

Challenges and Opportunities to Changing the Adult Vaccination Landscape



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Immunization coverage across 6 distinct insurance markets, post-ACA

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1. **Medicaid**
 - Traditional (FFS and managed care)
 - Alternative Health Benefit Plans
 - Premium assistance
2. **Medicare**
3. **Self-insured employer-sponsored health plans**
4. **Qualified Health Plans (QHPs) Sold in the “Health Insurance Marketplace” (aka Exchanges)**
 - Individual and SHOP
5. **Fully insured individual and employer-sponsored plans**
 1. Purchased inside the Health Insurance Marketplace (aka Exchanges)
 2. Purchased outside the Health Insurance Marketplace
 - Individual and small groups (covered by EHB requirements)
 - Large Groups
6. **Grandfathered plans**

The ACA Immunization Coverage Standard

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- **ACA immunization standard: ACIP recommended immunizations without cost-sharing (PPACA section 1001). Extends to:**
 - Fully-insured health plans (PPACA section 1001)
 - Self-insured health plans governed by ERISA (PPACA section 1563)
 - Self-insured public plans exempt from ERISA (e.g., state and local public employee plans)
 - Insured health plans governed by “essential health benefit” (EHB) requirements in both the individual and small group (100 or fewer) markets, whether inside or outside the Health Insurance Marketplace (PPACA section 1302, which incorporates the preventive benefit provisions of PPACA section 1001)
 - Medicaid “Alternative Benefit Plans (ABPs) (PPACA section 2001)
 - Medicaid premium assistance arrangements in which coverage is bought for beneficiaries from Qualified Health Plans
- **But the ACA immunization coverage standard does not extend to:**
 - “Traditional” adult beneficiaries when they are enrolled in fee-for-service or traditional managed care arrangements, although states can elect to extend coverage and receive additional 1% federal payment
 - “Grandfathered” health plans (PPACA section 1251)
 - Medicare, which is governed by separate rules applicable to Medicare coverage under Parts B and D
- **Note: Church plans exempt from ERISA regulations, including the immunization amendments**

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Fully Insured Group and Individual Health Plans

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- **All non-grandfathered insured health plans (including ERISA-governed plans) subject to the ACA immunization standard**
 - Unlike full essential health benefit requirement, which apply only to the individual and small group markets, the immunization requirement applies market-wide
 - Does not matter if the plan is public or private and ERISA-governed
 - Grandfathered fully insured plans are exempt
 - × Grandfathered status lost as a result in significant changes in premiums as well as benefit and cost-sharing design (Tri-Agency rules)
 - About 40 percent of workers with employer health plan coverage work for firms whose plans are fully insured plans (Center for Studying Health Systems Change)

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Self-insured health plans

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- Subject to the ACA immunization standard unless grandfathered
- Applies to both ERISA-governed (private) and publicly sponsored plans (public)
- Would not apply to self-insured grandfathered plans
- 60% of workers with employer-sponsored coverage are members of self-insured plans

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Individual and Group Health Insurance Markets Subject to the Essential Health Benefits Requirement

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- **Essential health benefits**
 - Incorporate the section 1001 immunization requirements
 - Extend to all health plans sold in the individual and small group markets (100 and fewer), inside and outside Exchanges
 - Apply to all qualified health plans (QHPs) sold in the Health Insurance Marketplace (Exchanges)
 - ✦ Individual health plans – individual premium tax credits and cost sharing assistance available
 - ✦ SHOP plans
 - Grandfathered individual and small group plans exempt from essential health benefits requirements
 - Large insured group plans and self-insured plans are exempt

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Medicaid – Traditional Adults

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- Traditional non-elderly adult beneficiaries (18 and older, ~ 20 million non-elderly people)
 - Consist of pregnant women, parents/caretakers of dependent children, low income parents, working age adults with disabilities
 - Not protected by the ACA immunization coverage requirement or by its cost-sharing provisions
 - ACA does include modest state incentive (1% FMAP increase) for coverage of optional preventive services.
 - × But immunizations remain an optional preventive service for adults
 - × Kaiser Family Foundation shows variation in state coverage of ACIP-recommended immunizations for adults, with nearly all covering Hepatitis A, Hepatitis B, Meningococcal, and Pneumococcal in 2011.

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Medicaid – Newly Eligible Adults

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- ~ 15 million people
- Actual numbers expected to be lower as a result of *NFIB v Sebelius* which permits states to opt out of new coverage group
- Entitled to “alternative benefit plan” coverage, which is subject to EHB/preventive coverage requirements
- Qualified health plans (QHPs) purchased by Medicaid agencies also subject to EHB/preventive immunization requirement.

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Medicare

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- **Part B**
 - Influenza, pneumonia, hepatitis B, tetanus, rabies
- **Part D**
 - Other approved vaccines
- Medicare not subject to the ACA immunization coverage standard's ban on zero cost-sharing; deductibles and cost-sharing vary.

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The Uninsured

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- **Roughly 25 million following full implementation**
 - Low income (<100% FPL) non-elderly adult citizens in states that opt out of the Medicaid expansion (20 states and DC on track to expand as of mid-May, 2013)
 - Individuals who lack access to affordable coverage
 - Uninsured spouses and children of workers with access to affordable employer sponsored self-only coverage; no obligation to furnish affordable family coverage, but spouses and dependents have no access to premium subsidies and cost-sharing assistance.
 - Individuals who receive hardship exemptions
 - Individuals who experience breaks in coverage because of market transitions
 - Undocumented persons

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Key Issues

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- Outreach to populations protected by the ACA's coverage guarantees
- Provider outreach regarding coverage and payment
- Networks
 - Sufficiency
 - Essential community providers – state-based versus federal requirements
- Plan outreach re best practices in coverage, payment, network and out-of-network coverage, performance incentives, replacement programs
- Emphasis on immunization in efforts to incentivize health information exchange
- Medicaid incentives for coverage of traditional adults
- The ongoing challenge of Medicare coverage
- Support for the uninsured: appropriations and nonprofit hospital community benefit expenditures

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