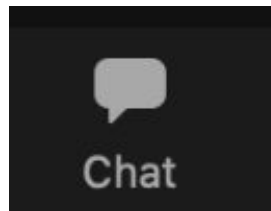
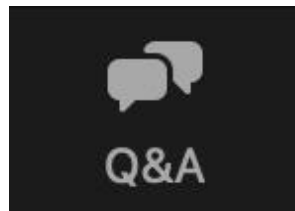




COVID-19 and Other Infectious Diseases Health Equity Response Network (CHERN) Learning Series

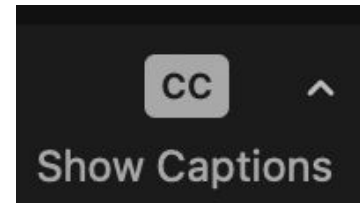
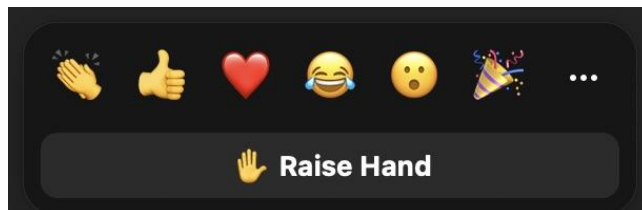
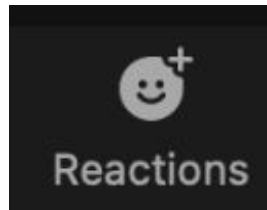
Session 4: Health Center Preparations for Clinical Care after the End of the Public Health Emergency

Tech and Accessibility



Windows:
Ctrl+T

Mac: ⌘+K



Windows:
Alt+Y

Mac:
Option+Y



Moderators



John Nguyen-Yap, MSW, *Associate Director of Health Equity*, AAPCHO (he/him/his)



Cara Skillingstead, CCHP, *Program Manager of Training and Technical Assistance*, AAPCHO (she/her/hers)



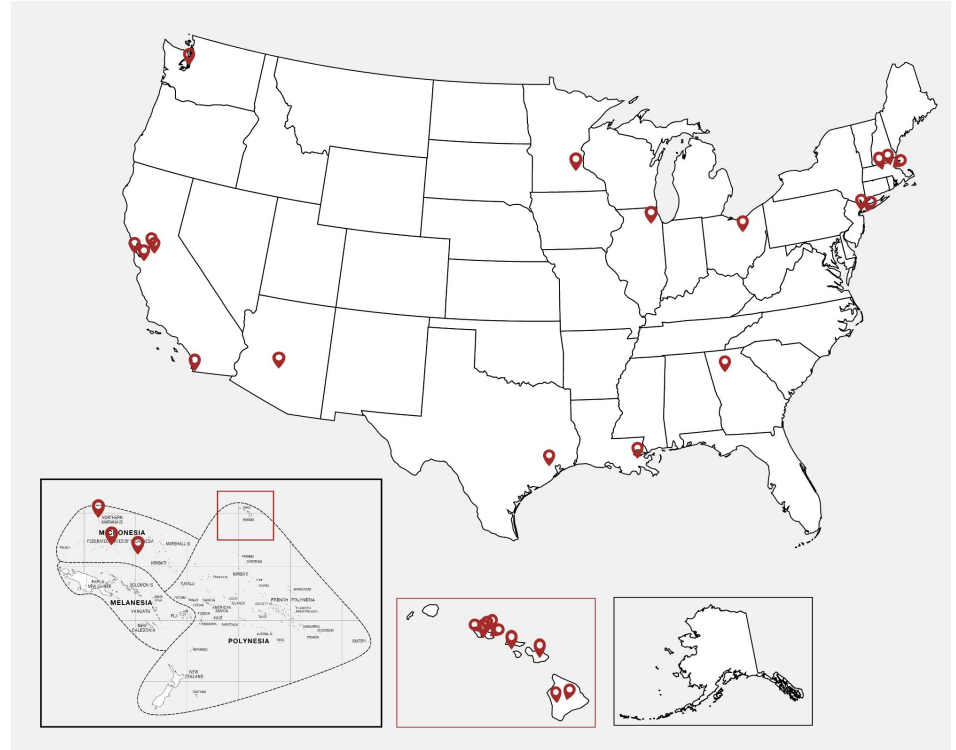
About AAPCHO.

