Medicaid Vaccinations For Non-Institutionalized Adult Enrollees

2013

BENEFIT DESIGN and COST-SHARING POLICY

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This study updates our 2003 report entitled *Medicaid Coverage of Immunizations for Non-Institutionalized Adults*.[1] This is the first updated Medicaid issue brief, which examines vaccination benefits coverage and cost-sharing policy. Future reports in this series will examine reimbursement policy and program management.

This update was funded by the National Center for Immunization & Respiratory Diseases Immunization Services Division (NCIRD) of the Centers for Disease Control and Prevention (CDC) under Contract Number 200-2011-42010. The research was completed between October 2011 and September 2012.

Leighton Ku, Ph.D, MPH, Professor and Director of the Center for Health Policy Research, Department of Health Services, School of Public Health and Health Policy, The George Washington University, provided technical assistance related to development of the survey.

Ricardo Lopez, M.A., MPH, Research Assistant, Department of Health Policy, School of Public Health and Health Services, The George Washington University, provided research support.

The authors thank the Medicaid program administrators who, despite limited resources and busy schedules, supported this project by completing the survey and providing their expertise.

Disclaimer: The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Suggested Citation:
Alexandra M. Stewart, Kristen H.M. Chang, Marisa A. Cox; Medicaid Vaccinations for Non-Institutionalized Adult Enrollees: Benefit Design and Cost-sharing Policy; Immunization Law and Policy Program, Department of Health Policy, School of Public Health and Health Services, The George Washington University; 2013.

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REPORT SUMMARY

Federal Medicaid rules permit each state program to determine which adult vaccines, if any, will be covered, the cost-sharing policy for adult vaccination services, provider reimbursement policy, and the settings where vaccines may be administered. These policy decisions may impact both the personal health status of the enrollee and the public's health. Programs covering all recommended vaccines and prohibiting cost-sharing for vaccination services support national public health goals for adult vaccination. We found that 17/51 programs cover all ACIP-recommended vaccines and prohibit cost-sharing.

Benefit Design: Ninety-eight percent of all programs (50/51) cover at least 1 vaccine for non-institutionalized adult enrollees, an increase from 2003 when 94% of programs (47/50) covered at least 1 vaccine. Most programs (70.6%) cover all ACIP recommended vaccines (36/51), representing a 6.6 percentage-point increase from 2003, when 32/50 programs covered all recommended vaccines. In 2003, Alaska, Florida, and Louisiana did not cover any vaccines; data was not available for Washington DC. By 2012, Alaska and Louisiana added coverage for certain vaccines, while Florida continues to exclude coverage of vaccines for non-institutionalized adults in 2012. Four programs (Georgia, North Dakota, South Dakota, Texas) decreased coverage since 2003, with Georgia eliminating the largest number of vaccines.

In 2012, influenza vaccine was the most frequently covered vaccine (98%) (50/51). The least frequently covered vaccine was zoster, with 78% of programs covering the vaccine (40/51).

Factors Influencing Benefit Design: The majority of programs (31/42) ranked ACIP recommendations as the first or second most influential factor in deciding to cover a vaccine. (Appendix 1) Programs also identified state health agency recommendations to the program (22/44), interest from legislators and the governor (13/42), and public interest (3/42) as first or second most influential factors in coverage decisions.

Programs cited costs associated with covering a vaccine (10/42) and lack of a state health agency recommendation to the program (9/42) as the most influential factors when considering vaccines to exclude from Medicaid coverage. Other factors ranked first or second include the desire for more long-term data (6/42), low demand or interest from state and local health professionals (5/42), and insufficient demand or interest from state legislators or governors (3/42).

Copayment Policy: In 2003, 23/50 programs permitted and 27/50 programs did not address copayments, while no program prohibited copayments (DC data unavailable). By 2012, 2 additional programs permitted copayments (25/51), and 21/51 programs prohibited the practice. Five programs did not address cost-sharing for vaccinations. Seventeen programs that cover all recommended vaccines also prohibit copayments. Copayments in 2003 ranged from $0.50 to $3.00. By 2012, copayments ranged from $.50 to $3.40 or 5% of the allowable amount the program permits a provider to bill. The median and mode of maximum copayments were $3.00 in both 2003 and 2012.

The Patient Protection and Affordable Care Act (ACA) : Benefit Coverage and Cost-Sharing Decisions: Under the ACA, beginning January 1, 2014, programs that elect to cover all adult vaccines recommended by ACIP and their administration costs while prohibiting cost-sharing will receive an additional 1% Federal Medical Assistance Percentages (FMAP). The majority of program administrators who responded to our survey (n=42) indicated that their programs will not alter coverage policy for previously eligible adults (30/42). Fewer programs (11/42) are unclear about how their programs will respond. Only Arkansas intends to increase vaccination coverage benefits for previously eligible adults to ensure the same benefit coverage as newly-eligible adults. No program reported the intent to decrease vaccination coverage benefits for previously eligible adults.

INTRODUCTION

The purpose of our study was to conduct a comprehensive review of Medicaid programs' approach to vaccination benefits for non-institutionalized adult enrollees. This review supports efforts to understand how Medicaid programs respond to changes in the regulatory and fiscal environment, and how these changes impact access to recommended vaccinations for adult enrollees. We assessed programs' policies related to vaccination benefits coverage, cost-sharing, and anticipated response to health reform in the 50 states and the District of Columbia.

STUDY METHODOLOGY

In order to complete the study, we:

A. ***Conducted a document review:*** Beginning October 2011, we identified and reviewed all publicly available material relating to benefit coverage, cost-sharing, and payment for adult vaccination under Medicaid from all 50 states and the District of Columbia. The review included state-issued provider manuals, physician bulletins and newsletters, consumer handbooks, fee schedules, legislation, and commercially available state plan summaries related to coverage of, cost-sharing for, and payment for adult vaccination services under Medicaid.

B. ***Identified relevant CPT codes to determine coverage practices:*** Current Procedural Terminology (CPT) codes are used by healthcare consumers and providers to represent individual vaccine formulations. In the 2003 study, only one pre-selected CPT code per vaccine was used as a measure of benefit coverage, and may have resulted in an underestimation of coverage. The 2012 study incorporates all CPT codes applicable to each vaccine under review to ensure accurate measurement of vaccine benefit coverage. **(Appendix 2)**

C. ***Developed, deployed, and analyzed a survey for each Medicaid program:*** We drafted a survey to obtain information related to adult vaccination from each Medicaid program that was not readily available through the document review.[2] [3] **(Appendix 3)**

D. ***Identified the elements of a comprehensive adult vaccination program:*** Each program's policies and practices were reviewed against a list of five elements developed for this project. These elements consist of the core practices that we believe will promote increased access to recommended vaccinations for Medicaid enrollees ages 19 through 64, including:

1. Whether the program covers all eleven vaccines recommended for adults by ACIP in 2012

2. Whether the program prohibits cost-sharing for adult vaccination services

3. Whether the program permits reimbursement of vaccines and their administration provided to adult enrollees

4. Whether the program permits reimbursement of vaccination services for adults administered by a wide range of providers

5. Whether the program permits reimbursement of adult vaccination services administered in a wide range of settings

This brief addresses the first and second elements (coverage and cost-sharing), data obtained through the document review and survey. The remaining elements will be discussed in future reports in this series.

E. ***Documented, analyzed, and compared the research results:*** Results of the review were charted and analyzed for each program and compared to data from *The Epidemiology of US Immunization Law: Medicaid Coverage of Immunizations for Non-Institutionalized Adults* (2003 study) that includes results from 47/50 programs (94%).[4]

BACKGROUND: BENEFITS COVERAGE DESIGN

Medicaid is the largest source of funding for medical and health-related services for America's poorest people, who generally do not have access to or cannot afford employer-based or individual insurance in the private market.[5 6 7 8] Every U.S. state, the District of Columbia, and five Territories operate programs.[9 10] In 2011, over 19 million adults age 19 through 64 were enrolled, with almost 11 million residing in ten states (California, New York, Florida, Pennsylvania, Michigan, Ohio, Illinois, Texas, Massachusetts, and Tennessee).[11 12] The proportion of adult enrollees varies by state, ranging from 4% in New Hampshire to 19% in the District of Columbia and Vermont in 2011.[13] The Congressional Budget Office estimates that the total number of adults enrolled in Medicaid will increase to 31 million in 2017 as a result of the Affordable Care Act.[14]

Medicaid enrollees have greater health care needs and higher health risks than privately insured individuals in the US.[15 16] They have few assets and often cannot afford to purchase medical insurance in the private market.[17 18 19] Additionally, Medicaid enrollees experience disproportionately low rates of preventive care and are typically unable to afford to purchase vaccination services out-of-pocket due to the relatively high cost of vaccines in relation to their personal income.[20] Without Medicaid coverage, low income adults would necessarily rely on public health agencies, community health centers, and other public clinics for subsidized vaccinations. Funds available to public health agencies under the §317 program are limited in relation to the total number of institutionalized and non-institutionalized low income adults who need free vaccines.

