Vaccine Systems

Where Vaccines Come from…

VFC Kids – public funds

- CMS
- CDC
- State Health
- Local Health and Private Providers

Babies are born everyday, none arrive immunized – Dr Daniel Cloud

Privately Insured kids

- Private Purchase from vaccine manufacturers

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VFC Program…

- Vaccines for Children Program was created in 1993
- VFC is an entitlement program for all ACIP recommended Vaccines
- Eligible children through age 18 are:
  - Medicaid/AHCCCS enrolled
  - Uninsured (no insurance at all)
  - Native American
  - Underinsured ***only*** in a **community health center**

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Additional Public Funds for Vaccine

317 Vaccine Funding

A program that evolved over time from polio vaccination assistance and mass immunization campaigns to support direct delivery of immunization services to health departments for families that could not afford vaccines.

Past 317 Funding Use

- Underinsured Children
- Insured children at public clinics
- Outbreak control
- Adult programs

Arizona used 317 funds to cover insured children at public clinics and birth dose of Hep B.

- Used to fill the gaps…

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Changes: Current 317 funding …

317 funding is needed for local health department operations

- Recruiting providers
- Implementation and oversight of VFC
- Information systems
- Assessment of coverage levels

Preventing Misuse of federal $

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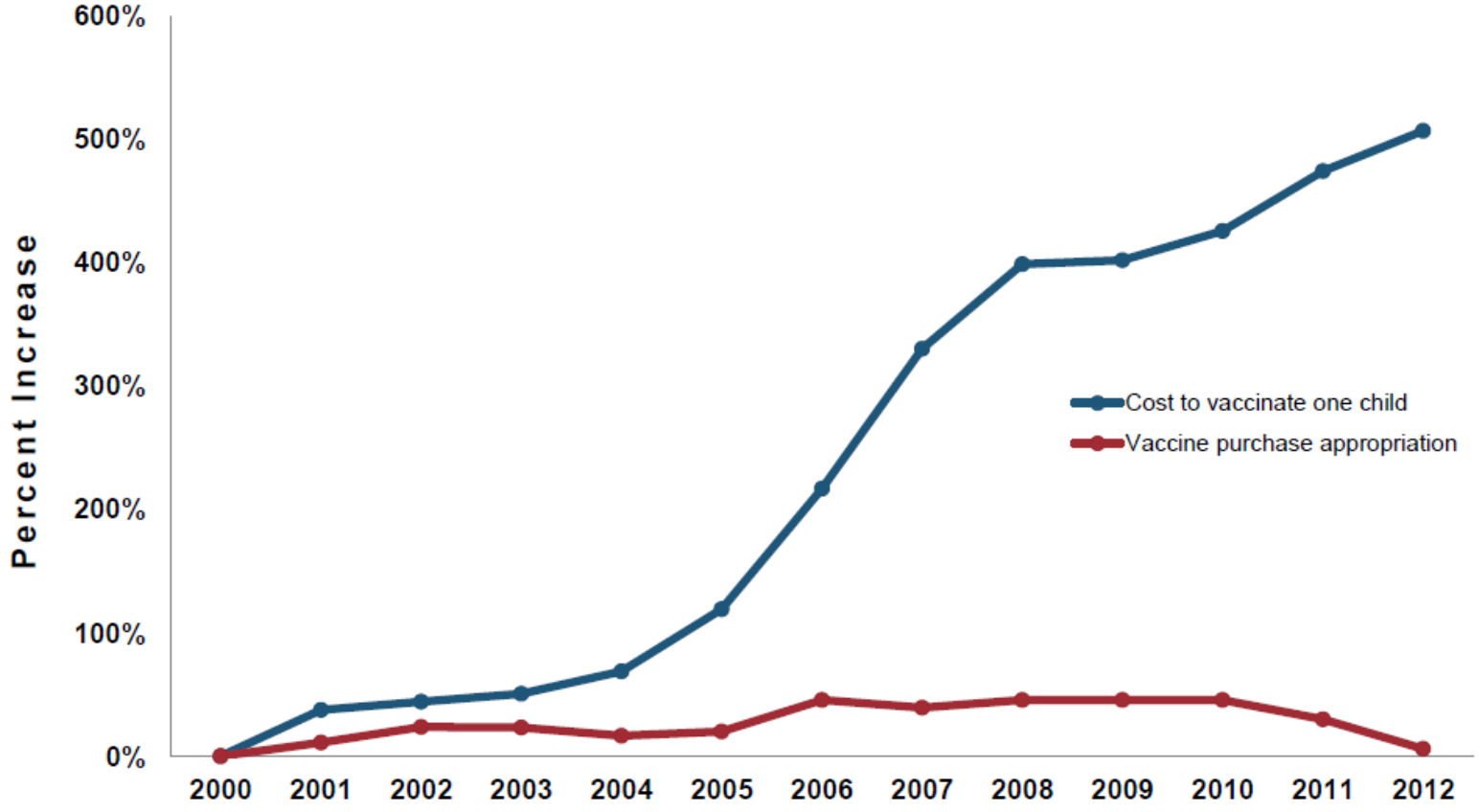
Changes to Federal Funding…

