

# CHALLENGES AND EMERGING POLICY SOLUTIONS FOR ADULT IMMUNIZATIONS:

A Post-Pandemic Updated White Paper

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# THE NACHC MISSION

#### **America's Voice for Community Health Care**

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.









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# Background: Adult Immunization work 2019 - 2024

2019

Supported by the National Adult and Influenza Immunization
Summit, Strategies to Address
Policy Barriers to Adult
Immunizations in Federally
Qualified Health Centers
published by NACHC Clinical
Affairs and Policy teams

2019-2024

Funded by CDC and led by NACHC's Public Health Integration Team (Clinical Affairs), adult immunizations explored in these areas: People, processes, technology and policy.

2023

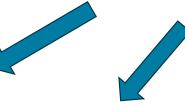
Second White Paper requested and published February 2024 to provide updates on adult immunization policy barriers.

# 2024 White Paper: Strategies to Address Policy Barriers to Adult Immunization in Federally Qualified Health Centers—an Update

**Key Factors** 

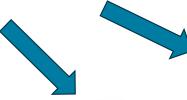


2024 Paper based on 2019
Paper (updated where possible, trends or areas with no change also pointed out)





Key informants, stakeholders, and partners informed the content of both papers





Adult Immunization policy and practices based on the 2014
Standards for Adult
Immunization Practice produced by the National Vaccine Advisory
Committee (NVAC)



All other resources and data gathered from reliable sources and cited throughout





## 2024 White Paper content

Each section begins with information/context and then provides strategies specific to that area

| What makes FQHC's unique                    | Basic information including scope, mission and governance structure                                   |
|---|---|
| Statutory and HRSA<br>Requirements on FQHCs | Statutory and HRSA Requirements on FQHCs: Section 330, Uniform Data System, Clinical Quality Measures |
| Federal Torts Claims Act                    | How to harness coverage to increase vaccine access through workforce                                  |
| Medicaid                                    | Billing and Reimbursement   |
| Medicare                                    | Billing and reimbursement (especially medical vs pharmacy)  |
| Pharmacy                                    | Workforce and billing   |





What makes FQHC's unique

#### Target the neediest individuals

Offer a broad range of health care and enabling services

Turn no one away due to inability to pay

**Community-based and governed** 

#### COMMUNITY HEALTH CENTERS IMPACT

Community Health Centers are nonprofit, patient-governed organizations that provide high-quality, comprehensive primary health care to America's medically underserved communities, serving all patients regardless of income or insurance status.

**15K** Delivery Sites

1,400 Health Centers



### **31.5M** people served (1 in 11)

400K Veterans

**1.4M** Homeless People

8.8M Children

**3.5M** Elderly Patients







#### Statutory and HRSA Requirements on FQHCs

#### **BARRIERS**

FQHCs must adhere to the requirements laid out in Section 330 of the Public Health Service Act, and overseen by HRSA

Section 330 explicitly requires FQHCs to provide immunizations

HRSA incentivizes FQHCs' performance on the childhood immunization

measure, but not the immunization measures that include adults

Individuals who receive immunization(s)—but no other services—from an

FQHC are not considered FQHC "patients" by HRSA HRSA requires FQHCs to report annually on several vaccination measures

FQHCs likely under-report their actual immunization activity

#### **SOLUTIONS**

HRSA could add a composite adult immunization measure(s) to the data that FQHCs must report annually to HRSA,

exploring the 2019 HEDIS Prenatal composite measure, or MIPS or MSSP recommendations. HRSA could consider performance on the adult immunization measure when determining which FQHCs receive

supplemental grant funding and/or public recognition.

Outside groups could incentivize FQHCs to focus on adult immunization by offering funding and/or public

recognition linked to adult immunization rates.

Outreach and support could be targeted to FQHCs that focus on specific at-risk populations.



#### Federal Torts Claims Act

#### **BARRIERS**

Lack of information around FTCA coverage

#### **SOLUTIONS**

Section 330 grantees receive free medical malpractice insurance through the Federal Torts Claims

FTCA malpractice coverage applies to community-focused immunization campaigns

FTCA malpractice coverage is available for clinicians who volunteer at FQHCs

Updated policy since COVID-19 that positively impacts workforce





#### Medicaid

#### **BARRIERS**

Medicaid does pay FQHCs for adult immunization—
but indirectly in most states.

To make immunization-only visits with nurses and pharmacists ("nurse/pharmacist immunization-only visits") separately billable for FQHCs, states must (re) calculate each FQHC's PPS rate.

The administrative effort and financial impact involved in recalculating FQHCs' PPS rates varies by state.



#### **SOLUTIONS**

Make nurse/pharmacist immunization only visits "billable visits" under the FQHC Medicaid PPS.

Permit FQHCs to bill for immunization only visits outside of the FQHC PPS, using an APM.



#### Medicare

#### **BARRIERS**

The costs of most — but not all — immunizations are included in FQHCs' PPS rates (exceptions are flu and pneumococcal)

Medicare reimburses FQHCs for influenza and pneumococcal vaccination through their annual Cost Reporting Process which can be a process of 12-18 months

#### **SOLUTIONS**

Inflation Reduction Act ends cost sharing for ACIP-recommended vaccines (new, as of 2023) FQHCs could maximize nurse/pharmacist visits for influenza and pneumococcal and COVID-19 vaccines for

**Medicare** patients

To reduce delays in reimbursement for influenza and pneumococcal vaccines, CMS could permit FQHCs to bill

for these vaccines under the Part B fee schedule at time of service, as long as these interim payments are later reconciled with their Cost Reports





#### Pharmacy

#### **BARRIERS**

Lack of information around pharmacy role in immunization

#### **SOLUTIONS**

FQHCs could explore the role of in-house and clinical pharmacists in recommending and administering adult vaccines with considerations:

Medicaid and Medicare billing

Variations in state law and scope of practice

Cost-benefit analysis of pharmacist immunizing

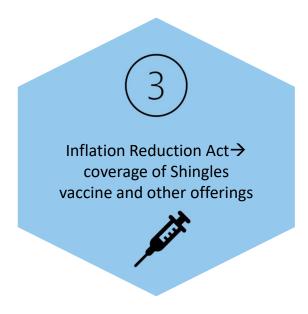




# Practical Application of Policy Strategies in the Field











## Suggested Applications of White Paper to the field

Grounding & Education

Partnerships

Advocacy





## To Access the White Paper:

https://www.nachc.org/topic/adult-immunizations/

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