MEDICAID and ADULT VACCINATIONS: Coverage and Provider Reimbursement Policy for Non-Institutionalized Adults

National Adult and Influenza Immunization Summit (NAIIS)

May 10, 2016

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Disclosure

- Project conducted for the National Center for Immunization & Respiratory Diseases Immunization Services Division of the CDC under Contract Number 200-2011-42010
- Alexandra Stewart is solely responsible for the study findings. Contents do not necessarily represent the official views of the U.S. Department of Health & Human Services.
- Project Manager: Megan Lindley

Overview

- Project Objectives & Methodology
- Medicaid Coverage and Cost-Sharing
- Reimbursement Policy
- Eligible Providers and Settings
- Provider Responses, Summary, Study Limitations
- Medicaid Expansion
- Recommendations

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Project Objectives

Determine how Medicaid programs manage vaccinations for enrollees ages 19 through 64

- Coverage and cost-sharing
- Reimbursement for immunization services
- Providers eligible for reimbursement of vaccine administration
- Settings eligible for reimbursement of vaccine administration
- Recognize how changes in reimbursement policy could impact access to & delivery of recommended vaccinations for adult enrollees

Methodology

Document Review: (Fall 2011 – Spring 2012)

- Publicly available materials: coverage, reimbursement policies
- Data collected for 51/51 programs

Survey: (Spring 2012 – Fall 2012)

- · Medicaid administrators in 50 states & DC
- QUERIED: Coverage design, reimbursement, program management
- Data collected for 42/51 programs (response rate= 82.4%)

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MEDICAID COVERAGE OF ADULT VACCINES 2012

Medicaid

Publicly funded health insurance for the nation's poorest people

PARTICIPATION:

 All states, District of Columbia, 5 Territories (Guam, American Samoa, Puerto Rico, U.S. Virgin Islands, Northern Mariana Islands)

ADULT ENROLLEES:

- 2012: 22 million ages 19 through 64 = 12% of all adults
- By 2017: 31 million¹

¹Congressional Budget Office, Spending and enrollment detail for CBO's February 2013 baseline: Medicaid. 2013

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Adult Medicaid Enrollees

Compared to privately insured adults, Medicaid enrollees have:

- Greater health care needs
- Higher health risks
- Lower rates of preventive care ¹
- Often cannot afford to purchase medical insurance & vaccination services in private market
- Without Medicaid, must rely on publicly funded vaccinations

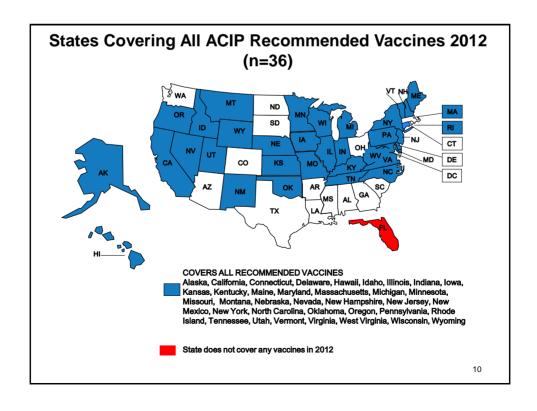
¹ Kaiser Family Foundation, Medicaid- a primer, Kaiser Commission on Medicaid and the Uninsured. 2010

Medicaid

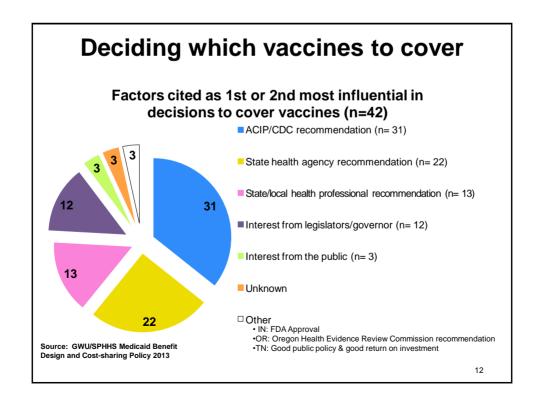
Vaccination services for adults are optional (for states that have not adopted ACA requirements). States determine policy surrounding:

