

# Payment Challenges in the New Immunization Environment

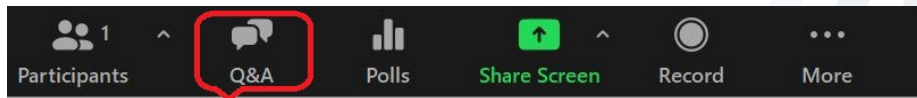
Thursday, November 6, 2025 - 3:00 p.m. (ET)

## Audio broadcast available through your computer

- All participants will join the webinar in “listen only” mode. You should be able to hear through your computer audio. Please make sure your speakers are not on mute. You should have received dial in information with our invitation email.

## Want to ask a question?

- Type your question into the “Q&A Box” in the lower area of your screen. Questions will be answered during the Q&A session, as time permits.



- Additional questions may be sent to [info@izsummitpartners.org](mailto:info@izsummitpartners.org).

## Technical difficulties during the webinar?

- For assistance, please call 1-651-647-9009 or Zoom Technical Support at 1-888-799-9666 ext. 2



National  
Adult and  
Influenza  
Immunization  
Summit

# Agenda

**Chelsea Cipriano**, Managing Director, Common Health Coalition  
(CNC)

**Mitchell Finkel**, Associate Principal, Avalere Health

**Sarah Price**, Director, Public Health Integration, National  
Association of Community Health Centers (NACHC)

**Kate Berry**, Senior Vice President Clinical Affairs and Strategic  
Partnerships , AHIP

**Dan Jones**, Senior Vice President, Federal Affairs, Alliance of  
Community Health Plans (ACHP)

**Abby Bownas**, Manager, Adult Vaccine Access Coalition



COMMON HEALTH  
Coalition  
*Together For Public Health*

# Payment Challenges in the New Immunization Environment

Chelsea Cipriano, MPH

November 6, 2025

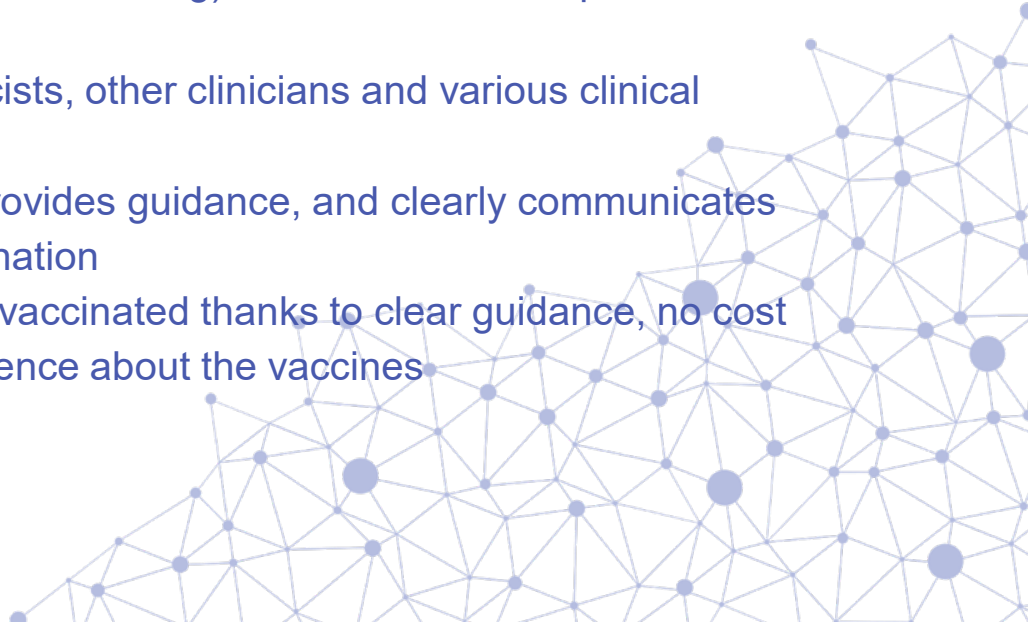


# Respiratory Season Vaccine Access: a team effort

**The Goal:** Widespread access for patients and communities

## The core players:

- **Payers:** coverage for vaccines (without cost sharing) across commercial plans, Medicaid/CHIP, and Medicare
- **Providers:** physicians, nurses, pharmacists, other clinicians and various clinical settings order and offer the vaccines
- **Public health:** operationalizes policy, provides guidance, and clearly communicates about the where, how, and why of vaccination
- **Public:** makes the choice about getting vaccinated thanks to clear guidance, no cost barrier, clarity about where to go, confidence about the vaccines





