HHSC: Public Health Funding and Policy Committee

February 9, 2022

Public Health Funding and Policy Committee defines core public health services a local health entity should provide in a county or municipality; evaluates public health in the state and identifies initiatives for areas that need improvement; identifies funding sources available to local health entities; and establishes public health policy priorities. Members include:

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Call to Order/Welcome. The meeting was called to order by the chair, Stephen Williams.

December 8, 2021, Meeting Minutes. The minutes were approved as drafted

Update on COVID-19 Vaccine Administration. It's been a busy couple of weeks with new direction in vaccines.

The following is attributed to CDC:

- CDC has updated its webpage to align with standard language CDC uses about other vaccinations, CDC will now use the phrase **"up to date"** when talking about COVID-19 vaccination.
- CDC recommends that individuals stay "up to date" by receiving any additional doses they are eligible for, according to CDC's recommendations, to ensure they have optimal protection against COVID-19.
- The technical definition of "fully vaccinated" – two doses of an mRNA vaccine or one dose of the J&J vaccine – has not changed.
- Individuals are considered fully vaccinated once they have received their primary series. **This change is reflected on CDC webpages**.
- The following link will reflect this change: When You've Been Fully Vaccinated | CDC

Moderna

- On January 31, 2022, the FDA announced the second approval of a COVID-19 vaccine. The vaccine has been known as the Moderna COVID-19 Vaccine, and will now be marketed as **Spikevax**, for the prevention of COVID-19 in individuals 18 years of age and older.
- Spikevax has the same formulation as the EUA Moderna COVID-19 Vaccine and is administered as a primary series of two doses, one month apart.
- Spikevax can be used interchangeably with the EUA Moderna COVID-19 Vaccine to provide the COVID-19 vaccination series.
- Moderna COVID-19 Vaccine is available under EUA as a two-dose primary series for individuals 18 years of age and older, as a third primary series dose for individuals 18 years of age and older who have been determined to have certain kinds of immunocompromise, and as a single booster dose for individuals 18 years of age and older at least five months after completing a primary series of the vaccine.

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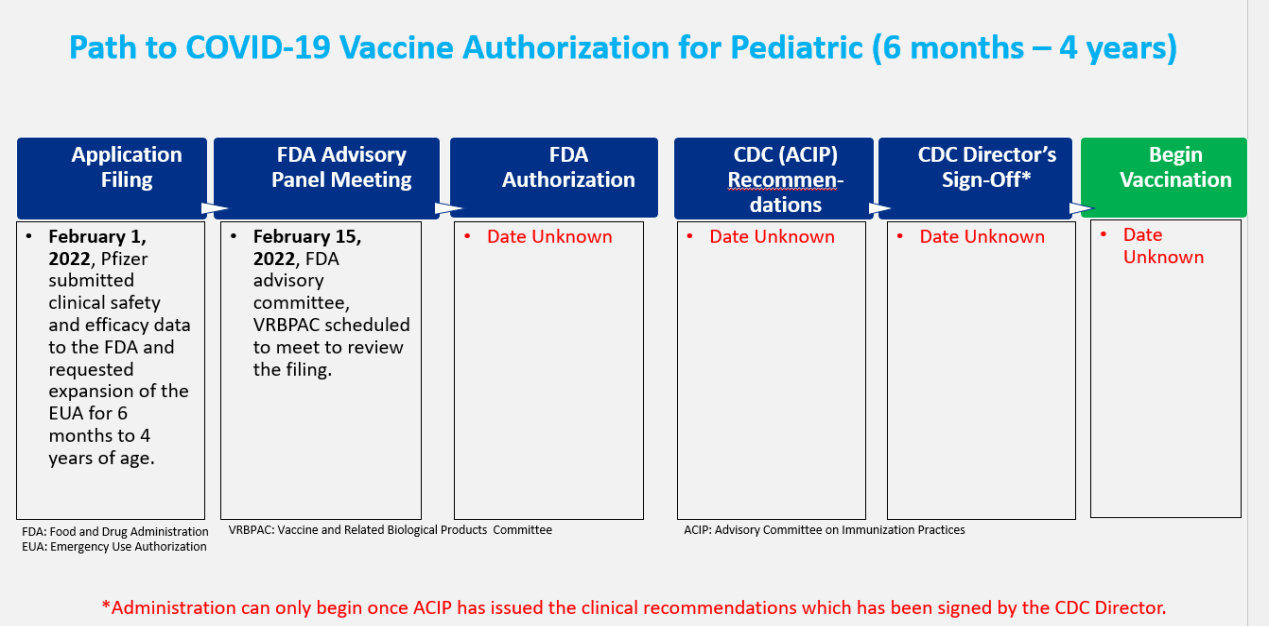
- The Moderna COVID-19 Vaccine is also authorized for use as a heterologous (or "mix and match") single booster dose for individuals 18 years of age and older following completion of primary vaccination with a different available COVID-19 vaccine.
- The prescribing information for Spikevax can be found here: [Package Insert - SPIKEVAX (fda.gov)]

