



maryland
health services
cost review commission

COVID-19 Community Vaccination Funding Program

March 2021

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Funding Announcement

The Health Services Cost Review Commission (HSCRC) is seeking applications from hospitals for the new COVID-19 Community Vaccination Funding Program (or, "Program"). This funding program is intended to provide hospitals with short-term funding through the all-payer rate setting system in order to allow for the creation, optimization, and/or expansion of community-based COVID-19 vaccine dissemination strategies. The focus of the Program is to align with the state's Vaccine Equity Task Force (VETF) and support efforts to increase vaccination rates in Maryland ZIP Codes identified as disadvantaged, vulnerable, underserved, and hard-to-reach.

Funding Period: FY 2021- FY2022

- Amended rate orders would be issued for FY 2021 immediately or with the FY 22 July rate orders depending on timing of awards.
- Funding will end on June 30, 2022.

Application Requirements and Timeline

Interested hospitals must complete the Community Vaccination Funding Program application (Appendix A) and submit it to hscrc.grants@maryland.gov in order to be considered. An HSCRC evaluation committee will review the applications and make award decisions.

- **RFA Announcement:** March 25, 2021
- **Application Deadline:** Rolling
 - Priority consideration will be given to applications received by April 8, 2021.
 - Awards will be issued in order of receipt until the statewide approved funding limit of \$12 million has been met.

Background

The Maryland All-Payer Model, which launched in 2014, established global budgets for Maryland hospitals to reduce Medicare hospital expenditures and improve quality of care. By providing hospitals with a fixed amount of revenue for each fiscal year, global budgets encourage hospitals to eliminate unnecessary hospitalizations, among other benefits. Under the All-Payer Model, Maryland achieved significant savings for Medicare and improved quality. However, the Maryland All-Payer Model historically focused primarily on the hospital setting, constraining the State's ability to sustain its rate of Medicare savings and quality improvements.

In 2019, the Centers for Medicare & Medicaid Services (CMS) and the State of Maryland initiated the Maryland Total Cost of Care (TCOC) Model, which seeks to broaden transformation of Maryland's healthcare system by creating greater incentives for health care providers to coordinate with each other and provide patient-centered care. The TCOC Model sets a per capita savings target on Medicare total cost of care in the State and commits the State to a sustainable growth rate in per capita total cost of care spending for Medicare beneficiaries. The TCOC Model holds Maryland fully at risk for the total cost of care for Medicare beneficiaries and sets Maryland on a course to save Medicare over \$1 billion by the end of 2023 by adopting new and innovative policies aimed at improving care, improving population health, and moderating the growth in hospital costs. In these ways, the TCOC Model will build on the success of Maryland's All-Payer Model.

The goal of the TCOC Model is to transform Maryland's health care system to achieve better quality, improved outcomes at a lower cost. The Model incentivizes increased collaboration among healthcare providers, public health, and communities across Maryland, including patients and their families, and community-based organizations. To further these person-centered, health improvement efforts, the State of Maryland and CMS signed a Memorandum of Understanding in December of 2019 agreeing to establish a Statewide Integrated Health Improvement Strategy (SIHIS). This initiative is designed to engage state agencies and private-sector partners to continue collaboration and investment in communities to improve health, address disparities, and reduce costs for Marylanders. Collaboration between hospitals and community partners to address the needs of Maryland's communities will be crucial to the State's success under the TCOC Model.

The TCOC Model & COVID-19

The State of Maryland has spent the past year battling the COVID-19 pandemic. The HSCRC applauds the heroic efforts of the first responders, nurses, doctors, hospitals, and healthcare providers to address this dangerous virus aggressively and compassionately. Emergency measures have transformed our healthcare landscape, in some instances temporarily, and in others permanently. The pandemic has highlighted the strengths of the State's TCOC Model and its components that can be leveraged to stabilize hospitals, build critical healthcare infrastructure, and extend public health activities designed to combat the COVID-19 pandemic. The COVID-19 Community Vaccination Funding Program will use the flexibility of the TCOC Model and the State's rate setting system to aid in statewide vaccination efforts. The remaining Rate Year 2021 set-aside amount, approved by the Commission in June 2020 and included in the update factor, will be

directed to support hospital efforts to engage in community-based vaccination efforts. The Program will provide funding to hospitals to create, optimize, and/or expand community-based vaccination programs in alignment with the State's VETF. The Program is designed to increase the vaccination rate in disadvantaged, vulnerable, underserved, and hard-to-reach communities throughout Maryland. The aggregate amount available for the Program is a maximum of \$12 million.

