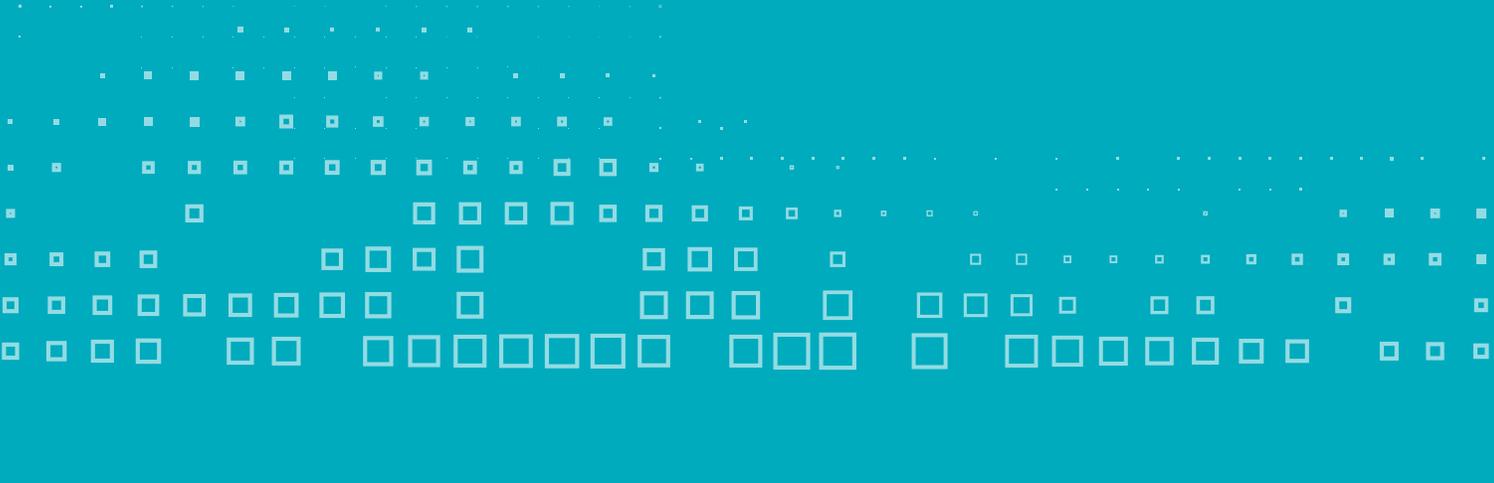


MAY 2023

# **Prenatal Vaccines in Medicaid and CHIP**

## **Coverage, Reimbursement, and State Policy Solutions to Increase Access**

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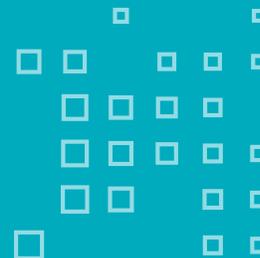
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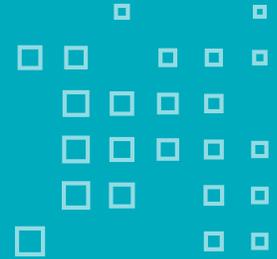


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# Prenatal Vaccines in Medicaid and CHIP

## Coverage, Reimbursement, and State Policy Solutions to Increase Access



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## Executive Summary

**Vaccines play an essential role in our nation’s public health infrastructure.** Prenatal vaccines—those administered during a pregnancy—in particular are critically important, providing pregnant women<sup>1</sup> and/or newborns with antibodies against specific communicable diseases.

**Despite the demonstrated effectiveness of prenatal vaccines, uptake remains suboptimal,** putting pregnant women and their children at higher risk for vaccine-preventable diseases such as influenza, tetanus, diphtheria and pertussis (whooping cough). A number of factors influence prenatal vaccination rates, including individual factors such as vaccine hesitancy,<sup>2</sup> as well as more systemic factors such as the availability and type of health insurance coverage.

**Notably, prenatal vaccination rates are lower among people covered by Medicaid and the Children’s Health Insurance Program (CHIP)**—joint federal/state programs that provide health coverage to low- and middle-income people—than among people with private health insurance.<sup>3</sup> These disparities may reflect differences in access to vaccine providers and inadequate provider reimbursement for the costs of acquiring and administering vaccines.<sup>4</sup>

**This paper discusses the current landscape of Medicaid and CHIP coverage and reimbursement for prenatal vaccines,** informed by a recent assessment of relevant policies in all 50 states, plus Washington, D.C., and Puerto Rico. We examined policies for both fee-for-service (FFS) and managed care programs, as well as policies relevant to various provider types, including physicians, advanced practice clinicians (APCs), pharmacists and Federally Qualified Health Centers (FQHCs).

**The paper concludes by setting forth actions that states can take to improve access to prenatal vaccines for Medicaid and CHIP enrollees:**

- Ensuring adequate reimbursement for prenatal vaccinations, including the service of vaccine administration as well as vaccine supply, across all providers eligible to administer such vaccines.
- Optimizing the value of the Vaccines for Children (VFC) program, through which participating providers can receive vaccines free of charge for administration to Medicaid-enrolled youths under the age of 19. To avoid access barriers to prenatal vaccines for pregnant youths, states could consider making all potential vaccinators eligible to participate in the VFC program (including pharmacists) and ensure that pregnant youths are able to receive prenatal vaccines from obstetrician-gynecologists (OB/GYNs) and other prenatal care providers who do not participate in VFC.
- In states with managed care programs, leveraging managed care organizations (MCOs) to enhance prenatal vaccine access by, for example, establishing requirements for provider reimbursement or member outreach and education, or by defining MCO incentives tied to prenatal vaccination.

# Background

## The Essential Role of Prenatal Vaccines

The World Health Organization describes immunization as a global health and development success story, saving millions of lives every year.<sup>5</sup> For pregnant women, the antibodies they develop in response to prenatal vaccines help protect not only them, but also their newborns from serious disease early in life.<sup>6</sup> The antibodies that newborns inherit from their mothers play a key role in fighting off infection until the newborns are themselves old enough to be vaccinated.<sup>7</sup> The Centers for Disease Control and Prevention’s (CDC’s) Advisory Committee on Immunization Practices (ACIP) was established under the federal Public Health Service Act and is charged with providing advice and guidance to the CDC regarding vaccinations. ACIP recommends vaccines for both adults and children, and specifically recommends that pregnant people receive two vaccines during pregnancy: the influenza vaccine and the tetanus, diphtheria, pertussis (Tdap) vaccine.<sup>8</sup>

Although early childhood vaccination rates in the United States are above 90% for most ACIP-recommended vaccines,<sup>9</sup> prenatal vaccination rates—like most other adult vaccination rates—lag substantially behind.<sup>10</sup> A 2020 CDC study found, for example, that fewer than one out of four pregnant women received both federally recommended prenatal vaccines.<sup>11</sup>

Pregnant and postpartum women are at a higher risk for severe illness and complications from vaccine-preventable diseases such as influenza, particularly during the second and third trimesters.<sup>12</sup> In addition, due in part to low prenatal vaccination rates, diseases like whooping cough (pertussis) and influenza continue to infect significant numbers of vulnerable children. In fact, between 10,000 and 50,000 cases of whooping cough in children are reported each year in the United States.<sup>13</sup>

Another disease with a significant impact on young children is respiratory syncytial virus (RSV), a common respiratory virus that usually causes mild, cold-like symptoms but can be significantly more serious for infants.<sup>14</sup> As RSV spread rapidly at the end of 2022, this disease caused a hospitalization rate of more than one out of every 250 children aged 0–4.<sup>15</sup> Although there are not currently any Food and Drug Administration (FDA)-licensed vaccines on the market to prevent RSV in infants and young children, there is a prenatal RSV vaccine candidate in the pipeline, which has been designated as a breakthrough therapy (because it treats a serious condition and appears to demonstrate “substantial improvement” over available therapies) and has been accepted for FDA review.<sup>16</sup> This vaccine candidate would be administered to pregnant women to protect infants. If approved, ensuring access to the RSV vaccine, particularly for Medicaid and uninsured populations, will be important to protect young children in the United States.

Fewer than 1 out of 4 pregnant women receive both federally recommended prenatal vaccines.



Source:  
CDC 2023

## The Need to Address Disparities in Prenatal Vaccine Access and Uptake for Medicaid and CHIP Enrollees

As noted above, one key factor influencing vaccination rates is health insurance coverage. Nationally, Medicaid and CHIP cover more than two out of every five births.<sup>17</sup> These programs accordingly play a crucial role in prenatal care for low- and middle-income people, as well as for people of color and other historically marginalized groups that are disproportionately served by the Medicaid program. Both Medicaid and CHIP provide some coverage for prenatal vaccines. Currently, such coverage varies depending on a pregnant person's state of residence, age and timing of enrollment in the Medicaid program, as discussed further below.

This will change to some extent upon implementation of the Inflation Reduction Act (IRA),<sup>18</sup> which was signed into law by President Biden on August 16, 2022. The IRA closes long-standing coverage gaps by requiring state Medicaid and CHIP programs to cover all ACIP-recommended vaccines without cost sharing for all covered adults, effective October 1, 2023.

However, while health insurance coverage and patient out-of-pocket costs are key factors influencing vaccination rates, other factors, such as provider reimbursement levels for vaccine administration and access to providers who are able to administer vaccinations, also play a significant role. Consequently, if reimbursement rates are not sufficient, pregnant women may face access barriers for prenatal vaccinations.

As states revisit their Medicaid and CHIP policies in light of the IRA's requirement, they should also seek other opportunities to enhance access to prenatal vaccines. In this paper, we describe the landscape of state Medicaid and CHIP coverage and reimbursement policies for prenatal vaccines, then outline a number of policy recommendations states should consider in order to increase prenatal vaccine access for Medicaid and CHIP enrollees. Those recommendations are informed by a study we conducted of federal and state policies governing Medicaid and CHIP coverage and reimbursement for prenatal vaccines.

## Research Methods for State Survey

We analyzed publicly available Medicaid and CHIP policies that define coverage and reimbursement for prenatal vaccines in all 50 states, plus the District of Columbia and Puerto Rico (hereinafter "states"), as well as under federal law. We specifically examined coverage and reimbursement policies for the following provider types: physicians; the following APCs: nurse practitioners, physician assistants and certified nurse midwives; registered pharmacists; and FQHCs. In addition to reviewing state policies regarding FFS programs, for states that have adopted managed care, we reviewed MCO contracts and other managed care program guidance. This research was conducted between November 2021 and April 2022.

# Current Coverage of Prenatal Vaccines Under Medicaid and CHIP

There are a number of potential coverage pathways through which a pregnant woman may qualify for Medicaid or CHIP services, depending on the person’s age (under versus over 18 years), income and the state in which she resides. In addition to defining the income thresholds for certain eligibility groups, states also have choices about which groups to cover, such as whether to add the Medicaid adult expansion group up to 138% of the Federal Poverty Level (FPL) under the Affordable Care Act (ACA),<sup>19</sup> or whether the state’s CHIP program will cover pregnant adults in addition to covering children.<sup>20</sup>

Although certain coverage details may vary from state to state and from pathway to pathway, all ACIP-recommended vaccines—including prenatal vaccines—are currently covered, without cost sharing, under most of the coverage pathways relevant for pregnant women, as shown in [Exhibit 1](#). There is one exception, however: adults aged 21+ who qualify for Medicaid’s pregnancy-based coverage pathway (as opposed to adults who enroll in the Medicaid expansion group and then become pregnant). For adults aged 21+ in the pregnancy-related pathway, states currently have the flexibility to decide which prenatal vaccines to cover, although if a state opts to cover a prenatal vaccine, the state is **not** permitted to impose cost sharing.<sup>21</sup>

Medicaid managed care beneficiaries are entitled to receive all the same benefits as those enrolled in FFS. However, states may also require or allow MCOs to provide additional benefits beyond the FFS baseline. For example, in Florida, MCOs can elect to cover certain vaccines that are typically not covered for nondisabled people under FFS, as noted in [Exhibit 2](#).

