

Analysis of State Medicaid Agency Performance in Relation to Incentivizing the Provision of H1N1 Immunizations to Eligible Populations

Nancy Lopez, JD, MPH, Ross Margulies, JD/MPH [Cand.], and Sara Rosenbaum, JD, Department of Health Policy, The George Washington University School of Public Health and Health Services, November 22, 2009.

Introduction

Immunization is one of the most effective and cost effective prevention measures available. The benefits of immunization are even more pronounced for the Medicaid population, where beneficiaries have greater health care needs and higher health risks than other individuals in the U.S.¹ All Medicaid enrolled children under the age of 21 are legally entitled to all immunizations recommended by the Advisory Committee on Immunization Practices (ACIP).² Recent guidelines issued by the Centers for Medicare and Medicaid Services (CMS) clarify that costs associated with the administration of the H1N1 vaccine by providers whose treatments fall into required coverage categories is itself a required benefit. Specifically the CMS guidance specifies as follows:

Medicaid and CHIP programs will be responsible for covering the administration fee for eligible populations. . . . States will be required to reimburse the administration fee for 2009 H1N1 for individuals under the age of 21 as part of the Medicaid Early and Periodic Screening, Diagnostic and Treatment program (EPSDT) For adults in the Medicaid program, 2009 H1N1 vaccine administration is a covered service when furnished by a participating provider under a “mandatory” section 1905(a) Medicaid benefit. Since hospital, physician and federally qualified health center/rural health clinic (FQHC/RHC) services are mandatory Medicaid benefits, 2009 H1N1 vaccine administration would be a covered service when provided by these participating providers.³

Thus payment for H1N1 vaccine administration in accordance with CDC guidelines is a Medicaid program requirement. The directive is of particular importance because of Medicaid’s importance in coverage of pregnant women ages 21 and older, who fall into the highest risk category and who may no longer entitled to coverage of all ACIP recommended immunizations as an EPSDT matter. (The September 2009 guidance at least implies that outside of H1N1, CMS

¹ Rosenbaum S., Stewart A., Cox M., Lee A. *Medicaid Coverage of Immunizations for Non-Institutionalized Adults*. November 2003. Available at

http://gwumc.gwu.edu/sphhs/departments/healthpolicy/CHPR/downloads/Medicaid_Immunization_Study.pdf

²

³ Id.

interprets current Medicaid law as according states discretion over whether to cover and pay for the administration of other CDC recommended vaccines).

The question thus becomes the extent to which state Medicaid agencies have translated this CMS guidance into clear information for participating providers clarifying payment for costs associated with the administration of H1N1 vaccines. This clarification may be particularly important in states that do not otherwise cover and pay for recommended immunizations as part of treating adult patients.

Methodology

Data collected for this study included reviewing state Medicaid agency websites, specifically provider updates, news letters, bulletins, or alerts for each individual state. The review focused on (a) information regarding the availability of Medicaid reimbursement of the administration of the H1N1 vaccine; and (b) information regarding Medicaid reimbursement of the administration of the H1N1 vaccine in the “provider information” section at the state website. These sites are used by Medicaid providers to receive updated information on coverage and payment.

Collection of this information was compiled via internet research of the following websites: each individual state’s Medicaid Program website using the search terms “Medicaid program,” “Medicaid H1N1” and “Medicaid Provider”. States with information that expressly explains that H1N1 vaccine administration is covered and paid were marked as yes; those states that did not so expressly indicate were marked as “no.”

Supplemental data was also collected through a survey of Primary Care Association (PCA) Directors and Emergency Management Coordinators representing federally qualified health centers. FQHCs collectively treat approximately 1 in 9 Medicaid recipients. PCAs were asked the following question:

Have health centers received communications from their State Medicaid agencies clarifying that they will get paid for administering the H1N1 vaccine even though the vaccine is free?

The information received from states was compiled into a chart and researchers used this data to supplement the determination as to whether or not that state would qualify as appropriately and effectively communicating with their Medicaid providers. Data are limited to the date in which the information was received (state Medicaid agencies may have communicated with providers after our survey was conducted) and to the extent to which state PCAs were aware of their state Medicaid agency’s communication with Medicaid providers.

From the master research, a summary table was created (see Summary Table 1) compressing all the data into a chart addressing the query of whether the state Medicaid agency expressly relayed to providers the information that Medicaid reimburses administration of the H1N1 vaccine during this current period of public health emergency:

Each state received the following coding:

- 0 points if the state's Medicaid agency website did not expressly convey to providers that Medicaid will reimburse the administration costs of the H1N1 vaccine.
- 1 point if the state's Medicaid agency website expressly conveyed to providers that Medicaid will reimburse the administration costs of the H1N1 vaccine.

Key Findings:

- 39 States and the District of Columbia relayed to their Medicaid providers that the administration cost of the H1N1 vaccine is reimbursed by Medicaid.
- 11 States did not adequately relay administration cost reimbursement information.