COVID-19 Community Vaccination Funding Program

Coronavirus disease 2019 (COVID-19) is a contagious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Worldwide, COVID-19 has resulted in millions of infections, causing illness and in some cases death. To combat rates of infection in Maryland, the State is working to distribute and administer doses of COVID-19 vaccines provided to the State by the federal government. To this end, the State has focused on leveraging federal, state, local, community, and private partnerships to identify, educate, and vaccinate members of disadvantaged, underserved, vulnerable, and hard-to-reach communities. The VETF led by the Maryland Army National Guard, in partnership with the Maryland Department of Health, is working with local health departments and community stakeholders to bridge the health outcome divide throughout the State and increase Marylanders' access to the COVID-19 vaccine.

Hospital efforts, in partnership with these local organizations, have been crucial to Maryland's work to stop the spread of COVID-19 and increase vaccination rates. As leading healthcare providers in their communities, many hospitals have established vaccination programs across the State. Hospitals have hosted vaccination clinics, worked with mass vaccination sites to provide staffing or other support, and partnered with local health departments and community-based organizations to conduct outreach and register eligible Marylanders for vaccinations. These efforts have included using mobile health vans and popular community facilities as vaccination sites, in addition to hospital-based clinics, to address vaccine administration disparities in communities across the State.

The HSCRC has created the Program to provide financial support to acute care hospitals under HSCRC's rate-setting authority as they build the capacity of their community-based vaccine programs. Additionally, the Program will encourage collaboration between hospitals and community partners to increase vaccine rates in areas of the State with low vaccine administration rates. Further, the Program is designed to achieve the following:

- Support statewide efforts to provide access to COVID-19 vaccines for all Marylanders in an equitable manner
- Foster impactful, long-lasting partnerships between hospitals and community-based organizations
- Educate and schedule vaccine appointments for individuals in hard-to-reach areas
- Address race, age, gender, and ZIP Code-based shortcomings in vaccine administration through multiple strategies suited best for the community, including a "come-to-you" approach

Program Guiding Principles

The HSCRC Community Vaccination Funding Program is built on the following key principles that have influenced the design of the Program. These design principles include the following:

- Support strategies to increase vaccination rates - Hospitals will be able to create new programs and/or optimize and expand existing programs to increase access to and adoption of vaccines
- Promote equitable access – Communities identified as disadvantaged, vulnerable, underserved, and/or hard-to-reach that have been affected disproportionately by disparities and low vaccination rates will have an increase in access to the COVID-19 vaccines.
- Leverage existing State infrastructure – Wherever possible, the Program will build upon existing State vaccination strategies, resources, and technology developed by the Maryland Department of Health and the Vaccine Equity Task Force
- Encourage collaboration – Hospitals will be encouraged to engage “trusted partners” in local communities.
- Recognize the urgency – The Program will be designed to keep the application process simple in order to ensure a quick response from the HSCRC and ensure the timely availability of funding.
- Design for the Future - The Program will support efforts for hospitals to further develop community-based infrastructure that can support post-pandemic health improvement efforts.

Community Collaboration

Strengthening partnerships with local health departments, non-profit organizations, faith-based entities, and/or other community-based organizations will advance long-term, sustainable approaches to addressing health disparities exacerbated by COVID-19 and support the State’s work under the Total Cost of Care Model. Therefore, a critical component of the Program is collaboration. Hospitals will be required to expand partnerships with local organizations within communities as part of the funding arrangement. To support this goal of increasing community collaboration, the Maryland Department of Health’s Office of Minority Health and Health Disparities will be available to provide technical support and to help hospitals make connections with community resources when needed.

Targeting Approach

Under the Program, hospitals must volunteer to implement community-based programs in ZIP Codes that have been identified by the VETF or local health departments as disadvantaged, underserved, vulnerable, and/or hard-to-reach areas. In the application, hospitals must agree to focus on at least one of the targeting strategies below:

- **Target Strategy 1:** Priority Area ZIP Codes (ZIP Codes defined by the VETF)
 - Hospitals select ZIP Codes that the VETF has identified as priority
- **Target Strategy 2:** Additional ZIP Codes (additional justification required)

- Hospitals apply for funding for alternative ZIP Codes with an explanation of other special consideration populations that need to be targeted (e.g., disabled, home bound, homeless, etc.)
- Hospitals must include a statement from the local health department confirming the vaccine targeting strategy and including data to verify the demographic/special needs of the ZIP Code to be targeted. CRISP offers vaccination data by zip code with filters in the CRS portal that hospitals may refer to in their zip code selection process.