The Association of Asian Pacific Community Health Organizations (AAPCHO) was formed to create a national voice to advocate for the unique and diverse health needs of AA and NHPI communities and the community health providers that serve their needs.



Mission & Impact

AAPCHO is dedicated to promoting **advocacy, collaboration,** and **leadership** that improves the health status and access of Asian Americans (AAs), Native Hawaiians (NHs), and Pacific Islanders (PIs) within the United States, the U.S. territories, and the Freely Associated States.



AAPCHO Members

AlohaCare (HI)

Asian Americans for Community Involvement (CA)

Asian Health Services (CA)

Asian Human Services (IL)

Asian Services in Action-International Community
Health Center (OH)

Bay Area Community Health (formerly Tri-City
Health Center) (CA)

Center for Pan Asian Community Services (GA)

Charles B. Wang Community Health Center (NY)

Chuuk Community Health Center (FSM)

Community Clinic of Maui, Inc dba Malama I Ke Ola
Health Center (HI)

Community Medical Wellness Centers, USA (CA)

Family Health Center of Worcester (MA)

Family Health Centers at NYU Langone (NY)



AAPCHO Members

Hawai'i Island Community Health Center (HI)*

Hawaii Primary Care Association (HI)

HOPE Clinic (TX)

International Community Health Services (WA)

Kagman Community Health Center (CNMI)

Kalihi-Palama Health Center (HI)

Kokua Kalihi Valley Health Center (HI)

Kosrae Community Health Center (FSM)

Lanai Community Health Center (HI)

Lowell Community Health Center (MA)

NOELA Community Health Center (LA)

North East Medical Services (CA)

Operation Samahan (CA)

Pacific Islands Primary Care Association (HI)

South Cove Community Health Center (MA)

Waianae Coast Comprehensive Health Center
(HI)

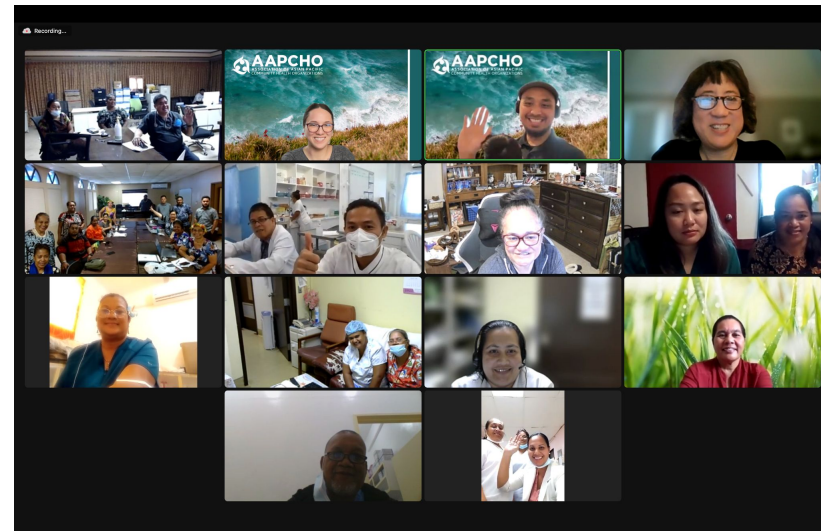
Waikiki Health Center (HI)

Waimanalo Health Center (HI)



Overview of CHERN

- The COVID-19 Health Equity Response Network (CHERN) is a national partnership of health centers dedicated to improving clinical outcomes among Asian, Asian American, Native Hawaiian, and Pacific Islander (A/AA and NH/PI) patients at risk for emerging infectious diseases through:
 - Webinars and virtual trainings,
 - Clinical and community leader guidance on COVID-19 priorities for AA & NH/PI serving CHCs
 - Resource curation as defined by partners and their patient and provider needs.
- Funding provided by CDC's National Center for Emerging and Zoonotic Infectious Diseases (NCEZID).



COVID-19 Management training with USAPI health ministries, March 2022



Session Agenda

Welcome
and Intro
5 min

Federal
Overview
20 min



Working
with State
PCA
20 min

Resources
5 min



Evaluation
5 min



Session Objective

Discuss health center impacts and strategies for protecting work after the end of the COVID-19 Public Health Emergency.



