

## **Fact Sheet for Medicaid and CHIP Providers**

### **Influenza A (H1N1) Flu**

#### **Vaccination Coverage**

- The H1N1 vaccine will not be part of the Vaccines for Children (VFC) program.
- Children up to the age of 21 in the Medicaid program are entitled under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit to receive vaccines recommended by the Advisory Committee on Immunization Practices (ACIP). The 2009 H1N1 vaccine is on the ACIP list of recommended vaccines.
- Children up to the age of 19 in the CHIP program are covered for vaccines recommended by ACIP, which includes the 2009 H1N1 vaccine.
- States may not impose cost sharing on children or pregnant women in Medicaid or CHIP for the administration of the vaccine.
- For adults in the Medicaid program, 2009 H1N1 vaccine administration is a covered service when furnished by a participating provider under the mandatory section 1905(a) Medicaid benefit. Since hospital, physician and federally qualified health center/rural health clinic (FQHC/RHC) services are mandatory Medicaid benefits, 2009 H1N1 vaccine administration would be a covered service when provided by these participating providers.

#### **Vaccine Reimbursement**

- The H1N1 vaccine will be free to providers, and the distribution system being used to deliver the vaccine is the same as VFC program. However, because the H1N1 was purchased outside of the VFC program, the vaccine administration fee will be reimbursed outside of the VFC program.
- Medicaid and CHIP will cover the vaccine administration fee for children and pregnant women. Most States also reimburse administration fees for adult vaccines.
- Providers will be reimbursed for the administration of the vaccine according to the vaccine reimbursement rate stated in their State's Medicaid plan or CHIP plan. Because the H1N1 vaccine will be purchased and distributed outside of the VFC program, States may set the rates for the administration of the H1N1 vaccine without regard to the reimbursement limitations in the VFC program. CMS has encouraged States to review the vaccine administration fees outside of their VFC programs to ensure they are adequate to provide broad access to the 2009 H1N1 vaccine.

- Medicaid and CHIP will pay for multiple doses of the H1N1 vaccine if medically necessary.
- Each state may develop State-specific guidance to Medicaid providers on how to appropriately bill for the administration of the vaccine. However, CMS has encouraged States to use the four new codes plus one revised code that were recently published and are available for use by providers and health insurers in submitting/reimbursing claims for H1N1-related services. These codes become part of the standard medical code sets which are used by providers and health insurers, public and private, in transacting electronic medical claims under HIPAA. Two new G- HCPCS codes were published, effective September 1, 2009. Both codes, G9141 for H1N1 immunization administration and G9142 for H1N1 vaccine, were added to Medicare’s October 2009 update of their physician fee schedule. Effective September 28, 2009, CPT created new code 90470 for H1N1 immunization and revised code 90663 to read “Influenza virus vaccine, pandemic formulation, H1N1.” Also, effective October 1, 2009 a new ICD-9-CM diagnosis code was established for H1N1 (488.1).
- States have been encouraged by CMS to allow providers to “roster bill” for vaccines, which would allow providers to submit one claim identifying all eligible Medicaid and CHIP beneficiaries that receive the H1N1 vaccine on a given day.
- The Department of Health and Human Service (HHS) has provided more than \$1 billion to States through the Public Health Emergency Preparedness (PHEP), the Public Health Emergency Response (PHER) cooperative agreements, and the Hospital Preparedness Program (HPP) for mass vaccination campaigns related to H1N1. If a provider is being reimbursed for H1N1 vaccine administration with federal funds, Medicaid and CHIP may not be billed.
- Medicaid’s long-standing policy is that Medicaid is not liable for services that are available without charge to the beneficiary or other legally liable third parties. And, in general, Medicaid is obligated to ensure that other legally liable third parties pay primary to Medicaid. In the face of the H1N1 national healthcare emergency, the free care and third party liability policies will be applied in the following way:
  - Consistent with CDC guidelines, health care providers accepting CDC funds to immunize all patients, regardless of insurance, will rely on those CDC funds and will not bill Medicaid for the cost of administering H1N1 vaccines.
  - Health care providers accepting CDC funds to immunize only patients without other coverage will be permitted to bill Medicaid for the cost of administering H1N1 vaccines to Medicaid beneficiaries based on the following criteria:
    - Providers with systems capabilities to bill legally liable third party private insurance or other coverage of non-Medicaid eligibles and Medicaid beneficiaries must continue to do so.
    - Providers without systems capabilities to bill legally liable third party private insurers or other coverage of non-Medicaid eligibles and Medicaid beneficiaries may bill Medicaid for services provided to Medicaid-eligible

individuals, but must include in the bills sufficient information to facilitate Medicaid billing of those legally liable third parties of Medicaid beneficiaries.

### **H1N1 Treatment Services**

- Medicaid and CHIP will reimburse providers for treatment of Medicaid and CHIP beneficiaries (adults and children) who are symptomatic with suspected or confirmed 2009 H1N1 influenza for medically necessary evaluation and services, including diagnostic testing, treatment and emergency care. These services are covered in a number of ambulatory and other settings that States are required to cover as part of the Medicaid and CHIP benefit packages. For Medicaid, these mandatory services include laboratory, hospital, physician, and FQHC/RHC services. For separate CHIP programs, services are determined by the health benefits coverage option that the State has elected. In both programs, mandatory treatment settings would include emergency room or hospital inpatient settings when appropriate for severe symptoms and complications of 2009 H1N1 influenza (e.g., for pneumonia and serious/life threatening conditions related to 2009 H1N1).
- Under EPSDT services, Medicaid children under age 21 are entitled to coverage for any medically necessary diagnostic and treatment service that the State could elect in its approved State Medicaid plan, even if the State has not so elected for other Medicaid beneficiaries. This would include services provided in additional settings that may not be available to adults under the State plan. Sections (E) and (F) below discuss how States can assure that services are available in alternative care settings.
- Since the prompt use of antiviral drugs is generally medically necessary to be effective, CMS has urged States not to require prior authorization for antiviral medications or other medications necessary to treat 2009 H1N1 influenza. Where these drugs are prior authorized, the law requires that there must be a system in place to provide a response to a prior authorization request within 24 hours of the request, and the State must provide for the dispensing of at least a 72-hour supply of a covered outpatient drug in an emergency situation as defined by the Secretary. The CDC recommends that a full 5-day treatment course of antivirals be prescribed and dispensed immediately for suspected 2009 H1N1 cases for those patients who are severely ill (hospitalized) and those patients who are ill with influenza-like illness and who are at the high-risk for influenza-related complications.