

# Update on Affordable Care Act Provisions Relating to Immunizations

Mary Beth Hance  
Senior Policy Advisor  
Division of Quality, Evaluation and Health Outcomes/CMS  
June 11, 2013

# Overview

- Three Affordable Care Act provisions impact immunizations and the Medicaid program.
  - Primary Care Payment Increase (section 1202) provides increased payment for E&M services and vaccine administration for qualified providers
  - Section 4106 provides states a 1 percent Federal Medical Assistance Percentage (FMAP) increase on preventive services if they cover all USPSTF preventive services and all ACIP-recommended vaccines without cost-sharing.
  - Alternative Benefit Plans including essential health benefits

# Primary Care Payment Increase

- Eligible primary care services are reimbursed at at least the Medicare rate in effect in calendar years 2013 and 2014 for services delivered by a physician with a designation of
  - family medicine
  - general internal medicine
  - pediatric medicine
  - or a related sub-specialty.
- The payment increase is for services provided through both fee-for-service and managed care delivery systems.
- States will receive 100 percent Federal financial participation for the difference between the Medicaid State plan payment amount as of July 1, 2009, and the Medicare rates in effect in CYs 2013 and 2014 for a set of Healthcare common Procedure Coding System (HCPCS) codes used for evaluation and management (E&M) services and for Current Procedural Terminology (CPT) codes associated with vaccine administration.

# Primary Care Payment Increase - Qualified Providers

- In order to qualify, physicians must self-attest to a specialty designation of family medicine, general internal medicine, or pediatric medicine.
- The attestation has to be supported by either Board Certification in these areas or by a claims history that shows that 60 percent of codes billed in a prior period were for the eligible E&M codes.
- States will not have to verify each provider, but will have to review a statistically valid sample of physicians who claim eligibility every year.

# Increased Vaccine Administration Payments - VFC

- The amount of the increased payment for vaccine administration differs for children and adults.
- For children under age 19, payment will be the lesser of the Vaccines for Children (VFC) regional maximum administration fee or the Medicare physician fee schedule rate.

# Increased Vaccine Administration Payments – VFC, continued

- Because of the vaccine administration coding change in 2011, States also need to determine the 2009 rate. A formula for doing this was included in the Final Rule.
- However, if a state can identify what it paid for vaccine administration codes on July 1, 2009, states can use that rate and will not have to use the formula from the Final Rule.

# Increased Vaccine Administration Payments - Adults

- The increased payments for adult vaccine administration will be at the Medicare rate. (The “lesser of” policy only applies to VFC.)
- This includes vaccine administration payments for children aged 19 and 20 who receive the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program benefit but have aged out of the VFC program.

# State Action

- State Medicaid programs have the lead in the implementation of this provision, and had to submit a Medicaid state plan by March 31, 2013, in order to receive Federal funds dating back to January 1, 2013.
- All states, with the exception of Alaska, submitted plans by that date.
  - Alaska's rates are currently above the Medicare fee schedule rates.

# State Action – continued

- As of 5/30/13, CMS has approved state plan amendments for 18 states.
- CMS has completed the initial review of the state plan amendments for the remaining states and is working through specific state issues.
- All states have established processes for providers to self-attest and for payments to providers.

# Section 4106

- Gives states that opt to cover all USPSTF Grade A/B recommended preventive services, all ACIP-recommended vaccines, and their administration without cost-sharing, a 1 percentage point increase in their Federal Medical Assistance Percentage (FMAP) on such services.
- Preventive services for adults are optional services in the traditional Medicaid program.

# Section 4106 - continued

- On February 6, 2013, CMS provided guidance to states on this provision.
- Like under section 1202, states have to submit a state plan amendment in order to receive this increase in federal funds.

# Section 4106 - continued

- To date, 4 states have submitted state plan amendments (California, Nevada, New Hampshire & New York).
- These states were all previously covering the required preventive services for adults.

# Adult Preventive Services

- Preventive services, including ACIP-recommended vaccines, are required to be included in the benefit package for the Medicaid expansion population.
- CMS is finalizing the Essential Health Benefit regulation which will clarify the required benefit package for the expansion population.

**Questions?**