



The Impact of Health Policy and the Law on Vaccinations

2017 Vaccine Preventable Cancer Summit

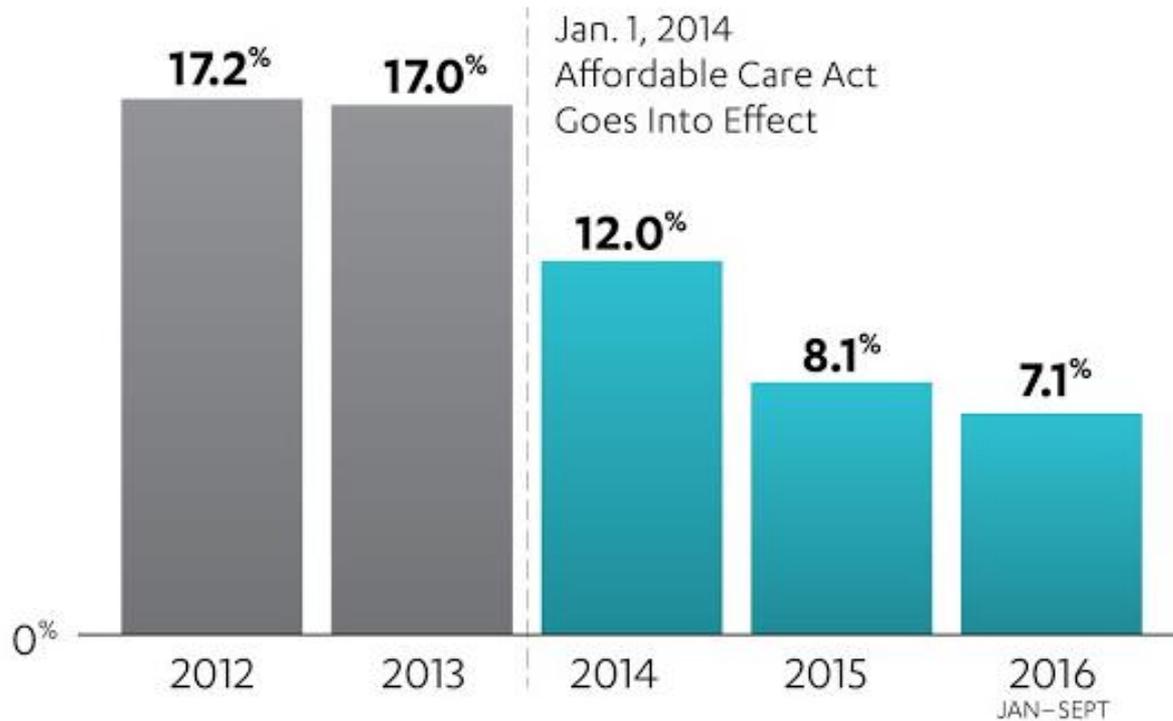
Allison Mangiaracino, MPH
Senior Quality Analyst, Covered California
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AGENDA

- What is Covered California?
- Current coverage of immunizations in the individual market
- Impact of ACA repeal on vaccine access
- Current access issues
- Health policies to improve vaccine access and uptake

