



# Working With State Flexibilities to Help Make Vaccines Affordable for Health Centers & Their Patients

In February 2024, the Centers for Medicare and Medicaid Services (CMS) released a [Medicaid & CHIP Vaccine Toolkit](#) to share existing laws States need to adhere to related to vaccines, and also provide suggestions to States on how they can make vaccines more affordable and accessible to providers and patients. They provide specific examples for how States can pay FQHCs for vaccines. The toolkit also gives guidance expanding vaccine access and uptake through provider qualifications and considerations, vaccine counseling, and immunization registries.



## ACIP-RECOMMENDED VACCINES

- Anthrax
- Cholera
- COVID-19
- Dengue
- DTaP-IPV-Hib-HepB
- DTaP/Tdap/Td
- Ebola
- Hepatitis A
- Hepatitis B
- Hib
- HPV
- Influenza
- Japanese Encephalitis
- Measles, Mumps and Rubella
- MMRV
- Meningococcal
- Orthopoxviruses (Smallpox and Monkeypox)
- Pneumococcal
- Polio
- Rabies
- Rotavirus
- RSV
- Tick-Borne Encephalitis
- Typhoid
- Varicella (Chickenpox)
- Yellow Fever
- Zoster (Shingles)

## RELEVANT LAWS

### HHS COVID-19 PREP Act:

Allowing certain provider to administer COVID-19 vaccines, seasonal vaccines, COVID-19 test through December 31, 2024 – includes pharmacies, pharmacists, pharmacy interns, & pharmacy techs.

### Inflation Reduction Act (IRA):

Oct 1, 2023 – adults in CHIP and most adults in Medicaid have mandatory coverage of ACIP-recommended vaccines.

### American Rescue Plan (ARP):

Coverage of all COVID-19 vaccinations for all CHIP beneficiaries and most Medicaid beneficiaries through September 30, 2024.

## PAYMENT FOR VACCINES TO HEALTH CENTERS

- ▶ Vaccine administration \*may\* be included within the PPS rate for Medicaid and CHIP enrollees. States also have the ability to set higher payment rates for vaccine administration for FQHCs.
- ▶ States have the option to pay for vaccine administration through Alternative Payment Methodology (APMs).
- ▶ If the state **does not** include the vaccine product in the FQHC benefit, FQHCs can provide these vaccines through the ARP & IRA under a separate benefit category (preventive services). In this scenario, the vaccine would be paid to FQHCs according to the states' approved per-dose payment rate under the separate benefit category, not at the FQHC PPS rate. States may want to consider using Medicare's rates for vaccine administration.
- ▶ States should review their current definitions of FQHC/RHC encounters to ensure appropriate guidance is provided to FQHC/RHC providers.

## ADDITIONAL ITEMS FOR PCAS TO CONSIDER DISCUSSING WITH THEIR STATE

### Provider Qualifications & Considerations

- ▶ PCAs can work with their States to review the State's current definitions of FQHC encounters to ensure appropriate guidance is provided to FQHC providers. This certainty can help health centers understand which providers are eligible to receive reimbursement for vaccination administration.
- ▶ State Medicaid agencies should review licensure requirements and scope of practice laws and work with state licensing boards to discuss whether they can be expanded to allow additional providers to administer vaccinations.
  - This will help ensure there are enough providers who can work at the top of their license and provide crucial vaccines to health center patients, potentially further expanding the types of providers who can administer vaccines to reach more patients.
- ▶ States are encouraged to streamline their enrollment processes to the extent feasible and work with entities to maximize efficiencies in provider enrollment and training processes.
  - PCAs can advocate to their State to decrease the administrative burden for FQHC providers.

### Vaccine Counseling

- ▶ An important part of addressing vaccine hesitancy through answering patient questions and providing additional information about vaccines, which can help improve pediatric vaccine rates. It's also an important time to establish more trust between the provider and their patient.
- ▶ CMS interprets that States are **required** to provide coverage of stand-alone vaccine counseling to Medicaid beneficiaries under the age of 21 who are eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT).

- ▶ This interpretation applies to stand-alone vaccine counseling related to all vaccines covered for beneficiaries eligible for the EPSDT benefit. States have the option to cover stand-alone vaccine counseling for beneficiaries who are not eligible for the EPSDT benefit. Stand-alone vaccine counseling may also be covered when provided via telehealth, at state option.
  - PCAs can work with their States and encourage them to cover stand-alone vaccine counseling, which could help increase vaccination rates for Medicaid & CHIP patients, particularly children.
- ▶ State expenditures on stand-alone vaccine counseling for Medicaid beneficiaries under the age of 21 who are eligible for the EPSDT benefit are matched at the applicable FMAP.

### Immunization Registries

- ▶ Immunization registries can help provide a fuller picture of a patient's vaccine history, help remind families about upcoming or missed vaccine, and have data that can be used to help improve vaccine rates and reduce vaccine-preventable diseases.
- ▶ States can receive enhanced federal financial participation (FFP) at 90 percent for the design, development, and installation cost, and at 75 percent for the operation, of state Medicaid Enterprise Systems (MES).
- ▶ In states where the Immunization Registry is developed, owned, and operated by a public health or other non-Medicaid agency, FFP is available at 50 percent for the state's Medicaid expenditures for the Immunization Registry associated with Medicaid eligible beneficiaries.

