

Implementation Plan for NVAC Finance Recommendations: Assuring Vaccination of Children and Adolescents without Financial Barriers

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DEPARTMENT OF HEALTH AND HUMAN SERVICES



Scope of Presentation

- NVAC approved pediatric and adolescent finance recommendations September 16, 2008
- Assistant Secretary of Health (ASH) received recommendations December 9, 2008
- Cost estimates presented at February 2009 meeting
- Next Steps: Implementation Plan



Background- Implementation Plan (IP)

- NVAC requested an implementation plan after approving the pediatric finance recommendations
- NVPO coordinated with CDC and CMS to develop activities for implementing the finance recommendations
- Examples of types of activities include:
 - Monitoring external stakeholder activities
 - Reaching out to external stakeholders
- Recommendations which require legislative change do not have activities listed in the IP



Centers for Disease Control and Prevention (CDC)

Rec. #	Recommendation	Implementation Plan
1	Extend VFC eligibility for Underinsured to be served in public health department clinics in addition to FQHCs and RHCs.	N/A*
2	Expand VFC to cover vaccine administration reimbursement for all VFC-eligible children and adolescents.	N/A*
14	Congress to request an annual report about the size and scope of the 317 program appropriations needed and ensure adequate funding. 2010 Report available at: http://www.317coalition.org/legislativeupdate/senate317reportfinal.pdf	N/A*
19	Expand section 317 funding to support the additional national, state and local health infrastructure needed for adolescent (and children) vaccination programs for new recommendations (i.e. Influenza).	N/A*
Source: CDC		
*Requires legislative change		



Centers for Disease Control and Prevention (CDC)

Rec. #	Recommendation	Implementation Plan
3	CDC and CMS to publish and update Medicaid administration reimbursement rates by state.	<p>Table of 2008 Medicaid administration reimbursement rates are currently available on CMS website.</p> <p>Available at: http://www.cms.hhs.gov/MedicaidCHIPQualPrac/Downloads/VFC_RMR.pdf</p>
10	CDC, professional organizations and other stakeholders to support employer health education efforts.	Continue the CDC Business Group cooperative agreement, which funds promotion of preventive services including immunization among employer groups.
15	CDC and CMS collect and publish data on the costs associated with private and public purchase vaccine administration, every five years.	CDC will continue to fund external studies and support internal studies of the full cost to administer vaccines.
CDC, CMS		



Centers for Disease Control and Prevention (CDC)

Rec. #	Recommendation	Implementation Plan
18	Substantially decrease the time from creation to official publication of ACIP recommendations.	<p>Provisional ACIP recommendations are posted online following a Committee vote, and are thus available prior to official publication.</p> <p>MMWR publication slots are being scheduled in anticipation of ACIP recommendations.</p>
20	Continue federal funding for cost benefit studies of vaccinations targeted for children and adolescents.	NONE NEEDED, this is already being done
21	Increase number of providers who participate in VFC.	CDC is providing funding to its immunization grantees to conduct outreach activities for VFC
Source: CDC		



Centers for Disease Control and Prevention (CDC)

Rec. #	Recommendation	Implementation Plan
22	State and localities develop mechanisms for billing underinsured children and adolescents served in the public sector. CDC to provide best practices guidance.	<p>CDC will work with ASTHO and AIM, who are developing billing guidance for states, to provide technical assistance as needed.</p> <p>American Recovery and Reinvestment Act of 2009 allocated funding to CDC to assist grantees to develop the capacity for billing health insurance plans for services provided to health plan members by health department clinics.</p>
23	Ensure adequate funding to cover all costs associated with adolescent immunization requirements for school attendance.	N/A- performed at state level

Source: NVPO/Adolescent WG



Centers for Disease Control and Prevention (CDC)

Rec. #	Recommendation	Implementation Plan
24	Promote shared public and private sector approaches to funding school based and other complementary venue adolescent immunization efforts.	<ol style="list-style-type: none"> 1. Gather information from states to determine how/ if they fund school/complementary based immunization efforts (i.e. seasonal flu clinics) 2. If so, determine how effective these approaches are in increasing vaccination rates amongst adolescents 3. Determine what the costs would be to implement school/complementary based immunization efforts (training for school nurses, managing healthcare records, maintaining inventory, etc). 4. Determine the effects on the private/public sector relationship if schools embark on immunization efforts 5. Explore incentives for a public-private partnership
Source: CDC		



