

All-State Medicaid and CHIP Call

November 14, 2023



This communication was printed, published, or produced and disseminated at U.S. taxpayer expense. The information provided in this document is intended only to be a general informal summary of technical legal standards. It is not intended to take the place of the statutes, regulations, or formal policy guidance that it is based upon. This document summarizes current policy and operations as of the date it was presented. We encourage readers to refer to the applicable statutes, regulations, and other interpretive materials for complete and current information.

All State Call Agenda

Agenda

- Medicaid and CHIP Coverage of COVID-19 Vaccines
 - HHS Public Readiness and Emergency Preparedness (PREP) Act, Vaccines For Children (VFC) program,
- Coverage of New Respiratory Syncytial Virus (RSV) Immunizations
- Birthing Friendly Hospital Designation
- Open Mic Q and A

Background – COVID-19 Vaccines

- *American Rescue Plan Act Sections 9811 and 9821*
 - States are required to cover COVID-19 vaccines and their administration without cost-sharing for CHIP beneficiaries and nearly all Medicaid beneficiaries, and there is a 100% federal match for state expenditures on a COVID-19 vaccine dose and its administration under the American Rescue Plan.
 - This coverage requirement and the 100% federal match are in effect through September 30, 2024.
- *Vaccines for Children*
 - Vaccine doses for Medicaid beneficiaries under age 19 are generally provided through the Vaccines for Children, or VFC, program. This includes the COVID-19 vaccine.
 - VFC is a federal vaccine purchase and distribution program for pediatric vaccines recommended by the Centers for Disease Control and Prevention (CDC) and its Advisory Committee on Immunization Practices (ACIP) for children through age 18 who are enrolled in Medicaid, or are uninsured, underinsured, or American Indian/Alaska Native. Children enrolled in a separate CHIP are not eligible for VFC vaccines.
 - The CDC/ACIP recommendations make up the US pediatric and adult immunization schedules. Vaccines on the pediatric schedule are generally provided by VFC for VFC-eligible children.

Background – Medicaid & the COVID-19 PREP Act Declaration

- *HHS COVID-19 Public Readiness and Emergency Preparedness (PREP) Act Declaration*
 - Currently, **through December 31, 2024**, the HHS COVID-19 PREP Act declaration authorizes pharmacies, pharmacists, pharmacy interns, and pharmacy technicians to administer COVID-19 vaccines **to individuals aged 3 and above**, as long as the provider meets the conditions stated in the declaration.
 - The HHS COVID-19 PREP Act declaration has Medicaid payment implications, and while the declaration does not change Medicaid coverage rules, it does affect which providers are qualified to provide COVID-19 vaccinations, for purposes of the Medicaid free choice of provider requirement.
 - **States must identify a pathway to providing Medicaid payment to certain pharmacies and pharmacy professionals both for COVID-19 vaccine doses and for administering those doses, if the provider is qualified to administer the COVID-19 vaccine (including if the provider is authorized to administer it under the HHS COVID-19 PREP Act declaration), and if Medicaid coverage of the COVID-19 vaccination is otherwise available for that beneficiary.**
 - States still must meet all other applicable federal requirements for covering the applicable benefit, such as paying only those providers that are enrolled as Medicaid providers and covering vaccinations only for eligible individuals.

Medicaid COVID-19 Vaccinations for Children

- For Medicaid beneficiaries under age 19, in cases where COVID-19 vaccine doses are available from the Vaccines for Children (VFC) program, the beneficiary could and would generally receive a VFC-provided vaccine dose.
- However, if a Medicaid beneficiary under age 19 receives a non-VFC-provided COVID-19 dose from a pharmacy provider that is authorized to administer the vaccine under the HHS COVID-19 PREP Act declaration, state Medicaid programs should ensure that the pharmacy provider can receive payment for both the non-VFC vaccine dose and its administration.
 - That is because the Medicaid payment policy related to the HHS COVID-19 PREP Act declaration applies regardless of whether a pharmacy provider is enrolled as a VFC provider.
- Today we are only discussing pharmacy providers authorized to administer COVID-19 vaccines under the HHS COVID-19 PREP Act declaration and are not discussing other sites or providers in which children may receive the COVID-19 vaccination.

