

Health Reform and Vaccine Policy and Practice

2010 Association of Immunization Managers
Program Meeting

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PRESENTATION OVERVIEW

1. What is health reform
2. What are the goals of health reform
3. Public and Private Insurance Coverage of Immunizations
4. Federal Funding for Vaccine Programs
5. Quality
6. Research Opportunities
7. Access

WHAT IS HEALTH REFORM???????

HEALTH REFORM IS:

- The Patient Protection and Affordable Care Act (PPACA) (Signed March 23, 2010)
- The Health and Education Reconciliation Act (Signed March 30, 2010)
- Several regulations designed to explain & implement the laws (Preventive Services, Grandfathering)

WHAT ARE THE GOALS OF HEALTH REFORM??????

THE GOALS OF HEALTH REFORM ARE TO:

- Extend health insurance coverage to 94% of Americans
- Lower the cost of health care
- Improve quality of health care

**VACCINES ARE
EXPLICITLY & IMPLICITLY
ADDRESSED THROUGHOUT THE
STATUTE**

**ALL TYPES OF INSURANCE WILL
BE REQUIRED TO COVER
IMMUNIZATIONS**

INSURANCE COVERAGE OF IMMUNIZATIONS

<p>State Regulated (Non-Grandfathered) Plan years beginning on/after 9/23/10</p>	<ol style="list-style-type: none"> 1. Dependent coverage required to age 26 2. Must cover ACIP recommended vaccines 3. No cost-sharing
<p>State Regulated (Grandfathered)</p>	<ol style="list-style-type: none"> 1. Dependent coverage required to age 26 (1/1/14) 2. Not required to cover immunizations 3. Will continue current coverage policy
<p>State Exchange Plans</p>	<ol style="list-style-type: none"> 1. Must cover ACIP recommended vaccines 2. No cost-sharing
<p>Medicaid</p>	<ol style="list-style-type: none"> 1. CURRENT ADULT ENROLLEES: Coverage remains optional 2. NEWLY ELIGIBLE ADULTS (1/1/14): Must provide benchmark coverage = essential health benefits, likely to include vaccines 3. 1/1/13: States that cover adults up to ACIP standard will receive 1% FMAP increase
<p>Medicare</p>	<ol style="list-style-type: none"> 1. An annual wellness visit 2. Development of a personalized prevention plan including education related to immunizations 3. No cost sharing

GRANDFATHERED PLANS

Private plans in effect 3/23/10, may retain current coverage practices

ROUTINE CHANGES (Permissible)	SIGNIFICANT CHANGES (Not Permissible)
Cost Adjustments that keep pace with medical inflation	Reducing or eliminating existing coverage
Adding new benefits	Increasing deductibles or copayments by more than the rate of medical inflation + 15%
Making modest adjustments to existing benefits	Requiring consumers to switch to another grandfathered plan in order to avoid new consumer protections
Voluntarily adopting consumer protections under new law	Merging with another plan in order to avoid complying with health reform
Changes to comply with state/federal requirements	

Source: Group Health Plans and Health Insurance Coverage relating to status as a grandfathered health plan under the PPACA; interim final rule and proposed rule, 75 Fed. Reg. 34,538 at 34,543 (June 17, 2010)

HEALTH INSURANCE EXCHANGES

State/regional marketplace of private health insurance that must provide a certain level of benefits

ELIGIBILITY

1. Employees of small employers (100 or fewer employees)
2. Individuals
3. Small employers

SUBSIDIES

Available for individuals and families with low and moderate income

Source: Title I; Subtitle D Title IV, Subtitle B

MEDICAID

MEDICAID: EXPANDED ELIGIBILITY

<p>NEW MANDATORY CATEGORIES</p> <p>Effective Date: 01/01/14</p>	<p>ADULTS: All “newly-eligible” individuals with income = or <133% FPL, 2009: \$14,404 single, \$29,327 family of 4</p> <p>CHILDREN AGES 6 to 19: Changes from 100%-133% FPL</p> <p>FORMER FOSTER CARE CHILDREN: If aged out by 03/23/10</p>
<p>OPTIONAL CATEGORIES</p> <p>Effective Date: 07/01/10</p>	<p>All non-elderly, non-pregnant not entitled to Medicare above 133% of FPL through a State Plan Amendment</p>
<p>LEGAL IMMIGRANTS</p> <p>Section 10104</p>	<p>Income less than 133% FPL. Five-year waiting period during which will be eligible for exchange purchasing and subsidies</p>

Source: Title II, Subtitle A – Improved Access to Medicaid; Section 2001. Medicaid coverage for the lowers income populations

MEDICAID: IMMUNIZATION COVERAGE

Adults

OPTIONAL

States may elect to provide:

1. Adult immunizations recommended by the ACIP &
2. Vaccine administration for adults

FMAP INCREASE

1. States that **elect** to cover adult vaccines &
2. Prohibit cost-sharing
3. Will receive increased FMAP of 1% for immunization services