Novavax

- On January 31, 2022, Novavax announced submission of a request to the U.S. FDA for emergency use authorization of their COVID-19 vaccine for individuals 18 years and older*
    - Two dose series vaccine regimen given 21 days apart. Intramuscularly.
    - The vaccine can be stored under refrigerated temperatures.
    - Each vial contains 10 doses. Each dose is 0.5 mL (5 mcg antigen and 50 mcg Matrix M adjuvant).
    - A US Phase 3 study showed 100% protection against moderate and severe disease and 90.4% overall efficacy, evaluated at least 7 days after the second dose.
    - The two-dose regimen of the vaccine has shown cross-reactive immune- responses against Omicron and other variants.
    - The vaccine is now authorized by the WHO and in multiple countries including Australia, UK, New Zealand, and European Commission countries.



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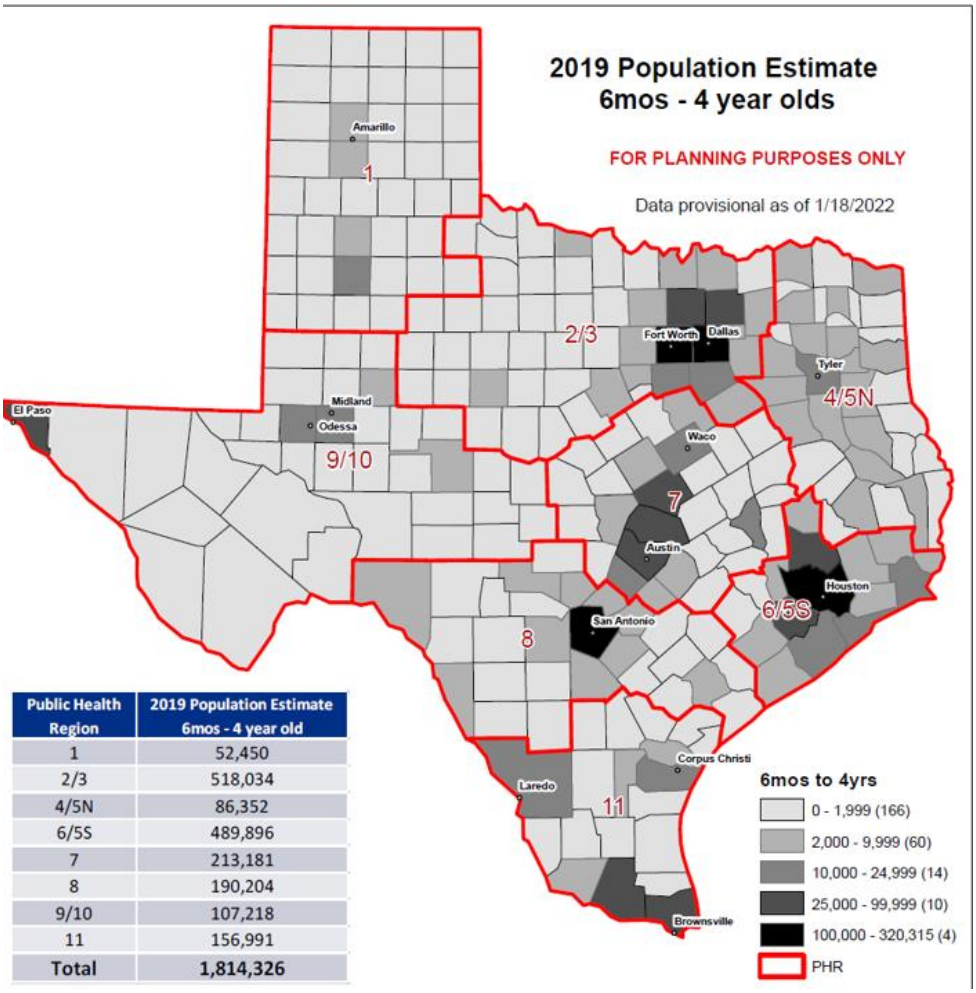


