the power of state public health!

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Administration fee for Immunizations

- Over the years we have heard that one of the barriers to immunizations is the low payment to providers for the administration.
- The importance of the administration fee – cover costs associated with storage, cold chain, counseling, etc.
- If the reimbursement is inadequate providers stand to loose money when providing immunizations in their practice.
Federalization of the Administration fee

- The Affordable Care Act provides an opportunity for evaluating the impact of an increased payment for the administration fee.
- A two-year provision permits the use of federal funds to cover the difference between the state Medicaid reimbursement rate and the regional Medicare rate.
- Draft regulations released on Friday (30 day comment period)

An Opportunity and a Challenge

- This provision provides a unique opportunity to demonstrate the impact of increasing administrative payments to providers on the access to immunizations.
- The challenge is that the provision is only for two years, starting in January 2013.
ASTHO – NVPO Partnership

- ASTHO and the National Vaccine Program Office (HHS) are working together to learn from the states about how this provision may be implemented and evaluated.
- We are conducting key informant interviews in 5 states.
- Meetings include the State Health Officer, Immunization Manager, Medicaid Director, provider organizations, and other interested parties.

State Meetings

- To date we have held meetings in Boston, Massachusetts: Seattle, Washington; and Salt Lake City, Utah.
- We will be having meetings in Jackson, Mississippi; and St. Paul, Minnesota.
What we have learned so far...

- Do you think this provision will help increase access in your state?
  - Yes to maybe
- Could see particular impact for adult providers – incentive to participate.
- Could see improvement to small rural providers
- Depends on the volume of immunizations

Other Barriers Identified by States

- Maintaining cold chain
- Lengthy paperwork
- Time in counseling for the hesitant patients – highlighted by Washington as an issue, particularly in their younger patients.
- Providers limiting the number of Medicaid patients in order to maintain overhead costs.
States have communication channels with their existing VFC and Medicaid providers.

They will work with their Board’s of Medicine or Statewide Medical Society’s to help spread the word.

Each state had unique issues around implementation depending upon their current Medicaid systems – how they categorize providers, etc.

This is one provision in a long line of ACA provisions that require state Medicaid staff time and systems changes – there may be a delay in implementation.
Potential Evaluation Tools

- Targeted campaign on one or two specific adult immunizations – ie Tdap or Zoster to providers and public.
- Evaluate claims data pre and post
- Compare providers that are eligible for the bump with those who are not.
- Case stories of providers telling how the bump-up impacted their practice.
- Survey providers
- Compare provider data pre and post

Potential Opportunity to Modernize systems

- Upgrade the refrigerator
- Participate in IIS EHR integration
- Invest in bar coding scanner
Next Steps

- The draft regulations for the provision are now available for comment (30 day comment period – June 9th).
- ASTHO will finish our state visits and summarize the information we have gathered and make that available to other states.

Conclusion

- This “bump-up” provision is one tangible opportunity to test one aspect of increasing access to immunizations.
- It comes with challenges.
- Given the lack of an established adult infrastructure, states feel that the most likely area for impact is in the adult provider arena.
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