

## **Provider Notification**

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

On Nov. 23, 2020, the Centers for Medicare & Medicaid Services (CMS) released an update to the Coverage and Reimbursement of COVID-19 Vaccines, Vaccine Administration and Cost Sharing under Medicaid, the Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) vaccine toolkit that was originally released on Oct. 28, 2020.

This update includes information regarding the Public Readiness and Emergency Preparedness (PREP) Act authorizations related to COVID-19 vaccinations, implications on Medicaid and CHIP coverage and reimbursement, and authorization for pharmacies distributing and administering certain covered countermeasures (including COVID-19 vaccinations). CMS has also updated <a href="theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:theta:thet

## Updated Medicaid & CHIP Managed Care (page 22)

#### 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 feefor-service programs, and carve the vaccine benefit out of the managed care program and contracts.

If states utilize a managed care delivery system, as with all covered benefits in a managed care plan contract, Medicaid capitation rates must be developed to include all reasonable, appropriate, and attainable costs that are required under the terms of the contract.

## Credentialing & 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 under § 438.214(b)(1) on their managed care plans for credentialing and network contracting should be amended.

States are strongly encouraged to amend the managed care contracts to suspend limits on out-of-network coverage for managed care enrollees to specifically improve access to COVID-19 vaccines. Access to a COVID-19 vaccine is critical and should be maximized to the fullest extent possible regardless of the delivery system through which a beneficiary receives their Medicaid benefits. Reimbursement for vaccines and associated administration may be specified by the state in a

managed care plan's contract, subject to the approval requirements for state-directed payments in 42 CFR § 438.6(c), or may be determined by the managed care plan.

# Medicaid and CHIP SPA Templates, BHP Blueprints, and Streamlined Review Process (page 23)

- Medicaid
- CHIP & BHP

## NEW: Other Federal Requirements & Considerations (page 24)

- PREP Act
- HHS PREP Act Authorizations Related to COVID-19 Vaccinations
- PREP Act Authorization for Pharmacies Distributing and Administering Certain Covered Countermeasures
- Implications of HHS's COVID-19 PREP Act Declaration and Authorizations for Medicaid and CHIP Coverage and Reimbursement of COVID-19 Vaccinations

## UPDATED: Medicaid & CHIP Reporting Requirements & Implications (page 30)

CMS intends to publicly report about vaccinations (at an aggregated, summary level) using data from the Transformed Medicaid Statistical Information System (T-MSIS), a uniform, national data system for Medicaid and CHIP.

On Nov. 10, 2020, the AMA released the first CPT codes for reporting of immunizations for the novel coronavirus (SARS-CoV-2, also known as COVID-19). These CPT codes are unique for each COVID-19 vaccine, and include administration codes unique to each such vaccine. The new codes are effective upon the corresponding vaccine receiving Emergency Use Authorization or licensure from the FDA. For more COVID-19 CPT coding information, see the American Medical Association's COVID-19 CPT vaccine and immunization codes page.

## UPDATED: Provider Enrollment in Medicaid & CHIP (page 31)

### Summary of Medicaid & CHIP

For states to reimburse for vaccine administration, providers must enroll and periodically revalidate their enrollment in Medicaid.

## Data Sharing Systems & Process for Provider Enrollment

In an effort to increase provider enrollment, CMS currently has a Medicare and Medicaid data sharing system and process in place to share the Medicare provider enrollment data with all state Medicaid and CHIP programs.

## Emergency Flexibilities Available during All Public Health Emergencies (PHE)

During the PHE, states may request a section 1135 waiver to temporarily enroll providers who are not enrolled with another state Medicaid agency or Medicare for the duration of the PHE by waiving certain screening and enrollment requirements, such as payment of application fee, criminal background fingerprint-based checks, site visits and temporarily ceasing revalidation. If permissible under state law, states may also request 1135 flexibility to waive the provider agreement requirement.

However, states must cease payment to providers who are temporarily enrolled within six months from the date that the disaster designation is lifted, unless a provider has submitted an application that meets all requirements for Medicaid participation and that application was subsequently reviewed and approved by the state.

## Education & Outreach (page 33)

Education and outreach will be critical to ensuring that beneficiaries and providers are aware of the availability of the COVID-19 vaccine(s), and that beneficiaries understand where they can receive a COVID-19 vaccine, the number of required doses and spacing between doses (if a multi-dose vaccine is used), and how to obtain additional information. CMS encourages states to start developing a strategy for conducting COVID-19 vaccine education and outreach.

In addition to recommendations to improve education, outreach, and immunization rates, <u>this</u> <u>toolkit</u> provides links to a number of resources and immunization campaigns that include ready-to-use materials that can be used for state campaigns and messaging.

#### Refer to the <u>source document</u> for complete information:

https://www.medicaid.gov/state-resource-center/downloads/covid-19-vaccine-toolkit.pdf