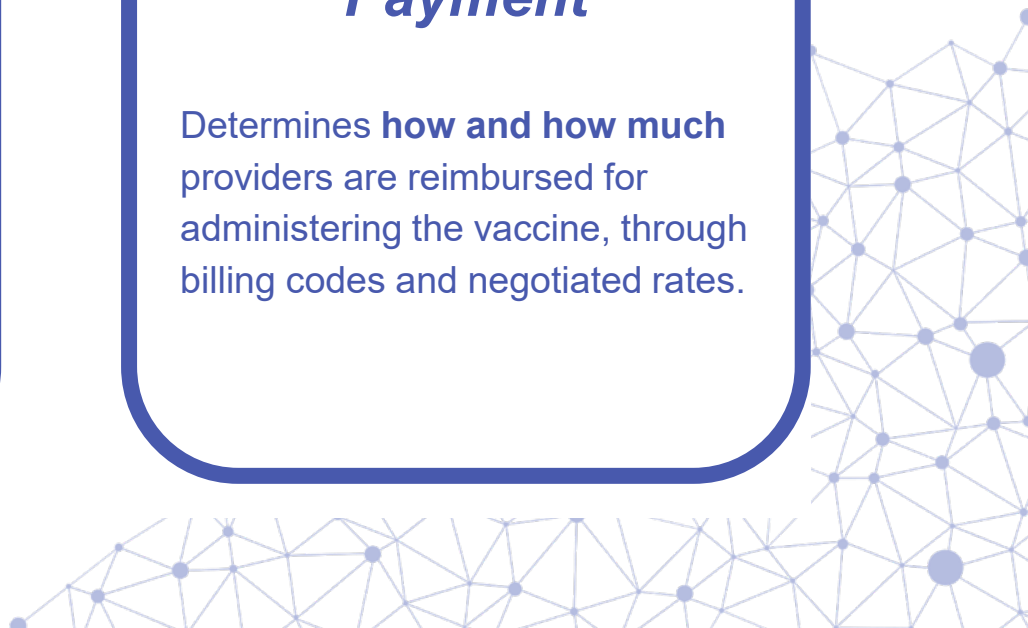
# Coverage vs. Payment of Vaccines

## *Coverage*

Defines **whether and for whom** a vaccine is included as a benefit — and under what conditions patients have cost-sharing.

## *Payment*

Determines **how and how much** providers are reimbursed for administering the vaccine, through billing codes and negotiated rates.

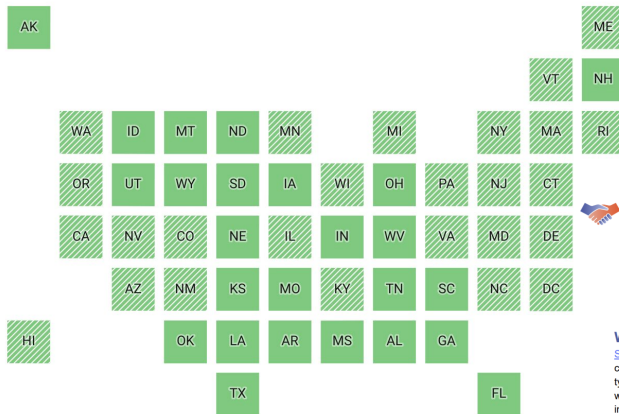




## COVID-19 Vaccine Availability for Adults, by State

As of October 20, 2025

■ No prescription needed    ▨ Taken an action to maintain vaccine access



Updated October 28, 2025

## Shared Clinical Decision-Making Guide on Respiratory Vaccines for Clinicians

### What is Shared Clinical Decision-Making (SCDM)?

**Shared clinical decision-making** – also known as individual decision-making – is similar to any other vaccine conversation in which clinicians talk with their patients about the benefits and risks of vaccination for them. These types of discussions (or “counseling”) on benefits and risks already occur often – both for recommended vaccines with shared clinical decision-making (e.g., COVID-19 vaccination for healthy children and adults, or HPV vaccination in some adults) and routine vaccines.

