

Norfolk County-8 Coalition

MDPH/LBOH Webinar 11/2/2021



Inter-agency Staff on the Webinar

- Jana Ferguson, Assistant Commissioner, DPH
- Sam Wong, Erica Piedade, Michael Coughlin, Rachael Cain, Aimee Petrosky, and Phyllis Williams-Thompson Office of Local and Regional Health, DPH
- Dr. Catherine Brown, Glynnis LaRosa, Laurie Courtney, Arianne Henry, Scott Troppy, and Kate Hamdan, Bureau of Infectious Disease and Laboratory Sciences, DPH
- Donna Quinn, Office of Preparedness and Emergency Management, DPH
- Brittany Rahall, Commonwealth Medicine
- Anne Gilligan and Anne Marie Stronach, Department of Elementary and Secondary Education
- Cheryl Sbarra, Massachusetts Association of Health Boards
- Chief Edward Dunne, Massachusetts Chiefs of Police Association
- Dr. John Welch, Community Tracing Collaborative

Announcements:

MAVEN update: Enrolling MRC and Academic Public Health Corps (APHC) members to use MAVEN.

Enrolling MRC volunteers:

- 1) MRC coordinators provide a roster or MAVEN users to local health departments.
- 2) Local health department provides written permissions of volunteers to be granted MAVEN access to maventraining@mass.gov
- 3) Local health departments provide volunteers with non-generic municipal email address and provides general instructions for MAVEN training processes.
- 4) Volunteers should also watch the 2-part COVID contact tracing trainings from MAVEN.

Enrolling APHC members:

- 1) APHC coordinators provide a roster or MAVEN users to local health departments.
- 2) Local health department provides written permissions of volunteers to be granted MAVEN access to maventraining@mass.gov
- 3) Local health departments provide volunteers with non-generic municipal email address and provides general instructions for MAVEN training processes.
- 4) Individuals should also watch the 2-part COVID contact tracing trainings from MAVEN.

Q: If a person works in multiple towns, they would have multiple email addresses?

A: Pick the one that you assume will be their main point of contact, and if you can't determine that just pick one.

Q: Looking to hire folks from CTC, do they need to go through this process?

A: Yes.

Q: If a local health department is hiring permanent staff, would they go through this same process?

A: Yes.

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MAVEN access process (high level): Approved user fills out online MAVEN User Request Form. Must indicate the local health contact who has approved access. MAVEN training team will verify approvals for access. MAVEN training team emails approved users training materials after review process. User completes self-paced online trainings and proficiency test. Please also review the additional resources provided related to higher education case investigation and follow up. User account is submitted to Virtual Gateway for processing and account creation. Please note that new accounts can take between 5-7 businesses days for processing. In total, this process can take 1-2 weeks.

COVID-19 vaccine update: On 10/29, FDA amended Pfizer Emergency Use Authorization to allow the vaccine be administered to children ages 5-11 years old. ACIP meeting right now. The vote regarding 5-11 year old is scheduled for 4pm – 6pm. Following the FDA authorization, the Pfizer pediatric vaccine shipments began to be sent out to jurisdictions and providers. Until ACIP and CDC recommend the use of this vaccine in this age group, no children ages 5 through 11 years should be vaccinated. If you receive pediatric vaccine, **DO NOT ADMINISTER IT UNTIL THE CDC DIRECTOR AUTHORIZES IT.**

Pediatric dose for 5-11 years old: Comes as a multiple dose vial with an orange cap and a label with an orange border. The vials and cartons state “for age 5 years to <12 years”. Must be diluted. Primary series of 2 doses (0.2ml each, 1ml syringe) 3 weeks apart in individuals through 5-11 years old. Is NOT interchangeable with the 12 and older formulations. CDC webpage on COVID-19 vaccination for Children’s 5-11 years old.

Additional resources: Watch for new/updated CDC resources and upcoming CDC informational activities related to the recommendation, including [updated booster shot webpage](#), [clinical considerations](#), [U.S. COVID-19 product information](#) (Pfizer standing orders, Moderna standing orders, J&J standing orders).