Public Health Region	2019 Population Estimate 6mos - 4 year old
1	52,450
2/3	518,034
4/5N	86,352
6/5S	489,896
7	213,181
8	190,204
9/10	107,218
11	156,991
Total	**1,814,326**

Pfizer COVID-19 Vaccine Formulations

February 7, 2022

	FUTURE PRODUCT*	CURRENT PRODUCTS	
	Dilute Before Use	Dilute Before Use	Do Not Dilute
Pfizer COVID-19 Vaccine	Pediatric Formulation*	Pediatric Formulation	Adolescent/Adult Formulation
Age Group	6 months to 4 years	5 to 11 years	12 years and older
Vial Cap Color	MAROON 	ORANGE 	GRAY 
Dilution Needed	YES (2.2 mL)	YES (1.3 mL)	NO
Dose	0.2 mL after dilution (3 mcg)	0.2 mL after dilution (10 mcg)	0.3 mL (30 mcg)
Total Doses per Vial	10 doses per vial (after dilution)	10 doses per vial (after dilution)	6 doses Per Vial (NO dilution)
Storage Options			
Thermal Shipper	X	X	X
Ultra-Low Temperature Freezer	9 months	9 months	9 months
Freezer	DO NOT STORE	DO NOT STORE	DO NOT STORE
Refrigerator	10 weeks	10 weeks	10 Weeks
Room Temperature	12 hours prior to first puncture	12 hours prior to first puncture	12 hours prior to first puncture
After First Puncture	Discard after 12 hours	Discard after 12 hours	Discard after 12 hours

*NOT yet authorized by the FDA

Pfizer COVID-19 Vaccine (6 months – 4 years) *Ordering & Shipment*

- DSHS sent a communication to begin pre-ordering the vaccine in the Vaccine Allocation and Ordering System (VAOS).
- The initial orders must be placed in VAOS by Monday, February 14th, 2022, 5pm CST.
    - Additional ordering dates/times will be communicated as they become available.
    - A full pack size order is 100 doses (10 vials).
    - If providers would like to place a smaller order than minimum pack size, the order should be made in increments of 10 doses (1 vial).
- **Vaccine allocations will be made based on doses available to Texas. Please note all doses requested may not be filled during the initial ordering.**

- Shipment of Pfizer COVID-19 vaccine for children ages 6 months–4 years is planned to begin once FDA issues the EUA. However, vaccine administration can only begin following the final

