

A National Assessment of Medicaid Coverage, Cost Sharing, and Provider Reimbursement for ACIP-Recommended Adult Vaccinations

Alexandra Bhatti, JD, MPH

Public Health Analyst, Chenega Professional and Technical Services, LLC

Public Health Law Program, Office for State, Tribal, Local and Territorial Support, and

Immunization Services Division, National Center for Immunization and Respiratory Diseases (NCIRD), Centers for Disease Control and Prevention

INTRODUCTION

- Adults need immunizations to protect them from getting and spreading serious diseases that could result in disability, missed work, medical bills, inability to care for family members, hospitalization, and death.
- For America's poorest citizens, Medicaid is the largest source of funding for medical and other health-related services, including vaccinations.
- Federal Medicaid rules permit each state program to determine:
 - Which adult vaccines, if any, will be covered
 - Cost-sharing policies for adult vaccination services
 - Provider reimbursement policies
 - Settings where vaccines may be administered
- States generally pay for services through fee-for-service (FFS) or managed care arrangements.¹
 - Under FFS, states pay providers directly for services.¹
 - Under managed care arrangements, providers are paid on a monthly capitation payment rate.¹
- Enrollment in comprehensive Managed Care Organizations (MCOs) increased by 24% from 2013 to 2014—and continues to grow.²
- As of 2014, more than 77% of total Medicaid enrollees receive care through MCOs.³

METHODS

- Conducted a 50-state and DC assessment of Medicaid policies identifying: 1) coverage of ACIP-recommended vaccinations; 2) cost-sharing policies; 3) vaccine provider reimbursement policies
- Sources assessed:
 - Relevant statutes and regulations
 - Medicaid state plans
 - Medicaid provider manuals
 - Medicaid fee schedules
 - State Medicaid director survey (future)
 - Other web-based state Medicaid documents publicly available
- Create a database of law and policy characteristics and compare to adult immunization data available (future)—e.g., Pregnancy Risk Assessment Monitoring System (PRAMS) data
- Perform historical assessment of coverage and reimbursement policies (future)

HIGH-LEVEL EARLY FINDINGS

Statutes and Regulations Review

- Dates laws pulled: 01/09/17
 - Statutes: 151
 - Regulations: 716
- 15 states and 278 laws have been assessed (32%)
 - 9 states have relevant Medicaid laws
 - 3 states identify specific vaccinations covered (AK, AR, CO)
 - 2 states expressly address cost sharing for vaccinations (AR, AK)
 - AK: “. . . cost-sharing amount is not required for . . . (B) a vaccine administered by a pharmacist under 7 AAC 120.110(d),” 7 AAC 105.610

Policy Review

Fee-for-Service (FFS) Setting

- 27 states completely assessed as of 04/07/2017
- Fee schedules for 40 states and DC were reviewed as of 04/08/17
 - 10 states not reviewed – Fee schedule could not be located or does not exist
- FFS-eligible members vary
 - Hawaii: <.1% Medicaid pop. in FFS – specific population eligible
 - “Aged 65 and over, or under age 65 who are blind or disabled”
 - Alaska: 100% of Medicaid population in FFS
- Coverage language varies slightly
- Reimbursement rates vary widely across state programs
 - Some states reimburse for the vaccine only and other reimburse separately for the vaccine and the vaccine administration (see table below)
 - All states assessed reimburse for Tdap vaccine - of those 31 reimburse separately for vaccine administration
 - Tdap reimbursement varies from \$9.56 (AR) – \$95.35 (CO)

GOALS & IMPLICATIONS

- This assessment is multi-purpose:
 - Understand how coverage, reimbursement, and cost-sharing policies differ across states
 - Understand how these factors have changed over time
 - Understand how and if these factors influence adult vaccination uptake and provider participation. With this understanding, barriers to adult vaccination uptake can be identified.
- A survey of Medicaid programs will be developed to gather information such as provider-specific reimbursement data and qualitative Medicaid program details.
- In addition, further analyses of state-level vaccination rates will be done, including vaccination rates for pregnant women where state-level data is available, to assess possible association of Medicaid insurance coverage policies and vaccination rates.

STATE-SPECIFIC EXAMPLES

State	% of Medicaid Pop. in FFS	FFS Pop.	Covered Language	Physician Reimbursement Rate				Is Cost-Sharing Expressly Prohibited?
				2012 Tdap Vaccine 9715	2017 Tdap Vaccine 9715	2017 Administration 90471	2017 Counseling 99401, 99402, 99211, 99420	
CO	14.2%	All enrollees	Immunizations for all Health First Colorado members are a benefit when recommended by the ACIP	X (\$95.35)	X (\$99.21)	X (\$18.93)	X*	Yes\$
CT	100.0%	All enrollees	Preventive care is covered for all members, which includes all ACIP-recommended vaccines	X (\$33.20)	X (\$34.81)	X (\$12.52)	-	Yes
FL	7.1%	All enrollees	Immunization coverage for all adult ACIP vaccinations specifically 19 and 20 year olds	NA*	X (\$52.61)	-	-	Yes\$
IN	21.0%	Persons with specific health conditions*	Immunization that is medically necessary or clinically indicated	X (\$39.25)	X (\$37.07)	-	-	Unclear

X: Denotes that the physician is reimbursed for the service.

- : Denotes that reimbursement does not exist for this service.

Yes\$: Ages 19 and 20 can receive immunizations with no co-pay but members aged 21 and older may have an office visit co-pay at the time of service.

Colorado: Counseling may be reimbursed if the member receives other prevention counseling (besides the immunizations), such as child health, developmental milestones, and sexually transmitted infections.

Florida: Did not provide coverage or reimbursement for any vaccines for non-institutionalized adult Medicaid beneficiaries in 2012.

Indiana: Eligible population – Persons in nursing homes and other institutions; immigrants whose alien status is unverified or undocumented; persons receiving hospice services; persons dually eligible; persons with breast and cervical cancer; refugees who do not qualify for any other aid category; current and former foster children; and wards of the state.

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ADDITIONAL RESOURCES

CDC – Public Health Law Program: www.cdc.gov/phlp/index.html
CDC – Adult Immunizations: www.cdc.gov/vaccines/schedules/easy-to-read/adult.html

QUESTIONS?

Contact the Public Health Law Program: PHLawProgram@cdc.gov or Abhatti@cdc.gov

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