Mount Sinai CIN November Town Hall Gathering

Tuesday, November 16, 2021
6:00pm – 7:30pm

Mount Sinai Health Partners

Tonight's Agenda:

- Announcements
- Mount Sinai Health System and Care Management Updates
- COVID-19 Vaccine Anaphylaxis Update
- COVID-19 Additional Updates:
  - Boosters
  - Delta Plus Variant
  - New Oral Antiviral Medications
  - Pediatric Vaccine Update
- CIN Payer Update

We Would Like to Highlight You and Your Practice 2021 Accomplishments (beyond metric excellence)!

Do you have a significant achievement from this past year?

Share it with us to be featured in our CIN Newsletter!

Email mshp@mountsinai.org by **December 3, 2021**.

Your Participation and Voice Matters!

Thanks For Sharing Your Feedback

*"I'm incredibly impressed at how **applicable and timely** the information is."*

***"Always amazing!!!** You continue to give timely info pertinent to primary care."*

"Leave more time for questions."

*"Sprinkle in some **clinical highlights**. Add clinical pearls concerning COVID-19 or other pertinent clinical issues."*

*"Scientific segment was timely and **VERY informative."***

*"A little more **payer info** such as telehealth and COVID-19 reimbursement."*

*"Town Halls are very **informative** and extremely convenient to attend."*

We Heard You!

Here are topics you'd like covered in 2022 …

Continue updates on COVID-19

Increase access to specialist office visits

Updates on **new coding requirements**

How to **improve quality of care** to achieve success in value-based contracts

How to **increase patient engagement** with their medical issues and medications

How **mental health professionals work** with PCPs

The future of **alternate reimbursement plans**

- **Please make additional suggestions and we will do our best to accommodate.**
- **Would be great to have additional presentations from CIN providers/staff on topics of interest and relevance.**

Your Voice Counts!

Remember to Vote in the MSHP Board of Managers Election!

If you have not voted, be on the lookout for an email in your inbox (check your Spam too!) on **Friday morning**!

Voting closes on **Friday, November 19th**

Thank you to all those eligible providers who have already voted!

COVID-19 MSHS and Market Update

- **As of 11/10, MSHS only has 47 COVID-19 positive inpatients across the system, 11 in critical care.**
  - 09/29/21: 98 COVID-19 positive inpatients, 13 in critical care
  - 05/19/21: 72 COVID-19 positive inpatients,15 in critical care
  - 03/24/21: 366 COVID-19 positive inpatients, 64 in critical care
  - 12/3/20: 178 COVID-19 positive inpatients, 36 in critical care
  - 10/28/20: 102 COVID-19 positive inpatients, 20 in critical care

- New York State 7-day average test positivity rates as of 11/09 were (<<5%):
  - 1.2% for New York City
  - 2.5% for Long Island
  - 1.9% for the mid-Hudson region

MSHS = Mount Sinai Health System

COVID-19 MSHS and Market Update

Across NYC, for Ages 18+, One Dose: 87%! Fully Vaccinated 80%!

Manhattan*	Queens*	Brooklyn*	Bronx*	Staten Island*	Nassau County**	Suffolk County**	West-chester **
One Dose: 92% Fully Vaccinated (18+): 83%	One: 89% Fully: 82%	One: 81% Fully : 74%	One: 84% Fully: 76%	One: 83% Fully: 77%	One: 96% Fully: 82%	One: 88% Fully: 74%	One: 92% Fully: 79%

- **Ages 12-15 in NYC: One Dose- 75%, Fully Vaccinated- 65% ***
- **NY State and City COVID-19 vaccine tracker has yet to be updated to include the 5-11 age group.**

Source:
* NYC.gov
** NYState.gov

MSHP Care Management Update

Judith Dobrof
Director, Care Management
Mount Sinai Health Partners

Mount Sinai Health Partners

How do we find our patients?

Event-based

- Hospital/SNF discharges
- COPD, CHF, DM
- Risk of Unplanned Readmit (Very High, High)
- LACE Score (10+)

Data/ Predictive Analytics

- Lost to Follow/Poor Connectivity (2+ missed appts., non PCP >12mo)
- Persistent High Cost Users
- Social Determinants of Health
- Medication Adherence

Provider Referral

- Focus on “attributable” lives (most of the panel)
- Identifying those where data may not tell the whole story

Voluntary pts referred/outreached/enrolled (Jan-Sept 2021)

- **# total referrals to CM** = 2,101
  - # **referrals for <u>voluntary</u> patients** = 198 (9%)

- **# total provider referrals** = 950
  - # **referrals from <u>voluntary</u> providers**: 49 (5%)

- **Number of voluntary physicians' pts outreached*: 1,859**
  - **Total # enrolled*: 841 (45%)**
    IP TOC: 448 (53%)
    Referrals: 163 (19%)

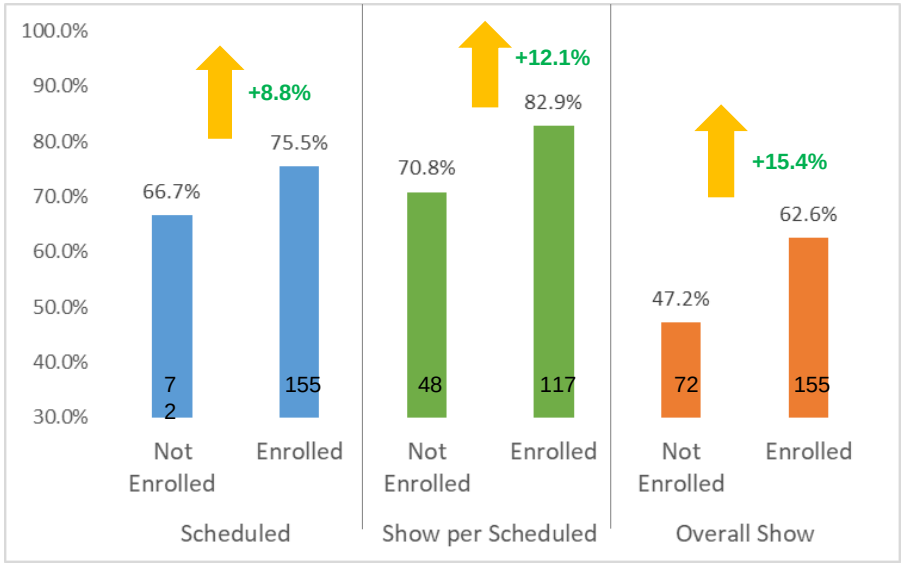
*Status as of 10/17/21
**Source: KPI Dashboard and CM Centralized Referral Tracker
*** Cohort of VBC Medicaid patients assigned in April or June as part of the transfer from HH to VBC. Assumption is that these were non-provider referrals but we are missing the details on where these patients originated.

