**Long term care Vaccination FAQs**

## 2023-2024 Updated COVID-19 Vaccine Recommendations

**Q: When will a VIS be available for the 2023-2024 updated COVID-19 vaccines?**

A: A Vaccine Information Statements (VIS) is currently under development, though we don't yet have a definite timeline. It is possible, particularly for a newly-approved vaccine, that the vaccine could become available before a VIS can be produced. The law does not require that a vaccine be withheld if a VIS for it does not yet exist. Until a VIS is available for a particular vaccine, a provider may use the manufacturer's package insert, written FAQs, or any other document – or produce their own information materials – to inform patients about the benefits and risks of that vaccine. Once a VIS is available it should be used; but providers should not delay use of a vaccine because of the absence of a VIS.

https://www.cdc.gov/vaccines/hcp/vis/about/vis-faqs.html

**Q: Can providers co-administer the 2023-2024 updated COVID-19 vaccine with the influenza and/or the respiratory syncytial virus (RSV) vaccine?**

A: Providers may simultaneously administer COVID-19, influenza, and RSV vaccines to eligible residents/patients; the Health Alert Network (HAN) published on September 5, 2023 may be consulted for additional information about simultaneous administration of these vaccines.

**Q: What does CDC now consider being "up to date" with COVID-19 vaccination?**

A: Being up to date depends on your age group and what vaccine you received.

*Everyone aged 5 years and older*

You are up to date when you get 1 updated COVID-19 vaccine.

*Children aged 6 months—4 years*

You are up to date when you get all recommended doses, including at least 1 dose of updated COVID-19 vaccine.

*Children aged 6 months—5 years who got the Moderna COVID-19 vaccine*

You are up to date when you get 2 Moderna COVID-19 vaccine doses, including at least 1 updated COVID-19 vaccine dose.

*People who got the Novavax COVID-19 vaccine*

You are up to date when you get the Novavax COVID-19 vaccine doses approved for your age group or when you get 1 updated COVID-19 vaccine.

*People who got the Johnson & Johnson/Janssen COVID-19 vaccine*

You are up to date when you get 1 updated COVID-19 vaccine.

## Vaccine distribution/access

*Bridge Program*

**Q: What is the new CDC Bridge program and how can I use it to get no-cost vaccine for my uninsured staff?**

A: In Fall 2023, the U.S. Government COVID-19 Vaccine Distribution Program will end. CDC's Bridge Access Program is a public-private partnership to help maintain access to no-cost COVID-19 vaccines for adults who are underinsured or uninsured through their local pharmacies, the existing public health infrastructure, and their local health centers. CDC's Bridge Access Program provides no-cost COVID-19 vaccines to adults without health insurance and to adults whose insurance does not cover all COVID-19 vaccine costs. This is a temporary program which will end by December 31, 2024.

COVID-19 vaccines through this program are available at locations such as pharmacies, local health centers, and other participating local healthcare providers. Visit vaccines.gov for find a provider that offers no-cost COVID-19 vaccines through the Bridge Access Program.

**Q: How can long-term care facility staff who are uninsured or underinsured get vaccine at no cost?**

A: There are a few ways in which long-term care facilities can leverage the Bridge Access Program for staff who are uninsured or underinsured:

1) Walgreens pharmacies are participating in the Bridge Access Program and long-term care facility staff who are uninsured or underinsured can schedule no-cost COVID-19 vaccination at Walgreens locations at a time that is convenient to them. Additionally, some Walgreens locations may be able to provide temporary, "pop up" vaccine clinics in coordination with long term care facilities.
2) CVS pharmacies and Minute Clinics are participating in the Bridge Access Program. Staff who are uninsured or underinsured can get no-cost COVID-19 vaccination at CVS locations.
3) Long-term care pharmacies can enroll in the Bridge Access Program through:
    a. eTrueNorth, a pharmacy aggregator. This option would be a direct route to becoming a Bridge provider, not requiring enrollment in the state's adult program.
        i. After enrolling in the Bridge Access Program through eTrueNorth, pharmacies can order Bridge doses and administer them to qualifying recipients, including uninsured staff. Under this option, pharmacies order and pay for vaccines doses up front and then get reimbursed for both the cost of vaccine and vaccine administration after the doses have been administered and all records submitted to eTrueNorth.
    b. The jurisdictional immunization program, first enrolling as a Section 317 provider (a program that authorizes the federal purchase of vaccine to meet the needs of priority populations, such as under or uninsured adults), then signing a provider agreement to participate in the Bridge Program. This option would be a longer route to becoming a provider. Under this option, pharmacies would not have to pay for doses up front, though pharmacies would need to await allocation of any remaining Bridge Access Program doses through their jurisdictional immunization program.
4) COVID-19 vaccines through this program are also available at participating local healthcare providers, local health centers, and pharmacies. Staff can visit Vaccines.gov for find a provider that offers no-cost COVID-19 vaccines through the Bridge Access Program.

