



All-State Medicaid and CHIP Call May 9, 2023



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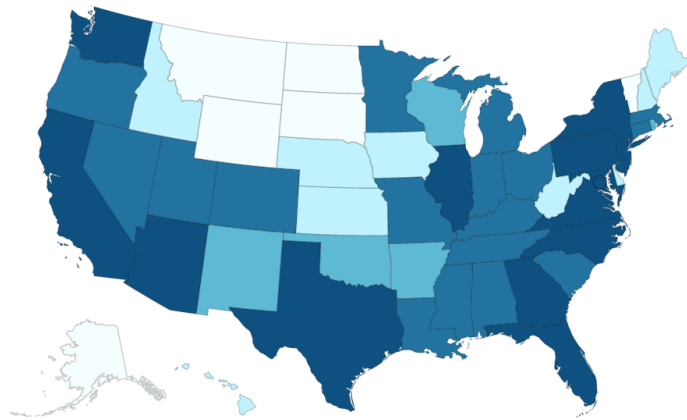
MVA-BN Vaccine Coverage and Mpox Risk

Demetre C. Daskalakis, MD MPH
Deputy Coordinator, White House
National Mpox Response

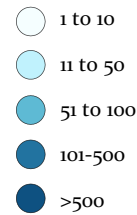


THE WHITE HOUSE
WASHINGTON

U.S. Situation Update – April 26, 2023



Legend



Territories **PR**



30,361

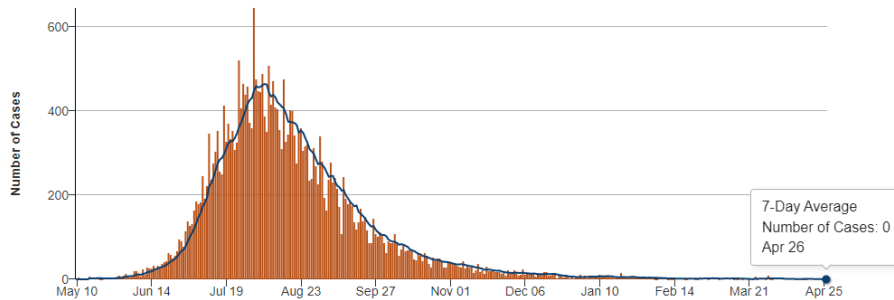
Total confirmed mpox / orthopoxvirus cases

42

Total deaths

1.4:1,000

Death Rate



*For recent mpox case numbers see CDC Situation Summary: <https://www.cdc.gov/mpox>



**NATIONAL™
WASTEWATER
SURVEILLANCE
SYSTEM**

Consistent detection

1 site (0%)

Intermittent detection

5 sites (1%)

