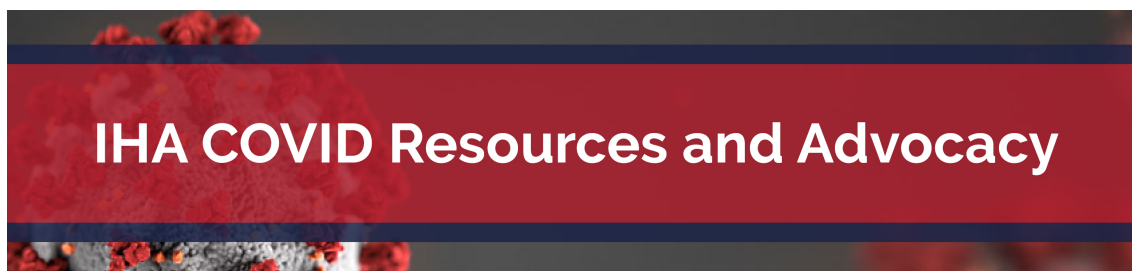


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Wednesday, March 3, 2021

IDPH provides Janssen vaccine information and materials

IDPH has updated its website with the following documents:

- [Fact Sheet for Health Care Providers](#)
- [Fact Sheet for Recipients and Caregivers English](#) (Spanish version coming soon)
- [Product Information Guide](#)

Iowa will receive 25,600 doses of the Janssen vaccine besides regular allocations of Pfizer and Moderna vaccines. IDPH will direct the Janssen vaccine allocation to 17 counties with significant Phase 1B, Tier 2 residents who are front-line essential workers in food, agriculture, distribution and manufacturing and who live or work in settings that make physical distancing unfeasible. This approach will ensure that local public health can coordinate with employers on the quick administration of COVID-19 vaccine to essential employees who have been disproportionately affected by the virus.

Counties receiving the Janssen vaccine are Black Hawk, Buena Vista, Cerro Gordo, Clarke, Crawford, Dallas, Dubuque, Linn, Louisa, Marion, Marshall, Muscatine, Plymouth, Pottawattamie, Sioux, Tama and Wright.

Key messages with the Janssen COVID-19 vaccine are:

- Janssen's vaccine has been shown to prevent severe COVID-19 illness, hospitalization and death and is another tool to help combat COVID-19.
- The vaccine was studied in multiple countries, including South Africa and Brazil, both places where variants of COVID-19 have emerged.
- The different types of vaccines were not studied in head-to-head comparisons or trials; therefore, they should not be compared to each other.
- Adding Janssen's vaccine to our toolbox means more people can get vaccinated, which increases the overall population protected from severe disease, hospitalization and death.
- In addition, this vaccine does not need to be kept in a freezer and can be stored at refrigerator temperatures; it is easy to transport and store and allows for expanded availability in most community settings and mobile sites, as supply scales up.

Having different types of vaccines available for use, especially ones with different design

- Having different types of vaccines available for use, especially ones with different dosing recommendations and storage and handling requirements, can offer more options and flexibility for the public, jurisdictions and vaccine providers.

Health care provider questions about COVID-19 vaccine can be directed to the COVID-19 Vaccine Call Center at 800-831-6293, ext. 1, or emailed to COVID19Vaccine@idph.iowa.gov.

IDPH launches vaccination website

The Iowa Department of Public Health (IDPH) has launched [Vaccinate.iowa.gov](https://vaccinate.iowa.gov), a website that provides information about vaccine priority populations and eligibility and resources available for Iowans age 65 and older. The site also provides answers to frequently asked questions about vaccines. In addition, the site hosts a locator tool in which users can enter their ZIP codes to find vaccine providers near them. When a provider is selected, an appointment will be scheduled through the provider's website or scheduling platform. Information on the site will be updated regularly, and site content can be translated into multiple languages.

To help older Iowans navigate the scheduling process, IDPH is partnering with 211 to provide a dedicated team of vaccine navigators who will schedule appointments for Iowans 65 and older who cannot do so because of technology barriers. This service will be available starting the week of March 8.

More vaccine administration information is available [here](#).

HHS updates fee language for COVID-19 vaccine providers

HHS has provided the following updated fee language for COVID-19 vaccine providers.

Organizations and providers participating in the CDC's COVID-19 Vaccination Program:

- Must administer COVID-19 vaccine at no out-of-pocket cost to the recipient.
- May not deny anyone vaccination based on the vaccine recipient's coverage status or network status.
- May not charge an office visit or other fee if COVID-19 vaccination is the sole medical service provided.
- May not require additional medical services to receive COVID-19 vaccination.
- May seek appropriate reimbursement from a program or plan that covers COVID-19 vaccine administration fees for the vaccine recipient. Reimbursement sources can include:
 - HRSA COVID-19 Uninsured Program for uninsured vaccine recipients.
 - Medicare or Medicaid.
 - Vaccine recipient's private insurance company.
- May not seek any reimbursement, including through balance billing, from the vaccine recipient.

Also, a reminder of the weekly COVID-19 Vaccine Provider Update webinar at noon Friday, March 5. Click [HERE](#) to register.

President continues national emergency declaration for COVID-19 pandemic

President Biden [continued](#) the national emergency for the COVID-19 pandemic beyond March 1. The national emergency was first declared by former President Trump Friday, March 13, 2020. The renewed national emergency, along with the recently renewed public health emergency, allows the Department of Health and Human Services to continue Section 1135 waivers and other flexibilities to ensure sufficient health care services and items to respond to the pandemic.