Source: Title IV – Prevention of Chronic Disease and Improving Public Health; Subtitle B – Increasing Access to Clinical Preventive Services; Sec. 4106. Improving access to preventive services for eligible adults in Medicaid

MEDICAID: PRIMARY CARE SERVICES

PRIMARY CARE SERVICES	Includes services related to immunization administration for vaccines and toxoids
REIMBURSEMENT:	<p>At least 100% of Medicare payment rates only in 2013 & 2014</p> <p>States will receive 100% federal funding for:</p> <ul style="list-style-type: none"> • The difference between current state payment rates & the Medicare payment rate
ELIGIBLE PROVIDERS	<p>Physicians who provide primary care services, & specialize in:</p> <ul style="list-style-type: none"> • Family • General • Internal • Pediatric Medicine

Source: The Health Care and Education Reconciliation Act TITLE I – COVERAGE, MEDICARE, MEDICAID AND REVENUES; Subtitle C – Medicaid ; Sec. 1202. Payments to primary care physicians.

MEDICARE

MEDICARE Part B: VACCINES

Enacted in 1965: Excluded coverage of vaccines as preventive services

ELIGIBLE POPULATIONS: Individuals entitled to Part A & others age 65 & older

1981	Pneumococcal (once per lifetime)
1984	Hepatitis B (risk-based)
1993	Influenza (annually)
1993	Administration Fee (Regional differences)

MEDICARE PART D - VACCINES

Includes Vaccines not covered under part B

Source: Medicare: A Primer. March 2007. Kaiser Family Foundation. www.kff.org

MEDICARE Part B: REIMBURSEMENT

REIMBURSEMENT FOR PREVENTIVE SERVICES:

Any preventive services furnished by an outpatient department of a hospital shall be reimbursed at 100%, rather than under the prospective payment system for outpatient departments.

HOSPITAL OUTPATIENT DEPARTMENT

PREVENTIVE SERVICES:

1. Pneumococcal, influenza and hepatitis B vaccines
2. Initial preventive physical examination
3. Personalized prevention plan services

Source: TITLE IV - PREVENTION OF CHRONIC DISEASE AND IMPROVING PUBLIC HEALTH; Subtitle B – Increasing Access to Clinical Preventive Services

FUNDING FOR VACCINE PROGRAMS

FUNDING FOR VACCINE PROGRAMS

CDC CONTRACTS

States may use State funds to purchase adult vaccines under CDC contracts.

GRANTS

Provides grants to States to improve immunization coverage of children, adolescents, and adults through the use of evidence-based interventions as recommended by the Community Preventive Services Task Force:

- Reminders or recalls for patients or providers
- Home visits

SECTION 317

Reauthorized:
\$662 million is allocated but not yet approved for FY2011

SOURCE: TITLE IV - Prevention Of Chronic Disease and Improving Public Health; *Subtitle C – Creating Healthier Communities*; Sec. 4204. Immunizations.

QUALITY

Center for Medicare & Medicaid Innovation (CMI)

Operational 1/1/11

RESPONSIBLE AGENCY

Centers for Medicare and Medicaid Services (CMS)

FUNDING

Allocated \$10 billion from 2011 to 2019

PURPOSE

1. Choose from 20 models to test innovative service delivery & payment methods that could reduce costs while preserving or enhancing health care quality for Medicare and Medicaid enrollees and dual eligibles
2. The Secretary granted broad authority to implement chosen models without administrative or legal review

PREFERRED MODELS

1. Models that could improve the:
 - coordination, quality and efficiency of health care services &
2. May be limited to particular geographic areas.

SOURCE: TITLE III, Subtitle A Sec. 3021 and Title X, Subtitle C, Sec. 10306

RESEARCH

MEDICARE: RESEARCH & OUTREACH

**STUDY:
OFFICE OF
THE
INSPECTOR
GENERAL**

Compare prescription drug prices paid under the Medicare Part D program to those paid under State Medicaid programs.

**STUDY:
GENERAL
ACCOUNTING
OFFICE**

GAO is authorized to study:

- the ability of Medicare beneficiaries to access recommended vaccines covered under Medicare Part D

Source: Title III – Improving the Quality and Efficiency of Health Care; Subtitle D – Medicare Part D Improvements for Prescription Drug Plans and MA-PD Plans, Sec. 3313. Office of the Inspector General studies and reports.
Title IV – Prevention of Chronic Disease and Improving Public Health; Subtitle B – Increasing Access to Clinical Preventive Services

ACCESS

COMMUNITY HEALTH CENTERS

Provide comprehensive primary health care in underserved urban and rural communities

2009: Administered 3.7 million non-flu vaccinations to 2.6 million patients

FUNDING	\$9.5 billion to expand operations \$1.5 billion for capital investment. \$1.5 billion for National Health Services Corps
WORKFORCE	Establishes “teaching health centers” to recruit & train the primary care workforce
DELIVERY SYSTEM	CHCs may participate in CMI pilot/demonstration programs that emphasize comprehensive care, quality improvement and health system transformation

Source: Title X, Subtitle E, Sec. 10503