While both targeting strategies will be allowed, the Evaluation Committee will give preference in scoring to hospitals that agree to Target Strategy 1.

Preferred ZIP Assignments

The Program will be designed to avoid funding multiple hospital programs operating in the same ZIP Codes so that resources can be spread as widely as possible. If multiple high-quality applications are received for a ZIP Code, hospitals will be asked to partner on vaccination strategies in those shared ZIP Codes. If a partnership strategy is not possible, the HSCRC will use its preferred assignment of ZIP Codes to assign only one hospital per ZIP Code. The HSCRC assignment of hospitals to ZIP Codes will be based on a combination of “Primary Service Area Plus” and the share of Equivalent Case-Mix Adjusted Discharges (ECMADS) for each hospital.

Measuring Impact

Hospitals participating in the Community Vaccination Funding Program will be required to provide data on their vaccination activities through ImmunNet, CRISP, and/or other HSCRC reporting. In addition to state required vaccination reporting, hospitals will be required to report to the HSCRC on the following:

1. Type of vaccination events
2. Number of vaccination events
3. Total number of patients vaccinated (1st dose, 2nd dose, single dose)
4. Number of patients vaccinated by Race/Ethnicity/Age/Gender Identity/ZIP

The impact of this program will be measured based on the following areas that will be tracked for each participating hospital/health system:

1. Number of vaccines applied during reporting period
2. Vaccination Rate by ZIP Code (comparison to pre-program baseline)
3. Vaccination Rate by race, ethnicity, age (comparison to pre-program baseline)

Eligibility Criteria

Maryland hospitals that have global budgets established under the rate-setting authority of the HSCRC are eligible to apply for the Community Vaccination Funding Program. Additionally, applicants must meet the following criteria:

- Hospitals must use the HSCRC-formatted application in Appendix A. No other formats will be accepted.
- A single hospital may submit an application, or multiple hospitals may jointly apply under a single application.
- Hospitals must partner with non-profits, faith-based entities, and/or community-based organizations and explain the strategy for engagement of trusted community partners in their application.
- Applications must include a list of strategies that will be implemented to identify, outreach, and vaccinate disadvantaged, vulnerable, underserved, and hard-to-reach populations.
- Details about arrangements for resource sharing, financial payments, and/or in-kind support must be disclosed in the applications. Specifically, the application should clearly describe how resources, funds, or in-kind support will flow from hospitals to partners.
- Hospitals applicants that are selected for awards must sign a Memorandum of Understanding with the HSCRC to confirm the terms of the funding arrangement.

Program awards are established as temporary adjustments to approved hospital rates. If awarded, enhanced reporting will be expected. Activities will be monitored and measured to demonstrate how funds have been used and to show the impact that the Program activities have on COVID-19 vaccination efforts.

Application Requirements

The HSCRC will accept applications for the Community Vaccination Funding Program at any time during the State's COVID-19 emergency period until the aggregate \$12 million in funding has been awarded. Priority consideration will be given to applications received by April 8, 2021, and preference in funding will be given to hospitals that volunteer for Vaccine Equity Task Force ZIP Codes under Target Strategy 1. Only hospitals may apply for funding; however, partnerships with community organizations must be a part of the vaccination model. Hospitals must use the HSCRC formatted application in Appendix A to be considered. Part I and Part II of the application template must be completed for consideration. Part I of the application template should be a maximum of six pages.