**Exhibit 1. Current Federal Vaccine Coverage Requirements Under Medicaid and CHIP Coverage Pathways for Pregnant Women (Before Implementation of the Inflation Reduction Act’s Vaccine Coverage Requirements)**

| Potential Medicaid and CHIP Coverage Pathways for Pregnant Women  | Vaccine Benefit  |   |
|---|--|---|
|   | Medicaid   | CHIP  |
| <b>Children/Youths</b><br>Although age-based <b>eligibility</b> focuses on children aged < 19, Medicaid provides special <b>benefit</b> protections for youths aged < 21. | States must cover all ACIP-recommended vaccines for children/youths aged < 21. <sup>22</sup> | States must cover all ACIP-recommended vaccines for children aged < 19. <sup>23</sup> |
| <b>Coverage for Adults Based on Pregnancy</b>   | Each state decides which vaccines to cover for pregnant women aged 21+.                      | All states currently cover all ACIP-recommended vaccines. <sup>24</sup>               |
| <b>Medicaid Expansion Adults</b><br>An expansion-enrolled woman who becomes pregnant may remain in the expansion group. <sup>25</sup>                                     | States must cover all ACIP-recommended vaccines for expansion adults. <sup>26</sup>          |   |

Note: No cost sharing is permitted for prenatal vaccines under any of these coverage pathways.

Thanks to the IRA, states will be required to cover all ACIP-recommended vaccines for **all** Medicaid and CHIP enrollees—including under the Medicaid pregnancy-related pathway—as of October 1, 2023. Currently, however, there is a coverage gap for this population.

Our study found that 41 out of 52 states, or 79%, expressly guaranteed coverage for all ACIP-recommended vaccines for adults aged 21+ under the Medicaid pregnancy-related pathway. Of the remaining 11 states, six appeared to cover both influenza and Tdap (the two prenatal vaccines currently recommended by ACIP) for this population. Coverage details for the remaining five states are displayed in [Exhibit 2](#).

**Exhibit 2. Medicaid Vaccine Coverage Limitations for Prenatal Influenza and/or Tdap Vaccines for Adults 21+ Under the Pregnancy-Related Pathway (Before Implementation of the Inflation Reduction Act’s Vaccine Coverage Requirements)**

| State        | Does the State Cover . . . |  | Notes   |
|--------------|----------------------------|--|---|
| Florida      | Influenza                  | No coverage in FFS; MCOs may cover, at their option        | For adults aged 21+, Florida’s FFS program does not cover any vaccines except for certain adults living in long-term care facilities. MCOs are permitted, but not required, to cover certain vaccines (including influenza and Tdap) as an expanded benefit.                      |
|              | Tdap                       |  |   |
| Nebraska     | Influenza                  | Likely yes   | Although Nebraska does not expressly guarantee coverage for all ACIP-recommended vaccines, adult vaccines are covered “on a case-by-case basis for medical necessity,” which would likely include ACIP-recommended prenatal vaccines.   |
|              | Tdap                       |  |   |
| Puerto Rico  | Influenza                  | Unclear  | Puerto Rico enrolls its entire Medicaid population in managed care. The scope of vaccine coverage is unclear.   |
|              | Tdap                       |  |   |
| Rhode Island | Influenza                  | No, but vaccines are available to providers free of charge | Rhode Island maintains a State-Supplied Vaccines Program that furnishes ACIP-recommended vaccines to providers free of charge, subject to the availability of state funds.  |
|              | Tdap                       | Yes  |   |
| Virginia     | Influenza                  | Yes  | Virginia’s FFS program does not appear to cover the Tdap vaccine for non-expansion adults aged 21+. Although Virginia’s MCO contract is somewhat ambiguous as to vaccine coverage for non-expansion adults, certain statements suggest all ACIP-recommended vaccines are covered. |
|              | Tdap                       | No in FFS, but maybe in managed care                       |   |

## FFS Reimbursement for Prenatal Vaccines Under Medicaid and CHIP

Once the IRA is fully implemented, Medicaid and CHIP programs in all states—including the states listed in [Exhibit 2](#)—will be required to cover all ACIP-recommended vaccines, including prenatal influenza and Tdap. This is an important step. However, although vaccine coverage plays an integral role in **influencing** individuals’ access to vaccines, it is not sufficient to **guarantee access** for all. Notably, even before the IRA, the ACA guaranteed coverage for prenatal vaccines to those with private insurance. Pregnant women with private insurance were more likely to receive both recommended vaccines than those with Medicaid, as noted above, but even among privately insured individuals, vaccine uptake was far from optimal. To ensure that vaccines are widely accessible, states should examine other factors that influence vaccine access, including reimbursement.

## Medicaid Vaccine Reimbursement Fundamentals

### Medicaid Fee-for-Service

Vaccine reimbursement has two components: a fee for vaccine administration and/or a fee for vaccine supply.

- **Vaccine administration** (if covered) is typically billed as a Current Procedural Terminology (CPT) code separate from the vaccine product. States vary in terms of which codes they cover and how those codes are used. Many states follow the standard CPT code definitions:

| Standard CPT Codes for Vaccine Administration by Injection  |   |   |   |
|---|---|---|---|
| Codes without age limits; no counseling included (counseling, if provided, is billed under an E/M code) |   | Pediatric (ages < 19) codes for vaccine administration + vaccine counseling |   |
| 90471   | 94072   | 90460   | 90461   |
| First vaccine injection   | Additional vaccine injections during same visit | Injection of first vaccine component  | Additional <b>components</b> in a combination vaccine |

- **Vaccine supply** can be reimbursed under either the medical benefit, using a product-specific CPT code, or under the pharmacy benefit. Vaccine supply pricing methodologies differ based on the price benchmark selected (e.g., the average sales price (ASP) of the drug, the wholesale acquisition cost (WAC) of the drug or another price benchmark) and whether the state uses a single benchmark or a “lesser of” methodology that compares pricing from a number of benchmarks.

### The Vaccines for Children (VFC) Program

The federal VFC program furnishes vaccine supply free of charge to participating providers for administration to Medicaid-enrolled youths aged < 19, including pregnant youths. Medicaid reimbursement for VFC vaccines is governed by federal parameters. Youths enrolled in the CHIP program are not eligible for VFC vaccines.

- For **vaccine administration**, Medicaid reimbursement may not exceed the VFC Regional Maximum rates established by the federal government, which were [last updated in 2012](#).
- **Providers may not bill for vaccine supply** because VFC vaccines are provided free of charge.

States have some flexibility to decide which providers may enroll in the VFC program. Some states, but not all, allow pharmacies to participate in the VFC program. States also have flexibility to decide whether Medicaid will cover vaccines that are separately purchased and administered by non-VFC-enrolled providers.

### Medicaid Managed Care

Most state Medicaid programs contract with managed care organizations (MCOs) to deliver health care services to some or all of their beneficiaries. MCOs are generally free to establish vaccine administration rates for providers as they see fit unless the state Medicaid program requires otherwise.

To offer vaccines, providers must incur a range of costs, including:

- The cost of the vaccine itself (i.e., the “vaccine supply”). (Note: Providers enrolled in the VFC program receive vaccines at no cost for administration to children enrolled in Medicaid (but not CHIP) and certain other VFC-eligible groups, although VFC participation carries certain compliance costs of its own in terms of vaccine storage, reporting and so on.)
- Storing the vaccine (e.g., refrigerator or freezer, backup power).
- Administration, including staff time for vaccine administration and associated counseling, documentation, required vaccine reporting and billing.<sup>27</sup>

According to the Medicaid and CHIP Payment Advisory Commission (MACPAC), a non-partisan legislative branch agency that provides policy and data analysis and makes recommendations to Congress, current Medicaid reimbursement rates are often insufficient to cover the costs of vaccine administration; by the same token, increasing Medicaid reimbursement supports increased vaccine access and uptake.<sup>28</sup>

The text box above sets forth the fundamentals of vaccine reimbursement under Medicaid, and the following sections of this paper set forth the results of our survey on how Medicaid programs in each state reimburse four different types of providers often involved in vaccine administration: physicians, APCs, registered pharmacists and FQHCs. For each category of provider, we looked at reimbursement under the FFS Medicaid program in each state and, in states with Medicaid managed care programs, reimbursement under Medicaid managed care to the extent that such information was available. In each case, we looked at reimbursement for both vaccine administration and vaccine supply.

With respect to FFS reimbursement, we were generally unable to identify rates for Puerto Rico and Tennessee, which operate their Medicaid programs under managed care and do not publish FFS fee schedules.

## Vaccine Reimbursement: Physicians

### Fee-for-Service

**Vaccine Administration.** Our study found that although most state FFS Medicaid and CHIP programs pay a separate fee for vaccine administration during a billable office visit, these rates vary substantially. For full state-by-state details, see [Appendix Exhibit 5](#). Notably, most states pay rates well below those under Medicare Part B, which in 2022 paid physicians \$30 for administering influenza, pneumococcal and hepatitis B, and \$16.96 for certain other vaccines such as tetanus or rabies. (The Medicare program covers Tdap under Part D, which uses a separate reimbursement approach, as discussed below.)

With respect to adults aged 21+, 41 out of 50 states pay an administration fee. The average rate was \$10.54, or 33% of the Medicare Part B rate for administering the influenza vaccine. Only 12 of those states pay an administration fee of \$15 or more, while 20 states pay an administration fee of less than \$10 (including the 9 states that pay nothing at all).

Our study also examined whether states pay an enhanced rate for vaccine administration by certain types of primary care or other providers. As background, from 2013 to 2014, the ACA required all states to match or exceed Medicare rates for vaccinations and other primary care services when performed by designated primary care providers.<sup>29</sup> Although that requirement has expired, some states voluntarily continued some version of that policy, potentially with enhanced rates for vaccine administration by primary care providers (defined based on board-certified specialty and/or based on their volume of primary care services) and, in some cases, OB/GYNs as well. Our study found that 7 states pay an enhanced rate for adult vaccinations (of which 3 include OB/GYNs among eligible provider types), while 9 states pay an enhanced rate for VFC vaccinations (of which 2 include OB/GYNs).

**Vaccine Supply.** Our study also looked at reimbursement for vaccine supply with respect to the Tdap vaccine and five influenza vaccines (for non-VFC vaccines, since no reimbursement is available for VFC vaccine products). State rates varied significantly, as described below in [Exhibit 3](#) and in [Appendix Exhibit 6](#).

**States Vary Widely in Their Reimbursement Policies for Vaccine Administration.** In some states, the administration fee may vary depending on whether the vaccine was administered during an otherwise billable office visit or as a “vaccine-only” visit, whether the vaccine was administered by injection or by some other method, and whether the vaccination in question was the first vaccine administered during an encounter as opposed to subsequent vaccinations during the same encounter. In this paper, we focus on initial vaccine administration by injection during a billable office visit.