Medicaid policy related to vaccinations for adult enrollees may directly impact both the personal health status of the enrollee and the public's health. Programs that cover all ACIP recommended vaccines would support the Healthy People 2020 goals related to seasonal flu, pneumococcal, hepatitis B, and zoster vaccinations for adults, since health insurance coverage is associated with higher vaccination rates among adults.[21 22 23 24]

Because the imposition of even small copayments has been shown to impair access to care for poor individuals, programs that eliminate copayments could significantly increase access to vaccinations for enrollees.[25] [26] Therefore, programs that prohibit any form of cost-sharing for vaccination services also support national public health goals by removing significant financial barriers for this population.

Federal Requirements related to Coverage of Recommended Vaccines for Adults

Under federal Medicaid rules, programs are not required to provide any vaccination services to traditionally eligible adult enrollees, those who were eligible for Medicaid prior to January 1, 2014.[27] As a result, vaccination services for adult enrollees are governed at the program level: each program determines which adult vaccines, if any, will be covered, the cost-sharing policy for enrollees, provider reimbursement policies, and the settings where covered vaccines may be administered. This flexibility results in distinct programs across each jurisdiction.

RESEARCH FINDINGS

Survey Response and Population

After distributing the survey to all 50 states and DC, 42 programs (82.4%) responded. Seven programs did not respond, and two declined to participate (Illinois, Kansas, New Hampshire, North Carolina, Ohio, Pennsylvania, Rhode Island, West Virginia, and Wisconsin).

The 42 respondents cover approximately 16 million of the more than 19 million Medicaid enrollees ages 19 through 64.[28] The median respondent program has approximately 223,210 enrollees in this age group. Respondents included 6 of the 10 largest programs (California, New York, Texas, Florida, Massachusetts, Michigan), covering 41% of all enrollees ages 19 through 64.

Permissible Changes under the Patient Protection and Affordable Care Act (ACA)

The Patient Protection and Affordable Care Act (ACA),[29] as interpreted by the Supreme Court in *National Federation of Independent Business v. Sebelius*, permits programs to expand eligibility for all persons with family incomes under 133 percent of the Federal Poverty Level (FPL).[30] [31] Effective January 1, 2014, programs that chose to implement this change are required to extend "benchmark" coverage to the newly eligible enrollees. [32] [33] Benchmark coverage is expected to include coverage of vaccinations for adults.[34] As a result, beneficiaries who enroll in Medicaid on or after January 1, 2014, will have ensured access to ACIP recommended vaccines.

However, vaccination services will remain optional for adult enrollees who qualify through traditional eligibility categories. Under the ACA, beginning January 1, 2014, programs that elect to cover all adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) and their administration costs while prohibiting cost-sharing will receive an additional 1% Federal Medical Assistance Percentages (FMAP).[35] The FMAP determines the amount of federal matching funds that programs receive for expenditures related to certain social services including Medicaid.[36] Based

on Section 1905(b) of the Social Security Act, the FMAP can range from 50.0 to 83.0%.[37] For fiscal year 2012, FMAP ranged from 50.0% to 74.2%.

Program Responses

Medicaid administrators were asked whether changes imposed under health reform will impact their programs' vaccine coverage policy for traditionally eligible adults who enrolled before January 1, 2014 (Survey question 3, n=42). Programs were provided 4 options to respond: 1) will increase coverage of vaccines for previously eligible adults, 2) will not change coverage policy, 3) will decrease coverage, and 4) unclear on how the program will proceed. The 42 responses are listed below:

- **1/42 programs (Arkansas) indicated they will increase coverage of vaccines for previously eligible adults to ensure the same coverage level as newly-eligible adults**. Enrollees will gain access to varicella, HPV, and zoster vaccines because the program did not cover those vaccines in 2012.

- **0/42 programs indicated that they will decrease coverage of vaccines for previously eligible adults.**

- **30/42 programs indicated that they will not change vaccine coverage policy for previously eligible adults.**

  - 23/30 programs covered all recommended vaccines in 2012, resulting in the same coverage for the different categories of adult Medicaid enrollees (Alaska, California, Connecticut, Delaware, Hawaii, Idaho, Iowa, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Nevada, New Jersey, New Mexico, New York, Oklahoma, Oregon, Tennessee, Utah, Vermont, Virginia, Wyoming).

  - 7/30 programs did not cover all recommended vaccines in 2012. Thus, beginning January 1, 2014, these programs will be required to manage dual benefit packages for adult Medicaid enrollees (Alabama, District of Columbia, Florida, Louisiana, Mississippi, North Dakota, Texas).

    Texas noted that they may add benefit coverage for zoster and enhanced immunogenicity influenza vaccines. However, the program has determined that it will not add coverage for meningococcal or varicella vaccines.

- **11/42 programs indicated that they are unclear about how they will manage vaccine coverage policy for the different categories of enrollees.**

  - 5/11 programs covered all recommended vaccines in 2012 (Indiana, Kentucky, Maine, Montana, Nebraska).

  - 6/11 programs did not cover all recommended vaccines in 2012. Administrators in Arizona and Georgia report they are unclear about the budgetary impact of policy changes. Coverage policy changes are under review in South Carolina. Colorado, South Dakota and Washington did not offer additional comments.

2012 COVERED VACCINATION SERVICES FOR ADULTS (TABLE 1,2)

In 2012, the ACIP recommends 11 vaccines for routine or catch-up use among adults who are members of the civilian population.[38] The vaccines are: 1) hepatitis A, 2) influenza, 3) measles mumps and rubella (MMR), 4) varicella, 5) tetanus, diphtheria (Td), 6) tetanus diphtheria and acellular pertussis (Tdap), 7) pneumococcal, 8) meningococcal, 9) hepatitis B, 10) human papillomavirus (HPV), and 11) zoster (shingles). Table 1 and Appendix 2 show vaccine coverage policy among the 51 Medicaid programs as determined by the document review and verified by the survey (where available):

- **50/51 programs (98.0%) covered at least one adult vaccine in 2012.**
    - Florida is the only program to exclude vaccines from its benefit package for non-institutionalized adult enrollees.
- **36/51 programs (70.6%) covered all ACIP recommended vaccines in 2012**.
    - Alaska, California, Connecticut, Delaware, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, Rhode Island, Tennessee, Utah, Vermont, Virginia, West Virginia, Wisconsin, Wyoming.
- **15/51 programs (29.4%) did not cover all ACIP recommended vaccines in 2012.**
    - Alabama, Arizona, Arkansas, Colorado, District of Columbia, Florida, Georgia, Louisiana, Mississippi, North Dakota, Ohio, South Carolina, South Dakota, Texas, Washington.
    - Louisiana and Mississippi covered the fewest vaccines (4/11).

COVERAGE DESIGN DECISIONS

Decisions to Cover Vaccines

Medicaid administrators were asked to rank the factors influencing their decisions to cover vaccines from most influential to least influential (1st – 5th) (survey questions 11-12, n=42). Factors included: ACIP/CDC recommendations, state health agency, or state or local health professional recommendation to the Medicaid program, interest from legislators or the governor, and interest from the public. Appendix 1 illustrates the 42 responses:

- **31/42 programs cited ACIP recommendation as the 1st or 2nd most influential factor in determining whether to cover a vaccine for adult Medicaid enrollees.**
    - Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Montana, Nevada, New Jersey, New Mexico, Oklahoma, Tennessee, Texas, Utah, Vermont, Washington, Wyoming.
- **22/42 programs cited state health agency recommendation as the 1st or 2nd most influential factor.**
    - Alabama, Alaska, Colorado, Delaware, District of Columbia, Idaho, Iowa, Kentucky, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Vermont, Wyoming.
- **13/42 programs cited state/local health professional recommendation as the 1st or 2nd most influential factor.**
    - Arizona, Delaware, District of Columbia, Louisiana, Maryland, Minnesota, Mississippi, Nebraska, North Dakota, Oklahoma, South Dakota, Washington, Wyoming.
- **12/42 programs cited interest from the legislators/governor as the 1st or 2nd most influential factor.**
    - Alabama, Arkansas, Delaware, District of Columbia, Georgia, Maine, Minnesota, Mississippi, Nebraska, Oklahoma, Utah, Virginia.