Topic Intro and Overview

- Great impact on CHC patients especially those with additional access needs including language, mobility, and telehealth
- CHC staff across departments will be impacted by potential policy changes impacting insurance coverage, renewing enrollments, and providing care



Federal Level Context



Erin Prendergast, MPH

Deputy Director, Federal
and State Policy, National
Association of
Community Health
Centers





NATIONAL ASSOCIATION OF
Community Health Centers®

Health Center Preparations for Clinical Care after the End of the Public Health Emergency

National and State Level Overview

October 19, 2022



What's happening?

A national overview

In March 2020, the Families First Coronavirus Response Act (FFCRA) established the continuous enrollment condition, **this gave states extra federal Medicaid funding in exchange for maintaining enrollment for most individuals**, through the end of the month that the federal COVID-19 PHE ends.

As of June 2022, **over 88 million** individuals were enrolled in Medicaid and Children's Health Insurance Program (CHIP)

In August 2022, the Inflation Reduction Act extended the American Rescue Plan (ARP) **enhanced and expanded Marketplace premium tax credit provisions until 2025**

When the PHE expires, **states will restart their eligibility redetermination processes, which is typically when many enrollees lose Medicaid coverage**



Public Health Emergency (PHE) News Update



Thursday October 13 HHS Secretary Becerra renewed the COVID-19 PHE for another 90 days through mid-January 2023.

The Biden Administration has said that it will provide a 60-day notice prior to the expiration of the PHE

PHE Timeline

The public health emergency has existed nationwide since January 27, 2020

Action	PHE End Date	60-day Advance Notice	Medicaid Continuous Coverage Protection is Lifted	Increased FMAP	Medicare Telehealth Flexibilities Expiration
PHE extended October 15, 2022	January 15, 2023	November 15, 2022	January 31, 2023	6.2% points through March 2023	June 16, 2023
PHE extended January 15, 2023	April 15, 2023	March 15, 2023	April 30, 2023	6.2% points through June 2023	September 16, 2023

Who does this impact?

ASPE Office of Health Policy Issue Brief (August 2022)

The Assistant Secretary for Planning and Evaluation (ASPE) currently projects that 17.4 % of Medicaid and CHIP enrollees will lose coverage

- Approximately 15 million individuals

Key Takeaways

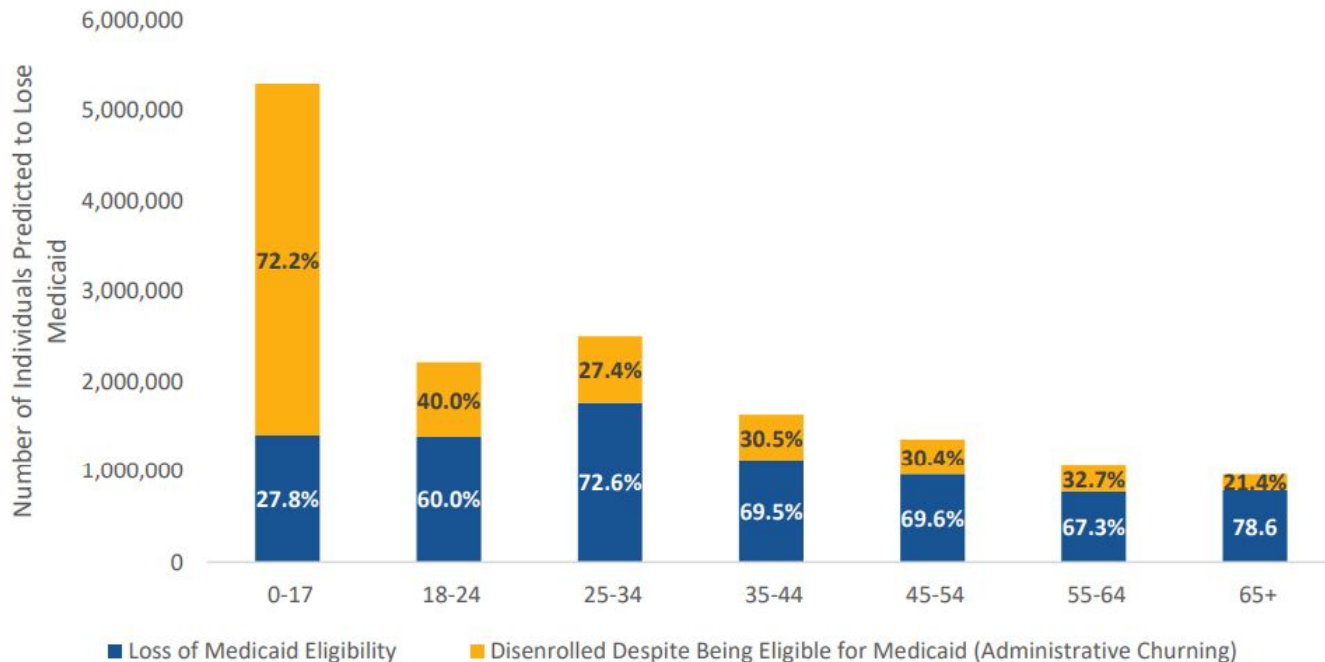
- Children, racial and ethnic populations will be most impacted
- Approx. 8.2 million will lose Medicaid and will need to transition to other coverage
- Almost 2.7 million are expected to qualify for Marketplace premium tax credits
- Based on historical patterns, 6.8 million will lose Medicaid despite still being eligible “administrative churning”