Part I: Strategy Overview & Vaccination Projections

1. **Target ZIP Codes** – Hospitals must identify whether they intend to pursue Target Strategy 1 or Target Strategy 2. Additionally, hospitals must identify the ZIP Code(s) and the specific populations that will be targeted for the community-based initiatives being pursued.
 - a. Target Strategy 1 - If selecting from VETF identified ZIP Codes, refer to Appendix C for the list of priority ZIP Codes. Enter the selected ZIP Code(s) in the application template.
 - b. Target Strategy 2 – If selecting alternative ZIP Codes, enter the selected ZIP Codes in the application template and attach a letter from the local health department confirming the vaccine targeting strategy. The letter must include data on the demographics/special needs of the alternative ZIP Code(s).
2. **Community Collaborators** – This section of the application should include a list of the confirmed and/or expected community collaborators including local health departments, non-profit organizations, faith-based organizations, or other community organizations that will be part of the community vaccination approach. Additionally, this section should include a description of the collaboration process that will be used between hospitals and trusted community partners to accomplish goals and to coordinate activities.
3. **Outreach Strategy** – Hospitals should describe the approach that will be used to identify, educate, and register disadvantaged, vulnerable, underserved, and hard-to-reach populations for vaccination. Information should be provided about expected barriers including language, transportation, physical/mobility issues, computer access, or vaccine hesitancy and how these will be addressed.
4. **Projected Vaccination Counts** – Applicants should project by month the total number of vaccinations expected to be performed based on the funding requested. The State is working to increase statewide vaccine supply levels; therefore, the projection should be based on the assumption that the vaccines will be widely available.
5. **Proposed Activities & Implementation Plan** – This section must describe the proposed activities to be implemented and whether the activities are new and will need time to build or expansion/optimization of existing activities that are in progress. This section should also identify a start date for vaccination activities.
6. **Other Sources of Funding** - This section should describe any direct or indirect sources of funding that have been received to support community vaccination activities. Additionally, applicants must indicate if the hospital/health system is billing patients or submitting claims for vaccine administration. Activities that are already funded through grants, State/federal funds, reimbursement, or other sources that result in duplicate funding will not be supported through this Program. This Program is intended to provide funding for expanded or new activities that are not covered under other funding programs.

Part II: Budget Projections

Applications must include the projected budget using the HSCRC format to specify expected expenses and how funds, resources, and/or in-kind support will be distributed and flow from hospitals to support community vaccination efforts. The proposed budget is expected to demonstrate the applicant's ability to execute the described scope of work to the extent practicable, within the grant period. Funds can only be used for planning, capital expenditures, implementation, service delivery, and operating expenses related to COVID-19 community vaccination activities. Examples of ineligible expenses are described in Appendix B.

Termination of Awards

The HSCRC reserves the right to terminate an award at any time for what it considers to be material lack of compliance or performance, or for its determination that a participating hospital is not meeting the letter or intent of an application as approved. If the HSCRC determines that a hospital has not complied with requirements or has used award funds in a manner inconsistent with the approved application, the Commission may require repayment of those funds awarded or of any awarded funds not used.

Evaluation Process

An Evaluation Committee formed by the HSCRC will review and score the grant applications. The HSCRC may engage additional subject matter experts to assist in the review and evaluation of grant applications. The HSCRC or its designee will make awards based on applications received and will determine how funds are disbursed. This means that:

- Determinations by the Evaluation Committee are not subject to appeal;
- The Evaluation Committee may require alterations to the scope or amount of an application during the process; and
- The Evaluation Committee may require an applicant to alter an application(s) to comply with the award limitation described above.

Evaluation Criteria

Applications will be reviewed, and funding awarded based on the following criteria:

1. **Community Collaboration Model** – The extent to which applications articulate plans to establish meaningful collaboration between hospitals and community organizations.
2. **Targeting Approach** – Whether the proposed approach will target disadvantaged, vulnerable, underserved, and hard-to-reach communities and address barriers to vaccine access.

3. **Impact Potential**– The projected number of vaccinations that will be performed with Program funds. The potential for the proposed activities to increase vaccination rates for the targeted population.
4. **Budget for COVID-related activities** – The reasonableness and adequacy of the proposed budget. A clear description of how awarded funds will be disbursed.
5. **Implementation Plan** – Feasibility of implementation plan including a model to enable partners to work together effectively and strategies that can be implemented quickly.

Appendix A – HSCRC Application Template

Part I. Strategy Overview & Vaccination Projections

The Section 1 portion of the applications should be no more than six pages. Please provide concise summaries with the most relevant points for each section below.

| | |
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| Hospital Applicant: | |
| Health System Affiliations: | |
| Total #Projected Vaccinations to be completed during Funding Period: (May 2021 through June 2022) | |
| Total Funding Request: | |
| <u>Section 1: Target ZIP Codes</u> | |
| <p>Please identify the target strategy, ZIP Codes, and populations that will be targeted.</p> <ul style="list-style-type: none"> • <i>Target Strategy 1</i> - If selecting from VETF identified ZIP Codes, refer to Appendix C for the list of priority ZIP Codes. Type the selected ZIP Code(s) below. • <i>Target Strategy 2</i> – If selecting alternative ZIP Codes, type the selected ZIP Codes below and attach a letter from the local health department confirming the vaccine targeting strategy. The letter must include data on the demographics/special needs of the alternative ZIP Code(s). | |
| <u>Section 2: Community Collaborators</u> | |
| <p>Please provide a list of the confirmed and/or expected community collaborators including local health departments, non-profit organizations, faith-based organizations, or other community organizations that will be part of the community vaccination approach. Describe the collaboration process that will be used.</p> | |
| <u>Section 3: Outreach Strategies</u> | |
| <p>Please describe the approach that will be used to identify, educate, and register disadvantaged, vulnerable, underserved, and hard-to-reach populations for vaccination. Please describe how barriers including language, transportation, physical/mobility issues, computer access, or vaccine hesitancy will be addressed.</p> | |
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Section 4: Projected Vaccination Counts

