

COLLABORATING WITH MEDICAID TO IMPROVE VACCINATION RATES:

A Checklist for Immunization Program Managers

There are many opportunities for state Medicaid and immunization programs (IPs) to work together to support high vaccination coverage rates. Medicaid is the largest source of health care funding for America's most vulnerable people—providing health coverage for 74 million low-income Americans, including pregnant people, infants, children, parents, and low-income seniors.¹

Benefits to Medicaid Programs

An effective immunization system benefits Medicaid by reducing health care costs from vaccine-preventable disease, minimizing waste through training and technical assistance on vaccine storage and handling, supporting Medicaid providers with education and resources, and facilitating quality initiatives through the provision of vaccination data for different age groups and geographic areas. In short, a strong partnership helps to achieve the shared goals of eliminating vaccine-preventable disease and deploying the most cost-effective use of limited public resources.

While interagency relationships vary, some states report structural, attitudinal, financial, and technical barriers to optimal collaboration. **This checklist, designed with input from experienced public health professionals, provides suggestions that IPs can use to overcome existing and new barriers related to the COVID-19 pandemic.**

Benefits to Immunization Programs

Because children with Medicaid coverage are eligible to receive vaccines supplied by the federal government through the Vaccines for Children (VFC) program, the child population offers a natural framework and starting point for collaboration. In addition to VFC, there are additional opportunities to strengthen adult vaccination services covered by Medicaid, especially for pregnant people. Medicaid offers a link to VFC providers, can implement regulatory or payment incentives that support vaccination, and may serve as a useful source of data.

KEY RECOMMENDATION:

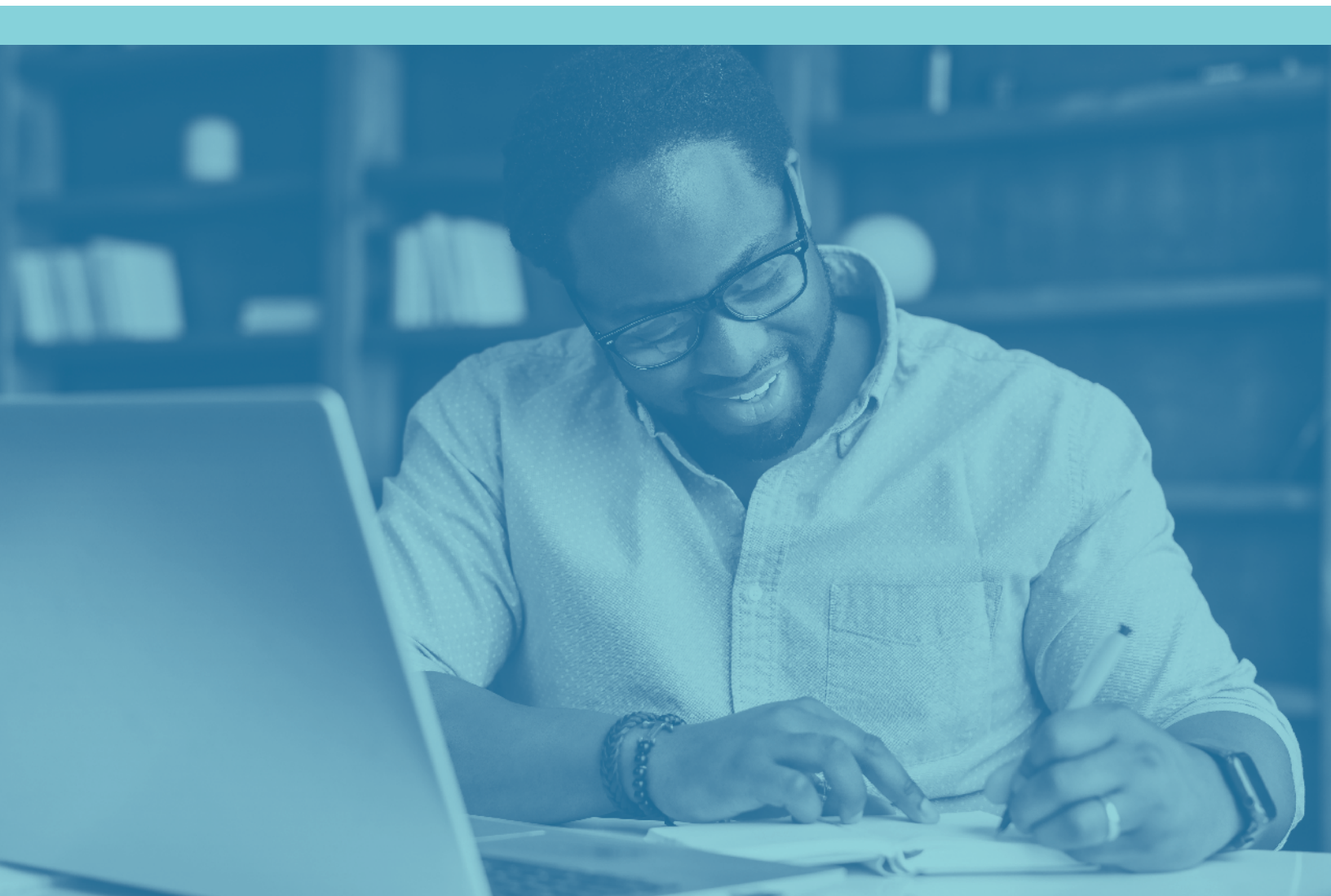
An overarching recommendation is to ground your approach to collaboration in a **value proposition** that clearly articulates to Medicaid colleagues what you promise to deliver. Because Medicaid programs are focused on improving the quality of care and health outcomes of the eligible population in the most cost-effective way, a value proposition illustrates how you can support their goals by together improving access to vaccination.