Unwinding the Medicaid Continuous Enrollment Provision: Projected Enrollment Effects and Policy Approaches. (n.d.). ASPE.
<https://aspe.hhs.gov/reports/unwinding-medicaid-continuous-enrollment-provision>

Who does this impact?

Unwinding the Medicaid Continuous Enrollment Provision: Projected Enrollment Effects and Policy Approaches. (n.d.). ASPE.
<https://aspe.hhs.gov/reports/unwinding-medicaid-continuous-enrollment-provision>

Figure 3. Predicted Medicaid Coverage Loss Due to Eligibility Loss versus Administrative Churning, by Age



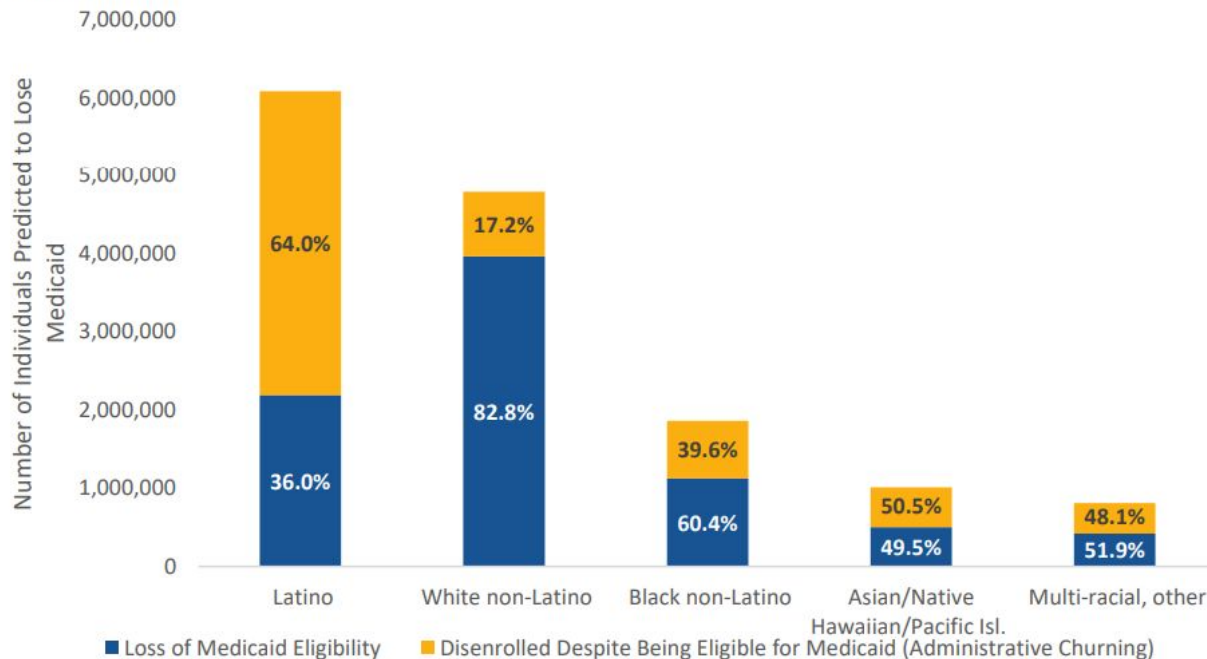
Note: Each bar adds to 100%, showing the breakdown of predicted Medicaid coverage loss due to administrative churning versus loss of eligibility.