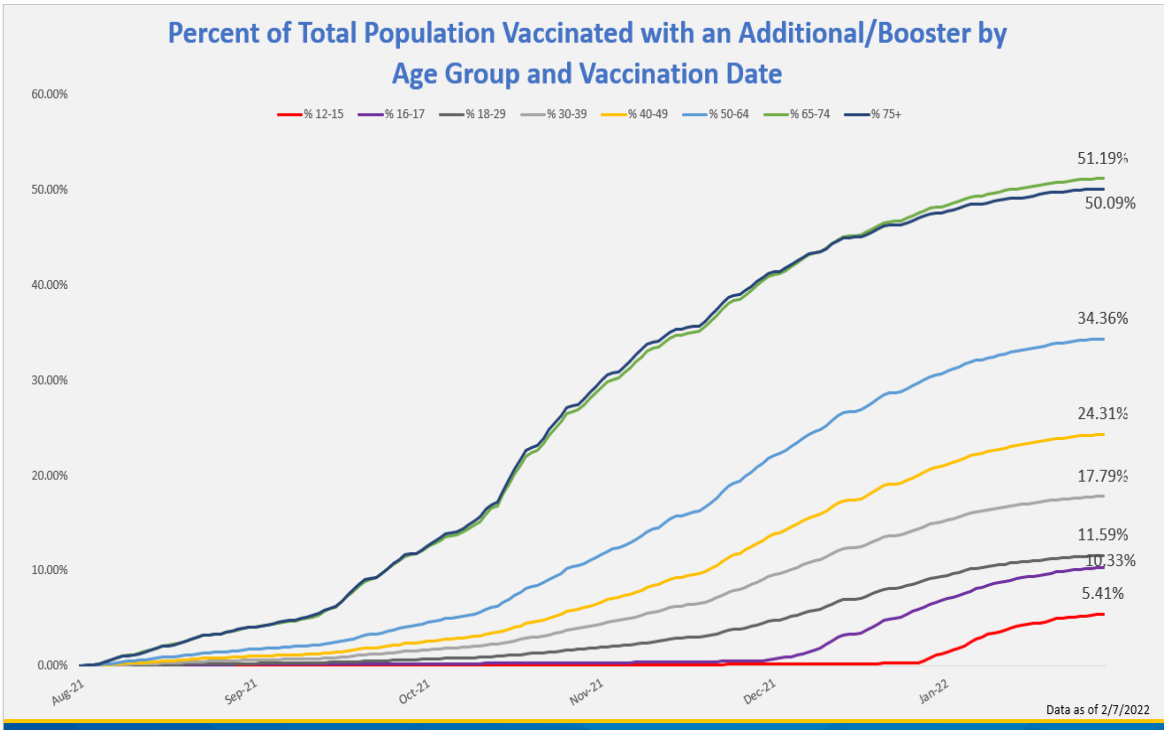
recommendations by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP).

- **Providers must accept delivery shipments and must be able to receive orders on Monday, February 21, 2022, which is a President's Day holiday.**
- Pediatric ancillary kits, containing necessary needles, syringes, diluent, alcohol swabs, limited PPE, and shot cards, will be automatically added to a vaccine order, and will ship at the same time as the vaccine.
- If you have questions on pre-ordering, please email COVID19VacShipments@dshs.texas.gov.

	Population Estimates	People Vaccinated	Fully Vaccinated	Up-to-Date
Texas Total	28,995,881	20,105,553	17,008,844	8,636,052
		69%	59%	30%
5-11 years	2,898,962	816,575	527,687	527,383
		28%	18%	18%
5 years and older	26,967,586	20,100,649	17,007,535	8,635,788
		75%	63%	32%
12 years and older	24,068,624	19,284,074	16,479,848	8,108,405
		80%	68%	34%
18 years and older	21,596,071	17,560,524	15,094,962	7,595,436
		81%	70%	35%
65 years and older	3,734,229	3,527,780	3,133,913	2,087,710
		94%	84%	56%

People Vaccinated includes first doses of Moderna and Pfizer and single doses of Janssen.
Fully Vaccinated includes second doses of Moderna and Pfizer and single doses of Janssen.
Up-to-Date includes people with an additional/booster dose and people who are fully vaccinated but not yet eligible for an additional/booster

Data as of 2/7/2022



Fully Vaccinated Individuals Eligible for Booster – All Vaccines

Age Group	2019 Texas Population	Total Eligible Individuals as of January Remaining Due for Booster*	Eligible Individuals Received an Additional/Booster Dose
Age 12-17 yrs	**2,472,553**	**1,001,155**	**174,384**
Age 18-64 yrs	17,861,842	7,020,390	3,936,243
Age ≥65 yrs	3,734,229	1,097,175	1,895,229

Eligible population includes December 2020 to August 2021 for 2-dose vaccines and December 2020 to November 2021 for J&J vaccine. Individuals who received an additional dose after 8/13/21 are not included in the projection. As of 1/10/22, 2-dose vaccines are projected at 5 months and 2 months for J&J vaccine per ACIP recommendations.

