

## New Research: Strategies for Increasing COVID-19 Vaccination Rates and Improving Health Care Access Among Medicaid Enrollees

It has been well documented that Medicaid enrollees face barriers to health care, including costs of care, difficulties accessing providers and insurance-based discrimination when accessing care, among others.<sup>1</sup> These barriers have resulted in decreased health care utilization, especially for preventive services, including vaccinations.<sup>2</sup> Like routine vaccination rates, COVID-19 vaccination rates among those covered by Medicaid and the Children's Health Insurance Program (CHIP) are severely lagging behind the general public.<sup>3</sup> A handful of states have reported COVID-19 vaccination rates among their Medicaid beneficiaries, and the data reveal disparities between those covered by Medicaid and the total population. For example, in California, 82.7% of Californians ages 5 and older received at least one dose of the COVID-19 vaccine as of February 15, 2022, compared with only 55.8% of Medi-Cal beneficiaries.

Taking into account the history of barriers to health care with Medicaid coverage, Families USA embarked on a research project to understand the challenges, barriers and outstanding needs that are contributing to the low COVID-19 vaccination rates among Medicaid beneficiaries. This research focuses specifically on adults of color covered by Medicaid and builds on previous Families USA work to [improve equitable vaccine access and increase COVID-19 vaccination rates in communities of color](#).

This paper identifies core themes around COVID-19 vaccination and health care access stemming from our research and provides five strategies for state advocates and policymakers to increase COVID-19 vaccination rates and, more generally, improve health care access for individuals enrolled in Medicaid. These steps are critical to improving the health and well-being of Medicaid beneficiaries during and beyond the pandemic.

## Historical challenges with Medicaid

Prior research reveals that Medicaid enrollees experience several barriers to health care and challenges with Medicaid. Low levels of trust in physicians, work and family obligations, and long wait times for appointments have been identified as salient barriers to health care, and people with low incomes and members of ethnic minority groups are at greater risk of experiencing these barriers.<sup>4</sup> A significant challenge to accessing needed providers is that many clinicians do not accept Medicaid payment. In 2017, only 73.4% of physicians accepted patients insured by Medicaid. In comparison, 87.8% of physicians accepted patients insured by Medicare, and 96.1% of physicians accepted patients with private insurance.<sup>5</sup> Moreover, when visiting clinicians, many Medicaid beneficiaries experience insurance-based discrimination and are less likely to receive preventive health services.<sup>6</sup>

Given these significant barriers, there are disparities in health care utilization between people covered by Medicaid and people covered by private insurance. While most adult Medicaid enrollees had a usual source of care in 2019, individuals covered by Medicaid were less likely to have a usual source of care compared with adults covered by private insurance (85.6% compared with 90.2%).<sup>7</sup> There are also racial disparities in care utilization among Medicaid enrollees. According to data from the 2015-2018 National Health Interview Survey (NHIS), white adult Medicaid beneficiaries were more likely to have seen a doctor (73%) than Black adult beneficiaries (69%) or Hispanic adult beneficiaries (66.4%). White adult Medicaid beneficiaries were also more likely to have received counseling from a mental health professional (24.2%) than Black adult beneficiaries (15.7%) or Hispanic adult beneficiaries (12.6%).<sup>8</sup> Additionally, Hispanic adult Medicaid enrollees were more likely than white adult enrollees to report unmet or delayed care due to cost (74.9% compared with 67.8%), and they were more likely than white adult enrollees to worry about paying medical bills (53.7% compared with 44.3%).<sup>9</sup>

## New research on COVID-19 vaccinations in Medicaid

Based on low COVID-19 vaccination rates and historical barriers to health care for Medicaid enrollees, Families USA conducted a mixed-methods study of adult Medicaid beneficiaries of color to understand their unique health, social and COVID-19 vaccination needs. This study focused on adults of color currently enrolled in Medicaid plans in five states that publicly reported COVID-19 vaccination data: California, Idaho, Louisiana, Ohio and Utah. A survey, receiving more than 500 responses and 20 interviews were conducted between November 2021 and January 2022.<sup>†</sup> The following themes emerged around COVID-19 vaccinations and health care access.

