



## Financial Directors Peer Group Meeting

### May 27, 2022

<b>Peer Group Members Present</b>	<p>Cory Wengreen, Bear Lake Community Health Center</p> <p>Mimi Trujillo, Carbon Medical Services Association</p> <p>Tracy Hackett, Community Health Centers, Inc.</p> <p>Cameron Willford, Green River Medical Center</p> <p>Jenette Fillman, Utah Partners for Health</p> <p>Sonja Levesque, Midtown CHC</p> <p>Eric Johnson, Mountainlands Family Health Center</p> <p>Andy Evans, Utah Navajo Health Systems</p>
<b>AUCH Staff Present</b>	<p>Courtney Pariera Dinkins, AUCH</p> <p>Kaitlynn Drollinger, AUCH</p> <p>Jenifer Lloyd, AUCH</p> <p>Rachel Craig, AUCH</p>
<b>Other Presenters Present</b>	N/A
<b>Top Issues / Best Practice Sharing (Roundtable)</b>	<p>Round Robin:</p> <p>Azara FIN/Ops</p> <ul style="list-style-type: none"> <li>• Two HCs working on some validation pieces</li> <li>• Triannual Training <ul style="list-style-type: none"> <li>○ Fin Ops <a href="#">Slides</a> and <a href="#">Video</a></li> <li>○ Additional Azara trainings are available here- <a href="https://auch.org/member-resources/item/902-informatics-hit#azara">https://auch.org/member-resources/item/902-informatics-hit#azara</a></li> </ul> </li> </ul> <p>340B Updates</p> <ul style="list-style-type: none"> <li>• 340B has new contract pharmacy restrictions where manufacturers won't ship 340B priced drugs to contract pharmacy without reporting to 340B ESP. If the health center has no in-house pharmacy, they can designate one contract pharmacy location. HHS did send cease and desist letter to Merck to no avail. Donovan Smith from WCHC is trying to help find alternatives to manufacturers with restrictions.</li> <li>• PROTECT 340B Act is important NOW. For HCs struggling, you may consider reaching out to Merck directly to discuss your individual situation. 340Basics will help with this process. Jenifer presented slides on the urgent need for 340B reform. <ul style="list-style-type: none"> <li>○ Will in-house pharmacies be impacted? Not yet. Drug companies are trying this first due to losses in revenue.</li> <li>○ What are health centers with both doing? <ul style="list-style-type: none"> <li>▪ Mountainlands submitted designation for Vernal</li> <li>▪ Midtown is working on opening new site with in-house pharmacy in South Salt Lake.</li> </ul> </li> </ul> </li> </ul>

	<p>PHE and Medicaid</p> <ul style="list-style-type: none"> <li>• PHE extended past July, and likely into October with the potential of remaining in effect through the end of the year.</li> <li>• State aware of need for COVID coverage and uninsured patients will likely be routed to HCs for treatment and vaccination services.</li> <li>• State is asking HCs in ongoing COVID response. Originally the Uninsured COVID Medicaid program was just for testing and now includes testing, treatment, and vaccination. It will be in place until end of PHE and it requires sign up and citizenship status. When PHE ends, Medicaid program ends but state is looking at way to continue coverage for uninsured. UDOH has approval to develop RFP for HCs so Medicaid coverage for uninsured can continue. This is a per encounter cost, and they are trying to develop simple reporting mechanism. HCs are asked to apply for opportunity. One pager attached.</li> </ul> <ol style="list-style-type: none"> <li>1. Approximately how many additional patients could your health center could serve for COVID-19 treatment and vaccinations in addition to your expected patient volume? <ul style="list-style-type: none"> <li>• If Mountainlands, Midtown must prove documentation status, likely will not participate because of the barrier and perception of their patient population</li> <li>• <i>AUCH will follow-up individually</i></li> </ul> </li> <li>2. What type of resources, besides financial support, would your health center need to provide COVID-19 treatment and vaccination services to additional uninsured patients? <ul style="list-style-type: none"> <li>• Staffing</li> <li>• Supplies</li> <li>• Administration fee</li> </ul> </li> <li>3. Given these contracts would coincide with the end of the PHE and Medicaid continuous coverage unwinding, would your Outreach and Enrollment staff be able to effectively screen these additional uninsured patients for Medicaid and CHIP coverage? <ul style="list-style-type: none"> <li>• Depends on time of year</li> </ul> </li> <li>4. Do you foresee any reporting hurdles or requirements? <ul style="list-style-type: none"> <li>• Documentation Status</li> <li>• <i>AUCH will follow-up with State on what data elements are needed</i></li> </ul> </li> </ol>
Next Meeting	VIRTUAL, August 26 <sup>th</sup> at 10am to 11am