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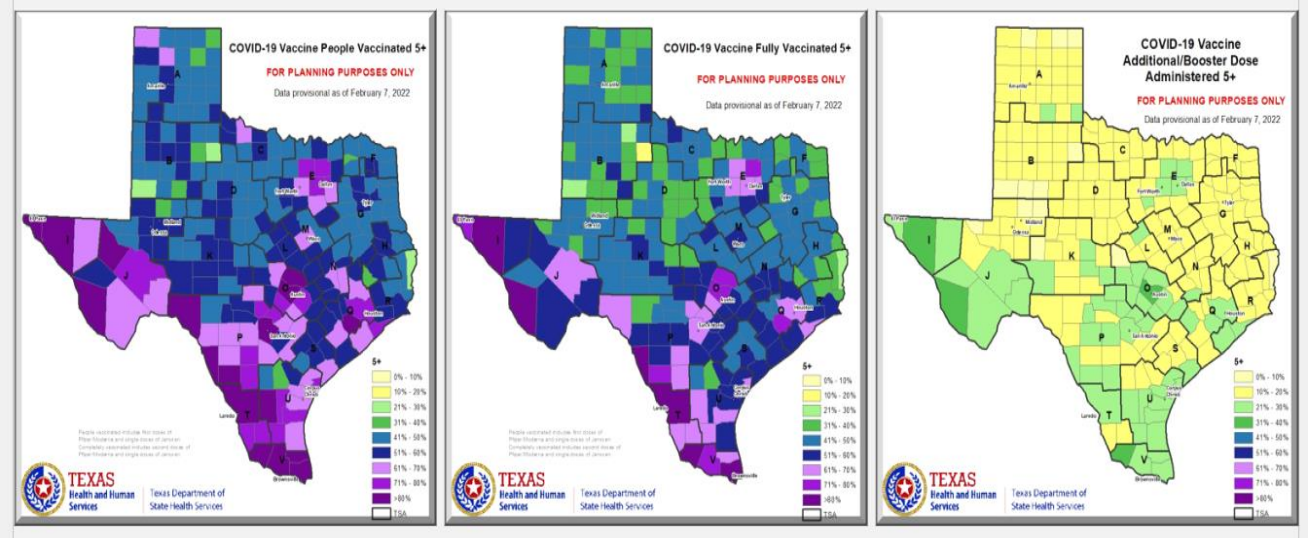
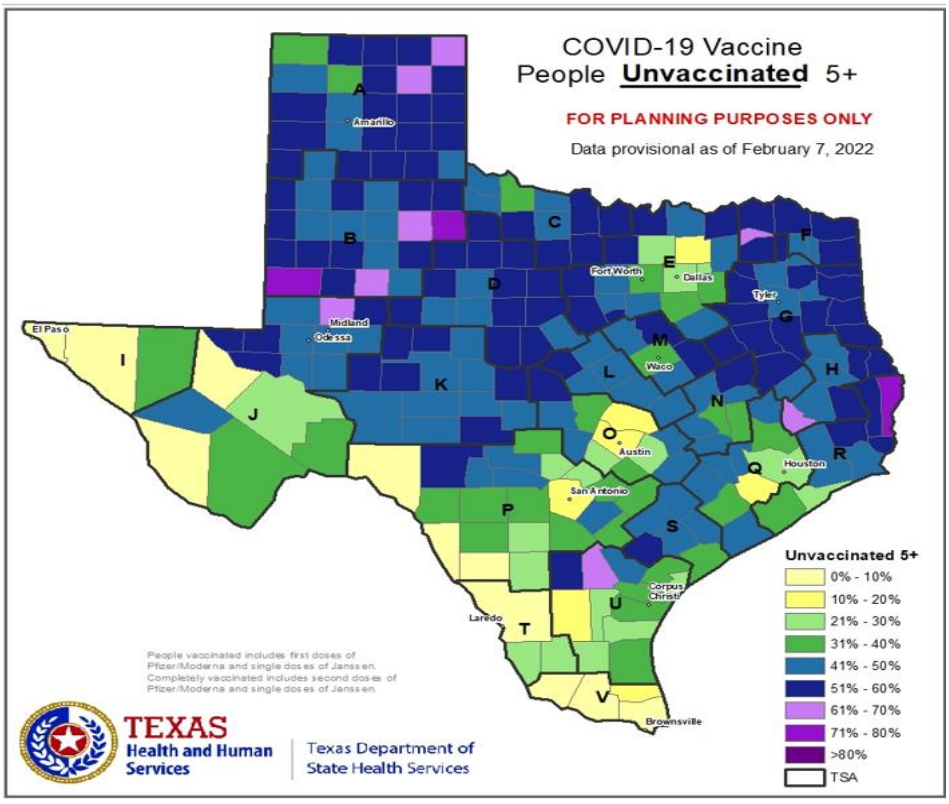
People (≥65 yrs) Boosters Details for Selected Counties

