

A

EVERY PATIENT POSSIBLE

Coverage			
Almost all insured adults have coverage for vaccines; however, <u>gaps still exist</u> for uninsured and underinsured a			
	Adolescents and Children 0-18y (e.g., Rotavirus, DTaP, PCV, HPV, Influenza)	Adults 19-64y (e.g., Tdap/Td, Influenza, PCV, Hepatitis B)	Seniors ≥65y (e.g., Shingles, PCV, Tdap/Td, Influenza)
Uninsured	Vaccines for Children Program: A federally funded program that provides ACIP-recommended vaccines at no cost to Medicaid-eligible, uninsured, underinsured, and AI/AN children.	Section 317: The federal government provides states with funds to purchase vaccines for uninsured adults. However, this program does cover for all un- or underinsured adults.	Medicare Part B: Part B requires coverage of pneumococcal, influenza, hepatitis B, and COVID-19 vaccines with no cost sharing.
Low Income	CHIP: Children in integrated CHIP-Medicaid programs are VFC eligible. Those in standalone CHIP programs may also be eligible for VFC, but only at FQHCs/RHCs.	Medicaid: Per the IRA, Medicaid programs are required to cover all ACIP-recommended vaccines with no cost sharing for most beneficiaries	Vaccines needed as a result of injury or direct exposure are covered with cost-sharing. Medicare Part D: Plans must cover all commercially available and ACIP-recommended vaccines not covered under Part B without cost sharing
Commercial	Commercial: Group health plans and individual market plans are required to cover all ACIP-recommended vaccines per ACA PHSA Section 2713.		Medicare Advantage: MA and MA-PD plans must also cover all ACIP recommended vaccines without cost sharing.

ACA: Affordable Care Act; ACIP: Advisory Commission on Immunization Practices; AI/AN: American Indian/Alaska Native; CHIP: Children's Health Insurance Program; FQHC: Federally Qualified Health Centers; IRA: Inflation Reduction Act; MA: Medicare Advantage; MA-PD: Medicare Advantage Prescription Drug Plan; RHC: Rural Health Centers; SSA: Social Security Act; PHSA: Public Health Service Act; VFC: Vaccines For Children;

Providers must include the appropriate medical classification codes for reimbursement

Proper claim filing requires use of multiple different codes that maintained by different entities including the FDA, AMA, and CDC



Diagnosis Code (ICD-10): A code set maintained by the CDC/WHO that classifies medical diagnoses



Product and Administration Codes (CPT):
A code set maintained by AMA that describes products and provider services



National Drug Codes (NDCs): A code set maintained by FDA that is used to identify manufacturers, specific drug products, and package sizes. _____

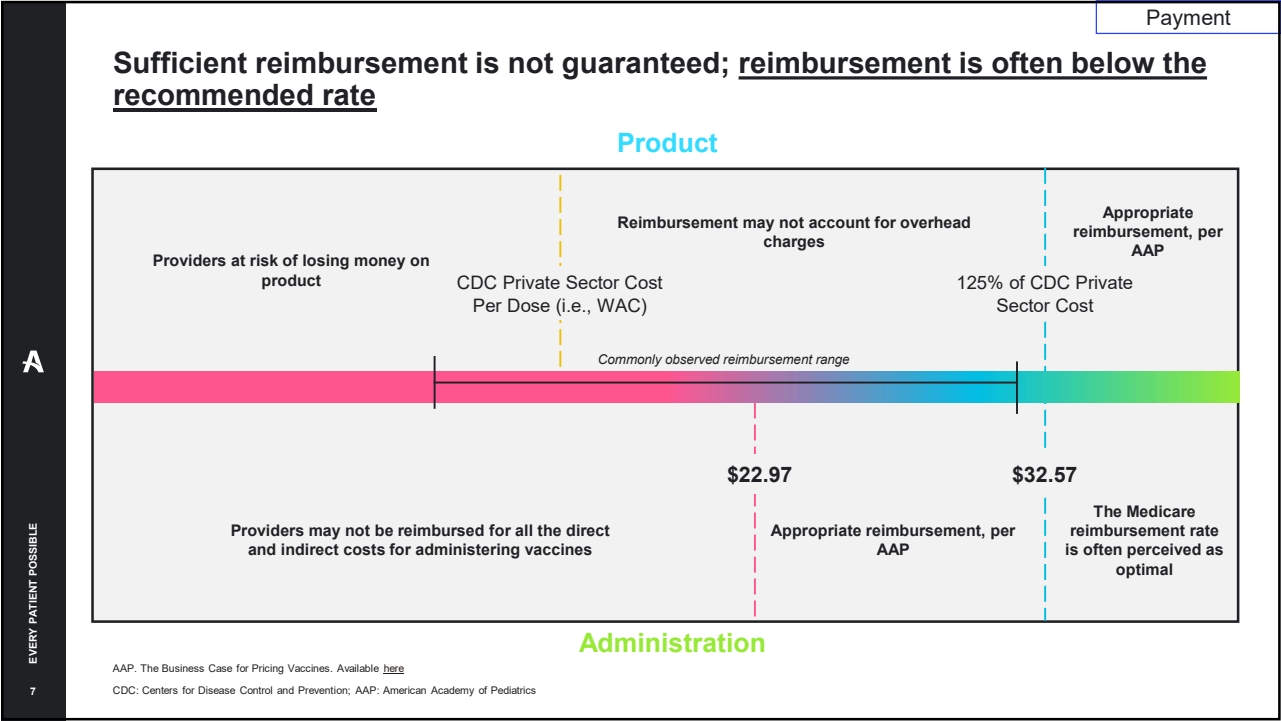
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AMA: American Medical Association; CDC: Center for Disease Control and Prevention; CPT: Current Procedural Terminology; FDA: Food and Drug Administration; ICD: International Classification of Diseases; NDC: National Drug Codes; WHO: World Health Organization

Most payment rates are negotiated between providers and payers and are not public

Market		Vaccine Product	Vaccine Administration*
Medicare Part B	Fee for Service	Preventive: 95% Average Wholesale Price Therapeutic: 106% Average Sales Price	\$30 + MEI + GAF‡
	Medicare Advantage	Negotiated between plans and providers	
Medicare Part D		N/A	N/A
Commercial		Negotiated between plans and providers	
Medicaid	Managed Care	Negotiated between plans and providers	
	Fee for Service	Established by the Medicaid agency per a fee schedule or methodology	
Vaccines for Children Program		N/A	Dependent on state, up until to VFC regional maximum

GAF: Geographic Adjustment Factor; MEI: Medicare Economic Index; VFC: Vaccines for Children



Thank you.

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Avalere Health.

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