Healthcare Reform & Immunizations Breakout Session

www.ImmunizeTexas.com
Agenda

• Immunization Services In Texas
• Expansion of Immunizations
• Vaccine Policies and Funding
• Texas CHIP in Review
• Texas Underinsured in Review
Goals of DSHS

• Raise and sustain vaccine coverage levels for infants and children.
• Expand statewide immunization services and resources.
• Improve adolescent immunization levels.
• Improve adult immunization levels.
• Reduce indigenous cases of vaccine preventable diseases.
Immunization Services in Texas
How are Childhood Vaccination Services Provided in Texas?

- Private Insurance/Providers
- Private Pay
- Texas Vaccines For Children Program (TVFC)
  - Private Providers
  - Public Health Clinics
  - FQHCs/RHCs
  - Community Health Centers
  - Schools
  - Other providers (pharmacies, mobile sites, etc.)
What is VFC?

• Federally funded vaccine supply program
• National Implementation began October 1, 1994
• Distributes vaccines at no cost to private and public providers for defined populations
• Eligibility of the child is determined by the provider
• Goal: Adequately immunize 90% of two-year olds
Who Is Eligible For VFC?

- Children birth to 18 years of age who are
  - Medicaid eligible
  - Uninsured
  - Native American/Alaska Native
  - Have health insurance, but it does not cover immunizations (underinsured). In these cases, these children must go to a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) for immunizations.
Summary of Federal VFC Program

• VFC Eligible includes children 0-18 who are:
  • Uninsured, American Indian/Alaskan Native, Underinsured, and Medicaid

• Non-VFC Eligible children are:
  • CHIP enrollees
  • Underinsured children not seen in a FQHC or RHC (underinsured children seen in public LDH are not VFC eligible)*
  • Insured Children (including those with high-co-pays)

* Pending approval of delegation of authority
<table>
<thead>
<tr>
<th>Attributes of 317 and VFC</th>
<th>VFC</th>
<th>317</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eligibility</strong></td>
<td>&lt; 19 years of age and Medicaid eligible; or uninsured; or Native American, Alaska Native; or underinsured</td>
<td>Not Restricted</td>
</tr>
<tr>
<td><strong>Source</strong></td>
<td>Mandatory</td>
<td>Discretionary annual appropriations</td>
</tr>
<tr>
<td><strong>Stability of funding</strong></td>
<td>Stable funding stream; has been able to meet resource needs</td>
<td>Significant fluctuations possible, not keeping up w/ current costs</td>
</tr>
<tr>
<td><strong>Key Partners</strong></td>
<td>Private and Public</td>
<td>Mostly Public</td>
</tr>
</tbody>
</table>
Issues Around Vaccine Financing and Accountability

• All ACIP recommended vaccines for children continue to be covered by VFC
• Federal funding of vaccine programs (VFC) continues to be strong
  • Expanded coverage to other groups (underinsured and adults) continues to be challenging
• Policy changes in TVFC are not due solely to lack of funding…instead program accountability and financing
Requirements Around Vaccine Financing and Accountability

- Clients MUST be screened for eligibility 100% of the time.
- Documentation of eligibility must be maintained for all groups (VFC, CHIP, and underinsured).
- Billing of all CHIP children must be established before providing service.
- Serving underinsured children must follow federal and state policies.
- Referral of insured clients must continue unless clinic is set up to bill and administer from private stock.
Expansion of Immunizations 1985-2012
<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Vaccines</th>
</tr>
</thead>
<tbody>
<tr>
<td>1985</td>
<td>7</td>
<td>Measles, Rubella, Mumps, Diphtheria, Tetanus, Pertussis, Polio</td>
</tr>
<tr>
<td>1995</td>
<td>10</td>
<td>Measles, Rubella, Mumps, Diphtheria, Tetanus, Pertussis, Polio, Hib (infant), Hepatitis B, Varicella</td>
</tr>
<tr>
<td>2001</td>
<td>12</td>
<td>Measles, Rubella, Mumps, Diphtheria, Tetanus, Pertussis, Polio, Hib (infant), Hepatitis B, Varicella, Hepatitis A, Pneumococcal Conjugate</td>
</tr>
</tbody>
</table>
Cost to Vaccinate from Birth Through 18 Years of Age with Vaccines Recommended Universally: 1985, 1995, and 2000

Federal contract price shown for 1985 and 1995 are averages that account for price changes within that year.
Federal contract prices for 2000 are as of September 27, 2000
## Number of Vaccines in the Routine Childhood Schedule

