

All-State Medicaid and CHIP Call May 11, 2021



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Agenda

- Vaccine Toolkit Updates
- Vaccine Hesitancy for COVID-19: State,
 County, and Local Estimates
- Disaster State Plan Amendment (SPA)
 Processing Updates
- Open Mic Q and A

Vaccine Toolkit Updates

- On May 5, 2021, CMCS released an update to the Coverage and Reimbursement of COVID-19 Vaccines, Vaccine Administration, and Cost Sharing under Medicaid, CHIP, and BHP vaccine toolkit.
- This revised toolkit discusses a variety of updates, such as:
 - The expansion of the mandatory benefit for vaccine and vaccine administration coverage to all nearly Medicaid beneficiaries as required by the American Rescue Plan Act (ARP).
 - The enhanced 100% federal match for COVID-19 vaccines and their administration as provided for in the ARP.
 - The authorization of the Janssen (Johnson & Johnson) vaccine.

ASPE COVID-19 Vaccine Hesitancy Estimates



May 11, 2021

U.S. Department of Health and Human Services



Excel File: Predicted Vaccine Hesitancy by State, PUMA, and County

ASPE Predicted Vaccine Hesitancy by State, PUMA, and County

Objective

This analysis produces estimates of the proportion of adults who describe themselves as "probably not" or "definitely not" (Strongly Hesitant) going to get a COVID-19 vaccine once one is available to them, based on national survey data.

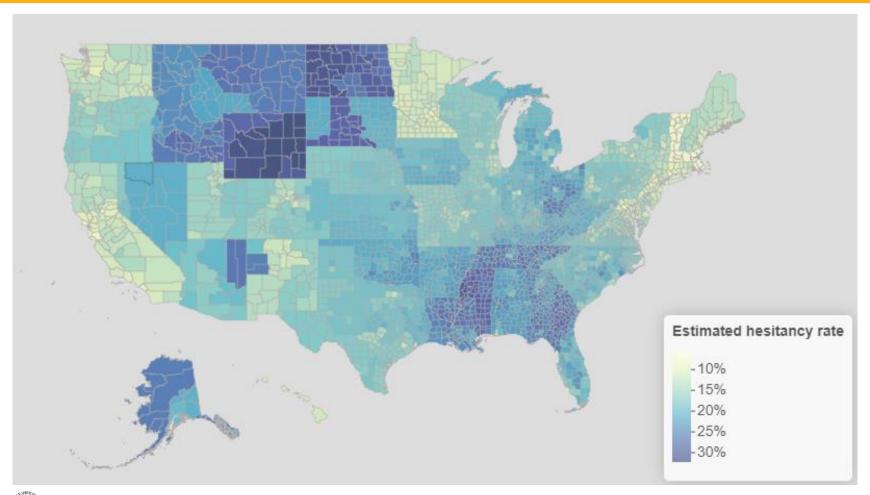
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Estimates of Vaccine Hesitancy by State
Estimates of Vaccine Hesitancy by PUMA
Estimates of Vaccine Hesitancy by County

Data Sources	FIPS Code	County Name	% Estimated Hesitant - March 3 - March 15, 2021	% Estimated Strongly Hesitant - March 3 - March 15, 2021
American Community Survey 1-year P	01001	Autauga AL	22%	10%
	01003	Baldwin AL	20%	10%
See Methodological Description for fu	01005	Barbour AL	23%	11%
	01007	Bibb AL	24%	12%
	01009	Blount AL	23%	11%
	01011	Bullock AL	23%	11%
	01013	Butler AL	23%	11%
	01015	Calhoun AL	23%	11%
	01017	Chambers AL	23%	12%
	01019	Cherokee AL	23%	11%
	01021	Chilton AL	23%	12%
	01023	Choctaw AL	23%	11%
	01025	Clarke AL	23%	11%
	01027	Clay AL	23%	11%

