Immunize Weekly Summary: April 23, 2026

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Medicaid Policy Update – Brenda L. Gleason, MA, MPH, President, M2 Health Care Consulting

Brenda L. Gleason, MA, MPH, gave a brief update on recent policies affecting Medicaid programs.

States are trying to figure out as quickly as possible how their Medicaid programs will be affected by new federal policies around monitoring for fraud and abuse and enrollee work requirements, for example. Many states are also facing budget cuts and shortfalls. It is possible that Medicaid changes will result in states lowering or reducing payments for providers, cutting existing programs, or not implementing new programs (e.g., doula services).

Three new codes for vaccine counseling went into effect in January, and a few state Medicaid programs have begun reimbursing providers for those codes. Other states are grappling with how to address vaccine quality measures given that the Centers for Medicare and Medicaid Services discouraged states from measuring vaccine rates in Medicaid managed care programs.

QUESTIONS AND ANSWERS
Q: Is there a list of states that are using the new counseling codes?
Brenda Gleason (M2HCC): We don't have a comprehensive list. We do know that Colorado, Georgia, and Michigan have published reimbursement rates for those codes, but that's not a comprehensive list.

Q: Are you tracking the use of those counseling codes going forward?
Brenda Gleason (M2HCC): We are trying to keep track of it. You know, some states are better than others at making this information readily available. What we've been noticing right now is… just whether or not it gets put into a published fee schedule. So when we see those fee schedules get updated, and we see the codes in place, then we're trying to track it.

So that would be something that, if we get something more comprehensive, we'd be happy to share with this group as we catch more than just the handful that we're looking at now.

Q: Is there a peg for the payment for those codes?
Brenda Gleason (M2HCC): That's really what the states decide. We've seen some higher level rates—in Colorado, for instance, for the more detailed rate. In other words, the one that takes more time for the counseling is paid at $80. So that's a pretty decent counseling rate. We don't see that sort of thing, but the rates seem to be sort of all over the place.

Comment: The Summit has a billing and coding scenarios document that incorporates the new vaccine counseling codes. There are some tricks with coding that, because of the way time is coded for a visit versus how you would code for vaccine counseling if the code is accepted. The advice that I've heard from our Billing and Coding Working Group is to check with your Medicaid program first before you start using that code. Of course, the American Academy of Pediatrics has some great information on their website.

Q: Would payment for such a code, especially at $80, for example, depending on the complexity, be drawing down funding for other services and programs covered by Medicaid?
Brenda Gleason (M2HCC): Technically speaking, the answer is always yes, right? States have to balance their budgets. In all the years that we've done state health care advocacy work, we remind advocates that if you are using money in Medicaid, it means you're not using money somewhere else. You have to not pay a kindergarten teacher, you have to not pay a firefighter in order to have more money in Medicaid. So, technically speaking, yes, but we haven't seen any sort of one-for-one—you know, "We're taking the money out of, I don't know, home-based community services in order to increase vaccines." So, all of that happens kind of behind the scenes, and we hope, as advocates in the health care space, that we are encouraging providers to make vaccines available for anyone who chooses them.

Access to Vaccines in FQHCs – Sarah Price, MSN-Ed, BSN, RN, Director, Clinical Integration, National Association of Community Health Centers (NACHC)

Sarah Price, MSN-Ed, BSN, RN, summarized NACHC's efforts to assess access to vaccines in FQHCs and lookalikes.

VIEW SLIDES

NACHC advocates for the nearly 1600 FQHCs and lookalikes across the United States that serve approximately 50 million people. Federal statute requires that community health centers (CHCs) provide immunization against vaccine-preventable diseases.

What Has Changed Recently

Like other providers, CHCs have been confused about which vaccine schedule to follow, and there is no clear answer. Most CHC patients have Medicaid insurance, which covers vaccines; some have private or no insurance. More families have questions, although not necessarily hesitancy, about vaccine recommendations and insurance coverage. The uncertainty fueled by the changes in federal guidelines has created a false sense of scarcity: questions have been raised about whether CHCs will be forced to eat the costs of vaccines, and some patients assume that vaccines are not available.

What Has Not Changed

CHCs remain committed to vaccination, and none have reported referring patients to other settings for vaccines. Many are even more determined to find better ways to talk to clients about immunization, address their curiosity, and promote immunization. Some states have changed their payment mechanisms slightly, but none are refusing reimbursement for vaccinations. Reimbursement for adult vaccines has always been a challenge for CHCs. NACHC has not seen any major trends suggesting reduced access to vaccines. Despite being framed by federal guidelines as a new approach, shared decision-making has long been practiced between patients and providers. CHCs report that they are documenting those conversations differently now or spending more time engaging with staff and patients to ensure they meet the spirit of the new guidelines.