CHIP COVID-19 Vaccinations

- In CHIP, states may choose between a Medicaid expansion program, a separate CHIP, or a combination of both types of programs. The type of program selected dictates whether beneficiaries enrolled in the state's CHIP program can receive vaccines through the VFC Program.
- Children under 19 years of age who are enrolled in Medicaid expansion CHIP programs are eligible for the VFC program. However, children enrolled in separate CHIP programs are not eligible for the VFC program and states must cover vaccine doses for these children as they would any other benefit.
 - Under the ARP, there is a 100% federal matching percentage for state separate CHIP and Medicaid expansion CHIP expenditures on a COVID-19 vaccine and the administration of a COVID-19 vaccine through September 30, 2024.

CHIP COVID-19 Vaccinations (continued)

- Separate CHIPs are not subject to Medicaid's free choice of willing and qualified provider requirement.
- Thus, states operating separate CHIPs generally have flexibility to determine which health care providers they would reimburse for providing covered services, including COVID-19 vaccinations.
- That said, as outlined above, the HHS COVID-19 PREP Act declaration authorizes certain pharmacy providers to order and/or administer COVID-19 vaccinations, if they do so consistently with the HHS COVID-19 PREP Act declaration and authorizations.
- Accordingly, states operating separate CHIPs may not deny CHIP payment to a CHIP provider for a covered COVID-19 vaccination on the basis that the provider is not licensed or authorized under state law to provide a COVID-19 vaccination, HHS' COVID-19 PREP Act declaration and authorizations authorize that provider to do so.
- However, the HHS COVID-19 PREP Act declaration does not require the state's separate CHIP to pay providers or provider types it would not otherwise pay under the state plan.
- States with Medicaid expansion CHIP programs must follow guidance provided for Medicaid beneficiaries included in earlier slides.

Examples of How the PREP Act Applies

▪ *Medicaid*

- If a family goes to a pharmacy for a Medicaid-covered COVID-19 vaccination for a child under age 19, and if the administering pharmacy provider meets the conditions in the HHS COVID-19 PREP Act declaration, the state should identify a pathway to paying for the vaccination, even if the vaccine dose is not provided through the VFC program. Additionally, the state expenditures on the vaccine dose provided would be 100% federally matched until September 30, 2024.
- If the provider is not an enrolled Medicaid provider, the state is not required to pay for the vaccination.

▪ *Separate CHIP*

- If a family goes to a pharmacy for a CHIP-covered COVID-19 vaccination for a child under age 19, if the administering pharmacy provider meets the conditions in the HHS COVID-19 PREP Act declaration, if the state pays pharmacy providers under the state plan, and if the administering provider is an enrolled CHIP provider, the state should pay the provider for the vaccination. Additionally, state expenditures on the vaccine dose provided would be 100% federally matched until September 30, 2024.
- If the state does not pay pharmacy providers under the state plan, or the provider is not an enrolled CHIP provider, the state is not required to pay for the vaccination.
 - As a reminder, children enrolled in a separate CHIP are not eligible for the VFC program.

▪ *Reminder:* States still must meet all other applicable federal requirements for covering the applicable benefit.

Coverage of RSV Immunizations

▪ Nirsevimab:

- Recommended by CDC’s Advisory Committee on Immunization Practices (ACIP) on August 3, 2023, and included in the addendum to the pediatric immunization [schedule](#).
- With this action, coverage is mandatory, without cost-sharing, for EPSDT-eligible children in Medicaid and Medicaid-expansion CHIPs, and for children enrolled in separate CHIPs.
- Included in the VFC program for children enrolled in Medicaid and Medicaid-expansion CHIPs.
 - The VFC administration fee ceiling applies.
- Due to supply issues, CDC has updated recommendations through a Health Alert Network ([HAN](#)), which CDC will address in the next presentation.

Coverage of RSV Immunizations (continued)

▪ Vaccine for Pregnant People (Abrysvo)

- Recommended by CDC/ACIP on September 22, 2023, for pregnant people at 32 through 36 weeks gestation, using seasonal administration, to prevent RSV infection in infants.
- Beginning on October 1, 2023, as mandated by section 11405 of the Inflation Reduction Act, coverage without cost-sharing is required for nearly all full-benefit adult beneficiaries covered under Medicaid, if the CDC/ACIP recommendations apply.
- Coverage is also mandatory for beneficiaries in Alternative Benefit Plans (ABPs) in states that align ABP coverage with state plan coverage. For non-alignment state ABPs, coverage of vaccinations must adhere to Essential Health Benefit (EHB) rules and coverage is mandatory for routine vaccinations on the adult immunization schedule.
- Additionally, beginning October 1, 2023, coverage is mandatory, without cost-sharing for Medicaid expansion CHIP and separate CHIP beneficiaries, if the CDC/ACIP recommendations apply.
- Included in VFC for VFC-eligible pregnant people through age 18.