Table 1: Analysis of the extent to which state Medicaid agencies have relayed the CMS missive to Medicaid providers that Medicaid will pay and cover the H1N1 vaccine administration fee for eligible populations.

<p>39 States and D.C. have posted information on payment for H1N1 vaccine administration when furnished by mandatory providers at their Medicaid program provider websites (1 point).</p>	<p>11 States and D.C. have NOT posted information on payment for H1N1 vaccine administration when furnished by mandatory providers at their Medicaid program provider websites (0 points).</p>
<p>Arizona¹ Arkansas² California³ Colorado⁴ Delaware⁵ District of Columbia⁶ Florida⁷ Georgia⁸ Hawaii⁹ Idaho¹⁰ Illinois¹¹ Indiana¹² Iowa¹³ Kansas¹⁴ Louisiana¹⁵ Maryland¹⁶ Massachusetts¹⁷ Michigan¹⁸ Minnesota¹⁹ Mississippi²⁰ Missouri²¹ Montana²² Nebraska²³ Nevada²⁴ New Jersey²⁵ New Mexico²⁶ New York²⁷ North Carolina²⁸ North Dakota²⁹ Oklahoma³⁰ Oregon³¹ Pennsylvania³² South Carolina³³ Tennessee³⁴ Texas³⁵ Vermont³⁶ Virginia³⁷ Washington³⁸ West Virginia³⁹ Wisconsin⁴⁰</p>	<p>Alabama⁴¹ Alaska⁴² Connecticut⁴³ Kentucky⁴⁴ Maine⁴⁵ New Hampshire⁴⁶ Ohio⁴⁷ Rhode Island⁴⁸ South Dakota⁴⁹ Utah⁵⁰ Wyoming⁵¹</p>

- ¹ See <http://www.azahcccs.gov/shared/Downloads/News/AHCCCCSFluLetter2009.pdf>
- ² See <https://www.medicaid.state.ar.us/Download/provider/amprcd/searcharea/OfficialNotices/DMS-09-A-2.pdf>
- ³ See http://files.medi-cal.ca.gov/pubsdoco/publications/bulletins/reh/rehbull_e.asp
- ⁴ See <http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheader=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251601946490&ssbinary=true>
- ⁵ See <http://www.dmap.state.de.us/downloads/bulletins/H1N1.2.pdf>
- ⁶ See <https://www.dc-medicaid.com/dcwebportal/documentInformation/getDocument/1394>
- ⁷ See <http://portal.flmmis.com/FLPublic/Provider ProviderSupport/Provider ProviderSupport ProviderAlerts/tabId/43/Default.aspx>
- ⁸ See http://www.mag.org/pdfs/h1n1_medicaid_100709.pdf
- ⁹ See http://hawaii.gov/health/about/healthalerts/MedAdvisory_NovelH1N1VaxUpdate1_3Sep09.pdf
- ¹⁰ See <http://healthandwelfare.idaho.gov/LinkClick.aspx?fileticket=ll4hctVUPsM%3d&tabid=267&mid=1975>
- ¹¹ See <http://www.hfs.illinois.gov/assets/100109n.pdf>
- ¹² See <http://www.indianamedicaid.com/ihcp/Banners/BR200942.pdf>
- ¹³ See <http://www.ime.state.ia.us/Providers/index.html>
- ¹⁴ See http://www.kdheks.gov/flu/download/Pre-registration_for_H1N1_vx_access.pdf
- ¹⁵ See http://www.lamedicaid.com/provweb1/Billing_Information/H1N1_Vaccine_Administration.pdf
- ¹⁶ See http://www.machc.com/Documents/Documents/Emergency%20Preparedness/MD_MedicalAssistanceH1N1.pdf
- ¹⁷ See http://www.mass.gov/Eeohhs2/docs/masshealth/bull_2009/all-197.pdf
- ¹⁸ See http://www.michigan.gov/documents/mdch/Questions_and_Answers_on_2009_H1N1_Vaccine_Financing_FINAL_10_0209_v1.2_295280_7.pdf and http://www.michigan.gov/documents/mdch/MSA_09-50-Final_293338_7.pdf
- ¹⁹ See http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_136660#P105_7047
- ²⁰ See https://msmedicaid.acs-inc.com/all_late_breaking_news.pdf
- ²¹ See http://www.dss.mo.gov/mhd/providers/pdf/bulletin32-19_2009oct27.pdf
- ²² See <http://medicaidprovider.hhs.mt.gov/pdf/physician100709.pdf>
- ²³ See <http://www.hhs.state.ne.us/med/pb/pb0939.pdf>
- ²⁴ See https://nevada.fhsc.com/Downloads/provider/web_announcement_284_20090908.pdf
- ²⁵ See <https://www.njmms.com/downloadDocuments/2009-04.pdf>
- ²⁶ See https://nmmedicaid.acs-inc.com/nm/pages/static/latest_dev/Last%20Week.doc
- ²⁷ See http://www.health.state.ny.us/health_care/medicaid/program/update/2009/2009-10spec.htm
- ²⁸ See <http://www.dhhs.state.nc.us/dma/bulletin/1109bulletin.htm#h1n1>
- ²⁹ See <http://www.nd.gov/dhs/services/medicalserv/medicaid/provider-updates.html>
- ³⁰ See <http://www.ohca.state.ok.us/WorkArea/showcontent.aspx?id=11180>
- ³¹ See http://egov.oregon.gov/DHS/healthplan/notices_providers/2009/prov-h1n1-1009.pdf
- ³² See <http://www.dpw.state.pa.us/Resources/Documents/Pdf/Publications/QuickTips/PROMISEQuickTip83.pdf> and <http://www.dpw.state.pa.us/PubsFormsReports/NewslettersBulletins/003673169.aspx?BulletinId=4487>
- ³³ See <http://www.dhhs.state.sc.us/Internet/pdf/BulletinH1N1Vaccine.pdf>
- ³⁴ See http://www.bcbst.com/providers/news/Provider_Notice_Influenza_SeasonUpdate_RX_09252009v3.pdf and <https://twis.tn.gov/twisprod/happenings/myArticles.asp?nid=75>
- ³⁵ See <http://www.tmhp.com/txtlstvw.aspx?LstID=abd85699-f156-4844-977e-b2f533caca65>
- ³⁶ See <http://www.vtmedicaid.com/Downloads/bulletins/Advisory%20October%202009.pdf>
- ³⁷ See <http://www.dmas.virginia.gov/hn-vcsn.htm>
- ³⁸ See <http://www.dshs.wa.gov/mediareleases/2009/pr09165.shtml>
- ³⁹ See <http://www.wvidep.org/Portals/31/PDFs/IDEP/healthalerts/WV%20HAN%20Advisory%200024-09-03-09%20H1N1%20Vaccine%20Pre%20Registration.pdf>
- ⁴⁰ See <https://www.forwardhealth.wi.gov/kw/pdf/2009-73.pdf>
- ⁴¹ Alabama only notified pharmacy providers. See http://www.medicaid.alabama.gov/documents/News/ALERTS_2009/ALERT_09-18_H1N1_Vaccines_10-29-09.pdf. Note, however, according to our survey of state PCA Directors, Alabama PCA did indicate that they believed providers had been notified in some way.