**Exhibit 3. State Medicaid and CHIP FFS Reimbursement for Selected Tdap and Influenza Vaccine Products (Average and Range\*) When Administered by a Physician**

|                           | Tdap<br>CPT Code<br>90715 | Fluzone<br>High-Dose<br>(IIIV4-HD)<br>CPT Code<br>90662 | FluMist<br>(LAIV4)<br>CPT Code<br>90672 | Flucelvax<br>(ccIIIV4)<br>CPT Code<br>90674 | Fluzone<br>(IIIV4), Single<br>Dose<br>CPT Code<br>90686 | Fluad (AIIV4)<br>CPT Code<br>90694 |
|---------------------------|---------------------------|---|---|---|---|------------------------------------|
| <b>U.S. Average Rate</b>  | <b>\$36.65</b>            | <b>\$57.78</b>  | <b>\$25.40</b>                          | <b>\$27.46</b>                              | <b>\$19.66</b>  | <b>\$60.99</b>                     |
| <b>Lowest Rate State</b>  | \$27.25<br>DC             | \$13.80<br>AR   | \$9.34<br>NV                            | \$14.61<br>NJ                               | \$9.79<br>NJ  | \$16.82<br>FL                      |
| <b>Highest Rate State</b> | \$49.14<br>NH             | \$69.72<br>CA   | \$31.34<br>CA                           | \$34.40<br>CA                               | \$33.65<br>IA   | \$70.89<br>CA                      |

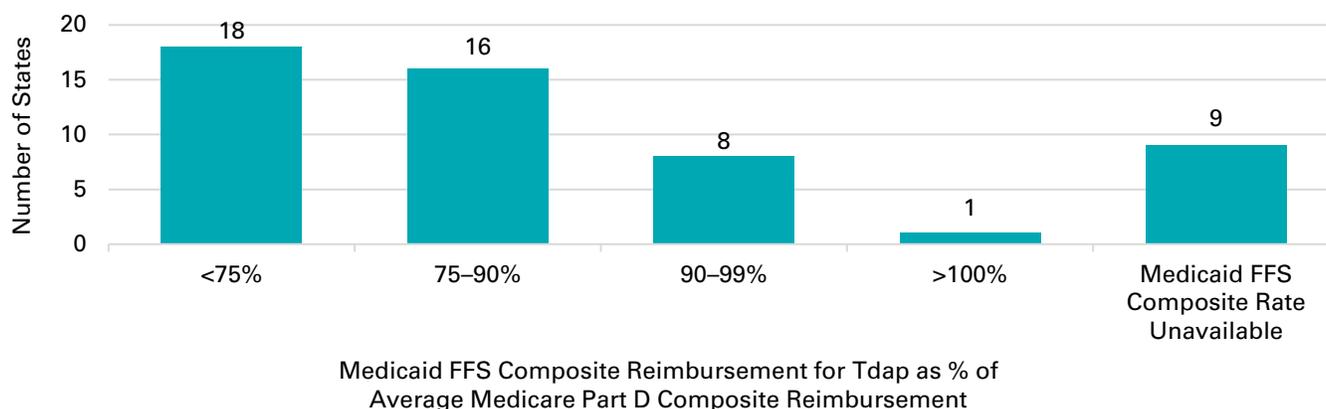
\* The calculation of average, minimum and maximum rates excludes states for which a numerical rate is unavailable, either because the state does not cover the vaccine or because the state defines a reimbursement methodology without providing a specific rate. For additional details, see [Appendix Exhibit 6](#).

**Reimbursement Sufficiency: Tdap Case Study.** For a provider, total compensation for a vaccination would include the vaccine administration fee (if any) plus the reimbursement for vaccine supply (unless the vaccine was supplied for free through VFC)—a total that we refer to as the “composite reimbursement.” To assess

rate adequacy, we compared each state’s Medicaid FFS composite reimbursement for Tdap vaccination against Medicare Part D’s average spending on Tdap vaccinations in 2021: \$61.92<sup>30</sup> (a figure that similarly is intended to compensate providers for both vaccine supply and administration).

Among the 43 states for which a Medicaid FFS composite rate was available, we found that all but one state (Colorado) pay less than the average Medicare Part D rate. Moreover, several states pay significantly below the Part D rate, including 18 states that pay less than 75% of the Part D rate. For additional details, see [Exhibit 4](#) (below) and [Appendix Exhibit 7](#).

**Exhibit 4. Comparing Reimbursement for Tdap Vaccination (Vaccine Supply + Administration) of Adults 21+ Under Medicaid FFS and Medicare Part D**



**Exhibit 4** compares composite reimbursement for Tdap vaccination (including reimbursement for both vaccine supply and vaccine administration) of adults 21+ during a billable office visit under state Medicaid FFS programs and Medicare Part D. With respect to Medicaid programs, a composite rate was unavailable in nine states that did not list a specific rate for either vaccine supply or vaccine administration; for additional details, see [Appendix Exhibits 5 through 7](#). The Medicare Part D composite rate of \$61.92 reflects the program’s average composite spending in 2021 across the two covered Tdap vaccines, Adacel and Boostrix, as reflected in the Medicare Part D [drug spending database](#).

## Managed Care

MCOs generally have discretion to negotiate reimbursement rates with their network providers unless the state directs otherwise.

States can, if they wish, require their MCOs to comply with state-established fee schedules or rate floors for designated providers or classes of services. For example, North Carolina requires MCOs to reimburse physicians at or above the FFS rate unless the MCO and the physician have mutually agreed to an alternative reimbursement arrangement. Similarly, among the seven states that offer enhanced FFS rates to certain practitioners for vaccine administration, five of those states require MCOs to match those enhanced rates.

### State Examples



A handful of states have used the flexibility of managed care to enact policies that encourage vaccine uptake. For example, Massachusetts and Nevada require their MCOs to perform member outreach and education related to vaccination.

## Vaccine Reimbursement: Advanced Practice Clinicians and Registered Pharmacists

### Fee-for-Service

States have wide latitude in defining which types of providers may administer vaccines and under what circumstances. In the Medicaid and CHIP programs, states similarly have latitude in determining that certain vaccines will or will not be covered when administered by specific types of practitioners, regardless of whether that same vaccine would be covered if administered by a physician. Our study found that most states reimburse for at least some vaccines administered by three types of APCs—nurse practitioners, physician assistants and certified nurse midwives—as well as registered pharmacists. In some cases, however, states may restrict vaccine coverage for these practitioners to certain patient age groups or certain vaccines.<sup>31</sup>

**Vaccine Administration.** Our study found that more than half the states pay APCs the same rate as physicians for vaccine administration; the rest pay somewhere between 75% and 99% of the physician rate. For pharmacists, approximately 4 out of 10 states pay at the physician rate, with the remainder split between a lower percentage of the physician rate, the standard pharmacy dispensing fee or some other fee defined specifically for pharmacist vaccine administration. Two states—Nebraska and New Jersey—appear to not cover pharmacist-administered vaccines at all. For additional details on administration fees, see [Appendix Exhibit 8](#).

**Vaccine Supply.** Our study found that APCs are generally reimbursed for vaccine supply in the same manner as physicians. With respect to pharmacists, however, states vary in terms of whether they apply the reimbursement methodology for physician-administered vaccines or the methodology for pharmacy-dispensed drugs.

### Managed Care

States have the ability to require MCOs to cover vaccines administered by APCs and/or pharmacists, and also to define parameters for MCOs to reimburse such vaccinations. For example, some states establish rate floors for APC services or require MCOs to offer qualifying APCs the same enhanced primary care rates that are available to qualifying physicians (as described above).

## Vaccine Reimbursement: Federally Qualified Health Centers

### Fee-for-Service

FQHCs are outpatient health clinics that serve medically underserved areas and populations. Federal law requires state Medicaid programs to reimburse FQHCs under a prospective payment system (PPS), in which each FQHC receives a fixed rate per medical visit, regardless of the services rendered. The PPS rate for each FQHC is based on its historical cost of providing covered services. The rate is adjusted annually to reflect changes in the Medicare Economic Index (a measure of medical practice cost inflation), and also when the FQHC changes the scope of its service offerings.<sup>32</sup> States also have latitude to define alternative payment methodologies (APMs) under Medicaid FFS as long as the FQHCs agree to the APM and reimbursement under the APM is at least as high as the reimbursement the FQHC would have received under the PPS methodology.<sup>33</sup>

Because FQHCs are a significant provider of health care services to low-income and medically underserved communities, they play a significant role in ensuring equitable vaccine access. However, our research found that only 14 out of 50 states (30%) allow FQHCs to bill for vaccines outside the PPS rate, thereby providing additional incentives and financial support for FQHCs to offer this crucial service. The states vary on whether they pay for the vaccinations on top of the PPS rate or in lieu of the PPS rate (e.g., billing under the physician fee schedule for a vaccine-only visit that does not qualify for the PPS rate). States also vary on whether this non-PPS billing applies only to certain vaccines, such as VFC vaccines. For additional details, see [Appendix Exhibit 9](#).

#### State Examples



In Maryland, all FQHCs participate in the state's APM, under which FQHCs are reimbursed at 100% of their average reasonable costs, including with respect to vaccine supply and vaccine administration.



In Georgia, for youths under 21 years of age, vaccine administration is a separately reimbursable service at the applicable practitioner rate.

### Medicaid Managed Care

Under federal law, states must ensure that FQHCs are reimbursed at least as much under Medicaid managed care as they would have been reimbursed under the PPS methodology. States may do this by requiring the MCOs to pay FQHCs at or above the PPS rate. Alternatively, states may permit MCOs to pay FQHCs below the PPS rate, in which case the state Medicaid program must pay FQHCs the difference. With respect to vaccines, our study found that four states require MCOs to separately reimburse FQHCs for vaccine administration and/or supply outside the PPS rate. However, in most states, no reimbursement information is publicly available regarding MCO reimbursement of FQHCs for vaccines.

# State Policy Opportunities to Promote Access to Prenatal Vaccines Under Medicaid and CHIP

The IRA takes a substantial step forward by closing the remaining gaps in comprehensive Medicaid and CHIP coverage for federally recommended vaccines. Coverage alone does not guarantee access, however. As states revisit their vaccine coverage policies to ensure compliance with the IRA's new requirements, they should take this opportunity to make additional policy updates to promote prenatal vaccine access. Federally recommended vaccines should be made readily available when a pregnant woman engages with the health care system, whether at a regular prenatal visit with an OB/GYN, during a primary care visit at an FQHC or when going to the pharmacy to fill a prescription. By enhancing uptake of these vaccines, states can help to promote healthy pregnancies and healthy babies.

**To increase access to prenatal vaccines for Medicaid and CHIP enrollees, state lawmakers should consider the following:**

- Ensuring adequate reimbursement for prenatal vaccinations, including the service of vaccine administration as well as vaccine supply, across all providers eligible to administer such vaccines.
- Optimizing the value of the VFC program, both by making all potential vaccinators eligible to participate in the program and by ensuring that vaccines remain available from key providers of prenatal care, such as OB/GYNs, who may be less likely to participate in VFC.
- In states with managed care programs, leveraging MCOs to enhance prenatal vaccine access, including by establishing requirements for provider reimbursement or member outreach and education, or by defining MCO incentives tied to prenatal vaccination.

Policies along these lines can play an important role in making prenatal vaccines as accessible as possible and, in turn, enhancing uptake, particularly in low-income and underserved communities.

## **Additional Policy Levers to Enhance Vaccine Access.**

In addition to policy reforms under Medicaid and CHIP, as discussed in this paper, state policymakers can use other policy levers to enhance access to prenatal vaccines, such as:

- Expanding the vaccination workforce by ensuring that prenatal vaccines are within scope of practice for a variety of practitioner types (with training and supervision, as appropriate), such as registered nurses, pharmacists and pharmacy technicians.
- Appropriately leveraging federal funds under Section 317 of the Public Health Service Act, which can be used to support vaccine access for uninsured adults.
- Improving Immunization Information Systems (IISs) to ensure that all potential vaccinators are able to access and update a patient's vaccination records in real time.
- Investing in education and outreach materials highlighting:
  - The importance of prenatal vaccines for the health of both pregnant women and infants.
  - The fact that these vaccines are generally available at no out-of-pocket cost to pregnant women with health insurance (and, depending on the state, potentially to uninsured people as well).
  - The various locations where prenatal vaccines are available, ideally including community pharmacies as well as physician offices and public health clinics.