### THEME 1

***The majority of research participants received the COVID-19 vaccine and had an easy time getting the shot while those who remained unvaccinated revealed major deterrents to vaccination.***

Of the more than 500 survey respondents, all adult Medicaid enrollees of color, 66.8% had gotten at least one dose of the COVID-19 vaccine. Most respondents said getting vaccinated was somewhat or extremely easy, with only about 7% reporting difficult experiences. Lack of information surrounding health insurance coverage, eligibility and scheduling were the challenges most frequently cited. Among survey respondents, top reasons for getting vaccinated included the desire to protect the health of loved ones (24.7%), the desire to protect the health of one's self (20.6%) and the desire to prevent the spread of new variants (14.2%).

Among those who were not vaccinated, the top reasons mentioned included not trusting the vaccine's development process and the inconvenience of signing up for an appointment online and traveling to get the vaccine. Some unvaccinated interview participants believed the vaccines were developed too quickly and had not been available long enough to verify results and safety. One participant said, "I'm worried about the studies that are not yet verified. Why are people dying with the vaccine? Can you still get COVID-19 when you have the vaccine? How much does the vaccine really protect us?"

---

<sup>†</sup> Limitations of this study include the following:

- » The study included only adults who identified as a person of color. The study did not include children or adults who identify as white, which are also significant groups in the Medicaid population.
- » Self-selection during recruitment may have resulted in general response bias.
- » The study focused on only five states given the availability of public data at the time the study began.
- » The study began the same month the omicron variant of the COVID-19 virus was discovered and before public concern about the new variant was heightened.
- » Some disaggregated information could not be reported due to small sample sizes.



*I'm worried about the studies that are not yet verified. Why are people dying with the vaccine? Can you still get COVID-19 when you have the vaccine? How much does the vaccine really protect us?*

## **THEME 2**

### ***Miscommunication and confusion about boosters harmed vaccine uptake overall.***

Both vaccinated and unvaccinated study participants noted that unclear communication around booster shots influenced their trust in the vaccine, making them unsure of its efficacy. Many of these participants were very confident about the vaccine when it first came out, but the need for a booster shot and the seemingly ever-changing guidance around it lowered their confidence. Participants did not know who needed the additional shot and who did not, and it was unclear to them if this would become a recurring vaccination. One issue that may have added to participants' confusion is the inequitable access to communication materials. Those with limited English proficiency and technological barriers were left feeling like an afterthought, as resources were largely disseminated online and often were not available in needed languages.

## **THEME 3**

### ***Medicaid enrollees frequently rely on trusted medical experts for their health information, including information about the COVID-19 vaccine.***

Sixty-five percent of interviewees said they trusted their medical provider. Many survey respondents said they used medical professionals, including doctors (20.7%), the Centers for Disease Control and Prevention, the Food and Drug Administration and Dr. Anthony Fauci (16%), and state or local health officials (13%), as reliable sources of COVID-19 information. Some interviewees also noted they used their intuition to decipher what information seemed reliable. Additionally, 80.8% of survey respondents reported that they were able to easily access information about the COVID-19 vaccine.

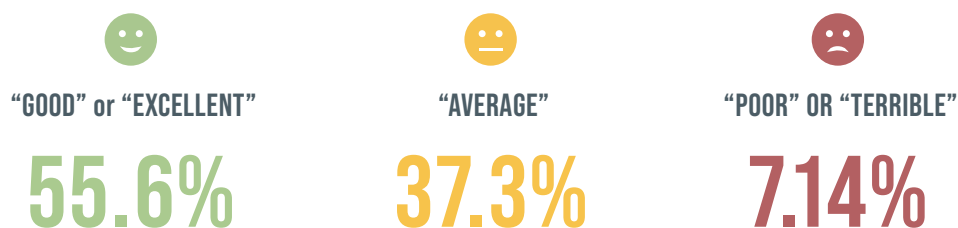
**THEME 4**


*Experiences with Medicaid were mostly positive, despite frustrations around barriers to health care and access to needed providers.*

When looking beyond the COVID-19 vaccine, participants generally described their experience with Medicaid as average or good, while emphasizing frustrations toward Medicaid service barriers. According to interview participants, factors that contributed to a positive health care experience included interactions with a provider who is caring and attentive and a successful health outcome from a medical procedure. Poor health care experiences, on the other hand, were often equated with difficulties accessing high-quality care, waiting room experiences, denial of care, or patients feeling like their concerns or issues were neglected during visits. Physical safety based on the location of clinics was also noted, and low-quality care was linked, in participants' experiences, with economically disadvantaged locations.