- No federally funded vaccine to privately insured kids even at the health department
  - Including insured patients with a high deductable
- VFC vaccine for underinsured kids at a community health center or deputized clinic after June 2013.

Increase in Cost of Vaccines to Immunize 1 Child and Annual Vaccine Purchase Appropriations



Percent increases are cumulative using 2000 as the base year. Source: CDC
Beginning in 2007 this figure represents the cost to fully vaccinate a female including the HPV vaccine. The HPV vaccine is also recommended for males as of late 2011.

State/Local Funding used to fill the gaps

- Arizona lost $10 million in state funding
- Lowest per capita spending on Public Health
- State statute – must provide all school required vaccines at no cost to parent
- Forced to develop billing for privately insured vaccine
  - Legislation passed requiring payment

Immunization Billables Project

Billables Project Home
Developing Mechanisms for Billing
Billing Project Success Stories
Billing Resources

Print page

Billables Project

Health Department Immunization Services Reimbursement

Innovative Projects to Improve Reimbursement for Immunization Services in Public Health Department Clinics

The Billables Project is a CDC-funded effort to enable state and local health departments to bill insurance companies for immunization services provided to insured patients. Since 2009, CDC has given more than $27.5 million to 38 project awardees to assist them in developing plans that will enable them to begin billing for vaccine services. The money raised through such billing programs can be used to expand and improve state and local immunization services for both children and adults.

Billing Community of Practice (CoP)

The *Improving Reimbursement for Health Department Clinics* Community of Practice (CoP) is an online collaboration tool that allows members to access expertise and share experiences, success stories, tools, and ways of addressing barriers in planning and implementing billing projects.

Please join the Billing Community of Practice by signing up for an account on **phconnect.org**, and then requesting an invitation to join the **Billing Community of Practice**

Billables Project Topics

Developing Mechanisms for Billing
A brief history of the Billables Project and a status report on where the project stands now.

Billing Project Success Stories
Descriptions of how five awardees launched successful billing programs in their areas.

Billing Resources
Toolkits, webinars, and presentations to assist awardees in developing successful billing programs and answer frequently asked questions.

Contact Us:

Centers for Disease Control and Prevention
1600 Clifton Rd
Atlanta, GA 30333

800-CDC-INFO
(800-232-4636)
TTY: (888) 232-6348
Contact CDC-INFO

Arizona's Vaccines for Children (VFC) Program

as of October 1, 2008

	Medicaid eligible children	Native American children	Uninsured children	Underinsured children	Insured children	KidsCare
Public Providers – non- FQHCs **(ie: County Health Departments, IHS, Phx Fire, School programs)**						
Private Providers					**Private health insurance**	
FQHCs and Deputized FQHCs					**Private health insurance**	

Arizona's Vaccines for Children (VFC) Program

	Medicaid eligible children	Native American children	Under insured children	High Deductible insured	Fully Insured children	Uninsured children
Public Providers – non- FQHCs **(ie: County Health Departments, IHS, Phx Fire, School programs)**			**Deputized**	**Funded through payments from insured patients or cash payment**	**Private health insurance**	
Private Providers			**Out of Pocket**	**Out of Pocket**	**Private health insurance**	
FQHCs and Deputized FQHCs				**Out of Pocket**	**Private health insurance**	

State Vaccine Financing Systems 4 types

- VFC only – Private providers receive vaccines for federal VFC eligible children only

- VFC & Underinsured – Private providers receive vaccines for underinsured children also. State Immunization Program uses state/local funding to provide all ACIP recommended vaccines.

State Vaccine Financing Systems

- Universal Select – all children, regardless of insurance status, receive all ACIP recommended vaccines for free, except for a few vaccines. State Immunization Program uses state/local funding to provide all ACIP recommended vaccines.
- Universal - all children, regardless of insurance status, receive all ACIP recommended vaccines for free. State Immunization Program uses state/local or health plan funding to provide all ACIP recommended vaccines.