Source: Analysis of SIPP treating March 2015-Nov. 2016 as analogous to March 2020-Dec. 2021 PHE, among enrollees ever-enrolled in Medicaid during the 21-month period. Projections are from the Base Case scenario.

Who does this impact?

Unwinding the Medicaid Continuous Enrollment Provision: Projected Enrollment Effects and Policy Approaches. (n.d.). ASPE.
<https://aspe.hhs.gov/reports/unwinding-medicaid-continuous-enrollment-provision>

Figure 4. Predicted Medicaid Coverage Loss Due to Eligibility Loss versus Administrative Churning, by Race and Ethnicity



Note: Each bar adds to 100%, showing the breakdown of predicted Medicaid coverage loss due to administrative churning versus loss of eligibility.

Source: Analysis of SIPP treating March 2015-Nov. 2016 as analogous to March 2020-Dec. 2021 PHE, among enrollees ever-enrolled in Medicaid during the 21-month period. Projections are from the Base Case scenario.

Guidance from CMS to States



State Health Official Letter (SHO# 22-001)

States will need to develop a comprehensive “unwinding operational plan” to restore routine operations in their Medicaid, CHIP, and Basic Health Program (BHP) programs

12 months to initiate redeterminations and 2 additional months (14 months total) to complete all pending actions

- **States will need to initiate a renewal of every beneficiary enrolled in their Medicaid and CHIP programs** as of the end of the month prior to their unwinding period.
 - States may not initiate renewals on anyone enrolled less than 12 months
 - States may coordinate their unwinding strategy by aligning to other eligibility actions – SNAP
 - States are required to transfer potentially eligible beneficiaries to the Marketplace
 - No person can be disenrolled before the state conducts a full renewal based on the most “recently available, reliable information”

On Monday Oct 17, CMS released a [new set of PHE FAQs](#)

What are states doing?

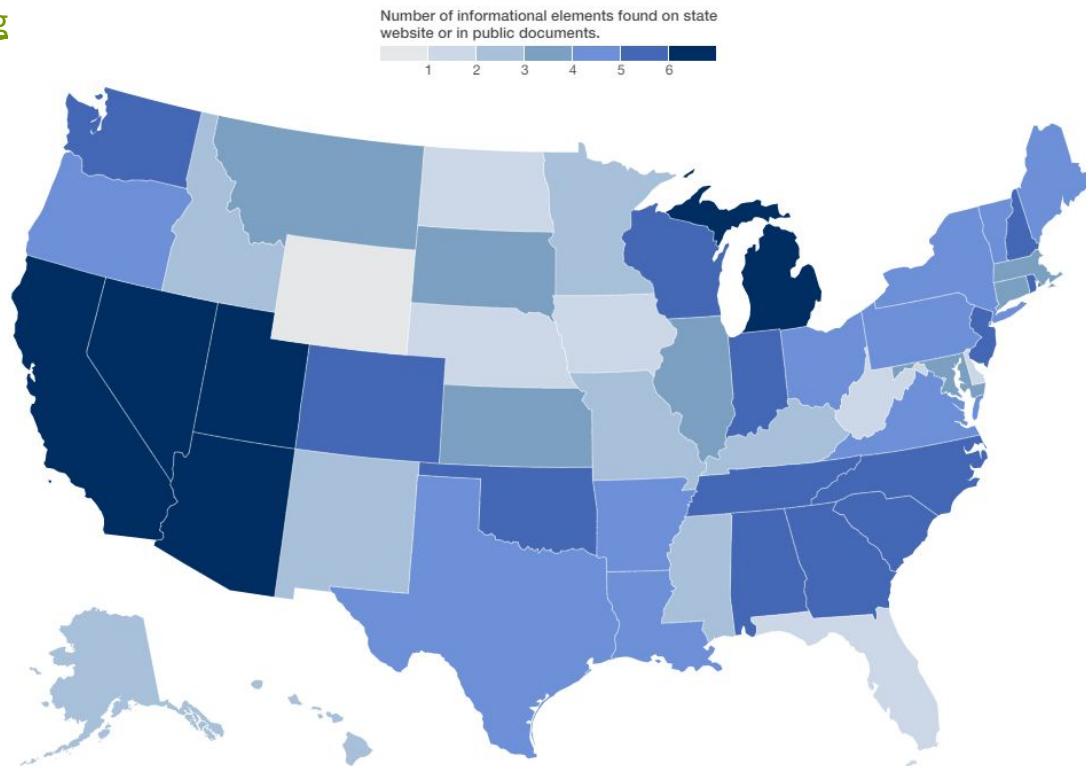
Medicaid.gov Unwinding and Returning to Reg Operations after COVID-19