	Primary Series	Additional primary series dose for moderate to severely immunocompromised persons	Booster Dose
	dose volume No. of doses Interval between doses	dose volume Interval since 2 nd dose	dose volume Interval between last primary (including additional) dose to booster
Pfizer, age 12+	0.3mL 2 doses 21 days apart	0.3mL At least 28 days after dose #2	0.3mL At least 6 months after completing a primary series
Moderna, age 18+	0.5mL 2 doses 28 days apart	0.5mL At least 28 days after dose #2	0.25mL At least 6 months after completing a primary series
J&J/Janssen, age 18+	0.5mL 1 dose only	N/A	0.5mL At least 2 months after dose #1
Pfizer, pediatric 5-11 year old formula	0.2 mL 2 doses 21 days apart	Not yet determined	Not yet determined

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Important notes: Primary series should be completed with the same product.

Booster doses can be any product. The Moderna booster is half the dose used in the primary series. If eligible for a booster dose, someone who received Pfizer primary series can get any FDA approved or authorized COVID-19 vaccine as the booster dose, at an interval of ≥ 6 months since primary vaccination. Persons aged >18 years old who received primary vaccination with J&J should receive a single COVID-19 vaccine booster dose ≥ 2 months after their primary dose. Any FDA-approved or authorized COVID-19 vaccine can be used as the booster dose, at an interval of ≥ 2 months after the primary J&J vaccine.

Booster Eligibility Poster available in many languages: <https://www.mass.gov/lists/covid-19-booster-eligibility-graphic>

Color and vaccine reimbursement:

How are local health departments are using Color? 191 sites have joined Color. Predominantly used by local health departments, some mobile vaccine providers, regional collaboratives (local health departments), schools, and VNAs. Since April, almost 180k vaccinations have been administered by local public health using Color. 40k doses of flu vaccine administered in just 2 months. Just under 140k doses (first, second, third/boosters) of COVID-19 vaccine administered since late spring by local public health.

Forthcoming enhancements: 8 vaccine types supported (COVID, flu, pneumococcal, DTap/Tdap/Td, meningococcal, meningococcal B, Hep B, HPV; COVID boosters/mix and match; 5-11 year olds; ability for clinics to cancel and remove patients, scribe functionality, inventory tracking tools, more administrative flexibility—more self-serve features and ability to add and remove services, more consolidated administrative features—centralized staffing and inventory and overview, auto-populate dose, improving dashboard analytics, improving tech support.

Benefits of using Color: Going paperless! Registration, dashboard/analytics, check-in lists (checked in/not checked in), inventory (adding and removing lots), smartphone capability for vaccinating the homebound, user friendly, support provided by Colorhelp@mass.gov and Color Tech Support, MIIS integration, billing integration.

Claims submission: Color is the preferred submission method for vaccine claims. Color sends an automated billing feed to CWM and eliminates the need for manual entry or roster reporting. Providers will be asked information about billing during the onboarding process. Be sure to indicate that your community will be using CWM to bill on the Color Site Agreement. Upon configuration of your population, Color will begin transferring all of your immunization data to the CWM billing feed. If you are partnering with other organizations and sharing your Color population, please outreach to ColorHelp@mass.gov to be sure your site is configured correctly for billing. All activity conducted out of a Color population will be billed through the designated lead of the population.

- During check-in, be sure to review a patient's insurance information and update as needed. Color does not validate on the member ID/Policy number field.