Respiratory Syncytial Virus (RSV) Immunization Recommendations to Protect Infants and Children

November 2023

Georgina Peacock, MD, MPH, FAAP
Division Director

Immunization Services Division

National Center for Immunization and Respiratory Diseases

Elisha Hall, PhD, RD

Deputy Chief Medical Officer

Immunization Services Division

National Center for Immunization and Respiratory Diseases



Dosage

RSV Season	Body Weight the Day of Immunization	Number of Injections	Recommended Total Dosage
First	Less than 5 kg	One 50 mg prefilled syringe	0.5 mL (50 mg)
First	5 kg and greater	One 100 mg prefilled syringe	1 mL (100 mg)
Second	N/A	Two 100 mg prefilled syringes	2 mL (200 mg total)

Nirsevimab availability is limited

- The manufacturer has reported a limited supply of nirsevimab, particularly 100mg dose prefilled syringes used for infants weighing ≥ 5 kg
- Based on manufacturing capacity and currently available stock, there are not sufficient 100mg dose prefilled syringes of nirsevimab to protect all eligible infants weighing ≥ 5 kg during the current RSV season.
- Supply of 50mg dose prefilled syringes may be limited during current season





CDC Health Advisory

- On October 23, 2023, CDC release a health advisory describing interim recommendations to provide options for clinicians to protect infants from RSV in the context of a limited supply of nirsevimab

Limited Availability of Nirsevimab in the United States
—Interim CDC Recommendations to Protect Infants
from Respiratory Syncytial Virus (RSV) during the 2023–
2024 Respiratory Virus Season

[Print](#)



Distributed via the CDC Health Alert Network
October 23, 2023, 3:30 PM ET
CDCHAN-00499

CDC Interim Recommendations For Healthcare Settings With Insufficient Nirsevimab Availability: 50 mg doses for infants weighing <5 kg

- Recommendations for the 50mg doses remain unchanged at this time
- Providers should encourage pregnant people to receive Pfizer's RSV maternal RSV vaccine (Abrysvo) during 32–36 weeks' gestation to prevent RSV-associated lower respiratory tract infection
- Potential for limited nirsevimab availability should be considered when deciding on maternal RSV vaccination or nirsevimab

CDC Interim Recommendations For Healthcare Settings With Insufficient Nirsevimab Availability: Prioritizing 50mg doses

- 50mg doses should be reserved only for infants weighing <5 kilograms
 - Avoid using two 50mg doses in place of a 100 mg dose for infants weighing ≥5 kg
- Follow [AAP recommendations](#) for palivizumab-eligible infants aged <8 months when the appropriate dose of nirsevimab is not available

CDC Interim Recommendations For Healthcare Settings With Insufficient Nirsevimab Availability: 100 mg doses for infants weighing ≥ 5 kg

- In healthcare settings with limited availability of 100mg doses, prioritize infants at highest risk of severe RSV disease for receipt of 100mg nirsevimab doses
 - Young infants aged <6 months
 - American Indian or Alaska Native infants aged <8 months
 - Infants aged 6 to <8 months with conditions that place them at high risk of severe RSV disease:
 - Premature birth at <29 weeks' gestation
 - Chronic lung disease of prematurity
 - Hemodynamically significant congenital heart disease
 - Severe immunocompromise, severe cystic fibrosis (either manifestations of severe lung disease or weight-for-length less than 10th percentile)
 - Neuromuscular disease or congenital pulmonary abnormalities that impairs the ability to clear secretions

CDC Interim Recommendations For Healthcare Settings With Insufficient Nirsevimab Availability: 200mg doses for children aged 8–19 months