¹ Kaiser Family Foundation. (2017, March 23). *Data Note: Three Findings about Access to Care and Health Outcomes in Medicaid*. [https://www.kff.org/medicaid/issue-brief/data-note-three-findings-about-access-to-care-and-health-outcomes-in-medicaid/#:~:text=Ninety%2Dfive%20percent%20\(95%25\),and%2069%25%20of%20uninsured%20children](https://www.kff.org/medicaid/issue-brief/data-note-three-findings-about-access-to-care-and-health-outcomes-in-medicaid/#:~:text=Ninety%2Dfive%20percent%20(95%25),and%2069%25%20of%20uninsured%20children).

WHAT TOPICS ARE COVERED IN THE CHECKLIST?

Under each topic, the checklist outlines barriers, sample action steps, and tips for taking those steps.

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Topic:

IMPROVING RELATIONSHIPS WITH THE STATE MEDICAID PROGRAM

Possible Barrier

Sample Action Steps

The benefits of collaboration may not be well known

- Develop a concise value proposition that illustrates the benefits you can provide to Medicaid programs and defines the “wins” for both programs.
- Consider developing a memorandum of understanding (MOU) that codifies the roles and responsibilities of each entity.

The National Academy for State Health Policy suggests inclusion of specific content within an MOU to formalize plans for coordination and collaboration on shared priorities.²

Lack of regular opportunities for IPs to develop shared priorities

- Establish regular (e.g., quarterly) meetings to address priorities and maintain momentum.
- Educate Medicaid officials about key immunization issues and jointly assess potential policy changes.

Getting to know the right people in Medicaid can be a challenge due to size, turnover, and competing demands of agency staff

- Seek relationships that span administrations by developing connections with Medicaid staff who are not political appointees (e.g., medical director, early and periodic screening, diagnostic and treatment (EPSDT) program director, quality leads).
- Identify leaders that can pull together all the relevant functions.

Just as public health agencies can sometimes be siloed by program or population, Medicaid agencies can often have different divisions for functions such as outreach and enrollment, medical affairs, and quality improvement.

- Highlight “wins” by sharing stories of progress, however small, with key leaders and stakeholders.

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² National Academy for State Health Policy. (2017, April 3). *Strengthening the Title V-Medicaid Partnership: Strategies to Support the Development of Robust Interagency Agreements between Title V.* <https://nashp.org/wp-content/uploads/2017/04/Strengthening-the-Title-V-Updated.pdf>

Topic: IMPROVING RELATIONSHIPS WITH THE STATE MEDICAID PROGRAM

Possible Barrier

Sample Action Steps

Medicaid officials may perceive that efforts to improve vaccination rates will have a negative budget impact

- Leverage performance quality measures, especially in relation to the pay-for-performance policies. Use existing Medicaid quality measures to drive vaccination-related improvement and accountability.
- Demonstrate how improved immunization information systems (IIS) can improve data quality and explore opportunities to utilize allowable Medicaid administrative matching funds to support IIS improvements.

If vaccination rates are high, Medicaid may not see vaccination as a priority

- Stress the need for sustainability to keep every cohort of newborns up to date to maintain high rates.
- Identify common ground and overlapping requirements/goals for the Medicaid program's (EPSDT) requirements and the state's VFC program activities. Focus on strategies that address the needs and requirements of both entities.
- Use data to demonstrate that even in counties where overall rates are high, there can be pockets of need at the school or zip code level that create vulnerabilities for outbreaks.

Medicaid may not view IPs as a potential partner in limiting fraud and abuse

- Document processes on how coordination occurs with the Medicaid Integrity Program within the state Medicaid agency. If appropriate, develop or adapt an MOU between the IP and each investigative/enforcement agency that details the role of each entity and the processes to be followed in responding to allegations of fraud or abuse.

Finding ways to contribute on a mutual priority can help build goodwill.