Client County	2019 Population Estimate (≥ 65 yrs)	Total Eligible People (≥ 65 yrs) as of January Remaining Due for Booster	Eligible Individuals (≥ 65 yrs) Received a Booster
Bexar	247,843	62,245	137,981 (69%)
Collin	116,575	34,815	65,046 (65%)
Dallas	292,117	80,598	148,094 (65%)
Denton	93,499	27,989	53,680 (66%)
El Paso	105,175	36,797	58,405 (61%)
Harris	514,167	154,699	264,618 (63%)
Tarrant	244,511	68,666	130,242 (65%)
Travis	129,553	31,861	77,462 (71%)
Williamson	73,202	20,124	44,572 (69%)

Data as of 2/7/2022





COVID-19 Vaccine *Focus Areas*

1. Continued emphasis on vaccinating the unvaccinated ages 5 years and older
2. Emphasis on boosters for eligible population
3. Planning and implementation for pediatric (6 months - 4 years) vaccination launch

The information presented today is based on CDC's recent guidance and MAY change.

Questions/Answers/Comments No questions or comments were offered

Update on DSHS' COVID-19 Health Disparities Funded Activities.

The grant is a two year grant looking at populations impacted by COVID 19.
Half of the staff have been hired from 5FDH regions.
Sharing sessions have been held with partners: Next session is February 15. Invitations are sent to partners. Faith based groups have been a focus.
Texas Public Health Fellowship

One year funded position. People can come from a variety of backgrounds. 15 positions are available at local health departments and 27 at DSHS.

Partnerships
There is a directory of community partners with 300 new partners.

Questions/Answers/Comments
Where do I go to find information about the fellowships? DSHS will send out information with the meeting minutes. I:

Forum on February 19. There is a link to the partnership[information on forum and partnership directory that will be sent out to members

Update on COVID-19 School Testing Grant. $800 million Funding goes to support school testing
Of that amount, 221 million for TEA to award to Service Centers
Emergency hold back

Some schools have been heavily testing and some schools have not been testing at all . Schools can opt in but that does not mean that they are testing.

58% public schools have reported receiving tests
132 of 274 private schools have received tests
Receiving tests does not mean that they are using them.

Number of tests administered 147,000 Rapid anagen tests

Only about 40 tests per week across the system. Of the $400 million allocated only $5 million has been used. The testing program ends in August of this year, and it appears there will be an extension. We had already been testing through a previous program. There is a specific test "Genbody" but there appears to be decreased sensitivity in this test. The grant is very restrictive, and the funding cannot be used for anything else.