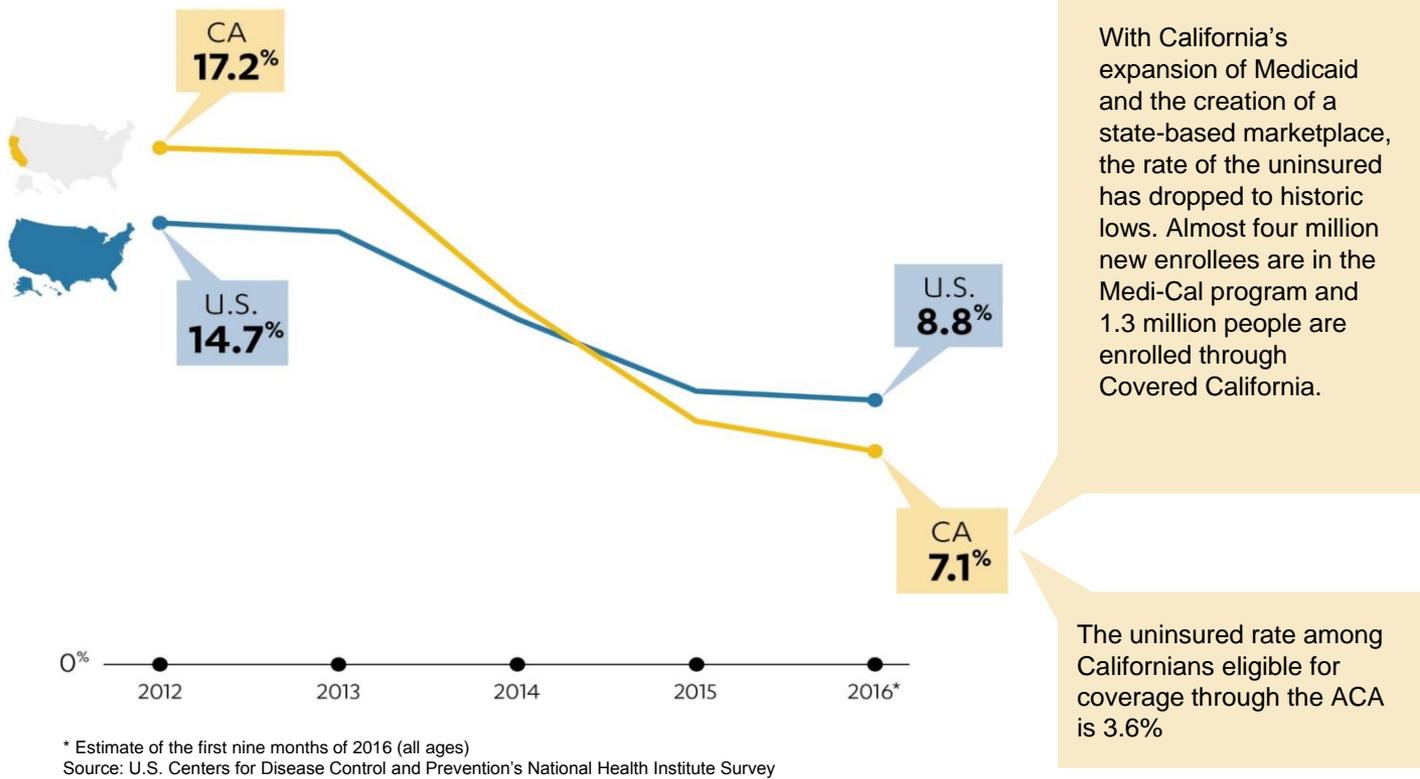
COVERED CALIFORNIA IMPACT

California's Uninsured Rate for Health Care



Source: CDC/National Health Interview Survey

COVERAGE EXPANSION HAVING DRAMATIC EFFECTS IN CALIFORNIA



WHAT IS COVERED CALIFORNIA?

- State-run marketplace where eligible Californians can compare and shop for health insurance plans
- The only place where eligible Californians can receive federally-funded financial assistance to help pay for healthcare premiums
- Financial assistance are in the forms of tax credits paid in advance to the health plans — also known as **Advanced Premium Tax Credits (APTC)**

WHAT IS COVERED CALIFORNIA?

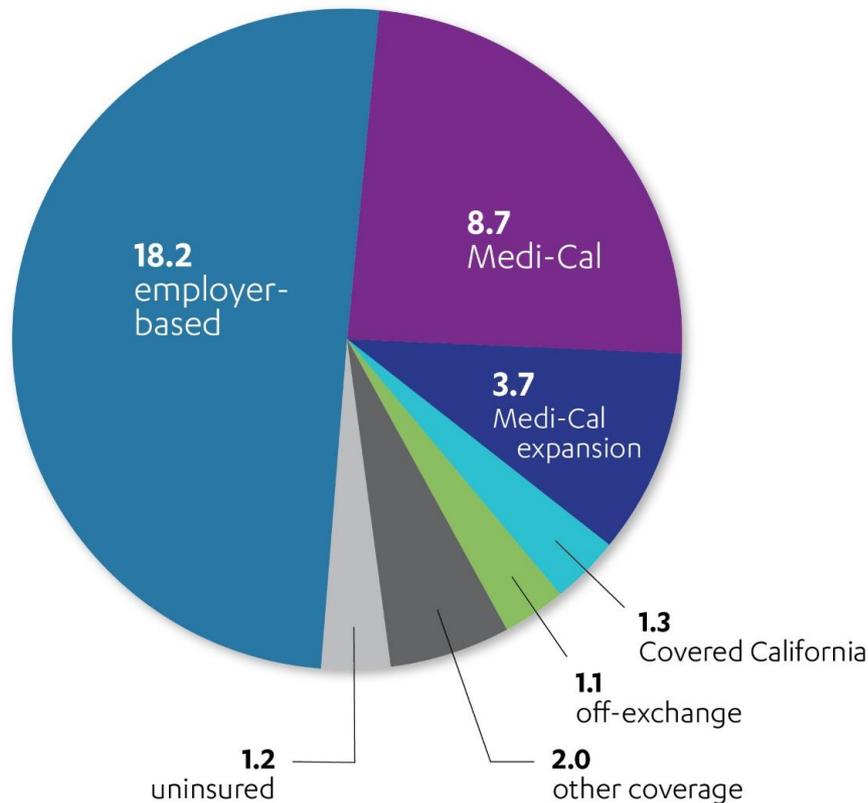
- Enacting legislation: AB 1602 (Perez) & SB 900 (Alquist)
- First state health exchange formed under the Patient Protection and Affordable Care Act (PPACA)
- Governed by a five-member board
 - Board members are appointed by the Governor and the California Legislature
- Cannot receive monies from the California General Fund
 - *Startup funds provided by the Federal government*
- Covered California a self-sustaining organization
 - *Percentage of gross premium to cover administrative and operational costs*