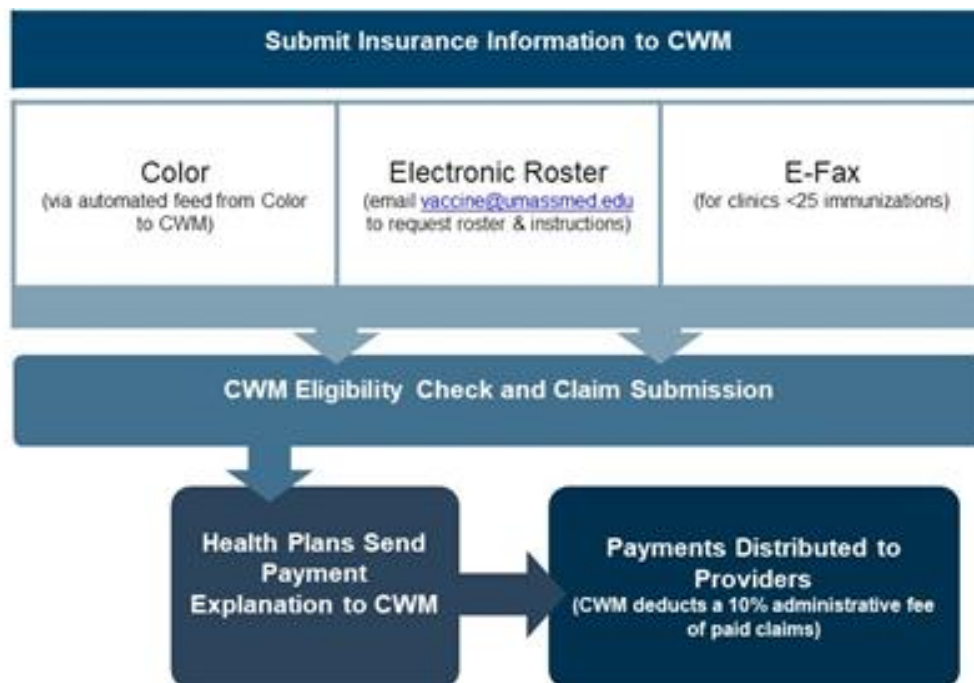
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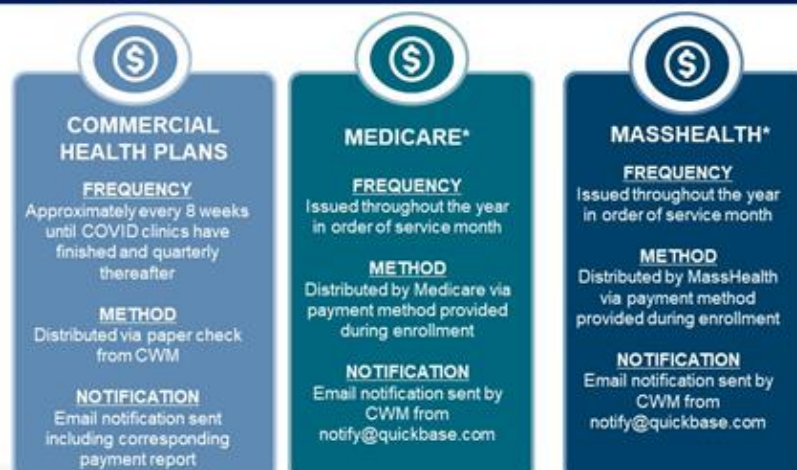


- Color collects both primary and secondary insurance. If a patient has multiple insurances, it is best practice to provide both pieces of information. Some vaccines, like flu and pneumo, are usually covered by a patient’s commercial insurance. Other vaccines, like COVID, are covered by a patient’s Medicare benefits. If both insurances are collected in Color, CWM will perform eligibility verification to ensure the appropriate insurance is billed for each vaccine.
- There are many insurance plan name options in Color. If the plan listed is affiliated with a CWM participating health plan it will be billed. Payer “Medicare B Massachusetts” should be selected for patients with Medicare coverage.
- CWM will attempt to bill non-participating health plans out of network for COVID vaccines.

