MACPAC

Vaccines for Adults Enrolled in Medicaid

Work plan and initial analyses

Medicaid and CHIP Payment and Access Commission

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Overview

- Background
  - Coverage of vaccines
  - Barriers to access
- Work plan
- Analysis of adult vaccination rates
- Policy framework
- Next steps

Vaccine Coverage for Medicaid-Enrolled Adults

Vaccine coverage is not mandatory for all enrollees

- New adult group
  - Mandatory coverage without cost sharing
- Other adults (not subject to essential health benefits)
  - States may elect to cover vaccines
  - Medicaid enrollees may be subject to cost sharing

Adult Vaccine Coverage Varies by State

- All states offered some vaccine coverage for Medicaid-enrolled adults in 2018–2019, according to a CDC survey
  - 24 out of 49 states covered all ACIP-recommend vaccines
- Section 4106 of Affordable Care Act (ACA) provides incentive to cover all preventive services, including recommended vaccines, without cost sharing
  - 1 percentage point increase in federal medical assistance (FMAP) on spending for preventive services, including vaccine cost and administration
  - 12 out of 44 states in CDC study implemented this option

Barriers to Access

- Lack of coverage
  - 16 out of 49 states do not cover herpes zoster (shingles) vaccine
- Cost-sharing requirements
  - 15 states have cost sharing for vaccines
- Provider payment
  - 55 percent of general internal medicine physicians reported losing money administering vaccines to adult Medicaid enrollees

Project Work Plan

Policy Questions and Research Methodology

	Claims analysis (T-MSIS)	Survey analysis (NHIS)	Semi-structured interviews
How do vaccination rates vary among adults by insurance status? And what are the differences across racial and ethnic groups?	X	X	
How do state Medicaid vaccine coverage and payment policies affect vaccination rates for adults?	X		
What are the barriers to vaccine uptake in Medicaid-enrolled adults?			X
What state policies have shown to increase vaccine uptake in Medicaid-enrolled adults?	X		X

Notes: T-MSIS is the Transformed Medicaid Statistical Information System and NHIS is the National Health Interview Survey.

Policy Questions and Research Methodology

	Claims analysis (T-MSIS)	Survey analysis (NHIS)	Semi-structured interviews
What changes to federal policy could increase access to vaccines for Medicaid-enrolled adults?			X
What are the potential trade-offs associated with each policy option?			X
Can we apply lessons learned from the COVID-19 pandemic to vaccines more broadly?			X

Notes: T-MSIS is the Transformed Medicaid Statistical Information System and NHIS is the National Health Interview Survey.

Vaccination Rates among Medicaid Enrollees

Summary of Findings

- Overall vaccination rates for adults are low
- Medicaid-enrolled adults had lower vaccination rates than privately-insured adults for all vaccines except pneumococcal
- Uninsured individuals had lower vaccination rates than individuals enrolled in Medicaid and private insurance
- Racial and ethnic disparities appear to be smaller in Medicaid compared to private insurance
  - Vaccination rates were more similar between people of color enrolled in Medicaid and private insurance than they were for white non-Hispanic adults
- Pregnant women enrolled in Medicaid also had lower rates of recommended influenza and Tdap vaccinations than those with private insurance

Medicaid-enrolled adults had lower vaccination rates than those enrolled in private insurance

Vaccine	Primary source of coverage[1]			
	Total	Medicaid or CHIP	Private	Uninsured
Influenza	43.6%	32.8%	40.8%*	16.3%*
Tetanus	62.6	56.7	66.7*	50.1*
Tdap	29.2	22.6	35.2*	16.3*
Pneumococcal	25.2	16.9	13.3*	9.3*
Herpes zoster (shingles)	22.9	7.4	12.8*	4.3*
Hepatitis A	16.9	16.9	20.6*	13.9*
Hepatitis B	32.1	33.7	38.8*	26.2*
HPV	33.1	32.6	36.0*	19.8*

Notes: Tdap is tetanus, diphtheria, and pertussis. HPV is human papillomavirus. For the herpes zoster (shingles) vaccine, the analysis was limited to those adults 50 years and older. For HPV, the analysis was limited to adults 19 to 26 years old.
* Difference from Medicaid is statistically significant at the 0.05 level.
[1] In this table, the following hierarchy was used to assign individuals with multiple coverage sources to a primary source: Medicare, private, Medicaid, other, uninsured. Not separately shown are the estimates for those covered by Medicare and by any type of military health plan or other federal government-sponsored programs.
Source: MACPAC, 2021, analysis of 2015–2018 National Health Interview Survey data.

