



**Avalere Health.**

## Medicaid Adult Vaccine Provider Reimbursement in 2025:

Comparison Across 50 States and Washington, DC

November 2025  
Prepared for NAHS

**EVERY PATIENT POSSIBLE**



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**"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

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

Common features of provider reimbursement /

| Physician Office   | Pharmacy   | FQHC  |
|--|--|---|
| <br><b>Physician Office</b>                     | <br><b>Pharmacy</b>   | <br><b>FQHC</b>  |
| <ul style="list-style-type: none"> <li>• <b>Reimbursement Model:</b> Fee-for-Service</li> <li>• <b>Benefit:</b> Medical</li> </ul> | <ul style="list-style-type: none"> <li>• <b>Reimbursement Model:</b> Ingredient cost plus dispensing and/or administration fee</li> <li>• <b>Benefit:</b> Pharmacy or Medical</li> </ul> | <ul style="list-style-type: none"> <li>• <b>Reimbursement Model:</b> Prospective Payment System</li> <li>• <b>Benefit:</b> Medical</li> </ul> |

**A** FQHC: Federally Qualified Health Center

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   | Vaccine administration*  |
|---|--|
| <ul style="list-style-type: none"> <li>• Payment to the provider for the cost of a vaccine product</li> <li>• Most states determine payment rate based on a product's CPT code</li> </ul> | <ul style="list-style-type: none"> <li>• Payment to the provider for the service of administering a vaccine</li> <li>• Most states, but not all, reimburse adult vaccine administration using CPT code 90471 (90480 for COVID-19)</li> </ul> |

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.

\*Some states do not reimburse separately for administration fees and may instead include it in the product or visit fee  
CPT: Current Procedural Terminology

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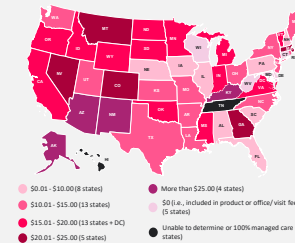
There is a reimbursement differential between vaccines covered by Medicare Part B and those not covered by the program

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                               |

A WAC: Wholesale Acquisition Cost

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.

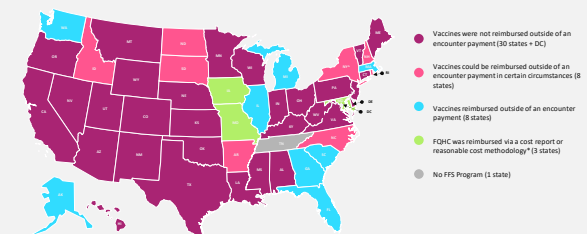
|                                | Scenario 1:<br>Primary Care Visit, No Vaccine Administered* | Scenario 2:<br>Primary Care Visit, COVID-19 & Influenza Vaccines Administered* |
|--------------------------------|---|--|
| Physician Office Reimbursement | \$76.37   | \$269.93   |
| FQHC Reimbursement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

\*Based on Texas Medicaid FFS reimbursement rates to family practice physicians for a 45-64-year-old periodic comprehensive preventive medicine visit for an established patient (CPT: 99396). \*Based on Texas Medicaid FFS reimbursement rates to family practice physicians for a 45-64-year-old periodic comprehensive preventive medicine visit for an established patient (CPT: 99396), plus COVID-19 2023-24 (CPT: 91320), immunization administration of one dose (CPT: 90468), flu/RSV (90468), and immunization administration of a vaccine (90471).

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

Source: NACHC. Available <https://www.nachc.org/2025/01/2025-texas-medicaid-fqhc-availability/>

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



A FFS: Fee-for-Service; FQHC: Federally Qualified Health Center

Want to learn more?

Avanere Health:

October 2025

**Medicaid Adult Vaccine  
Provider Reimbursement  
in 2025: Comparison  
Across 50 States and  
Washington, DC**

every part  
possible

Access the Full Whitepaper Here:



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## 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*

## AMERICA'S HEALTH CENTERS

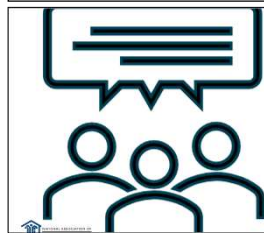
AUGUST 2025

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.



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### 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




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|   |  |
|---|--|
| <b>Access Barriers</b>  | <p><b>Financial Unsustainability</b><br/>CHCs receive only about 30% reimbursement for vaccine claims</p> <p><b>Limited Program Coverage</b><br/>The 317-vaccine program covers only uninsured patients</p> <p><b>Delivery and Logistics Challenges</b><br/>Inconsistent and delayed vaccine shipments</p> <p><b>Regional and Operational Barriers</b><br/>Smaller CHCs face extra burdens, including inability to return unused vaccines and limited regional supplies.</p> |
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| <b>Cost Challenges</b>   | <p><b>Rising Vaccine Costs</b></p> <p><b>Supply Chain Instability</b><br/>Unpredictable vaccine availability</p> <p><b>Financial Strain</b><br/>Centers report additional costs and prepare for worst-case vaccine shortages.</p> <p><b>Workforce and Funding Impact</b><br/>Increased workforce demands and loss of COVID funding</p> |
|  |  |

|   |   |
|---|---|
| <b>Communication and Safety Concerns</b>  | <p><b>Decline in Vaccine Demand</b><br/>92% of CHCs report reduced patient demand, especially for COVID-19 and flu vaccines.</p> <p><b>Pediatric Vaccine Hesitancy</b><br/>Parents prefer to spread out or limit vaccinations, increasing visit times.</p> <p><b>Strain on Healthcare Staff</b><br/>Longer visits for misinformation discussions add stress to overburdened workers.</p> <p><b>Efforts to Rebuild Trust</b><br/>CHCs use social media, education, and advocacy to counter misinformation.</p> |
|  |   |

|  |  |
|--|--|
| <b>Recommendations and Collaborative Strategies</b>                                  | <p><b>Collaborative Partnerships</b><br/>92% of CHCs support NACHC partnering with organizations to improve vaccine access and materials.</p> <ul style="list-style-type: none"> <li>• <b>Rebuilding Public Trust</b><br/><i>Consistent unified messaging from clinical teams is essential for restoring vaccine confidence long-term.</i></li> <li>• <b>Community Engagement Strategies</b><br/><i>Local leaders and focus groups help dispel misinformation and understand community concerns.</i></li> <li>• <b>Building Resilient Healthcare</b><br/><i>Collaborative, community-informed approaches strengthen healthcare systems for future challenges.</i></li> </ul> |
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