COVERAGE EXPANSION HAS BEEN WOVEN INTO THE FABRIC OF HEALTH CARE IN CALIFORNIA

The Affordable Care Act has dramatically changed the health insurance landscape in California with the expansion of Medicaid, Covered California and new protections for all Californians.

California's 2015 Health Care Market

(in millions — ages 0-64)



- As of June 2016, Covered California had approximately 1.4 million members who have active health insurance. California has also enrolled nearly 4 million more into Medi-Cal.
- Consumers in the individual market (off-exchange) can get identical price and benefits as Covered California enrollees.
- From 2013 to 2016, the Centers for Disease Control and Prevention report cutting the rate of uninsured in half (1.5 million are ineligible for Covered California due to immigration status). Not counting those ineligible puts California's uninsured at 1.2 million.

Estimates based on survey data and adjusted for latest available administrative data, including:
- American Communities Survey, 2015 1-year estimates (Table B27010)
- CDC/National Health Interview Survey (2017) (<https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201702.pdf>)
- Covered California Active Member Profile (<http://hbex.coveredca.com/data-research>)
- DMHC and CDI data on enrollment in December 2015 ("AB 1083 reports") as compiled by California Health Care Foundation (<http://www.chcf.org/publications/2016/09/california-health-plans-insurers>)
- Department of Health Care Services Medi-Cal *Medi-Cal Monthly Enrollment Fast Facts (Sept 2016)* (http://www.dhcs.ca.gov/dataandstats/statistics/Documents/Fast_Facts_Sept_16_ADA.pdf)

2017 QUALIFIED HEALTH PLANS



What You Get

Regardless of the plan selected, the following essential benefits are covered:

- outpatient services
- emergency services
- hospitalization
- maternity and newborn care
- mental health and substance abuse disorder services
- prescription drugs
- rehabilitative and habilitative services and devices
- laboratory services
- preventive and wellness services and chronic disease management
- pediatric services

No denial for pre-existing conditions.



2017 Patient-Centered Benefit Designs and Medical Cost Shares

Benefits in blue are NOT subject to a deductible. Benefits in blue with a white corner are subject to a deductible after the first three visits.