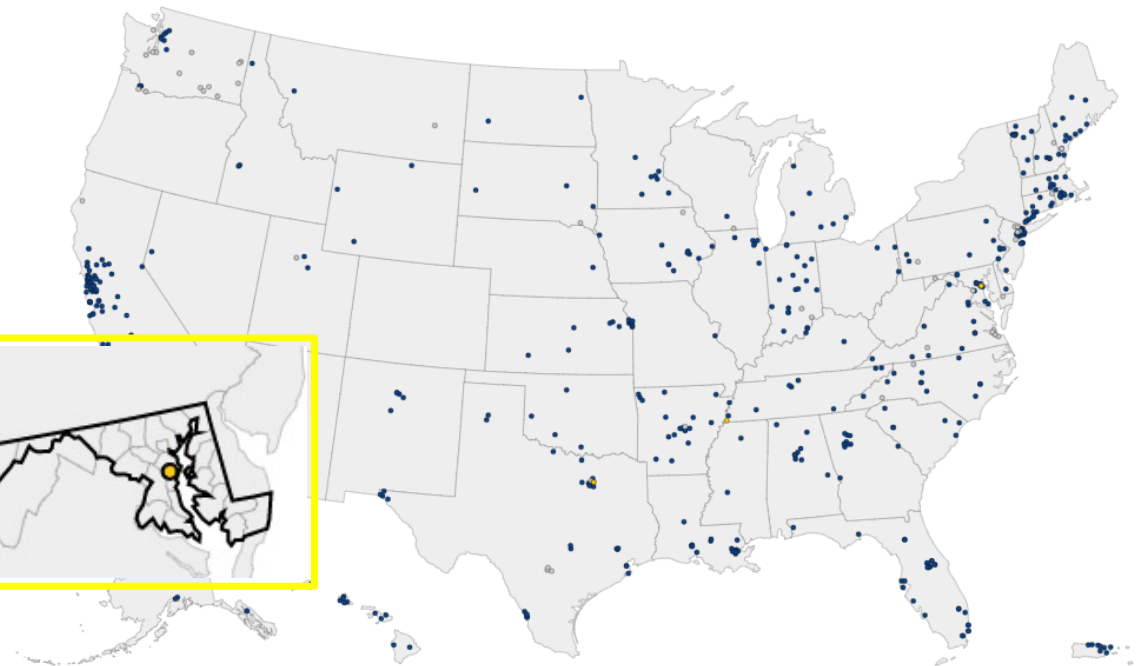
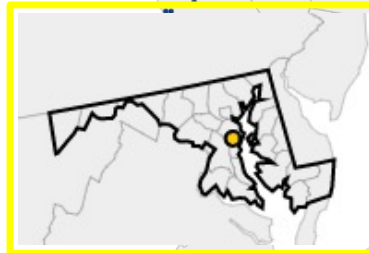
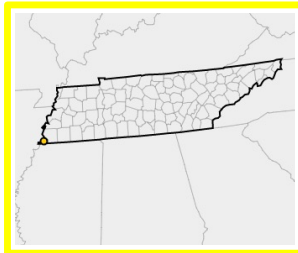
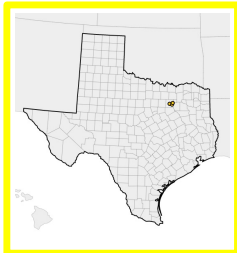
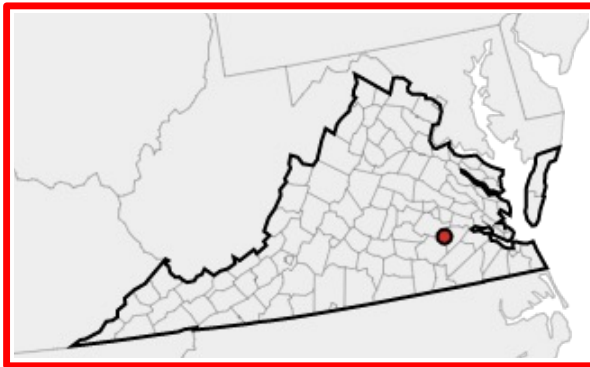
No detection

465 sites (89%)

No recent data

54 sites (10%)

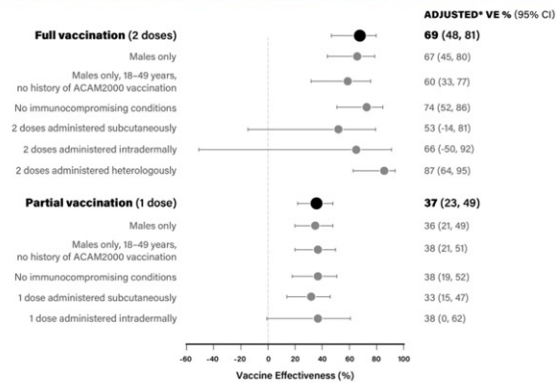
Note: Click on a state to zoom in.