<table>
<thead>
<tr>
<th>Year</th>
<th>Vaccines</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 (15)</td>
<td>Measles, Rubella, Mumps, Diphtheria, Tetanus, Pertussis, Polio, Hib (infant), Hepatitis B, Varicella, Pneumococcal Disease, Hepatitis A, <strong>Influenza</strong>, <strong>Meningococcal</strong>, <strong>Rotavirus</strong></td>
</tr>
<tr>
<td>2010 (16)</td>
<td>Measles, Rubella, Mumps, Diphtheria, Tetanus, Pertussis, Polio, Hib (infant), Hepatitis B, Varicella, Pneumococcal Disease, Influenza, Hepatitis A, Meningococcal, Rotavirus, HPV</td>
</tr>
<tr>
<td>2012 (16)</td>
<td>Measles, Rubella, Mumps, Diphtheria, Tetanus, Pertussis, Polio, Hib (infant), Hepatitis B, Varicella, Pneumococcal Disease, Influenza, Hepatitis A, Meningococcal (2), Rotavirus, HPV</td>
</tr>
</tbody>
</table>
Cost to Vaccinate from Birth Through 18 Years of Age with Vaccines Recommended Universally: 2005, 2010 and 2012

Federal contract prices. 2010 represents minimum cost to vaccinate a child (birth through 18). HPV excluded for boys because it was not routinely recommended by the ACIP in 2010. In 2011, HPV for males became a routine recommended vaccine. In addition, a second dose of meningococcal vaccine is now recommended at 16-18.
Cost to Vaccinate from Birth Through 18 Years of Age with Vaccines Recommended Universally: 2012

Federal contract price 2012 represents minimum cost to vaccinate a child (birth through 18). In 2011, HPV for males became a routine recommended vaccine. In addition, a second dose of meningococcal vaccine is now recommended at 16-18.
Cost to Vaccinate from Birth Through 18 Years of Age with Vaccines Recommended Universally: 2012 Federal Contract Prices Vs. Private Sector Costs

2012 represents minimum cost to vaccinate a child (birth through 18). In 2011, HPV for males became a routine recommended vaccine. In addition, a second dose of meningococcal vaccine is now recommended at 16-18.
Number of Recommended Vaccinations Per Child, 1985 to 2012*

* Does not include recent combination vaccines
Vaccine Policies and Funding
Texas Childhood Population

2012

3,556,6409

Non VFC Eligible 52%

VFC Eligible 48%

3,289,039

2013

3,016,671

Non VFC Eligible 52%

VFC Eligible 48%

4,451,903

Texas PES (0-18): 6,855,679

Texas PES (0-18): 7,468,574
Texas VFC (TVFC) Program

- Prior to January, 2012, the Texas VFC Program had expanded coverage to the following groups
  - All underinsured clients (0-18) who are “unable” to pay copay or deductibles
  - Children who have private insurance but choose to access public VFC sites for vaccination
- These 2 groups are no longer able to be vaccinated in public/private VFC provider sites
Texas VFC Eligible Population

<table>
<thead>
<tr>
<th>Year</th>
<th>Medicaid</th>
<th>AI/AN</th>
<th>No Insurance</th>
<th>Underinsured (FQHC/RHC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>61%</td>
<td>3%</td>
<td>34%</td>
<td>2%</td>
</tr>
<tr>
<td>2013</td>
<td>67%</td>
<td>3%</td>
<td>29%</td>
<td>1%</td>
</tr>
</tbody>
</table>

VFC Population: 2012 (3,289,039) 2013 (4,161,273)
Texas VFC (TVFC) Program

Non-VFC Eligible Clients who receive service within the Texas VFC Program

• Other Federal and State funds cover:
  • CHIP enrollees
  • Underinsured children not seen in a FQHC or RHC (underinsured children seen in public LDH are not VFC eligible)
  • Children who started a vaccine series while VFC eligible and are now 19…may complete the vaccine series at an ASN Provider until their 20\textsuperscript{th} birthday
Texas Non-VFC Eligible Population

2012

- Insured: 55%
- Underinsured - Non (FQHC/RHC): 31%
- CHIP: 14%

2013

- Insured: 56%
- Underinsured - Non (FQHC/RHC): 31%
- CHIP: 16%

Non-VFC Population: 2012 (3,556,640) 2013 (3,307,301)
Balanced Budget Act of 1997 established CHIP programs under Title XXI of the Social Security Act

- Purpose to enable states to expand health insurance coverage for uninsured children
- Eligibility focused on children who do not qualify for Medicaid because family income is above Medicaid’s income limits
- CHIP programs administered by CMS
- Not an entitlement program like Medicaid
Beginning in FY 2012, Section 317 funds cannot be used to purchase vaccines for S-CHIP children.