Are we supporting discharged patients to access follow up care?

Scheduled f/u visits and attendance are higher among CM enrolled

- CM “enrolled” are compared to those “eligible for CM but not enrolled”
- **Eligible TOCs = 227: Enrolled = 155 (48%), Not Enrolled = 72 (17%)**

September 2021



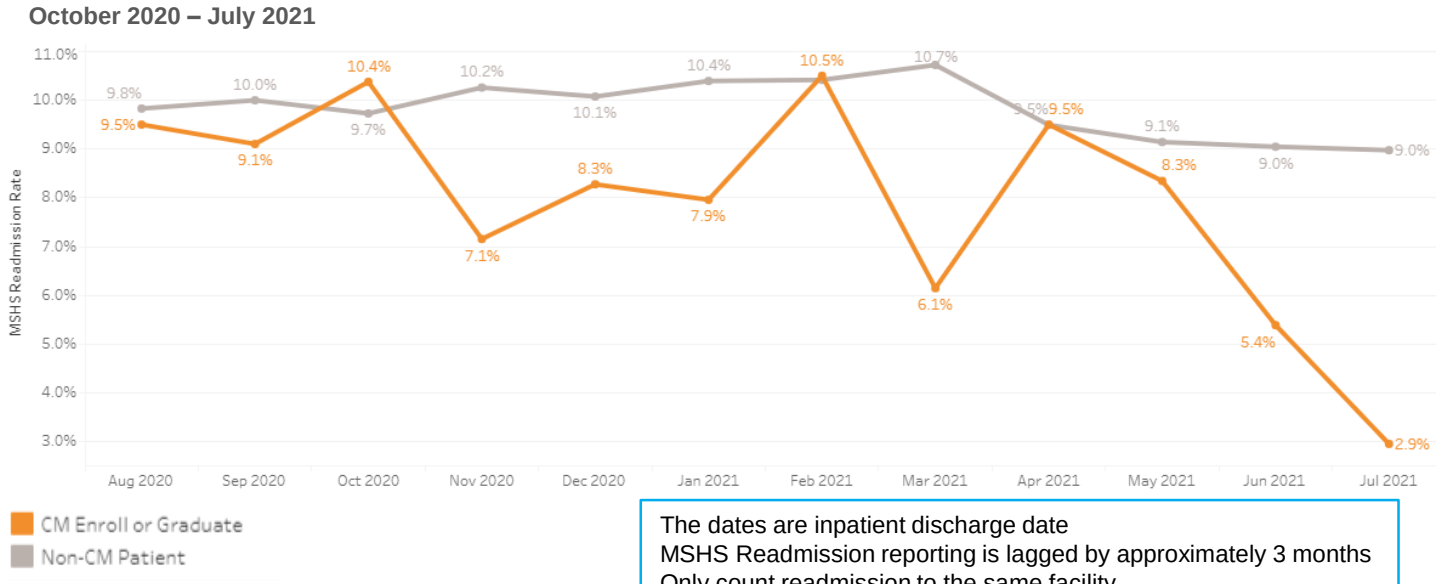
Included PODs: 1, 2, 3, 4, 5, 6, 7, 8, 13, 14, 15, 18, 20, 46, 47, 48, 49, 51, 52

Excluded PODs: 23, 25, 27, 28, 29, 30, 31, 32, 33, 36, 36, 37, 39, 40, 44, 45

Values inside the bar are the denominator

How do CM rates compare to MSHS rates? (All Payers)

- **30-day readmission rates using MSHS criteria (October 20' – July 21')**
  - MSHS routine discharge or discharged home with home health service
  - CM (engaged and not engage) accounts for approx. 2.5% of all Sinai discharged pop
  - CM Enrolled/Graduated readmission is 3% – **6%-pt lower than MSHS in July**
    - The number of TOC patients have consistently declined since April 2021



The dates are inpatient discharge date
MSHS Readmission reporting is lagged by approximately 3 months
Only count readmission to the same facility

How do I make a referral?

- **What are the criteria?**
  - MSHP Attributed
  - Support needed
- **How to refer?**
  - **Telephone**: 212-241-7228
  - **Email**: mshpcmreferral@mountsinai.org
- **What to expect?**
  - Response from the MSHP CM Referral team within a hour to confirm MSHP attribution and referral acceptance.

Vaccine Allergy, Adverse Reactions & COVID-19 Vaccination

Gary Stadtmauer, MD
Allergy & Clinical Immunology
MS Hospital Voluntary Faculty
MSHP CIN Member

Mount Sinai Health Partners

Goals

- Know epidemiology of vaccine reactions
- Know causes of vaccine anaphylaxis
- Know difference between adverse and allergic reactions
- Know COVID-19 vaccine allergens and reactions
- Review reported adverse and allergic reactions to COVID-19 vaccines
- When to refer for allergy evaluations

Vaccine Allergy is Rare

- Most common reaction:
  - Fleeting local redness and pain (not atopic)
  - Delayed onset local swelling, warmth, redness (indicative of a protective immune response)
  - Occasionally local blister, nodule, eczematous response

- Vast majority of reported “adverse reactions” to vaccines do not recur with repeat administration

Vasovagal Reactions Vs. Anaphylaxis

Signs and symptoms	Vasovagal reaction	Anaphylaxis
Interval (after injection)	Sometimes before, usually after a few seconds to a few minutes after the injection	Within 30 min after injection; the most severe reactions begin within the first 15 min
Consciousness	Fainting sensation, dizziness, loss of consciousness in some cases	Anxiety, which may progress into unconsciousness in severe cases
Breathing	Slow, with a few seconds of apnea in some cases	Respiratory difficulties; coughing, sneezing, wheezing, stridor
Pulse	Slow and weak, but regular	Rapid, weak and irregular
Skin	Diaphoresis, clammy skin, pallor	• Warm skin, progressing to clammy and pallor • Pruritus and urticaria (>90% of cases) • Swelling of face and tongue
Blood pressure	Transient hypotension	Hypotension (systolic pressure <90 mm Hg), which may progress to cardiovascular collapse
Gastrointestinal system	Nausea, vomiting	Nausea, vomiting, abdominal pains, diarrhea
Treatment	• Place client in a recumbent position and elevate legs above head (or have client sit with head between their knees) • Ventilate the room well • Place cold, damp cloth on face • Give reassurance	See Manitoba Health *Protocol for Management of Suspected Anaphylaxis*

