, with an underlying health condition or disability

Workers at risk: water and wastewater, defense, energy, chemical and hazardous materials, communications and IT, financial services, government and community essential functions

People with Certain Medical Conditions

Effective March 15, 2021, the following people are eligible to receive the COVID-19 vaccine:

Individuals 16-64 years **deemed to be at the very highest risk** to get very sick from COVID-19 because they have the following [severe health conditions](#):

- Cancer, with weakened immune system
- Chronic kidney disease, stage 4 or above
- Chronic pulmonary disease, oxygen dependent
- Down Syndrome
- Immunocompromised from solid organ transplant, leading to a weakened immune system
- Pregnancy
- Sickle cell disease
- Heart conditions, such as heart failure, coronary artery disease or cardiomyopathies (but not hypertension)
- Type 2 Diabetes, with hemoglobin A1c level greater than 7.5%
- Severe Obesity (BMI \geq 40 kg/m² or higher)

People with Certain Medical Conditions

Effective March 15, 2021, the following people are also eligible to receive the COVID-19 vaccine:

If as a result of a **developmental** or other **severe high-risk disability**, one or more of the following applies:

- The individual is likely to develop severe life-threatening illness or death from COVID-19 infection
- Acquiring COVID-19 will limit the individual's ability to receive ongoing care or services vital to their well-being and survival
- Providing adequate and timely COVID care will be particularly challenging as a result of the individual's disability

Vaccine Availability & Registration

Availability

The Governor announced that a Third Party Administrator will coordinate all vaccination efforts in California.

Standardizing Vaccine Registration

If you are not a designated vaccine site:

- Refer your patients to the [Myturn](#) to schedule their COVID-19 vaccination

OR

- Refer your patients to their county public health department. A listing of local health departments by county is available through the [CDPH](#) site

Patients may call 211 or 311 for information about the COVID-19 vaccines.

These are non-emergency numbers that are state- and city-supported and can help direct callers to COVID-19 vaccine services in their area.

CDC COVID-19 Vaccination Program

Complete the CDC COVID-19 Vaccination Program Provider Agreement.

- Adhere to CDC, Advisory Committee on Immunization Practices (ACIP) , and California Department of Public Health (CDPH) guidance on administration.
- Completed the required training (step 5) you will be able to start the enrollment process.



Enroll in IIS

Registration in the state's Immunization Information System is required to participate in the program.

[Register for CAIR](#)



Storage Equipment Guidelines

Your vaccine storage equipment must meet CDC guidelines and be installed prior to enrolling in MyCAvax.

[View guidelines](#)



Enrollment Worksheet

Use the Provider Enrollment Worksheet to gather information needed ahead of time to complete the online enrollment form.

[View worksheet](#)



Notify Contacts

Your organization will need e-signatures from the Chief Medical and Chief Executive Officers during the enrollment process.

[Identify key roles](#)



Required: Train Your Staff

Your staff must complete required training before your organization can begin the enrollment process.

[Log in to access training](#)



CA COVID-19 Vaccination Program

View program information, guidelines, and resources. Stay up to date with Program communications.

[Stay updated](#)

US COVID-19 Vaccines Pipeline

mRNA

Pfizer

- Two doses, 21d
- Storage at -70C
- Stable at 2-8C ≤ 5days
- Room Temp: 2h undiluted, 6h diluted
- **Efficacy:**
 - COVID-19: 95%
 - Severe: 100%
 - FDA EUA 12/11/2020
 - Ages ≥16
 - Shipped from Pfizer

Moderna

- Two doses, 28d
- Storage -20C
- Stable 2-8C ≤30 days
- Room Temp: 12h unpunctured, 6h punc.
- **Efficacy:**
 - COVID-19: 94.1%
 - Severe: 100%
 - FDA EUA 12/18/2020
 - Ages ≥18
 - Shipped by McKesson

Non-replicating Adenovirus Vector-based

Janssen

- One dose
- Storage -25C to -15C
- Stable 2-8C ≤3 months
- Room Temp: 12h
- **Efficacy:**
 - Moderate: 64-72%
 - Severe: 81.7-87.6%
 - Death: 100%
 - FDA EUA 2/28/2021
 - Ages ≥18
 - Shipped by McKesson

AstraZeneca

- Two doses, 28d
- Storage -20C
- Stable 2-8C ≤6 months
- Room Temp: 12h
- **Efficacy: TBD**
 - FDA EUA ??
 - Ages ≥18
 - Shipment TBD

Spike Protein Nanoparticle

Novavax

- Two doses, 21d
- Storage -20C
- Stable 2-8C ≤6 months
- Room Temp: 12h
- **Efficacy: TBD**
 - FDA EUA ??
 - Ages ≥18
 - Shipment TBD

FDA Emergency Use Authorization

US Phase 3 Clinical Trials

Janssen Vaccine Efficacy by Country

Stage 3 Clinical Trials Were Conducted on Adults 18 Years and Older

Country	Onset	Severity: Moderate to Severe/Critical	Severity: Severe/Critical
Global	≥28 days after vaccination	65.5%	83.5%
United States	≥28 days after vaccination	72.0%	85.9%
Brazil	≥28 days after vaccination	68.1%	87.6%
South Africa	≥28 days after vaccination	64.0%	81.7%

A Single Dose is Effective Against:

- Symptomatic COVID-19 disease
- Severe COVID-19 cases
- Hospitalization and death
- Newly emerging strains observed in South Africa

Clinical Trials Showed:

- Low risk for adverse events
- No severe allergic reactions
- No associated deaths during the study

Pfizer COVID-19 Vaccine

New Storage Requirements as of February 25, 2021

Ultra-Low Temperature Storage Prior to Use*

- Storage temperature -80°C to -60°C (-112°F to -76°F)
- Length of storage up to the expiry date printed on the label of the vials
- The vaccine must be undiluted