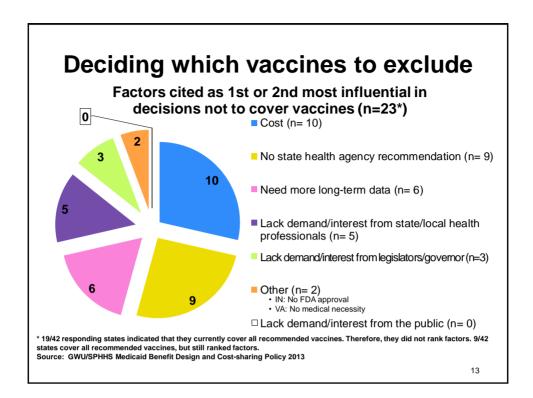
- · Which (if any) vaccines to cover
- · Enrollee copayment
- · Provider reimbursement
- · Settings where vaccines may be administered

All programs except Florida cover at least one vaccine (50/51)

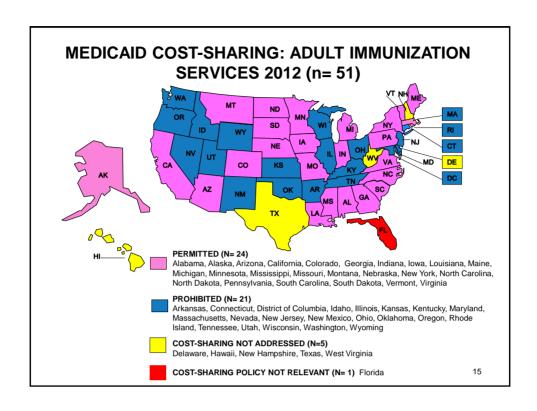


VACCINE	SUMMARY OF MEDICAID COVERAGE BY VACCINE 2012
FLU	 1 state does not cover (Florida) Most frequently covered vaccine. Most states cover intramuscular preservative & preservative-free
PNEUMO	3 states do not cover (Florida, Georgia, S. Dakota)
TD/TDAP	4 states do not cover TD (Florida, Georgia, Mississippi, S. Carolina) 5 states do not cover TDAP (DC, Florida, Louisiana, Mississippi, S. Carolina)
HEP. A	4 states do not cover (Alabama, Florida, Louisiana, Mississippi)
НЕР. В	2 states do not cover (Florida, Louisiana) • Second-most frequently covered vaccine = intramuscular 90746
MMR	5 states do not cover (Florida, Georgia, Louisiana, Mississippi, S. Carolina)
MENING	4 states do not cover (Florida, Louisiana, Mississippi, Texas)
HPV	 7 states do not cover (Alabama, Arizona, Arkansas, Florida, N. Dakota, S. Carolina, S. Dakota) 42/51 states cover quadrivalent 90649. 32/51 states cover bivalent 90650. Recommended in 2007
VARICELLA	8 states do not cover (Arkansas, Florida, Georgia, Louisiana, Mississippi, N. Dakota, S. Carolina, Texas) • Second least frequently covered vaccine
ZOSTER	 11 states do not cover (Arkansas, Colorado, DC, Florida, Louisiana, Mississippi, N. Dakota, Ohio, S. Carolina, Texas, Washington) Least frequently covered vaccine. Recommended in 2008





MEDICAID COST-SHARING



Medicaid Enrollee Cost-Sharing 2012

Adult vaccination services copayments:

- PERMIT COPAYMENTS: 25/51 programs
- PROHIBIT COPAYMENTS: 21/51 programs
- FAILS TO ADDRESS COPAYMENTS: 5/51 programs
- RANGE: \$.50 \$3.00 depending on cost of services (Louisiana) to \$3.40 (Arizona)
 - \$3.00 or 5% of the allowable amount the program permits a provider to bill (Alaska, South Dakota)
- AVERAGE MAXIMUM COPAYMENT: \$2.81

MEDICAID REIMBURSEMENT: ADULT IMMUNIZATIONS

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Medicaid Reimbursement Policy

Programs must assure that:

- 1. Payments are consistent with efficiency, economy and quality of care
- 2. Payments **must** be sufficient to:
 - Enlist enough providers so that care and services are available,
 - At least to the extent that such care and services are available to the general population in the geographic area

State Plans for Medical Assistance, 42 U.S.C. 1396a(a)(30) (A).