We have more money than we know what to do with.

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Questions/Answers/Comments

Are the school staff supposed to provide the staff for testing? DSHS stated that schools have flexibility to provide testing, or add vendors to test, or purely vendor testing to address the staffing issues.

There is a need for the money, but we must find a better way to administer the tests. School staff have been hesitant to administer the test.

There seems to be some issues or misunderstanding on TEA's part regarding vendor contracts. DSHS stated that they have been trying to be consistent with TEA on messaging.

What is the status of the TEA $221 million? There has not been a lot of uptake from schools even though the use of the funding is very flexible. One school purchased all their cleaning supplies for one year.

The ISDs are having difficulty securing vendors. Can the testing funds be used to send home with students for antigen testing? DSHS stated that they will have to check. The grant has limited flexibility.

One of the challenges is that everything is happening at once. It's hard to process the grants and apply for them. The tests are being used for diagnostics… hence the reduced numbers being used. They are not being used as screening tools.

The grant was perhaps 6 months too late because it was implemented after everyone had figured out what they wanted to do about returning students to school.

Update on Public Health Information Systems and Interoperability with Local Health Entities

Acronyms were used throughout the short presentation. As such there may be errors in the acronym used. ECR is being addressed and they can go deep into the items at the next meeting. The issues are related to the role of local health departments. HHSC is beginning to prepare the required Interoperability report. The USCDI is open for comment through April 30th The second part will be focusing on local health departments. HHSC is working on pulse, which is a way to look up medical information during emergencies and facilitate public health officials. Information is available across the medical community.

Questions/Answers/Comments

A committee will be formed to ensure consistency for ECR.

Update on Public Health Provider-Charity Care Program

The Public Health Provider – Charity Care Program (PHP-CCP) is designed to allow qualified providers to receive reimbursement for the cost of delivering healthcare services, including behavioral health services, vaccine services , and other preventative services, when those costs are not reimbursed by another source. The program is authorized under the 1115 waiver.

- To qualify, providers must submit an annual application that will collect cost and payment data on services eligible for reimbursement under this program.
- The provider must be able to certify public expenditures and will be paid an annual lump sum based on actual expenditures.
- Year 1 of the program, DY11, will begin October 1, 2021 and end September 30, 2022.
- For the first two years, the program size will be $500 million each year.

In accordance with the Special Terms and Conditions of the 1115 waiver, to participate in the program, providers must be funded by a unit of government to be able to certify public expenditures. Publicly-owned and operated providers eligible to participate include:

- Established under the Texas Health and Safety Code Chapters 533 and 534 and are primarily providing behavioral health services:
    - Community Mental Health Clinics (CMHCs),
    - Community Centers,
    - Local Behavioral Health Authorities (LBHAs), and
    - Local Mental Health Authorities (LMHAs),
- Local Health Departments (LHDs) and Public Health Districts (PHDs) established under the Texas Health and Safety Code Chapter 121.

- The Payment Protocol (Attachment T) provides guidelines for the cost report tool which includes the following:
    - Cost report period dates
    - Definitions
    - Directions for each exhibit

PHP-CCP TAC Rules

RULE §355.8215
Public Health Provider - Charity Care Program (PHP-CCP)

This section establishes the Public Health Provider - Charity Care Program (PHP-CCP). PHP-CCP is designed to allow qualified providers to receive reimbursement for the cost of delivering healthcare services, including behavioral health services, vaccine services, public health services, and other preventative services, when those costs are not reimbursed by another source.

RULE §355.8217
Payments to Public Health Providers for Charity Care

Beginning October 1, 2022, Public Health Provider - Charity Care Program (PHP-CCP) payments are available under this section for eligible providers to help defray the uncompensated costs of charity care.

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Uncompensated Care vs. Charity Care

Uncompensated Care

- Health care provided for which a charge was recorded but no payment was received.
- Consists of two components:
  - Charity Care – patient is unable to pay.
  - Bad Debt – payment was expected but not received.
- Uncompensated care excludes other unfunded costs of care such as underpayment from Medicaid and Medicare.