- In healthcare facilities with limited availability of 100mg doses, for palivizumab-eligible children aged 8-19 months, providers should suspend the use of nirsevimab for the 2023–2024 season. These children should receive palivizumab per AAP recommendations.
- Continue offering nirsevimab to American Indian and Alaska Native children aged 8-19 months who
 - are not palivizumab-eligible
 - and**
 - who live in remote regions, where transportation of children with severe RSV for escalation of medical care is more challenging, or in communities with known high rates of RSV among older infants and toddlers

- Link to the full Interim CDC Recommendations <https://emergency.cdc.gov/han/2023/han00499.asp>
- [ACIP and AAP Recommendations for Nirsevimab | Red Book Online | American Academy of Pediatrics](#)
- [Updated Guidance for Palivizumab Prophylaxis Among Infants and Young Children | American Academy of Pediatrics](#)

Supply/Distribution Update



Two Options to Protect Infants and Young Children from RSV

Maternal immunization



Nirsevimab



Pregnant patients and providers should take into account the limited availability of nirsevimab during the 2023-2024 season when making decisions about maternal RSV immunization

New ACIP Recommendations for Maternal RSV Vaccine (Abrysvo)

- Either maternal vaccination OR use of nirsevimab is recommended, **but both products are not needed for most infants.***
- Maternal vaccine is recommended for pregnant people during **32 through 36 weeks gestation**, with seasonal administration.
 - Administer during **September through January** in most of the continental United States.
 - In jurisdictions with seasonality that differs from most of the continental United States (e.g., Alaska, jurisdictions with tropical climates), providers should follow **state, local, or territorial guidance** on timing of administration.
- Maternal Pfizer vaccine can be **simultaneously administered with other indicated vaccinations.**

*If mother is vaccinated 14 or more days prior to birth, nirsevimab is not needed for most infants.
Fleming-Dutra KE, Jones JM, Roper LE, et al: <https://www.cdc.gov/mmwr/volumes/72/wr/mm7241e1.htm>

Nirsevimab Timing: 2023-2024 Season



*Areas with tropical climates or Alaska have seasonality that may differ from most of the continental United States, and should follow local guidance, including Florida, Hawaii, Guam, Puerto Rico, U.S. Virgin Islands, U.S.-affiliated Pacific Islands, and Alaska.

Jones JM, Fleming-Dutra KE, Prill MM, et al. <https://www.cdc.gov/mmwr/volumes/72/wr/mm7234a4.htm>

Nirsevimab Recommendations: Infants <8 months



**Infants born
October 2023–
March 2024**

- Immunize **within 1 week** of birth
 - Administration can occur during the birth hospitalization or in the outpatient setting.
- Immunize infants with prolonged birth hospitalizations due to **prematurity** or other causes **shortly before or promptly after discharge**



**All other
infants younger
than age 8
months**

- Administer as soon as nirsevimab is available if age of infant is **younger than 8 months** at the **time of immunization** assuming sufficient nirsevimab availability*

If mother vaccinated 14 or more days prior to birth, nirsevimab not needed for most infants.

Nirsevimab Recommendations: Children 8–19 months



At-risk children **ages 8–19 months** and entering **2nd RSV season**

Administer as soon as nirsevimab is available if age is **8–19 months** at the time of immunization **and** is at **increased risk for severe disease** assuming sufficient nirsevimab availability*



Children with **chronic lung disease of prematurity** who required medical support any time during the 6-month period before the start of the second RSV season



Children with **cystic fibrosis** who either have manifestations of severe lung disease or weight-for-length <10th percentile



Children with severe **immunocompromise**



American Indian or **Alaska Native** children

Complete recommendations available at <https://www.cdc.gov/mmwr/volumes/72/wr/mm7234a4.htm> and <https://www.cdc.gov/mmwr/volumes/72/wr/mm7241e1.htm>

*See <https://emergency.cdc.gov/han/2023/han00499.asp> for recommendations for healthcare setting with lack of sufficient nirsevimab

CMS

Birthing-Friendly Hospital Designation

Ellen-Marie Whelan, NP, PhD
Chief Population Health Officer, CMCS

Tiffany M. Wiggins, MD, MPH
Medical Officer, CCSQ

CMS Maternity Care Action Plan



- I. Coverage and Access to Care
- II. Data
- III. Quality
- IV. Workforce
- V. Social supports
- VI. Payment

Birthing-Friendly designation



- Last week, the Centers for Medicare & Medicaid Services (CMS) started displaying this 'Birthing-Friendly' designation icon on CMS's [Care Compare](#) online tool.
- CMS created the new designation to identify hospitals and health systems that participate in a statewide or national perinatal quality improvement collaborative program and that implement evidence-based care to improve maternal health.
- The public can use the Care Compare tool — along with a complementary [interactive map](#) — to find a hospital or health system with the 'Birthing-Friendly' designation in their area.