Biden administration strengthens COVID-19 testing coverage requirements

CMS, the Department of Labor and the Department of the Treasury have issued new [guidance](#) removing barriers to COVID-19 diagnostic testing and vaccinations and strengthening requirements that plans and issuers cover diagnostic testing without cost sharing. Specifically, the guidance:

- Clarifies that private group health plans and issuers generally cannot use medical screening criteria to deny coverage for COVID-19 diagnostic tests for people with health coverage who are asymptomatic with no known or suspected exposure to COVID-19. Such testing must be covered without cost sharing, prior authorization or other medical management requirements imposed by the plan or issuer. For example, patients wanting to ensure they are COVID-19 negative before visiting family members could be tested without paying cost sharing. The guidance also includes information for providers about how to get reimbursed for COVID-19 diagnostic testing or for administering the COVID-19 vaccine to those who are uninsured.
- Confirms that plans and issuers must cover point-of-care COVID-19 diagnostic tests and COVID-19 diagnostic tests administered at state or locally administered testing sites.
- Expands on and clarifies coverage requirements for COVID-19 vaccines and diagnostic testing released last year in an [interim final rule](#) and [FAQs Part 42](#) and [FAQs Part 43](#).
- Explains that plans and issuers generally must cover with no cost sharing COVID-19 diagnostic tests, whether the patient is experiencing symptoms or has been exposed to COVID-19, when a licensed or authorized health care provider administers or has referred a patient for such a test. Plans and issuers are prohibited from requiring prior authorization or other medical management for COVID-19 diagnostic testing.
- Identifies the circumstances in which group health plans and issuers offering group or individual health insurance coverage must cover COVID-19 diagnostic tests without cost sharing, prior authorization or other medical management requirements to include tests for asymptomatic patients without known or suspected exposure to COVID-19.
- Reinforces existing policy about coverage for the administration of the COVID-19 vaccine and highlights avenues for providers to seek federal reimbursement for costs incurred when administering COVID-19 diagnostic testing or a COVID-19 vaccine to those who are uninsured.

Click [HERE](#) for more information about issuer and provider vaccine coverage and reimbursement requirements.

IDPH provides latest rural health information

- [The Association of Social Determinants of Health with COVID-19 Mortality in Rural and Urban Counties](#): Explores how social determinants of health affect COVID-19 mortality in rural and urban areas. Compares rural and urban rates of COVID-19 mortality by patient characteristics, such as race, age and gender; comorbidities, such as smoking,

diabetes and HIV; and economic stability, such as unemployment and income.

- [**COVID-19 Vaccine Communications Toolkit for Health Centers:**](#) Resources to help health centers build confidence in the COVID-19 vaccines. Includes key messages for communicating with patients and answers to frequently asked questions. Also provides sample social media posts, a press release template, a radio public service announcement example and waiting room posters.
- [**COVID-19 Vaccine Update:**](#) Webcast presenting basic information about the logistics of administering the COVID-19 vaccine. Reviews the history of messenger RNA vaccine over the last 30 years and recent advances that have enabled the vaccine to be used in humans. Examines data from Phase 3 clinical trials of the two vaccines that have been issued Emergency Use Authorization and describes the most-common side effects and precautions that should be taken to maintain patient safety during vaccination.
- [**Telemedicine for Tobacco Cessation and Prevention to Combat COVID-19 Morbidity and Mortality in Rural Areas:**](#) Discusses the use of telehealth to initiate tobacco-cessation programs in rural areas as a means of limiting comorbidity and mortality during the COVID-19 pandemic. Highlights the rates of tobacco use in rural areas by type and compares rates to urban areas. Explores several examples of programs using telemedicine to implement successful models of tobacco-cessation treatment.
- [**VaccineFinder: Helping People Find Information About COVID-19 Vaccine Providers and Scheduling an Appointment to Get Vaccinated:**](#) Guidance for health care providers about how to share information about vaccination locations and vaccine availability through [VaccineFinder](#).

Educational opportunities

- [**COVID-19: A Physician's Perspective, 10-11 am Thursday, March 4**](#) – The COVID-19 pandemic has profoundly altered the health care industry and nearly every other aspect of the economy and life. It has hit physicians particularly hard, affecting them financially, physically and emotionally. This session will explore how physicians have been affected by and are responding to COVID-19. It will include data from three national physician surveys conducted by Merritt Hawkins for The Physicians Foundation. The surveys address how the coronavirus has affected physicians, their practices and their patients.
- [**COVID-19 Vaccine Provider Update, Noon Friday, March 5.**](#) Hosted by IDPH.
- [**Iowa Hospitals' Innovation During COVID-19, 10-11:30 am Tuesday, March 30-Thursday, April 1**](#) – This education series, sponsored by the Iowa Department of Inspections and Appeals through hospital licensing fees, will cover Iowa hospitals' innovative ways for improving telehealth, discharge planning and other best practices to adapt to the challenges of the pandemic. By attending the virtual webinar series, participants will learn about best practices in telehealth, discharge planning and other best practices.

A banner with a background of a virus particle. On the left, the text "Click here for the latest COVID-19 Resources" is displayed in large, bold, black font. To the right is the Iowa Hospital Association logo, which consists of a stylized blue and red 'H' with three red horizontal stripes. To the right of the logo, the text "IOWA HOSPITAL ASSOCIATION" is written in a serif font, and below it, the tagline "We care about Iowa's health" is written in a script font.

Click here for the latest
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