Conventional Temperatures Commonly Found in Pharmaceutical Freezers Prior to Use*

- Storage temperature -25°C to -15°C (-13°F to 5°F)
- Length of storage up to two weeks cumulative
- The vaccine must be undiluted
- Frozen vaccine can be returned one time to the ultra-low temperature storage

Thaw and Then Store Undiluted Vials in the Refrigerator Prior to Use*

- Storage temperature 2°C to 8°C (35°F to 46°F)
- Length of storage up to 5 days (120 hours)
- The above timeline is for undiluted vials

* [For more detailed information please refer to the FDA Fact Sheet on Administering the Pfizer Vaccine](#)

COVID-19 Provider Selection

Provider enrollment will occur in phases, and when invited by the Third Party Administrator (TPA) or local health department for participation, you must:

- Enroll and participate in [MyCaVax, the State's COVID-19 Vaccination Program](#)
- Enroll and participate in the [State Immunization Information System](#)
 - (California Immunization Registry (CAIR2), San Diego Immunization Registry (SDIR), or San Joaquin Immunization Registry (RIDE))
- Complete the [California COVID-19 Provider Enrollment Worksheet](#) to participate.
- Complete the [CDC COVID-19 Vaccination Program Provider Agreement](#).
 - Adhere to CDC, ACIP, and CDPH guidance on administration.
- Notify contacts, e-signature from Chief Medical and Chief Executive Officer
- Capacity to store the vaccine (up to 1000 doses) and ultra-cold storage temperature.
- Complete the [required training](#) and VAERS training.

CDC COVID-19 Vaccination Provider Agreement

Providers invited by the TPA or local health department are required to sign a CDC Provider agreement

Requirements to comply with:

- CDC and Advisory Committee on Immunization Practices (ACIP) recommendations.
- COVID-19 vaccine administration and reporting requirements.
- Safe immunization services practice.
- Vaccine storage and handling.
- Reporting to VAERS.

Vaccination providers must report COVID-19 inventory daily into VaccineFinder, or report vaccine into CA state selected reporting system for upload, and no later than 72 hours after administration.

COVID-19 Vaccine Best Practices

A decorative graphic at the bottom of the slide consisting of several overlapping, wavy, organic shapes in various shades of green and teal, creating a sense of movement and growth.

What You Should Tell Your Patients

- They can get a COVID-19 vaccine at no charge and is free at a location that is most convenient for them, including getting their shot at the nearest pharmacy.
- More than one COVID-19 vaccine may be available and some vaccines may require a second dose.
- Request your patient register for [VaxText COVID-19 Vaccine Second-Dose Reminder](#). It is free, no cost by texting to ENROLL to 1-833-VaxText
- Continue to wash their hands often, keep a social distance, wear a mask or face covering until the vaccine is available, depending on their risk.
- They should get all recommended immunizations and vaccines, including the flu vaccine, if they haven't already done so under the direction of their physician.

Vaccine Administration

Product/ Drug Code	Authorized Age Groups	Administration	Administration Codes	NDC10/NDC11 Labeler Product ID (Vial)
93100 Pfizer- BioNTech	> or equal to 16 years	(30 µg, 0.3 ml each): three weeks (21 days) apart	0001A (1st dose) 0002A (2nd dose)	59267-1000-1 59267-1000-01
91301 Moderna	> or equal to 18 years	(100 µg, 0.5 ml): one month (28 days) apart	0011A (1st dose) 0012A (2nd dose)	8077-273-10 9077-0273-10
91303 Janssen	> or equal to 18 years	(5x10 ¹⁰ viral particles/0.5ml)	0031A (single dose)	59676-580-05 59676-0580-05

- Vaccines are not interchangeable with other products.
- Two-dose series must be completed.
- Two-dose series should be administered alone, with a minimum of 14 days before or after administration of any other vaccine.

Refer to the CDC vaccine clinical considerations website for additional information.

Medicaid COVID-19 Vaccination Coverage

COVID-19 Vaccines

Billing specifics will be released
in Medi-Cal Newsflashes.

**Check the
[Medi-Cal response webpage](#)
regularly.**

Federal government to pay for the vaccine.

Department of Health Care Services (DHCS) is paying the vaccine administration fee directly to providers.

No copay or cost share to members; in-network and out-of-network vaccinations.

Prior authorization not required.

Coverage for all vaccine types.

Submit claim directly to Department of Health Care Services (DHCS).

Medicare & Medicare Advantage COVID-19 Vaccination Coverage

COVID-19 Vaccines

Claims submission information
will be updated with current
information by email.

Federal government to pay for the vaccine.

Federal government is paying for the vaccine
administration fee.

No copay or cost share to members; in-network and out-
of-network.

Prior authorization not required.

Coverage for all vaccine types.

Submit claim directly to Centers for Medicare & Medicaid
Services (CMS) Medicare Administrative Contractor (MAC).

Commercial COVID-19 Vaccination Coverage

COVID-19 Vaccines

Federal Government to pay for the vaccine (funding under the Coronavirus Aid, Relief, and Economic Security (CARES) Act).

Health insurers will pay for the vaccine admin fee.

No copay or cost share to members; in-network and out-of-network.

Prior authorization not required.

Coverage for all vaccine types.

Claim submission is determined by each Health Plan

Claim submission: Contact the commercial carrier for billing instructions

For Health Net commercial members, Health Net will pay the FFS claims and, during the public health emergency (PHE), assume payment responsibility for the vaccine admin fee for our commercial capitated contracts.

Pediatric Distribution and Incentives

Children and Adolescents

- Additional pediatric studies are in progress.
- CDC to determine if it will be distributed through Vaccines For Children (VFC) program.
- Uninsured through federally funded Federally Qualified Health Center (FQHC) or Rural Health Clinics (RHC), or Indian Health Services (IHS).