Background – the data



- In 2022, CMS established a “Birthing-Friendly” designation on the Care Compare website to identify hospitals and health systems that participate in a statewide or national perinatal quality improvement collaborative program and have implemented the recommended quality intervention.
- In October 2022, CMS posted the first data on the Care Compare website.
- Future reporting will occur on an annual basis and include data spanning the preceding calendar year.
- Thus, the release of data on Care Compare in Fall 2023 reflects measure data spanning January to December 2022.

Background – the measures



- CMS is initially awarding the birthing-friendly designation to hospitals or health systems that report yes to both of the following questions,
 - the first is participation in maternal or perinatal quality collaborative
 - the second is implementation of evidence-based patient safety practices or bundles related to maternal morbidity.
- If a hospital or health system answers yes to both, they receive the Birthing Friendly Designation.

The logo



- On December 13, 2022, leaders from across government and industry gathered for CMS’s first convening on maternal health since the agency launched its [Maternity Care Action plan](#) as part of the Biden-Harris Administration’s [Blueprint for Addressing the Maternal Health Crisis](#).
- As part of the convening, CMS unveiled this logo for the Birthing-Friendly Hospital designation, which will be posted on Care Compare as well as the websites of participating health plans to indicate “Birthing-Friendly” facilities.

This is the first-ever hospital quality designation by HHS that specifically focuses on maternal health.

The Designation



- Based on the data hospitals submitted during 2022
- CMS began displaying the “Birthing Friendly” designation on the care compare website on November 8th 2023
- CMS also just released an interactive map showing birthing-friendly hospitals and health systems throughout the U.S.



Web-Based Care Compare Tool


Care Compare Online Tool

medicare.gov/care-compare/?providerType=Hospital



Find & compare providers near you.



 Not sure what type of provider you need?
[Learn more about the types of providers.](#)



Welcome



Doctors & clinicians



Hospitals



Nursing homes including rehab services



Home health services

Find hospitals near me

Find and compare information about the quality of care at over 4,000 Medicare-certified hospitals, including over 130 Veterans Administration (VA) medical centers and over 50 military hospitals, across the country.

MY LOCATION *

Athens, GA 30605

NAME & TYPE (optional)

Facility name or type

Search

<https://www.medicare.gov/care-compare/?providerType=Hospital>

List of Hospitals in a Map

Filter by: Distance: 25 mi Overall star rating Patient survey rating View All Filters

3. Spring Grove Hospital Center
4.1 mi
PSYCHIATRIC
55 Wade Avenue
Catonsville, MD 21228
(410) 402-7455

Overall star rating
Not available ¹⁹

Patient survey rating
Not available ¹⁹

Compare

4. Saint Agnes Hospital
5.8 mi
ACUTE CARE HOSPITALS
900 Caton Avenue
Baltimore, MD 21229
(410) 368-2101

Overall star rating
★★★★☆

Patient survey rating
★★★★☆

Compare

5. Sinai Hospital of Baltimore
5.8 mi
ACUTE CARE HOSPITALS
2401 West Belvedere Avenue
Baltimore, MD 21215

Overall star rating
★★★☆☆

Patient survey rating
★★★★☆

Next steps for choosing a hospital

<https://www.medicare.gov/care-compare/?providerType=Hospital>

Pop-up screen to display Maternal Health in Quality Section

These measures aim to improve maternal health. By providing care to pregnant individuals that follows best practices that advance health care quality, safety, and...

[Read more](#)

[Find out why these measures are important](#)

[Get more information about the data](#)



[Get current data collection period](#)

Percentage of mothers whose deliveries were scheduled too early (1-2 weeks early), when a scheduled delivery wasn't medically necessary ↓ Lower percentages are better	0% of 90 patients National average: 2% ²⁶ Maryland average: 1% ²⁶
Whether a hospital participated in a state or national program aimed at improving maternal and child health	Yes ^

The absence of a "Birthing-Friendly" icon may mean the hospital doesn't qualify for the designation or it doesn't provide inpatient labor and delivery care.

