

NVAC Adult Working Group Financing Issues: Discussion

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Approach for Considering Adult Immunization Financing Issues

- Consider overarching issues to be addressed in adult immunization financing
- Review relevant issues from NVAC Financing Working Group recommendations for childhood vaccines
- Combine NVAC Adult and Vaccine Financing Working Groups, as appropriate, to address issues listed above
- Identify other expertise necessary for the combined group, outside of NVAC



Other Issues

- Adult Immunization WG already recommended Medicare cover all vaccines under part B
- Should assure all uninsured adults have access to vaccines
- Should assure all Medicaid programs pay for recommended vaccines



NVAC Financing WG Recommendations relevant to Adult Immunization - 1

- Recommendation #4. NVAC recommends CMS update the maximum allowable Medicaid administration reimbursement amounts for each state and include all appropriate non-vaccine related costs as determined by current studies. These efforts should be coordinated with AMA's review of RVU coding (Recommendation #6).
- Recommendation #5. NVAC recommends increasing the federal match (i.e. a larger federal proportion) for vaccine administration reimbursement in Medicaid to levels for other services of public health importance (e.g. family planning services).



NVAC Financing WG Recommendations relevant to Adult Immunization - 2

- Recommendation #7. NVAC recommends vaccine manufacturers and third-party vaccine distributors work with providers on an individual basis to reduce the financial burden for initial and ongoing vaccine inventories, particularly for new vaccines. This may include extending payment periods (e.g. from 60 days to 90 or over 120 days), or until vaccine has been administered and reimbursed. It may also include options not related to payment terms for vaccine inventory.
- Recommendation #8. NVAC recommends professional medical organizations provide their members with technical assistance on efficient business practices associated with providing immunizations, such as how to contract and bill appropriately. Medical organizations should identify best business practices to assure efficient and appropriate use of ACIP recommended vaccines and appropriate use of CPT codes, including Evaluation and Management (E&M) codes, when submitting claims for vaccines and vaccine administration. These organizations may receive federal assistance from CMS or other relevant agencies.

NVAC Financing WG Recommendations relevant to Adult Immunization - 3

- Recommendation #9. NVAC recommends medical providers, particularly in smaller practices, should participate in pools of vaccine purchasers to obtain volume ordering discounts. This may be done by individual providers joining or forming purchasing collaboratives, or through a regional vaccine purchasing contract held by professional medical organizations on behalf of providers.
- Recommendation #10. NVAC recommends CDC, professional medical organizations, and other relevant stakeholders develop and support additional employer health education efforts. These efforts should communicate the value of good preventive care including recommended vaccinations.



NVAC Financing WG Recommendations relevant to Adult Immunization - 4

- Recommendation #11. NVAC recommends health insurers and all private healthcare purchasers adopt contract benefit language that is flexible enough to permit coverage and reimbursement for new or recently altered ACIP recommendations as well as vaccine price changes that occur in the middle of a contract period.
- Recommendation #12. NVAC recommends that all public and private health insurance plans voluntarily provide first-dollar coverage (i.e., no deductibles or co-pays) for all ACIP-recommended vaccines and their administration for [adults].

NVAC Financing WG Recommendations relevant to Adult Immunization - 5

- Recommendation #13. NVAC recommends that insurers and healthcare purchasers should develop reimbursement policies for vaccinations that are based on methodologically sound cost studies of efficient practices. These cost studies should factor in all costs associated with vaccine administration (including, for example, purchase of the vaccine, handling, storage, labor, patient or parental education, and record keeping).
- Recommendation #14. NVAC recommends Congress request an annual report on the CDC's professional judgment of the size and scope of the Section 317 program appropriation needed for vaccine purchase, vaccination infrastructure, and vaccine administration. Congress should ensure that Section 317 funding is provided at levels specified in CDC's annual report to Congress.

NVAC Financing WG Recommendations relevant to Adult Immunization - 6

- Recommendation #15. NVAC recommends CDC and CMS continue to collect and publish data on the costs and reimbursements associated with public and private vaccine administration according to NVAC standards for vaccinating [adults]. These costs include costs associated with the delivery of vaccines, such as purchase of the vaccine, handling, storage, labor, patient or parental education, and record keeping. NVAC recommends that these published data be updated every five years and also include information about reimbursement by provider type, geographic region, and insurance status. States and local health departments should use this information in determining vaccine administration reimbursements rates in Medicaid.
- Recommendation #18: NVAC recommends that the CDC substantially decrease the time from creation to official publication of ACIP recommendations in order to expedite coverage decisions by payers to cover new vaccines and new indications for vaccines currently available.

NVAC Financing WG Recommendations relevant to Adult Immunization - 7

- Recommendation #19: NVAC recommends that Congress expand Section 317 funding to support the additional national, state and local public health infrastructure (e.g., widespread and effective education and promotion for healthcare providers, [and adult patients]; coordination of supplementary and alternative venues for adolescent vaccinations; record keeping and registries; vaccine safety surveillance; disease surveillance) needed for adolescent vaccination programs as well as childhood vaccination programs for new recommendations such as universal influenza vaccination
- Recommendation #20: NVAC recommends continuation of federal funding for cost-benefit studies of vaccinations targeted for [adults].

NVAC Financing WG Recommendations relevant to Adult Immunization - 8

- Recommendation #22. NVAC recommends states and localities develop mechanisms for billing insured [adults] served in the public sector. NVAC recommends CDC provide support to states and localities by disseminating best practices and providing technical assistance to develop these billing mechanisms. (This may require additional resources not currently in CDC's immunization program budget.) Further, NVAC urges states and localities to reinvest reimbursements from public and private payers back into immunization programs.
- Recommendation #24: NVAC recommends promotion of shared public and private sector approaches to help fund complementary-venue [adult] immunization efforts.

Other Expertise Necessary for Combined Adult/Financing Group

- Health economist(s)
- Employer representative(s)
- State legislature representative(s)
- Consumer representative(s)



Next Steps

- Concur on additional experts to be added to WG
- Discussion of how NVAC Adult and Financing Working Groups will partner
- Set agenda; which issues should be discussed
- Discuss and refine recommendations and present to the full Committee