Pfizer-BioNTech

authorized age for administration
> or equal to 16 years

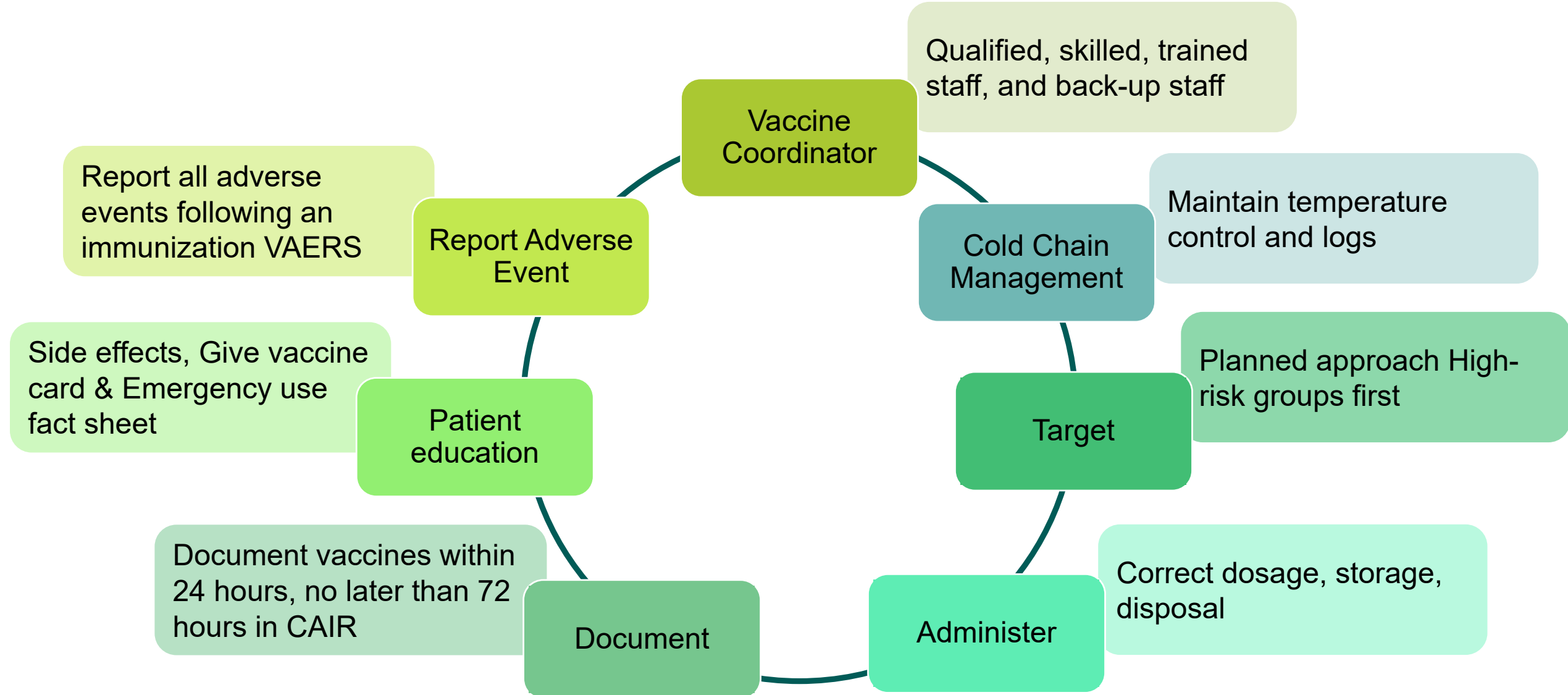
Moderna

authorized age for administration
> or equal to 18 years

Janssen

authorized age for administration
> or equal to 18 years

Vaccination Best Practices



Adverse Events

An untoward occurrence which:

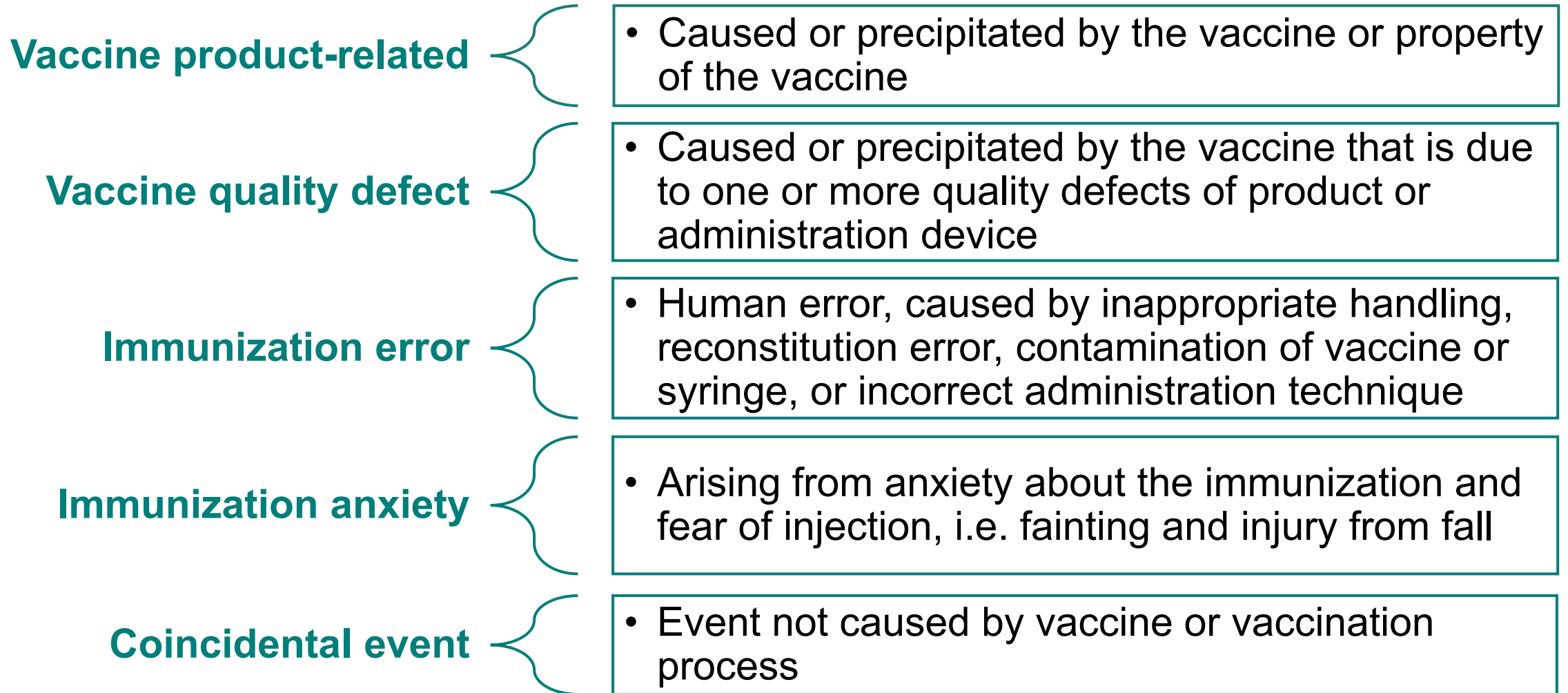
- Follows after immunization.
- Does not necessarily have a causal relationship with vaccine usage.
- Unfavorable symptom of which the patient complains.
- Abnormal lab finding, sign or disease found post-administration.