<https://www.medicare.gov/care-compare/?providerType=Hospital>

Care Compare Tool : Compare more than one hospital at a time

	Spring Grove Hospital Center	Saint Agnes Hospital	Sinai Hospital of Baltimore
National average: 2% ²⁶			
MD average: 1% ²⁶			
<p>Whether a hospital participated in a state or national program aimed at improving maternal and child health</p>	<p>Not Available ⁵</p> <p>This hospital didn't provide data on inpatient labor and delivery care</p>	<p>Yes </p>	<p>Yes </p>
	es		▼
	re		▼

The absence of a "Birthing-Friendly" icon may mean the hospital doesn't qualify for the designation or it doesn't provide inpatient labor and delivery care.

Data last updated: November 8, 2023

To explore and download hospital data, [visit the data catalog on CMS.gov](https://www.cms.gov/data-research/statistics-trends-and-reports/hospital-data)

To explore data on ambulatory surgical centers (ASC), [visit the ASC data on CMS.gov](https://www.cms.gov/data-research/statistics-trends-and-reports/ambulatory-surgical-centers)



Consider this when choosing a hospital

<https://www.medicare.gov/care-compare/?providerType=Hospital>

Map option showing Birthing-Friendly Hospitals and Health systems (1/3)

Birthing-Friendly Hospitals and Health Systems

"Birthing-Friendly" is the first-ever CMS designation to describe high-quality maternity care. To earn the designation, hospitals and health systems report their progress on CMS's Maternal Morbidity Structural Measure to the Hospital Inpatient Quality Reporting (IQR) Program. The measure identifies whether a hospital or health system has:

1. Participated in a statewide or national perinatal quality improvement collaborative program; and,
2. Implemented evidence-based quality interventions in hospital settings to improve maternal health.

Disclaimer: Please note that, in some cases, the specific address represents a "Birthing-Friendly" health system and not an individual hospital.

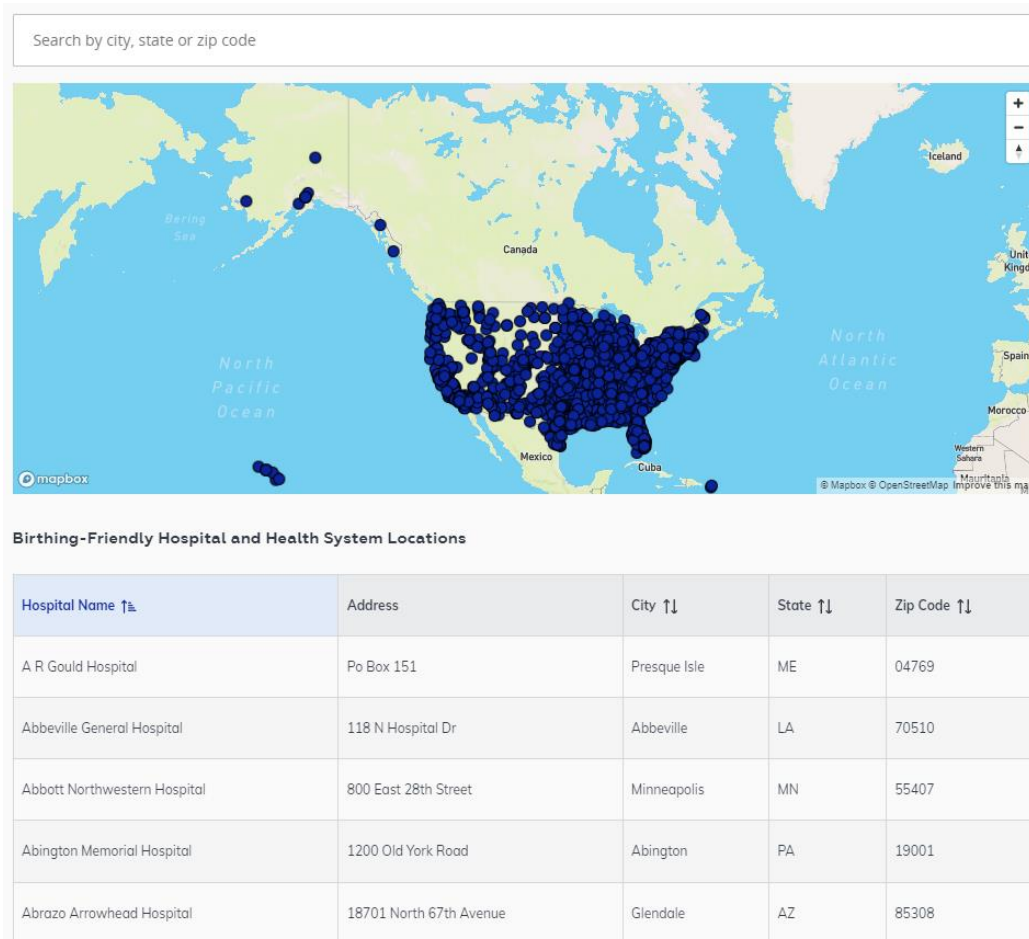
Find Birthing-Friendly Hospitals and Health Systems

