
Letter Number 2023-20

Date: December 19, 2023

Fee-for-service [17]

Experience-rated HMO [17]

Community-rated HMO [19]

Subject: Coverage for Immunizations

OPM has long encouraged adult and childhood immunizations to decrease [vaccine-preventable diseases](#). However, during the COVID-19 pandemic, routine immunizations for children and adults decreased; many children and adults who delayed vaccination during the pandemic are still behind schedule. Despite the tremendous benefit of vaccines, at least 3 out of 4 adults are [missing](#) one or more routinely recommended vaccines.

This Carrier Letter clarifies guidance on coverage for immunizations in the FEHB program.

Background

As stated in Carrier Letter [2023-03](#) and prior guidance, Carriers are responsible for covering immunizations recommended by the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP).

The 2023-2024 fall and winter virus seasons are the first time in U.S. history when vaccines are available for the three respiratory viruses responsible for most hospitalizations: coronavirus (SARS CoV2), respiratory syncytial virus (RSV), and influenza.

COVID-19

In September 2023, the [FDA](#) approved or authorized updated COVID-19 vaccines for most patients aged 6 months and older against the SARS CoV2

virus. On September 22, 2023, the U.S. Secretary of Health and Human Services issued a [letter](#) to health care payers that outlines expectations for payers to ensure patients have access to the updated COVID-19 immunizations.

As stated in Carrier Letter [2022-01](#), OPM expects Carriers to take all necessary actions to ensure [critical access](#) to updated COVID-19 immunizations for FEHB members and to offer these vaccines to the member without cost sharing. Ensuring access may require updating formularies and performing other necessary administrative tasks, such as including the new National Drug Code(s) (NDC) for the updated COVID-19 immunizations in claims adjudication logic.

Influenza

During [2019-2020](#), the last influenza season prior to the COVID-19 pandemic, influenza immunizations prevented an estimated 7.5 million influenza illnesses, 3.7 million influenza-associated medical visits, 105,000 influenza-associated hospitalizations, and 6,300 influenza-associated deaths. Additionally, recent reviews have documented considerable [economic impacts of influenza](#) among adults aged 18 to 64, with the cost of influenza-related hospitalizations up to 2.5 times higher among at-risk populations within this group. Routine annual influenza immunization is recommended by the ACIP for all persons aged 6 months or older who do not have contraindications to influenza immunization.

RSV

RSV is a common respiratory virus that usually causes mild, cold-like symptoms. However, it can be extremely dangerous for babies, toddlers, and older adults. RSV patients of all age groups have been found to have [higher rates of hospital stays](#), emergency room/urgent care visits, ambulatory visits and outpatient visits than persons without RSV infection. Adjusted total annual costs of RSV infection for adults older than 65 years have been found to be significantly higher than for adults 65 and younger and children.

Adults at highest risk for severe RSV infection include:

- Older adults
- Adults with chronic heart or lung disease
- Adults with weakened immune systems
- Adults with certain other underlying medical conditions
- Adults living in nursing homes or long-term care facilities.

Adult and child RSV immunizations have been approved by FDA and recommended by the ACIP. OPM [expects](#) FEHB carriers to include RSV immunizations as a covered benefit with no cost-share.

Carriers can promote the availability of RSV immunization for pregnant persons, babies and children, and adults. RSV immunization given [during pregnancy](#) has been shown to confer protection to the infant when it is given to persons who are 32 to 36 weeks pregnant during RSV season. RSV immunization is recommended from September through January for most geographic regions of the United States to provide protection when RSV is most active. In rare cases, a healthcare provider may determine an RSV immunization is needed for an infant even though the mother received an RSV vaccine.

[RSV immunization](#) is indicated for all babies if they are younger than 8 months and born during, or entering, their first RSV season. A dose of RSV antibody is also recommended for children between the ages of 8 and 19 months entering their second RSV season who are in at least one of these groups:

- Children who have chronic lung disease from being born prematurely
- Children who are severely immunocompromised
- Children with cystic fibrosis who have severe disease
- American Indian and Alaska Native children.

Routine Immunizations

Adults and adolescents have [missed more than 37 million recommended vaccinations](#) during the COVID-19 pandemic. These vaccinations include but

are not limited to pneumococcal disease, herpes zoster (shingles), hepatitis A, hepatitis B, HPV, tetanus, and pertussis (whooping cough). Carriers can access resources from The National Adult and Influenza Immunization Summit (NAIIS), which calls on providers across the healthcare spectrum to take actions to [improve vaccination of adults](#).

Carriers can encourage network providers to assess the vaccination status of patients at all clinical encounters. Reminder and Recall Systems such as the [myhealthfinder](#) tool should be available in all FEHB plan brochures and can serve as an individualized preventive services checklist for enrollees as they prepare for their annual wellness visits. FEHB plans can partner with community-based organizations, state and local public health agencies, and pharmacies to increase awareness and availability of vaccines, improve vaccine confidence, and address system barriers that impact access.

Carriers are reminded of their continuing obligation to provide access to immunizations to protect against [vaccine-preventable diseases](#). Increasing access to immunizations will be considered as part of OPM's Plan Performance Assessment. Although the Healthcare Effectiveness Data and Information Set (HEDIS) Cervical Cancer Screening measure currently used in the FEHB Plan Performance Assessment (PPA) focuses upon early screening and detection, actions to eliminate missed HPV immunizations can also reduce members' illness and death from cervical cancer. Adult immunization rates for the [2025 QCR Measure Set](#) will be measured via the Adult Immunization Status (AIS-E) measure. Carriers can also monitor antibiotic-prescribing during the respiratory virus season to support PPA performance on the Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis PPA measure. [Studies related to RSV infection](#) also show a substantial increase in the number of inappropriate antibiotic prescriptions in patients with RSV. Respiratory virus season provides Carriers with an opportunity to enhance their activities to meet this HEDIS measure.

OPM appreciates your attention to important health topics that allow us to serve our more than 8 million Federal employees, annuitants, Tribal

employees, eligible family members, and other eligible persons and groups.
Thank you for your commitment to the FEHB program.

Sincerely,

Laurie Bodenheimer
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