Discussion of Color to Commonwealth Medicine (CWM) billing integration:



PAYMENT METHODS



*For providers actively enrolled with Medicare and/or MassHealth

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Important considerations:

- Coding COVID doses. Color sends CWM the dose information provided by the patient during registration (first, second, additional, or booster). At the time of administration, a clinician should re-screen a patient using the [CDC pre-vax screening checklist](#) and clinical best practices include checking/verifying the information a patient reported during registration and either verifying it matches or making the correct changes based on your clinical assessment. If a patient's dose number is recorded incorrectly, it will likely be rejected as a duplicative charge, resulting in a denial for reimbursement by insurers. Currently, if a vaccinating clinician needs to change dose number at time of administration, they will need to contact Color Tech Support to report the dose number that needs to be changed. The DPH Color team will be sending a PDF suggested workflow for this process and is working very closely with Color to upgrade the vaccination flow to allow clinicians to edit dose number at the point of administration.
- Timing: Color sends the billing feed to CWM 7 days after the close of each month. Insurance information must be updated before this time to be captured for billing. CWM cannot accept updated insurance information after this time period.
- Funding source: claims will be billed based on the funding source designated in Color for each vaccine administered. Be sure to appropriately assign funding source to your inventory and ensure all staff is documenting vaccine from the appropriate supply during clinic.
- Support vaccines: Providers administering vaccines not supported by Color platform will need to use one of the additional claims submissions methods (electronic roster or E-fax). These methods may also be used in scenarios where a provider chose to conduct immunizations outside of Color.
- Enrollment in the MDPH Immunization Program is required to maintain enrollment in the Vaccine Reimbursement Program. Onboarding is simple—complete contract and UMW-9 form to get started. Our contracts are “evergreen” and automatically renewed yearly. A new contract is required upon initial enrollment into the program if your community would like to add MassHealth, Medicare Part B, or COVID claiming services.
- Email vaccine@umassmed.edu or 800-890-2986 Option 1

For Color site, software, and staff support: can be directly reached at 844-531-0545 or by email at vaxsites@color.com. This team is staffed 7 days a week, from 7 am – 7pm ET Mon-Fri and 8:30 am – 7 pm on Sat-Sun to support you.

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COVERED IMMUNIZATION SERVICES

Public Providers can bill the participating health plans for the following:

- **Immunization Administration:**
 - Individuals 6 months and older
 - All ACIP recommended adult and pediatric vaccines
 - COVID Vaccine
- **Immunization Cost:**
 - Individuals 19 and older
 - Privately purchased ACIP recommended vaccines for adults

	VACCINE ADMINISTRATION	VACCINE COST
Patient Age Requirement:	6 months & older	19 years & older
State Supplied Vaccines	✓	✗
Privately Purchased Vaccines	✓	✓
ACIP Recommended Adult Immunizations	✓	✓
ACIP Recommended Childhood Immunizations	✓	✗
COVID Vaccine	✓	✗

NEW

Q: When will color be ready for pediatric registrations?

A: Within 24-hrs of CDC's approval.

Q: Unbilled services dating back to February. We've received less than 25% of reimbursement for services. When will CWM catch up to this?

A: Currently processing claims from May. If your town has not received reimbursement as of this week's payment notifications through April, we'd be happy to look into this for you. Medicare claiming is a bit behind this, since we have one year to pay Medicare.

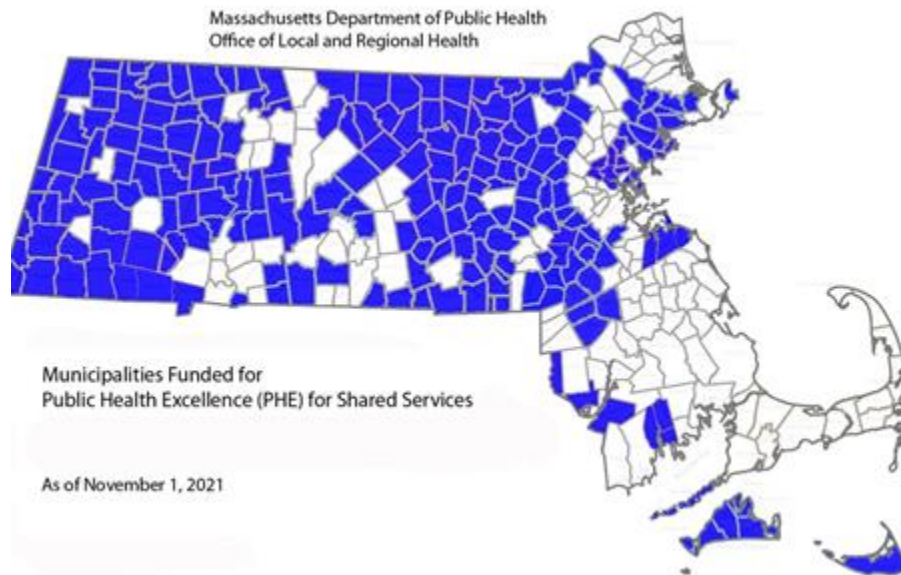
Reopening of the PHE Grant: Two rounds of funding, \$9.2 M awarded to 34 PHE partnerships. This round \$2.1 M will be awarded. Strongly encourage communities in white to join a partnership and apply for PHE grant.