## Ensure Adequate Provider Reimbursement for Prenatal Vaccinations

Ensuring adequate reimbursement for vaccines, administration services and related costs of providers is essential to increasing vaccine uptake among Medicaid beneficiaries. To ensure that providers are adequately compensated for vaccinations, states should consider the following strategies to the extent they haven't already implemented them:

### Reimbursement for Vaccine Administration

- **Physicians.** As noted above, our study found that vaccine administration fees currently vary widely across states and may also vary within states depending on the circumstances of the encounter. The administration fee should reflect the time that a physician must spend not only administering the vaccine but also taking a vaccine history and educating the patient about the vaccine—a critical tool to address patient uncertainty or vaccine hesitancy—as well as required vaccine reporting. This is particularly important in prenatal visits where the physician is focused on keeping both the pregnant individual and the baby healthy. OB/GYNs, in particular, cite lack of adequate reimbursement for vaccine supply and inadequate reimbursement for administration.<sup>34</sup> To ensure adequate rates for physician administration of prenatal vaccines, states should consider the following:
  - Ensuring that reimbursement is available for vaccine administration during a billable office visit, not just for “vaccine-only” visits.
  - Matching Medicare Part B’s administration fee (currently \$30) for the administration of high-priority vaccines, including all federally recommended prenatal vaccines (subject to the VFC regional maximum rate, for VFC vaccines).
  - In states that offer an enhanced rate for designated primary care services by designated primary care providers, ensuring that the enhanced rate applies to prenatal vaccines administered by OB/GYNs.
- **Advanced Practice Clinicians.** As primary care physician and OB/GYN shortages continue to grow, APCs are playing a larger role in prenatal health care.<sup>35</sup> Accordingly, states should reimburse APCs at the same rate for vaccine administration as they do physicians for vaccinations, even if APCs generally receive a lower rate for other professional services. APCs should similarly be eligible for any enhanced rate that applies to prenatal vaccines and other designated primary care services, subject to meeting state criteria based on credentials or volume of services, as described above.
- **Pharmacists.** Many people visit their pharmacy more often than they visit their doctor, making pharmacists key players in supporting the accessibility of vaccines. Pharmacist reimbursement for vaccine administration varies significantly by state, however. States should ensure that their Medicaid programs pay registered pharmacists an adequate rate for vaccine administration services. Pharmacies are generally a lower-cost setting for service delivery than physician offices, but unlike physicians or APCs, pharmacists are generally unable to bill for counseling services, meaning that the vaccine administration fee must cover all services associated with the clinical encounter other than the vaccine product itself. For that reason, states should consider reimbursing pharmacist vaccine administration at either the physician rate for vaccine administration or the standard pharmacy dispensing fee, whichever is higher.

### Reimbursement for Vaccine Supply

To ensure that practitioners are not losing money on vaccine supply, states should consider implementing appropriate pricing benchmarks, such as matching or exceeding the prices in the Medicare Part B [ASP Drug Pricing Files](#), including quarterly updates.

### Reimbursement for FQHCs

States should consider allowing FQHCs to bill for vaccine administration and/or vaccine supply over and above the PPS rate for medical encounters. This additional reimbursement would incentivize vaccine education and outreach, and would help support the financial sustainability of these crucial safety-net providers.

## Optimize the VFC Program's Value for Prenatal Vaccinations

As noted above, the VFC program furnishes vaccine supply free of charge to participating providers for administration to Medicaid-enrolled youths under age 19, including pregnant youths.

- **Maximize Program Eligibility for Potential Vaccinators.** States have substantial discretion to determine which providers may enroll in the VFC program. For example, some states permit pharmacies to enroll in the VFC program, while others do not. To maximize the number of youths who can access VFC vaccines, states should ensure that a broad array of providers are authorized to enroll in the VFC program.
- **Ensure that VFC Does Not Present Barriers to Prenatal Vaccination by OB/GYNs.** States also have the flexibility to decide whether Medicaid will cover pediatric vaccines administered by non-VFC-enrolled providers. Notably, OB/GYNs may be less likely to enroll in VFC than primary care providers or pediatricians, given that OB/GYNs typically do not administer pediatric vaccines other than prenatal vaccines for pregnant youths. However, prenatal visits with OB/GYNs provide a convenient opportunity for pregnant women to receive prenatal vaccines. To enhance access to prenatal vaccines, states should cover prenatal vaccines that are administered by OB/GYNs outside the VFC program, even if the state normally excludes coverage for non-VFC vaccines administered to Medicaid-enrolled youths.

## Leverage MCOs to Enhance Prenatal Vaccine Access and Uptake

States with managed care programs have substantial discretion to shape MCOs' administration of Medicaid benefits. To ensure that Medicaid and CHIP enrollees have every opportunity to receive recommended vaccinations during pregnancy, states should consider strategies such as:

- Requiring MCOs to cover prenatal vaccines administered by all practitioner types and in all provider settings that are covered under FFS.
- Requiring MCOs to reimburse for vaccine administration and vaccine supply at or above the state's FFS rates, including any enhanced rates for qualifying providers.
- Requiring MCOs to publish their reimbursement rates for vaccine administration and supply, or at least to report this information to the state, to support transparency and research regarding this important public health service.

- Requiring MCOs to perform member outreach and education related to prenatal vaccination. MCOs are in possession of an enormous amount of data regarding their beneficiaries. States should require MCOs to proactively identify and reach out to members who are due for a vaccine, including the ACIP-recommended prenatal vaccines.
- Establishing quality incentives for MCOs linked to prenatal vaccination rates or member outreach. A number of states have already defined such quality incentives with respect to certain pediatric vaccines, and they could be extended to prenatal vaccines and other high-priority vaccinations.

## Conclusion

Supporting healthy pregnancies and healthy babies has been a core goal of the Medicaid and CHIP programs since their inception. Prenatal vaccines are an essential—and highly cost-effective—tool for advancing that goal. Medicaid and CHIP enrollees are, by definition, low- and middle-income, and are disproportionately likely to be people of color—groups that continue to experience serious disparities in health outcomes, including with respect to maternal and infant health.<sup>36</sup> By implementing robust vaccine coverage and reimbursement standards under Medicaid and CHIP, states can help address those disparities and ensure that program enrollees have convenient opportunities to learn about and receive recommended vaccinations at appropriate times during their pregnancy.

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## Appendices

**Exhibit 5. Physicians: Medicaid FFS Reimbursement for Prenatal Administration of Injectable Influenza or Tdap Vaccine During a Billable Office Visit, by Patient Age, Including Potential Application of Enhanced Rates for Designated Primary Care Providers and/or OB/GYNs**

|                                  | < 19 Years of Age, Administration of a VFC Vaccine With Counseling |                              | Adults Aged 19+                    |                              | Enhanced Rate Applies to OB/GYNs? (Y/N) <sup>i</sup> |
|----------------------------------|--|------------------------------|------------------------------------|------------------------------|--|
|                                  | Standard Rate  | Enhanced Rate, if applicable | Standard Rate                      | Enhanced Rate, if applicable |  |
| <b>U.S. Average<sup>ii</sup></b> | <b>\$14.50</b>   | <b>\$16.14</b>               | <b>\$10.54</b>                     | <b>\$11.62</b>               | —  |
| <b>Alabama</b>                   | \$8.00   | \$19.79                      | \$5.00                             | —                            | No   |
| <b>Alaska</b>                    | \$23.34  | —                            | \$23.34                            | —                            | —  |
| <b>Arizona</b>                   | \$21.33  | —                            | \$25.62                            | —                            | —  |
| <b>Arkansas</b>                  | Flu: \$15.45<br>Tdap: \$13.14                                      | —                            | Flu: \$15.45<br>Tdap: \$14.74      | —                            | —  |
| <b>California</b>                | \$9.00   | —                            | \$4.46                             | —                            | —  |
| <b>Colorado</b>                  | \$19.75  | —                            | \$19.75                            | —                            | —  |
| <b>Connecticut</b>               | \$15.05  | \$26.28                      | \$0                                | —                            | No   |
| <b>Delaware</b>                  | \$8.00   | \$22.07                      | \$0                                | —                            | No   |
| <b>District of Columbia</b>      | \$16.06  | \$24.48                      | \$16.06                            | \$24.48                      | Yes  |
| <b>Florida</b>                   | \$10.00  | —                            | \$10.00 <sup>iii</sup>             | —                            | —  |
| <b>Georgia</b>                   | \$10.00  | —                            | Age 19-20: \$10.00<br>Age 21+: \$0 | —                            | —  |
| <b>Hawaii</b>                    | Included in global fee for EPSDT services                          | \$23.11                      | \$4.00 <sup>iv</sup>               | \$28.70                      | No   |
| <b>Idaho</b>                     | \$19.29  | —                            | \$19.29                            | —                            | —  |
| <b>Illinois</b>                  | \$12.56  | —                            | \$0                                | —                            | —  |
| <b>Indiana</b>                   | \$15.00  | —                            | \$0                                | —                            | —  |
| <b>Iowa</b>                      | \$19.68  | —                            | \$5.09                             | —                            | —  |
| <b>Kansas</b>                    | \$20.26  | —                            | \$14.15                            | —                            | —  |
| <b>Kentucky</b>                  | \$15.60  | —                            | \$18.90                            | —                            | —  |
| <b>Louisiana</b>                 | \$14.70  | —                            | \$14.70                            | —                            | —  |
| <b>Maine</b>                     | \$15.44  | See notes <sup>v</sup>       | \$13.43                            | See notes <sup>v</sup>       | No   |

<sup>i</sup> If a state offers an enhanced rate for designated primary care physicians, the state may or may not allow board-certified OB/GYNs to bill under the enhanced rate, as indicated in this column.

<sup>ii</sup> With respect to the “enhanced rate” column, this row lists the U.S. average administration fee across all states, using the enhanced rate when available and the standard rate in states that do not offer an enhanced rate.

<sup>iii</sup> Although Florida reimburses adult vaccine administration at \$10, Florida’s FFS program does not cover vaccines for adults aged 21+ except with respect to certain adults living in institutions.

<sup>iv</sup> In Hawaii, for adult vaccines administered without the enhanced rate, a \$4 administration fee is included in the reimbursement for vaccine supply.

<sup>v</sup> Maine provides an enhanced rate for vaccine administration that is calculated based on 2014 Medicare FFS rates, but it does not publish a specific enhanced rate.

