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Increasing Access to Adult Immunizations

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Presentation Overview

1. Health Plan's Coverage of Vaccines
2. Benefit Design and Delivery System – An Overview
3. Challenges and Opportunities



Health Plans' Coverage of Vaccines



Coverage of ACIP-recommended Adult Vaccines

1. Health plans provide first-dollar coverage for all ACIP recommended routine vaccines.
2. Plans often reimburse non-traditional providers such as pharmacies, retail clinics, etc. to increase accessibility and vaccination rates.
3. AHIP and its member plans are partnering with CDC and Association of State and Territorial Health Officials (ASTHO) to educate and build infrastructure for public health departments and pharmacies for reimbursement for providing vaccines to insured individuals.
4. AHIP continually disseminates and promotes best practices for increasing vaccination rates among its member plans.



Elements of the Affordable Care Act

- New health plans (non grandfathered plans) are required to cover all ACIP recommendations for vaccines beginning 2010.
- Coverage of ACIP recommendations within one year of adoption.
- No cost sharing for recommended clinical preventive services, including immunizations recommended by ACIP.
- Coverage with no cost-sharing for recommendations set forth by the U.S. Preventive Services Task Force (USPSTF) given a 'A' or 'B' rating.
- Evidence-informed preventive care and screenings for women, infants, children and adolescents, provided for in guidelines supported by the Health Resources and Services Administration (HRSA).



Continuous Quality Improvement

AHIP's 2008 Adult Immunization Survey highlights improvements over time.

- 99.9% of commercial enrollees were enrolled in a plan that based immunization coverage on ACIP recommendations in 2008.
- 95.5% of plans in 2008 took 3 months or less to make a decision to cover new ACIP– recommended vaccines (60.0% in 2005).
- 96.7% of plans in 2008 took 3 months or less to reimburse providers (59.2% in 2005).



Benefit Design and Delivery System – An Overview



Health Plan Enrollment

64% of insured individuals are enrolled in private insurance.

- Employment based health insurance: 55.3%
- Direct purchase health insurance: 9.8%

31% is covered by Government-funded insurance.

- Medicare: 14.5%
- Medicaid: 15.9%

U.S. Census Bureau. 2011. *Income, Poverty, and Health Insurance Coverage in the United States: 2010.* September 2011.



Benefit Plans Determine Coverage within a Health Plan

- **Benefit plans** outline the services provided under the terms of a contract and describes how a service will be provided.
- Benefit plan structures vary by the type of **managed care plan**, the location of service and the provider. Most popular:
 - Health Maintenance Organizations (**HMOs**)
 - Preferred Provider Organizations (**PPOs**)
- Managed care plans contract with a group of health care providers to deliver services (according to the benefits plan). Referred to as "**in-network**".

Contracting Models for Managed Care



Enrollees in an HMO plan:

- **Must select a primary care physician (PCP) from within network to manage all health care needs.**
- Are required to use an in-network PCP or obtain a referral to go outside of network.
- May pay most or all costs for services provided out-of-network.

Enrollees in a PPO plan:

- **May choose a PCP from within the network or from outside the network.**
- Are not required to use a referral to go outside of network.
- May pay a higher cost for services provided outside network.

POS plans combine the components of the HMO and PPO.

Managed Care Enrollment



2011 Annual Survey of Employer-Sponsored Health Benefits: *

Health Maintenance Organizations (HMOs)

- 17% enrollment in 2011

Preferred Provider Organizations (PPOs)

- 55% enrollment in 2011

Point-of-service (POS)

- 10% enrollment in 2011

*Does not include data on direct-purchased private health insurance.

Kaiser Family Foundation and Health Research and Educational Trust. 2011. *Employer Health Benefits: 2011 Survey*. 2011.



Health Plan Delivery System

- Delivery systems employ various contract models based on the benefits plans.
- Health plans have diverse networks which allow them to contract in a variety of ways based on location and service provider:

Medical Benefits Cover	Pharmacy Benefits Cover
Services provided in office-based settings, retail clinics and hospitals.	Services provided at pharmacy
Preventive care, routine medical services and emergency care.	Prescription drugs, including self-administered prescription drugs



Challenges and Opportunities



Vaccine Financing is Complex

1. Wide variability in vaccine purchase prices, dependent on supply.
2. Contracting requirements varies by state and employer.
3. Providers must manage complex aspects of vaccine delivery (i.e. procurement, administration, counseling and storage) to avoid waste.



The Expansion of Public Health

1. The number of people covered by public insurance continues to increase:
 - Private coverage: 64.5% in 2009 and 64.0% in 2010.
 - Public coverage: 30.6% in 2009 and 31.0% in 2010.
 - More people will enter the system in 2014.
2. Immunization rates are higher for persons with private coverage versus public insurance.
3. Well child visits are well established. Adults visit primary care physicians less often for preventive care.
4. Education and awareness.

•U.S. Census Bureau. 2011. "Income, Poverty, and Health Insurance Coverage in the United States: 2010." September 2011.



1. Incorporate practice-level improvements:
 - Hire staff to manage immunizations.
 - Research acquisition options and strategies
 - Understand managed care contracts.
 - Code appropriately for claims submission/reimbursement.
2. Encourage electronic claims submission processes.
3. Develop collaborative relationships with retail clinics to address vaccine financing and administrative challenges.

America's Health Insurance Plans, 2009. *Vaccine Financing*. AHIP Vaccines and Immunization Roundtable Report. August.



Increase Collaboration

1. Plans collaborate with physicians, physician staff, employers and community partners to implement best practices and explore new approaches
2. Plans identified the top strategies for improving immunization rates:
 - Enrollee and Physician education
 - Quality improvement goals
 - Data analysis
 - Reminders
3. *Immunization Innovations* – AHIP's new online compendia of unique programs that can be used as best practices. www.ahip.org.

America's Health Insurance Plans. 2009. *The 2008 Adult Immunization Survey: Practices and Policies of Private Health Insurance Plans*. December 2009.



Health plans use a variety of methods to inform and remind members about vaccines and increase immunization rates.

- Use of multi-pronged strategies to outreach to members and individuals, such as the use of mailers, voice-activated calls and incentive cards; experimenting with social media applications.
- Tailor outreach to high-risk populations.
- Add vaccines to the pharmacy benefits.
- Enhance electronic claims submission systems to expedite the claims review process.



Thank you.

Questions?