Dispelling Vaccine Allergy Myths

- Egg allergic patients CAN receive the flu vaccine
  - Influenza vaccine cultured in chicken embryo BUT….
  - Infinitesimal amount of egg allergen in vaccine so….
  - Even severely egg allergic patients can be vaccinated

- Neomycin, Thimerasol and Formaldehyde allergy is a contact dermatitis
  - Do NOT cause vaccine anaphylaxis
  - Occasionally trigger fleeting dermatitis and maculopapular rash in vaccine recipients but NOT a contraindication to vaccination

True Vaccine Allergy

- 1.3 per million
  - Most commonly trivalent influenza vaccine only because of the higher distribution of the vaccine
  - All vaccines seem to have similar risk

- Allergenic Excipients
  - Meat proteins - IgE-mediated reactions in vaccines with higher gelatin content --- MMR and VZV. Also implicated in allergic reactions to gummy bears

COVID-19 Vaccine Allergy

- Pfizer: Of 175 “severe allergic reactions reported only 21 deemed true anaphylactic events (in first 1.8 million doses) (1 in 87,000) [CDC, Dec 2020]
- Moderna: Few cases of mild, non-life threatening angioedema (all in patients who previously had dermal filler injections)
- Majority of anaphylaxis within 30 minutes; No fatalities
- Neither mRNA vaccines are formulated with food, drugs or latex

Potential Allergens in COVID Vaccines

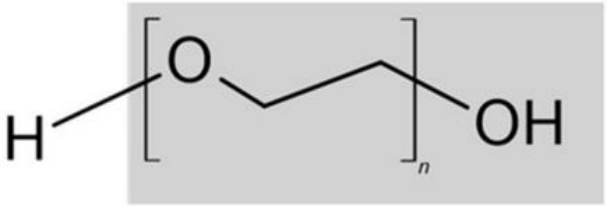
- Polyethylene Glycol (PEG-2000) in Pfizer and Moderna
  - Not previously used in vaccines, first dose reactions tend not to occur despite presence in various OTC skin products and higher MW (PEG-3350) in Miralax
  - Patients allergic to PEG-3350 may tolerate PEG w/MW 400
  - Higher incidence in IV PEG vs IM

- Polysorbate 80 (J&J but also Astra Zeneca)
  - First dose reactions may occur because prior exposure in other medications

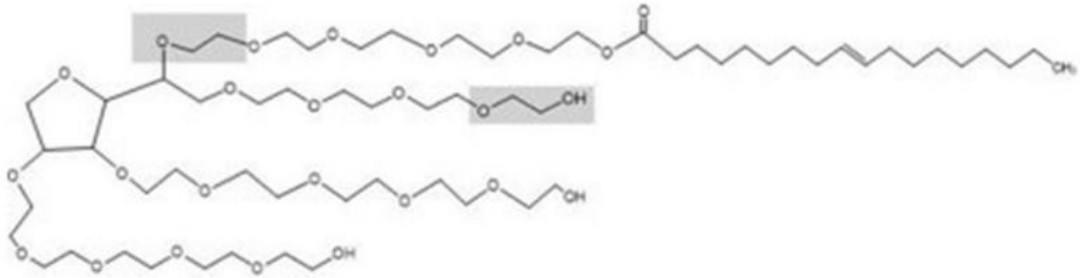
- Polysorbate constitutes the excipient in 70% of injectable biological agents and monoclonal antibodies

Chemical Structure and Similarities Between Peg and Polysorbate 80

Polyethylene Glycol



Polysorbate 80



Prevaccination Checklist for COVID-19 Vaccines

3. Have you ever had an allergic reaction to:
(This would include a severe allergic reaction [e.g., anaphylaxis] that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that caused hives, swelling, or respiratory distress, including wheezing.)

- A component of a COVID-19 vaccine, including either of the following:
  - Polyethylene glycol *(PEG)*, which is found in some medications, such as laxatives and preparations for colonoscopy procedures
  - Polysorbate, which is found in some vaccines, film coated tablets, and intravenous steroids
- A previous dose of COVID-19 vaccine

4. Have you ever had an allergic reaction to another vaccine *(other than COVID-19 vaccine)* or an injectable medication?
(This would include a severe allergic reaction [e.g., anaphylaxis] that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that caused hives, swelling, or respiratory distress, including wheezing.)

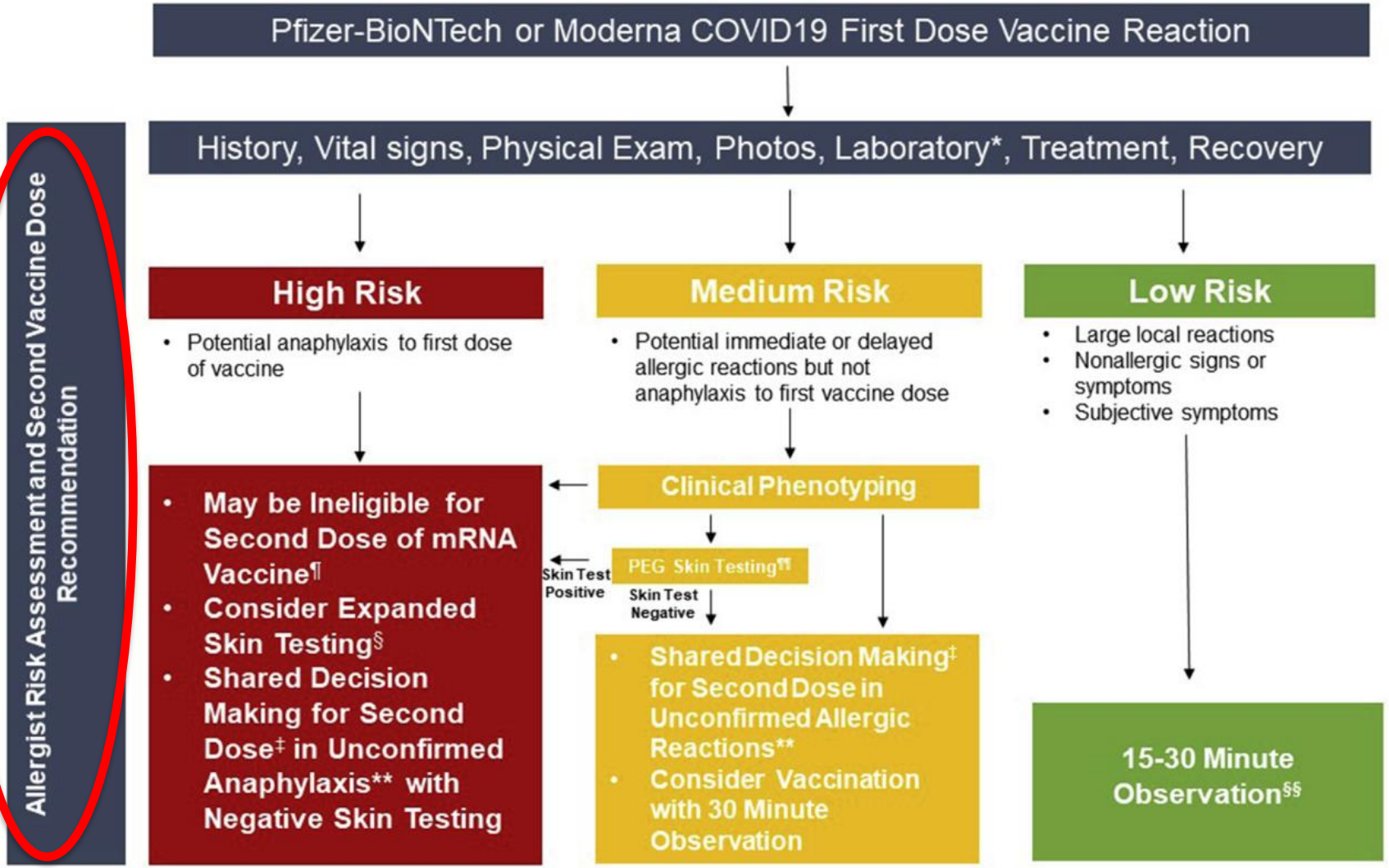
Pre-Vaccionation Expert Allergy Consensus: Mass General and Vanderbilt