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|                                  | < 19 Years of Age, Administration of a VFC Vaccine With Counseling |                              | Adults Aged 19+                        |                              | Enhanced Rate Applies to OB/GYNs? (Y/N) <sup>i</sup> |
|----------------------------------|--|------------------------------|--|------------------------------|--|
|                                  | Standard Rate  | Enhanced Rate, if applicable | Standard Rate                          | Enhanced Rate, if applicable |  |
| <b>Maryland</b>                  | \$23.28  | —                            | \$0                                    | —                            | —  |
| <b>Massachusetts</b>             | \$17.70  | —                            | \$20.45                                | —                            | —  |
| <b>Michigan</b>                  | \$7.00   | —                            | \$7.00                                 | —                            | —  |
| <b>Minnesota</b>                 | \$12.84  | —                            | \$12.84                                | —                            | —  |
| <b>Mississippi</b>               | \$11.68  | \$12.98                      | \$11.68                                | \$12.98                      | Yes  |
| <b>Missouri</b>                  | \$5.35   | —                            | \$13.21                                | —                            | —  |
| <b>Montana</b>                   | \$21.32  | —                            | \$21.32                                | —                            | —  |
| <b>Nebraska</b>                  | \$10.92  | \$19.82                      | \$5.80                                 | \$23.35                      | No   |
| <b>Nevada</b>                    | \$22.22  | —                            | \$22.22                                | —                            | —  |
| <b>New Hampshire</b>             | \$6.39   | —                            | \$5.32                                 | —                            | —  |
| <b>New Jersey</b>                | \$16.18  | —                            | \$2.50 <sup>vi</sup>                   | —                            | —  |
| <b>New Mexico</b>                | \$20.80  | —                            | \$20.80                                | —                            | —  |
| <b>New York</b>                  | \$17.85  | —                            | \$13.23                                | —                            | —  |
| <b>North Carolina</b>            | \$20.45  | —                            | Age 19-20: \$20.45<br>Age 21+: \$13.30 | —                            | —  |
| <b>North Dakota</b>              | \$16.52  | —                            | \$16.52                                | —                            | —  |
| <b>Ohio</b>                      | \$15.00  | —                            | \$12.95                                | —                            | —  |
| <b>Oklahoma</b>                  | \$18.34  | —                            | \$14.73                                | —                            | —  |
| <b>Oregon</b>                    | \$21.96  | —                            | \$12.04                                | \$13.14                      | Yes  |
| <b>Pennsylvania</b>              | \$10.00  | —                            | \$10.00                                | —                            | —  |
| <b>Puerto Rico<sup>vii</sup></b> | N/A  | —                            | N/A                                    | —                            | —  |
| <b>Rhode Island</b>              | \$14.04  | —                            | \$8.16                                 | —                            | —  |
| <b>South Carolina</b>            | \$20.16  | —                            | \$3.72                                 | —                            | —  |
| <b>South Dakota</b>              | \$15.42  | —                            | \$10.22                                | —                            | —  |
| <b>Tennessee<sup>vii</sup></b>   | N/A  | —                            | N/A                                    | —                            | —  |
| <b>Texas</b>                     | \$7.84   | —                            | \$7.84                                 | —                            | —  |
| <b>Utah</b>                      | \$13.81  | —                            | \$13.81                                | —                            | —  |
| <b>Vermont</b>                   | \$13.87  | \$16.33                      | \$13.87                                | \$16.33                      | No   |
| <b>Virginia</b>                  | \$0  | —                            | \$0                                    | —                            | —  |
| <b>Washington</b>                | \$19.69  | —                            | \$11.45                                | —                            | —  |
| <b>West Virginia</b>             | \$11.06  | —                            | \$0                                    | —                            | —  |
| <b>Wisconsin</b>                 | \$3.31   | —                            | \$0                                    | —                            | —  |
| <b>Wyoming</b>                   | \$20.48  | —                            | \$16.94                                | —                            | —  |

<sup>vi</sup> In New Jersey, for adult vaccines administered, physicians receive a \$2.50 administration fee that is included in the reimbursement for vaccine supply.

<sup>vii</sup> Puerto Rico and Tennessee both operate their Medicaid medical benefit 100% under managed care. They do not publish FFS fee schedules, nor have they published requirements for MCO reimbursement of physicians with respect to prenatal vaccine administration.

**Exhibit 6. Medicaid and CHIP FFS Reimbursement for Select Influenza and Tdap Vaccine Supply Codes, When Administered by Physicians**

|                                 | Tdap<br>CPT Code<br>90715 | Fluzone High-<br>Dose (IIV4-<br>HD)<br>CPT Code<br>90662 | FluMist<br>(LAIV4)<br>CPT Code<br>90672 | Flucelvax<br>(ccIIIV4)<br>CPT Code<br>90674 | Fluzone (IIV4),<br>Single Dose<br>CPT Code<br>90686 | Fluad (AIIV4)<br>CPT Code<br>90694 |
|---------------------------------|---------------------------|--|---|---|---|------------------------------------|
| <b>U.S. Average<sup>i</sup></b> | <b>\$36.65</b>            | <b>\$57.78</b>   | <b>\$25.40</b>                          | <b>\$27.46</b>                              | <b>\$19.66</b>                                      | <b>\$60.99</b>                     |
| <b>Alabama</b>                  | \$35.80                   | \$65.26  | \$26.88                                 | \$29.94                                     | \$20.53   | \$66.43                            |
| <b>Alaska</b>                   | \$35.80                   | \$65.26  | \$26.88                                 | \$29.94                                     | \$20.53   | \$66.43                            |
| <b>Arizona</b>                  | \$32.36                   | \$63.73  | \$28.09                                 | \$30.54                                     | \$20.46   | \$63.75                            |
| <b>Arkansas</b>                 | \$28.80                   | \$13.80  | \$24.60                                 | \$22.94                                     | \$16.14   | Not billable                       |
| <b>California</b>               | \$37.68                   | \$69.72  | \$31.34                                 | \$34.40                                     | \$24.99   | \$70.89                            |
| <b>Colorado</b>                 | \$48.14                   | \$57.01  | \$22.98                                 | \$22.06                                     | \$18.42   | \$62.53                            |
| <b>Connecticut</b>              | \$33.64                   | \$56.01  | \$26.88                                 | \$28.13                                     | \$19.03   | \$61.00                            |
| <b>Delaware<sup>ii</sup></b>    | AAC                       | AAC  | AAC                                     | AAC   | AAC   | AAC                                |
| <b>District of Columbia</b>     | \$27.25                   | Not billable   | \$21.50                                 | \$23.38                                     | \$15.66   | \$48.80                            |
| <b>Florida</b>                  | \$48.14                   | Not billable   | \$23.70                                 | \$26.39                                     | \$18.69   | \$16.82                            |
| <b>Georgia</b>                  | \$35.80                   | \$65.26  | \$26.88                                 | \$26.88                                     | \$20.53   | \$66.43                            |
| <b>Hawaii<sup>iii</sup></b>     | See notes                 | See notes  | See notes                               | See notes                                   | See notes   | See notes                          |
| <b>Idaho</b>                    | \$27.86                   | \$48.03  | \$24.19                                 | \$21.65                                     | \$17.13   | \$54.90                            |
| <b>Illinois</b>                 | \$35.65                   | \$60.98  | \$26.88                                 | \$29.23                                     | \$19.58   | \$61.00                            |
| <b>Indiana</b>                  | \$43.38                   | \$59.45  | \$24.10                                 | \$26.92                                     | \$18.25   | \$60.53                            |
| <b>Iowa</b>                     | \$40.24                   | Not billable   | \$23.00                                 | \$22.01                                     | \$33.65   | Not billable                       |
| <b>Kansas</b>                   | \$42.14                   | \$65.26  | \$26.88                                 | \$22.94                                     | \$20.53   | \$66.43                            |
| <b>Kentucky</b>                 | \$31.84                   | \$31.82  | \$24.60                                 | \$24.05                                     | \$19.41   | 45% of billed amt.                 |
| <b>Louisiana</b>                | \$34.06                   | Not billable   | \$26.88                                 | \$29.23                                     | \$19.58   | Not billable                       |
| <b>Maine</b>                    | \$36.16                   | \$65.26  | \$28.88                                 | \$29.94                                     | \$20.53   | \$66.43                            |
| <b>Maryland</b>                 | \$34.06                   | \$60.98  | \$26.88                                 | \$29.23                                     | \$19.58   | \$61.00                            |
| <b>Massachusetts</b>            | \$35.80                   | \$65.26  | \$26.88                                 | \$29.94                                     | \$20.53   | \$66.43                            |
| <b>Michigan</b>                 | \$35.80                   | \$65.26  | \$26.88                                 | \$29.94                                     | \$20.53   | \$66.43                            |
| <b>Minnesota</b>                | \$36.16                   | \$65.26  | \$26.87                                 | \$29.94                                     | \$20.52   | \$66.42                            |
| <b>Mississippi</b>              | \$33.10                   | \$56.01  | Not billable                            | \$28.13                                     | \$19.03   | Not billable                       |
| <b>Missouri<sup>iv</sup></b>    | See notes                 | See notes  | See notes                               | See notes                                   | See notes   | See notes                          |

<sup>i</sup> The calculated average rates exclude states for which a numerical rate is unavailable, either because the state does not cover the vaccine or because the state defines a reimbursement methodology without providing a specific rate.

<sup>ii</sup> Delaware does not publish rates for vaccine supply. Rather, vaccine supply is reimbursed based on actual acquisition cost (AAC).

<sup>iii</sup> Hawaii reimburses for single-source drugs at the lesser of wholesale acquisition cost (WAC) or National Average Drug Acquisition Cost (NADAC). For multiple-source drugs, reimbursement is the lesser of WAC, NADAC, Federal Upper Limit (FUL) or the state-defined Maximum Allowable Cost (MAC).

<sup>iv</sup> Missouri reimburses at the lesser of WAC + 10%, state MAC or FUL.

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|                                   | <b>Tdap</b><br>CPT Code<br>90715 | <b>Fluzone High-Dose (IIIV4-HD)</b><br>CPT Code<br>90662 | <b>FluMist (LAIV4)</b><br>CPT Code<br>90672 | <b>Flucelvax (ccIIIV4)</b><br>CPT Code<br>90674 | <b>Fluzone (IIIV4), Single Dose</b><br>CPT Code<br>90686 | <b>Fluad (AIIIV4)</b><br>CPT Code<br>90694 |
|-----------------------------------|----------------------------------|--|---|---|--|--|
| <b>Montana</b>                    | \$36.16                          | \$65.26  | \$26.88                                     | \$29.94   | \$20.53  | Not billable                               |
| <b>Nebraska</b>                   | \$36.16                          | \$65.26  | \$26.87                                     | \$29.94   | \$20.52  | \$66.42                                    |
| <b>Nevada</b>                     | \$35.65                          | Not billable   | \$9.34                                      | Not billable                                    | \$15.15  | Not billable                               |
| <b>New Hampshire</b>              | \$49.14                          | \$57.37  | \$23.70                                     | \$26.39   | \$18.84  | \$61.00                                    |
| <b>New Jersey</b>                 | \$47.25                          | \$30.49  | \$13.44                                     | \$14.61   | \$9.79   | \$30.50                                    |
| <b>New Mexico</b>                 | \$36.16                          | \$65.26  | \$26.88                                     | \$29.94   | \$20.53  | \$66.43                                    |
| <b>New York</b>                   | AAC                              | AAC  | AAC   | AAC   | AAC  | AAC  |
| <b>North Carolina</b>             | WAC + 3%                         | WAC + 3%   | WAC + 3%                                    | WAC + 3%  | WAC + 3%   | WAC + 3%                                   |
| <b>North Dakota</b>               | \$35.65                          | \$65.26  | \$26.88                                     | \$29.23   | \$20.53  | \$66.43                                    |
| <b>Ohio</b>                       | \$36.16                          | \$65.26  | \$26.88                                     | \$29.94   | \$20.53  | \$66.43                                    |
| <b>Oklahoma</b>                   | \$36.16                          | \$61.10  | \$25.16                                     | \$28.03   | \$19.22  | \$62.19                                    |
| <b>Oregon</b>                     | \$41.56                          | \$65.26  | \$26.88                                     | \$29.94   | \$20.53  | \$66.43                                    |
| <b>Pennsylvania<sup>v</sup></b>   | See notes                        | See notes  | See notes                                   | See notes                                       | See notes  | See notes                                  |
| <b>Puerto Rico<sup>vi</sup></b>   | N/A                              | N/A  | N/A   | N/A   | N/A  | N/A  |
| <b>Rhode Island<sup>vii</sup></b> | \$36.16                          | Not billable   | Not billable                                | Not billable                                    | Not billable   | Not billable                               |
| <b>South Carolina</b>             | \$41.31                          | \$48.34  | \$22.58                                     | \$24.28   | \$16.42  | Not covered                                |
| <b>South Dakota</b>               | \$43.70                          | \$40.96  | \$25.76                                     | \$29.23   | \$18.26  | \$61.00                                    |
| <b>Tennessee<sup>vi</sup></b>     | N/A                              | N/A  | N/A   | N/A   | N/A  | N/A  |
| <b>Texas</b>                      | \$30.48                          | \$57.45  | \$25.32                                     | \$27.54   | \$18.45  | \$57.47                                    |
| <b>Utah</b>                       | \$36.16                          | \$65.26  | \$26.87                                     | \$29.94   | \$20.52  | \$66.42                                    |
| <b>Vermont</b>                    | \$34.72                          | \$63.30  | \$26.07                                     | \$29.04   | \$19.91  | \$64.43                                    |
| <b>Virginia<sup>viii</sup></b>    | See notes                        | AAC  | See notes                                   | See notes                                       | See notes  | AAC  |
| <b>Washington</b>                 | \$36.16                          | \$65.26  | \$26.88                                     | \$29.94   | \$20.53  | \$66.43                                    |
| <b>West Virginia</b>              | \$36.16                          | \$65.26  | \$26.88                                     | \$29.94   | \$20.53  | \$66.43                                    |
| <b>Wisconsin</b>                  | \$31.58                          | \$34.18  | \$30.19                                     | \$22.93   | \$21.46  | \$52.11                                    |
| <b>Wyoming</b>                    | \$30.00                          | Not billable   | AAC   | AAC   | AAC  | AAC  |