What NACHC Is Doing

NACHC continues to exchange information with partner organizations like the Summit and the Adult Vaccine Access Coalition. It reaches out to members through quarterly engagement groups. When CHCs identify issues, NACHC works with them to resolve them and also determine whether the issue is part of a state or regional trend that should be addressed. It is compiling best practices around pediatric vaccination based on data reported to the Health Resources and Services Administration through the Uniform Data System, using pediatric vaccination rates (up to 2 years of age) as a proxy for identifying the ingredients for success. The best practices will be shared at the Summit meeting in May.

QUESTIONS & ANSWERS

Q: I am really concerned about these new rules in many states about work requirements for people who are currently on Medicaid. For sure, people are going to get kicked off, many of whom have mental health problems and housing issues and so many challenges. Twice-a-month or monthly reporting is just not going to happen. How are CHCs planning, or what can they do and who can they partner with to help plan for a higher number of adults who are going to be uninsured? I'll say it's currently a significant issue at the FQHC that I volunteer at—trying to get uninsured adults vaccinated.

Sarah Price (NACHC): At the NACHC level, we're doing a ton of advocacy around this. We actually have a letter outlining very specific ideas around medical frailty, explaining that if you have two or more morbid conditions, that makes you medically frail, and you shouldn't get kicked off of Medicaid. So that's a big one that we're doing, just from the clinical realm, to say it's important to keep coverage. So we're working on that from the back end.

The other angle NACHC is taking on solutions around keeping Medicaid is by offering education activity through community health centers. One of the other ways that folks can keep Medicaid is if they prove they're in some kind of education program. And so we're also working with health centers to ask what that could look like. Do you already have an apprentice program? Do you have a learning [offering] that could help patients learn and grow in their own careers as well? That's another area.

But, secondary to that, we're worried too. It's scary to think of the sheer amount of patients that will get kicked off of Medicaid. Community health centers have always served people, regardless of ability to pay, … but it costs someone something, somewhere, and often it's the community health center itself. So we're working with community health centers to also look for other sources of income so that they can absorb some of these costs. Community health centers also employ a sliding scale fee, so that it may not cost a ton, but it might cost [patients] a little bit, to recoup some of those [expenses]. Ultimately, we're trying to advocate more on the other side, so fewer people lose it [coverage], and so that the folks who do lose their Medicaid are also still able to receive care, and health centers don't have to close because of it.

Q: Brenda, do you have any thoughts about what Sarah has just said regarding the question about some of the challenges that are coming up with Medicaid and potential reductions in payment?
Brenda Gleason (M2HCC): I think that providers and advocates are really out there in force trying to help people understand that they could lose access, but that there are ways maybe that they can keep it. This will be a huge communication effort, I think, by many, many parts of the system that will be imperative, because lots of people who fall off coverage, if you will, will [likely] still be eligible for Medicaid, and it will take a lot of us to help people figure out what they need to do to either get re-enrolled or reinstated or whatever that looks like. I think that's probably the most important. And again, the budget issues that states are facing then will be how this plays out if people aren't in Medicaid, if they can get care elsewhere, if FQHCs get bonus payments, if we are doing vaccines at health departments, etc. But I think that's still TBD.

Q: Where is the funding for navigators—those very critical people who help patients with all this paperwork and things that they need to do to stay on Medicaid?
Sarah Price (NACHC): I don't have a great answer for that. I think, again, we're advocating to keep those roles. I think I said this from the stage at the World Vaccine Congress, but much like when COVID money went away for vaccine navigators, often health centers will say, "Okay, we can still do this role, but let's fund you in a different way," or "You're a community health worker; half your time can be spent on eligibility, the other half will be on population health" or something like that. So, again, community health centers are so creative. They're so innovative, and half the time, they don't even know it's innovative. They're just trying to do the [right] thing. I think also in our letter, we are advocating that [navigator] funding stays on the radar.

Announcements

- Registration for the 2026 National Adult and Influenza Immunization Summit, May 19-21, 2026, at the Crowne Plaza Atlanta Perimeter at Ravinia, in Atlanta, GA, is near capacity. Invitees are encouraged to register as soon as possible (https://www.izsummitpartners.org/2026-naiis/).
- Those who have registered but are no longer attending are asked to email staff at info@izsummitpartners.org so they can open up the slot to another person.
- See the list of posters to be presented at the summit: https://www.izsummitpartners.org/content/uploads/2026_NAIIS_Poster_Title_List.pdf