- **3/42 programs cited interest from the public as the 1st or 2nd most influential factor.**
  - Delaware, Georgia, Oklahoma.
- **3/42 programs cited other reasons as the 1st or 2nd most influential factors.**
  - Indiana- 1st factor is FDA approval.
  - Oregon- 1st factor is OR Health Evidence Review Commission recommendation.
  - Tennessee- 2nd factor is good public policy/return on investment.
- **3/42 programs cited "factors unknown"**
  - Florida, Hawaii, South Carolina

Decisions not to Cover Vaccines

Medicaid administrators were asked to rank the factors influencing their decisions not to cover vaccines from most influential to least influential (1st – 6th) (survey questions 13-14, n=42). Factors included: cost, no recommendation from state health agency to the program, a desire for more long-term data, and lack of demand or interest from the public, state or local health professionals, or legislators or the governor. Of the 42 responding programs, 19/42 indicated that they did not rank factors because they currently cover all recommended vaccines (9/42 programs ranked factors and indicated that they cover all recommended vaccines). Therefore, the responses below reflect the 23 responding programs which ranked factors. Appendix 1 shows all the responses:

- **10/23 programs cited cost as the 1st or 2nd most influential factor.**
  - Arizona, Colorado, District of Columbia, Florida, Georgia, Louisiana, Mississippi, North Dakota, Texas, Utah.
- **9/23 programs cited lack of a state health agency recommendation as the 1st or 2nd most influential factor.**
  - Alaska, Georgia, Missouri, Montana, North Dakota, South Dakota, Texas, Vermont, Washington.
- **6/23 programs cited desire for more long-term data as the 1st or 2nd most influential factor.**
  - Colorado, Montana, Nebraska, Nevada, Vermont, Washington.
- **5/23 programs cited lack of demand/interest from state/local health professionals as the 1st or 2nd most influential factor.**
  - Alaska, Arizona, Louisiana, Nevada, South Dakota.
- **3/23 programs cited lack of demand/interest from legislators/governor as the 1st or 2nd most influential factor.**
  - Missouri, Utah, Virginia.
- **0/23 programs cited lack of demand/interest from the public as the 1st or 2nd most influential factor.**
- **2/23 programs cited other reasons as the 1st or 2nd most influential factor.**
  - Indiana: 1st factor is no FDA approval.
  - Virginia: 2nd factor is lack of medical necessity.

Coverage Comparison: 2003 v. 2012

We compared how programs covered adult vaccination benefits in 2003 to our 2012 results. Table 2 and Appendix 2 detail changes in programs' coverage of individual vaccines.

- **In general, programs included more vaccines in their benefit packages in 2012 than in 2003.**

- **47/50 programs (94.0%, DC data unavailable) covered at least one vaccine for adults in 2003. Programs with coverage of at least one vaccine increased 4.0 percentage-points to 50/51 (98.0%) by 2012.[39]**

- **32/50 programs (64.0%) covered all ACIP recommended vaccines in 2003. Programs covering all recommended vaccines increased 6.6 percentage-points to 36/51 (70.6%) by 2012. 25/51 programs (49.0%) covered all ACIP recommended vaccines in both 2003 and 2012.**

  - Programs covering all ACIP recommended vaccines in 2012 only (36/51): Alaska, California, Connecticut, Delaware, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, Rhode Island, Tennessee, Utah, Vermont, Virginia, West Virginia, Wisconsin, Wyoming.

  - Programs covering all ACIP recommended vaccines in 2003 and 2012 (25/51): California, Connecticut, Delaware, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Maine, Maryland, Michigan, Minnesota, Montana, Nebraska, Nevada, New Hampshire, New Mexico, New York, Oregon, Pennsylvania, Vermont, West Virginia, Wisconsin, Wyoming.

- **Among the 3/50 programs (6.0%) that did not cover any vaccines in 2003:**

  - By 2012, Alaska and Louisiana added coverage of certain vaccines. Alaska now covers all recommended vaccines. Louisiana covers 4/11 vaccines (influenza, Td, pneumococcal, and HPV).

  - Florida continues to exclude all vaccines from the adult benefit package. Only institutionalized adult enrollees are covered for influenza and pneumococcal vaccines.

- **4/51 programs (7.8%) decreased vaccine benefits since 2003 (Georgia, North Dakota, South Dakota, Texas). Since 2003:**

  - Georgia no longer covers pneumococcal, TD, MMR, and varicella vaccines (added coverage of Tdap, HPV, and zoster vaccines).

  - North Dakota no longer covers varicella vaccine (added coverage of Tdap vaccine).

  - South Dakota no longer covers pneumococcal vaccine (added coverage of Tdap, hepatitis A, and zoster vaccines).

  - Texas no longer covers meningococcal and varicella vaccines (added coverage of Tdap and HPV vaccines).

- **Changes in coverage of vaccines recommended in both 2003 and 2012 include (Table 2, Appendix 2):**

  - Influenza: 43/50 programs in 2003 to 50/51 in 2012 (12.0 percentage-point increase).

  - Pneumococcal: 47/50 programs in 2003 to 48/51 in 2012 (0.1 percentage-point increase).

  - Td: 40/50 programs in 2003 to 47/51 in 2012 (12.2 percentage-point increase).

  - Hepatitis A: 38/50 programs in 2003 to 47/51 in 2012 (16.2 percentage-point increase).

- Hepatitis B: 42/50 programs in 2003 to 49/51 in 2012 (12.1 percentage-point increase).
- MMR: 42/50 programs in 2003 to 46/51 in 2012 (6.2 percentage-point increase).
- Meningococcal: 39/50 programs in 2003 to 47/51 in 2012 (14.2 percentage-point increase).
- Varicella: 40/50 programs in 2003 to 43/51 in 2012 (4.3 percentage-point increase).

- **Coverage of vaccines recommended since 2003 include:**
  - Tdap: 46/51 programs. The vaccine was recommended for use in adults who have not already received the vaccine already, especially those who are in contact with infants younger than 12 months, in December 2006.[40]
  - HPV: 44/51 programs. The vaccine was recommended for use in adults ages 19 through 26 in March 2007.[41]
  - Zoster: 40/51 programs. The vaccine was recommended for use in adults ages 60 and older in June 2008.[42]

TABLE 1: MEDICAID COVERAGE of ADULT VACCINES by CPT CODES (n=51)

PROGRAM	FLU						PNEUMO	TD		TDAP	HEP A	HEPAB	HEP B			MMR	MENING		HPV		VAR	ZOS	PGM
	90654	90656	90658	90660	90661	90662	90732	90714	90718	90715	90632	90636	90740	90746	90747	90707	90733	90734	90649	90650	90716	90736	
1. Alabama			●				●		●	●			●	●	●	●		●			●	●	1
2. Alaska		●					●	●		●	●		●	●		●	●	●		●	●	●	2
3. Arizona			●	●		●	●	●	●	●	●	●	●	●	●	●	●	●			●	●	3
4. Arkansas		●	●	●		●	●	●	●	●	●	●	●		●	●	●	●					4
5. California		●	●	●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	5
6. Colorado		●	●				●	●	●	●	●	●		●	●	●	●	●	●	●	●		6
7. Connecticut		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	7
8. Delaware	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	8
9. District of Col.	●		●	●			●	●	●		●	●		●	●	●	●			●	●		9
10. Florida																							10
11. Georgia		●								●	●			●			●		●			●	11
12. Hawaii		●	●	●			●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	12
13. Idaho		●	●	●			●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	13
14. Illinois	●	●	●	●			●	●	●	●	●	●		●		●	●	●	●	●	●	●	14
15. Indiana		●	●	●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	15
16. Iowa		●		●			●	●	●	●	●	●		●		●	●	●	●		●	●	16
17. Kansas		●	●	●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	17
18. Kentucky	●	●	●	●		●	●	●	●	●	●	●		●	●	●	●	●	●		●	●	18
19. Louisiana	●	●	●	●			●	● [α]												●			19
20. Maine		●	●	●			●	●	●	●	●	●	●	●	●	●	●	●	●		●	●	20
21. Maryland		●	●	●			●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	21
22.Massachusetts	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	22
23. Michigan	●	●	●	●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	23
24. Minnesota		●	●	●			●	●	●	●	●	●	●		●	●	●	●	●	●	●	●	24
25. Mississippi	●	●	●	●			●						●	●	●				●				25
26. Missouri		●	●	●			●	●	●	●	●	●		●	●	●		●	●	●	●	●	26
27. Montana		●	●	●			●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	27
28. Nebraska		●	●	●			●	●	●	●	●	●	●	●	●	●	●	●	●		●	●	28
29. Nevada		● [α]					●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	29
30. N. Hampshire	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	30
31. N. Jersey		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	31
32. N. Mexico	●	●	●	●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	32
33. N. York		●	●	●			●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	33
34. N. Carolina		●	●	●			●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	34
35. N. Dakota		●	●	●			●	●	●	●	●	●	●	●	●	●	●	●					35
36. Ohio		●	●	●			●	●	●	●	●	●	●	●	●	●	●	●	●		●		36
37. Oklahoma		●		●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	37
38. Oregon		●	●	●			●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	38
39. Pennsylvania		●	●	●		●	●	●		●	●	●	●	●	●	●	●	●	●	●	●	●	39
40. R. Island		●	●	●			●	●		●	●	●	●	●	●	●	●	●	●		●	●	40
41. S. Carolina			● [β]				●				●		●	●			●	●					41
42. S. Dakota			●					●		●	●			●		●	●				●	●	42
43. Tennessee		●	●				●	●	●	●	●		●	●	●	●	●	●	●		●	●	43
44. Texas	●	●	●				●	●	●	●	●		●	●		●			●	●			44
45. Utah	●	●	●	●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	45
46. Vermont		●	●			●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	46
47. Virginia		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		●	●	●	●	●	47
48. Washington		●	●	●			●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		48
49. W. Virginia		●	●	●			●		●	●	●	●	●	●	●	●	●	●	●		●	●	49
50. Wisconsin		●	●	●			●	●	●	●	●	●	●	●	●	●	●	●	●		●	●	50
51. Wyoming		●	●	●			●		●	●	●	●	●	●	●	●	●	●	●		●	●	51
TOTALS:	12/51	45/51	45/51	40/51	6/51	18/51	48/51	44/51	43/51	46/51	47/51	41/51	41/51	47/51	42/51	46/51	44/51	44/51	42/51	32/51	43/51	40/51	