⁴² While Alaska issues emergency regulations allowing for the reimbursement of the administration fee (see [http://notes4.state.ak.us/pn/pubnotic.nsf/0/6ba94f768ddc87208925764a00586ede/\\$FILE/ImmunizationemergregfiledOct8.pdf](http://notes4.state.ak.us/pn/pubnotic.nsf/0/6ba94f768ddc87208925764a00586ede/$FILE/ImmunizationemergregfiledOct8.pdf)), there is no notice available on the State's Medicaid website. In surveying the Alaska state PCA, however, the staff did indicate that some notice had been provided to eligible providers.

⁴³ Despite establishing a fee schedule for the relevant CPT code, the state did not communicate with their providers through the Medicaid website.

⁴⁴ The only information available for Kentucky was a letter sent to local health departments (available at <http://healthalerts.ky.gov/H1N1%20Flu%20Toolkit%20Fall%202009/A.H1N1%20Influenza%20Memo.Reporting%20and%20Billing.pdf>)

⁴⁵ Maine's guidance was only issued to ambulatory clinics (see http://www.maine.gov/dhhs/oms/rules/downloads/c_iii_s_3_e_9-2-09.pdf). Other information was only available via the state's flu website (see <http://www.maine.gov/dhhs/boh/maineflu/h1n1/hc-providers/vaccine-info-hcp.shtml>)

⁴⁶ While information is available on the DHHS website, no information was available for providers on the state's Medicaid website.

⁴⁷ While an executive order was issued (see <http://www.governor.ohio.gov/Portals/0/Executive%20Orders/E-20S%20.pdf>), there is no message to providers available on the state's Medicaid website.

⁴⁸ Posted on the state's flu site (<http://www.health.ri.gov/flu/for/providers/>) but not available on the state's Medicaid site

⁴⁹ While we learned through a statewide survey of State PCA Directors that information on vaccine administration accompanies supplies sent to providers, no information was available on the state's site. Also see <http://doh.sd.gov/Bulletin/Sept09.pdf>.

⁵⁰ While Utah provides information to pharmacies (http://health.utah.gov/medicaid/pharmacy/phnews/news.php?q_id=7), they do not adequately provide notice to the full spectrum of relevant providers.

⁵¹ No information is available on the EqualityCare site. Providers signing up to administer the vaccine receive the following document, <http://www.health.wyo.gov/staging/Media.aspx?mediaId=7603>. In addition, according to our survey of state PCA Directors, providers in Wyoming were informed that administration would be reimbursed.