Interview participants also noted general struggles with the health care system. Time efficiency and delays in receiving care and follow-up were noted as challenges by 80% of participants, and having limited access to care in their area was noted as a challenge by 20% of participants. While 95% of interviewees and 72.8% of survey respondents reported that they have a primary care provider who they see regularly or for routine nonemergency care, 55% of interviewees said that Medicaid limited their access to needed providers. Among those who did not have a usual source of care, the primary reason was the lack of information on how to find a local provider, although the cost of services and difficulty with scheduling appointments were also mentioned.

### Survey Participants' Description of Their Experience with Medicaid Services





*Some participants suggested that certain health and social needs were exacerbated by the pandemic.*

#### **THEME 5**

*Beyond health care, a top concern for Medicaid recipients is financial insecurity, which contributes to their ability to maintain their overall health and well-being.*

Financial insecurity, including the lack of a livable income and stable employment, was cited as a major struggle for respondents. Neighborhood safety, food shortages and stable housing were also significant challenges. Some participants suggested that certain health and social needs were exacerbated by the pandemic including declining mental health due to quarantining and transportation issues resulting from participants' concern that public transportation was unsafe. Overall, increasing levels of financial insecurity may have resulted in COVID-19 vaccines becoming secondary or even tertiary concerns for many.

## Strategies for increasing COVID-19 vaccination rates and improving health care access among Medicaid enrollees

Although two-thirds of research participants were vaccinated against COVID-19, the themes emerging from this research underscore how traditional barriers to health care, like service delays and limited access to local care, along with factors specific to COVID-19, like poor communication from governments around the vaccine, influenced Medicaid beneficiaries' trust in the health care system and affected their decision and ability to get vaccinated. Persistent access challenges, lack of community-specific outreach and education, and mistrust of the health care system stifled overall vaccination efforts. Further, undue financial burdens created during the pandemic also exacerbated other unmet needs that may have presented more pressing concerns than getting vaccinated.

In order to increase COVID-19 vaccination rates among Medicaid enrollees, states must develop targeted approaches to reach the unvaccinated and focus on improving access to general health care services for Medicaid beneficiaries. Beyond COVID-19 vaccinations, state policymakers must develop more dynamic strategies to address the broader health and social needs of Medicaid recipients.

Specific strategies state policymakers can deploy to increase COVID-19 vaccination rates and improve general health care access for Medicaid enrollees include the following.

### STRATEGY 1

***States should develop and implement sustained community education and Medicaid reimbursement strategies to improve vaccination uptake among unvaccinated enrollees, even as the number of cases fluctuates.***

Among unvaccinated research participants, fears around how quickly the vaccine was developed were a significant deterrent to vaccination. Due to these fears and historical mistrust of the health care system, particularly among Medicaid recipients of color, some people have needed more time and information about vaccine safety before deciding to get vaccinated.<sup>10</sup> Community-based outreach and education strategies, as advocated by several consumer health care and health equity groups, are essential for reaching people of color and low-income populations.<sup>11,12</sup> States should partner with community-based organizations to create targeted supports and outreach efforts to get every person covered by Medicaid vaccinated against COVID-19, even as the number of cases fluctuates. In **North Carolina**, the state's Department of Health and Human Services partnered with the community organization [NC Counts Coalition](#) to reach unvaccinated people of color through regional campaigns and face-to-face outreach.<sup>13</sup> Grants were given to community-based organizations to support their outreach and vaccination efforts.