Provider Reimbursement

Payment rates are based on:

- 1. Costs of providing the service
- 2. The amount private insurers pay
- 3. A percentage of the amount Medicare pays for equivalent services

To change reimbursement policy, states must:

- 1. Submit a State Plan Amendment (SPA)
- 2. For approval by the Centers of Medicare and Medicaid Services (CMS)
- 3. And issue a public notice before the amendments' effective date.

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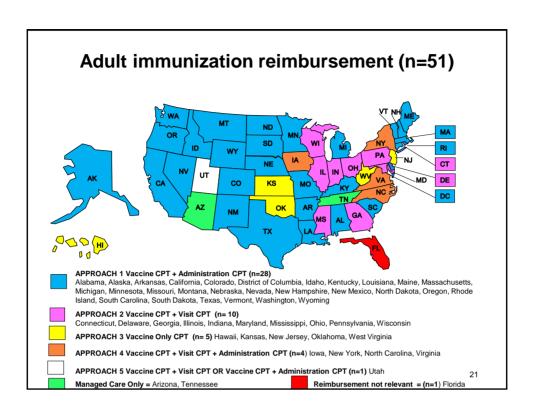
Provider Reimbursement

3 Categories of CPT Codes

- 1. Vaccine: n=22
- 2. Administration: n=5
 - -- Based on: injection, oral, nasal, # of vaccines administered during a visit
- 3. Visit: n=6
 - -- Based on: Patient age, new/established, comprehensive/minor

5 Approaches to Reimbursement:

- Vaccine + Administration
- 2. Vaccine + Visit
- 3. Vaccine Only
- 4. Vaccine + Visit + Administration
- 5. Vaccine + Visit OR Vaccine + Administration



1: TOTAL REIMBURSEMENT: Vaccine + Administration (N=28) ADMINISTRATION 90471: Injection, 1 vaccine (single or combination)			
STATE	FLU 90656	PNEUMO 90732	HPV 90649
Alabama	10.80 + 5.00 (90658) 15.80	65.77 + 5.00	No coverage
Alaska	16.74 + 34.79 = 51.53	No coverage	No coverage
Arkansas	13.12 + 1.60	12.34 + 1.60 = 13.94	No coverage
California 31.46 + 4.46 56.69 + 4.46 146.96 + 4.46		146.96 + 4.46	
Colorado	17.44 + 6.33	74.83 + 6.33	156.82 + 6.33 =163.15
DC	14.56 +10.00/22.45(90658)	13.51 + 10/22.45	Covered/No payment
Idaho	11.14 + 19.79	44.76 + 19.79	131.73 + 19.79
Kentucky	18.40 + 3.30	18.62 + 3.30	120.75 + 3.30
Louisiana	17.37 + 15.22	29.73 + 15.22	120.75 + 15.22
Maine	12.38 + 13.43	57.19 + 13.43	120.00 + 13.43
Massachusetts	12.54 + 17.14	43.25 + 17.14	137.59 + 17.14
Michigan	12.38 + 7.00	65.77 + 7.00	138.09 + 7.00
Minnesota	12.37 + 18.13	Unknown + 18.13	Unknown + 18.13
Missouri	6.75 + 12.34	5.00 + 12.34	145.00 + 12.34
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1: TOTAL REIMBURSEMENT: Vaccine + Administration (N=28) (cont'd) ADMINISTRATION 90471: Injection, 1 vaccine (single/ combination)			
STATE	FLU 90656	PNEUMO 90732	HPV 90649
Montana	6.75 + 15.52	5.00 + 15.52	130.27 + 15.52
Nebraska	17.14 + 5.80	26.08 + 5.80	120.75 + 5.80
Nevada	62% usual charge+7.80	11.12 + 7.80	124.80 + 7.80
N Hampshire	13.68 + 3.05	16.50 + 3.05	25.00 + 3.05 (90650)=28.05
N Mexico	12.38 + 10.97	65.77 + 10.97	130.00 + 10.97
N Dakota	14.00 + 13.71 or 13.90	57.19 + 13.71	Not Covered
Oregon	12.38 + 16.41	65.77 + 16.41= 82.18	139.23 + 16.41
R Island	Unknown + 8.16	49.73 + 8.16	135.66 + 8.16
S Carolina	14.17 + 3.72 (90658)	49.36 + 3.72	Not covered
S Dakota	10.56 + 8.64 (90658)	Not covered	Not covered
Texas	13.87 + 7.84	49.64 + 7.84	137.27 + 7.84
Vermont	9.75 + 19.86	18.62 + 19.86	Pricing action code + 19.86
Washington	12.38 + 14.93	57.19 + 14.93	119.75 + 14.93
Wyoming	State supplied vx = \$0; Pr	ivate stock = invoice cos	t + 14.00 Physician 10.00 NPHP

