WHAT TO EXPECT WHEN YOU'RE EXPECTING A GREAT VACCINE AND IMMUNIZATION FINANCING MEETING

Setting the stage
A. Congress 1 and Congress 2
B. Opportunities under PPACA
C. NVAC recommendations

Outcomes from the meeting

Next steps
CONTEXT/BACKGROUND

- NVAC: 2009 Financing Recommendations
  “Assuring Vaccination of Children and Adolescents without Financial Barriers”
- NVAC: 2011 Adult Immunization
  “A Pathway to Leadership for Adult Immunization”
- National Adult Immunization Plan 2016
- AAP Business Case for Pricing Vaccines
- AAP Business Case for IA in Federal or State Supplied Vaccine Environment

I. IZ CONGRESS: 1ST AND 2ND

Feb 2007
- Solution oriented
- AAP Task Force on Immunization financing
- Interviews with stakeholders
- Bring partners together; Partnered with AMA – AAP
- Inclusive of adults
- Served as the basis and foundation for NVAC pediatric and adolescent financing recommendations (adopted Sept 2008) – Supplement 2009 Pediatrics

Sept 2010
- Continuing solution oriented dialogue
- PPACA – Patient Protection and Affordable Care Act just signed on March 23, 2010

The law aims to assure affordable, stable and near-universal health care coverage by building on the existing public and private insurer system, thus allowing those who want to keep their current health care plan to do so

MILLIONS OF AMERICANS WERE LEFT UNINSURED BEFORE THE AFFORDABLE CARE ACT

129 million Americans with pre-existing conditions can now keep their plans

Insurance companies must publicly justify any rate increase of 10% or more.

Small businesses will have more options for affordable coverage.
THE AFFORDABLE CARE ACT HAS HAD A MEASURABLE IMPACT ON IMPROVING ACCESS TO HEALTH COVERAGE FOR MILLIONS OF AMERICANS

5.7 million young adults

9.4 million previously uninsured Americans now have health insurance

16.4 million seniors with Medicare

105 million Americans have had lifetime limits removed from their insurance

137 million Americans have private health insurance that provides preventive services without cost sharing

5/13/2016

Intro to the ACA & The Health Insurance Marketplace

ACA GREATLY REDUCED FINANCIAL BARRIERS TO IMMUNIZATION FOR MILLIONS; GAPS REMAIN

Increased access:
- Medicaid expansion
- Private insurance coverage on the marketplace
- FDC: routine vaccinations without cost-sharing for in-network providers; the ACA greatly reduced financial barriers to immunizations for millions.

~20 million adults have gained health insurance as a result of the ACA (2013-2016)

Some gaps remain: certain groups of adults are not directly impacted by ACA provisions and thus do not have access to all ACIP-recommended vaccines without cost-sharing.
- Lack insurance (e.g., uninsured non-U.S. citizens, low-income individuals in states that have not expanded Medicaid)
- Insurance coverage that is not subject to ACA requirements (e.g., traditional Medicaid enrollees, Medicare beneficiaries with and without Medicare Part D benefits).
III. OBJECTIVES AND OUTCOMES

- Discuss and characterize challenges to the *various types* of adult vaccination providers and the adult delivery system;

- Discuss *remaining gaps* in an otherwise high performing pediatric vaccine delivery system; and

- Identify action steps needed to address the gaps and challenges identified, including short term solutions and long term systems change.
AT THE END OF THIS MEETING...

• …we expect to identify the key remaining financial barriers to access for recommended vaccines for children and adults and which areas need additional work to eliminate those financial barriers. Issues to be addressed should cover barriers patients face in accessing recommended vaccines and barriers providers face in providing those vaccines.

HIGHLIGHTS

• Day 1
• There have been a number of meetings and efforts to overcome financial barriers
• ACA makes major dents to prior NVAC financing recommendations – largely reducing underinsurance and substantially increasing coverage
• “Payment” versus “reimbursement”

• We need more diagnostic work as to what are the problems today in the pediatric, adolescent, and adult community
• There are a variety of ways to overcome barriers (e.g. VPGs) – how important are they in addressing the need is unclear?
• What the incentives to get adult providers into the market?
SELECT HIGHLIGHTS – CONT.

• The health care system is being taken to account for quality more than ever before.
• Payment for services is changing – from payment for delivery of service to folding in incentives for performance. The big concern is how this will impact immunization and what incentives are being proposed to incentivize and enhance coverage.
• VFC has had a marked positive impact on reducing VPDs and moving children back to the medical home.
• Problems remain – for example, dual eligibility, supply chain, IIS-EMR interchange, and vaccine administration payments.

DAY 2 – SELECT HIGHLIGHTS

• Coding challenges
  - Establishing and enforcing a national coding standard is important particularly as payers move toward the use of value-based payment systems.
  - Understanding appropriate billing and state variations in coding are important to efficient business practices in provider offices.
• Cost of vaccinating adults: financial feasibility of providing vaccines under value-based payment models.
• Cost of vaccinating adults: “In the past 12 months, have you stopped giving vaccines…”
• Panel: AAP, ACOG, AAFP, ACP
  – Providers should not lose money to provide IZ services,
  – Professional societies can help with better understanding of barriers.
  – Providers can take steps to pay less than list price.
  – Successful peer leaders can engage with other physicians to demonstrate best practices.
**Lunch exercise break-out groups:**

- advocacy, Medicare/Medicaid, providers,
- value-based payment
  (e.g. “How do you tell the story of immunization in a value-based system looking to shift risk now whereby the benefits of IZ are long term?).
- coding
  (e.g. provider report card on payors)

**Medicaid/Medicare**

- Many adults covered by Medicaid do not have access to the fully range of ACIP-recommended vaccines, with or without cost sharing.
- Solutions to Part D Vaccine access are complicated, not optimal, but evolving
- MEPS/APM – with the new MACRA proposed rule: expanded Part D access (around population management and medication management) could help with looking at Part D access

**NEXT STEPS**

- Congress is being summarized for publication in peer review journal
- The issue areas discussed during the Congress need to be reviewed – should be presented at an NVAC meeting
- Consider webinar with representatives of each of the groups participating to discuss next steps
- Engage CMS and private payors more actively
THANK YOU & MORE INFORMATION

• Many thanks to all of you here at the NAIIS, especially Summit Provider Working Group!
  Co-organizers of the Congress and Planning Committee: AAP, GSA, NFID, NVPO and AARP, AHIP, BIO, CDC

• Attend our upcoming NVAC meeting
  In-person or via live webcast http://www.hhs.gov/nvpo/nvac/meetings/upcomingmeetings/index.html

• Visit our NVPO webpage for more information or to download the National Vaccine Plan or the National Adult Immunization Plan: http://www.hhs.gov/nvpo/index.html

• CAPT Angela Shen, Senior Science Policy Advisor, NVPO Co-Chair NAIIS (angela.shen@hhs.gov), 202-690-5566