

February 19, 2021

Liz Richter
Acting Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Acting Administrator Richter:

As the Biden Administration begins to take aggressive steps to deploy the COVID-19 vaccine across the nation, we are writing to seek your assistance with urgent Medicare and Medicaid vaccine reimbursement concerns that could significantly impact the ability to reach the people most in need of the vaccine.

Federally Qualified Health Centers (FQHCs or “health centers”) work tirelessly to ensure access to timely, affordable care for all individuals, regardless of ability to pay. We appreciate the confidence the Biden Administration has placed in health centers to deliver the COVID-19 vaccine to the most vulnerable communities. However, it is critical that health centers have the tools and resources they need to do their part. To ensure their continued ability to fulfill this commitment, we are writing with an important request.

In recognition of the critical role FQHCs are playing on the front lines of the pandemic, we request that CMS establish FQHC-specific COVID-19 vaccine administration reimbursement policies for Medicare and Medicaid, ensuring that health centers have the resources they need to keep their doors open. Existing federal regulations, including the COVID-19 Interim Final Rule that went into effect on November 2, 2020, and other guidance will leave health centers severely challenged at the worst possible time. It is imperative that health center reimbursement rates account for the increased costs associated with the COVID-19 vaccine. Such costs may include factors such as hiring additional or temporary staff; training; outreach and vaccine hesitancy related activities; storage capacity; altered, temporary, or rented facilities; PPE and other equipment; IT systems interfacing; outdoor and overnight capacities; security; cleaning and disposal; patient transportation; and lost revenues for redeploying staff. Furthermore, the vaccine’s short shelf life requires health centers to strategically schedule appointments, perform additional outreach for both doses, and dedicate staff for patient monitoring while complying with social distancing and occupancy guidelines.

Below you will find our specific policy recommendations:

Medicare

Serving over 2 million Medicare beneficiaries a year, health centers are positioned to meet the goal of vaccinating the 65 and older population as quickly as possible. Under current Medicare regulations, health centers are reimbursed for vaccine administration through their Medicare Cost Report, which takes 12 to 18 months for processing and payment. We request that the agency establish the following:

- An interim payment for COVID-19 vaccine administration based on the Medicare Part B Physician Fee Schedule to ensure they receive reimbursement in a timely manner -- and before 2022.
- A revised reimbursement rate for FQHCs at 100 percent of reasonable costs for the COVID-19 vaccine administration given the additional costs to administer the COVID-19 vaccine.

Medicaid

Health centers serve 1 in 5 Medicaid beneficiaries nationwide and need adequate compensation for the additional resources required to meet the demand for vaccinations. In recognition of the critical role health centers play for Medicaid patients, Congress established a specific payment methodology for health centers,

the FQHC Prospective Payment System (PPS). This payment system is central to the ability of health centers to provide a broad range of primary care services to Medicaid beneficiaries while serving other low-income patients. Currently in some states, vaccine-only visits do not trigger a Medicaid billable visit for FQHCs, which means they do not receive the PPS reimbursement rate and, in some cases, receive a very low or no additional administration fee at all for administering the COVID-19 vaccine. As a result, we request that the agency do the following:

- Require states to cover COVID-19 vaccine administration and specimen collection as a mandatory service for FQHCs under Medicaid state plans. This would require a state to either: (a) increase the PPS rate to account for the “new” mandatory service or (b) create an alternative payment methodology (APM) to pay for vaccine administration outside of the PPS rate.
- Encourage states to propose APMs that provide additional payments for vaccine administration to compensate for the additional resources required to meet the demand for vaccinations related outreach and general administration.
- Provide flexibility for more health care professionals employed, or under contract, with health centers to trigger a “billable visit” for vaccine administration.
- Require states retroactively reimburse health centers for additional costs of COVID-19 vaccine administration should new payment policies be adopted.

We appreciate the administration’s attention to this important issue and look forward to working together to ensure our nation’s most vulnerable are able to access the COVID-19 vaccination.

Sincerely,

National Association of Community Health Centers (NACHC)
AIDS Foundation Chicago
The AIDS Institute
AIDS United
AMDA – The Society for Post-Acute and Long-Term Care Medicine
American Academy of Family Physicians
American Immunization Registry Association
American Kidney Fund
American Muslim Health Professionals
American Network of Community Options & Resources (ANCOR)
Asian & Pacific Islander American Health Forum
Asian Pacific American Medical Student Association (APAMSA)
Association of Asian Pacific Community Health Organizations
Association of Black Cardiologists
Association of Nurses in AIDS Care
Autistic Self Advocacy Network
Cascade AIDS Project
Casting for Recovery
Center for Disability Rights
The Center for Law and Social Policy (CLASP)

Christ Health Center
CommonSpirit Health
Disability Rights Education and Defense Fund (DREDF)
Empowering Pacific Islander Communities (EPIC)
Equality California
Familia Unida
Hep B United
Hepatitis B Foundation
Hispanic Federation
HIV Medicine Association
Howard Brown Health
Immunization Action Coalition
Immunize Nevada
Infectious Diseases Society of America
International Association of Providers of AIDS Care (IAPAC)
International Community Health Services
Justice in Aging
Los Angeles LGBT Center
Multi-State Partnership for Prevention
National Alliance for Hispanic Health
National Alliance of State and Territorial AIDS Directors

National Association of Pediatric Nurse
Practitioners
National Association of Social Workers
National Black Nurses Association
National Consumers League
National Council of Asian Pacific Americans
(NCAPA)
National Council for Behavioral Health
National Council of Jewish Women
National Health Care for the Homeless Council
National Organization of Black Elected
Legislative Women
National Viral Hepatitis Roundtable

Nevada State Medical Association
Nurses Who Vaccinate
Prism Health
RESULTS
Shriver Center on Poverty Law
Sickweather
Silver State Equality-Nevada
South Dakota Public Health Association
UnidosUS
Vaccinate Your Family
VaxCare
The Well Project