NOTES: Data as of 2012: document review. Florida excluded: Does not cover any vaccines for non-institutionalized adults. [α] No CPT code specified. [β] S. Carolina uses Q2036-2039 for 90658 (intramuscular influenza vaccine, age 3+). **Bold**= covers all recommended vaccines.

Source: GWU/SPHHS Medicaid Benefit Design and Cost-sharing Policy 2013

TABLE 2: MEDICAID COVERAGE of VACCINES for ADULT ENROLLEES 2003 v. 2012 (n= 51)

Program Covering all ACIP Recommended Vaccines for Adults in 2003 and 2012 (n=25)

California	**Illinois**	**Maryland**	**Nevada**	**Pennsylvania**
Connecticut	**Indiana**	**Michigan**	**New Hampshire**	**Vermont**
Delaware	**Iowa**	**Minnesota**	**New Mexico**	**West Virginia**
Hawaii	**Kansas**	**Montana**	**New York**	**Wisconsin**
Idaho	**Maine**	**Nebraska**	**Oregon**	**Wyoming**

Coverage of Vaccines for Adults in 2003 (+), 2012 (●), or Neither 2003/2012 (grey box)

PROGRAM	*FLU*	*PNEUMO*	*TD*	*TDAP**	*HEP.A*	*HEP.B*	*MMR*	*MENING*	*HPV**	*VAR*	*ZOS**
Alabama	+ ●	+ ●	+ ●	●		+ ●	+ ●	+ ●		+ ●	●
Alaska	●	●	●	●	●	●	●	●	●	●	●
Arizona	+ ●	+ ●	+ ●	●	+ ●	+ ●	+ ●	+ ●		+ ●	●
Arkansas	+ ●	+ ●	+ ●	●	●	+ ●	+ ●	●			
Colorado	+ ●	+ ●	+ ●	●	+ ●	+ ●	+ ●	+ ●	●	+ ●	
District of Col.	●	●	●		●	●	●	●	●	●	
Florida											
Georgia	+ ●	+	+	●	+ ●	+ ●	+	+ ●	●	+	●
Kentucky	+ ●	+ ●	+ ●	●	●	+ ●	+ ●	●	●	+ ●	●
Louisiana	●	●	●						●		
Massachusetts	●	+ ●	●	●	+ ●	+ ●	+ ●	+ ●	●	+ ●	●
Mississippi	+ ●	+ ●				●			●		
Missouri	+ ●	+ ●	●	●	+ ●	+ ●	+ ●	●	●	●	●
N. Jersey	●	+ ●	+ ●	●	●	+ ●	+ ●	+ ●	●	+ ●	●
N. Carolina	●	+ ●	+ ●	●	+ ●	+ ●	+ ●	+ ●	●	+ ●	●
N. Dakota	+ ●	+ ●	+ ●	●	+ ●	+ ●	+ ●	+ ●		+	
Ohio	+ ●	+ ●	+ ●	●	+ ●	+ ●	+ ●	+ ●	●	+ ●	
Oklahoma	+ ●	+ ●	●	●	+ ●	●	●	●	●	●	●
Rhode Island	+ ●	+ ●	●	●	●	●	●	●	●	●	●
S. Carolina	+ ●	+ ●			+ ●	+ ●		+ ●			
S. Dakota	+ ●	+	+ ●	●	●	+ ●	+ ●	+ ●		+ ●	●
Tennessee	●	+ ●	+ ●	●	●	●	+ ●	+ ●	●	+ ●	●
Texas	+ ●	+ ●	+ ●	●	+ ●	+ ●	+ ●	+	●	+	
Utah	+ ●	+ ●	+ ●	●	+ ●	+ ●	+ ●	●	●	+ ●	●
Virginia	+ ●	+ ●	●	●	●	●	●	●	●	●	●
Washington	+ ●	+ ●	+ ●	●	+ ●	+ ●	+ ●	+ ●	●	+ ●	
+ 2003 TOTALS:	**43/50**	**47/50**	**40/50**	*	**38/50**	**42/50**	**42/50**	**39/50**	*	**40/50**	*
● 2012 TOTALS:	**50/51**	**48/51**	**47/51**	**46/51**	**47/51**	**49/51**	**46/51**	**47/51**	**44/51**	**43/51**	**40/51**

Data as of 2012: document review (see methods). Florida: Does not cover any vaccines for non-institutionalized adults. DC: 2003 data unavailable.
*No recommendation in 2003. **Bold**= covers all recommended vaccines in 2012.

Source: GWU/SPHHS Medicaid Benefit Design and Cost-sharing Policy 2013

BACKGROUND: COST-SHARING POLICY

Programs are permitted to impose various forms of cost-sharing for most Medicaid benefits including copayments, coinsurance, deductibles, and other charges. With some exceptions, all Medicaid enrollees are subject to out-of pocket costs. However, providers are required to treat an enrollee who is unable to pay for the service. They may also attempt to collect unpaid fees. Our study addresses cost-sharing in the form of copayments.

Copayments for most services, including vaccinations, are limited to nominal amounts depending on an enrollee's income and health status, the category of provider, the service category, and the setting in which the service is provided. Generally, the maximum permissible copayment is based on the amount the program pays for the service, and is updated annually to account for the increasing cost of medical care (Figure 1). In most cases, copayments range from $1.00 to $3.00.

Enrollees with incomes above 100% of the FPL may be required to pay higher copayment amounts and alternative out-of-pocket costs (Figure 2). These higher charges depend on the service, but cannot exceed 5% of family income. Additionally, these enrollees with higher incomes may be denied services for nonpayment of alternative copayments.

Certain enrollees are exempt from out of pocket costs, including: 1) individuals receiving hospice care; 2) American Indians and Alaska Natives who have received services from the Indian Health Service, tribal health programs, or under contract health services referral; and 3) women enrolled in Medicaid under the Breast and Cervical Cancer Treatment Program (exempted from alternative out-of-pocket costs only).[43] Adult enrollees seeking emergency, family planning, pregnancy-related services are also exempt from out-of-pocket costs. [44]

Figure 1

FY 2012: Maximum Nominal Copayment and Deductible, and Managed Care Copayment[45]

Maximum Nominal Copayment	$.65	for services $10.00 or less
Maximum Nominal Copayment	$1.30	for services $10.01 to $25.00
Maximum Nominal Copayment	$2.55	for services $25.01-$50.00
Maximum Nominal Copayment	$3.80	for services $50.01 or more
Maximum Nominal Deductible	$2.55	
Managed Care Copayment	$3.80	

Figure 2

FY 2012: Maximum Allowable Copayment for Eligible Populations by Income[46]

	<100% FPL	101-150% FPL	>150% FPL
Non-Institutional Care (physician visits, physical therapy, etc.)	$3.80	10% of costs	20% of costs
Non-emergency use of the ER	$3.80	$7.60	No limit

2012 COST-SHARING FOR ADULT VACCINATION SERVICES

Permitting Copayments for Vaccination Services

In 2012, data on copayments was collected from 46 programs via document review. Copayments for adult vaccination services ranged from $.50 to $3.40 or 5% of the allowable amount the program permits a provider to bill. The mean of maximum copayments was $2.81, the median was $3.00, and the mode was $3.00. Medicaid copayment requirements for adult vaccinations in 2012 are summarized below (Table 3).[47]

- **25/51 programs (47.1%) permitted copayments** (Alabama, Alaska, Arizona, California, Colorado, Florida, Georgia, Indiana, Iowa, Louisiana, Maine, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New York, North Carolina, North Dakota, Pennsylvania, South Carolina, South Dakota, Vermont, Virginia).
  - 1/25 programs permitted a maximum copayment of $1.00 (California).
  - 5/25 programs permitted a maximum copayment of $2.00 (Florida, Indiana, Michigan, Montana, North Dakota).
  - 11/25 programs permitted a maximum copayment of $3.00 (Alabama, Colorado, Georgia, Iowa, Maine, Mississippi, Missouri, Nebraska, New York, Vermont, Virginia).
  - 1/25 programs permitted copayment based on a scale from $.50-$3.00 depending on the cost of services (Louisiana).
  - 2/25 programs permitted a maximum copayment of more than $3.00 (Arizona- $3.40, South Carolina- $3.30).
  - 2/25 programs permitted a maximum copayment of $3.00 or up to 5% of the allowable amount, the maximum amount an insurer would consider reimbursing for a covered service (Alaska, South Dakota).[48]
  - 3/25 programs permitted copayments but did not publish the amounts required (Minnesota, North Carolina, Pennsylvania).