Please indicate by month the number of vaccinations expected to be performed based on this funding requested. Use May 2021 through June 2022 for purposes of projections and assume the vaccine will be widely available.

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Section 5: Implementation Plan

Please describe the activities that will be performed and the implementation plan. Indicate whether the proposed community-based activities are new activities and/or expansion/optimization of existing activities. Please identify when the projected vaccinations indicated in Section 4 will begin.

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Section 6: Other Sources of Funding

Please describe any direct or indirect sources of funding that have been received to support community vaccination activities. Additionally, please indicate if the hospital/health system is billing patients or submitting claims for vaccine administration. Activities that are already funded through grants, State/federal funds, reimbursement, or other sources that result in duplicate funding will not be supported through this Program. This Program is intended to provide funding for expanded or new activities that are not covered under other funding programs.

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Part II. Budget Projection

*Only prospective activities will be funded under the Community Vaccination Funding Program.

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| Hospital Applicant: | |
| Health System Affiliation: | |
| Total #Projected Vaccinations to be completed during Funding Period: (May 2021 through June 2022) | |
| Total Funding Request: | |

| Workforce/Type of Staff | Description | Amount |
|-----------------------------------------|--------------------|---------------|
| | | |
| IT/Technologies | Description | Amount |
| | | |
| Supplies & Equipment | Description | Amount |
| | | |
| Other Indirect Costs | Description | Amount |
| | | |
| Total Expenses & Investments | | |

Appendix B – Examples of Expenses Not Covered

Examples of expenses that will not be covered under the Community Vaccination Funding Program include:

- Electronic health records or patient hotlines or portals that are used for care delivery and communication unless specifically implementing systems or modules for improved communication with vaccination sites.
- Investments to improve coding or documentation, including upgrades to systems to be compliant with regulatory changes such as ICD-10.
- All retrospective and concurrent utilization review.
- Fraud prevention activities.
- CRISP participation fees other than specific projects not otherwise available to all CRISP users.
- Any expenses for physicians that do not clearly relate to the Community Vaccination Funding Program.
- Any expenses that are primarily for marketing purposes unless these are specifically related to COVID-19 vaccination activities.
- Accreditation fees.
- Financial rewards to providers (e.g., pay-for-performance incentives). Programs, however, may use ROI for provider gain sharing and pay-for-performance incentives that comply with legal requirements.
- Activities performed before the funding announcement date of the Community Vaccination Funding Program.
- Activities that were performed before the start of the Program.
- Activities already funded through grants, State/federal funds, or other sources.
- All other expenses that the HSCRC believes do not fall under the intent of this funding program.

Appendix C – Target Strategy 1 VETF Priority ZIP Codes

Priority ZIP Codes

| Zipcode | City | County |
|---------|---------------------|------------------------|
| 20745 | Oxon Hill | Prince George's |
| 20783 | Hyattsville | Prince George's |
| 20746 | Suitland | Prince George's |
| 20781 | Adelphi/Hyattsville | Prince George's |
| 20737 | Riverdale | Prince George's |
| 20782 | Hyattsville | Prince George's |
| 20712 | Mount Rainier | Prince George's |
| 20748 | Temple Hill's | Prince George's |
| 20744 | Fort Washington | Prince George's |
| 20895 | Kensington | Montgomery County |
| 21918 | Conowingo | Cecil County |
| 20722 | Brentwood | Prince George's County |
| 21919 | Earleville | Cecil County |
| 21756 | Keedysville | Washington County |
| 20755 | Fort George G Meade | Anne Arundel County |
| 20779 | Tracys Landing | Anne Arundel County |
| 21862 | Showell | Worcester County |
| 21675 | Wingate | Dorchester County |
| 21626 | Crapo | Dorchester County |
| 20899 | Gaithersburg | Montgomery County |
| 21902 | Perry Point | Cecil County |
| 21653 | Newcomb | Talbot County |
| 20629 | Dowell | Calvert County |