May 3, 2023

Two Dose Mpxv MVA-BN Vaccine is Safe and Effective

Preliminary vaccine effectiveness (VE) estimates against medically attended mpox disease



CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People™

Search

Morbidity and Mortality Weekly Report (MMWR)

Safety Monitoring of JYNNEOS Vaccine During the 2022 Mpox Outbreak — United States, May 22–October 21, 2022

Weekly / December 9, 2022 / 71(49):1555–1559

Jonathan Duffy, MD; Paige Marquez, MPH; Pedro Moro, MD; Eric Weintraub, MPH; Yon Yu, PharmD; Peter Boersma, MPH; James G. Donahue, DVM, PhD; Jason M. Gland, PhD; Kristin Goddard, MPH; Simon J. Hambidge, MD, PhD; Bruno Lewin, MD; Ned Lewis, MPH; Douglas Rouse, MD; Tom Shimabukuro, MD (JIEBYA AUTHOR AFFILIATIONS)

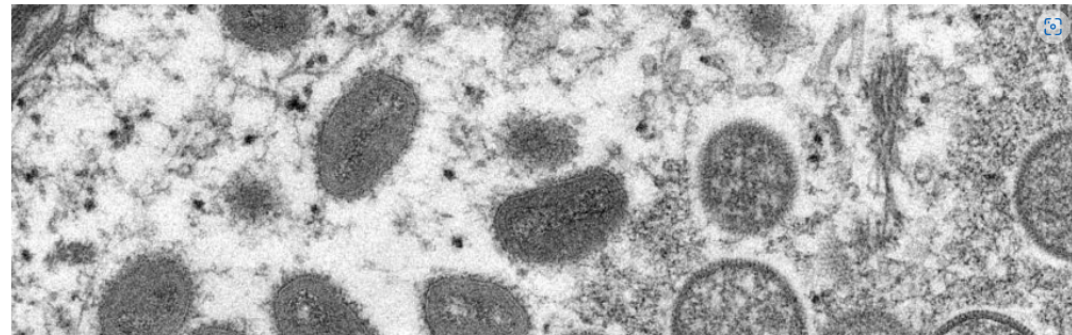
health Life, But Better Fitness Food Sleep Mindfulness Relationships

CDC advisers vote in favor of using mpox vaccine in future outbreaks



By Jen Christensen, CNN

Updated 4:09 PM EST, Wed February 22, 2023



Who Should Be Vaccinated? Pre-Exposure Prophylaxis

Estimated population <2M People



1 or more STI,
>1 Sex partner
in the last 6 months



Sex at sex venues or
large events/festivals or
sex in a geography with
mpox transmission



Or other
Immunocompromise
with recent or
anticipated exposure

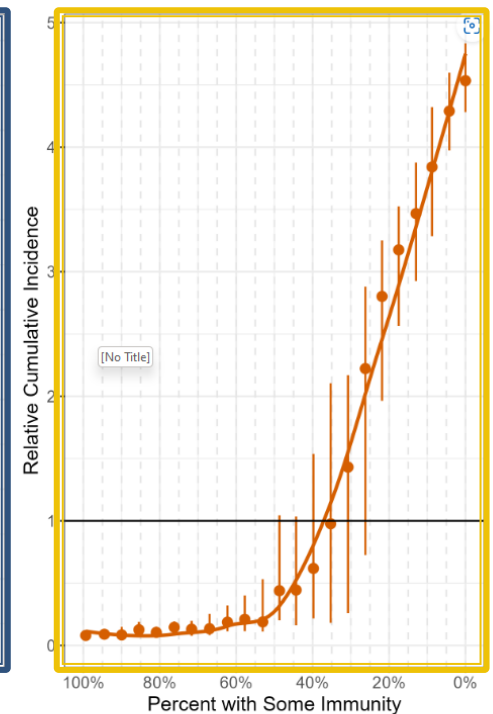
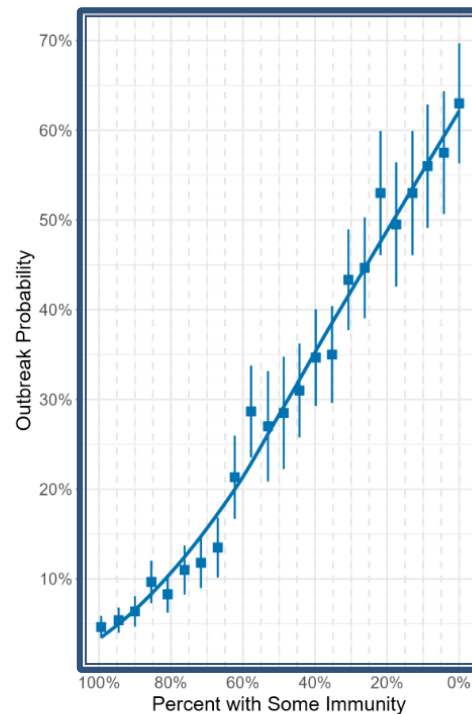


