

Available Flexibilities and Funding Opportunities to Address COVID-19 Vaccine Hesitancy



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Agenda

- **Available Flexibilities and Funding Opportunities to Address COVID-19 Vaccine Hesitancy**
 1. Beneficiary Incentives
 2. Provider Incentives
 3. Managed Care Plan Performance Incentives
 4. Rate Increases to Support Paid Time Off for Direct Service Professionals to Receive a COVID-19 Vaccination
 5. Federal Match for Expanded Community Outreach
 6. No Wrong Door Policy
 7. Connecting Kids to Coverage National Back to School Campaign
- **Q and A**

Increase Vaccine Uptake Among Medicaid and CHIP Beneficiaries

- As Medicaid and CHIP enrollment has grown to over 81 million individuals during the public health emergency (as of March 2021), **State Medicaid and CHIP programs play a significant role in the effort to vaccinate beneficiaries for COVID-19.**
- **State Medicaid and CHIP agencies are also critical to helping ensure that children and adolescents aged 12 and older have access to COVID-19 vaccinations as they return to school.**
- CMS has compiled a list of **flexibilities and funding opportunities to support state efforts to increase uptake of the COVID-19 vaccines** among Medicaid and CHIP beneficiaries.
- As the Delta variant spreads, **unvaccinated Medicaid and CHIP beneficiaries are at high risk of contracting and being hospitalized for COVID-19.**
- The strategies in this presentation are in response to state requests to **support further targeted outreach** efforts to promote vaccination among Medicaid beneficiaries.
- **CMS strongly encourages all states to adopt as many of the strategies outlined here as possible and is ready and available to partner with states.**
- This is not meant to be a comprehensive list of strategies. **If states have other ideas, CMS is available for technical assistance.**

1. Beneficiary Incentives (1/2)

Research shows incentives can be effective in promoting vaccinations. In a recent UCLA study, one-third of unvaccinated participants said a cash payment would make them more likely to get a shot.

States can request federal administrative match for state-funded monetary incentives for Medicaid and CHIP beneficiaries, such as gift cards, to encourage the uptake of the COVID-19 and influenza vaccines. States can administer a beneficiary vaccine incentive program under FFS and/or managed care.

- In Medicaid, states can request 50 percent federal financial participation (FFP) under section 1903(a)(7) of the Social Security Act and implementing regulations at 42 CFR 433.15(b)(7).
- In CHIP, states can request federal match at the applicable E-FMAP, subject to the 10 percent limit on administrative expenditures, under section 2105(a)(1)(D)(v) of the Social Security Act and implementing regulations at 42 CFR 457.618.
- Payments to managed care plans for these beneficiary vaccine incentive programs must be paid separately on an administrative cost basis, not included in risk-based managed care capitation rates.

1. Beneficiary Incentives (2/2)

Next Steps to Implement

- **States must submit an amendment to their Public Assistance Cost Allocation Plan (PACAP)** to HHS and proposed administrative claiming methodology to CMS for review and approval.
- **States' proposals for vaccine incentives should include safeguards** to ensure that only beneficiaries who receive a vaccine (or their guardians) receive the beneficiary incentive. In addition, any claims for FFP must meet documentations requirements and are subject to audit.
- **Proposals will be reviewed for consistency with general principles on allowable administrative costs¹** using our existing administrative claiming criteria, as well as federal cost allocation principles. For links to claiming criteria, see [Medicaid Administrative Claiming | Medicaid](#).

¹ [1994 CMS State Medicaid Director letter](#) outlines allowable administrative costs.

2. Provider Incentives

Providers are trusted sources of information and can help address vaccine hesitancy among their patients.

- **Federal match is available for state Medicaid programs for payment rates and methodologies designed or modified to incentivize providers** (e.g., pediatricians, primary care providers and hospitals) to furnish vaccines to beneficiaries, and thereby increase vaccination rates.
- Providers can be incentivized with bonus payments and performance targets to reach set COVID-19 vaccination targets.

Next Steps to Implement

- For managed care, states can utilize Medicaid managed care state directed payments under 42 CFR 438.6(c) to contractually require managed care plans to implement specific payment arrangements with network providers provided certain requirements are met.
- For fee-for-service payment increases, states should submit a state plan amendment including updated 4.19B pages.

3. Managed Care Plan Performance Incentives

70% of Medicaid beneficiaries are enrolled in comprehensive managed care. Managed care plans play a key role in educating enrollees and performing outreach.

- States could create a **pay-for-performance incentive arrangement** for Medicaid managed care plans subject to requirements in 42 CFR § 438.6(b)(2).
- This would include setting **performance-based targets or thresholds for Medicaid managed care plans based on enrollee vaccination rates**. For example, states could establish a performance-based bonus pool to provide incentive payments to top performing managed care plans in accordance with 42 CFR § 438.6(b)(2).

Next Steps to Implement

- States should meet with managed care plans to develop and implement performance-based arrangements to increase vaccination rates.
- States would also need to revise managed care contracts and capitation rates, and submit to CMS for approval.

4. Offer Direct Service Professional(DSPs) Paid Time Off to Receive a COVID-19 Vaccine (1/2)

Many DSPs do not receive paid time off, which has been identified as a barrier to this population receiving the COVID-19 vaccine. DSPs may be more willing to get vaccinated if they can take paid time off of work to do it.