Prohibiting Copayments for Vaccination Services

Programs prohibit copayments for adult vaccination services using about 10 methods. Some programs bar copayments for entire categories of medical services that could incorporate vaccination, while other programs decided to confine their prohibition policy to a specific service or circumstance. For example, these narrowly defined "no copayment" policies could apply to the care setting, the service provided, or the service provider. The programs and methods of copayment prohibition are presented below.

- 21/51 programs (41.2%) prohibited copayments for Medicaid vaccination services: physician, preventive, or vaccination alone.
  - 8/21 programs prohibited cost-sharing for Medicaid/physician services (District of Columbia, Connecticut, Kansas, Maryland, Massachusetts, Nevada, Rhode Island, Washington).
  - 4/21 programs prohibited cost-sharing for all preventive care/services (Idaho, Kentucky, New Mexico, Tennessee).

- 9/21 programs prohibited cost-sharing for all vaccinations/immunizations/shots (Arkansas[49], Illinois, New Jersey, Ohio, Oklahoma, Oregon, Utah, Wisconsin, Wyoming).

- **7/51 programs (13.7%) sometimes prohibited copayments for vaccinations (under certain conditions).** [50] [51] **However, for the purposes of this study, only the programs that always prohibit copayments for vaccination services were included in the copayment prohibition category.**
  - Georgia – no copayments for physician and nurse practitioner visits.
  - Louisiana – no copayments for influenza vaccine administered by pharmacists.
  - Minnesota – no copayments for office visits.
  - Nebraska – no copayments for primary care services from physicians or physician extenders.[52]
  - New York – no copayments for private doctor's office visits.[53]
  - North Carolina – no copayments unless vaccine is provided as a prescription.
  - Pennsylvania – no copayments for vaccine administered by a physician.

Copayments for Vaccination Services were Not Addressed (Silent)

- **5/51 programs (9.8%) did not address their copayment policies.**
  - Delaware, Hawaii, New Hampshire, Texas, West Virginia.

Cost-Sharing Comparison: 2003 v. 2012

Programs permitting copayments in 2003 had a mean of $2.30, a median of $3.00, and a mode of $3.00. Since 2003, no program has decreased its maximum copayment and some programs have increased the amount required. However, most programs that imposed cost-sharing requirements in 2003 have maintained the same requirements. The information below summarizes changes since 2003 (Table 3).

- **In general, more programs addressed copayment policy for vaccination services in 2012 than in 2003.**
- 23/51 programs (45.1%) permitted copayments in 2003. Programs permitting the practice increased 3.9 percentage-points to 25/51 programs (49.0%) by 2012.
- 0/51 programs prohibited copayments in 2003. Programs prohibiting the practice increased 41.2 percentage-points to 21/51 by 2012.
- 23/51 programs (45.1%) published cost-sharing policies in 2003. This increased 45.1 **percentage-points** to 46/51 programs (90.2%) by 2012.
- Among programs permitting cost-sharing, maximum copayment increased from $0.50-$3.00 in 2003 to $0.50-$3.40 or 5% of the allowable amount in 2012 (among programs with data from both years).
  - 4/25 programs increased their copayments since 2003 (Arizona, Mississippi, Missouri, South Dakota).
  - 10/25 programs kept the same copayments since 2003 (Alabama, California, Colorado, Florida, Georgia, Montana, Nebraska, North Dakota, Vermont, Virginia).

TABLE 3: MEDICAID COST-SHARING for ADULT VACCINATION SERVICES, 2012 (n=51)

PROGRAM	2003 Cost-Sharing			2012 Cost-Sharing		
	Permit	Prohibit	Not Addressed	Permit	Prohibit	Not Addressed
Alabama	●[A C]			●[A C]		
Alaska			●	●[C F]		
Arizona	●[A]			●[D]		
Arkansas			●		●	
California	●[A]			●[A]		
Colorado	●[B C]			●[B C]		
Connecticut			●		●	
Delaware			●			●
Dist. of Col.		DC: 2003 data unavailable.			●	
Florida	●[B]			●[B]		
Georgia	●[B C]			●[C H]		
Hawaii			●			●
Idaho			●		●	
Illinois	●[A]				●	
Indiana			●	●[B]		
Iowa			●	●[C]		
Kansas	●[AE]				●	
Kentucky			●		●	
Louisiana			●	●[E]		
Maine			●	●[C]		
Maryland			●		●	
Massachusetts			●		●	
Michigan			●	●[B]		
Minnesota			●	●[H]		
Mississippi	●[AB]			●[C]		
Missouri	●[AB]			●[AC]		
Montana	●[AB]			●[AB]		
Nebraska	●[B C]			●[B C]		
Nevada			●		●	
N. Hampshire			●			●
N. Jersey			●		●	
N. Mexico			●		●	
N. York			●	●[C H]		
N. Carolina	●[C]			●[I]		
N. Dakota	●[B]			●[B]		
Ohio			●		●	
Oklahoma	●[A C]				●	
Oregon	●[C]				●	
Pennsylvania	●[E]			●		
Rhode Island			●		●	
S. Carolina			●	●[C D]		
S. Dakota	●[B]			●[C F]		
Tennessee			●		●	
Texas			●			●
Utah	●				●	
Vermont	●[C]			●[C]		
Virginia	●[A C]			●[AC]		
Washington			●		●	
West Virginia			●			●
Wisconsin	●[A B C]				●	
Wyoming	●[B]				●	
TOTAL:	**23/50**	**0/50**	**27/50**	**25/51**	**21/51**	**5/51**

Data as of 2012. [A-E] Copayment for physician or outpatient hospital services= [A] $1.00; [B] $2.00; [C] $3.00; [D] $3.00+; [E] Scaled cost-sharing ($.50 for services <$10, $1 for s<$25, $2 for s <$50, $3 for s<$50+); [F] %5 allowable amt. [H] No copayment for office visits only. [I] No copayment unless immunization is a prescription. **Bold**= covers all recommended vaccines in 2012.

Source: GWU/SPHHS Medicaid's Coverage and Cost-sharing for Adult Vaccines 2013

RESEARCH FINDINGS

The Affordable Care Act, Benefit Design, and Cost-Sharing Policy

Medicaid administrators were asked to estimate the impact of ACA changes on benefit design and cost-sharing policies (survey question 2). Beginning January 1, 2014, programs covering all recommended adult vaccines and prohibiting cost-sharing will receive a 1% increase in the Federal Medical Assistance Percentage (FMAP).[54 55 56] Calculated annually, the FMAP determines the federal contribution each program is eligible to receive to support Medicaid. Forty-two programs responded to this survey question.

- **25/42 programs indicated that the provision will have no impact on coverage and cost-sharing.**
  - 11/25 programs covered all recommended vaccines and prohibited cost-sharing (Connecticut, Idaho, Maryland, Massachusetts, Nevada, New Jersey, New Mexico, Oklahoma, Tennessee, Utah, Wyoming).
  - 7/25 programs covered all recommended vaccines and permitted cost-sharing (Indiana, Iowa, Michigan, Minnesota, Missouri, Oregon, Virginia).
  - 1/25 programs covered all recommended vaccines and cost-sharing was unknown (Hawaii).
  - 4/25 programs did not cover all recommended vaccines and prohibited cost-sharing (Arkansas, District of Columbia, Florida, Washington).
  - 2/25 programs did not cover all recommended vaccines and permitted cost-sharing (Arizona, South Dakota).
- **7/42 programs indicated that the provision will have an unknown impact on coverage and cost-sharing.**
  - 1/7 programs covered all recommended vaccines and prohibited cost-sharing (Kentucky).
  - 4/7 programs covered all recommended vaccines and permitted cost-sharing (Alaska, California, Maine, Montana).
  - 2/7 programs did not cover all recommended vaccines and permitted cost-sharing (Louisiana, North Dakota).
- 10/42 programs indicated that the provision is under assessment or will likely impact coverage and cost-sharing.
  - 3/10 programs covered all recommended vaccines and permitted cost-sharing (Nebraska, New York, Vermont).