2: TOTAL REIMBURSEMENT Vaccine + Visit (N=10) VISIT 99395: Established patient ages 18-39, Periodic Comprehensive preventive visit and ordering of immunizations				
STATE	FLU 90656	PNEUMO 90732	HPV 90649	
Connecticut	16.57 + 78.54 = 95.11	27.03 + 78.54	126.42 + 78.54	
Delaware	Manual pricing + 95.81			
Georgia	12.38 + 75.38	No coverage	16.50 + 75.38	
Illinois	11.19+ 64.40	14.60 + 64.40	149.33 + 64.40 = 213.73	
Indiana	10.74 + 61.69	60.58 + 61.69	137.59 + 61.69	
Maryland	12.54 + 79.03	37.61 + 79.03	130.27 + 79.03	
Mississippi	12.38 + 76.81	65.77 + 76.81= 142.58	142.60 + 16.09 (99211 only)	
Ohio	18.19 + 56.62	37.60 + 56.62	10.00 + 56.62	
Pennsylvania	10.00 + 20.00= 30.00	10.00 + 20.00= 30.00	10.00 + 20.00(90650)=30.00	
Wisconsin	3.31 + 57.53	20.22 + 57.53	3.31 + 57.53	

3: TOTAL REIMBURSEMENT: VACCINE ONLY (N=5)			
STATE	FLU 90656	PNEUMO 90732	HPV 90649
Hawai'i	4.00	4.00	4.00
Kansas	26.48	65.00	135.00
New Jersey	20.64	35.76	165.49
Oklahoma	11.97	55.34	127.71
West Virginia	DATA UNAVAILABLE		

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4: TOTAL REIMBURSEMENT: Vaccine + Administration + Visit (N=4)

ADMINISTRATION 90471: Injection, 1 vaccine (single or combination)

VISIT 99395: Established patient ages 18-39, Periodic Comprehensive preventive medicine and ordering of immunizations

STATE	FLU 90656	PNEUMO 90732	HPV 90649
lowa	12.79 + 5.04 + 86.94 = 104.77	23.00 + 5.04 + 86.94 = 114.98	143.93 + 5.04 + 86.94 = 235.91
N York*	Acquisition Cost + 12.00 + No visit	Acquisition Cost + 2.00 + 39.64	Acquisition Cost + 2.00 + 39.64
N Carolina	16.75 +13.71 + 84.13 = 114.59	31.53 + 13.71 + 84.13	135.73 + 13.71 + 84.13
Virginia	18.20 +11.00 + 79.78	106.49 + 11.00 + 79.78 = 197.27	130.27 +11.00 + 79.78 = 221.05

^{*} New York does not reimburse a VISIT code for seasonal flu

5: TOTAL REIMBURSEMENT: Vaccine + Administration (N=1) OR

Vaccine + Visit

ADMINISTRATION 90471: Injection, 1 vaccine (single or combination)

VISIT 99395: Established patient ages 18-39, Periodic Comprehensive preventive medicine and ordering of immunizations