The map below shows Birthing-Friendly hospitals and health systems throughout the United States. Users can search by city, state, or zip code to find a hospital or health system with the designation in their area. The map is interactive; users can zoom and select a data point to see address information.



<https://data.cms.gov/provider-data/birthing-friendly-hospitals-and-health-systems>

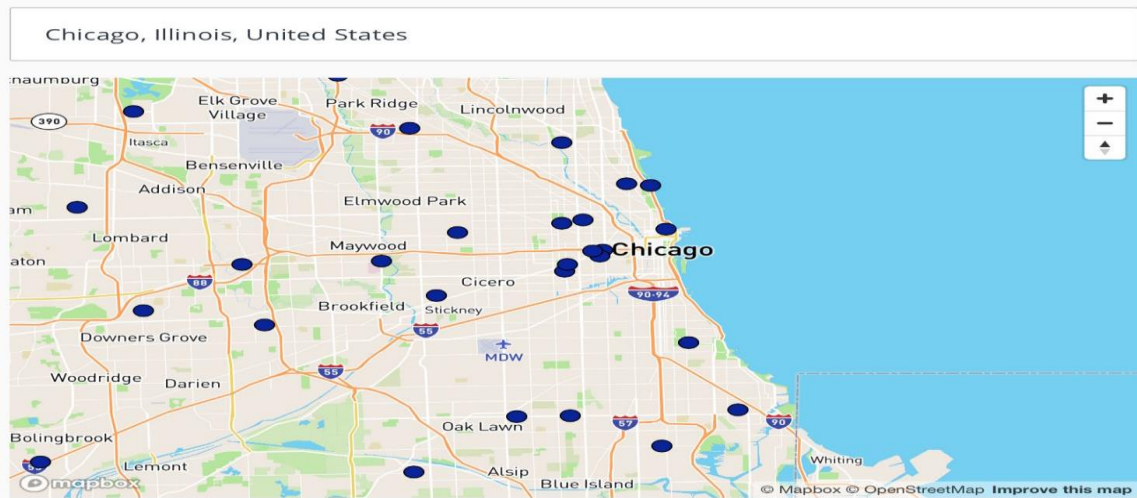
Map option showing Birthing-Friendly Hospitals and Health systems (2/3)



<https://data.cms.gov/provider-data/birthing-friendly-hospitals-and-health-systems>

Map option showing Birthing-Friendly Hospitals and Health systems (3/3)

The map below shows Birthing-Friendly hospitals and health systems throughout the United States. Users can search by city, state, or zip code to find a hospital or health system with the designation in their area. The map is interactive; users can zoom and select a data point to see address information.



Birthing-Friendly Hospital and Health System Locations

Hospital Name ↑	Address	City ↑↓	State ↑↓	Zip Code ↑↓
Advocate Illinois Masonic Medical Center	836 West Wellington Avenue	Chicago	IL	60657
Advocate Trinity Hospital	2320 E 93rd St	Chicago	IL	60617
Amita Health Resurrection Medical Center	7435 W Talcott Avenue	Chicago	IL	60631
Humboldt Park Health	1044 N Francisco Ave	Chicago	IL	60622

<https://data.cms.gov/provider-data/birthing-friendly-hospitals-and-health-systems>

Questions?