



Coverage and Reimbursement of COVID-19 Vaccines, Vaccine Administration and Cost Sharing under Medicaid, the Children's Health Insurance Program, and Basic Health Program



Center for Medicaid & CHIP Services
November 5, 2020 All-State Call

Objectives

- To help plan for a COVID-19 vaccine release, on October 28th, CMS released a state-focused toolkit that will be updated periodically to help state and territorial policymakers identify the issues that need to be considered and addressed in order to provide coverage and reimbursement for vaccine administration in the Medicaid program, the Children's Health Insurance Program (CHIP), and the Basic Health Program (BHP).
- Beyond coverage and reimbursement, there are a number of other issues states need to begin thinking through now. In the toolkit, CMS outlines many of the clinical and operational considerations for states including vaccine storage, priority for vaccine distribution, and pharmacy and provider agreements.
- Because CMS anticipates the initial supply of COVID-19 vaccine(s) will be federally purchased, the toolkit is primarily focused on vaccine administration.
- CMS remains available to provide technical assistance to states as they plan and prepare for COVID-19 vaccine administration.

COVID-19 Vaccine Coverage for Medicaid, CHIP, and BHP Beneficiaries During the PHE

- Under section 6008 of the Family First Coronavirus Response Act (FFCRA), Medicaid programs may receive a 6.2 percentage point increase in federal medical assistance percentage (FMAP) during the public health emergency (PHE), and in return they are required to adhere to the following conditions:
 - Provide coverage of COVID-19 testing services and treatments, including vaccines and vaccine administration, specialized equipment, and therapies without cost sharing to most Medicaid beneficiaries;
 - Coverage is required during the period in which any state or territory receives the 6.2 percentage point increased FMAP, available through the end of the quarter in which the PHE ends; and
- These requirements do not apply to Medicaid eligibility groups whose coverage is limited by statute or under existing section 1115 demonstration to a narrow range of benefits, such as groups that receive Medicaid coverage only for COVID-19 testing, family planning, or tuberculosis-related services.
- These requirements also do not apply to CHIP or BHP, but vaccine coverage is provided in both of these programs.
 - States must cover Advisory Committee on Immunization Practices (ACIP) recommended vaccines and their administration for children enrolled in a separate CHIP, with no cost sharing.
 - During the PHE, BHP plans must provide coverage for and must not impose any cost sharing for “qualifying coronavirus preventive services” including a COVID vaccine regardless of whether the vaccine is delivered by an in-network or out-of-network provider.

COVID-19 Vaccine Coverage for Medicaid, CHIP, and BHP Beneficiaries After the PHE

- After the requirements outlined in the FFCRA are no longer in effect, states must cover COVID-19 vaccines recommended by the ACIP, and their administration, for several populations including:
 - All Medicaid-enrolled children under the age of 21 eligible for the Early and Periodic Screening, Diagnostic, and Testing (EPSDT) benefit;
 - Adult Populations who receive coverage through ABPs; and
 - Adults in states that elected to receive a 1 percentage point FMAP increase for providing vaccines under section 1905(a)(13(A) and (B) of the Act (i.e., 4106 of Patient Protection and Affordable Care Act (PPACA)).
- States also have the option to cover vaccines and their administration for other Medicaid-eligible groups.
- In CHIP, vaccine coverage is the same during and after the PHE: States cover ACIP recommended vaccines at no cost sharing.
- States must continue to provide BHP enrollees with a COVID-19 vaccine with no cost sharing.

Medicaid, CHIP and BHP COVID-19 Vaccine Administration Reimbursement

States have flexibility in establishing vaccine administration rates

Medicaid

- For professional services provided by physicians and other licensed practitioners, rates are set by states and may be found on the state agency fee schedules for the benefit category. States may set rates specific for vaccine administration codes or pay providers through a rate for an office visit.
- For facility services, such as hospitals, nursing facilities and Federally Qualified Health Centers (FQHCs), vaccine administration is usually included within the facility rate applicable to services provided at the facilities. In addition, states may pay an additional rate for vaccine administration
- States may pay a vaccine administration fee at or below the Vaccine for Children (VFC) program regional rate for children through age 18.

CHIP/BHP

- Separate CHIP programs determine rate and manner of reimbursement for administration.
- States have discretion in determining vaccine administration rates for BHP.

Medicare Reimbursement

- States are encouraged to consider these rates when determining their reimbursement rate.
- These rates recognize the costs involved in administering the vaccine, including the additional resources involved with required public health reporting, conducting important outreach and patient education, and spending additional time with patients answering any questions they may have about the vaccine.

Medicaid and CHIP Managed Care Considerations

Coverage

- States that utilize a managed care delivery system may elect to include vaccine administration coverage in their managed care plan contracts and capitation rates.
- Alternatively, states may also elect to provide vaccine administration coverage and payment under their Medicaid and CHIP fee-for-service programs, and carve the vaccine benefit out of the managed care program and contracts.
- During the COVID-19 PHE, Medicaid ABPs must provide coverage for and must not impose any cost-sharing for “qualifying coronavirus preventive services,” including a COVID vaccine, regardless of whether the vaccine is delivered by an in-network or out-of-network provider.