Patient Directed Questions

1. Do you have a history of a *severe* allergic reaction to an injectable medication (intravenous, intramuscular, or subcutaneous)? *
2. Do you have a history of a *severe* allergic reaction to a prior vaccine?*
3. Do you have a history of a *severe* allergic reaction to another allergen (e.g., food, venom, or latex)?
4. Do you have a history of an *immediate* (<4 hours) or *severe* allergic reaction to polyethylene glycol (PEG), a polysorbate or polyoxyl 35 castor oil (e.g. paclitaxel) containing injectable or vaccine?

Allergist Risk Assessment and First Vaccine Dose Recommendation

Answer "yes" to question 4	Answer "yes" to questions 1, 2 or 3	Answer "no" to all 4 questions
Higher Risk	**Medium Risk**	**Lower Risk**
• History of potential anaphylaxis to an injectable medication or vaccine containing PEG, PEG derivates, or polysorbate with lack of proven tolerance since incident reaction • History of potential anaphylaxis to oral PEG (eg, Miralax)	• History of potential anaphylaxis to a vaccine or injectable medication without PEG or polysorbate • History of potential anaphylaxis to food, drugs, venom, or latex¶ • History of idiopathic anaphylaxis	• History of food, drug(s), venom, or latex allergy except anaphylaxis • Any prior reaction to vaccines except anaphylaxis • Mastocytosis/mast cell activation • Allergic rhinitis and asthma
Clinical Phenotyping Expanded Skin Testing§ (May Be Ineligible for mRNA Vaccine)	**Routine Vaccination with 30 Minute Observation**	**Routine Vaccination with 15 Minute Observation**


Pfizer-BioNTech or Moderna COVID19 First Dose Vaccine Reaction
History, Vital signs, Physical Exam, Photos, Laboratory*, Treatment, Recovery
Allergist Risk Assessment and Second Vaccine Dose Recommendation
High Risk
Potential anaphylaxis to first dose of vaccine
Medium Risk
Potential immediate or delayed allergic reactions but not anaphylaxis to first vaccine dose
Low Risk
Large local reactions
Nonallergic signs or symptoms
Subjective symptoms
May be Ineligible for Second Dose of mRNA Vaccine¶
Consider Expanded Skin Testing§
Shared Decision Making for Second Dose‡ in Unconfirmed Anaphylaxis** with Negative Skin Testing
Clinical Phenotyping
Skin Test Positive
PEG Skin Testing¶¶
Skin Test Negative
Shared Decision Making‡ for Second Dose in Unconfirmed Allergic Reactions**
Consider Vaccination with 30 Minute Observation
15-30 Minute Observation§§

Cases of Adverse Reactions to COVID-19 Vaccination

- 45 F hx psoriasis, vitiligo, Hashimoto's thyroiditis w/rash occurring few hours after first Moderna vaccine.
- Reports that erythematous patchy pruritic rash on the extensor surfaces involving the wrists, knees and ankles spontaneously resolved after 6 days
- CBC, Chemistry Panel normal
- ANA 1:320, Anti-dsDNA negative
- Rx: Mometasone Cream
- Similar case in literature treated successfully w/2nd dose

- My advice:
  - Premedicate w/ low dose oral or topical steroids

Symmetric Extensor Rash After First Moderna Dose: Outcome

- Patient elected not to premedicate
- Similar rash after 2nd dose
- Low grade fever, chills, myalgias, back pain, fatigue most consistent with robust vaccine response

- 5 months later patient calls regarding booster vaccine recommendations

COVID-19 Vaccination Primary Care Challenges

Pre-Vaccination

Allergy Questionnaire
+
Allied Health/Pharmacists w/no clinical judgement
+
Variable Patient Histories

Vaccine Resistance

- "I react to everything"
- "Vaccines make me sick"
- "I know my body"

Post-Vaccination Allergy?