Within Medicaid, the differences across racial and ethnic groups is mixed

Vaccine	Statistically significant difference within Medicaid compared to White, non-Hispanic				
	Black, non-Hispanic	Hispanic	Asian, non-Hispanic	American Indian or Alaska Native, non-Hispanic	Other
Influenza	—	Higher	Higher	Higher	—
Tetanus	Lower	Lower	Lower	—	—
Tdap	Lower	Lower	Lower	—	—
Pneumococcal	—	Lower	Lower	—	—
Herpes zoster (shingles)	—	—	—	—	—
Hepatitis A	—	—	Higher	—	—
Hepatitis B	Lower	—	—	—	—
HPV	—	—	—	—	—

Notes: Tdap is tetanus, diphtheria, and pertussis. HPV is human papillomavirus. For the herpes zoster (shingles) vaccine, the analysis was limited to those adults 50 years and older. For HPV, the analysis was limited to adults 19 to 26 years old. Lower means that the race/ethnicity group had a lower vaccination rate than white, non-Hispanic that was statistically significant. Higher means that the race/ethnicity group had a higher vaccination rate than white, non-Hispanic that was statistically significant. Blank means that the difference between the race/ethnicity group and white, non-Hispanic was not statistically significant. — means that the difference was not statistically significant.
Source: MACPAC, 2021, analysis of 2015–2018 National Health Interview Survey data.

There were fewer differences between Medicaid and private insurance among people of color

Vaccine	Statistically significant difference between Medicaid and private insurance					
	White, non-Hispanic	Black, non-Hispanic	Hispanic	Asian, non-Hispanic	American Indian or Alaska Native, non-Hispanic	Other
Influenza	Lower	—	—	—	—	Lower
Tetanus	Lower	Lower	Lower	Lower	—	—
Tdap	Lower	Lower	Lower	Lower	—	Lower
Pneumococcal	Higher	Higher	Higher	—	—	—
Herpes zoster (shingles)	Lower	—	—	—	—	—
Hepatitis A	Lower	Lower	Lower	—	—	Lower
Hepatitis B	Lower	Lower	Lower	Lower	—	—
HPV	—	—	—	—	—	Lower

Notes: Tdap is tetanus, diphtheria, and pertussis. HPV is human papillomavirus. For the herpes zoster (shingles) vaccine, the analysis was limited to those adults 50 years and older. For HPV, the analysis was limited to adults 19 to 26 years old. Lower means that Medicaid had a lower vaccination rate than private insurance that was statistically significant. Higher means that Medicaid had a higher vaccination rate than private insurance that was statistically significant. Blank means that the difference between Medicaid and private insurance was not statistically significant. — means the difference was not statistically significant.

Source: MACPAC, 2021, analysis of 2015–2018 National Health Interview Survey data.

Tdap vaccination rate by race and ethnicity for adults 19 years and older

Race and ethnicity	Primary source of coverage[1]			
	Total	Medicaid or CHIP	Private	Uninsured
White, non-Hispanic	34.2%	30.1%	39.8%*	22.0%*
Black, non-Hispanic	18.1	15.9^	21.6*	12.4
Hispanic	19.1	17.9^	25.3*	10.5*
Asian, non-Hispanic	25.7	16.8^	29.8*	15.8
American Indian or Alaska Native, non-Hispanic	28.6	22.9	35.0	31.5
Other	36.5	26.1	42.3*	28.2

Notes: Tdap is tetanus, diphtheria, and pertussis.
* Difference from Medicaid is statistically significant at the 0.05 level.
^ Within Medicaid, difference from White, non-Hispanic is statistically significant at the 0.05 level.
[1] In this table, the following hierarchy was used to assign individuals with multiple coverage sources to a primary source: Medicare, private, Medicaid, other, uninsured. Not separately shown are the estimates for those covered by Medicare and by any type of military health plan or other federal government-sponsored programs.
Source: MACPAC, 2021, analysis of 2015–2018 National Health Interview Survey data.