STATE	FLU 90656	PNEUMO 90732	HPV 90649
Utah	11.10 + 8.37(Admin)	28.69 + 8.37(Admin)	125.29 + 8.37(Admin)
	11.10 + 16.12 (Visit)	28.69 + 16.12 (Visit)	125.29 + 16.12 (Visit)

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Differential Payment Policy

Massachusetts

Higher reimbursement outside hospitals, skilled nursing facilities:

90472: Nonfacility setting: \$8.37;
90473: Nonfacility setting: \$11.33;
90474: Nonfacility setting: \$7.14;
Facility setting: \$5.92
Facility setting: \$5.62

90471: Level reimbursement: \$17.14

New York

Administration of flu or pneumococcal in office settings:

Physicians: \$13.23, Nurse practitioners/licensed midwives: \$11.25

Seasonal intranasal flu in Clinics and Offices:

Physicians: \$8.57, nurse practitioners/licensed midwives \$7.28

Wyoming

- Physicians: \$14.00 for administration of any vaccine
- Non physicians: \$10.00 for administration of any vaccine

ELIGIBLE PROVIDERS AND SETTINGS

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ELIGIBLE PROVIDERS - PRIMARY CARE = 41

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Georgia, Hawai'i, Idaho, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, New York, North Dakota, Oklahoma, Oregon, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, Wyoming

NURSES = 27

Arkansas, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Indiana, Iowa, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nevada, New Mexico, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Washington, Wyoming

PHARMACISTS = 24

Alabama, Arizona, Arkansas, California, Hawai'i, Idaho, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New York, North Dakota, Oklahoma, Oregon, South Carolina, Texas, Utah, Vermont, Washington

OTHER = 3

Arkansas: Certified Nurse Midwife Oregon: Nurse Practitioner, Physician Assistant
Texas: Certified Nurse Midwife, Certified Nurse Specialist, Nurse Practitioner,
Physician Assistant

ELIGIBLE SETTINGS

Hospitals 35

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, DC, Georgia, Hawai'i, Idaho, Indiana, Iowa, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, NJersey, NMexico, NYork, Oklahoma, Oregon, SCarolina, SDakota, Tennessee, Texas, Vermont, Virginia. Wyoming

State/Local Health Departments 35

Alabama, Alaska, Arizona, Arkansas, Colorado, Delaware, Georgia, Hawai'i, Idaho, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nevada, NJersey, NMexico, NYork, NDakota, Oklahoma, Oregon, SCarolina, SDakota, Tennessee, Utah, Virginia, Washington, Wyoming

Long-term Care 27

Arizona, California, Colorado, DC, Georgia, Idaho, Indiana, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, NJersey, NMexico, Oklahoma, Oregon, SCarolina, SDakota, Tennessee, Utah, Vermont, Virginia, Wyoming

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ELIGIBLE SETTINGS (cont'd)

Maternal/Child Health Clinics 25

Arkansas, California, Colorado, Georgia, Idaho, Indiana, Iowa, Louisiana, Maine, Maryland, Michigan, Minnesota, Mississippi, Nevada, NJersey, NMexico, NYork, Oklahoma, SCarolina, SDakota, Tennessee, Utah, Vermont, Virginia, Wyoming

STD Clinics 19

Alaska, Georgia, Idaho, Iowa, Louisiana, Maine, Maryland, Mississippi, Nevada, NJersey, NYork, NDakota, Oklahoma, SCarolina, Tennessee, Texas, Utah, Vermont, Wyoming

Mobile Clinics 11

Arkansas, Colorado, Georgia, Indiana, Maine, Michigan, Minnesota, Nevada, NYork, Utah, Virginia

ELIGIBLE SETTINGS (cont'd)

Community-Based Organizations 7

Georgia, Maine, Michigan, Nevada, Utah, Vermont, Wyoming

Other 6

Arkansas (rural health clinics, ambulatory surgical center)

Delaware (FQHC)

DC (FQHC, RHC)

Michigan (Homeless shelter, Tribal 638 Freestanding, Homes, Assisted Living, Group Homes, Urgent Care, Military, FQHC, Residential Substance Abuse, RHC, Independent Clinics, Custodial Care)

Montana (FQHC, RHC, Dialysis)