States need to reduce churning and transition to other coverage

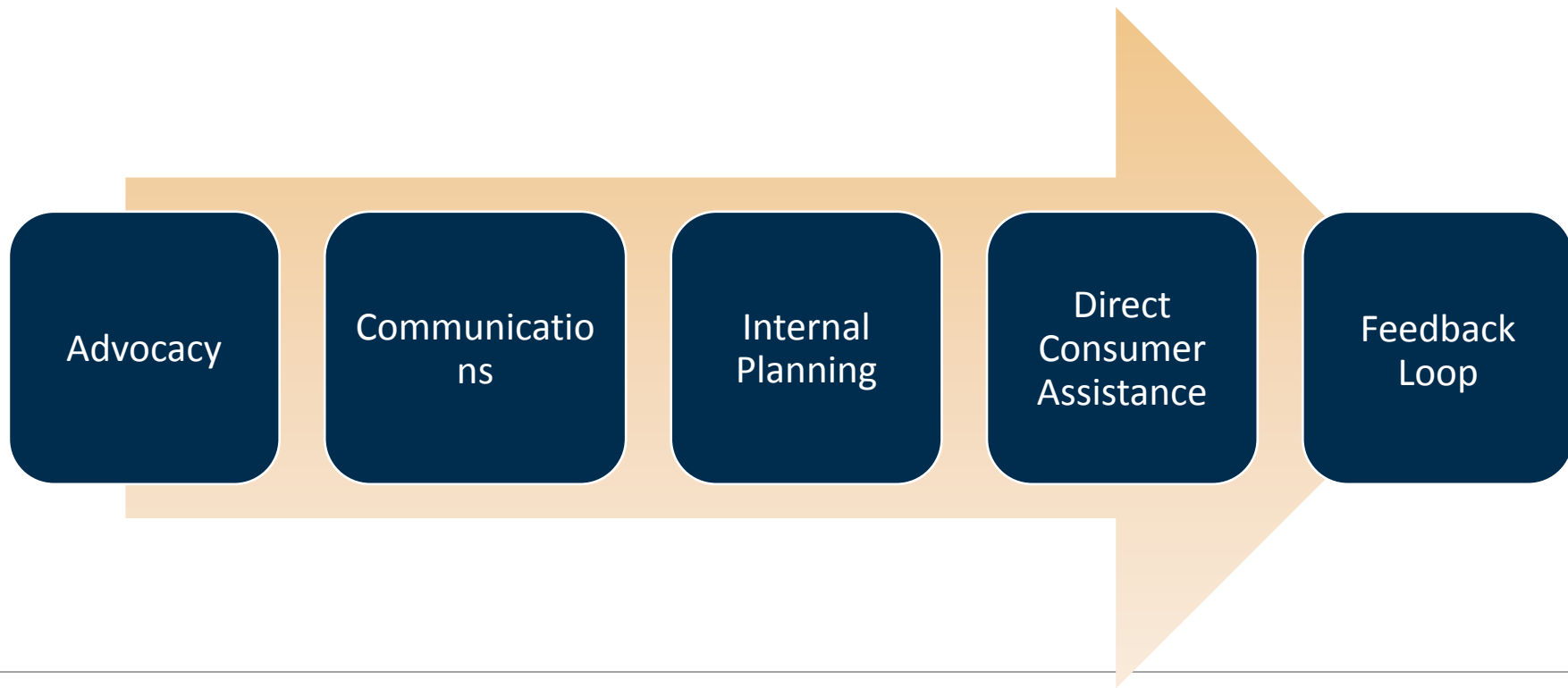
The unwinding period may vary by state

- May start 1 month prior to the end of the PHE
- The month in which the PHE ends, or
- The month after the month in which the PHE ends.

Georgetown CCF 50-State Unwinding Tracker



Key Roles for Community Health Centers



QUESTIONS?