Vaccine reactions classified as:

- Mild, moderate, or severe.
- Severe – can be serious and non-serious.

Adverse Event Causes



Reporting Adverse Events

Closely adhere to CDC, State of California and California Department of Public Health (CDPH) policy

- Complete the reporting forms and submit.
- Include all available information.
- For serious events, report immediately (over telephone) and complete the reporting form within 24 hours.

VAERS

- Report using Vaccine Adverse Event Reporting System (VAERS) [online](#) form or new [downloadable](#) PDF

V-Safe

- [V-Safe after Vaccination Health Checker](#)
- Smartphone app for texts, check-ins and surveys; report side effects in real-time

NHSN

- [National Healthcare Safety Network \(NHSN\)](#)
- Acute care and long-term care facility system for reporting vaccine adverse reactions

DHCS COVID-19 Vaccine FAQs

For more information, review the [DHCS COVID-19 Vaccine Administration FAQs](#).

Access the [DHCS COVID-19 Response](#) webpage frequently for updates.

- Beneficiaries and Members
- Waiver Requests and Approvals
- Providers and Partners
- Funding Opportunities for Health Providers

[CDPH](#) will be conducting direct-to-provider webinars.

DHCS COVID-19 Vaccine Administration FAQs

December 24, 2020

With the recent federal approval of COVID-19 vaccines, the Department of Health Care Services (DHCS) is seeking federal approval to help support delivery of the vaccine to all Medi-Cal beneficiaries. The vaccine will be provided at no cost to all Californians.

DHCS will follow [California's COVID-19 vaccination plan](#), which was approved by the California Department of Public Health (CDPH). It calls for implementation in several phases: Pre-vaccine; limited doses available; larger number of doses available; and sufficient supply of doses available for the entire population. For further information on the state's vaccination planning efforts please visit <https://covid19.ca.gov/vaccines/>.

California is leveraging its existing immunization framework and emergency response infrastructure to coordinate efforts among state, local, and territorial authorities to administer the vaccine. Throughout this effort, DHCS will share appropriate information with you and our providers, health plan partners, counties, other key stakeholders, and beneficiaries.

Consistent with the approach being taken by Medicare through Medicare Advantage Plans, DHCS will carve out the COVID-19 vaccine from Medi-Cal managed care health plans and will reimburse providers under the Fee-for-Service (FFS) delivery system for both medical and pharmacy claims. This approach will ease program administration, eliminate challenges with out-of-network provider reimbursements, and keep vaccine administration fee rates consistent for providers regardless of delivery system.

Medi-Cal proposes to reimburse the associated COVID-19 vaccine administration fee at the allowable Medicare rate for all claims (medical, outpatient, and pharmacy), based on the number of required doses. As the federal government will pay for the initial vaccines, there is no Medi-Cal provider reimbursement for the COVID-19 vaccine itself. Providers will bill for administration of the COVID-19 vaccine on medical, outpatient, or pharmacy claims, based on current policy. The Medicare administration rate DHCS is seeking differs from the current Medi-Cal pharmacy administration fee today. DHCS is also seeking [federal approval](#) to cover the cost of the vaccine administration for Medi-Cal beneficiaries who are in restricted scope coverage, the COVID-19 Uninsured population and enrollees of the Family Planning, Access, Care, and Treatment (Family PACT) program.

Additionally, DHCS is seeking [federal approval](#) to pay Federally Qualified Health Centers, Rural Health Centers, and Tribal 638 clinics for the vaccine administration fee outside of their current Prospective Payment System or All Inclusive Rate.

DHCS submitted all federal waiver requests on December 18, 2020 to the federal Centers for Medicare and Medicaid Services (CMS) and has issued [initial policy guidance](#) on COVID-19 vaccine administration and our reimbursement policy. Policy and reimbursement guidance will be updated upon additional CMS guidance and/or approvals of requested waivers.

To address potential provider, beneficiary and stakeholder inquiries regarding the plan, these Frequently Asked Questions (FAQs) have been developed.

For further information on the state's vaccination planning efforts please visit <https://covid19.ca.gov/vaccines/>.

