

Increase in Vaccine Administration Rates

Summary of State Stakeholder Meetings

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Why this provision?

- ▶ Administration rate as a barrier
 - Low payment to providers for the administration of vaccines.
 - The cost of providing immunizations is high – storage, counseling, data management, etc.
 - May be a disincentive for providers to continue to provide the service or to get into the business.

Federalization of the Administration Fee

- ▶ In an effort to address the noted financial barrier, a 2 year provision in the Affordable Care Act permits the use of federal funds to cover the difference between the state Medicaid reimbursement rate and the regional Medicare rate.
- ▶ The rule updates the regional maximum fees for VFC (last updated in 1994)
- ▶ Example Georgia current rate \$14.81, now \$21.93

How will this Work?

- ▶ The provision goes into effect January 1, 2013.
- ▶ Will it have an impact?
- ▶ Are states ready?
- ▶ Can we measure the impact?

State Stakeholder Meetings

- ▶ Held a series of meetings with state health officials, immunization managers, Medicaid staff, provider groups, etc.
- ▶ Meetings were held in:
 - Boston, Massachusetts
 - Seattle, Washington
 - Salt Lake City, Utah
 - Jackson, Mississippi

Will the provision have an impact?

- ▶ Pediatric vs. Adult Providers (eligible providers – family, internal, pediatric)
- ▶ High volume vs. low volume practice
- ▶ State and local health department eligibility?

Who's Eligible?

- ▶ ...the increased payment for primary care services would be required for services furnished by or under the personal supervision of a physician who is one of the primary care specialty or subspecialty types designated in the regulation.
- ▶ ...therefore services provided by pharmacists or independently practicing nonphysician practitioners not under the supervision of an eligible physician are excluded.

State Health Departments?

- ▶ ... eligible services are those reimbursed on a physician fee schedule. Services provided in FQHCs, RHCs and clinics and Health Departments, to the extent that they are reimbursed on an encounter or visit rate, are not eligible for higher payment...
- ▶ If a health department uses an eligible provider code and bills on a fee schedule, may be eligible.

Are States Ready?

▶ Challenges for states:

- The Final Rule was released November 1, 2012. (Printed in the Federal Register Tuesday November 6, 2012) (ideally states have 6 months after final rule)
- This is one of many new provisions that state Medicaid programs have to implement.
- Systems will need to be developed for identifying who is eligible, how to apply this to managed care providers, etc.
- May be delays in implementation

Data Collection

- ▶ A new requirement has been added “to require that states collect and report to CMS data on the impact of the higher rates on physician participation. That data will assist Congress in determining whether or not to extend the provisions of this rule beyond the end of CY 2014.”
- ▶ What is the plan for collecting this data in your state? Are they including the immunization piece?

Options for Next Steps

- ▶ ASTHO White Paper – available at <http://www.astho.org/Programs/Immunization/>
- ▶ Includes specific suggestions generated from the state meetings, for example:
 - Focus an outreach effort to adult providers (sample letter included)
 - Look at both pre and post provision CMS claims data – id increase in adult providers.
 - Conduct pre and post provider surveys.

Items to follow-up on

- ▶ State and local health department eligibility in your state
- ▶ Are there providers in your state that would be interested? Plan to reach out to them.
- ▶ Possibly target adult providers
- ▶ Manage expectations – understand from your Medicaid program when they will be implementing – may have to back-pay.

Items to follow-up on...

- ▶ What data is your state planning on reporting?
- ▶ Consider ways to measure impact in your state on access, quality, provider willingness to participate. –
- ▶ For example – information could be sent to providers about immunization storage and handling, communications material, reminders about immunization registry value, etc.

A unique opportunity that requires creative evaluation

- ▶ While this provision may not be a panacea of hope... it does provide an opportunity for evaluation and possibly an opportunity to improve quality of services.
- ▶ There are certainly challenges – but my hope is that despite the obstacles – states can generate some information that illustrates the benefit of the increase.

Thanks!

- ▶ Happy to take questions...