- Interpretation of immediate vs delayed reactions
- Booster recommendations for possible adverse reactions

- Do no exempt patient based on allergy history alone
- Deny inappropriate requests → Medical Board may sanction physicians for inappropriate mask/vaccine exemptions (California)
- Be a strong advocate for vaccination of highest risk patients. If questions arise, ask/refer to allergy

Q&A / Discussion

Additional COVID-19 Updates:

Boosters
Delta Plus Variant
New Oral Antiviral Medications
Pediatric Vaccine Update

Loredana Ladogana, MD, FAAFP
Medical Director, Provider Engagement
Mount Sinai Health Partners

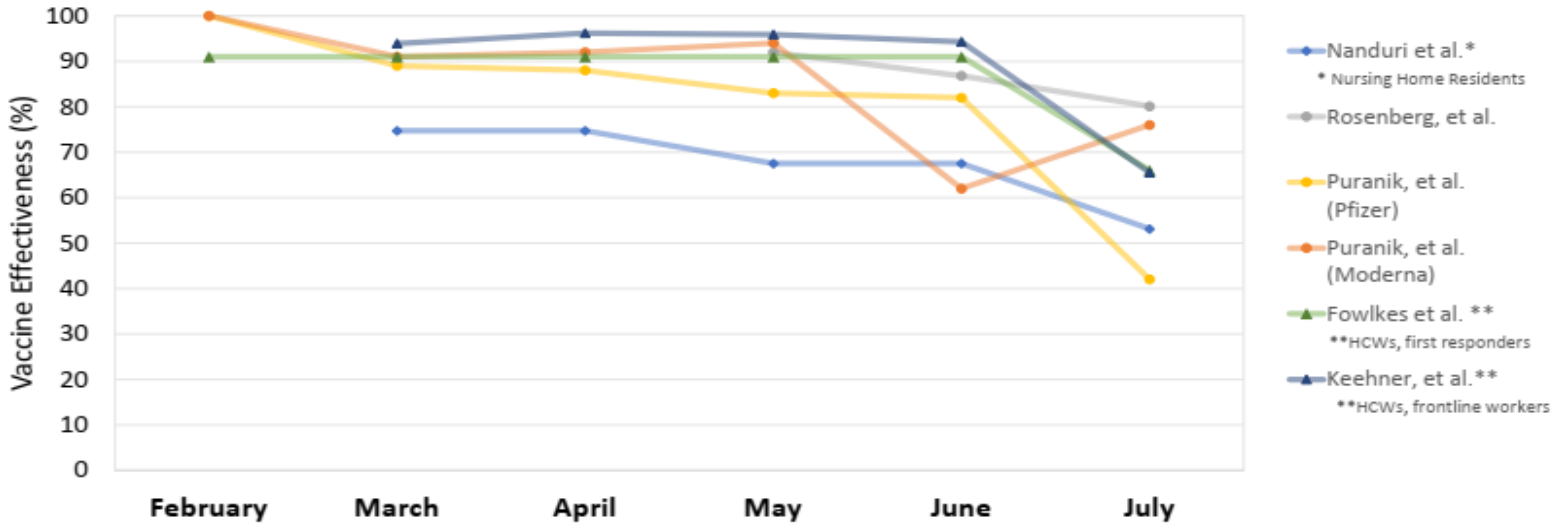
Mount Sinai Health Partners

Boosters

Why do we need them?

The Case for Boosters

Vaccine effectiveness against **infection** over time
Adults ≥18 years of age



Rosenberg ES, Holtgrave DR, Dorabawila V, et al. New COVID-19 Cases and Hospitalizations Among Adults, by Vaccination Status — New York, May 3–July 25, 2021. MMWR Morb Mortal Wkly Rep. ePub: 18 August 2021.
Nanduri S. Effectiveness of Pfizer-BioNTech and Moderna Vaccines in Preventing SARS-CoV-2 Infection Among Nursing Home Residents Before and During Widespread Circulation of the SARS-CoV-2 B.1.617.2 (Delta) Variant — National Healthcare Safety Network, March 1–August 1, 2021. MMWR Morbidity and Mortality Weekly Report. 2021 2021;70.
Fowlkes A, Gaglani M, Groover K, et al. Effectiveness of COVID-19 Vaccines in Preventing SARS-CoV-2 Infection Among Frontline Workers Before and During B.1.617.2 (Delta) Variant Predominance — Eight U.S. Locations, December 2020–August 2021. MMWR Morb Mortal Wkly Rep. ePub: 24 August 2021.
Puranik A, Lenehan PJ, Silvert E, et al. Comparison of two highly-effective mRNA vaccines for COVID-19 during periods of Alpha and Delta variant prevalence. medRxiv 2021.08.06.21261707.
Keehner J, Horton LE, Binkin NJ et al. Resurgence of SARS-CoV-2 Infection in a Highly Vaccinated Health System Workforce. NEJM, September 1, 2021. DOI: 10.1056/NEJMc2112981

Schedule an appointment for a COVID-19 Vaccine: mountsinai.org

Types of COVID-19 vaccination appointments available at Mount Sinai – as per CDC Guidelines:

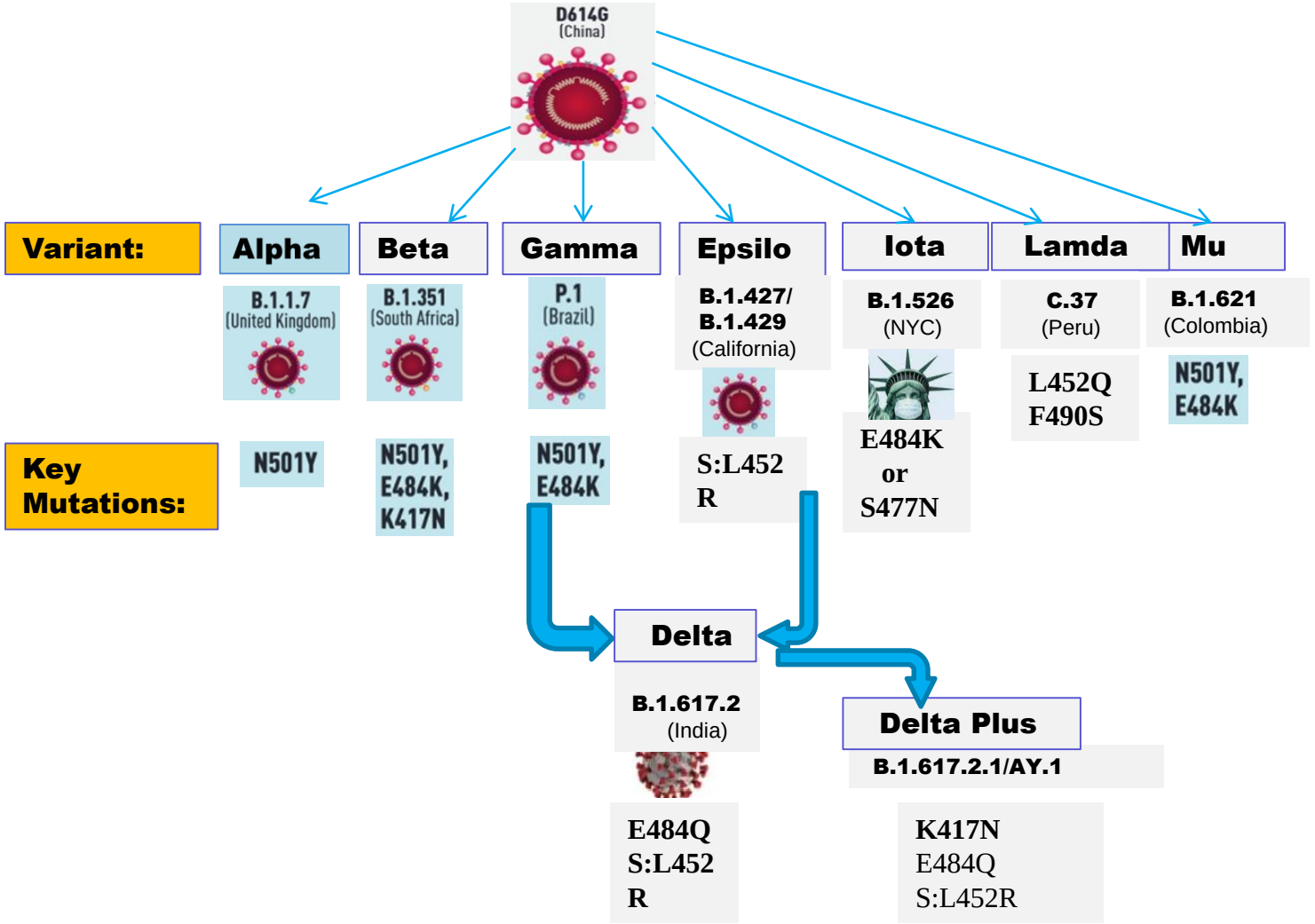
- **First dose appointment**
  - Ages 5 and up for PfizerBioNTech vaccine
  - Register for a vaccine:
    - **Mount Sinai Health System Location**: https://redcap.mountsinai.org/redcap/surveys/?s=R9YRXCHEXD&_ga=2.239560256.270082047.1637001689-238932545.1631195735
    - **Mount Sinai South Nassau Location:** https://www.southnassau.org/sn/vaccine-information or call **516-377-5333**
- **Third dose appointments**- Moderna or Pfizer BioNTech
  - Moderately or severely immunocompromised people are eligible for an additional (third) dose.
  - Can schedule an appointment here at Mount Sinai: https://redcap.mountsinai.org/redcap/surveys/?s=9ED4YFH9WX&_ga=2.226519006.270082047.1637001689-238932545.1631195735