Health care providers order vaccines from the state immunization program and vaccine are shipped directly to providers.

State immunization programs should have methods in place to ensure that adequate funds are being sent to them from the CHIP program to cover vaccine reimbursement costs for S-CHIP children.
The Role of Texas CHIP

- Children in the Texas CHIP Program are considered privately insured and are not eligible for VFC or 317 purchased vaccines
- DSHS has an agreement with the Texas CHIP to allow CHIP enrolled children to receive vaccines in any TVFC enrolled provider’s office
- **ALL TVFC Providers must bill the Texas CHIP Program for those doses administered to CHIP enrolled children**
  - Texas CHIP reimburses DSHS for those doses
  - If any TVFC provider does not bill CHIP for administering a dose of vaccine to a CHIP enrolled child, they must use their private stock at their cost or not serve the CHIP child.
### Texas CHIP Population

<table>
<thead>
<tr>
<th>Age</th>
<th>2012 CHIP Clients</th>
<th>2013 CHIP Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1</td>
<td>1,118</td>
<td>936</td>
</tr>
<tr>
<td>1-2</td>
<td>29,987</td>
<td>31,392</td>
</tr>
<tr>
<td>3-6</td>
<td>83,773</td>
<td>89,610</td>
</tr>
<tr>
<td>7-18</td>
<td>398,268</td>
<td>419,824</td>
</tr>
<tr>
<td>Total</td>
<td>513,146</td>
<td>541,762</td>
</tr>
</tbody>
</table>

Total estimated cost (CDC): $22,739,734, $29,976,291
Texas Underinsured
The Underinsured In Texas

• Greatest Challenge for most states
  • Major policy changes

• Texas response # 1: Deputization

• Texas response # 2: Underinsured may be over-estimated:
  • Texas First Dollar coverage law (0-6)
  • Vaccine Requirements for almost all vaccines (coverage levels over 90%)
  • ACA states that vaccines are a required benefit for ‘all’ insurance plans as of 9/2010….underinsured should have/will become insured for all immunizations
<table>
<thead>
<tr>
<th>Age</th>
<th>VFC Eligible</th>
<th>Non-VFC Eligible</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1</td>
<td>2,410</td>
<td>31,967</td>
</tr>
<tr>
<td>1-2</td>
<td>4,784</td>
<td>80,524</td>
</tr>
<tr>
<td>3-6</td>
<td>9,355</td>
<td>167,571</td>
</tr>
<tr>
<td>7-18</td>
<td>32,780</td>
<td>815,407</td>
</tr>
<tr>
<td>Total</td>
<td>49,329</td>
<td>1,095,469</td>
</tr>
</tbody>
</table>

Vaccines purchased for the Underinsured population can only be done with 317 and state funds (unless served in an FQHC/RHC or deputized clinic)
Texas Total Underinsured (0-18): 1,144,798

- Underinsured-Non VFC, 1,095,469
- Underinsured-VFC, 49,329
The Underinsured In Texas

- For FFY 2012, Texas continued to allow all underinsured children to receive vaccinations in their private medical home and local/regional health department
- Funds: VFC funds for FQHC/RHC 317 and state funds for all others
- For FFY 2013, the number of Texas underinsured children (0-18) decreased by almost 200,000
- Deputization of LHD/RHC must be implemented to cover cost of underinsured (VFC eligible) in public clinics
- Remaining available funds (federal 317 and state GR) target underinsured in VFC private provider offices
Texas Non-VFC Eligible Population - 2013

- Insured: 1,859,842 (56%)
- Underinsured-Non (FQHC/RHC): 905,696 (28%)
- CHIP: 541,762 (16%)

2013 (3,307,301)
Texas Underinsured Population with Deputization – 2013

- Underinsured Non VFC, 615,066
- Underinsured- Delegated VFC, 290,630
- Underinsured (FQHC/RHC) VFC, 44,798

2013 Texas Total Underinsured (0-18): 950,494

Effective 10/2012
Texas VFC Eligible Population with Delegation of Authority - 2013

- Medicaid: 63%
- AI/AN: 2%
- No Insurance: 27%
- Underinsured (FQHC/RHC): 1%
- Underinsured (DOA): 7%

Texas Vaccines For Children Population: 4,451,903 (increase from 4,161,273 before DOA)
### The Underinsured In Texas - 2013