Sex partners of people
who have indications
for vaccine
(e.g. sex workers)

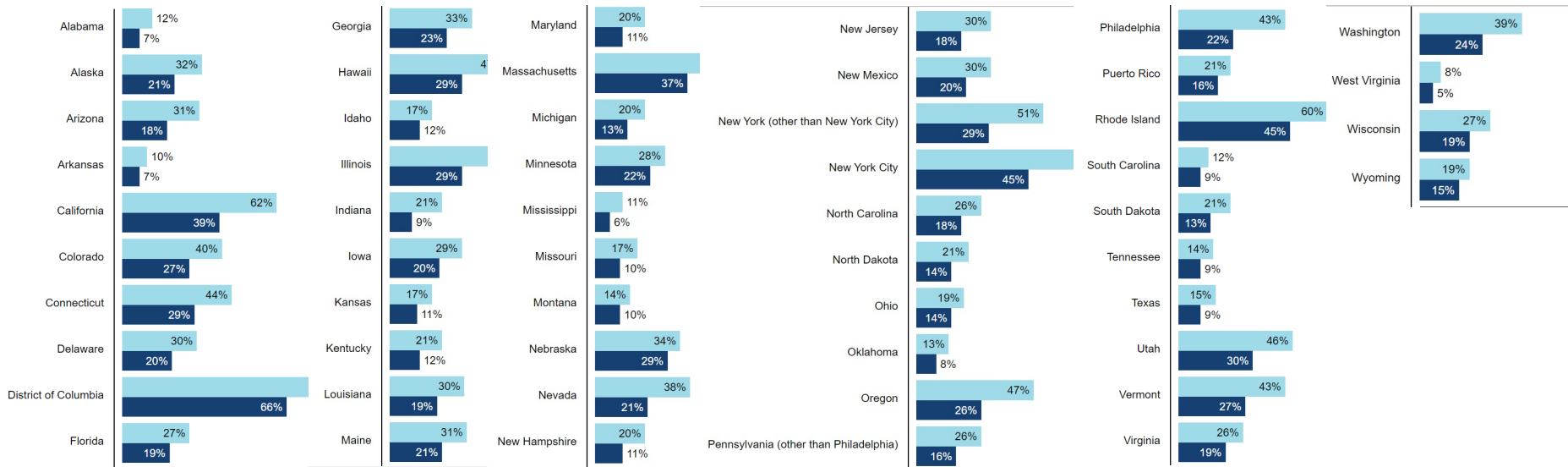
Or anticipate experiencing any of the above scenarios

CDC Modeling Forecast: We Are Still at Risk of a Large and Costly Outbreak!

- The more immunity we have in the community, the lower the chance that we will have any outbreaks.
 - Higher vaccination=Lower risk for an outbreak
- The size of future outbreaks could be equal to or larger than our current outbreak if vaccination coverage is less than 30-35%.