Credentialing and Contracting

- To ensure that beneficiaries enrolled in managed care plans have easy and prompt access to a COVID-19 vaccine, states are strongly encouraged to consider whether any contractual requirements for credentialing and network contracting should be amended.
- In addition, states are strongly encouraged to amend their managed care contracts to suspend limits on out-of-network coverage for managed care enrollees to specifically improve access to COVID-19 vaccines.

Medicaid & CHIP State Plan Amendment (SPA) & BHP Blueprint Submission Requirements for COVID-19 Vaccine Administration

Population	Is a SPA/Blueprint needed for coverage purposes?	Is a SPA/Blueprint needed for reimbursement purposes?
Adults Covered Under Traditional Medicaid	No for mandatory benefits and clinic benefit. Yes for optional benefits if not otherwise covered.	Yes, if different from approved administration rates.
Beneficiaries Enrolled in ABPs (Including Expansion Adults)	No SPA required.	Yes, if different from approved administration rates.
Children Covered Under Medicaid	State option to submit a SPA to explicitly detail coverage provisions.	Yes, if different from approved administration rates.
CHIP	No	No
BHP	No	No

Medicaid SPA Templates and Streamlined Review Process

Disaster Relief Medicaid SPA Template

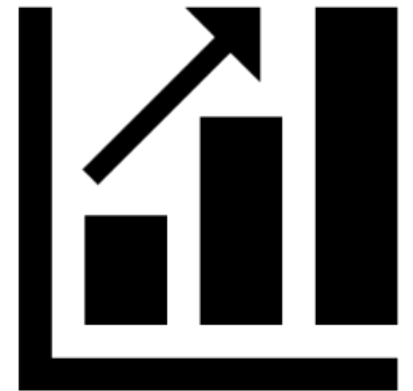
- Combines multiple, time-limited state plan options into one single SPA template.
- *Changes are effective only during the COVID-19 PHE, and any extensions.*
- The state can also utilize SPA process flexibilities under section 1135 of the Social Security Act, including retroactive effective date, waiver of public notice, and modification of tribal consultation.

Permanent Coverage & Reimbursement Changes

- CMS will expedite the review of these SPAs
- *State should identify these submissions as COVID -19 response SPAs.*
- Coverage only needs to describe the qualifications of the practitioners who may order and administer the vaccine under the optional benefit(s) appropriate to the state's Medicaid program.
- Payment SPA only necessary if methodology differs from what is already approved.
- Must comply with applicable federal requirements, including public notice, tribal consultation, and effective date requirements.

Transformed Medicaid Statistical Information System (T-MSIS) Reporting Implications

- The American Medical Association will be issuing a separate Current Procedural Terminology (CPT) code for each vaccine.
- To ensure that states and CMS can properly track distribution of the COVID-19 vaccine and administration , states should:
 - Ensure that providers use standard procedures codes, and
 - Send codes to CMS via the normal T-MSIS submission.
- As the coding specifics become available, CMS will provide more detailed guidance to states.



Requirements During and After the PHE: Medicaid Provider Enrollment

Flexibilities During the PHE

- Medicare Administrative Contractors (MACs) will share contact information and/or the enrollment website for each state Medicaid program with newly enrolling providers in order to facilitate the provider's next steps with regard to enrollment with the state.
- If a state doesn't have an approved 1135 waiver related to provider screening and enrollment, they may request an 1135 waiver to temporarily enroll providers and waive certain requirements.

Outside of the PHE

- CMS currently shares Medicare and Medicaid provider enrollment data with all state Medicaid and CHIP programs through the CMS Data Exchange (DEX) system.
- To reduce duplication across programs, DEX shares data on all existing and newly enrolling providers that will be administering the COVID-19 vaccine(s) in Medicare.
- In order for states to reimburse for vaccine administration, providers must enroll, and periodically revalidate their enrollment in Medicaid and CHIP.
- Medicaid and CHIP managed care network providers are also required to be enrolled with State Medicaid and CHIP programs.
- States have the authority to temporarily enroll providers using provider screening that is performed by other state Medicaid agencies or Medicare.

Provider & Beneficiary Education & Outreach

- States should start developing a COVID-19 vaccine education and outreach strategy to ensure that beneficiaries and providers are aware of the availability of a COVID-19 vaccine(s); administrative match is available for both Medicaid and CHIP.
- Education is important in helping beneficiaries understand where to go to get vaccinated and how to get more information.
- States are encouraged to coordinate with their state and local health departments and to partner with other stakeholders to promote coordinated messaging.
- States may want to incorporate ready-to-use materials from existing national campaigns, such as those prepared by CDC and the Connecting Kids to Coverage National Campaign.

Questions