- States can use the 1915(c) Appendix K to implement **temporary rate increases that account for the extra time off** needed by DSPs to receive the COVID-19 vaccine.
- Temporary rate increases **can be retroactive and/or time-limited**. Note: Temporary changes authorized through an Appendix K cannot exceed six months after the end of the federal PHE for COVID-19.
- States can **require DSPs to document that they received the vaccine and/or have an appointment** for the vaccine in order to be eligible for the time off.
- To calculate increase, states can **adjust the Full Time Equivalent (FTE) factor** used in current rate models.
- More information can be found in the 6/29/21 [CMS All-State Slide Deck](#) on **Medicaid.gov**.

4. Offer Direct Service Professional(DSPs) Paid Time Off to Receive a COVID-19 Vaccine (2/2)

Next Steps to Implement

States need to submit a 1915(c) Appendix K documenting the following in Section K-2-f:

- Percentage and purpose of the rate increase
- Factors/assumptions used to determine the amount of the increase
- Services/provider types affected
- Effective dates of the rate increase (if different from effective dates in Section K-1-f of Appendix K)
- Conditions DSPs must meet in order to receive the time off (if any) and conditions providers must meet in order to receive the rate increase (if any)

5. Federal Match for Expanded Community Outreach (1/2)

Community-based organizations, such as faith-based groups, social service programs, and schools, are trusted, effective sources of information. These groups have strong community roots and regular contact with vulnerable populations.

- States should **frequently review COVID-19 immunization messaging** to ensure it encompasses up to date vaccine information, and consider coordinating with local and state chapters of healthcare professional organizations, faith groups, community-based groups, tribes and tribal organizations, schools, and other groups that engage with beneficiaries to share up-to-date messaging
- **Federal administrative match is available for direct community outreach and engagement to Medicaid and CHIP enrollees** through Community Health Workers, peer workers, and other trusted local providers or community members.
- **Federal administrative match would also be available to develop and distribute literature and materials** to inform beneficiaries about the benefits and availability of COVID-19 vaccinations.
- This would include a **range of outreach modalities** to encourage, answer any questions, and correct misinformation.

5. Federal Match for Expanded Community Outreach (2/2)

- States may also receive federal administrative match to **coordinate provider trainings with enrolled Medicaid and CHIP providers** regarding the benefits of COVID-19 vaccination and how to assist beneficiaries in accessing vaccinations.
- For additional information, see [Medicaid Administrative Claiming | Medicaid](#).

Next Steps to Implement

- If these activities are not specified in the state's administrative claiming plans, the state can submit a modification to the plan and request technical assistance as necessary.

6. Create a “No Wrong Door” for Beneficiaries Seeking Vaccine Information

A “No Wrong Door” policy creates a one-stop-shop for beneficiaries to seek vaccine information and plan for their vaccine appointment.

- Use Medicaid and CHIP administrative matching funds to **expand "no wrong door" options** for enrollees. For example, through one phone call, a beneficiary can make their vaccine appointment and arrange non-emergency medical transportation to the appointment.
- Activities also includes **educating call-line staff and updating public call-lines and websites** to increase promotion of COVID-19 vaccine and ensure access to transportation.

Next Steps to Implement

- If these activities are not specified in the state's administrative claiming plans, the state can submit a modification to the plan and request technical assistance as necessary.

7. Join the Connecting Kids to Coverage National Back to School Campaign (1/2)

Back to school is a time when children often get routine check-ups and vaccinations for things like school, sports, and other activities. CMS will integrate COVID-19 vaccine messaging into its annual Connecting Kids to Coverage campaign.

- This year's **Back to School initiative will include COVID-19-related messaging** about the importance of catching up on missed childhood vaccines and administering the COVID-19 vaccine for the adolescent population.
- The campaign will **provide tools and resources for partners** to get the message out
- Activities and materials include:
 - **“Strategies to Help Kids Safely Return to School – Vaccinated and Ready to Learn” webinar** on June 3, 2021, which featured Dr. Shannon Stokely, Associate Director for Immunization Services Division, National Center for Immunization and Respiratory Diseases at the Centers for Disease Control and Prevention (CDC);
 - **“Campaign Notes” eNewsletter** amplifying the message and sharing resources with partner organizations;
 - **Additional vaccine resource content** to InsureKidsNow.gov that can direct stakeholders to CDC resources and wecandothis.gov;
 - **Social media content and graphics;** and
 - **Radio Media Tour**

7. Join the Connecting Kids to Coverage National Back to School Campaign (2/2)

Next Steps to Implement

- [Go to InsureKidsNow.gov](https://insurekidsnow.gov) to sign up for email updates for the Connecting Kids to Coverage national campaign.
- [Download outreach guides and toolkits](#) to help communities organize and conduct successful outreach activities.
- Create opportunities for families to get their eligible children and teens signed up for coverage *and* get the COVID-19 vaccine.

CMS is Here to Support States in Their Vaccine Outreach Efforts

CMS is available for:

- Technical assistance
- Links to additional resources
- Other examples of successful state interventions
- Any other questions related to vaccine strategies for Medicaid and CHIP beneficiaries

Questions