Vaccine Coverage by Jurisdiction



1st Dose = 37%
Fully Vaccinated = 23%

We Need Your Help to Contain Mpox: Please Make Sure Mpox Vaccination is Covered in Your State!

- **Covering vaccine for the limited population at risk protects the whole country and may prevent death and prolonged hospitalization in very vulnerable individuals.**
 - Mpox has been contained for now, but we know infections don't always stay in one group. (e.g. HIV)
- **Coverage of the vaccine is critical to accelerate integration of mpox vaccination into routine clinical service in the populations who could benefit.**
- **Coverage means new providers may agree to administer vaccines**
 - Pharmacies cite coverage as one major barrier to implementing mpox vaccine programs
 - Community has asked that we accelerate access in new settings to increase access and equity
- **Private industry follows your lead!**
 - Private insurers will follow your lead
 - Medicaid coverage helps to open the door to commercialization of vaccine and wider access



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Thank You

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End of PHE and National Emergency CIB



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**New CMS Informational Bulletin (CIB)
End of the COVID-19 Public Health Emergency (PHE)
and the COVID-19 National Emergency and
Implications for Medicaid and CHIP**

End of PHE and National Emergency CIB, Part 1 of 5

Background

- The COVID-19 National Emergency ended on April 10, 2023
- The COVID-19 PHE is expected to expire on May 11, 2023
- This CIB describes the end dates of certain COVID-19-related Medicaid and CHIP coverage, flexibilities, and enhanced federal funding tied to the COVID-19 National Emergency and PHE
- CMCS has previously provided information through CMCS All-State Calls and other resources on how states can continue many of these flexibilities beyond the COVID-19 PHE, if permissible
- This CIB does not provide any additional information about the end of the Medicaid continuous enrollment condition (The Consolidated Appropriations Act, 2023 (CAA, 2023) ended the continuous enrollment condition on March 31, 2023, separate from the PHE)

End of PHE and National Emergency CIB, Part 2 of 5

COVID-19 Related Medicaid and CHIP Coverage (1/2)

American Rescue Plan (ARP) Section 9811 and Section 9821: Coverage of COVID-19 Vaccines, Vaccine Administration, Testing, and Treatment in Medicaid and CHIP

- Since March 11, 2021, the ARP has required state Medicaid and separate CHIP programs to cover COVID-19 vaccines and their administration, testing, and treatments without cost-sharing
- Under the ARP, these coverage requirements end on the last day of the first calendar quarter that begins one year after the last day of the COVID-19 PHE; if the COVID-19 PHE ends as expected on May 11, 2023, this ARP coverage requirement will end on September 30, 2024

ARP Section 9811 and Section 9821: Enhanced Federal Matching Funds for COVID-19 Vaccines and Vaccine Administration

- The ARP authorizes a 100 percent FMAP for state expenditures for medical assistance for COVID-19 vaccines and their administration
- This 100 percent FMAP ends on the last day of the first quarter that begins one year after the last day of the COVID-19 PHE; if the COVID-19 PHE ends on May 11, 2023, this 100 percent FMAP will end on September 30, 2024

End of PHE and National Emergency CIB, Part 3 of 5

COVID-19 Related Medicaid and CHIP Coverage (2/2)

Optional COVID-19 Group for Uninsured Individuals

- The Families First Coronavirus Response Act (FFCRA) provided states with the authority to provide coverage to a new optional COVID-19 Medicaid eligibility group for uninsured individuals, and gave states a 100 percent federal match rate for their expenditures
- As of the publication date of this CIB, 15 states and three territories have opted to provide coverage to the optional COVID-19 group
- For those states and territories that have adopted the optional COVID-19 group, the coverage (and related federal matching funds) expire on the last day of the COVID-19 PHE, expected to be May 11, 2023