Centers for Medicare & Medicaid (CMS)

Rec. #	Recommendation	Implementation Plan
4	CMS to update and publish the maximum allowable Medicaid reimbursement information for all states.	CMS is processing this recommendation.
5	Increase the federal match for vaccine administration reimbursement in Medicaid.	N/A*
Source: CMS		



National Vaccine Program Office (NVPO)

Rec. #	Recommendation	Implementation Plan
6	<p>AMAs RVS Update Committee to review the RVU coding to accurately reflect non-vaccine costs of vaccination including the potential cost and savings from the use of combination vaccines.</p>	<p>NVPO to monitor activities from key stakeholder groups:</p> <p>March 2009- NVAC submitted a letter to AMA to express their support of incentives and appropriate reimbursement for the use of combination vaccines.</p> <p>AAP met in June 2009 and were successful in obtaining new CPT codes for immunization administration. The new codes will replace 90465-90468 starting January 1, 2011.</p> <p>AAP will present valuation recommendations during the October 2009 RUC meeting. Final RUC recommendations will be forwarded to CMS for consideration in the 2011 RBRVS.</p>

Source: NVPO



National Vaccine Program Office (NVPO)

Rec. #	Recommendation	Implementation Plan
7	Vaccine manufacturers and 3rd party distributors of vaccine to work with providers to reduce the financial burden of maintaining vaccine inventories.	NVPO to monitor activities from key stakeholder groups: Ex: American Academy of Pediatrics, District II has established a new partnership with Atlantic Health Partners. Atlantic Health Partners offers a vaccine program to save money and advocate on the provider's behalf to negotiate a discounted price with two vaccine manufactures, Merck and Sanofi Pasteur. The program is free of charge for providers.
8	Medical organizations to educate their members on best business practices associated with immunizations. Organizations may receive assistance from CMS.	NVPO to monitor activities from key stakeholder groups: NVPO to participate in quarterly conference calls hosted by CMS/Office of External Affairs (OEA) to outreach to external stakeholders (e.g. long term care and mental health providers).

Source: NVPO



National Vaccine Program Office (NVPO)

Rec. #	Recommendation	Implementation Plan
9	Providers partner together to purchase vaccines to reduce costs.	NVPO to monitor activities from key stakeholder groups (e.g. AAP).
11	Health insurers and all private payers to adopt flexible contract language to permit coverage & reimbursement for new/altered ACIP recommendations & periodic price changes.	NVPO to monitor activities from key stakeholder groups [e.g. AHIP, National Business Group on Health (NBGH)].

Source: NVPO



National Vaccine Program Office (NVPO)

Rec. #	Recommendation	Implementation Plan
12	All public and private health insurance plans should voluntarily provide first dollar coverage for all costs associated with the acquisition, handling, storage and administration for all ACIP recommended vaccines.	<p>NVPO to monitor activities from key stakeholder groups (AHIP, NBGH).</p> <p>NVPO is currently in the process of selecting a contractor to address this recommendation. An update will be provided at the February NVAC meeting.</p>
13	Health insurers and purchasers of health care should assure reimbursement for vaccinations in their plans are based on sound methodologies.	<p>NVPO to monitor activities from key stakeholder groups (AHIP, NBGH).</p>

Source: NVPO



National Vaccine Program Office (NVPO)

Rec. #	Recommendation	Implementation Plan
16	NVPO calculate the marginal increase in insurance premiums if insurance plans were to provide coverage for all routinely ACIP-recommended vaccines.	ASPE presented preliminary data from a report entitled “2009 Premiums for Routine Immunizations” at the June 2009 NVAC meeting.

Source: NVPO



National Vaccine Program Office (NVPO)

Rec. #	Recommendation	Implementation Plan
17	NVAC convene expert panels to determine if policy options could be developed to address stakeholder concerns about financing hurdles for the private sector (i.e. tax credit, etc).	<ol style="list-style-type: none">1. NVPO to monitor activities from key stakeholder groups and legislative activity.2. Three bills have been introduced in the House and Senate which declare the elimination of cost sharing for all ACIP recommended vaccines covered under private insurance plans.

Source: NVPO



Conclusion

- **Full text of finance recommendations:**
<http://www.hhs.gov/nvpo/nvac/CAVFRrecommendationsSept08.html>
- NVPO will continue to monitor and update the IP as needed
- NVAC recommendations, supporting background, studies, and commentaries will be published as a supplement to Pediatrics in December 2009.