Q: Can an already awarded group receive more funding?

A: Additional guidance in RFR.

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De-escalation virtual training for local public health: Training hosted by Charity Bell, Director of Learning and Development, DMH. Sessions will not be recorded, but if registration is at max, alternative sessions may be considered. Registration information was sent yesterday, and there are two different dates and times to choose from. 1st date is Monday, November 15th. 2nd date is Wednesday, December 8th. RS, CHO, and PHN CEUs available. Questions? Contact Erica Piedade at erica.m.piedade@mass.gov

Other updates/questions answered outloud:

Q: Contact tracing grant award notifications?

A: Just posted to CommBuys.

Questions not answered out loud from the Q&A Chat:

Kristin Black - 3:13 PM

Q: Can you please share these links via email after - Pfizer 5-11 materials?-

-Sam Wong - 3:17 PM

A: We will!-

-Neia Illingworth - 3:18 PM

Q: Do you mean that the pediatric COVID vaccine needs to be reconstituted or does it also need to be diluted?-

-Glynnis LaRosa - 3:22 PM

A: Yes the diluent will come with the ancillary kit supplies -

-William Holt - 3:08 PM

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Q: When CTC support end on Nov 30, do the LBOH need to continue contact tracings? Currently we may not be able to fund this service.-

-Jana Ferguson - 3:33 PM

A: Hi - We are going to talk about contact tracing in depth next week Tuesday at 3. .

-Katie Tenaglia-O'Neill - 3:04 PM

Q: Are there any discussions on ending contact tracing and considering COVID to be endemic? Would that come from the CDC, or the State?-

-Jana Ferguson - 3:34 PM

A: Hi - We are going to talk about contact tracing in depth next week Tuesday 3 pm. -

-shelly newhouse - 3:33 PM

Q: Do businesses still have to report COVID cases to local BOH-

-Jana Ferguson - 3:34 PM

A: No, this ended with the workplace rules in May.-

-Rae Dick - 3:32 PM

Q: Can the mobile vaccine program provide a mobile booster clinic per a HD request? -

-Arianne Henry - 3:39 PM

A: Yes, health departments can request a mobile booster clinic if more than 15 individuals are expected to attend the clinic.-

-Larry Ramdin - 3:16 PM

Q: Can you discuss the storage requirements for the Pfizer vaccine, is it correct that the vaccine can be stored at refrigeration temperature for up to 30 days-

-Laurie Courtney - 3:41 PM

A: Pfizer >=12 yo formula can be kept in the refrigerator 1 month. Pfizer 5-11 yo formula can be kept in the refrigerator 10 weeks. For more detail look at the EUAs or the storage and handling info at <https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/index.html>-

-Kristin Black - 3:41 PM

Q: Any update on Contact Tracing Grant award notifications? The RFR had an Anticipated Contract Start Date of November 1, 2021.-

-Jana Ferguson - 3:43 PM

A: Notices were sent today and posted on Commbuys.

-Colleen Fermon - 3:48 PM

Q: How does a town find out about rejected duplicative charges. Color was slower than the third dose eligibility so some signed up for a second dose but it was a third dose early on-

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-Arianne Henry - 3:52 PM

A: Hi Colleen--ColorHelp@mass.gov will be sending out a communication for clinicians to check the dose and how to change it. We will include additional information if there are any duplicative charges and what to do.-

End of questions.