

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