



Access to Vaccines for Adults Enrolled in Medicaid: Decisions on Recommendations for the June Report to Congress

Medicaid and CHIP Payment and Access Commission

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Overview

- Barriers to vaccine access
- Draft recommendations and implications
- Next steps

Barriers to Vaccine Access for Adults

1. Limited coverage of recommended vaccines for some populations
2. Low provider payment for vaccines and their administration
3. Limited set of provider types administering vaccines
4. Vaccine hesitancy, lack of information and support for beneficiaries

Draft Recommendations

#	Summary	Objective	Action Required
1	Congress should make ACIP-recommended vaccines a mandatory benefit for all adults enrolled in Medicaid	Improve coverage	Statutory
2	CMS should implement regulations for vaccine payment	Ensure adequate provider payment	Regulatory
3	CMS should encourage the use of pharmacies and other providers in providing adult vaccinations	Expand provider networks	Guidance
4	HHS should provide guidance and technical assistance to improve vaccine outreach and education to Medicaid and CHIP beneficiaries	Provide beneficiary support and education	Guidance
5	Congress should require HHS to issue federal guidance to improve immunization information systems (IIS) and allocate funding to support these efforts	Provide beneficiary support and education	Statutory

Notes: ACIP is Advisory Committee on Immunization Practices. CMS is the Centers for Medicare & Medicaid Services. HHS is the U.S. Department of Health and Human Services.

Draft Recommendation #1

Improve coverage

- Congress should amend Section 1902(a)(10)(A) of the Social Security Act to make coverage of vaccines recommended by the Advisory Committee on Immunization Practices a mandatory benefit and amend Sections 1916 and 1916A to eliminate cost sharing on vaccines and their administration.

Draft Recommendation #1: Rationale and Implications

- Rationale: Ensure all Medicaid beneficiaries have coverage of recommended vaccines, preventing disease, hospitalization, and death.
- Federal and state spending would increase.
 - About half of states currently do not cover all recommended vaccines. This coverage requirement would likely lead to more beneficiaries receiving vaccinations, and as a result, spending would increase.
- Beneficiaries would gain coverage to recommended vaccines.
 - Ensures coverage for adults eligible on the basis of disability, those age 65 and older, parents and caretaker relatives, and pregnant women
- Removes uncertainty for providers

Draft Recommendation #2

Ensure adequate provider payment

- The Centers for Medicare & Medicaid Services should implement payment regulations for vaccines and their administration. Payment for vaccines should be established at actual acquisition cost and a professional fee for administration, similar to the payment requirements established for outpatient prescription drugs under 42 CFR 447.512(b) and 447.518(a)(2).

Draft Recommendation #2: Rationale and Implications

- Rationale: Ensuring adequate provider payment would encourage providers to administer vaccines, increasing access.
 - Applying requirement similar to that on outpatient prescription drugs
- Federal and state spending would increase.
 - Spending would increase in states where payment rates are not covering provider costs.
- Beneficiary access would likely improve because more providers would offer vaccines.
- Providers would have greater certainty that their costs to purchase and administer vaccines would be covered.

Draft Recommendation #3

Expand provider networks

- The Centers for Medicare & Medicaid Services should issue federal guidance encouraging the use of pharmacies and other providers in providing adult vaccinations in Medicaid.

Draft Recommendation #3: Rationale and Implications

- Rationale: Making vaccines available across a wider range of providers would improve access, increasing vaccination rates.
- Federal and state spending could increase depending on state response to guidance.
 - Unlikely to result in a score from the Congressional Budget Office
- Beneficiary access would improve if states allow more providers to administer vaccines.
 - Could address racial disparities if expanded networks serve people of color and underserved areas
- Some providers may be able to expand their services and offer vaccines.

Draft Recommendation #4

Provide beneficiary support and education

- The Secretary of Health and Human Services should direct a coordinated effort with the Centers for Medicare & Medicaid Services (CMS), the Office of the Assistant Secretary for Health, and the Centers for Disease Control and Prevention to provide guidance and technical assistance to improve vaccine outreach and education to Medicaid and CHIP beneficiaries. Additionally, CMS should release guidance on how to use existing flexibilities and funding under Medicaid and CHIP to improve vaccine uptake.

Draft Recommendation #4: Rationale and Implications

- Rationale: Increasing beneficiary support and education could help address vaccine hesitancy and low vaccine uptake.
- Federal and state spending could increase depending on state response to guidance.
 - Unlikely to result in a score from the Congressional Budget Office
- Outreach and education could supplement provider efforts and result in beneficiaries receiving recommended vaccines.
 - Efforts could be targeted to address racial disparities

Draft Recommendation #5

Provide beneficiary support and education

- Congress should provide additional federal funds to improve immunization information systems (IIS). In addition, Congress should require the Secretary of Health and Human Services to coordinate efforts across relevant agencies within the department to release federal guidance and implement standards to improve IIS data collection and interoperability with electronic health records and state Medicaid Management Information Systems (MMIS). The Centers for Medicare & Medicaid Services should also provide guidance on matching rates available and ways to integrate IIS and MMIS to be eligible for the 90 percent match for the design, development, installation, or enhancement of MMIS and the 75 percent match for the ongoing operation of MMIS.

Draft Recommendation #5: Rationale and Implications

- Rationale: Immunization Information Systems (IISs) are used to support vaccination efforts, but improvements are needed.
- Federal spending would increase by the amount allocated by Congress.
 - States would receive federal support to improve IISs.
- Beneficiaries would have more complete immunization records, and could benefit from outreach tools supported by IISs.
- States could share IIS data with health plans to support vaccination efforts.
- Providers would have better access to patient immunization records, which could also improve outreach efforts.

Next Steps

- Determine which draft recommendations should be included in the June report to Congress.
- In April, Commission will vote on recommendations and review draft chapter for June report.



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