Another particularly important strategy to encourage vaccination is provider reimbursement for counseling patients on the COVID-19 vaccine. The Centers for Medicare & Medicaid Services has required Medicaid programs to cover counseling visits for children covered by Medicaid,<sup>14</sup> and some states, including **North Carolina** and **Washington**, offer provider reimbursements for COVID-19 vaccine counseling for all Medicaid patients.<sup>15</sup> All states should cover the cost of vaccine counseling for all beneficiaries and incentivize providers to get their Medicaid patients vaccinated. For instance, **Massachusetts** and **Ohio** are increasing payments for COVID-19 vaccine administration.<sup>16,17</sup> In **California**, Medi-Cal managed care organizations are eligible to earn incentive payments for activities that are designed to close vaccination gaps with their enrolled members and to address vaccine uptake disparities among certain groups based on age, race and ethnicity.<sup>18</sup>

### STRATEGY 2

***Medicaid agencies should clarify the vaccination process and support beneficiaries by reaching out to them with tailored vaccination information.***

Misconceptions about the cost of COVID-19 vaccination and a lack of information about where to get the shot, in addition to confusing messaging around booster shots, kept many adult Medicaid enrollees of color from getting vaccinated. State agencies should reach out to enrollees to answer questions and provide specific steps to get vaccinated, as well as prepare for inbound requests. In **Ohio**, for example, managed care organizations use immunization data and the Ohio Opportunity Index to identify counties in the state with the lowest vaccination rates. Managed care organizations then “microtarget” members in these areas by sending text messages to those who are unvaccinated and live near a vaccination site.<sup>19</sup> In **Massachusetts**, health plans have successfully partnered with local organizations to assist with outreach and education to help register people to get vaccinated. The state also created an in-home vaccination call line that assists homebound individuals with scheduling and receiving in-home vaccinations, and the line has translators who cover over 100 different languages.<sup>20</sup>

### STRATEGY 3

***Government agencies, including Medicaid, should take responsibility for the development of COVID-19 vaccination communications resources that are accessible to all.***

Access to communications resources and educational materials must be part of outreach and mobilization efforts from the start. Government agencies must understand the needs of communities and how community members get their information, as some have access to the internet while others rely on community health workers. Likewise, community members have varying language and accessibility needs, and state COVID-19 vaccination efforts must



work to reach all Medicaid beneficiaries, including those who require additional planning and consideration. States can work to achieve this by collaborating with community-based organizations, advocacy groups and the disability community.

Some states have created resources and trainings for providers to help improve vaccine confidence among their patients. In **Illinois**, for example, Medicaid health plans are supporting providers with educational tools and materials, such as the Recharging Routine Immunizations tool kit for child health care providers.<sup>21</sup> In **Arizona**, a Medicaid plan provider launched a provider training series on motivational interviewing with patients hesitant about the vaccine.<sup>22</sup>

#### **STRATEGY 4**

***Medicaid COVID-19 vaccination efforts should be coupled with social services to address other unmet needs.***

COVID-19 vaccination can be used as an opportunity to connect community members with needed social supports. For example, vaccination events can coincide with efforts to enroll community members in programs such as food assistance benefits and affordable housing. Addressing health and social needs along with vaccine outreach not only better supports community members and Medicaid beneficiaries but can also amplify the effectiveness of vaccination campaigns. Additionally, state Medicaid agencies can launch targeted efforts to address social needs related to COVID-19. **Arizona's** Medicaid agency, Arizona Health Care Cost Containment System, partnered with counties, housing authorities and community providers to use the Homeless Management Information System to connect those who are experiencing or are at risk of experiencing homelessness and test positive for COVID-19 with social and medical services.<sup>23</sup>

#### **STRATEGY 5**

***To remove major barriers to general health care, Medicaid agencies should support beneficiaries in finding local providers who accept Medicaid.***

Survey respondents reported that a lack of information on how to find a local provider who accepts Medicaid payments deterred them from seeing a primary care physician. Thus, Medicaid has the opportunity to facilitate greater access by helping to link participants to local providers. Medicaid managed care organizations should be encouraged to reach out to beneficiaries or provide their call center information to beneficiaries directly to ensure people covered by Medicaid are accessing the care they need. States should also create Medicaid provider directories if they do not currently have one, and ensure these directories are up to date and available in a variety of languages. Since barriers to care among Medicaid participants have resulted in decreased utilization of preventive care services, facilitating greater access to such services is essential to encouraging COVID-19 vaccination and other health efforts beyond the pandemic.