### Who Can Participate in Shared Clinical Decision-Making for Vaccines?

Primary care physicians, specialist physicians, physician assistants, nurse practitioners, registered nurses, and pharmacists can practice shared clinical decision making in all 50 states.

### How to Do Shared Clinical Decision-Making

**Multiple options - and you're probably already doing it!** Here are some example conversations:

#### Conversation 1:

- “I recommend you (your child) get the updated COVID-19 vaccine today. The vaccine information sheets you have explain the vaccine's benefits and potential risks.”
- “Do you have any questions about the vaccines that you want to talk about?”

#### Conversation 2:

- “I see that like you (your child) are due for your COVID-19 vaccine today. Generally, if you are older or have medical conditions, you are more likely to benefit from the vaccine's protection against severe disease. These vaccines cut the risk of being hospitalized by about half. The risks of vaccination are low and rare. The information sheet you reviewed shared some additional considerations.”
- “What questions or concerns might you have that I can help answer about vaccine?”

#### Conversation 3:

- “Now is when I recommend the updated COVID-19 and flu vaccines for you (your child).”
- “[Patient has concerns about side effects]: ‘I understand that you're worried about COVID-19 vaccine side effects and that's perfectly normal. Most people have mild side effects - like a sore or red arm - or no side effects after getting a COVID-19 vaccine. What's your main concern?’
  - “Serious reactions to vaccines can happen but are rare. For every 1 million doses given, we see five or fewer people have a severe allergic reaction.”
  - “Heart inflammation after a COVID-19 vaccine is rare. The risk of this kind of heart inflammation is much higher after getting COVID-19 infection than after vaccination itself.”
  - “You can get flu, COVID-19, and RSV vaccines at the same time. Getting them together can save you time, so you don't have to come back for another visit. ...”

If the patient chooses to not get vaccinated after a shared discussion, try again: “I respect your decision. I'm happy to answer any additional questions, and we can revisit at your next appointment.”

## Resources



## 2025-2026 Combined Respiratory Vaccine Recommendations

Datawrapper

	Influenza Vaccine	RSV Immunization	COVID-19 Vaccine
Infants and Children	All children 6 months and older <small>Some children 6 months to 8 years may need multiple doses AAP, AAPF, CDC</small>	All infants <8 months + children 8-19 months with risk factors (nirsevimab, clesrovimab), typically Oct-Mar, if no maternal RSV vaccine <small>AAP, AAPF, CDC</small>	All children 6-23 months + children 2-18 years with risk factors or if parent desires vaccine <small>AAP, AAPF</small>
Pregnancy	All <small>At any point in pregnancy ACOG, AAPF, CDC</small>	32-36 weeks gestation (Pfizer, Abrysvo only) <small>Typically Sept-Jan ACOG, AAPF, CDC</small>	All <small>At any point in pregnancy ACOG, AAPF</small>
Adults 18-50	All <small>AAPF, CDC</small>	See Pregnancy <small>AAPF, CDC</small>	All <small>Especially important for people with risk factors or who have never received a vaccine AAPF, IDSA</small>
Adults 50+	All <small>High-dose, recombinant or adjuvanted flu vaccine preferred for 65+, if available AAPF, CDC</small>	All 75+ and adults 50-74 with risk factors <small>One lifetime dose of RSV vaccine AAPF, CDC</small>	All <small>Especially important for people with risk factors or who have never received a vaccine AAPF, IDSA</small>