Texas (County Indigent Care Health Programs, FQHC, Birthing Centers, Comprehensive Health Centers and Program Providers)

Community Settings 5

Hawai'i, Maine, Nevada, Utah, Vermont

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PROVIDER RESPONSES, RECOMMENDATIONS, SUMMARY, LIMITATIONS

Provider Responses to Medicaid Reimbursement

- Current rates diminish the ability to attract and retain sufficient numbers of providers*
- General Internal Medicine and adult primary care providers: Affects ability to offer immunization services

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Summary

Coverage

- 50/51 states covered at least 1 vaccine (Florida did not cover any vaccines)
- 36 states covered all ACIP recommended vaccines
- COST = Primary reason for failure to cover a recommended vaccine
- Most frequently covered = Influenza (50/51)
- Least frequently covered = Zoster (40/51)

Cost-sharing

- COPAYMENTS: 24 states permit; 21 prohibit
- MOST FREQUENT COPAYMENT = \$3.00 Maximum copayments = \$3.40

^{*} United States Government Accountability Office, MEDICAID: States Made Multiple Program Changes, and Beneficiaries Generally Reported Access Comparable to Private Insurance, November 2012 GAO-13-55.

Summary (cont'd)

Provider Reimbursement

Varies widely:

Based on vaccine, administration, visit, provider type, settings

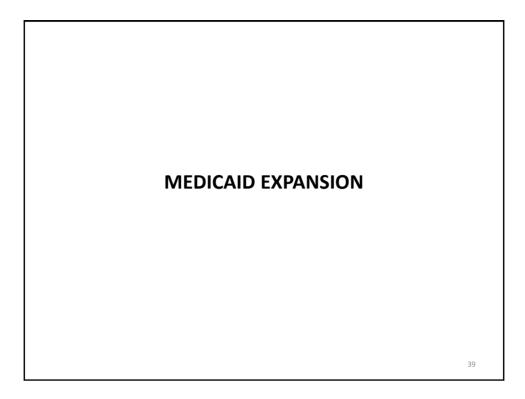
5 approaches

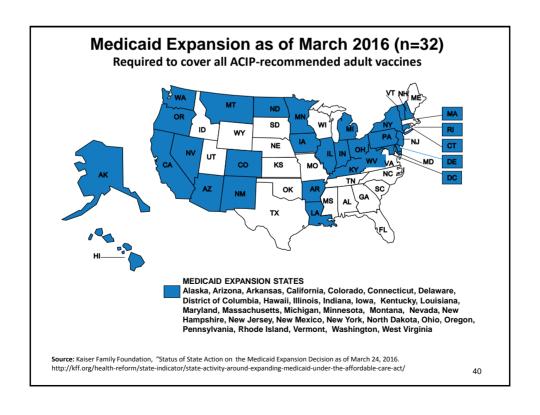
- 1) Vaccine + Administration (28 states)
- 2) Vaccine + Visit (10 states)
- 3) Vaccine Only (5 states)
- 4) Vaccine + Visit + Administration (4 states) (highest reimbursement)
- 5) Vaccine + Visit OR Vaccine + Administration (1 state)

Limitations

- Excluded from this study: Data from the 5 Territories: American Samoa, Northern Mariana Islands, Guam, Puerto Rico, US Virgin Islands
- Data collection was confined to fee-for-service Medicaid
 & excluded managed care plans
 - 2013 71% of Medicaid enrollees participate in managed care
 - 2011 74% of Medicaid enrollees participate in managed care
- Data collection was conducted 2011-2012
- Study lacks a comparison mechanism: Lacks data on Medicare, private reimbursement, other public programs

Source: The Henry J. Kaiser Family Foundation, Total Medicaid Managed Care Enrollment. State Health Facts. http://kff.org/medicaid/state-indicator/total-medicaid-mc-enrollment/





Recommendations

Medicaid plays a vital role related to vaccinepreventable disease for over 20 million poor adults.

Program leadership might consider:

- 1) Increasing provider recruitment activities
- 2) Including vaccine administration in total reimbursement
- 3) Expanding categories of eligible providers
- 4) Including wide range of community settings eligible for reimbursement

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