

Update on Affordable Care Act Provisions Relating to Immunizations

Mary Beth Hance
Senior Policy Advisor
Division of Quality, Evaluation and Health Outcomes/CMS
September 10, 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.

Implementation Update

- Every state except for Alaska submitted a state plan before the March 31, 2013 deadline.
 - Alaska's rates are currently above the Medicare fee schedule rates.
- The only pending SPA is California. All other states have been approved.
- Thirty-seven states have begun paying providers the increased payments.

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.
- In order to receive this increase, states have to submit a state plan amendment to CMS. There is no deadline for this provision.

Section 4106 - continued

- To date, 5 states have submitted state plan amendments (California, Nevada, New Hampshire, New Jersey & New York). Nevada, New Hampshire and New York's SPAs have been approved.
- There is no benefit expansion in these states as they were all previously covering these benefits.

Adult Preventive Services

- The final rule for the Alternative Benefit Plans was issued on July 5th. Preventive services is one of the 10 essential health benefits, and includes all USPSTF recommended A/B services, ACIP recommended vaccines, Bright Futures and IOM recommended women's services. All without cost sharing.
- These benefit plans are required for the Medicaid expansion population and the healthcare exchanges.

Questions?