    Nebraska, New York, and Vermont responded that the provision is under review.
  - 1/10 programs covered all recommended vaccines and cost-sharing was unknown (Delaware). Delaware responded that they may need to identify applicable CPT codes to claim the FMAP increase.
  - 5/10 programs did not cover all recommended vaccines and permitted cost-sharing (Alabama, Colorado, Georgia, Mississippi, South Carolina).

    Alabama responded that they may add coverage and exempt cost-sharing. **Colorado** responded that the provision is under review, but costs to cover 90736 (zoster vaccine) are greater than funds generated by the 1%

FMAP increase, and costs to change the copayment system make the policy even less cost effective. **Georgia** responded that an FMAP increase may cover some costs, but managing their large number of enrollees (650,000) will be difficult. **Mississippi** and **South Carolina** responded that the provision is under review.

- 1/10 programs did not cover all recommended vaccines and cost-sharing was unknown (Texas). Texas responded that the Health and Human Services Commission (HHSC) is currently evaluating the utilization of this option to obtain a 1% FMAP increase and are awaiting further federal guidance.

CONCLUSION

This report examines how Medicaid programs in the fifty states and the District of Columbia address benefit design and cost-sharing policy related to vaccination services for non-institutionalized adults enrolled in fee-for-service programs. Additionally, program administrators were asked to discuss their programs' anticipated response to relevant provisions in the ACA.

Our research findings show that 36 programs cover all ACIP recommended vaccines, an increase from 2003, when 32 states covered all ACIP recommended vaccines. Only Florida fails to cover any vaccine in 2012, a decrease from 2003, when 3 states did not cover any vaccine for adults. Programs that prohibited copayments in 2012 increased by 21 from 2003, when no program prohibited copayments. The 25 programs that permit copayments in 2012, charge from $.50 to $3.40 or 5 percent of the allowable amount the program permits the provider to bill. The majority of administrators indicated that their programs will not alter vaccine benefit coverage policies in order to receive incentives under the ACA.

Medicaid programs continue to make progress toward providing ACIP recommended vaccinations for adult enrollees. The programs that have not achieved coverage to the ACIP level note that cost is the primary factor limiting their ability to increase coverage. Because Medicaid enrollees are sensitive to copayment policies, each program should carefully consider cost-sharing requirements that both sustain the program while eliminating unnecessary barriers to care. Each program will continue to evaluate the impact of ACA to determine whether the incentives offered under the Act will increase the ability of the program to expand vaccine services.

The study excluded data from the 5 U.S. territories that participate in the Medicaid program and Medicaid managed care plans. Future research related to vaccinations for adults enrolled in Medicaid could address these limitations by including Medicaid programs operating in the Territories and those with managed care plans.

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[7] Klees BS, Wolfe CJ, Curtis CA. *Brief summaries of Medicaid and Medicaid: title xvii and title xix of The Social Security Act*. Centers for Medicare and Medicaid, DHHS. 2011.

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[15] Kaiser Family Foundation. Medicaid, A Primer. 2010. <http://www.kff.org/medicaid/7334.cfm> p.12

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Appendix 1- INFLUENTIAL FACTORS in COVERAGE DESIGN DECISIONS (n=42)

DECISIONS to cover VACCINES

PROGRAM	RECOMMENDATIONS BY:			INTEREST FROM:	
	ACIP/ CDC	STATE HEALTH AGENCY	STATE/LOCAL HEALTH PROFESSIONALS	LEGISLATORS /GOVERNOR	PUBLIC
Alabama	3	1	4	2	5
Alaska	1	2	3	4	5
Arizona	1	3	2	4	
Arkansas	1	3	4	2	
California	1				
Colorado	1	2		3	
Connecticut	1				
Delaware	1	1	1	1	2
Dist. of Col.	1	1	1	1	1
Georgia	1	3	4	2	5
Idaho	1	2	3	4	5
Indiana	2				
Iowa	1	2	3	4	5
Kentucky	2	1			
Louisiana	2		1	4	3
Maine	2	4	3	1	3
Maryland	1		1		
Mass.	1	2	3	5	4
Michigan	1				
Minnesota	1	1	2	2	
Mississippi	1	1	2	2	
Missouri	1	2	4	3	5
Montana	2	1			
Nebraska	3	4	2	1	5
Nevada	1	2	3	5	4
N. Jersey	1				
N. Mexico	1	2	3		
N. York	NYS covers all immunizations				
N. Dakota	3	1	2	4	5
Oklahoma	1	2 – ACIP is the primary criterion, all others matter less.			
Oregon	3	2		4	5
S. Dakota	3	1	2	5	4
Tennessee	1				
Texas	1	2			
Utah	2	4	3	1	5
Vermont	1	2	3		
Virginia				1	
Washington	1	3	2		
Wyoming	1	2	2		3

DECISIONS not to cover VACCINES

PROGRAM	COST	NO STATE HEALTH AGENCY RECOM-MENDATION	WANT MORE LONG-TERM DATA	LACK OF DEMAND/INTEREST FROM:			NO RESPONSE: ACIP–RECOMMENDED COVERAGE
				STATE/LOCAL HEALTH PRO-FESSIONALS	LEGISLATORS /GOVERNOR	PUBLIC	
Alaska	3	2		1	4		
Arizona	2	4	3	1	5	6	
California							●
Colorado	1	3	2				
Connecticut							●
Delaware							●
Dist. of Col.	1						
Florida	1						
Georgia	1	2	4	3	5		
Hawaii							●
Idaho							●
Indiana	No FDA Approval						
Iowa							●
Kentucky							●
Louisiana	1			2	3		
Maine							●
Maryland							●
Mass.							●
Michigan							●
Minnesota							●
Mississippi	1						
Missouri	4	1	5	3	2		
Montana		1	2				
Nebraska			1				
Nevada	4	3	1	2	6	5	
N. Jersey							●
N. Mexico							●
N. York							●
N. Dakota	2	1	4	3	5	6	
Oklahoma							●
Oregon							●
S. Dakota	4	1	6	2	5	3	
Tennessee							●
Texas	2	1					
Utah	1	4		3	2	5	
Vermont		1	2				
Virginia					1		
Washington	6	2	1	3	5	4	
Wyoming							●

NOTES: Data as of 2012: survey. Florida does not cover any vaccines for non-institutionalized adults. Program response to “decisions to cover” question “unknown”: FL, HI, SC; Texas: 3rd most influential factor is cost. Program response to “decisions not to cover” question “unknown”: AL, AR, SC.

Source: GWU/SPHHS Medicaid Benefit Design and Cost-sharing Policy 2013

Appendix 2- 2012 Vaccine Coverage: Individual Vaccines

INFLUENZA VACCINE COVERAGE (n=51)
2003 v. 2012 Coverage Increase: **43/50** (86.0%) to **50/51** (98.0%)
An increase of 7/51 programs (12.0 percentage-points)

In 2012, six influenza vaccines are available for use among adults. CPT codes and coverage are as follows:

90654- Influenza virus vaccine, split virus, preservative-free, when administered to individuals ages 18-64, intradermal

- 12/51 (23.5%) programs cover 90654

90656- Influenza vaccine, split virus, preservative free, when administered to individuals ages 3+, intramuscular

- 45/51 (88.2%) programs cover 90656

90658- Influenza vaccine, split virus, when administered to individuals ages 3+, intramuscular

- 45/51 (88.2%) programs cover 90658

90660- Influenza vaccine, live, intranasal

- 40/51 (78.4%) programs cover 90660

90661- Influenza vaccine, derived from cell cultures, subunit, preservative and antibiotic free, intramuscular

- 6/51 (11.8%) programs cover 90661

90662- Influenza vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, intramuscular

- 18/51 (35.3%) programs cover 90662

* Alternate CPT Codes for 90658: South Carolina uses Q2036 (Flulaval), Q2037 (Fluvirin), Q2038 (Fluzone), Q2039 (N.O.S.)

CPT CODE	PROGRAMS
90654 (n=12)	Delaware, District of Columbia, Illinois, Kentucky, Louisiana, Massachusetts, Michigan, Mississippi, New Hampshire, New Mexico, Texas, Utah
90656 (n=45)	Alaska, Arkansas, California, Colorado, Connecticut, Delaware, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada*, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Utah, Tennessee, Texas, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming
90658 (n=45)	Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina (alternate CPT codes), South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming
90660 (n=40)	Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming
90661 (n=6)	Connecticut, Delaware, Massachusetts, New Hampshire, New Jersey, Virginia
90662 (n=18)	Arizona, Arkansas, California, Connecticut, Delaware, Indiana, Kansas, Kentucky, Massachusetts, Michigan, New Hampshire, New Jersey, New Mexico, Oklahoma, Pennsylvania, Utah, Vermont, Virginia

NOTES: Florida does not cover influenza vaccine for non-institutionalized adults. Program added coverage of influenza vaccine by 2012: AK, DC, LA, MA, NJ, NC, TN. *Nevada= no CPT code specified (intramuscular, preservative-free)

Source: GWU/SPHHS Medicaid Benefit Design and Cost-sharing Policy 2013

PNEUMOCOCCAL VACCINE COVERAGE (n=51)

2003 v. 2012 Coverage: **47/50** (94.0%) to **48/51** (94.1%)
An increase of 1/51 programs (0.1 percentage-points)

In 2012, one pneumococcal vaccine is available for use among adults. The CPT code and coverage are as follows:

90732- Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for individuals ages 2/2+, subcutaneous or intramuscular

- 48/51 (94.1%) programs cover 90732

PROGRAMS

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming

NOTES: FL, GA, and SD do not cover pneumococcal vaccine for non-institutionalized adults. GA and SD eliminated coverage of pneumococcal vaccine since 2003. Program added coverage of pneumococcal vaccine by 2012: AK, DC, LA.