Erin Prendergast, MPH
Deputy Director, Federal and State Policy
National Association of Community Health Centers (NACHC)
EPrendergast@nachc.org



Local Health Center Context



**Kalihi-Palama
Health Center**

Hale Ho'ola Hou ~ House of New Life

**Emmanuel Kintu,
D.Mgt, MBA**

Chief Executive Officer &
Executive Director, Kalihi
Palama Health Center



Live Questions

Can you share how this is being discussed with staff? What questions or concerns are they bringing up?

Can you expand on how you're working directly with the state Primary Care Associations (PCA) or local county health departments?

Can you share some of strategies for staffing shortages, retention, or relocation that you've heard from PCAs or local health centers?

Resources



Resources

[House-passed bill would extend Medicare telehealth flexibilities](#), American Hospital Association (July 2022)

[Health Centers and the Looming Medicaid Cliff](#), National Association of Community Health Centers (April 2022)

[Advancing Telehealth Beyond COVID-19 Act](#), Congress.gov (June 2022)

[Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, the Children's Health Insurance Program \(CHIP\), and Basic Health Program \(BHP\) Upon Conclusion of the COVID-19 Public Health Emergency](#), Centers for Medicare and Medicaid Services (March 2022)

Resources

[Unwinding the Public Health Emergency: Checklist for Redeterminations](#), National Health Law Program (January 2022)

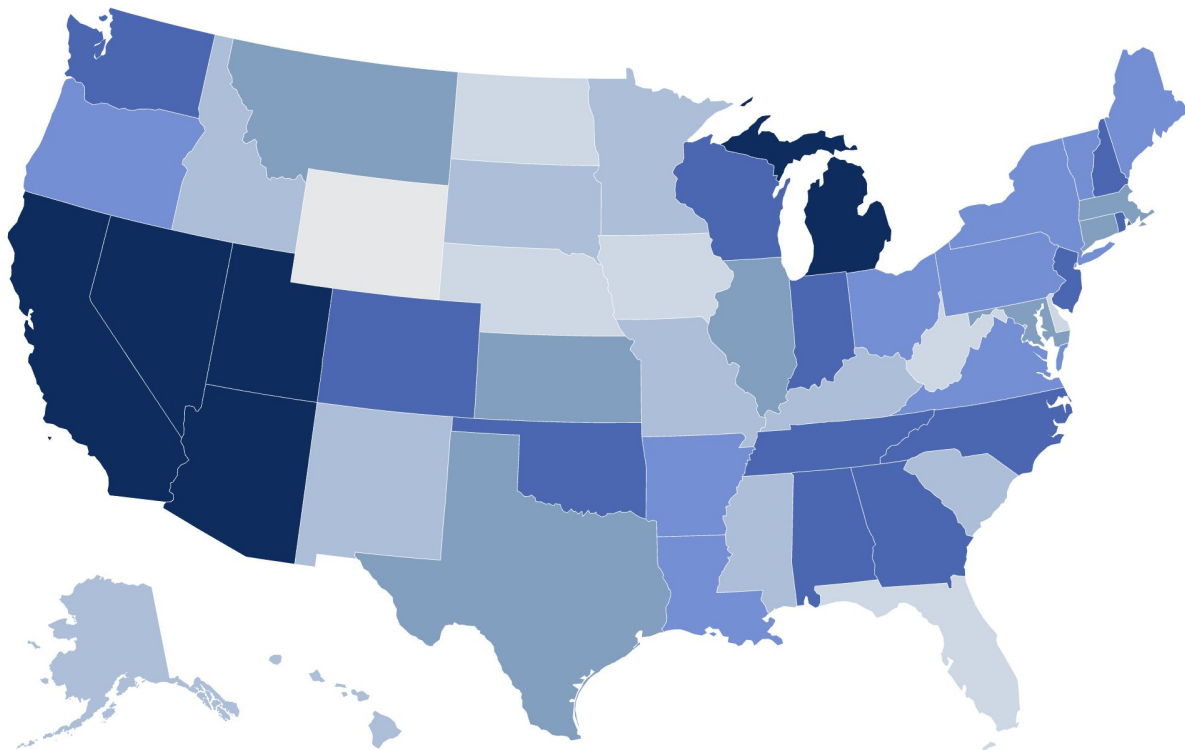
[More States Move to Expand Continuous Eligibility for Children and Adults in Medicaid](#), Georgetown University Health Policy Institute (May 2022)

[Resources for States on Unwinding the Medicaid Continuous Coverage Requirement](#), State Health and Value Strategies (November 2021)

[Medicaid and CHIP Continuous Enrollment Unwinding Toolkit](#), Centers for Medicare and Medicaid (August 2022)

Georgetown 50-State Unwinding Tracker

Number of informational elements found on state website or in public documents.