<sup>v</sup> In Pennsylvania, brand-name products are reimbursed at WAC + 3.2%. Generic products are reimbursed at the lesser of WAC, FUL or state MAC.

<sup>vi</sup> Puerto Rico and Tennessee both operate their Medicaid medical benefit 100% under managed care. They do not publish FFS fee schedules, nor have they published requirements for MCO reimbursement of physicians with respect to prenatal vaccine administration.

<sup>vii</sup> Rhode Island’s State-Supplied Vaccine Program furnishes providers with certain vaccines free of charge, in which case the vaccine supply is not billable to the Medicaid program.

<sup>viii</sup> Virginia state guidance provides that “when billing for immunizations, only the actual acquisition cost of the injectable is to be billed.” However, the fee schedule lists rates for some (but not all) of the vaccine codes of interest. Where fee schedule rates exist, the state likely reimburses at the lesser of AAC or the fee schedule rate.

**Exhibit 7. Tdap Case Study: Comparing Reimbursement Under Medicaid FFS and Medicare Part D for Tdap Vaccine Administration to Adults Aged 21+ During a Billable Physician Office Visit**

With respect to Medicaid programs, a composite rate was unavailable in nine states that did not list a specific rate for either vaccine supply or vaccine administration (e.g., because the state specifies a reimbursement methodology without providing a specific rate); for additional details, see [Exhibits 5 and 6](#). The Medicare Part D composite rate of \$61.92 reflects the program’s average composite spending in 2021 for the two covered Tdap vaccines, Adacel and Boostrix, as reflected in the Medicare Part D [drug spending database](#).

| Medicaid FFS Reimbursement for ... | Tdap Vaccine Supply | Adult Vaccine Administration | Total Medicaid Reimbursement for Tdap Vaccination | Medicaid Reimbursement as % of Average Medicare Part D Fee for Tdap Vaccination (\$61.92 in 2021) |
|------------------------------------|---------------------|------------------------------|---|---|
| Alabama                            | \$35.80             | \$5.00                       | \$40.80   | 66%   |
| Alaska                             | \$35.80             | \$23.34                      | \$59.14   | 96%   |
| Arizona                            | \$32.36             | \$25.62                      | \$57.98   | 94%   |
| Arkansas                           | \$28.80             | \$14.74                      | \$43.54   | 70%   |
| California                         | \$37.68             | \$4.46                       | \$42.14   | 68%   |
| Colorado                           | \$48.14             | \$19.75                      | \$67.89   | 110%  |
| Connecticut                        | \$33.64             | \$0                          | \$33.64   | 54%   |
| Delaware                           | No rate provided    | \$0                          | N/A   | N/A   |
| District of Columbia               | \$27.25             | \$16.06                      | \$43.31   | 70%   |
| Florida                            | \$48.14             | \$10.00                      | \$58.14   | 94%   |
| Georgia                            | \$35.80             | \$0                          | \$35.80   | 58%   |
| Hawaii                             | No rate provided    | \$4.00                       | N/A   | N/A   |
| Idaho                              | \$27.86             | \$19.29                      | \$47.15   | 76%   |
| Illinois                           | \$35.65             | \$0                          | \$35.65   | 58%   |
| Indiana                            | \$43.38             | \$0                          | \$43.38   | 70%   |
| Iowa                               | \$40.24             | \$5.09                       | \$45.33   | 73%   |
| Kansas                             | \$42.14             | \$14.15                      | \$56.29   | 91%   |
| Kentucky                           | \$31.84             | \$15.60                      | \$47.44   | 77%   |
| Louisiana                          | \$34.06             | \$14.70                      | \$48.76   | 79%   |
| Maine                              | \$36.16             | \$13.43                      | \$49.59   | 80%   |
| Maryland                           | \$34.06             | \$0                          | \$34.06   | 55%   |
| Massachusetts                      | \$35.80             | \$20.45                      | \$56.25   | 91%   |
| Michigan                           | \$35.80             | \$7.00                       | \$42.80   | 69%   |
| Minnesota                          | \$36.16             | \$12.84                      | \$49.00   | 79%   |

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| Medicaid FFS Reimbursement for ... | Tdap Vaccine Supply | Adult Vaccine Administration        | Total Medicaid Reimbursement for Tdap Vaccination | Medicaid Reimbursement as % of Average Medicare Part D Fee for Tdap Vaccination (\$61.92 in 2021) |
|------------------------------------|---------------------|-------------------------------------|---|---|
| Mississippi                        | \$33.10             | \$11.68                             | <b>\$44.78</b>                                    | <b>72%</b>  |
| Missouri                           | No rate provided    | \$13.21                             | N/A   | N/A   |
| Montana                            | \$36.16             | \$21.32                             | <b>\$57.48</b>                                    | <b>93%</b>  |
| Nebraska                           | \$36.16             | \$5.80                              | <b>\$41.96</b>                                    | <b>68%</b>  |
| Nevada                             | \$35.65             | \$22.22                             | <b>\$57.87</b>                                    | <b>93%</b>  |
| New Hampshire                      | \$49.14             | \$5.32                              | <b>\$54.46</b>                                    | <b>88%</b>  |
| New Jersey                         | \$47.25             | \$0 (\$2.50 included in supply fee) | <b>\$47.25</b>                                    | <b>76%</b>  |
| New Mexico                         | \$36.16             | \$20.80                             | <b>\$56.96</b>                                    | <b>92%</b>  |
| New York                           | No rate provided    | \$13.23                             | N/A   | N/A   |
| North Carolina                     | No rate provided    | \$13.30                             | N/A   | N/A   |
| North Dakota                       | \$35.65             | \$16.52                             | <b>\$52.17</b>                                    | <b>84%</b>  |
| Ohio                               | \$36.16             | \$12.95                             | <b>\$49.11</b>                                    | <b>79%</b>  |
| Oklahoma                           | \$36.16             | \$14.73                             | <b>\$50.89</b>                                    | <b>82%</b>  |
| Oregon                             | \$41.56             | \$12.04                             | <b>\$53.60</b>                                    | <b>87%</b>  |
| Pennsylvania                       | No rate provided    | \$10.00                             | N/A   | N/A   |
| Puerto Rico                        | No rate provided    | No rate provided                    | N/A   | N/A   |
| Rhode Island                       | \$36.16             | \$8.16                              | <b>\$44.32</b>                                    | <b>72%</b>  |
| South Carolina                     | \$41.31             | \$3.72                              | <b>\$45.03</b>                                    | <b>73%</b>  |
| South Dakota                       | \$10.22             | \$43.70                             | <b>\$53.92</b>                                    | <b>87%</b>  |
| Tennessee                          | No rate provided    | No rate provided                    | N/A   | N/A   |
| Texas                              | \$30.48             | \$7.84                              | <b>\$38.32</b>                                    | <b>62%</b>  |
| Utah                               | \$36.16             | \$13.81                             | <b>\$49.97</b>                                    | <b>81%</b>  |
| Vermont                            | \$34.72             | \$13.87                             | <b>\$48.59</b>                                    | <b>78%</b>  |
| Virginia                           | No rate provided    | \$0                                 | N/A   | N/A   |
| Washington                         | \$36.16             | \$11.45                             | <b>\$48.05</b>                                    | <b>77%</b>  |
| West Virginia                      | \$36.16             | \$0                                 | <b>\$36.16</b>                                    | <b>58%</b>  |
| Wisconsin                          | \$31.58             | \$0                                 | <b>\$31.58</b>                                    | <b>51%</b>  |
| Wyoming                            | \$30.00             | \$16.94                             | <b>\$46.94</b>                                    | <b>76%</b>  |

**Exhibit 8. Medicaid FFS Reimbursement Rates for Vaccine Administration to Adults 21+ During a Billable Office Visit, for Physicians, Advanced Practice Clinicians, and Pharmacists**