Source: GWU/SPHHS Medicaid Benefit Design and Cost-sharing Policy 2013

TETANUS-DIPHTHERIA (Td) / TETANUS-DIPHTHERIA-ACELLULAR PERTUSSIS (Tdap) VACCINE COVERAGE (n=51)

(Td) 2003 v. 2012 Coverage Increase: **40/50** (80.0%) to **47/51** (92.2%);
An increase of 7/51 programs (12.2 percentage-points)
(Tdap) 2012 Coverage: **46/51** (90.2%)

In 2012, two Td vaccines and one Tdap vaccine are available for use among adults. CPT codes and coverage are as follows:

90714- Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, for individuals ages 7+, intramuscular

- 44/51 (86.3%) programs cover 90714

90718- Tetanus and diphtheria toxoids (Td) adsorbed, for individuals ages 7+, intramuscular

- 43/51 (84.3%) programs cover 90718

90715- Tetanus, diphtheria toxoids, and acellular pertussis vaccine (Tdap), for individuals ages 7+, intramuscular

- 46/51 (90.2%) programs cover 90715

CPT CODE	PROGRAMS
90718 (n=44)	Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana*, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming
90714 (n=43)	Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana*, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, Wisconsin
90715 (n=46)	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming

NOTES: FL, GA, MS, and SC do not cover Td vaccine for non-institutionalized adults. DC, FL, LA, MS, and SC do not cover Tdap vaccine coverage for non-institutionalized adults. GA eliminated Td vaccine coverage since 2003. Program added coverage of Td vaccine by 2012: AK, LA, MA, MO, OK, RI, VA. Tdap vaccines were not available in 2003. *LA= no CPT code specified (90714 or 90718).

Source: GWU/SPHHS Medicaid Benefit Design and Cost-sharing Policy 2013

HEPATITIS A VACCINE COVERAGE (n=51)

2003 v. 2012 Coverage Increase: **38/50** (76.0%) to **47/51** (92.2%)
An increase of 9/51 programs (16.2 percentage-points)

In 2012, one hepatitis A vaccine and one combination hepatitis A-B vaccine are available for use among adults. CPT codes and coverage are as follows:

90632- Hepatitis A vaccine, adult dosage, intramuscular

- 47/51 (92.2%) programs cover 90632

90636- Hepatitis A and Hepatitis B vaccine (HepA-Hep B), adult dosage, intramuscular

- 41/51 (80.4%) programs cover 90636

CPT CODE	PROGRAMS
90632 (n=47)	Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming
90636 (n=41)	Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming

NOTES: AL, FL, LA, and MS do not cover hepatitis A vaccine for non-institutionalized adults. Program added coverage of hepatitis A vaccine by 2012: AK, AR, DC, KY, NJ, RI, SD, TN, VA.

Source: GWU/SPHHS Medicaid Benefit Design and Cost-sharing Policy 2013

HEPATITIS B VACCINE COVERAGE (n=51)

2003 v. 2012 Coverage Increase: **42/50** (84.0%) to **49/51** (96.1%)
An increase of 7/51 programs (12.1 percentage-points)

In 2012, three hepatitis B vaccines and one combination hepatitis A-B vaccine are available for use among adults. CPT codes and coverage are as follows:

90636- Hepatitis A and Hepatitis B vaccine (HepA-Hep B), adult dosage, intramuscular

- 41/51 (80.4%) programs cover 90636

90740- Hepatitis B vaccine, dialysis or immune-suppressed patient dosage (3 dose schedule), intramuscular

- 41/51 (80.4%) programs cover 90740

90746- Hepatitis B vaccine, adult dosage, intramuscular

- 47/51 (92.3%) programs cover 90746

90747- Hepatitis B vaccine, dialysis or immune-suppressed patient dosage (4 dose schedule), intramuscular

- 42/51 (82.4%) programs cover 90747

CPT CODE	PROGRAMS
90636 (n=41)	Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming
90740 (n=41)	Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, Hawaii, Idaho, Indiana, Kansas, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming
90746 (n=47)	Alabama, Alaska, Arizona, California, Colorado, Connecticut, Delaware, District of Columbia, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming
90747 (n=42)	Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Idaho, Indiana, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Utah, Rhode Island, Tennessee, Virginia, Washington, West Virginia, Wisconsin, Wyoming

NOTES: FL and LA do not cover hepatitis B vaccine for non-institutionalized adults. Program added coverage of hepatitis B vaccine by 2012: AK, DC, MS, OK, RI, TN, VA.

Source: GWU/SPHHS Medicaid Benefit Design and Cost-sharing Policy 2013

MEASLES-MUMPS-RUBELLA (MMR) VACCINE COVERAGE (n=51)

2003 v. 2012 Coverage Increase: **42/50** (84.0%) to **46/51** (90.2%)
An increase of 4/51 programs (6.2 percentage-points)

In 2012, one MMR vaccine is available for use among adults. The CPT code and coverage are as follows:

90707- Measles, mumps, and rubella virus vaccine (MMR), live, subcutaneous

- 46/51 (90.2%) programs cover 90707

PROGRAMS

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming

NOTES: FL, GA, LA, MS, and SC do not cover MMR vaccine for non-institutionalized adults. GA eliminated coverage of MMR vaccine since 2003. Program added coverage of MMR vaccine by 2012: AK, OK, RI, VA.

Source: GWU/SPHHS Medicaid Benefit Design and Cost-sharing Policy 2013

MENINGOCOCCAL VACCINE COVERAGE (n=51)

2003 v. 2012 Coverage Increase: **39/50** (78.0%) to **47/51** (92.2%)
An increase of 8/51 programs (14.2 percentage-points)

In 2012, two meningococcal vaccines are available for use among adults. CPT codes and coverage are as follows:

90733- Meningococcal polysaccharide vaccine (any group(s)), subcutaneous

- 44/51 (86.3%) programs cover 90733

90734- Meningococcal conjugate vaccine, serogroups A, C, Y, and W-135 (tetravalent), intramuscular

- 44/51 (86.3%) programs cover 90734

CPT CODE	PROGRAMS
90733 (n=44)	Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Vermont, Washington, West Virginia, Wisconsin, Wyoming
90734 (n=44)	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming

NOTES: FL, LA, MS, and TX do not cover meningococcal vaccine for non-institutionalized adults. TX eliminated coverage of meningococcal vaccine since 2003. Program added coverage of meningococcal vaccine by 2012: AK, AR, KY, MO, OK, RI, UT, VA.

Source: GWU/SPHHS Medicaid Benefit Design and Cost-sharing Policy 2013

HUMAN PAPILLOMAVIRUS (HPV) VACCINE COVERAGE (n=51)

2012 Coverage: **44/51** (86.3%)

In 2012, two HPV vaccines are available for use among adults. CPT codes and coverage are as follows:

90649- HPV vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for individuals to age 26, intramuscular

- 42/51 (82.4%) programs cover 90649

90650- HPV vaccine, types 16, 18, bivalent, 3 dose schedule, for individuals to age 26, intramuscular

- 32/51 (62.8%) programs cover 90650

CPT CODE	PROGRAMS
90649 (n=42)	California, Colorado, Connecticut, Delaware, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming
90650 (n=32)	Alaska, California, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Idaho, Illinois, Indiana, Kansas, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, Texas, Utah, Vermont, Virginia, Washington

NOTES: AL, AZ, AR, FL, ND, SC, and SD do not cover HPV vaccine for non-institutionalized adults. HPV vaccines were not available in 2003.

Source: GWU/SPHHS Medicaid Benefit Design and Cost-sharing Policy 2013

VARICELLA VACCINE COVERAGE (n=51)

2003 v. 2012 Coverage Increase: **40/50** (80.0%) to **43/51** (84.3%)
An increase of 3/51 programs (4.3 percentage-points)

In 2012, one varicella vaccine is available for use among adults. CPT code and coverage are as follows:

90716- Varicella virus vaccine, live, for subcutaneous use

- 43/51 (84.3%) programs cover 90716

PROGRAMS

Alabama, Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Delaware, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Dakota, Tennessee, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming

NOTES: AR, FL, GA, LA, MS, ND, SC, and TX do not cover varicella vaccine for non-institutionalized adults. GA, ND, and TX eliminated coverage of varicella vaccine since 2003. Program added coverage of varicella vaccine by 2012: AK, DC, MO, OK, RI, VA.