Coverage Category	Minimum Coverage	Bronze	Silver	Enhanced Silver 73	Enhanced Silver 87	Enhanced Silver 94	Gold	Platinum
Percent of cost coverage	Covers 0% until out-of-pocket maximum is met	Covers 60% average annual cost	Covers 70% average annual cost	Covers 73% average annual cost	Covers 87% average annual cost	Covers 94% average annual cost	Covers 80% average annual cost	Covers 90% average annual cost
Cost-sharing Reduction Single Income Range	N/A	N/A	N/A	\$23,451 to \$29,425 (>200% to ≤250% FPL)	\$17,656 to \$23,450 (>150% to ≤200% FPL)	up to \$17,655 (100% to ≤150% FPL)	N/A	N/A
Annual Wellness Exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Visit	after first 3 non-preventive visits, pay negotiated carrier rate per instance until out-of-pocket maximum is met	\$75*	\$35	\$30	\$10	\$5	\$30	\$15
Urgent Care		\$75*	\$35	\$30	\$10	\$5	\$30	\$15
Specialist Visit	pay negotiated carrier rate per service until out-of-pocket maximum is met	\$105*	\$70	\$55	\$25	\$8	\$55	\$40
Laboratory Tests		\$40	\$35	\$35	\$15	\$8	\$35	\$20
X-Rays and Diagnostics		Full cost until deductible is met	\$70	\$65	\$25	\$8	\$55	\$40
Imaging			\$300	\$300	\$100	\$50	\$275 copay or 20% coinsurance***	\$150 copay or 10% coinsurance***
Tier 1 (Generic Drugs)	pay negotiated carrier rate per script until out-of-pocket maximum is met	Full cost up to \$500 after drug deductible is met	\$15	\$15	\$5	\$3	\$15	\$5
Tier 2 (Preferred Drugs)			\$55**	\$50**	\$20**	\$10	\$55 or less	\$15 or less
Tier 3 (Non-preferred Drugs)			\$80**	\$75**	\$35**	\$15	\$75 or less	\$25 or less
Tier 4 (Specialty Drugs)			20% up to \$250** per script	20% up to \$250** per script	15% up to \$150** per script	10% up to \$150 per script	20% up to \$250 per script	10% up to \$250 per script
Medical Deductible	N/A	Individual: \$6,300 Family: \$12,600	Individual: \$2,500 Family: \$5,000	Individual: \$2,200 Family: \$4,400	Individual: \$650 Family: \$1,300	Individual: \$75 Family: \$150	N/A	N/A
Pharmacy Deductible	N/A	Individual: \$500 Family: \$1,000	Individual: \$250 Family: \$500	Individual: \$250 Family: \$500	Individual: \$50 Family: \$100	N/A	N/A	N/A
Annual Out-of-Pocket Maximum	\$7,150 individual only	\$6,800 individual \$13,600 family	\$6,800 individual \$13,600 family	\$5,700 individual \$11,400 family	\$2,350 individual \$4,700 family	\$2,350 individual \$4,700 family	\$6,750 individual \$13,500 family	\$4,000 individual \$8,000 family

Drug prices are for a 30 day supply.

* Copay is for any combination of services(primary care, specialist, urgent care) for the first three visits. After three visits, future visits will be at full cost until the medical deductible is met.

** Price is after pharmacy deductible amount is met.

*** See plan Evidence of Coverage for imaging cost share.

CURRENT COVERAGE OF IMMUNIZATIONS IN THE INDIVIDUAL MARKET

VACCINES: A PREVENTIVE SERVICE

- ACA: Private health plans cover preventive services with no cost-sharing by the beneficiary
- Applies to all private plans (except “grandfathered” plans)
 - Individual, small group, large group, and self-insured employer plans
- Preventive services are based on recommendations by:
 - CDC’s Advisory Committee on Immunization Practices (ACIP)
 - United States Preventive Services Task Force (USPSTF) (“A” or “B” rating)
- HPV and Hepatitis B vaccines are \$0 to the member
- Note that vaccines related to travel (Yellow Fever, Typhoid, etc.) are not designated as a preventive service and may have a cost share

Recommendation Summary		
<i>Summary of Recommendations</i>		
Population	Recommendation	Grade (What's This?)
Pregnant Women	The USPSTF recommends screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit.	A

Sources: CDC, “How the Affordable Care Act Increases Access to Influenza Vaccinations for Health Care Personnel,” <https://www.cdc.gov/flu/toolkit/long-term-care/aca.htm>
The Henry J. Kaiser Family Foundation, “Preventive Services Covered by Private Plans under the Affordable Care Act,” <http://www.kff.org/health-reform/fact-sheet/preventive-services-covered-by-private-health-plans/>

VACCINES: A PREVENTIVE SERVICE

Insurers may charge copayments and use other forms of cost-sharing in these circumstances:

- **Office visit and preventive service billed separately:** Cost share may apply for office visit but not the preventive service
- **Primary reason for the visit is not the preventive service:** Office visit cost share may apply
- **Service is performed by an out-of-network provider** (when in-network provider is available): Cost share may apply for office visit and preventive service
- **Treatment given as the result of a recommended preventive service:** cost-sharing may be charged

IMPACT OF ACA REPEAL ON VACCINE ACCESS

HOUSE AND SENATE REPEAL EFFORTS IN 2017

- The Essential Health Benefits (EHB) requirement in the ACA has been a target of congressional repeal efforts:
 - The House version of the bill, the American Health Care Act (AHCA), passed May 4th and would have permitted states to waive the ACA's essential health benefit requirements
 - An earlier version of the Senate bill, the Better Care Reconciliation Act of 2017, lowered the standard for states applying for 1332 waivers, allowing states to apply for a comprehensive waiver of EHBs
 - Congressional repeal efforts failed in July 2017
 - Unclear if state waivers of EHBs would have made it into the final bill and may have been stricken by Senate Parliamentarian
 - California state law requires individual and small group plans to cover EHBs
- Bottom line:** Coverage at \$0 cost to the member for immunizations is safe. For now.