End of PHE and National Emergency CIB, Part 4 of 5

Section 1135 Waivers

- Since 2020, states submitting a Medicaid Disaster Relief SPA for COVID-19 have been able to request section 1135 waivers or modifications of the federal SPA effective date, public notice, and Tribal consultation requirements applicable to the SPA submission
- The end of the COVID-19 National Emergency on April 10, 2023 ended CMS's authority to issue new, prospective section 1135 waivers related to the COVID-19 pandemic
- Section 1135 waiver authority to waive or modify SPA submission requirements for Medicaid Disaster Relief SPAs submitted on or after April 10, 2023 is no longer available
- Medicaid Disaster Relief SPAs related to the COVID-19 pandemic can remain in effect until the end of the COVID-19 PHE, unless the state tied the end date of the SPA to the end of the COVID-19 National Emergency or an otherwise specified earlier end date

End of PHE and National Emergency CIB, Part 5 of 5

Telehealth Flexibilities

- Telehealth flexibilities under Medicaid and CHIP are not tied to the COVID-19 PHE
- The flexibility to cover Medicaid and CHIP services when they are delivered via telehealth was available prior to the COVID-19 PHE and will continue to be available after the COVID-19 PHE ends
- States have a great deal of flexibility with respect to covering Medicaid and CHIP services provided via telehealth
- Generally, a state does not need to submit a State plan amendment (SPA) to describe when it will cover or pay for already-covered Medicaid services when they are delivered via telehealth, unless it wants to cover or pay for the services differently when the services are delivered via telehealth

Key Dates for Expiration of Medicaid and CHIP COVID-19 Flexibilities and Requirements

	Authority/Provision	Expiration Date
1	Medicaid Disaster State Plan Amendment (SPA)	<ul style="list-style-type: none"> Expires at the end of the COVID-19 PHE (May 11, 2023) or any earlier approved date elected by state.
2	CHIP Disaster SPA	<ul style="list-style-type: none"> COVID-19 PHE SPA: Expires at the end of the COVID-19 PHE (May 11, 2023). Evergreen Disaster SPA: Expires the later of the state-declared emergency or the end of the COVID-19 PHE (May 11, 2023), or as otherwise specified in the SPA. Both SPA types may also expire at any earlier date, at state discretion.
3	Home and Community-Based Services (HCBS) Appendix K/ Attachment K	<ul style="list-style-type: none"> Expires no later than six months after the expiration of the COVID-19 PHE (November 11, 2023). This could be an earlier date if requested by the state and approved by CMCS.
4	Medicaid & CHIP 1135 Waivers	<ul style="list-style-type: none"> Expires at the end of the COVID-19 PHE (May 11, 2023).
5	Section 1115 COVID-19 Demonstration	<ul style="list-style-type: none"> Expires no later than 60 days after the end of the COVID-19 PHE (July 11, 2023) unless otherwise noted in section 1115 demonstration approval documents.
6	Optional COVID-19 Group	<ul style="list-style-type: none"> Authority to provide coverage to this group expires at the end of the COVID-19 PHE (May 11, 2023). No federal financial participation is available for any state expenditure associated with medical assistance services or administrative costs for this group, including coverage of COVID-19 vaccinations, testing, and treatment, after the COVID-19 PHE ends.
7	ARP Mandatory Medicaid & CHIP Coverage of COVID-19 Vaccinations, Testing, and Treatment Without Cost Sharing	<ul style="list-style-type: none"> Ends on the last day of the first calendar quarter that begins one year after the last day of the COVID-19 PHE (September 30, 2024).
8	Increased FMAP and eFMAP for Medicaid & CHIP Coverage for COVID-19 Vaccines and Vaccine Administration	<ul style="list-style-type: none"> Ends on the last day of the first quarter that begins one year after the last day of the COVID-19 PHE (September 30, 2024).
9	Medicaid and CHIP Disaster Relief MAGI-Based Verification Plan Addendum	<ul style="list-style-type: none"> Ends on the date specified in the Medicaid and CHIP Disaster Relief MAGI-Based Verification Plan Addendum in each applicable state.

Questions
