

All-State Medicaid and CHIP Call September 12, 2023



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Agenda

- Reminder about Medicare Special Enrollment Period
- Update on Seasonal Vaccines
- Open Mic Q and A

Medicare Special Enrollment Period (SEP) to Coordinate with Termination of Medicaid Coverage

Centers for Medicare & Medicare Services (CMS)
Medicare-Medicaid Coordination Office (MMCO)
Presenter: Melissa Heitt, Technical Director



Background: Medicare Enrollment and Special Enrollment Periods (SEPs)

- Eligible individuals can generally only enroll in premium Part A, Part B, or both during a Medicare enrollment period.
- States may enroll individuals in Medicare at other times of the year through the state buy-in process.
- An individual who misses their initial enrollment period (the 7-month period starting 3 months before their Medicare eligibility) and is not covered by the state buy-in agreement may face a gap in coverage and lifetime late enrollment penalties.
- Starting January 1, 2023, the Consolidated Appropriations Act, 2021 allowed the Secretary of HHS to create SEPs for exceptional conditions.
 - In a November 2022 final rule, CMS finalized 5 new SEPs for exceptional conditions, including the SEP to Coordinate with Termination of Medicaid Coverage

SEP To Coordinate with Termination of Medicaid Coverage

- Medicare SEP for certain individuals who:
 - Lose Medicaid (e.g., due to aging out of the Medicaid adult group); and
 - Did not sign up for Medicare on time.
- Helps promote seamless transitions from Medicaid to Medicare coverage.
- Allows individuals to elect retroactive Medicare entitlement back to the date of Medicaid termination but no earlier than January 1, 2023. If an individual selects this option, they must pay the premiums for the retroactive covered time period.

Timing for SEP To Coordinate with Termination of Medicaid Coverage

- **Starting 1/1/2023.** If the individual loses Medicaid coverage on or after January 1, 2023:
 - The SEP starts upon notice of upcoming termination of Medicaid eligibility and ends six months after the Medicaid termination.
 - Medicare benefits start the month after Medicare enrollment unless the individual elects a start date back to the first day of the month the individual lost Medicaid and agrees to pay all prior premiums.

Links and Questions

Useful links:

- Medicare Fact Sheet <https://www.medicaid.gov/sites/default/files/2023-06/medicare-sep-factsheet.pdf>
- Health Care Options Fact Sheet <https://www.medicaid.gov/sites/default/files/2023-06/health-care-options-fact-sheet.pdf>
- Medicare Part A and Part B Special Enrollment Period Form <https://www.cms.gov/files/document/cms-10797-application-medicare-part-and-part-b-special-enrollment-period-exceptional-conditions.pdf>
- Medicare Program; Implementing Certain Provisions of the Consolidated Appropriations Act, 2021 and Other Revisions to Medicare Enrollment and Eligibility Rules <https://www.federalregister.gov/public-inspection/2022-23407/medicare-program-implementing-certain-provisions-of-the-consolidated-appropriations-act-2021-and>

Contacts for Questions:

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Update on Seasonal Vaccines

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Updated COVID-19 Vaccines

- Updated COVID-19 vaccines that will be available in the very near future will be “commercialized” - purchased and distributed like other recommended vaccines, including through Vaccines For Children (VFC) program. (Slides from 8/8/23 All State Call are available [here](#).)
- Expect CDC/ACIP recommendations soon. (ACIP is meeting on 9/12/23.)
- Vaccines for uninsured adults available through a temporary [Bridge Access Program](#).
- Medicare COVID-19 increased vaccine administration fee will be in effect through CY 2023. Beyond that hasn't yet been determined.