*Addressing health and social needs along with vaccine outreach not only better supports community members and Medicaid beneficiaries but can also amplify the effectiveness of vaccination campaigns.*

## **Conclusion**

Medicaid enrollees have long faced barriers to care resulting in health disparities and inequities. Throughout the pandemic, low-income people of color have experienced increased social needs, preventing them from achieving their optimal health. Such persistent challenges have contributed to notable differences in COVID-19 vaccination rates between Medicaid enrollees and the total population. New research suggests that fear and confusion around the vaccine development process and inconsistent booster shot guidance, along with barriers Medicaid enrollees face in accessing needed providers, influenced the decisions and abilities of Medicaid beneficiaries to get vaccinated.

While beneficiaries have varied experiences with Medicaid services, the barriers to care identified by research participants provide important information for state policymakers and Medicaid agencies that can be used not only to increase COVID-19 vaccination rates but also to improve access to health care more broadly for Medicaid enrollees. We encourage states to heed the lessons learned during the COVID-19 pandemic and develop targeted vaccination efforts, facilitate greater access to care for Medicaid enrollees, and address Medicaid enrollees' other unmet health and social needs. States have several tools at their disposal to better reach their beneficiaries and increase the accessibility of quality health care services, which is critically important to addressing disparities and providing needed care for traditionally marginalized populations.

## Endnotes

- <sup>1</sup> “Access in Brief: Adults’ Experiences in Accessing Medical Care,” Medicaid and CHIP Payment and Access Commission (MACPAC), November 2021, <https://www.macpac.gov/publication/access-in-brief-adults-experiences-in-accessing-medical-care/>.
- <sup>2</sup> Elizabeth M. Allen et al., “Barriers to Care and Healthcare Utilization Among the Publicly Insured,” *Medical Care* 55, no. 3 (March 2017): 207–214, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5309146/>.
- <sup>3</sup> Phil Galewitz, “Medicaid Vaccination Rates Founder as States Struggle to Immunize Their Poorest Residents,” KHN (Kaiser Health News), August 27, 2021, <https://khn.org/news/article/medicaid-vaccination-rates-founder-as-states-struggle-to-immunize-their-poorest-residents/>.
- <sup>4</sup> Allen et al., “Barriers to Care.”
- <sup>5</sup> “Physician Acceptance of New Medicaid Patients: Findings from the National Electronic Health Records Survey,” Medicaid and CHIP Payment and Access Commission (MACPAC), June 2021, <https://www.macpac.gov/wp-content/uploads/2021/06/Physician-Acceptance-of-New-Medicaid-Patients-Findings-from-the-National-Electronic-Health-Records-Survey.pdf>.
- <sup>6</sup> Allen et al., “Barriers to Care.”
- <sup>7</sup> MACPAC, “Adults’ Experiences in Accessing Medical Care.”
- <sup>8</sup> “Access in Brief: Experiences in Accessing Medical Care by Race and Ethnicity,” Medicaid and CHIP Payment and Access Commission (MACPAC), February 2022, [https://www.macpac.gov/wp-content/uploads/2022/02/MACPAC-Access-in-Brief\\_Race-and-Ethnicity-Feb-2022.pdf](https://www.macpac.gov/wp-content/uploads/2022/02/MACPAC-Access-in-Brief_Race-and-Ethnicity-Feb-2022.pdf).
- <sup>9</sup> MACPAC, “Accessing Medical Care by Race and Ethnicity.”
- <sup>10</sup> Emmarie Huetteman, “Covid Vaccine Hesitancy Drops Among All Americans, New Study Shows,” KHN (Kaiser Health News), March 30, 2021, <https://khn.org/news/article/covid-vaccine-hesitancy-drops-among-americans-new-kff-survey-shows/>.
- <sup>11</sup> Manatt Health, “Strategies for States to Drive Equitable Vaccine Distribution and Administration,” State Health and Value Strategies (SHVS), Princeton University School of Public and International Affairs, August 2021, <https://www.shvs.org/wp-content/uploads/2021/08/State-Strategies-to-Drive-Equitable-Vaccine-Issue-Brief-Final.pdf>.
- <sup>12</sup> Kelly Murphy and Sandra Wilkniss, “Equity in COVID-19 Vaccines: Emerging Lessons From the Front Lines,” Families USA, April 8, 2021, <https://familiesusa.org/resources/equity-in-covid-19-vaccines-emerging-lessons-from-the-front-lines/>.
- <sup>13</sup> Shawna De La Rosa, “NCDHHS Teams Up With NC Counts Coalition to Get Shots in Arms,” State of Reform, March 25, 2021, <https://stateofreform.com/featured/2021/03/ncdhhs-teams-up-with-nc-counts-coalition-to-get-shots-in-arms/>.
- <sup>14</sup> Centers for Medicare & Medicaid Services, “Biden-Harris Administration Makes 100% Federal Matching Funds Available for State Expenditures on Certain COVID-19 Vaccine Counseling Visits for Children and Youth,” CMS.gov, December 2, 2021, <https://www.cms.gov/newsroom/press-releases/biden-harris-administration-makes-100-federal-medicare-matching-funds-available-state-expenditures>.
- <sup>15</sup> Abigail Painchaud, “States Respond to COVID-19: Medicaid Reimbursement for Vaccine Counseling,” America’s Essential Hospitals, August 24, 2021, <https://essentialhospitals.org/policy/states-respond-covid-19-medicare-reimbursement-vaccine-counseling/>.
- <sup>16</sup> Commonwealth of Massachusetts, “Baker-Polito Administration Announces COVID-19 Vaccine Payment Rate Updates, Authorizing of Additional Individuals to Administer COVID-19 Vaccinations,” Mass.gov, March 26, 2021, <https://www.mass.gov/news/baker-polito-administration-announces-covid-19-vaccine-payment-rate-updates-authorizing-of-additional-individuals-to-administer-covid-19-vaccinations>.