| Administration Fee for ... | Physicians (MDs) | Physician Assistants | Nurse Practitioners             | Certified Nurse Midwives | Pharmacists               |
|----------------------------|------------------|----------------------|---------------------------------|--------------------------|---------------------------|
| Alabama                    | \$5.00           | 100% of MD Rate      | 100% of MD Rate                 | 100% of MD Rate          | 100% of MD Rate           |
| Alaska                     | \$23.34          | 85% of MD Rate       | 85% of MD Rate                  | 85% of MD Rate           | \$17.91                   |
| Arizona                    | \$25.62          | 90% of MD Rate       | 90% of MD Rate                  | 90% of MD Rate           | \$4.10                    |
| Arkansas                   | \$14.74          | 100% of MD Rate      | 100% of MD Rate                 | 100% of MD Rate          | 100% of MD Rate           |
| California                 | \$4.46           | 100% of MD Rate      | 100% of MD Rate                 | 100% of MD Rate          | 85% of MD Rate            |
| Colorado                   | \$19.75          | 100% of MD Rate      | 100% of MD Rate                 | 100% of MD Rate          | 100% of MD Rate           |
| Connecticut                | \$0              | \$0                  | \$0                             | \$0                      | \$0                       |
| Delaware                   | \$0              | \$0                  | \$0                             | \$0                      | \$10.00                   |
| District of Columbia       | \$16.06          | 100% of MD Rate      | 100% of MD Rate                 | 100% of MD Rate          | \$13.00                   |
| Florida                    | \$10.00          | 80% of MD Rate       | 80% of MD Rate                  | 80% of MD Rate           | 80% of MD Rate            |
| Georgia                    | \$0              | \$0                  | \$0                             | \$0                      | \$10.00                   |
| Hawaii                     | \$4.00           | 100% of MD Rate      | 75% of MD Rate                  | 75% of MD Rate           | Rate is not clear         |
| Idaho                      | \$19.29          | 85% of MD Rate       | 85% of MD Rate                  | 85% of MD Rate           | 85% of MD Rate            |
| Illinois                   | \$0              | \$0                  | \$0                             | \$0                      | Rate is not clear         |
| Indiana                    | \$0              | \$0                  | \$0                             | \$0                      | 100% of MD Rate           |
| Iowa                       | \$5.09           | 85% of MD Rate       | 85% of MD Rate                  | 85% of MD Rate           | 100% of MD Rate           |
| Kansas                     | \$14.15          | 75% of MD Rate       | 75% of MD Rate                  | 75% of MD Rate           | 100% of MD Rate           |
| Kentucky                   | \$15.60          | 75% of MD Rate       | 75% of MD Rate                  | 75% of MD Rate           | Rate is not clear         |
| Louisiana                  | \$14.70          | 100% of MD Rate      | 100% of MD Rate                 | 100% of MD Rate          | \$15.22                   |
| Maine                      | \$13.43          | 100% of MD Rate      | 100% of MD Rate                 | 100% of MD Rate          | \$5.00                    |
| Maryland                   | \$0              | \$0                  | \$0                             | \$0                      | \$10.67                   |
| Massachusetts              | \$20.45          | 85% of MD Rate       | 85% of MD Rate                  | 85% of MD Rate           | 85% of MD Rate            |
| Michigan                   | \$7.00           | 100% of MD Rate      | 100% of MD Rate                 | 100% of MD Rate          | 100% of MD Rate           |
| Minnesota                  | \$12.84          | 90% of MD Rate       | 90% of MD Rate                  | 100% of MD Rate          | 100% of MD Rate           |
| Mississippi                | \$11.68          | 90% of MD Rate       | 90% of MD Rate                  | 90% of MD Rate           | \$12.98                   |
| Missouri                   | \$13.21          | 100% of MD Rate      | 100% of MD Rate                 | 100% of MD Rate          | \$12.72                   |
| Montana                    | \$21.32          | 100% of MD Rate      | 100% of MD Rate                 | 100% of MD Rate          | 100% of MD Rate           |
| Nebraska                   | \$5.80           | 100% of MD Rate      | Coverage not clear <sup>i</sup> | 100% of MD Rate          | Not covered <sup>ii</sup> |

<sup>i</sup> Nebraska regulations provide that Medicaid will “not cover” any nurse practitioner (NP) services other than “nursing assessments,” which are billed at the MD rate. A nursing assessment is defined as a workup in support of an MD’s diagnosis but can also include a “medical diagnosis and institution of a plan of therapy” within the NP’s “area of specialization.” 471 Neb. Admin. Code 18-004.43. This may or may not include the administration of vaccines.

<sup>ii</sup> Nebraska and New Jersey do not appear to cover pharmacist vaccinations at all, either as to vaccine supply or vaccine administration.

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| Administration Fee for ...       | Physicians (MDs) | Physician Assistants | Nurse Practitioners | Certified Nurse Midwives | Pharmacists  |
|----------------------------------|------------------|----------------------|---------------------|--------------------------|--|
| <b>Nevada</b>                    | \$22.22          | \$18.82              | \$18.82             | \$18.82                  | \$7.80   |
| <b>New Hampshire</b>             | \$5.32           | 100% of MD Rate      | 100% of MD Rate     | 100% of MD Rate          | 100% of MD Rate  |
| <b>New Jersey</b>                | \$0              | \$0                  | \$0                 | \$0                      | Not covered <sup>ii</sup>                                |
| <b>New Mexico</b>                | \$20.80          | 100% of MD Rate      | 90% of MD Rate      | 90% of MD Rate           | 100% of MD Rate  |
| <b>New York</b>                  | \$13.23          | 100% of MD Rate      | 100% of MD Rate     | 100% of MD Rate          | 100% of MD Rate  |
| <b>North Carolina</b>            | \$13.30          | 100% of MD Rate      | 100% of MD Rate     | 100% of MD Rate          | 100% of MD Rate  |
| <b>North Dakota</b>              | \$16.52          | 75% of MD Rate       | 75% of MD Rate      | 85% of MD Rate           | 100% of MD Rate  |
| <b>Ohio</b>                      | \$12.95          | 100% of MD Rate      | 100% of MD Rate     | 100% of MD Rate          | 100% of MD Rate  |
| <b>Oklahoma</b>                  | \$14.73          | 100% of MD Rate      | 100% of MD Rate     | 100% of MD Rate          | 100% of MD Rate  |
| <b>Oregon</b>                    | \$12.04          | 100% of MD Rate      | 100% of MD Rate     | 100% of MD Rate          | 100% of MD Rate  |
| <b>Pennsylvania</b>              | \$10.00          | 100% of MD Rate      | 100% of MD Rate     | 100% of MD Rate          | 100% of MD Rate  |
| <b>Puerto Rico<sup>iii</sup></b> | N/A              | N/A                  | N/A                 | N/A                      | N/A  |
| <b>Rhode Island</b>              | \$8.16           | 100% of MD Rate      | 100% of MD Rate     | Not covered              | 100% of MD Rate  |
| <b>South Carolina</b>            | \$3.72           | 80% of MD Rate       | 80% of MD Rate      | 100% of MD Rate          | \$10.50  |
| <b>South Dakota</b>              | \$10.22          | 100% of MD Rate      | 100% of MD Rate     | 100% of MD Rate          | \$10.22 (for most vaccines)<br>\$10.55 (for flu vaccine) |
| <b>Tennessee<sup>iv</sup></b>    | N/A              | N/A                  | N/A                 | N/A                      | See notes  |
| <b>Texas</b>                     | \$7.84           | 100% of MD Rate      | 100% of MD Rate     | 100% of MD Rate          | \$7.84   |
| <b>Utah</b>                      | \$13.81          | 100% of MD Rate      | 100% of MD Rate     | 100% of MD Rate          | \$10.00  |
| <b>Vermont</b>                   | \$13.87          | 90% of MD Rate       | 90% of MD Rate      | 100% of MD Rate          | \$13.97  |
| <b>Virginia</b>                  | \$0              | \$0                  | \$0                 | \$0                      | \$16.00  |
| <b>Washington</b>                | \$11.45          | 100% of MD Rate      | 100% of MD Rate     | 100% of MD Rate          | \$9.96   |
| <b>West Virginia</b>             | \$0              | \$0                  | \$0                 | \$0                      | \$0  |
| <b>Wisconsin</b>                 | \$0              | \$0                  | \$0                 | \$0                      | \$0  |
| <b>Wyoming</b>                   | \$16.94          | 100% of MD Rate      | 100% of MD Rate     | 100% of MD Rate          | \$10.65  |

<sup>iii</sup> Puerto Rico operates its entire Medicaid program under managed care, does not publish FFS fee schedules and has not published requirements for MCO reimbursement of APCs or pharmacists with respect to vaccine administration.

<sup>iv</sup> Tennessee operates its entire Medicaid medical benefit under managed care and publishes neither FFS fee schedules nor requirements for MCO reimbursement regarding APC vaccine administration. However, Tennessee carves its pharmacy benefit—including pharmacist-administered vaccines—out of managed care and reimburses these services under FFS. Pharmacist vaccine administration is likely reimbursed under the standard dispensing fee of \$8.37 for high-volume pharmacies (> 65,000 prescriptions per year) and \$11.98 for low-volume pharmacies.

**Exhibit 9. FQHC Reimbursement Methodology for Vaccinations Under Medicaid and CHIP FFS**

| State                       | Are FQHCs Able to Bill for Any Vaccinations Outside the FQHC Prospective Payment System (PPS)?  |
|-----------------------------|---|
| <b>Alabama</b>              | No  |
| <b>Alaska</b>               | No  |
| <b>Arizona</b>              | No  |
| <b>Arkansas</b>             | No  |
| <b>California</b>           | No  |
| <b>Colorado</b>             | No  |
| <b>Connecticut</b>          | No  |
| <b>Delaware</b>             | No  |
| <b>District of Columbia</b> | No  |
| <b>Florida</b>              | Yes. For youths aged < 19, FQHCs are reimbursed \$5.50 per vaccine administered.  |
| <b>Georgia</b>              | Yes. For youths aged < 21, vaccine administration is a separately reimbursable service at the applicable practitioner rate.   |
| <b>Hawaii</b>               | No  |
| <b>Idaho</b>                | Yes. Vaccine-only visits may be billed at the physician FFS rate.   |
| <b>Illinois</b>             | Yes. For non-VFC vaccines, the FQHC may bill for the vaccine supply cost under the practitioner fee schedule, either as an add-on to the PPS rate for an FQHC encounter or as a stand-alone fee for a vaccine-only visit. |
| <b>Indiana</b>              | No  |
| <b>Iowa</b>                 | Yes. Iowa pays for FQHC services (including vaccinations) through a cost-based reimbursement methodology rather than the PPS.   |
| <b>Kansas</b>               | No  |
| <b>Kentucky</b>             | Likely no   |
| <b>Louisiana</b>            | No  |
| <b>Maine</b>                | Yes. FQHCs receive a separate \$5 administration fee for influenza and pneumococcal vaccines.   |
| <b>Maryland</b>             | Yes. All FQHCs participate in Maryland's Alternative Payment Model, under which FQHCs are reimbursed at 100% of their average reasonable cost.  |
| <b>Massachusetts</b>        | Yes. Vaccine-only visits are billable under the applicable practitioner fee schedule (MD or APC).   |
| <b>Michigan</b>             | No  |
| <b>Minnesota</b>            | No  |
| <b>Mississippi</b>          | No  |
| <b>Missouri</b>             | No  |

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| <b>State</b>          | <b>Are FQHCs Able to Bill for Any Vaccinations Outside the FQHC Prospective Payment System (PPS)?</b>  |
|-----------------------|--|
| <b>Montana</b>        | Yes. FQHCs may separately bill for vaccine-only visits provided by a nurse to youths enrolled in CHIP.   |
| <b>Nebraska</b>       | No   |
| <b>Nevada</b>         | No   |
| <b>New Hampshire</b>  | Yes. FQHCs may bill for vaccine supply at the FFS rate. In addition, for vaccine-only visits, FQHCs may bill at the physician FFS rate for vaccine administration.                                       |
| <b>New Jersey</b>     | No   |
| <b>New Mexico</b>     | No   |
| <b>New York</b>       | No   |
| <b>North Carolina</b> | Yes. For Medicaid youths < 21 and for CHIP youths, wellness exams (including immunizations) and vaccine-only visits are carved out of the PPS reimbursement system.                                      |
| <b>North Dakota</b>   | Yes. Vaccine-only visits may be billed at the physician FFS rate.  |
| <b>Ohio</b>           | No   |
| <b>Oklahoma</b>       | No   |
| <b>Oregon</b>         | No   |
| <b>Pennsylvania</b>   | No   |
| <b>Puerto Rico</b>    | N/A. Puerto Rico's entire Medicaid program is operated under managed care. Puerto Rico publishes neither FFS reimbursement guidance nor MCO reimbursement requirements regarding FQHC vaccinations.      |
| <b>Rhode Island</b>   | No   |
| <b>South Carolina</b> | No   |
| <b>South Dakota</b>   | Yes. Vaccine-only visits may be billed at the physician FFS rate.  |
| <b>Tennessee</b>      | N/A. Tennessee operates its Medicaid medical benefit entirely under managed care. Tennessee publishes neither FFS reimbursement guidance nor MCO reimbursement requirements regarding FQHC vaccinations. |
| <b>Texas</b>          | No   |
| <b>Utah</b>           | No   |
| <b>Vermont</b>        | No   |
| <b>Virginia</b>       | No   |
| <b>Washington</b>     | No   |
| <b>West Virginia</b>  | No   |
| <b>Wisconsin</b>      | No   |
| <b>Wyoming</b>        | No   |

## Endnotes

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

<sup>2</sup> See HealthyWomen, *Perceptions of Vaccines During Pregnancy: Survey of U.S. Patients & Providers*, 4–5 (December 2022), [https://roar-assets-auto.rbl.ms/files/48832/Perception%20Vax%20During%20Pregnancy\\_12.08.22.pdf?rand=1670457037404](https://roar-assets-auto.rbl.ms/files/48832/Perception%20Vax%20During%20Pregnancy_12.08.22.pdf?rand=1670457037404).