# **Medicaid Adult Vaccine Provider Reimbursement in 2025:**

**Comparison Across 50 States and  
Washington, DC**

November 2025  
Prepared for NAIIS

**EVERY  
PATIENT  
POSSIBLE**







***“A \$13 increase in Medicaid FFS total pharmacy reimbursement for adult influenza vaccination is associated with a 5.6 percentage point increase in the state vaccination rate for adult Medicaid FFS population.”***



Global Healthy Living Foundation and IQVIA



FFS: Fee for Service

Source: IQVIA Institute for Human Data Science. Trends in Adult Vaccination in the U.S.: Impact of reimbursement to health care providers on influenza vaccination for Medicaid FFS population. February 2024. Available from [www.iqviainstitute.org](http://www.iqviainstitute.org)



# Different provider types are reimbursed using modified methodologies that could influence their ability to offer vaccines

Common features of provider reimbursement /



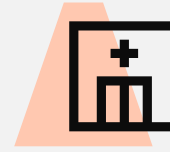
## Physician Office

- **Reimbursement Model:** Fee-for-Service
- **Benefit:** Medical



## Pharmacy

- **Reimbursement Model:** Ingredient cost plus dispensing and/or administration fee
- **Benefit:** Pharmacy or Medical



## FQHC

- **Reimbursement Model:** Prospective Payment System
- **Benefit:** Medical

# Physician offices are often reimbursed under the medical benefit for both the vaccine product and administration

There are no federal standards for vaccination reimbursement rates. **The components of reimbursement for vaccination can vary by state and may include some combination of:**

## Vaccine product

- Payment to the provider for the cost of a vaccine product
- Most states determine payment rate based on a product's CPT code



## Vaccine administration\*

- Payment to the provider for the service of administering a vaccine
- Most states, but not all, reimburse adult vaccine administration using CPT code 90471 (90480 for COVID-19)

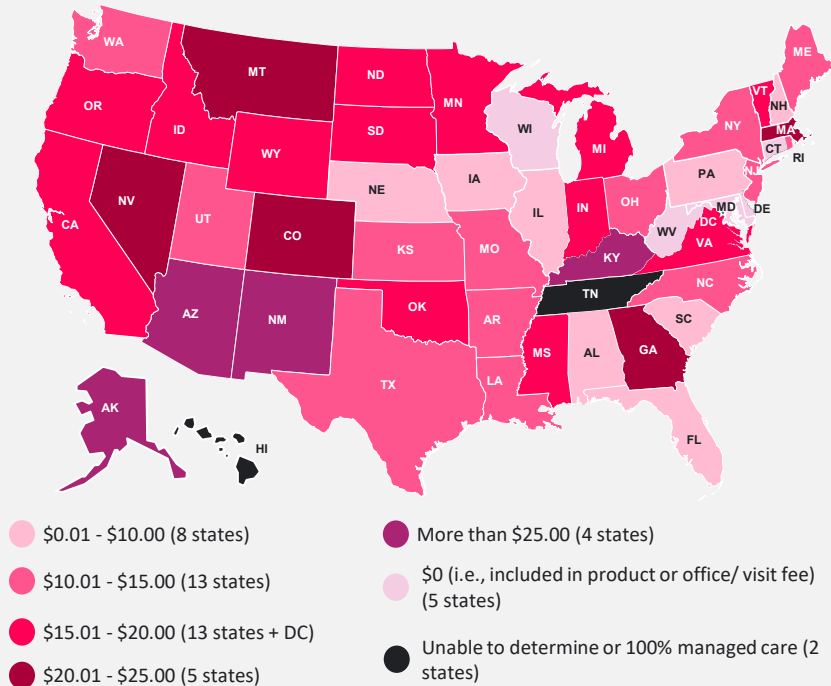
If reimbursement for the vaccine product is insufficient to cover the cost of acquisition, providers may not offer vaccines, which can affect patient access and vaccine uptake.