Schedule an appointment for a COVID-19 Vaccine: mountsinai.org (continued)

- **Booster appointments**
  - **J&J**
    - Anyone 18 and over who received a single dose of the Janssen (Johnson & Johnson) vaccine **at least two months ago** and who has not received a second vaccine dose is eligible for a booster shot
  - **Pfizer-BioNTech or Moderna mRNA vaccines (can mix)**
    - RECOMMENDED as the booster for patients who received J&J >2 months ago and for patients who have received Astra Zeneca/other overseas formulations
    - Eligible people can receive booster shot starting **at least six months** after the second dose:
      - People 65 and over, residents in long-term care facilities, and people 50-64 with underlying medical conditions
      - People 18-49 with underlying medical conditions OR with occupational exposure risk

Variant Update

* Viruses Live to Replicate
* Replication leads to Mutation


D614G
(China)
Variant:
Alpha
Beta
Gamma
Epsilo
Iota
Lamda
Mu
B.1.1.7
(United Kingdom)
B.1.351
(South Africa)
P.1
(Brazil)
B.1.427/
B.1.429
(California)
B.1.526
(NYC)
C.37
(Peru)
B.1.621
(Colombia)
Key Mutations:
N501Y
N501Y, E484K, K417N
N501Y, E484K
S:L452 R
E484K or S477N
L452Q F490S
N501Y, E484K
Delta
B.1.617.2
(India)
Delta Plus
B.1.617.2.1/AY.1
E484Q S:L452 R
K417N E484Q S:L452R

DELTA PLUS (AY.4.2) - Being Monitored

* NOT of Concern or of Interest with the WHO or the CDC

- First Detected in India
- IS Increasing world wide – 12%
- Delta Plus is **10%** of COVID-19 in the UK – is increasing & designated of concern in UK
- **Delta Plus – May be more** transmissible than Delta but not clear at this time
- **To Date: NO genetic changes that impact**
  - **Transmission**
  - **Severity or**
  - **Vaccine efficacy**

Summary

As of 11 November 2021 08:26 AM, **563,951** sequences in the **AY.4** lineage have been detected since the lineage was identified:

location	AY.4 found		when found**	
	total	cumulative prevalence*	first	last
Worldwide	563,951	12%	3 Aug 2020	5 Nov 2021
United States	3,608	< 0.5%	14 May 2021	31 Oct 2021
California, United States	534	< 0.5%	21 May 2021	29 Oct 2021

Source: outbreak.info

Two New Oral Antiviral Medications against COVID-19

	MERCK- Molnupiravir – FDA to review for EUA 11/30 Approved in UK	PFIZER BioNTech – Protease Inhibitor Phase 1 trial completed Phase II-III started
Mechanism of Action	Inserts into viral genome & induces mutations that prove lethal	Experimental PI combined with Ritonavir to prevent multiplication of the virus
Eligible Population	Adult COVID-19 Positive Patients at risk for progression to severe disease Within 5 days of symptom onset	
Dosing	4 pills BID for 5 days	3 Pills BID for 5 days
Efficacy	**50%** decrease in hospitalization or death	**89%** decrease in hospitalization or death
Restrictions/concerns	Drugs in same class linked to birth defects in animals – not studied in pregnant women	None Pregnant women included in their clinical trials
Concern	Can the virus become resistant to these medications? Both companies say no.	
Future impacts: Reduce risk of infection after EXPOSURE to COVID-19 & Reduce Transmission of COVID-19?		