Topic:

COLLABORATING THROUGH COVID-19: IMPLEMENTING FEDERAL CMS COVID-19 GUIDANCE/DIRECTIVES³

Possible Barrier

Sample Action Steps

The COVID-19 mass vaccination campaign creates an unprecedented need for policy coordination between public health and Medicaid officials

Utilizing the [CMS COVID Guidance](#), program managers may want to consider exploring three key issues with their Medicaid colleagues:

- Explore CMS suggestions for states to “utilize the information on the Medicare reimbursement strategy to develop their vaccine administration payment plan in the Medicaid program.” In lieu of adapting the proposed Medicare COVID-19 vaccine administration fee, you may want to inquire on how to ensure adequacy of any state determined rate.
- Coordinate on enrolling more Medicaid providers to maximize access for vulnerable populations and ensure all Medicaid providers are enrolled in the COVID-19 vaccine program.
- Coordinate on education and outreach to Medicaid populations and explore utilizing an option for Medicaid administrative match to cover costs.

³ Centers for Medicare & Medicaid Services. (2020, December 17). *Coverage and Reimbursement of COVID-19 Vaccines, Vaccine Administration, and Cost Sharing under Medicaid, the Children’s Health Insurance Program, and Basic Health Program*. <https://www.medicaid.gov/state-resource-center/downloads/covid-19-vaccine-toolkit.pdf>

Topic:

ADAPTING TO SAFE VACCINATION DURING A PANDEMIC

Possible Barrier

Sample Action Steps

There are challenges in the increase of newly Medicaid-eligible individuals

- Educate new Medicaid-eligible population about VFC.
- Partner with Medicaid to welcome new Medicaid providers with information about VFC and IP activities.

Social distancing requires health care practices to adapt to ensure patient and provider safety

- Disseminate guidance to all Medicaid providers on the safe delivery of vaccines during the COVID-19 pandemic.
- Collaborate to ensure all Medicaid providers are aware of available financial support through the CARES Act Provider Relief Fund and how to apply for funding.
- Increase access to vaccines by identifying gaps in VFC provider network.



Topic:

ADDRESSING DISPARITIES

Possible Barrier

Sample Action Steps

Key stakeholders lack adequate data to inform action

- Share a gap analysis that will show Medicaid managed care organizations what their vaccination rates are and where there are pockets of need to help prioritize action.
- Show Medicaid if there is a gap between vaccination rates for Medicaid vs. non-Medicaid populations.

Adolescents insured by Medicaid present for care at low rates, especially males

- Include adolescent vaccination in Medicaid quality measures and offer technical assistance from the IP.
- Explore options to expand in-network providers and VFC provider recruitment.
- Where feasible, consider the pharmacy role as part of the immunization neighborhood in filling gaps, working in collaboration with the medical home as able.

Transportation can be challenging for some Medicaid patients, yet transportation services may not be available for vaccination-only services

- Discuss the need for a policy determination on providing transportation for vaccination-only services.
- Consider including information on your state's ride request processes in your vaccine outreach and promotion materials.

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Topic: ADDRESSING DISPARITIES

Possible Barrier

It can be challenging in medically underserved areas to ensure Medicaid-enrolled children have a primary care medical home, and that those primary care providers are enrolled in VFC

Sample Action Steps

- Find and cultivate key Medicaid staff who will be your “champions.”

Medical directors and pediatricians in particular can be natural allies.

- Incorporate vaccination measures into medical home assessments.

As most states have incorporated promotion of the American Academy of Pediatrics’ medical home concept as part of health reform transformation, you can assess if vaccination measures are included in the assessment of progress.

- Share data on any VFC provider enrollment gaps or pockets of need with IPs.



Topic:

INCREASING DATA SHARING WITH MEDICAID

Possible Barrier

Technical, policy, and legal limitations to integrating data between IIS and Medicaid information systems (MMIS) precludes data sharing in some states

Sample Action Steps

- Become familiar with the types of data each organization has available and identify use cases that would be most beneficial for data sharing.
- Include provisions in an MOU that spells out each program's role in sharing and integrating data.
- Develop both short and long-term goals for data sharing and utilization (e.g., sharing reports, integrating systems and matching patients)
- Leverage data sharing by demonstrating the differences between Medicaid and general population.

IPs suggest giving Medicaid strategies on how to connect with providers who might be struggling. Sharing best practices with providers will help drive up their vaccination rates.

Topic:

LEVERAGING FUNDING FOR MUTUAL PRIORITIES

Possible Barrier

Both programs often experience budget pressures

Sample Action Steps

- 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.

- Explore options to leverage Medicaid match provided by the Health Information Technology for Economic and Clinical Health (HITECH) Act.

Topic:

RECOGNIZING DIFFERENCES WITH MANAGED CARE

Possible Barrier

State utilization of managed care arrangements can add nuance to traditional partnerships

Sample Action Steps

- Create an action plan with each Medicaid health plan that prioritizes education to providers, explains the vaccination goals, and stresses potential support and incentives for increasing vaccination quality measures.
- Assess coverage rates at the provider level to help health plans prioritize outreach to struggling providers.
- Provide information to health plan staff about the VFC program to assist with marketing and outreach for provider enrollment in VFC.

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620 Hungerford Drive, Suite 29
Rockville, MD 20850
(301) 424-6080
immunizationmanagers.org