Vaccine Hesitancy

An abstract graphic at the bottom of the slide consists of several overlapping, wavy shapes in various shades of green and teal. The shapes create a sense of movement and depth, starting from the left and flowing towards the right, where they reach their peak and then begin to descend.

Vaccine Hesitancy

What does it mean?

Delayed Action Despite Supply

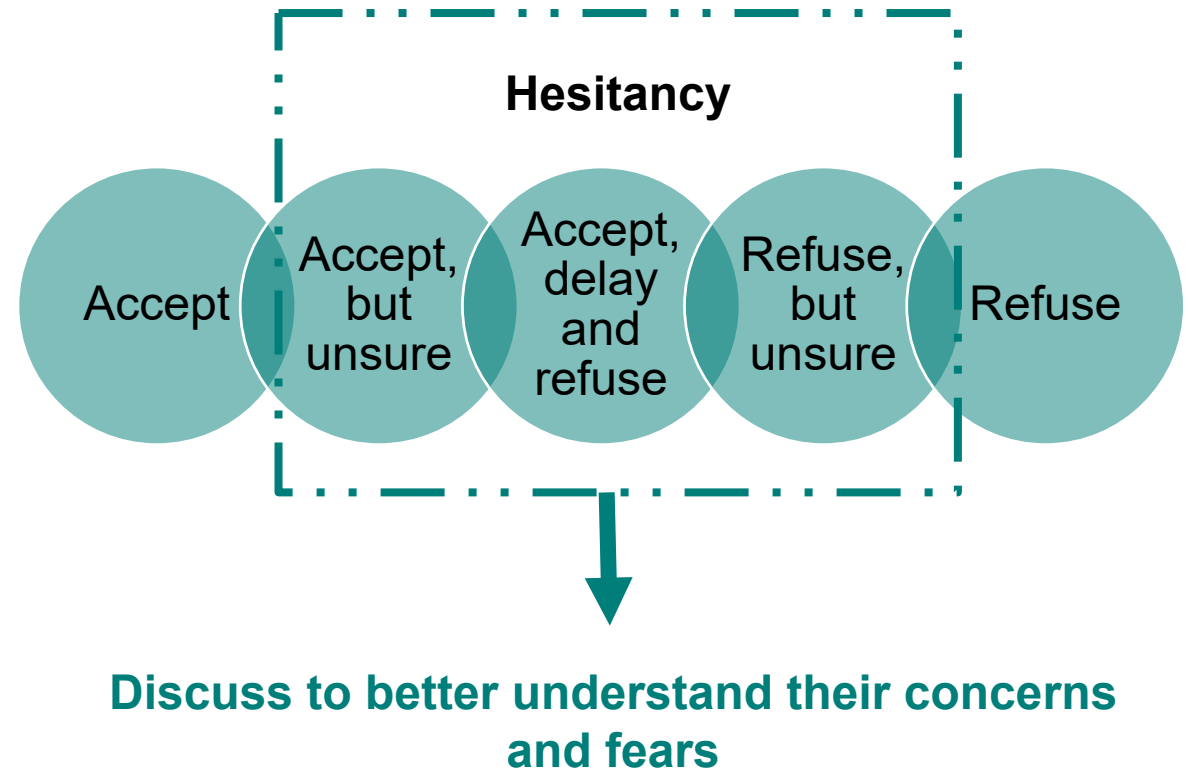
- Delay in acceptance or refusal of vaccines despite availability of vaccine services.

Dynamic

- Is complex and context-specific varying across time, place and vaccines.

Three C's of Influence

- Is influenced by factors, such as **complacency**, **convenience** and **confidence**.



Understanding Hesitancy

Confidence

- Vaccine stability
- Fear of short-term side effects
- Fear of long-term side effects and/or disability
- Prior emergency vaccine failures
- Unsure of efficacy of vaccine
- Social media negative reports and false news
- Rumors and peer perception of vaccine

Complacency

- Disbelief about threat of COVID-19

Convenience

- Health literacy, transportation access, and other social determinants of health



Addressing Vaccine Hesitancy During COVID-19

- ✓ **Build a Trusting Relationship:** Be up front about what to expect from vaccines. If injection site pain or body aches is common, be honest with patients to gain trust.
- ✓ **Address Your Bias:** Important to be engaged in the conversation and listen. Be aware of tone and conscious of non-verbal signals.
- ✓ **Ask about Barriers:** Use open-ended questions to learn important information about why they are reluctant or refusing to get the vaccine (i.e., “How confident are you that the vaccines are safe?”)
- ✓ **Share Personal Stories:** Have a picture of you getting the vaccine. Share your story with a patient that is reluctant.
- ✓ **Circle Back:** If they decide not to vaccinate look for respectful ways to keep the dialogue going. Take time to address their concerns so they know that they are heard and their concerns validated.

Communication Strategy

Use a presumptive approach that they will accept the vaccine:

- Share key messages about the vaccine, its benefits, side-effects, care and follow-up.
- If there are questions or concerns, listen and respond with empathy. Use medical evidence and stories to convey safety, effectiveness and need for vaccination.

Use a participatory approach:

- Identify and address misinformation/rumors and help them understand the importance and need for the vaccination.

If not eligible for the vaccine:

- Appreciate their interest. Explain that current guidelines do not indicate they should get it at this time. Advise on prevention measures. Provide information of when the vaccine will be available to a non-priority group.

Health Plan Updates

A decorative graphic at the bottom of the slide consisting of several overlapping, wavy, organic shapes in various shades of green and teal, creating a modern, flowing look.