<table>
<thead>
<tr>
<th>Age</th>
<th>VFC Eligible (FQHC/RHC)</th>
<th>VFC Eligible (DOA)</th>
<th>Non-VFC Eligible</th>
<th>TOTAL Underinsured</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1</td>
<td>1,737</td>
<td>11,767</td>
<td>12,531</td>
<td>26,035</td>
</tr>
<tr>
<td>1-2</td>
<td>3,454</td>
<td>29,164</td>
<td>27,380</td>
<td>59,998</td>
</tr>
<tr>
<td>3-6</td>
<td>6,774</td>
<td>58,329</td>
<td>105,810</td>
<td>170,913</td>
</tr>
<tr>
<td>7-18</td>
<td>32,833</td>
<td>191,370</td>
<td>469,345</td>
<td>693,548</td>
</tr>
<tr>
<td>Total</td>
<td>44,798</td>
<td>290,630</td>
<td>615,066</td>
<td>950,494</td>
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Vaccines purchased for the Underinsured population can only be done with 317 and state funds (unless served in an FQHC/RHC or deputized clinic)
Texas can use 317/state funds totaling $16 M to cover underinsured 0-6 in private VFC. Texas would need an additional $22.9 M to cover underinsured 7-18 in private office.

The Underinsured Non-VFC in Texas - 2013

<table>
<thead>
<tr>
<th>Age</th>
<th>Non-VFC Eligible</th>
<th>Cost Per Cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1</td>
<td>12,531</td>
<td>$7,402,962</td>
</tr>
<tr>
<td>1-2</td>
<td>27,380</td>
<td>$3,723,962</td>
</tr>
<tr>
<td>3-6</td>
<td>105,810</td>
<td>$5,492,811</td>
</tr>
<tr>
<td>7-18</td>
<td>469,345</td>
<td>$22,920,255</td>
</tr>
<tr>
<td>Total</td>
<td>615,066</td>
<td>$39,539,990</td>
</tr>
<tr>
<td>Age</td>
<td>Non-VFC Eligible</td>
<td>Cost Per Cohort</td>
</tr>
<tr>
<td>---------</td>
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Texas can use 317/state funds totaling $16 M to cover underinsured 0-6 in private VFC. Texas would need an additional $22.9 M to cover underinsured 7-18 in private office.
2013 TVFC Challenge

• Vaccinating all underinsured children 7-18 in private provider offices with federal or state vaccines is major challenge
  • Est. 469,000 underinsured 7-18 year olds
  • Can pay out of pocket for vaccine(s)
  • Can be referred to FQHC/RHC
  • Can be referred to delegated LHD/RHD

Issue- what is the impact if private providers (and non-delegated LHD/RHC) cannot continue to serve underinsured 7-18 year old beginning in October, 2012?
Texas 2013 Total Population (0-18) By Eligibility

- Medicaid eligible (VFC), 38%
- Privately Insured, 25%
- Uninsured (VFC), 16%
- CHIP, 7%
- Underinsured Non-Delegated, 8%
- Underinsured Delegated Authority (VFC), 4%
- Underinsured FQHC/RHC (VFC), 1%
- American Indians/Alaska Natives (VFC), 1%
Federal and State Vaccine Funds also cover

Vaccines For:
- Adult Safety Net (ASN) Program
- Outbreaks
- Rabies Program
- Emergency situations (natural disasters)
- Adult influenza and pneumococcal in Regional Clinics
Looking Forward

• Affordable Care Act
  – Does not change VFC authorities; VFC projected to expand ~5%
  – Supports strongly private insurance vaccine coverage for ACIP-recommendations with no cost sharing, including ERISA plans
  – Reauthorizes Section 317; authorizes state purchase of adult vaccines
  – Has language to increase immunization administration fee to Medicare levels for 2013 and 2014
Texas Children Insurance Status - 2014

- Medicaid eligible, 38%
- Insured (private or self), 25%
- Insured (from uninsured), 16%
- Insured (from Delegation), 4%
- American Indians/Alaska Natives, 1%
- CHIPS, 7%
- FQHC/RHC, 1%
- Insured (from underinsured non-VFC), 8%
Nationally Proven Strategies to Raise Vaccine Coverage Levels

- Promote the use of registries
- Promote reminder/recall
- Public education
- Provider education
- Promote the medical home concept
- Utilize community partners to improve in the strategies listed above
At the end of the day…..

• Emphasis on maintaining high coverage levels and protecting the most vulnerable populations
• Eligibility screening is critical
• Accountability, accountability, and more accountability is required
• Revenue (billing) options need to be explored especially for public sector vaccine reimbursement (CHIP and Medicaid)