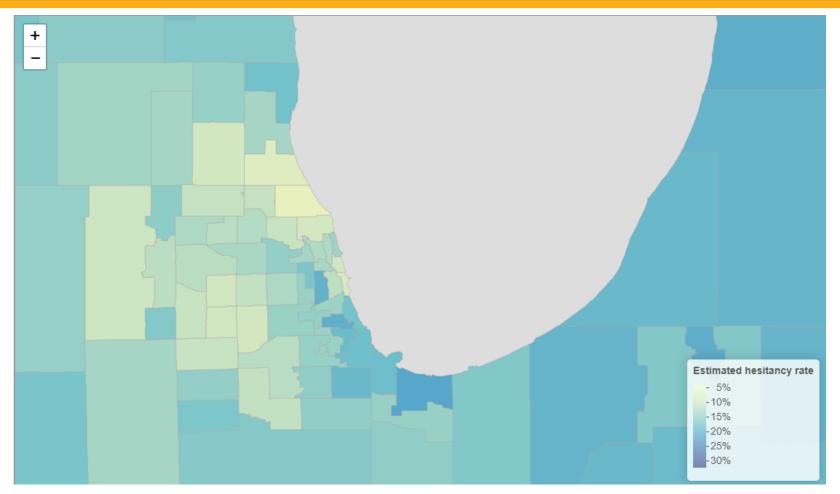


National County Map



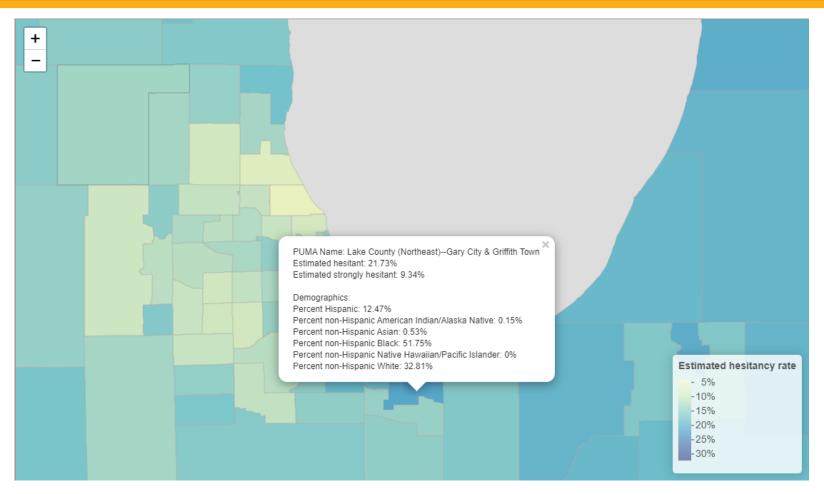


Detailed PUMA Map - Chicagoland





Detailed PUMA Map - Chicagoland





Links

- https://aspe.hhs.gov/pdf-report/vaccine-hesitancy
- https://aspe.hhs.gov/pdf-report/vaccine-hesitancycovid-19-puma-estimates



Rescinding or Ending Early Provisions of an Approved Disaster Relief SPA

- As described in the Medicaid Disaster Relief SPA
 Template, states may not use the template to propose
 changes that restrict or limit payment, services, or
 eligibility, or otherwise burden beneficiaries and
 providers: https://www.medicaid.gov/resources-for-states/disaster-response-toolkit/state-plan-flexibilities/index.html.
- Removing a provision from a Disaster Relief SPA, or ending a provision earlier than originally approved, is considered a reduction.

Rescinding or Ending Early Provisions of an Approved Disaster Relief SPA (cont.)

The following requirements apply to a SPA submitted to remove provisions from a Disaster Relief SPA, or to end approved Disaster Relief provisions earlier than originally approved:

- Rescissions must be submitted on a separate state plan page.
 CMS recommends creating a new subsection to follow the
 disaster relief provisions, entitled: 7.4.A. Rescissions to the
 State's Disaster Relief Policies for the COVID-19 National
 Emergency.
- The rescissions are subject to all federal requirements, including public notice, tribal consultation, and submission effective date, as applicable.

- States should not have the same provision or language in an approved Disaster Relief SPA with the same or overlapping effective periods included in their permanent state plan.
- States have several options regarding the process to include provisions included in a Disaster Relief SPA in their permanent state plan. CMCS will provide technical assistance to states, as requested, to determine the best path forward.
- Additional information on federal requirements for retaining Medicaid State Plan flexibilities adopted during the PHE, including public notice, tribal consultation, and submission effective dates are available in the June 16, 2020 All State Call slides: https://www.medicaid.gov/state-resource-center/downloads/allstatecall-20200616.pdf

Option 1: Submitting a Regular SPA Before the End Date of the PHE is Known

- The state should submit the SPA with a requested effective date of "the day after the PHE ends". (MACPro requires a specific effective date, so CMS will work with the state to establish a workaround if needed.)
- CMS will review the SPA following all the normal processes and timelines.
- Once the SPA is ready for approval, CMS will issue the approval package with the effective date identified as "the day after the PHE ends" (or using a workaround if MACPro is used).
- The approval letter will contain language indicating the SPA is not effective until the day after PHE expires.
- Once the end date of the PHE is known, all SPAs approved in this manner will be reissued with a technical correction adding the specific effective date of the day after the PHE ends. This will be a CMS administrative action with no action required by the state.

Option 2: Waiting to Submit the SPA Until the PHE is Known

- Per the January 22, 2021 letter from U.S. Department of Health and Human Services Acting Secretary Norris Cochran to Governors, the PHE will likely continue through at least the end of the 2021 calendar year, and states will receive at least 60 days' notice that the PHE is ending.
- For states electing to submit permanent SPAs after the end date of the PHE is announced, this 60-day period will allow states sufficient time to conduct applicable public notice and tribal consultation, as necessary, if not already completed, and to submit the SPA in a manner that will preserve an effective date on the day after the PHE expires.
- This would allow the initial approval of the State Plan to include a final effective date without the need for a technical correction.
- If a state chooses this option, CMS is available to work with a state on the SPA in draft (including before the end of the PHE is known) so that the official approval process can move quickly.

Recently, states have submitted SPAs with multiple changes, some currently approved in a Disaster Relief SPA, some that are new entirely:

- States have the ability to submit multiple changes in one SPA.
 However, outside of MACPro, all the changes in one SPA must have the same effective date.
- This has created difficulties with the effective dates. If a State chooses to submit all the changes in one SPA, the entire SPA can not be effective until the end of the PHE.
- CMCS has identified two options to for States that want the items not in the Disaster Relief SPA to be effective prior to the end of the PHE.

Option 1 – Submit two SPAs

 One containing the changes to make provisions currently in the Disaster Relief State Plan permanent that will be effective the day after the PHE ends.

 One containing any other changes that will be effective on the state's desired date.

Option 2: States could elect to submit all the changes in one SPA, including a page to rescind the overlapping Disaster Relief SPA provisions, with the same proposed effective date:

- This option allows for sun setting of the approved Disaster Relief SPA provision(s) with the approval of the permanent SPA to occur simultaneously without having to align the approval dates of multiple SPAs.
- The entire SPA, including the Disaster Relief SPA provision(s)
 rescission, will be subject to all federal requirements, including
 upper payment limit requirements, public notice, tribal consultation,
 and effective date limitations, as applicable.
- The rescission(s) to the approved Disaster Relief SPA provisions must be submitted on a separate state plan page as previously described.



Questions