# There is a reimbursement differential between vaccines covered by Medicare Part B and those not covered by the program

Medicaid FFS physician office vaccine product reimbursement rates relative to WAC, 2025

Vaccine product (CPT)	State Medicaid reimbursement rate relative to WAC (n=number of states)			States analyzed* (n = row total)
	Below WAC	WAC	Above WAC	
PCV (90684)	4	3	32	39
PCV (90677)	7	1	34	42
COVID-19 (91320)	14	3	26	43
COVID-19 (91322)	5	3	34	42
Tdap (90715)	39	1	4	44
RSV (90678)	24	4	13	41
RSV (90679)	20	8	12	40
Shingles (90750)	30	5	7	42

Median Medicaid administration reimbursement, \$14.78, is well below rates provided by Medicare & commercial payers



44%

Of the Medicare Part B immunization administration rate (\$33.71)

74%

Of the national payment amount, which is used as a proxy for commercial insurance reimbursement rate (\$20.05)

# Most states reimburse FQHCs via the prospective payment system which does not directly reimburse for vaccines

Most FQHCs are reimbursed a pre-determined bundled payment for all services performed during a visit (i.e., a PPS encounter payment). **This payment can disincentivize FQHC providers from administering vaccines to Medicaid beneficiaries, potentially limiting access to those beneficiaries.**

## Illustrative Example

A 45-year-old healthy patient with Texas Medicaid coverage visits Atascosa Health Center for a primary care visit.

	Scenario 1: Primary Care Visit, No Vaccine Administered*	Scenario 2: Primary Care Visit, COVID-19 & Influenza Vaccines Administered <sup>†</sup>
Physician Office Reimbursement	\$76.37	\$269.93
FQHC Reimbursement	\$175.78 (+\$99.41)	\$175.78 (-\$94.15)

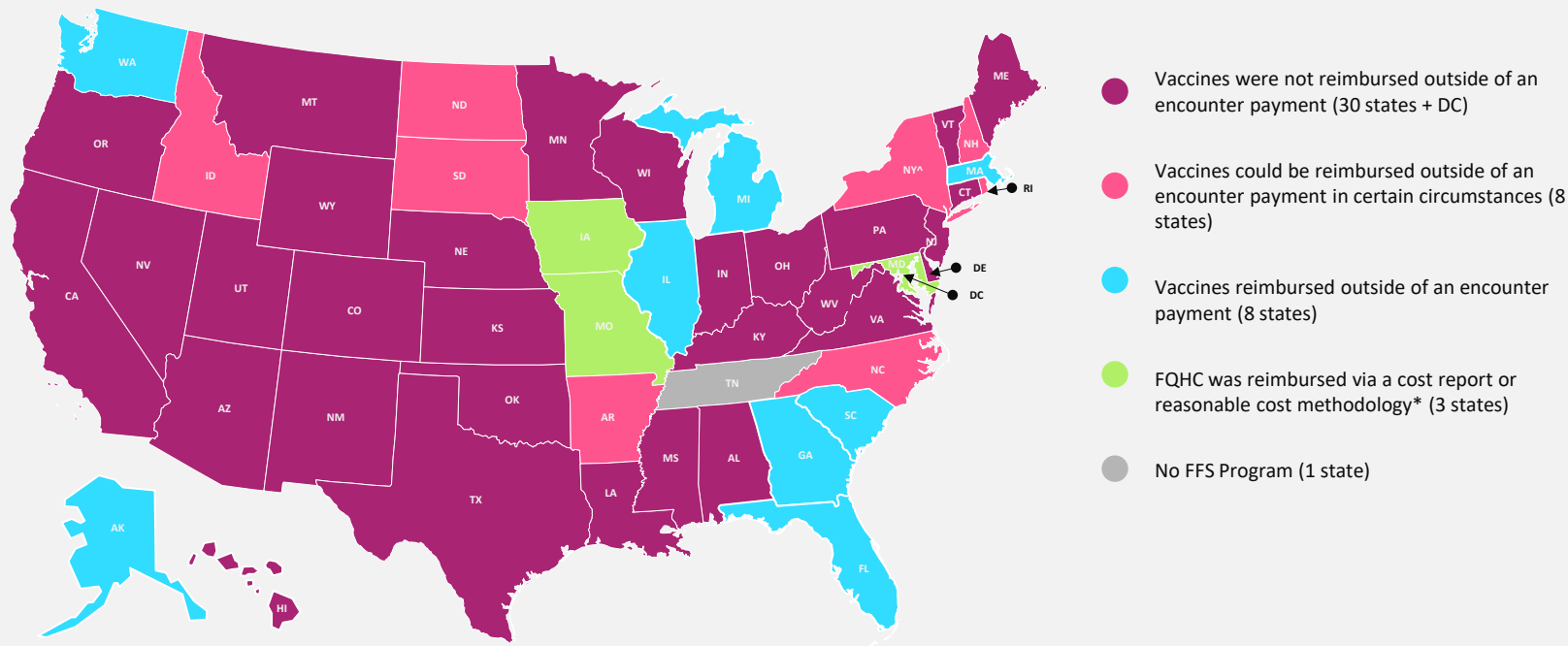
Based on Texas Medicaid FFS reimbursement rates to family practice physicians for a 40-64-year-old periodic comprehensive preventive medicine visit for an established patient (CPT: 99396); <sup>†</sup> Based on Texas Medicaid FFS reimbursement rates to family practice physicians for a 40-64-year-old periodic comprehensive preventive medicine visit for an established patient (CPT: 99396), Pfizer COMIRNATY 2023-24 (CPT: 91320), immunization administration of SARS-CoV-2 vaccine (CPT: 90480), Fluorix Quadrivalent (2023/2024) (CPT: 90686), and immunization administration of a vaccine (90471)

