

INFOGRAPHIC

Prenatal Vaccines in Medicaid and CHIP: Current Reimbursement Levels and Strategies to Increase Access

Prenatal vaccines provide important protection against communicable diseases for pregnant women¹ and their newborns. The Centers for Disease Control & Prevention (CDC) recommends the following four vaccines for pregnant women: influenza, Tdap (which protects against tetanus, diphtheria, and whooping cough), COVID-19, and—newly available as of fall 2023—respiratory syncytial virus (RSV).² In recent years, RSV caused hospitalizations for one out of every 250 kids under age 5.³

Prenatal vaccination rates are troublingly low, especially among lower-income pregnant women covered by Medicaid and the Children’s Health Insurance Program (CHIP). Women with private insurance are 74% more likely to receive their recommended prenatal flu and Tdap vaccines.⁴ These disparities may reflect differences in access to vaccine providers, which in turn may be driven by inadequate provider reimbursement for the costs of acquiring and administering vaccines.⁵



Medicaid and CHIP cover more than two out of every five births in America. These programs are crucial for ensuring the health of mothers and babies.⁶

Key findings from a survey of state policies on prenatal vaccines in Medicaid and CHIP fee-for-service:

Reimbursement Gap with Medicare

For the **service of vaccine administration**, the average state pays significantly less than the Medicare Part B rate for administering flu and other high-profile vaccines (\$32.57 for physicians and \$27.68 for advanced practice clinicians and pharmacists).⁷

Medicaid Vaccine Admin Fee as % of Medicare Part B Rate

Physicians

Adult **37%**

VFC Youth **50%**

Advanced Practice Clinicians

Adult **42%**

VFC Youth **56%**

Pharmacists

Adult **49%**

VFC Youth **53%**

Reimbursement Gap with Medicare (cont.)

Comparing **total physician reimbursement for administering both the Fluzone and Tdap vaccines** (product + administration)...



For Adults,
most states pay **less than 75%** of Medicare



For Youth
covered by the Vaccines for Children (VFC) Program, most states pay **less than 50%** of Medicare

Coverage Restrictions for Pharmacists

Pharmacies are a major access point for vaccinations. However:



states **don't cover** any pharmacist vaccinations



states **cover some** pharmacist vaccinations, but not prenatal RSV



other states **make it challenging** for pharmacists to vaccinate youths under the age of 19

Federally Qualified Health Centers (FQHCs)

Fewer than 1 out of 3 states reimburse FQHCs for vaccinations separate from the fixed rate for each medical visit under the FQHC Prospective Payment System (PPS).



Potential state strategies to improve prenatal vaccine access for Medicaid and CHIP enrollees:

- **Ensure adequate reimbursement for adult prenatal vaccinations, by**
 - ▣ Benchmarking against Medicare Part B's rates
 - ▣ Covering all pharmacist vaccinations within scope of practice

Increasing reimbursement for vaccine administration can “increase provider participation and in turn improve access to vaccines for Medicaid beneficiaries.”

Source: The Medicaid and CHIP Payment and Access Commission's March 2022 Report to Congress

Potential state strategies to improve prenatal vaccine access for Medicaid and CHIP enrollees: (cont.)

- For the **Vaccines for Children program**, through which participating providers receive free vaccines for administration to Medicaid youth under age 19:
 - Reimburse at the VFC maximum rate for vaccine administration (currently, only 12 states do)
 - Support VFC participation for pharmacies and other potential vaccinators
 - Cover prenatal vaccines from obstetrician-gynecologists (OB/GYNs) who do not participate in VFC, recognizing that OB/GYNs are less likely to participate in VFC
- In states with managed care programs, **leverage managed care organizations (MCOs)** to enhance prenatal vaccine access by establishing minimum provider reimbursement levels, requiring member outreach and education, or defining MCO incentives tied to vaccination rates.

Federal Strategy: Repeal the cap on VFC administration fees for Medicaid enrollees.



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¹ Although this paper will generally refer to “pregnant women,” the authors acknowledge that some pregnant individuals may not identify as women.

² CDC, *Guidelines for Vaccinating Pregnant Persons*, (last updated July 12, 2024), <https://www.cdc.gov/vaccines-pregnancy/hcp/vaccination-guidelines/>.

³ See CDC, *RSV-NET Interactive Dashboard* (accessed Oct. 1, 2024), <https://www.cdc.gov/rsv/php/surveillance/rsv-net.html>.

⁴ CDC, *Influenza, Tdap, and COVID-19 Vaccination Coverage and Hesitancy Among Pregnant Women – United States, April 2023*, <https://www.cdc.gov/mmwr/volumes/72/wr/mm7239a4.htm>

⁵ The Medicaid and CHIP Payment and Access Commission (MACPAC), *Vaccine Access for Adults Enrolled in Medicaid*, Report to Congress on Medicaid and CHIP, 24-49 (March 2022), <https://www.macpac.gov/publication/vaccine-access-for-adults-enrolled-in-medicaid/>.

⁶ CMS, *Who Enrolls in Medicaid & CHIP?* (accessed May 23, 2024), <https://www.medicare.gov/state-overviews/scorecard/who-enrolls-medicare-chip/index.html>; Ushan Ranji, et al., *Medicaid Coverage of Pregnancy-Related Services: Findings from a 2021 State Survey*, Kaiser Family Foundation (May 19, 2022), <https://files.kff.org/attachment/Report-Medicaid-Coverage-of-Pregnancy-Related-Services-Findings-from-a-2021-State-Survey.pdf>.

⁷ This study examined three types of advanced practice clinicians: certified nurse-midwives, nurse practitioners and physician assistants.

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Read the full white paper here.