

BILL BARCELLONA

COVID VACCINE ADMINISTRATION ISSUES

A DIFFICULT PROCESS THUS FAR

- California vaccine administration and distribution was initially controlled through local health officers
- This resulted in allocation to integrated health systems, but not to independent IPA models not affiliated with hospital systems
- IA distribution to ambulatory physician practices has lagged and threatens the ability of APG members to provide access to services through independent physician offices
- The state will transition to an age-based classification system, but there is confusion over the inclusion of “equity” standards within that new system at present

THE NEW STATE PROCESS

- The Governor announced a revised process two weeks ago
- CalVAX will give way to Myturn.ca.gov portal for patient registration for vaccine and provider reporting of vaccinations, supply, and progress
- KP has been carved out of the system and will take care of itself. Blue Shield will administer the rest of the state as a TPA
- A separate provider network will be built to administer the vaccine, and will be managed by Blue Shield
- Vaccine supply will be divided 80/20 with the later percentage reserved for underserved “hot spots” across the state to enable rapid response to breakouts

VACCINE NETWORK

- The State reported on February 3rd that a separate vaccine provider network would be constructed according to principles of “equity and transparency”
- Providers will apply to be part of the network and will be required to meet new standards ensuring that vaccines will be administered equitably within their operational area
- Incentive payments will be offered to meet underserved population targets
- A committee will determine the “equity” standards and milestones
- Providers must use the new Myturn portal for reporting of vaccine supply and administration

QUESTIONS

- How will the operation of a separate network impact existing Knox Keene access and coverage arrangements?
- Who will pay for third party vaccine administration if delegated groups/plans are not part of the vaccination network?
- How will APG members direct their staff and patients to vaccine providers when they are not part of the network?
- Does network carve-out relieve some APG members from difficult vaccine administration and financial responsibility?