<sup>17</sup> Ohio Association of Health Plans, “Helpful Provider & Pharmacy Resources for the COVID Vax on the Spot Campaign,” Vax on the Spot, accessed March 1 2022, <https://www.covidvaxonthespot.com/providers/>.

<sup>18</sup> DHCS, “Medi-Cal COVID-19 Vaccinations.”

<sup>19</sup> Rebecca Cooper et al., “Strategies to Increase COVID-19 Vaccination Rates in Medicaid Enrollees: Considerations for State Leaders,” National Academy for State Health Policy and Duke University Margolis Center for Health Policy, December 2021, [https://www.nashp.org/wp-content/uploads/2021/12/Duke-NASHP\\_MedicaidVaxRates\\_Brief\\_v5.pdf](https://www.nashp.org/wp-content/uploads/2021/12/Duke-NASHP_MedicaidVaxRates_Brief_v5.pdf).

<sup>20</sup> Cooper et al., “Strategies to Increase COVID-19 Vaccination.”

<sup>21</sup> Cooper et al., “Strategies to Increase COVID-19 Vaccination.”

<sup>22</sup> Cooper et al., “Strategies to Increase COVID-19 Vaccination.”

<sup>23</sup> William K. Bleser et al., “Pandemic-Driven Health Policies to Address Social Needs and Health Equity,” *Health Affairs*, March 10, 2022, <https://www.healthaffairs.org/doi/10.1377/hpb20220210.360906/full/>.

#### Acknowledgement

*We would like to thank the team members at [Symphonic Strategies](#) for their work in conducting this important research with us.*

This publication was written by:

Becca Gordon, Policy Project Coordinator, Families USA

Audrey Richardson, Policy Analyst, Families USA

Kelly Murphy, Director of Early Childhood & Maternal Health, Families USA

The following Families USA staff contributed to the preparation of this material (listed alphabetically):

Chantez Bailey, Director, Communications

Justin Charles, Digital Media Associate

Nichole Edralin, Senior Manager, Design and Publications

Sara Lonardo, Senior Director, Communications

Adina Marx, Communications Associate

Lydia Orth, Director, Medicaid Initiatives

The following professional contributed to the preparation of this material:

Janet Roy, Graphic Designer



1225 New York Avenue NW, Suite 800, Washington, DC 20005  
 202-628-3030 [info@familiesusa.org](mailto:info@familiesusa.org) [FamiliesUSA.org](http://FamiliesUSA.org) [facebook / FamiliesUSA](https://www.facebook.com/FamiliesUSA) [twitter / @FamiliesUSA](https://twitter.com/FamiliesUSA)