COVID-19 Vaccines (continued)

- **American Rescue Plan Act of 2021 (ARP) (Pub. L. 117-2) requirements through 9/30/24:**
 - State Medicaid programs are required to cover COVID-19 vaccines and their administration, without cost sharing, for nearly all Medicaid beneficiaries. Similar requirement for separate CHIP.
 - Established temporary Medicaid federal medical assistance percentage (FMAP) and CHIP enhanced FMAP (EFMAP) of 100 percent for amounts expended by a state for medical assistance for COVID-19 vaccines and their administration.
- **Inflation Reduction Act (IRA):**
 - Beginning 10/1/23, most adults enrolled in Medicaid and CHIP will have mandatory coverage of all FDA approved ACIP-recommended vaccines, and the administration of those vaccine without cost-sharing, including all FDA-approved ACIP-recommended COVID-19 vaccinations. (Additional information is available in the June 27, 2023, [State Health Official](#) letter and [fact sheet](#).)

Additional Resources:

[Coronavirus Disease 2019 \(COVID-19\) | CDC](#)

[Vaccines for COVID-19 | CDC](#)

Respiratory Syncytial Virus (RSV) Vaccine for Older Adults

- Two newly recommended RSV vaccines licensed for use in adults age 60 years and older. Both have started distribution. RSVPreF3 (Arexvy) and RSVpreF (Abrysvo)
- CDC/ACIP recommends that adults 60 years of age and older may receive a single dose of RSV vaccine using **shared clinical decision-making** (SCDM). This means that health care providers and their patients should have a conversation to determine if RSV vaccination will be beneficial.
- After 10/1/23, when the IRA provisions become effective, state Medicaid agencies will be required to cover doses of these vaccines and their administration without cost-sharing for nearly all full-benefit adult beneficiaries covered under traditional Medicaid, if the CDC/ACIP recommendations apply. [States should also consider adding coverage of these vaccines and their administration to their Medicaid alternative benefit plan coverage for adults.]
- Must be covered without cost sharing by Medicare Part D plans.

Resources:

[RSV Vaccination: What Older Adults 60 Years of Age and Over Should Know | CDC](#)

[Adult RSV ACIP Vaccine Recommendations | CDC](#)

RSV Protection for Infants

Nirsevimab

- RSV immunization shown to reduce the risk of hospitalizations and healthcare visits for RSV in infants by about 80 percent. Expected to be available in early October.
- ACIP/CDC recommendations for prevention of RSV disease:
 - One dose for all infants younger than 8 months, born during, or entering, their first RSV season (typically fall through spring).
 - One dose in the second RSV season for a small group of children between 8 and 19 months at increased risk of severe RSV disease, such as children who are severely immunocompromised, or American Indian/Alaska Native.
- Included in VFC - product is federally purchased when accessed through VFC. Code 96372 (injection, subcutaneous, or intramuscular) is to be reported for administration.
- States are encouraged to compare administration fee rate between this code and vaccine administration codes and consider submitting a state plan amendment (SPA) if changes are needed. Reminder that VFC administration fee ceiling applies.

RSV Protection for Infants (continued)

- VFC includes over 40,000 VFC providers (primarily outpatient), 250 birthing hospitals.
- Cost: \$395/vial for VFC. \$495/vial for non-VFC. (Dose for infants over 8 months is 2 vials.)

Vaccine for Pregnant People (Abrysvo)

- Single dose vaccine FDA-approved for individuals 32-36 months gestation. Approved for use in pregnant individuals to prevent lower respiratory tract disease (LRTD) and severe LRTD caused by RSV in infants from birth through 6 months of age.
- ACIP is meeting on 9/22 to consider whether to recommend Abrysvo. If recommended, expect ACIP to also address whether an infant should receive both this product and Nirsevimab. If recommended, Abrysvo will be available soon after 9/22 for this population.

Resources:

[RSV \(Respiratory Syncytial Virus\) | CDC](#)

Flu & Routine Vaccinations

Seasonal Flu Vaccine

- Recommended for individuals 6 months of age and older. This year's flu vaccine is available.

Routine Vaccinations

- Important that they aren't forgotten, still room for improvement.

Resources:

[Influenza \(Flu\) | CDC](#)

[Routine Immunizations on Schedule for Everyone \(RISE\)](#)

[MMWR - Kindergarten Immunization Rates \(published 1/23\)](#)

Questions?