**Q: How do pharmacies that are already partnered with long-term care facilities enroll through eTrueNorth?**

A: Contact eTrueNorth at https://etruenorth.com/connect to start the enrollment process.

**Q: Can my state health department conduct a vaccination clinic at my facility to get no-cost COVID-19 vaccine for underinsured and uninsured staff?**

A: Vaccination activities vary by jurisdiction. Please conduct your jurisdictional immunization program if interested in a vaccination clinic through the Bridge Access Program.

**Q: How do non-pharmacy community partners enroll in the Bridge Program?**

A: Any provider that is currently or becomes enrolled as a 317 adult provider and signs a provider agreement with their state health department immunization program to participate in the program is eligible to order and receive CDC-procured COVID-19 vaccines and administer them to adults without health insurance.

Please contact your state health department's immunization program for further information.

**Q: We have staff that are insured indicating they are being charged out-of-pocket for their COVID-19 vaccine. Can you provide insight?**

Updated COVID-19 vaccines are available to most adults living in the U.S. at no cost through their private health insurance, Medicare, and Medicaid plans. For most people with private insurance, COVID-19 vaccines will be covered without cost sharing for in-network providers. Individuals can check with their insurance provider on what they cover. If the LTC pharmacy is not in-network, for staff, they will need to access COVID vaccines through an in-network provider. The Bridge Program may not be used to cover costs for receiving a vaccine from an out-of-network pharmacy or provider.

**Q: What general resources are available for the Bridge Program?**

A: An overview of the resources available through the Bridge Program can be found at Bridge Access Program | CDC.

## Medicare reimbursement

**Q: What is the status of Medicare Vaccine Payment in LTC Facilities?**

A: Many nursing homes engage long-term care pharmacies or other vaccinators to come on-site to administer vaccines for residents. By statute, the Medicare Part B preventive vaccine benefit covers the pneumococcal, influenza, hepatitis B and COVID-19 vaccines and their administration. Because of the Inflation Reduction Act, vaccines that are not listed in the Part B statute must be covered by Medicare Part D after a CDC recommendation. This includes the RSV vaccine for people over the age of 60, which now must be covered without cost-sharing by Part D plans.

During the COVID-19 PHE, CMS allowed third parties, like these vaccinators, to directly bill Medicare Part B for administering COVID, flu and pneumococcal vaccines to nursing home patients during a Medicare Part A-covered stay. Because CMS did not have the legal authority to extend this flexibility without a PHE, this flexibility ended after the conclusion of the PHE.
Now, without the PHE flexibility, vaccinators will either need to seek payment from LTC facilities (who are responsible for billing Medicare for these vaccines) or the appropriate insurance plan instead of directly billing Medicare.

## Increasing Vaccine Confidence

**Q: Why was the bivalent COVID-19 vaccine replaced? Does this mean COVID-19 vaccines aren't effective?**

A: Protective antibodies from vaccination, infection, or both weaken over time. Recent CDC data show that among adults, the bivalent vaccine was 62% effective against COVID-19-hospitalization in the first 2 months after getting the dose but decreased to 24% by 5-6 months. However, bivalent vaccines continued to protect against intensive care unit admission or death at least 6 months after receiving a bivalent vaccine dose.

The 2023–2024 updated COVID-19 vaccines more closely targets the XBB lineage of the Omicron variant and could restore protection against severe COVID-19 that may have decreased over time. We anticipate the updated vaccines will be better at fighting currently circulating variants. With COVID-19 associated hospitalizations on the rise, and the possibility of another surge later this fall and winter, vaccination will help protect people against serious illness this fall and winter.

**Q: Why do we need another vaccine if the bivalent vaccine was effective?**
A: All viruses, including the virus that causes COVID-19 (SARS-CoV-2), change over time. Protective antibodies from previous vaccination, infection, or both weaken over time. In addition, new variants and sublineages of SARS-CoV-2, the virus that causes COVID-19, continue to occur. Currently, XBB sublineages, including EG.5, account for >95% of the circulating virus variants in the U.S. The updated COVID-19 vaccine is based on an XBB lineage, which makes it a better match to fight circulating variants. While hospitalizations and deaths remain low, COVID-19 is still a public health threat, with thousands of hospitalizations and hundreds of deaths each week. Children and adults with no underlying conditions still experience severe illness due to COVID-19. Staying up to date with current COVID-19 vaccines is the most important action to take to protect yourself and your community.