

VCHIP VDH COVID-19 Q&A Chat March 30, 2022

New Pfizer Vaccine

Q: Has anyone heard an update on release of the new (modified and presumably more effective on Omicron and variants) Pfizer vaccine? Thought it had been predicted for March/April but haven't heard anything lately.

A: Meredith Plumpton, VDH (verbally): I haven't heard anything yet.

Q: So sorry, had to take a call, any update on release of next Pfizer vax?

Q: Are you asking about the under 5 vaccine?

A: No, modified vax to cover Omicron and new variants better.

A: Merideth.Plumpton, VDH: I haven't heard any updates.

A: Breena Holmes, MD, VCHIP: IZ program folks are NOT aware of any updates.

Thanks, Merideth!

A: Thanks.

Boosters

Q: The website you just showed says 2nd booster 5 months after the first, but the CDC says 4 months after the first booster....

Q: So if you got J&J and you are 50, you can get a 2nd booster, but it has to be Pfizer or Moderna?

A: Merideth.Plumpton, VDH: This was the specific language from CDC yesterday 'adults who received a primary vaccine and booster dose of Johnson & Johnson's Janssen COVID-19 vaccine at least 4 months ago may now receive a second booster dose using an mRNA COVID-19 vaccine.'

<https://www.cdc.gov/media/releases/2022/s0328-covid-19-boosters.html>

CLIA certificate of waiver

C: Many school health offices received CLIA certificate of waiver for in office covid testing (e.g., Abbott BinaxNOW).

Reporting on COVID Test Results

Q: Will Vermont adopt the US DoHHS decision to end the blanket requirement to report negative Covid test results starting April 4, 2022? <https://www.beckershospitalreview.com/lab/hhs-ends-blanket-covid-19-lab-reporting-requirements.html>

A: Here is a link that describes lab result reporting, including that all COVID19 results (including negative) need to be reported: <https://www.healthvermont.gov/disease-control/disease-reporting/lab-result-reporting>

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Telemedicine in Rural Vermont

Contact Ryan Kelly for any questions, ryan.kelly@med.uvm.edu

Q: Are all the insurances actually paying for ALL telehealth visits and how are people billing for it?

A: Ryan Kelly (verbally): I have seen in the lit and once we collect data on what people are utilizing for their insurance and their attitudes towards telehealth, we might dive deeper. Some fed ins. Plans, like Medicaid and Medicare, I believe were covering and reimburse for if you use the camera/video. Some people just wanted to use the audio because it was easier for them, but believe not being reimbursed by some insurance. That is one of the points we are trying to address.

C: We have been testifying to audio only parity this spring to the Vermont Health and Human Service Committee.

C: Just had a case yesterday of migrant worker family without transportation, rural setting, baby needed to be seen, RCT unable to find their location, ended up seeing as tele visit which was tremendously helpful and so needed.

Q: Are providers choosing platforms based on reimbursement or practice/provider preference? I have different providers use different platforms, but bill the same insurance so it seems like its preference not reimbursement

A: Like Zoom vs Doxy as a examples.

A: Medicaid is all time based for audio. Video can have usual billing. The hardest is audio only for Medicare.

A: Insurance is State based. We have done telephone type visits for years for no reimbursement and insurance companies will not pay for this unless mandated to do so.

C: Definitely have a segment of patients who live in areas where they need to leave their house to get enough broadband to be able to do video, but are able to do phone from home.

C: Nathaniel Wait, VDH: Vermont Household Health Insurance Survey for 2021 just shared today:

<https://www.healthvermont.gov/stats/surveys/household-health-insurance-survey>