FQHC: Federally Qualified Health Center; PPS: Prospective Payment System

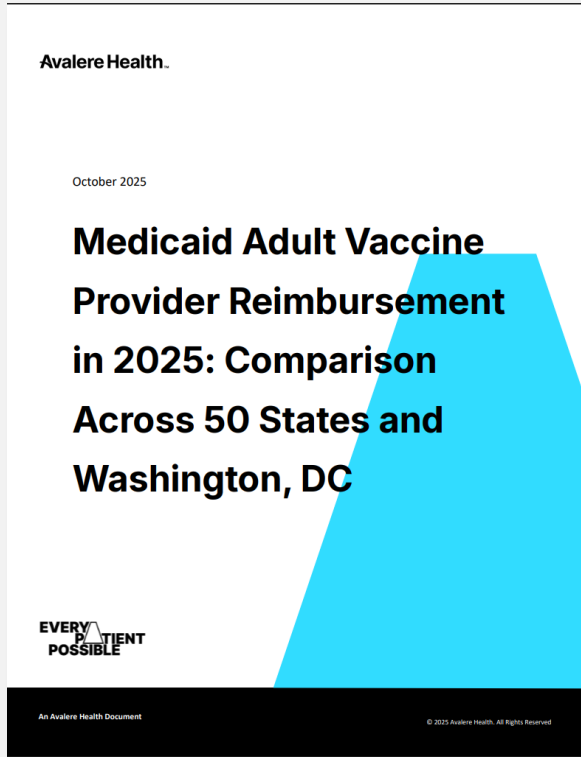


Source: NACHC. Available [here](#). Texas Medicaid. Available [here](#). Texas Medicaid FQHC. Available [here](#).

# Only 8 states have a reimbursement system that ensures FQHCs are directly reimbursed for vaccination at every visit



# Want to learn more?



Access the Full Whitepaper Here:







NATIONAL ASSOCIATION OF  
Community Health Centers®

# CURRENT VACCINATION LANDSCAPE IN COMMUNITY HEALTH CENTERS

# NAIIS Call

## November 6, 2025

*An overview of key insights from vaccine discussions with NACHC's Clinical Practice and Health Policy Committees in Oct 2025*





NATIONAL ASSOCIATION OF  
COMMUNITY HEALTH CENTERS®

# AMERICA'S HEALTH CENTERS

AUGUST 2025

**Community Health Centers** are nonprofit, **patient-governed** organizations that provide high-quality, **comprehensive primary health care** to America's **medically underserved communities**, serving **all patients** regardless of income or insurance status.