Health Plan Updates

W9s and Emails
due by:
March 30, 2021

HEDIS Medical
Record Collection
Datafied:
(714) 666-0951

Medi-Cal RX State
Pharmacy Plan
Delayed

Logisticare is now
“Modivcare”
effective:
January 6, 2021

Managed Care
Accountability Set
MY 2021

[Click to download](#)

W-9
Form
Rev. October 2019
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification
Go to www.irs.gov/Form99 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

1. Name (as shown on your income tax return). Name is required on this line. Do not leave this line blank.

2. Business name/disregarded entity name, if different from above

3. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following several boxes:
☐ Individual/sole proprietor or single-member LLC
☐ C Corporation
☐ S Corporation
☐ Partnership
☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C-Corporation, S-Corporation, Partnership, etc.) in the space below the box.
☐ Other (see instructions)

4. Examples (please apply only to certain entities; see instructions on page 3):
Example from FATCA reporting: If the LLC is classified as a single-member LLC that is disregarded from the owner for U.S. federal tax purposes, check the box for a single-member LLC that is disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is not disregarded from the owner should check the appropriate box for the tax classification of its owner.
Example from FATCA reporting: If the LLC is classified as a single-member LLC that is disregarded from the owner for U.S. federal tax purposes, check the box for a single-member LLC that is disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is not disregarded from the owner should check the appropriate box for the tax classification of its owner.

5. Address (number, street, and apt. or suite no.) See instructions.

6. City, state, and ZIP code.

7. Last account number(s) (see instructions).

8. Requester's name and address (optional).

Part I Taxpayer Identification Number (TIN)
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see how to get a TIN, later.

Part II Certification
Under penalties of perjury, I certify that:
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA country entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign this certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here
Signature of U.S. person Date

General Instructions
Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form99.

Purpose of Form
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:
• Form 1099-INT (interest earned or paid)
• Form 1099-DIV (dividends, including those from stocks or mutual funds)
• Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
• Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
• Form 1099-R (pension, annuity, or IRA distributions)
• Form 1099-NEC (nonemployee compensation)
• Form 1099-C (canceled debt)
• Form 1099-A (acquisition or abandonment of secured property)
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
If you do not return Form W-9 to the requester with a TIN, you may be subject to backup withholding. See What is backup withholding, later.

File No. 10221X Form **W-9** (Rev. 10-2019)

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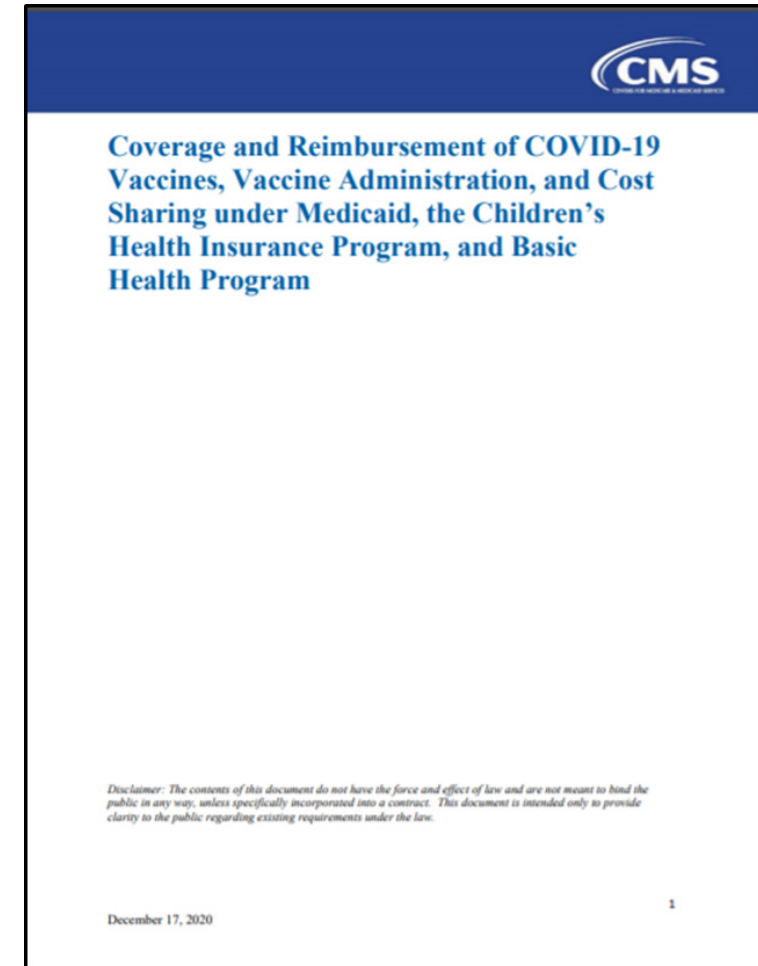
Submit your completed W-9 to:
HNCA_W9_Submissions@CENTENE.COM

COVID-19 Appendix

A decorative graphic at the bottom of the slide consisting of overlapping wavy shapes in various shades of green and teal, creating a modern, organic feel.

Regulatory Guidance


- [CMS](#) Coverage and Reimbursement of COVID-19 Vaccines, Vaccine Administration, and Cost Sharing under Medicaid, the Children's Health Insurance Program, and Basic Health Program.
- [CMS](#) Covid-19 Vaccine Policy and Guidance.



Resources

COVIDReadi Provider Enrollment FAQ

**COVIDReadi Provider Enrollment:
Before You Enroll**



Action Steps & Instructions for Providers

In order to receive and administer COVID-19 vaccines, all California healthcare providers will enroll in the federal COVID-19 Vaccination Program **electronically** through CDPH's provider registration and enrollment system at the [COVIDReadi website](#). Enrollment applications must be thoroughly and accurately completed by each enrolled organization and corresponding locations.

COVID-19 vaccines and ancillary supplies will be procured and distributed by the federal government at no cost to enrolled COVID-19 vaccination providers.

