



Acting to Improve Vaccine Access for Adults Enrolled in Medicaid

Review of Recommendations and Draft Chapter for
June Report

Medicaid and CHIP Payment and Access Commission

Amy Zettle and Chris Park

April 7, 2022

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Overview

- Draft chapter for the June report
- Draft recommendations
 - Rationale
 - Implications
- Next steps

Draft Chapter for the June Report

- Overview
- Barriers to vaccine access
 - Limited and unequal coverage
 - Inadequate provider payment
 - Limited provider networks
 - Inadequate beneficiary support and education
- Commission recommendations
- Next steps

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 broad use of Medicaid providers in administering vaccines	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

Draft Recommendation 1

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

- Current Medicaid policies result in unequal and limited access to vaccines.
- Vaccine coverage is optional for almost two out of every five Medicaid-enrolled adults.
 - Enrollees tend to be lower income and are more likely to be people of color.
 - Beneficiaries may be particularly vulnerable to vaccine-preventable diseases, including pregnant women and individuals qualifying on the basis of disability.
- The recommendation would equalize coverage across all adults and remove confusion over vaccine coverage.
- Ensures coverage of COVID-19 vaccines and future recommended vaccines.

Draft Recommendation 1: Implications

- Federal spending
 - Estimated increase of \$250 to \$750 million in the first year; \$1 to \$5 billion over five years
- States
 - About half of states would need to add coverage of 1–3 vaccines
 - 15 states would need to remove cost-sharing requirements
- Beneficiaries
 - Beneficiaries would gain coverage of recommended vaccines
- Plans
 - Plans would need to offer vaccine coverage; reflected in capitation rates
- Providers
 - Removes confusion over Medicaid coverage policies

Draft Recommendation 2

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

- Inadequate payments discourage some providers from administering vaccines, reducing beneficiary access.
- For outpatient prescription drugs, CMS requires states pay providers based on actual acquisition costs.
 - Vaccines are similar to prescription drugs, since providers purchase the vaccines and have little control over the price.
 - Aligning vaccine payment with prevailing market prices ensures that Medicaid is not over- or underpaying providers.
- Ensuring adequate payment rates could increase provider participation and in turn, improve access to vaccines.

Draft Recommendation 2: Implications

- Federal spending
 - CBO did not provide a score; spending may increase in some states
- States
 - Spending may increase in some states; administrative burden may increase
- Beneficiaries
 - Access may increase as more providers may be willing to offer vaccines
- Plans
 - No direct effect
- Providers
 - Providers would have greater certainty that their costs to purchase and administer vaccines would be covered

Draft Recommendation 3

The Centers for Medicare & Medicaid Services should issue federal guidance encouraging the broad use of Medicaid providers in administering adult vaccinations.

Draft Recommendation 3: Rationale

- Making vaccines available across a wider range of providers would improve access, increasing vaccination rates.
- Some states do not allow pharmacies to bill for vaccines for Medicaid-enrolled adults.
- States can use existing authority to expand the types of provider administering vaccines, but federal guidance could encourage additional states to adopt or expand these policies.

Draft Recommendation 3: Implications

Implications depend on state response; for states taking action:

- Federal spending
 - CBO did not score; spending could increase
- States
 - Access and vaccinations could increase – resulting in increase to spending
- Beneficiaries
 - Improved access; could address racial disparities
- Plans
 - Health plans could expand networks if states respond
- Providers
 - Some providers could expand scope of services

Draft Recommendation 4

The Secretary of the U.S. Department 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

- Increasing beneficiary support and education could help address vaccine hesitancy and low vaccine uptake.
- Coordinated federal guidance and technical assistance could help states identify ways to increase beneficiary support, outreach, and education.
- Guidance would also help identify which federal funding streams may be available.

Draft Recommendation 4: Implications

Implications depend on state response; for states taking action:

- Federal spending
 - CBO did not score; spending could increase
- States
 - States could better tailor vaccine education and outreach programs; spending could increase depending on programs implemented
- Beneficiaries
 - Improve support and increase vaccinations
- Plans and providers
 - States could partner with plans and providers to better engage beneficiaries

Draft Recommendation 5

Congress should provide additional federal funds to improve immunization information systems (IIS). In addition, Congress should require the Secretary of the U.S. Department 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

- Immunization information systems (IIS) are used to support vaccination efforts, but improvements are needed.
 - Many states have not achieved functional standardization.
- Federal funding would support interoperability and functional improvements, benefiting vaccination efforts for Medicaid and other payers.
- Coordinated federal guidance and technical assistance would help states and localities strengthen their IIS.
 - Improve interoperability with other state systems and EHRs.

Draft Recommendation 5: Implications

- Federal spending
 - Spending would increase by the amount allocated by Congress
- States
 - States would receive federal support to improve IISs
- Beneficiaries
 - Beneficiaries could benefit from outreach tools supported by the IIS
- Plans
 - States could share IIS data with health plans to support vaccination efforts
- Providers
 - Providers would have better access to patient immunization records

Next Steps

- Feedback on draft chapter for the June report
- Determine which draft recommendations should be brought for a vote
- Vote on draft recommendations Friday, April 8, 2022

Recommendations 1 – 2

1. 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.
2. 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).

Recommendations 3 – 4

3. The Centers for Medicare & Medicaid Services should issue federal guidance encouraging the broad use of Medicaid providers in administering adult vaccinations.
4. The Secretary of the U.S. Department 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.

Recommendation 5

5. Congress should provide additional federal funds to improve immunization information systems (IIS). In addition, Congress should require the Secretary of the U.S. Department 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.



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