

2009-H1N1 Influenza Vaccination Program Financing Recommendations

from

the National Vaccine Advisory Committee

Implementation Plan

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Background

H1N1 Financing Recommendations:

- Based on principles of the pediatric and adolescent financing recommendations (approved September 2008)
- **Assumptions: Federal government will**
 1. purchase all doses of vaccine and work through states to distribute vaccine
 2. provide funds to help implement vaccination programs at the state level
 3. provide funds for vaccine administration fees for patients seen in public health clinics



Rec #1 – first dollar coverage for administration

All public and private health insurance plans should voluntarily provide first-dollar coverage (i.e., no deductibles or co-pays) for the administration of 2009-H1N1 influenza vaccine administered in any setting (e.g., pharmacies, work sites, mass vaccination clinics in alternate venues). All government sponsored programs providing healthcare for uniquely defined populations (e.g. Bureau of Prisons, Department of Defense, Indian Health Service, Department of Veterans Affairs) should voluntarily provide first-dollar coverage for administration of 2009-H1N1 influenza vaccine to their beneficiaries in venues where those beneficiaries are traditionally served.

ASH continues to encourage flexibility in allowing use of out of network providers, waiving co-pays and deductible requirements.



Rec #2 – reimbursement rates for administration

All public and, on a voluntary basis, private health insurance plans should reimburse providers for administration of 2009-H1N1 influenza vaccine to, at a minimum, the nationally established Medicare payment rate, including geographic adjustment for each Medicare payment locality. Reimbursements should factor in all costs associated with administration of 2009-H1N1 influenza vaccine (including, for example, vaccine handling, storage, labor, patient or parental education, and record keeping).

CMS issued guidance on billing for the admin of H1N1 influenza vaccine.

<http://www.cms.hhs.gov/MLNMArticles/downloads/SE0920.pdf>



Vaccine coding policies

Medicare will pay for the admin of H1N1 influenza vaccine at the same rate as seasonal influenza. No co-pays or deductibles are required.

Two new HCPC codes for billing:

G9141-vaccine administration (includes patient counseling)

G9142-vaccine

AMA CPT coding caucus is working to incorporate more specific CPT codes to make distinctions between the various formulations.

For example,

live

versus inactivated

preservative free

preserved

adjuvanted

unadjuvanted



Recommendation #3 – reimbursement

CMS should establish a national policy whereby the federal government provides 100% reimbursement, at the nationally established Medicare payment rate, for the administration of 2009-H1N1 influenza vaccine to Medicaid and SCHIP beneficiaries and to other non-Medicaid Vaccines for Children program (VFC)-eligible children served by VFC providers.

CMS is processing this recommendation.



Recommendation #4 – community vaccinators

Appropriately licensed and credentialed community vaccinators (including pharmacies, urgent care clinics, and retail-based clinics) and national, regional and local insurance plans should work together to develop formalized relationships allowing community vaccinators to bill these insurance plans for administration of 2009-H1N1 influenza vaccine to plan beneficiaries.



Rec #5 – community vaccinators

CMS should establish a national policy whereby appropriately licensed and credentialed community vaccinators are permitted to bill Medicaid – including via roster billing – for administration of 2009-H1N1 influenza vaccine to Medicaid beneficiaries outside the provider office, without requiring each state to obtain a Section 1115 Medicaid State Waiver.

CMS is considering this recommendation.



Recommendation #6 – funding to states

Funding to support mass immunization campaigns for 2009-H1N1 influenza managed by state and local health departments should be allocated to states from the unobligated contingency funds authorized in the Supplemental Appropriations Act of 2009 (\$335M in funding for state and local immunization planning was announced on July 17, 2009; assessment of funding needs for states should be ongoing).

Public Health Emergency Response funding status

- \$508 million awarded to states to date
 - \$846 million to be awarded about October 1
- These funds intended to support vaccination



Next steps

- **Continue to work with stakeholders during this public health emergency**
- **Outstanding operational and implementation issues to be resolved**
- **Continue to update NVAC as things change**