



Collaborating With Medicaid: Immunization Programs Observations

Vaccines save lives, yet there are persistent barriers to reaching optimal uptake of recommended vaccinations. As the largest public payer of prevention services, Medicaid plays a key role in the prevention of vaccine-preventable diseases by facilitating access to vaccines for children, adolescents, and adults. At the federal level, the Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) jointly run the Vaccines for Children (VFC) program, which provides vaccines to Medicaid- and CHIP-enrolled youth.

At the state and local levels, collaboration between immunization programs (IPs) and Medicaid programs holds great promise to overcome challenges and reach mutual goals to protect communities from vaccine-preventable diseases.

To learn more about IP collaboration efforts, AIM held two online focus group discussions in August 2020. Nine IP managers (PMs) or staff representatives participated to discuss the challenges, barriers, and strategies related to promoting stronger collaboration with Medicaid to improve vaccination rates. The information in this fact sheet is not representative or inclusive of all 64 state, local, and territorial IPs. It serves as a summary of the discussion and provides insight into the IP perspective.



Barriers and Challenges

Participating PMs and staff representatives identified the following barriers and challenges that limit collaboration between immunization and Medicaid programs.

Structural



- ✖ **No established meeting schedule.** Many IPs do not have a routine mechanism to meet directly with their Medicaid counterparts. As a result, IPs find it hard to get on their agenda.
- ✖ **High leadership turnover.** IPs report that in some states, there is frequent turnover at the Medicaid director level, making it necessary to continually re-establish connections and re-educate key officials about VFC and other immunization priorities.
- ✖ **Little incentive for Medicaid providers to remain in VFC.** IPs report that there appears to be no financial penalty for providers who withdraw from VFC, which creates the potential to overwhelm local health departments with patients who have nowhere else to go.
- ✖ **Data challenges.** There are technical limitations to integrating data between immunization information systems (IIS) and Medicaid information systems (MMIS). Additionally, these limitations are sometimes exacerbated by the lack of mandates to participate in IIS, resulting in fewer Medicaid patients being documented within the IIS.

Financial



- ✖ **Strained budgets.** IPs report that Medicaid programs often face state budget cuts, which can impact the staff available to collaborate on projects as well as the program's capacity to identify local funds for Medicaid administrative matching.
- ✖ **Comparatively low reimbursement for vaccine administration fees.** Private insurance and Medicare reimbursement for vaccine administration fees are generally higher than Medicaid. IPs note that this impacts the willingness of providers to offer vaccines to Medicaid enrollees.
- ✖ **Restrictions on vaccination provider reimbursement.** Some IPs report that Medicaid considers pharmacists as out-of-network vaccinators and will not cover vaccines administered in that setting.

Attitudinal



- ✖ **Too many requirements.** IPs report that Medicaid staff have numerous and sometimes overwhelming federal requirements. It can be difficult to convince Medicaid staff to prioritize activities that are not required.
- ✖ **Different agency, different outlook.** Some IPs report misaligned perspectives on priorities—such as a lesser emphasis on population health—when Medicaid is located in a different organizational unit than the immunization program.
- ✖ **Victims of success.** Some IPs report that where immunization rates are high, Medicaid counterparts tend to downplay the need to focus on immunization-related issues or improvements.



Suggested Program Practices

Participating PMs and staff representatives discussed strategies for improving collaboration with Medicaid agencies to improve vaccination uptake and suggested the following program practices.

Establish and Foster Key Relationships

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- Cultivate champions.** Find the key Medicaid staff who will be your champions. Medical directors and pediatricians in particular can be natural allies.
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- Build relationships that span administrations.** To maintain stable connections across changes in Medicaid leadership, work to develop relationships with other key officials, such as the Medicaid medical director; early and periodic screening, diagnosis, and treatment (EPSDT) program director; and quality leads.
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- Show empathy.** Show empathy for your Medicaid colleagues regarding universal challenges: feeling inhibited by federal regulations and directives, feeling frustrated by “unfunded mandates” to provide additional service without any new resources, and feeling a lack of understanding about the reality of budgetary pressures.
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- Stress shared mission.** Finding common ground between the Medicaid program’s EPSDT requirements and the state’s VFC program activities can help build a sense of solidarity. Consider the needs and requirements of each side and aim to identify shared goals.
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- Suggest quarterly meetings.** Quarterly meetings with quality improvement staff can help your respective teams to brainstorm ideas for improving vaccination rates as a team.

Leverage Data Sharing

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- Leverage IIS data.** Medicaid staff tend to be data-driven. If you can outline the differences between Medicaid and general population vaccination rates, you can get their attention. Consider giving Medicaid your data along with some strategies for connecting with providers who might be struggling. Sharing best practices with providers will help drive up their vaccination rates.
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- Leverage HEDIS performance quality measures.** Work to find common ground with Medicaid staff on using quality measures to drive improvement and accountability. Establishing quality measures can also be useful in helping persuade Medicaid to increase support for IIS.
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- Share gap analysis.** Providing Medicaid managed care organizations with their vaccination rates and information on their pockets-of-need can help prioritize action. Additionally, showing Medicaid if there is a gap between vaccination rates for Medicaid vs. non-Medicaid populations can also galvanize action.

Think Outside the Box

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- Consider a memorandum of understanding (MOU).** It may be helpful to develop an MOU that spells out each programs’ role in sharing and integrating data.
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- Capitalize on the need for collaboration to prevent fraud and abuse.** This is often a high priority for Medicaid and finding ways to contribute can help build goodwill.
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- Explore incentive payments.** Some IPs have had success in persuading Medicaid programs to include immunization quality measures in their value-based purchasing programs. Incentive payments to providers are linked to both achieving quality targets and participating in the state’s IIS reporting.