Influenza vaccination rate by race and ethnicity for adults 19 years and older

Race and ethnicity	Primary source of coverage[1]			
	Total	Medicaid or CHIP	Private	Uninsured
White, non-Hispanic	47.1%	30.9%	42.7%*	14.6%*
Black, non-Hispanic	35.8	31.5	32.9	15.8*
Hispanic	33.7	34.2^	34.5	17.1*
Asian, non-Hispanic	47.9	40.5^	46.3	21.2*
American Indian or Alaska Native, non-Hispanic	47.0	52.4^	49.9	25.0*
Other	39.4	29.0	38.5*	21.8

Notes:
* Difference from Medicaid is statistically significant at the 0.05 level.
^ Within Medicaid, difference from White, non-Hispanic is statistically significant at the 0.05 level.
[1] In this table, the following hierarchy was used to assign individuals with multiple coverage sources to a primary source: Medicare, private, Medicaid, other, uninsured. Not separately shown are the estimates for those covered by Medicare and by any type of military health plan or other federal government-sponsored programs.
Source: MACPAC, 2021, analysis of 2015–2018 National Health Interview Survey data.

Smaller gap in influenza vaccination between Medicaid and private insurance for children than for adults

Vaccine	Primary source of coverage[1]			
	Total	Medicaid or CHIP	Private	Uninsured
Adults, 19 years and older	43.6%	32.8%	40.8%*	16.3%*
Children, 0–18 years	47.8	47.2	49.8*	26.7*

Notes:
* Difference from Medicaid is statistically significant at the 0.05 level.
[1] In this table, the following hierarchy was used to assign individuals with multiple coverage sources to a primary source: Medicare, private, Medicaid, other, uninsured. Not separately shown are the estimates for those covered by Medicare and by any type of military health plan or other federal government-sponsored programs.
Source: MACPAC, 2021, analysis of 2015–2018 National Health Interview Survey data.

Pregnant women enrolled in Medicaid also had lower rates of recommended vaccinations than those with private insurance

Vaccine	Primary source of coverage[1]			
	Total	Medicaid or CHIP	Private	Uninsured
Influenza	47.8%	36.5%	57.5%*	19.0%*
Tdap	47.5	41.4	53.8*	†

Notes: Tdap is tetanus, diphtheria, and pertussis. Analysis limited to pregnant women ages 18–49 years old.
*Difference from Medicaid is statistically significant at the 0.05 level.
† Estimate not reported due to small sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.
[1] In this table, the following hierarchy was used to assign individuals with multiple coverage sources to a primary source: Medicare, private, Medicaid, other, uninsured. Not separately shown are the estimates for those covered by Medicare and by any type of military health plan or other federal government-sponsored programs.
Source: MACPAC, 2021, analysis of 2015–2018 National Health Interview Survey data.

Policy Framework

Goals and Considerations

- Goals
  - Expand coverage
  - Improve access
- Considerations
  - Effect on state and federal spending
  - Operational complexity

Policy Option Framework

Policy options	Design considerations	Assessment criteria
Mandatory coverage of vaccines	**Inclusion Criteria:** What vaccines will be included? **Price:** Will this change how the price is set? If yes, how will it change? **Beneficiary cost sharing:** Will this policy option change cost sharing? **Provider:** Will this policy option change provider payment or participation? **Supply chain:** Does this disrupt the current supply chain?	**How will this policy potentially affect:** • vaccination rates • racial disparities • state and federal spending **How operationally complex is the policy to implement?**
Coverage of vaccines through the Medicaid Drug Rebate Program		
Additional federal funding		
Federal purchasing program or price negotiation		

Next Steps

- Interview findings
- Claims analysis

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