In 2024, health centers  
served a record-breaking,

**33.9M**  
**patients**

Over 1,500 Community Health Center  
grantees and look-alikes provided  
care at 17,000 sites across the  
country in 2024.

**1 in 10** people are health  
center patients, of whom:

18% are **uninsured**

59% are **publicly insured**

90% have **low-incomes**

64% are **people of color**

# Point-in-time Poll



## **Financial Changes Impact**

65% of CHCs reported financial changes in vaccine programs

## **Workforce Demands Increase**

47% noted increased workforce efforts

## **Vaccine Access Issues**

41% experienced vaccine access problems

## **Lower Patient Demand**

92% of CHCs observed reduced patient demand for vaccines

# Access Barriers



## Financial Unsustainability

CHCs receive only about 30% reimbursement for vaccine claims

## Limited Program Coverage

The 317-vaccine program covers only uninsured patients

## Delivery and Logistics Challenges

Inconsistent and delayed vaccine shipments

## Regional and Operational Barriers

Smaller CHCs face extra burdens, including inability to return unused vaccines and limited regional supplies.

# Cost Challenges



## **Rising Vaccine Costs**

### **Supply Chain Instability**

Unpredictable vaccine availability

### **Financial Strain**

Centers report additional costs and prepare for worst-case vaccine shortages.

### **Workforce and Funding Impact**

Increased workforce demands and loss of COVID funding

# Communication and Safety Concerns



## **Decline in Vaccine Demand**

92% of CHCs report reduced patient demand, especially for COVID-19 and flu vaccines.

## **Pediatric Vaccine Hesitancy**

Parents prefer to spread out or limit vaccinations, increasing visit times.

## **Strain on Healthcare Staff**

Longer visits for misinformation discussions add stress to overburdened workers.

## **Efforts to Rebuild Trust**

CHCs use social media, education, and advocacy to counter misinformation.

# Recommendations and Collaborative Strategies



## Collaborative Partnerships

92% of CHCs support NACHC partnering with organizations to improve vaccine access and materials.

- ***Rebuilding Public Trust***

*Consistent unified messaging from clinical teams is essential for restoring vaccine confidence long-term.*

- ***Community Engagement Strategies***

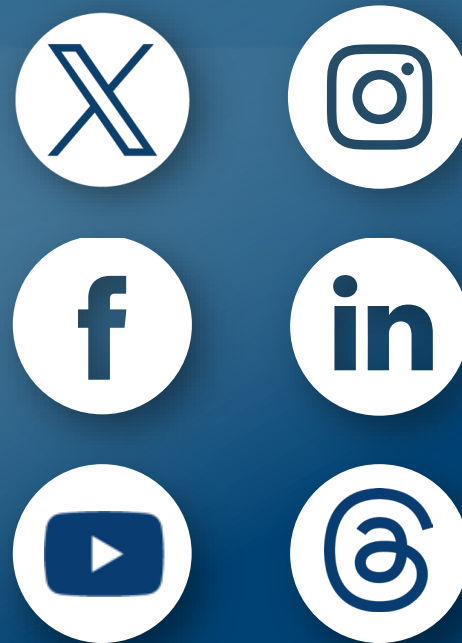
*Local leaders and focus groups help dispel misinformation and understand community concerns.*

- ***Building Resilient Healthcare***

*Collaborative, community-informed approaches strengthen healthcare systems for future challenges.*



Contact:  
Sarah Price  
[sprice@nachc.org](mailto:sprice@nachc.org)



# **Kate Berry**

## Senior Vice President Clinical Affairs and Strategic Partnerships , AHIP

**Dan Jones**  
Senior Vice President, Federal Affairs,  
Alliance of Community Health Plans  
(ACHP)

# Thanks!

Any questions?

[info@izsummitpartners.org](mailto:info@izsummitpartners.org)



National  
Adult and  
Influenza  
Immunization  
Summit