Source: https://www.nature.com/articles/d41586-021-02783-1

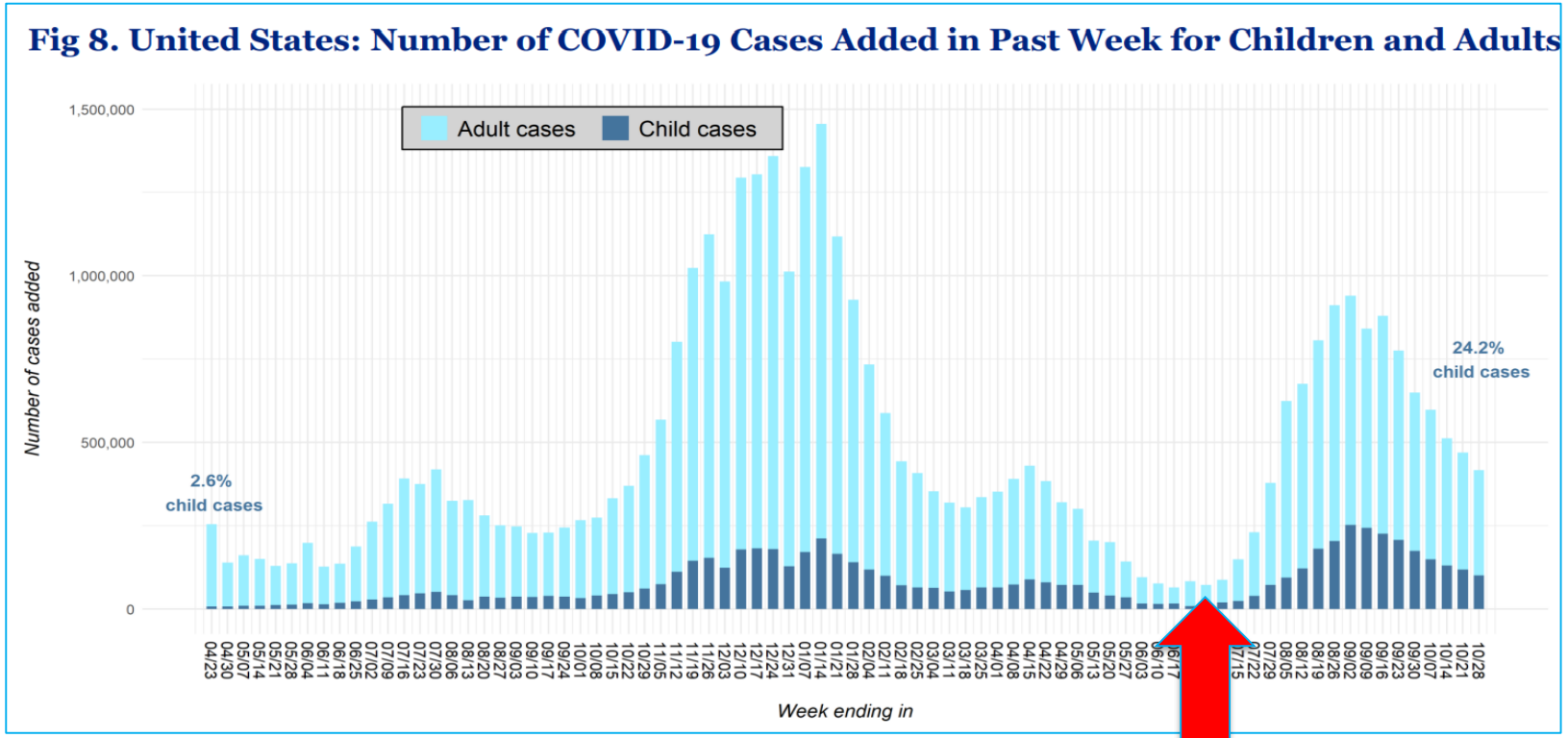
https://www.reuters.com/business/healthcare-pharmaceuticals/covid-19-pills-are-coming-no-substitute-vaccines-disease-experts-say-2021-11-08/

Pediatric Update -
Pfizer BioNTech with FDA EUA for Ages 5 and up

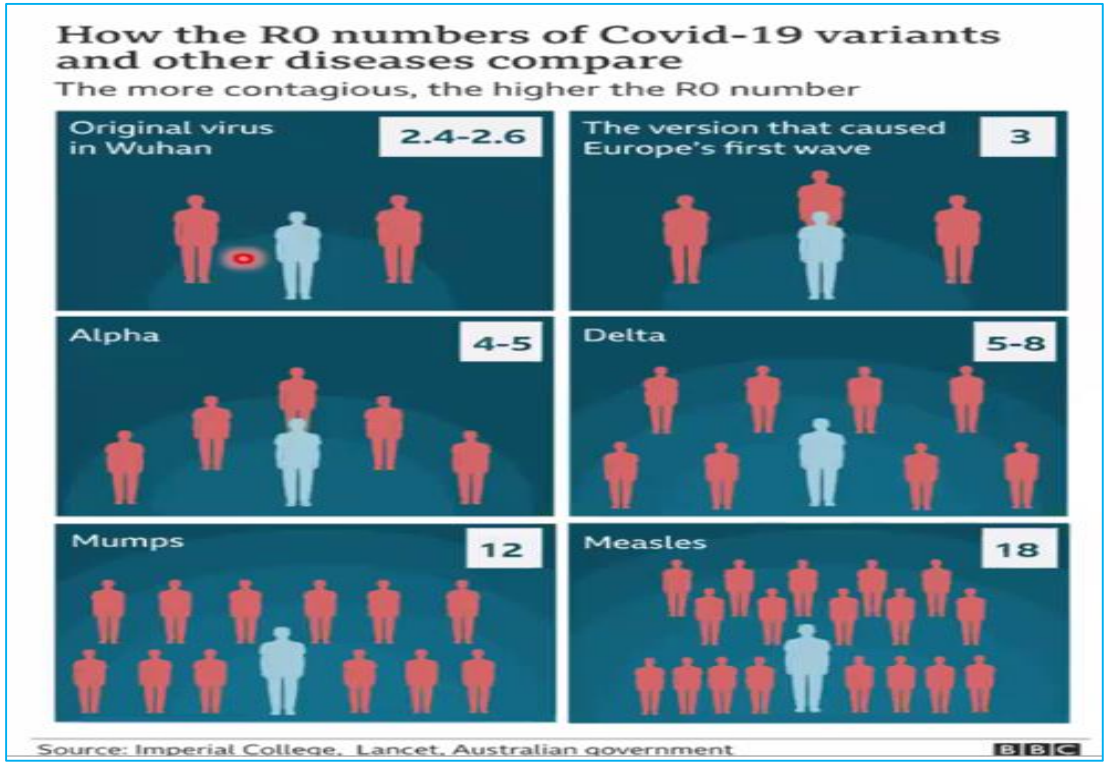
Why do young children also need to be vaccinated?

CDC Data: Child Cases as Percent of COVID-19 Cases

2.4% April 2020 increased to 24.2% October 2021 after onset of Delta variant in July 2021



Delta Variant is much more infectious compared to original or alpha COVID-19, but actually not as infectious as mumps or measles



Multisystem Inflammatory Syndrome in Children – CDC Cases as of November 1, 2021

Last updated with cases reported to CDC on or before November 1, 2021*

TOTAL MIS-C PATIENTS MEETING CASE DEFINITION*	TOTAL MIS-C DEATHS MEETING CASE DEFINITION
5,526	48

*Additional patients are under investigation. After review of additional clinical data, patients may be excluded if there are alternative diagnoses that explained their illness.