Source: GWU/SPHHS Medicaid Benefit Design and Cost-sharing Policy 2013

ZOSTER VACCINE COVERAGE (n=51)

2012 Coverage: **40/51** (78.4%)

In 2012, one zoster vaccine is available for use among adults. CPT code and coverage is as follows:

90736- Zoster (shingles) vaccine, live, for subcutaneous injection

- 40/51 (78.4%) programs cover 90736.

PROGRAMS

Alabama, Alaska, Arizona, California, Connecticut, Delaware, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Dakota, Tennessee, Utah, Vermont, Virginia, West Virginia, Wisconsin, Wyoming

NOTES: AR, CO, DC, FL, LA, MS, ND, OH, SC, TX, and WA do not cover zoster vaccine for non-institutionalized adults. Zoster vaccine was not available in 2003.

Source: GWU/SPHHS Medicaid Benefit Design and Cost-sharing Policy 2013

Appendix 3- SURVEY

CDC/GWU: Medicaid Coverage of Immunizations for Non-Institutionalized Adults

1. **What state's Medicaid program do you work for? ____**

A. Changes Required by Health Reform's Patient Protection and Affordable Care Act (PPACA)

2.a. Beginning January 1, 2013, Medicaid programs that cover adult immunizations according to the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) recommendations and prohibit cost-sharing will receive a 1% Federal Medical Assistance Percentage (FMAP) increase.

- How will this policy impact your Medicaid program's coverage or cost sharing decisions related to adult immunizations?
- Please explain: ____

3.a. Medicaid programs will be required to cover immunizations in accordance with recommendations of the Advisory Committee on Immunizations Practices (ACIP) for newly eligible adults who enroll on or after January 1, 2014. However, immunization services remain optional for those adults who were enrolled in beneficiary categories established BEFORE January 1, 2014.

- How will this new requirement impact your program's coverage policy for beneficiaries who enrolled BEFORE January 1, 2014? (Please check one of the following responses.)
    - o Our Medicaid program will increase coverage of vaccines for adults enrolled prior to January 1, 2014 to ensure the same coverage level as newly-eligible adults. (Please indicate which vaccines will be added in the comments section.)
    - o Our Medicaid program will decrease coverage of vaccines for adults enrolled prior to January 1, 2014. (Please indicate which vaccines will not be covered in the comments section.)
    - o Our Medicaid program will not change coverage for adults enrolled prior to January 1, 2014; however, cost-sharing for those enrollees will increase. (Please indicate the new levels of cost-sharing for adult immunizations in the comments section.)
    - o Our Medicaid program will not change coverage for adults enrolled prior to January 1, 2014; however, provider reimbursements for vaccines and/or administration will decrease (Please indicate the new levels of reimbursement for vaccines or vaccine administration in the comments section.)
    - o Our Medicaid programs will not change coverage, cost-sharing, or reimbursement policy for adults enrolled prior to January 1, 2014.
- Comments: ____

4.a. During 2013 and 2014, immunization services provided by physicians specializing in family, general internal, and pediatric medicine will be reimbursed at the 2009 Medicare Physician payment rate. Federal funds will be made available to pay for the difference between the increased reimbursement rate and your Medicaid program's current payment rate.

- Do you anticipate any changes in adult immunization coverage for your Medicaid program as a result of the increased reimbursement?
    - o Yes, please explain in comments.
    - o No
    - o Don't know
    - o Comments: ________________________________

B. Provider Reimbursement

5.a. Does your Medicaid program reimburse for VACCINES used for adult immunizations provided in/by: (Please select all that apply.)

- Primary care providers
- Pharmacists
- Nurses
- Hospitals
- Long-term care facilities
- State/local public health departments
- Specialty STD Title X clinics
- Maternal and Child Health clinics
- Mobile clinics
- Community-based organizations
- Community settings (grocery stores)
- Other: ____________________________

6.a. Does your Medicaid program reimburse for ADMINISTRATION of vaccines used for adult immunizations provided in/by: (Please select all that apply.)

- Primary care providers
- Pharmacists
- Nurses
- Hospitals
- Long-term care facilities
- State/local public health departments
- Specialty STD Title X clinics
- Community settings (grocery stores)
- Other: ____________________________

7.a. What is the reimbursement rate for each covered adult vaccine under your Medicaid program's fee-for-service payment schedule? (Please respond by either indicating the amount next to each vaccine or by submitting your program's fee schedule or other documentation.)

- Influenza
- Hepatitis A
- Hepatitis B
- Human Papilloma virus (HPV)
- Measles, mumps and rubella virus (MMR)
- Meningococcal
- Pneumococcal
- Tetanus-diphtheria (Td)
- Tetanus, diphtheria, acellular pertussis (Tdap)
- Varicella
- Zoster

8.a. What is the reimbursement rate for adult vaccine administration under your Medicaid program's fee-for-service payment schedule? (Please respond by either indicating the amount next to each administration method or by submitting your program's fee schedule or other documentation.)

- Administration by needle injection for one vaccine
- Administration by needle injection for each additional vaccine
- Administration by intranasal or oral route for one vaccine
- Administration by needle injection or intranasal/oral route for each additional vaccine
- Other:____________________________

C. Financing

9.a. Please estimate the percentage and dollar value of your total Medicaid budget that is used for immunization services for adults during the most recent year with available data. (Please indicate how your Medicaid program defines a "year." For example: fiscal, budget or calendar year.)

- Percentage: ____
- Year: ____
- Dollar value: ____
- Year: ____

D. Enrollment

10.a. Has your Medicaid program experienced a change in adult enrollment since January 1, 2009?

- Yes, a substantial increase in adult enrollment
- Yes, a slight increase in adult enrollment
- No, adult enrollment has stayed about the same
- Yes, a slight decrease in adult enrollment
- Yes, a substantial decrease in adult enrollment

10.b. Comments: ____

E. Coverage

11.a. Please indicate the factors that influence your Medicaid program's decision to cover an ACIP-recommended vaccine for adults. (Select all that apply.)

- ACIP/CDC recommendation
- State and local health professional recommendations
- Public attention
- Interest on the part of legislators or governor
- Recommendation by state health agency
- Don't know
- Other: ____________________________

12.a. If you have indicated factors influencing your Medicaid program's decision to cover an ACIP recommended vaccine for adults, please rank the factors in order of importance from most influential to least influential: ____ .

13.a. Please indicate the factors that influence your Medicaid program's decision NOT to cover an ACIP-recommended vaccine for adults. (Select all that apply.)

- Cost to provide vaccine
- Lack of demand on the part of state and local health professionals
- Lack of public demand
- No recommendation from state health agency
- No interest from legislature or governor
- Want more long-term data (research) on use of a vaccine
- Don't know
- Other: ____

14.a. If you have indicated factors influencing your Medicaid program's decision to NOT to cover an ACIP recommended vaccine for adults, please rank the factors in order of importance from most influential to least influential: ____ .

F. Access and Utilization

15.a.How does your Medicaid program encourage adult enrollees and providers to increase coverage rates? (Select all that apply.)

- Increase reimbursement rates for providers
- Monitor and publicly report number of immunizations administered

- Require Medicaid providers/plans to conduct educational campaigns or programs
- Require Medicaid providers/plans to maintain regularly scheduled evening and weekend hours
- Require Medicaid providers/plans to offer immunizations on a "walk-in" basis
- Require Medicaid providers/plans to participate in Immunization Information Systems (Registries) where applicable
- Clearly indicate coverage details in enrollee handbooks
- Send immunization reminders and notices to enrollees
- Other: ________________________

G. Data Collection and Reporting

16.a. Are Medicaid providers required to enter adult vaccinations into your program's Immunization Information System (Registry)?

- Yes
- No
- Our registry does not include adult immunizations
- Our program does not operate a registry
- Don't know: ________________________

17.a. What types of data does your Medicaid program collect to monitor access to and utilization of immunization-related services for adults?

- Encounter data from managed care plans
- HEDIS reports
- Fee-For-Service claim data
- Other, please specify: _____________________
- None
- Don't know: _______________________________

H. Vaccine Management

18.a. How do Medicaid providers obtain vaccines for adults? (e.g. state, pharmacy, etc.)

- Please describe: ____

Some programs have established a Vaccine Replacement Program (VRP). A VRP purchases vaccines that are distributed to identified providers free of charge for use among certain adults.

19.a. Does your Medicaid program participate in a VRP for adults?

- Yes
- No
- Don't know

20.a. If yes, which covered adult vaccines are included in the VRP?

- Please list vaccines: ____