Enrollment Process

Each organization must enroll electronically through CDPH's provider registration and enrollment system. After completion of the Requirements and Legal Agreement portion of the enrollment form, the organization receives an invitation code. This code can be shared within the organization to access the organization's application and complete Section B to enroll their individual locations in the program.

- ✓ The Organization's Chief Medical Officer (or equivalent medical official) and Chief Executive Officer (or chief fiduciary/legal official) completes the first portion of the enrollment process, Section A. Upon completion, they must sign and agree, on behalf of the organization, to the conditions of participation outlined in the COVID-19 Provider Agreement.
- ✓ If multiple locations within an organization plan to receive the COVID-19 vaccine, each location will complete Section B of the enrollment process. The locations must identify the Medical or Pharmacy Director that is responsible for their adherence to Provider Agreement terms, and attest to proper vaccine management for the site.
- ✓ Each enrolled organization location should designate a vaccine coordinator and a back-up vaccine coordinator serving as the site's point of contact for receiving vaccine shipments, monitoring storage unit temperatures, managing vaccine inventory, etc.

Upon submission of the registration through COVIDReadi, sites will receive a confirmation email confirming the request to enroll. Upon enrollment approval, registration information is sent to the Local Health Departments who will then be responsible for the allocation of available vaccine doses, pending supply availability. Information about vaccine ordering will be forthcoming.

For more detailed information on what is required during the enrollment process, see pages 2-3.


California Department of Public Health | Immunization Branch

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COVIDReadi Provider WorkSheet

**PROVIDER ENROLLMENT
WORKSHEET**



Use this worksheet to gather information needed ahead of time to complete the online enrollment form on COVIDReadi. As you fill out this worksheet for CDC Provider Agreement Section B, only record affiliated vaccination locations that will receive or administer COVID-19 vaccines.

DO NOT SUBMIT THIS WORKSHEET TO CDPH.

Pre-screening Questions:

My organization meets the following Phase 1 Enrollment Criteria.

Have storage capacity and can meet these storage and handling requirements: (Nat: This looks like placeholder content)

Can accommodate initial minimum orders of at least 1,000 doses

Report dose-level data within 24 hours of vaccination and doses inventory daily to the national Vaccine Finder website

Can accommodate the temperature requirements of either ultra-cold storage for vaccines or can obtain dry ice

Have staffing levels and capacities to begin vaccination shortly after vaccine receipt including capacities to

Use social distancing and infection control guidelines

Coordinate delivery of two-dose COVID-19 vaccine within 21 or 28 days apart

Deliver vaccines during peak influenza season or disease outbreak

Report dose-level data within 24 hours of vaccination

Comply with state and federal requirements for COVID-19 providers

Required training

My organization's providers and key practice staff (overseeing or handling COVID-19 vaccines) have completed all **required training** for successful participation in the California COVID-19 Vaccination Program.

California Department of Public Health | Immunization Branch

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COVID-19 Vaccine Educational Resources

- [Centers for Disease Control and Prevention \(CDC\) – Health Care Professionals: Preparing for COVID-19 Vaccination](#)
- [Center for Disease Control What Clinicians Need to Know About the Pfizer-BioNTech COVID-19 Vaccine Training December 13, 2020](#)
- [World Health Organization COVID-19 Vaccination Training for health workers](#)
 - Includes: Information on COVID-19 disease, vaccine storage, handling, administration of the vaccine, recording and monitoring adverse events following immunization, and communication.

COVID-19 Resources

For Members:

- COVID-19 Updates & Alerts
 - [For Health Net members](#)
 - [For California Health & Wellness members](#)
 - [For CalViva members](#)
- [Finding a Local Testing Site](#)
- [California's COVID-19 Vaccine Scheduling Site](#)

For Providers:

- COVID-19 Updates & Alerts
 - [For Health Net providers](#)
 - [For California Health & Wellness providers](#)
 - [For CalViva providers](#)
- [California Department of Health Vaccine Phase 1 Recommendations](#)
- [CDC COVID-19 Vaccine Recommendations](#)
- [ACIP COVID-19 Resources](#)
- COVID-19 vaccine provider selection invitations will be extended from local health departments. For more information:
 - Email: COVIDCallCenter@cdph.ca.gov
 - Call: 1-833-502-1245
Monday through Friday 9 a.m. to 5 p.m.

Additional Health Plan Resources

- myStrength is a tailored mental health wellness resource for members.
 - Health Net's [myStrength](#) site
 - California Health & Wellness [myStrength](#) site
 - CalViva's [myStrength](#) site
- For emergent or routine treatment mental health services, call MHN at [1-888-327-0010](tel:1-888-327-0010) or visit their [website](#).