Summary

- The median age of patients with MIS-C was 9 years. Half of children with MIS-C were between the ages of 5 and 13 years.
- 60% of the reported patients with race/ethnicity information available occurred in children who are Hispanic/Latino (1,467 patients) or Black, Non-Hispanic (1,666 patients).
- 98% of patients had a positive test result for SARS CoV-2, the virus that causes COVID-19. The remaining 2% of patients had contact with someone with COVID-19.
- 60% of reported patients were male.

US COVID- 19 Mortality by age group:

CDC Data as of 11/15/2021 for 637,943 US deaths (Total US Deaths: 753,000)

Deaths by Age Group			
Date generated: Mon Nov 15 2021 10:22:11			
Age Group	Percentage	Count of d	Percent of
0-4 Years	<0.1	288	6
5-11 Years	<0.1	191	8.7
12-15 Year	<0.1	225	5.1
16-17 Year	<0.1	207	2.5

COVID-19 Pediatric CDC Statistics
% infected vs hospitalized vs Mortality – keeps increasing
NOTE: 100-200 children can die in a typical Flu Season

mRNA (Pfizer-BioNTech & Moderna)– CDC Adverse Event Report

August 2021

- **CDC - Confirmed cases of Myocarditis or Pericarditis**
  - Mostly in male adolescents and young adults (age 16 years -39)
- **Age distribution mirrors usual viral myocarditis** – do NOT typically see this in younger children
  - Typically within 4 days after the second dose
  - Symptoms include fever, breathlessness, tachycardia, tachypnea and improve quickly
  - Patients can usually return to their normal daily activities WITHOUT long term complications
- **Bottom Line**
  - There were 73 cases of the heart problems for every **one million shots** given to 16-17 year olds
  - There were 56,000 COVID-19 cases and 500 COVID-19 hospitalizations **prevented** for every one million shots given to 16-17 year old
- **The risk of heart problems and long term/severe complications after COVID-19 illness is much greater**
- **NO cases of myocarditis were observed in the 5-11 year olds**

Summary

- **Young Children are NOT safe from COVID-19**
  - COVID-19 Child Mortality (as of 600,000 US Dead) - 600+
  - Flu mortality in a typical flu season - 100-200

- **Vaccinating young children protects them from getting seriously ill from COVID-19**
  - Children DO end up in the ICU with severe COVID-19 infection
  - **½ of Cases of Multisystem Inflammatory Syndrome in Children ages 5-13**
  - DO develop long term complications – even after mild or asymptomatic COVID-19

- **Protect against community spread**
  - CAN transmit it to other people – their parents, siblings their grandparents, immunocompromised people

- **Lets finally get PAST this** – get the virus to be on a par with the flu
  - The 28 million children ages 5-11 present another unvaccinated pool where the virus can mutate again
  - Pediatric mental health – get our kids back in school and KEEP them there

Payer Updates

Maria Alexander
Senior Director of Clinical Operations and Government Channels
Mount Sinai Health Partners

Mount Sinai Health Partners

Extension of Public Health Emergency

- HHS extended public health emergency (PHE) for another 90 days: through **January 15, 2022** (unless Secretary chooses to end sooner or extend again)

- HHS and CMS waivers of certain requirements depend on the PHE declaration. Continued changes include:
  - Use of non-HIPAA compliant technologies (e.g., FaceTime, Skype)
  - Increased Medicare FFS reimbursement for Telemedicine services (video and phone) compared with pre-COVID rates
  - Provision of telehealth to Medicare FFS patients in non-rural areas and in the home

- Some private payers have also tied certain waivers to the PHE:
  - Example: United and Cigna have extended waiver of cost-sharing for COVID-19 tests and testing-related visits
  - Payer Updates can be found at: https://mshp.mountsinai.org/web/mshp/covid-19-payer-updates

Medicare Physician Fee Schedule Updates

- On November 2, CMS released the 2022 Medicare Physician Fee Schedule Final Rule.

- Updates include:
  - **2022 Conversion Factor of $33.98**
    - Decline of 3.7% from 2021 ($34.89)
  - **Added new care management codes, including 99437** *(CCM services each additional 30 minutes by a physician or other qualified health care professional, per calendar month)*
  - Medicare coverage of **mental health services via telehealth beyond PHE**
    - Even after PHE ends, Medicare will reimburse for telehealth services for the diagnosis, evaluation, or treatment of mental health disorders with no geographic restriction and will allow patient's home to be an originating site for those services
    - Must have in-person visit with provider within 6 months prior to initiation of telehealth treatment for mental health services
    - Must have in-person visit within 12 months of each telehealth visit (some exceptions granted)
    - Audio-only visits will also be reimbursable for mental health services in certain circumstances

Reimbursement for Counseling Unvaccinated NYC Medicaid and MA Patients

- NYC Health Department Program running from September 1 – November 30, 2021 with most plans extending through December 31, 2021.

- Providers can receive reimbursement for providing COVID-19 vaccine counseling services:
  - $50 – clinical outreach by licensed health provider
  - $25 – nonclinical outreach by health provider's designee

- Participating Medicaid and MA plans will provide list of patients to provider for outreach

- Participating plans as of 10/22/21: Amida Care, Empire BCBC/HealthPlus, HealthFirst, Health Insurance Plan of Greater New York / Emblem Health, MetroPlus Health and United Healthcare Community Plan

- Additional information including toolkit with guidance on billing requirements can be found here: https://www1.nyc.gov/site/doh/covid/covid-19-providers-vaccines.page

NYC Medicare Advantage Plus Plan Update

- **Effective January 1, 2022, approximately 240,000 Medicare-eligible City of New York retirees will transition from Medicare fee-for-service to Retiree Health Alliance's NYC Medicare Advantage Plus plan**.
  - The City of New York has awarded their group retiree business to Retiree Health Alliance, an alliance between Empire BlueCross BlueShield and Emblem Health

- Attend an upcoming webinar to help you and your staff understand the upcoming changes for City of New York retirees transitioning to the NYC Medicare Advantage Plus plan that begins **January 1, 2022.**

- MSHP is working on an Agreement with the Alliance and all CIN providers will be participating.

- We will be distributing the registration link in tomorrow's recap email.

Q&A / Discussion

Happy Thanksgiving! (In Advance)

Thank you for your participation in MSHP's Town Halls.

We appreciate all that you do!