**Uncompensated Care and Medicaid Shortfall will be included in the first year of the program.*

Charity Care

- Healthcare services provided without expectation of reimbursement to uninsured patients who meet the provider's charity-care policy.
- Includes full or partial discounts given to uninsured patients who meet the provider's financial assistance policy.
- Does not include bad debt, courtesy allowances, or discounts given to patients who do not meet the provider's charity-care policy or financial assistance policy.

**Starting the 2nd year, the program will transition to Charity Care only.*

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Email: PHP-CCP@hhs.Texas.gov
Phone: Customer Information: (512) 424-6637 or (512) 462-6223
Written Comments: HHSC, Mail Code H400, P.O. Box 13247, Austin, Texas 78711-3247

Questions/Answers/Comments

Coming from a public health perspective, trying to put public health in this particular box is problematic. This model makes sense for physicians and hospitals, but not in public health. DSHS stated that this is a transition away from DSRIP and direct medical services is not the forte of some LHDs.

Is there a specific definition for public health and preventive services that might be more population based.

This would have to be tied to a billing Cods. DSHS answered in the affirmative. A list of sample codes have been sent to CMS but they have not gotten back to DSHS. They do not want a specific list.

There are sets of billing codes that are out there and the issues is if they will be able to use them. We are a health department, and this system was set up for health care providers. The services of LDHs are population based. DSHS stated that there is not a carve out but there is a $500 million per year cap. There is not a way to have a carve out yet. There is a list of 200 qualifying providers.

For Health Departments, those Medicaid services are tied to a specific grant (TB services, Immunization services, etc.). We need more specifics about public health. DSHS stated that at a future meeting the cost report can be discussed.

Since we weren't seeking uncompensated care because we were grant funded, the definition of what would be covered under uncompensated care become muddled. Can encounters be billed out if the diagnosis is correct? DSHS stated it would appear so and asked for clarification and specifics be sent to him.

We had a TB reduction project under DSRIP and are looking at the Charity care. We are not supposed to bill under the grants. If we want to continue with TB elimination, we must go with charity care. It is amazing that we have gone so far down the line with DSRIP and have not figured this out for local health departments.

Perhaps there can be some modifications to fit in LHDs. COVID has underscored the role of local health departments. DSHS stated that there would have to be a rule change and CMS involvement. That would probably not work for the first year.

The Chair stated that we should make a recommendation to the Commission to look at this and have conversations on how to have a better fit in this environment.

Can we have a public health liaison on the HHSC side to contact with issues. HHSC stated yes that can happen. There will be a meeting March 1st.

Our Tb funding is always tight. We have now started to use our patient visits to counsel on immunizations, therefore preventive services, initial visit. Would this be a possible way to use CPT code? HHSC answered in the affirmative.

https://pfd.hhs.texas.gov/acute-care/public-health-provider-charity-care-program

Update on Senate Bill 73 Managed Care Organization Implementation

SB 73, 87th Legislative Session, 2021 requires HHSC establish a separate provider type (PT) for LHDs, including health service regional offices acting in the capacity of local health departments, for Medicaid enrollment and reimbursement.

HHSC is in the process of working with the Texas Medicaid & Healthcare Partnership to determine the best way to implement the separate provider type in the system.

TMHP has this project listed as a critical priority. Next steps will include the initiation of workgroups to discuss project activities related to system changes.

Questions/Answers/Comments

The chair stated that this provider type might be able to help with the Charity and Uncompensated Care issue discussed above.

Is there a target date? HHSC stated that December 31, 2022. This must be done pursuant to legislation and there has to be more conversation.

There should be a general conversation with the Commission about this issue. A public health function in a health care environment.

Public Comment. No public comment was offered.

Timelines, Next Steps, Announcements, and Future Meetings

Repeat and update the present agenda
April 13th the next meeting

Adjourn. There being no further business, the meeting was adjourned.

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