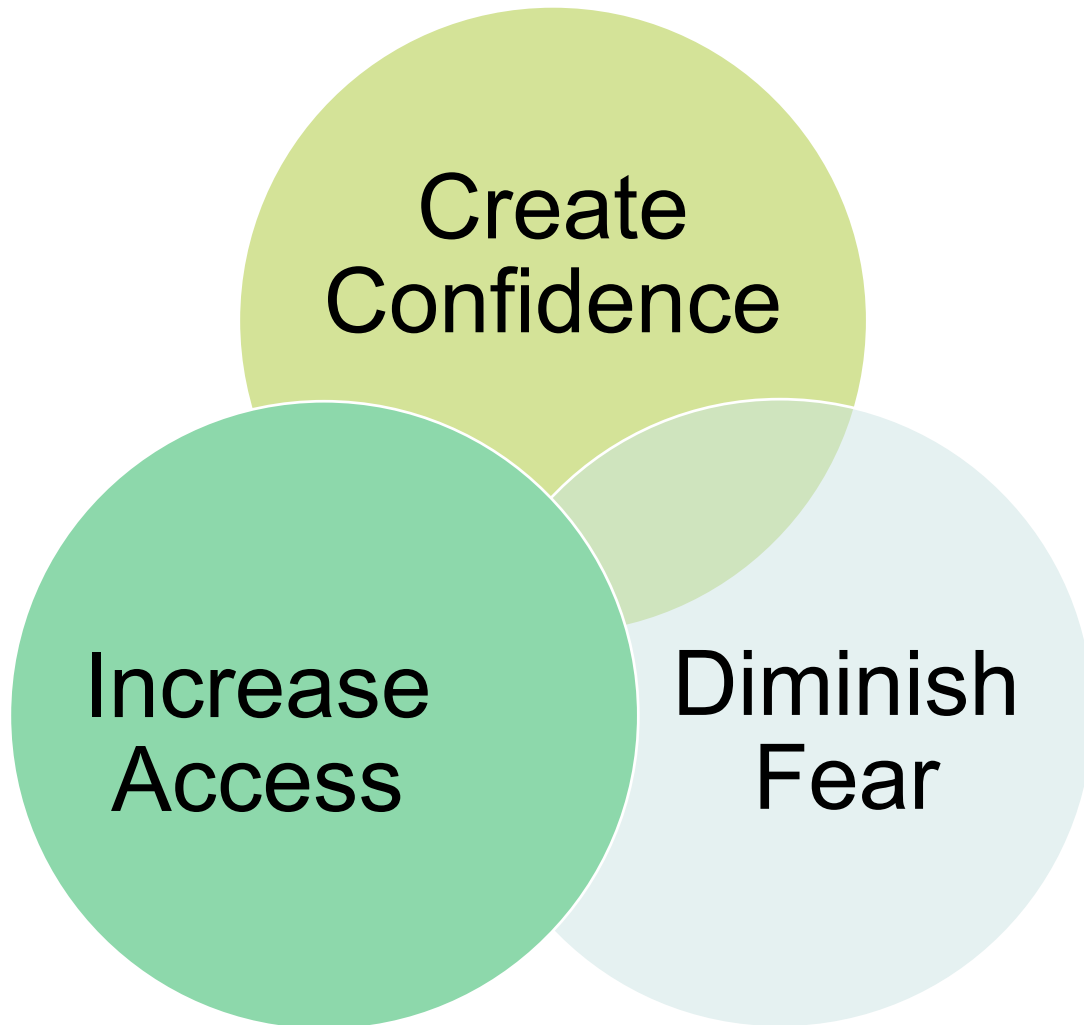
Additional Health Plan Resources

- The Nurse Advice Line is available to members 24 hours a day at:
 - For Health Net members: [1-800-893-5597](tel:1-800-893-5597) (TTY 711)
 - For California Health & Wellness members: [1-877-658-0305](tel:1-877-658-0305) (TTY 711)
 - For CalViva members: [1-888-893-1569](tel:1-888-893-1569) (TTY 711)
- Aunt Bertha, a free online search service, allows members to find free and low cost social services.
 - Health Net's [Aunt Bertha](#) site
 - California Health & Wellness [Aunt Bertha](#) site
 - CalViva's [Aunt Bertha](#) site

Tailor Your Messaging

Risk Group	Key Messaging
Health worker	Help protect you from work exposure while performing your job. Reduce risk of COVID-19 transmission to your patients, family, neighbors, and community.
Elderly or older person	COVID-19 affects older people more adversely. The vaccine will help protect you from becoming severely ill if infected with the virus.
People with chronic conditions	COVID-19 affects people with chronic conditions more adversely. The vaccine will protect you from COVID-19 infection or from becoming severely ill if infected with the virus.
Other essential workers	You encounter other people in your day-to-day routine; the COVID-19 vaccine will help protect you from exposure while you are doing your job.

Your Role in Crisis Communication



Create Confidence

- Share key messages.
- Share your own experience(s) with the vaccine and your patients.

Diminish Fear

- Be empathetic and encouraging.
- Dispel myths and rumors.
- Provide education and guidance.

Increase Access


- Be knowledgeable about local vaccine centers.
- Refer patients to sites if not already vaccinated.
- Provide transportation services.

Health Plan Appendix

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Resources

Managed Care Accountability Set Measurement Year 2021

 **California Department of Health Care Services**

Medi-Cal Managed Care Accountability Set (MCAS)
Updated December 7, 2020

MCAS for Medi-Cal Managed Care Health Plans (MCPs)
Measurement Year 2021 | Reporting Year 2022

Based on Centers for Medicare & Medicaid Services (CMS) Adult and Child Core Sets for Reporting Year 2021
Total Number of Measures = 36 (10 Hybrid and 26 Administrative)
MPL means Minimum Performance Level

#	MEASURE REQUIRED OF MCP	MEASURE ACRONYM	MEASURE TYPE METHODOLOGY	HELD TO MPL
1	Breast Cancer Screening	BCS	Administrative	Yes
2	Cervical Cancer Screening	CCS	Hybrid	Yes
3	Child and Adolescent Well-Care Visits	WCV	Administrative	Yes ^{i, iii}
4	Childhood Immunization Status: Combination 10	CIS-10	Hybrid	Yes
5	Chlamydia Screening in Women	CHL	Administrative	Yes ⁱⁱⁱ
6	Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)	CDC-H9	Hybrid	Yes
7	Controlling High Blood Pressure	CBP	Hybrid	Yes
8	Immunizations for Adolescents: Combination 2	IMA-2	Hybrid	Yes

Page 1

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W-9

Form W-9
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification
Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name (disregarded entity name, if different from above)

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 1).

5 Address (number, street, and apt. or suite no.) See instructions.

6 City, state, and ZIP code

7 List account number(s) here (optional)

8 Taxpayer Identification Number (TIN)

9 Social security number

10 Employer identification number

11 Certification

12 Sign Here

13 General Instructions

14 Purpose of Form

15 Form W-9 (Rev. 10-2018)

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