VACCINE ACCESS ISSUES

HAS VACCINE UPTAKE IMPROVED SINCE THE PASSAGE OF THE ACA?

- Between 2014 and 2015, *vaccine coverage* (i.e. uptake) for all vaccines for adults remained low, but modest gains occurred in vaccination coverage for:
 - Influenza (adults aged ≥ 19 years)
 - Pneumococcal (adults aged 19–64 years with increased risk)
 - Tdap (adults aged ≥ 19 years and adults aged 19–64 years)
 - Herpes zoster (adults aged ≥ 60 years and ≥ 65 years)
 - Hepatitis B (HCP aged ≥ 19 years);
- HPV vaccination coverage for males and females has increased, but many adolescents and young adults remained unvaccinated.
- Coverage for other vaccines and groups with vaccination indications did not improve.
- Although having health insurance coverage and a usual place for health care were associated with higher vaccination coverage, **these factors alone were not associated with optimal adult vaccination coverage.**

Source: Williams WW, Lu P, O'Halloran A, et al. Surveillance of Vaccination Coverage among Adult Populations — United States, 2015. MMWR Surveill Summ 2017;66(No. SS-11):1–28. DOI: <http://dx.doi.org/10.15585/mmwr.ss6611a1>

CONSUMER ACCESS BARRIERS

- Demand for immunization
 - Awareness of medical or insurance information
 - Perceptions of risks and benefits
 - Lack of urgency
- Limited number of immunizers in certain areas
- Limited network of immunizers within a health plan
 - Some health plans do not cover vaccines at pharmacies
- Most local health departments will not offer most vaccines to insured individuals unless they pay out-of-pocket (except for designated supplies of influenza vaccine).
- Cost sharing in some plans (Medicare Part D, grandfathered plans)

BARRIERS AT THE POINT OF CARE

- Provider awareness and interest in immunizations
 - Weak tendency to recommend vaccines to patients among some providers
 - Weak tendency to refer patients to nearby immunizers (e.g. pharmacies) among some providers
- Lack of awareness of ways to obtain immunizations at lower prices (e.g. group purchasing options)
- Insufficient reimbursement for vaccine purchase and administration

INFRASTRUCTURE BARRIERS

- Time and money needed to create clinic infrastructure to begin or sustain immunization
 - Start-up costs of equipment (e.g., fridge) can be cost-prohibitive for some clinics
 - Appropriate storage and handling
 - Staff training on vaccine administration (ongoing need due to staff turnover)
 - Billing
- Challenges in assessing when an individual has or hasn't received a vaccine (i.e. lack of electronic medical records or vaccine registry)
- Vaccines underrepresented in measures to improve quality
- Limited funding of vaccines in programs for uninsured adults

HEALTH POLICIES TO IMPROVE VACCINE ACCESS AND UPTAKE

HOW HAS POLICY IMPROVED ACCESS TO VACCINES?

- Vaccine for Children Program – free (federal purchase) vaccine for Medi-Cal eligible children, indigent or Native children since 1990's
- Since 2010 the ACA has:
 - Mandated provision of ACIP-recommended vaccines at \$0 cost when given by in-network providers (non-grandfathered plans)
 - Expanded insurance coverage through exchanges and Medicaid
- Federal ACIP recommendations are standard of care and coverage
- Allowing pharmacists with specified training to provide vaccines on their own authority (without protocols or authorization from prescriber)
- Medi-Cal expanding coverage of immunization at pharmacies

WHAT POLICIES COULD FURTHER INCREASE ACCESS TO VACCINES?

- Expand plan networks of immunization providers (clinics, pharmacies, schools, safety-net settings)
- Simplify access to vaccines under Medicare – more Part D, less part B
- Use of Health IT, such as the California Immunization Registry (CAIR), for assessment of patients, forecasting and reminder recall measures
 - Require all providers to input administered doses into CAIR (now only required for pharmacists)
- Continued education of providers and public
 - Increase Medi-Cal reimbursement rates for vaccine and/or vaccine administration
- Medi-Cal central purchasing of immunizations for Federally Qualified Health Centers, Rural Health Centers and look-alikes.
- Additional HEDIS measures and pay-for-performance measures implemented by health plans

THANK YOU

- Rob Schechter, Clinical and Policy Section Chief, Immunization Branch, CA Department of Public Health
- Marcella Reeder, Senior Account Manager, Blue Shield of California
- Jessica Quintero, Program Manager, Molina HealthCare

For questions or to request more information contact:

Allison Mangiaracino

allie.mangiaracino@covered.ca.gov

QUESTIONS AND ANSWERS