National Resource Center for Refugees, Immigrants, and Migrants (NRC-RIM)

Create a welcoming and culturally inclusive space



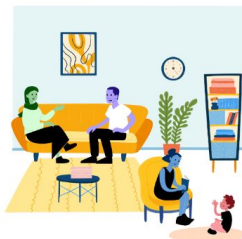
Identify one main entrance to your space and mark it clearly.

Ensure your building's entrance is easy to find and accessible regardless of which transportation method clients choose. Indicate the location of the accessible entrance, even if it's a different one.



Encourage personal connection.

Position a staff member or volunteer at a reception desk—It's more personal for clients to connect with another person upon arrival. If staffing someone for this role is not possible, consider using clearly marked doorbells so clients aren't waiting for a long time unattended.



Create a comfortable and calming waiting area.

Include things like seating, entertainment, a water dispenser, and a TV that keeps clients informed of other services offered in the space. This dedicated area creates a grounding way for clients to learn the environment.



Add photography prints of people, culture and nature.

Include **photography** > in the space that your clients and community would identify with. CUPHD clients have said that seeing **things from their culture** > can help make the space feel more relatable. **Images of nature** > create a sense of calm and relaxation, especially if you're unable to keep actual plants in the space.



We Can Do This



Join the We Can Do This national campaign to increase COVID-19 vaccine confidence including toolkits in multiple languages.

A photograph of a woman and a young boy standing outdoors. The woman is on the right, wearing a grey face mask and smiling. The boy is on the left, wearing a blue face mask with a cartoon design and smiling. They are both looking towards the camera. The background is slightly blurred, showing trees and a fence. At the bottom of the image is a solid blue banner with white text.

to giving them the health and safety for years to come.

**WE
CAN
DO
THIS**



VOICE OF:

Riya Amin

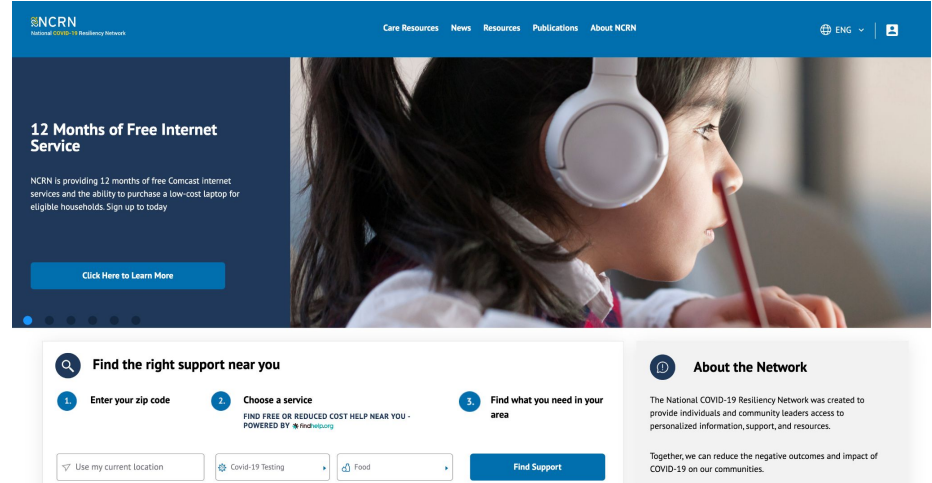
*Doctor of Nursing Practice,
Board Certified Family
Nurse Practitioner
Akron, OH*

AAPCHO Member providers share heartfelt experiences of COVID-19 vaccination with their patients.

National COVID-19 Resiliency Network



The National COVID-19 Resiliency Network (NCRN) has resources, publications, and supportive care available in 13 languages.



NCRN is partnering with Comcast Internet Essentials to offer 12 free months of internet access to qualifying households. Eligibility is based on financial status and Comcast availability in your zip code.



Questions?

Email us at training@aapcho.org

Visit us at aapcho.org/covid19