<sup>3</sup> CDC, *Flu, Tdap, and COVID-19 Vaccination Coverage Among Pregnant Women – United States, April 2022*, <https://www.cdc.gov/flu/fluview/pregnant-women-apr2022.htm>; CDC, *Influenza and Tdap Vaccination Coverage Among Pregnant Women – United States, April 2020* (October 2, 2020), <https://www.cdc.gov/mmwr/volumes/69/wr/mm6939a2.htm>.

<sup>4</sup> 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/wp-content/uploads/2022/03/Chapter-2-Vaccine-Access-for-Adults-Enrolled-in-Medicaid.pdf>.

<sup>5</sup> World Health Organization, *Vaccines and Immunization – Overview* (accessed January 27, 2023), [https://www.who.int/health-topics/vaccines-and-immunization#tab=tab\\_1](https://www.who.int/health-topics/vaccines-and-immunization#tab=tab_1).

<sup>6</sup> Centers for Disease Control and Prevention (CDC), *Vaccines During Pregnancy FAQs* (accessed January 27, 2023), <https://www.cdc.gov/vaccinesafety/concerns/vaccines-during-pregnancy.html>.

<sup>7</sup> CDC, *Vaccine Safety for Moms-To-Be* (accessed January 25, 2023), <https://www.cdc.gov/vaccines/pregnancy/vacc-safety.html>.

<sup>8</sup> CDC, *Guidelines for Vaccinating Pregnant Women* (accessed January 25, 2023), <https://www.cdc.gov/vaccines/pregnancy/hcp-toolkit/guidelines.html>.

<sup>9</sup> CDC National Center for Health Statistics, *Immunization* (accessed January 25, 2023), <https://www.cdc.gov/nchs/fastats/immunize.htm>.

<sup>10</sup> CDC, *Flu, Tdap, and COVID-19 Vaccination Coverage Among Pregnant Women – United States, April 2022* (February 2, 2023), <https://www.cdc.gov/flu/fluview/pregnant-women-apr2022.htm>; see also Kaiser Family Foundation, *Adult Flu Vaccination Rates by Age 2021–2022* (accessed January 25, 2023), <https://www.kff.org/other/state-indicator/adult-flu-vaccination-rates-by-age/> (finding that from 2021 through 2022, the vaccination rate for adults was 49.4%); CDC, *Vaccination Coverage Among Adults in the United States, National Health Interview Survey, 2019–2020* (accessed January 25, 2023), <https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/pubs-resources/vaccination-coverage-adults-2019-2020.html> (finding that 30.1% of adults 19 years of age and older report receiving the Tdap vaccine).

<sup>11</sup> CDC, *Flu, Tdap, and COVID-19 Vaccination Coverage Among Pregnant Women – United States, April 2022* (February 2, 2023), <https://www.cdc.gov/flu/fluview/pregnant-women-apr2022.htm>.

<sup>12</sup> Lisa A. Grohskopf, et al., *Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices – United States, 2019–20 Influenza Season*, Morbidity and Mortality Weekly Report, 1–21 (August 23, 2019), <https://www.cdc.gov/mmwr/volumes/68/rr/rr6803a1.htm>.

<sup>13</sup> See CDC, *Whooping Cough is Deadly for Babies* (accessed January 27, 2023), <https://www.cdc.gov/pertussis/pregnant/mom/deadly-disease-for-baby.html>.

<sup>14</sup> See CDC, *Respiratory Syncytial Virus Infection* (accessed January 27, 2023), <https://www.cdc.gov/rsv/index.html>.

<sup>15</sup> See CDC, *RSV-NET Interactive Dashboard* (accessed January 27, 2023), <https://www.cdc.gov/rsv/research/rsv-net/dashboard.html>.

<sup>16</sup> In the phase III trial for Pfizer’s RSV prenatal vaccine candidate, MATISSE, researchers found that vaccine efficacy was 81.8% against severe medically attended lower respiratory tract illness due to RSV in infants from birth through the first 90 days of life, with high efficacy (69.4%) demonstrated through the first six months of life. Business Wire, *U.S. FDA Accepts Biologics License Application for Pfizer’s Respiratory Syncytial Virus Maternal Vaccine Candidate for Priority Review* (February 21, 2023), <https://www.businesswire.com/news/home/20230221005199/en/U.S.-FDA-Accepts-Biologics-License-Application-for-Pfizer%E2%80%99s-Respiratory-Syncytial-Virus-Maternal-Vaccine-Candidate-for-Priority-Review>; Pfizer, *Pfizer Announces Positive Top-Line Data of Phase 3 Global Maternal Immunization Trial for its Bivalent Respiratory Syncytial Virus (RSV) Vaccine Candidate* (November 1, 2022), <https://www.pfizer.com/news/press-release/press-release-detail/pfizer-announces-positive-top-line-data-phase-3-global>.

<sup>17</sup> CMS, *Who Enrolls in Medicaid & CHIP?* (accessed March 15, 2023), <https://www.medicaid.gov/state-overviews/scorecard/who-enrolls-medicaid-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://www.kff.org/report-section/medicaid-coverage-of-pregnancy-related-services-findings-from-a-2021-state-survey-report/>.

<sup>18</sup> Inflation Reduction Act, Pub. L. No. 117-169, 136 Stat. 1818 (2022).

<sup>19</sup> Patient Protection and Affordable Care Act, Pub. L. No. 111-148, 124 Stat. 119 (2010). The ACA authorized states to expand eligibility for adults up to 138% of the FPL. As of the time of this writing, 40 states and the District of Columbia have adopted this eligibility expansion. Kaiser Family Foundation, *Status of State Medicaid Expansion Decisions: Interactive Map* (February 16, 2023), <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>.

<sup>20</sup> See Kaiser Family Foundation, *Medicaid and CHIP Income Eligibility Limits for Pregnant Women as a Percent of the Federal Poverty Level* (January 2023), <https://www.kff.org/health-reform/state-indicator/medicaid-and-chip-income-eligibility-limits-for-pregnant-women-as-a-percent-of-the-federal-poverty-level/>.

<sup>21</sup> 42 U.S.C. §§ 1396o(a)(2)(A)–(B), 1396o1(b)(3)(B)(i)–(iii).

<sup>22</sup> Under federal law, Medicaid enrollees under age 21 are entitled to coverage of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), including all ACIP-recommended vaccines and other medically necessary services “to correct or ameliorate defects and physical and mental illnesses and conditions discovered by [EPSDT] screening services.” Social Security Act (SSA) § 1905(r); 42 C.F.R. § 441.56(c)(3).

<sup>23</sup> 42 C.F.R. § 457.410(b)(2).

<sup>24</sup> States have two options for covering pregnant women under CHIP: first, adding a pregnancy-related pathway that covers the pregnant woman herself, and second, adding coverage for the “unborn child.” SSA § 2112(b)(4); 42 C.F.R. § 457.10; 67 Fed. Reg. at 61968 (October 2, 2002). As of 2020, CMS reported that all states offering pregnancy-related CHIP coverage provided coverage of all ACIP-recommended vaccines without cost sharing. 85 Fed. Reg. at 71150 (November 6, 2020).

<sup>25</sup> If an individual is pregnant at the time of their Medicaid application, federal rules require that they enroll in the pregnancy eligibility group. If an individual is not pregnant at the time of their Medicaid application and is eligible for the expansion eligibility group, they are enrolled in the expansion eligibility group. If an individual enrolled in the expansion eligibility group subsequently becomes pregnant, they may remain in the expansion eligibility group until their annual redetermination of Medicaid eligibility. See 42 C.F.R. § 440.315(a). See also Centers for Medicaid and CHIP Services, *Medicaid and CHIP FAQs: Funding for the New Adult Group, Coverage of Former Foster Care Children and CHIP Financing* (December 2013), <https://www.medicaid.gov/federal-policy-guidance/downloads/faq-12-27-13-fmap-foster-care-chip.pdf>; CMS, *Medicaid/CHIP Affordable Care Act Implementation* (May 22, 2012), <https://www.medicaid.gov/state-resource-center/FAQ-medicaid-and-chip-affordable-care-act-implementation/downloads/Eligibility-Policy-FAQs.pdf>.

<sup>26</sup> Adults enrolled in Medicaid expansion receive an Alternative Benefit Plan (ABP), which must comply with the Essential Health Benefit (EHB) rules that govern commercial plans offered on the Health Insurance Marketplace, a medical insurance enrollment service created by the ACA in 2010. SSA § 1937; 42 C.F.R. § 440.347. The EHB includes a “preventative services” benefit, which requires coverage for ACIP-recommended vaccines without cost sharing. 42 C.F.R. § 117.130(a)(1)(ii).

<sup>27</sup> Mandy A. Allison, et al., *Financial Sustainability of Vaccine Delivery in Primary Care Practices*, *Academic Pediatrics* (June 7, 2017), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5600475/>.

<sup>28</sup> MACPAC, *Vaccine Access for Adults Enrolled in Medicaid*, Report to Congress on Medicaid and CHIP, 24–49 (March 2022), <https://www.macpac.gov/wp-content/uploads/2022/03/Chapter-2-Vaccine-Access-for-Adults-Enrolled-in-Medicaid.pdf>.

<sup>29</sup> MACPAC, *An Update on the Medicaid Primary Care Payment Increase*, Report to Congress on Medicaid and CHIP, 130–138 (March 2015), <https://www.macpac.gov/wp-content/uploads/2015/03/An-Update-on-the-Medicaid-Primary-Care-Payment-Increase.pdf>.

<sup>30</sup> This Medicare Part D composite rate of \$61.92 reflects an average of the program’s composite spending in 2021 for the two covered Tdap vaccines, Adacel and Boostrix, as reflected in the Medicare Part D [drug spending database](#).

<sup>31</sup> In some cases, state guidance expressly defines the scope of Medicaid and CHIP coverage for vaccines administered by APCs. In others, a state may provide that an APC will be reimbursed for covered services “consistent with scope of practice,” without mentioning specific vaccines.

<sup>32</sup> 42 U.S.C. § 1396a(bb).

<sup>33</sup> 42 U.S.C. § 1396a(bb)(6).

<sup>34</sup> Sean T. O’Leary, et al., Immunization Practices of US Obstetrician-Gynecologists for Pregnant Patients, *American Journal of Preventive Medicine*, 205–213 (December 13, 2017), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5783738/>.

<sup>35</sup> National Center for Health Workforce Analysis, *State of the Maternal Health Workforce Brief* (August 2022), <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/maternal-health-workforce-brief-2022.pdf>. HRSA study finding that maternal health registered nurses are spending a greater percentage of their time on patient care than are nurses in other specialties. Additionally, by 2030, HRSA expects a significant surplus of APCs with a women’s health specialty.

<sup>36</sup> Government Accountability Office, *Maternal Health: Outcomes Worsened and Disparities Persisted During the Pandemic* (October 19, 2022), <https://www.gao.gov/products/gao-23-105871>.

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