Anatomy of vaccine funding for children

- Public Insurance
  - Federal Vaccines for Children's (VFC) funds
  - Federal 317 vaccine funds
  - SCHIP vaccine funds (KidsCare in Arizona)
- Private Insurance
- State Vaccine funds (variable from state to state)

Arizona Immunization Program is VFC Only

State Vaccine Financing Systems

(As of 2002)

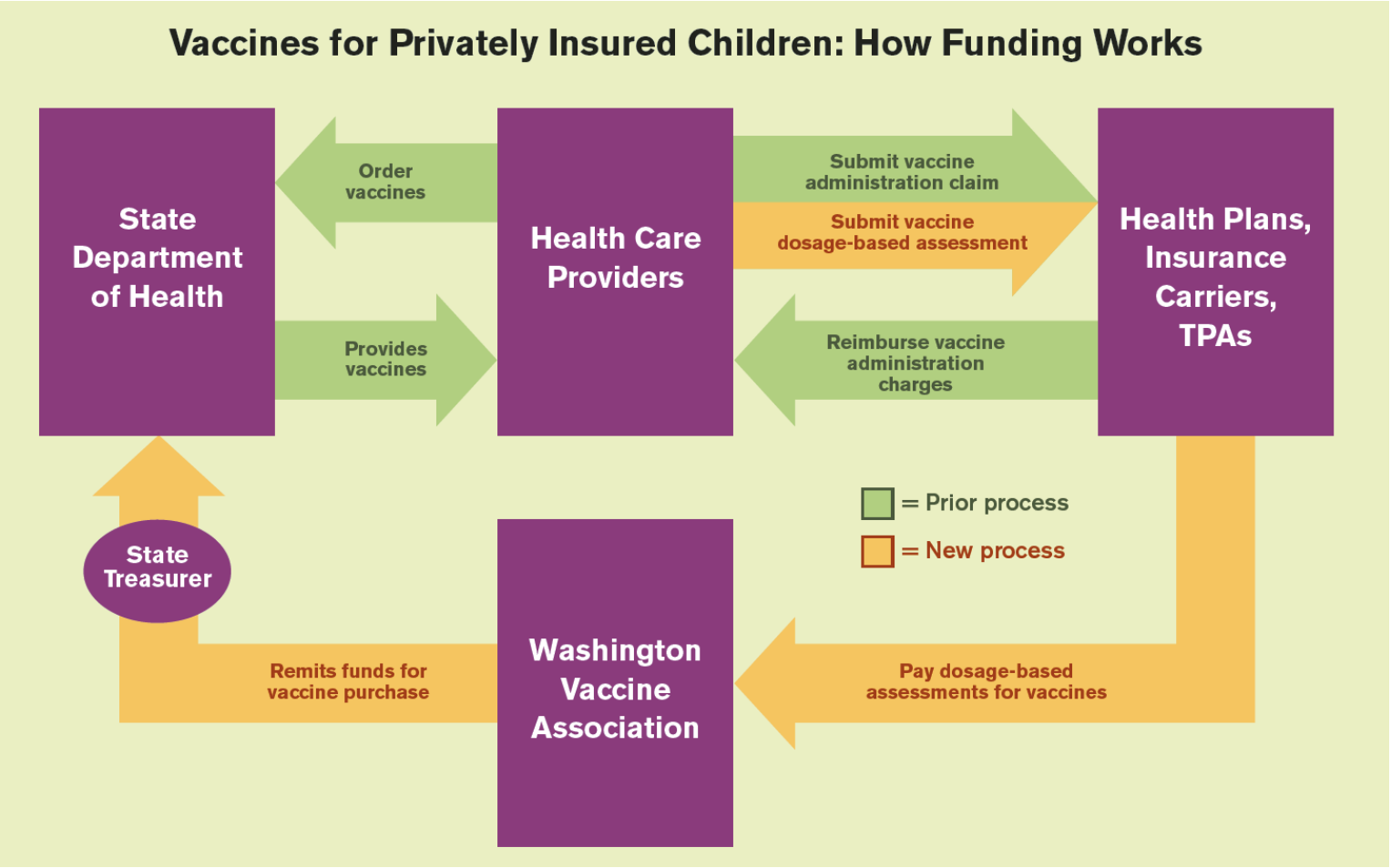
VFC Only	**VFC & Underinsured**	**Universal Select**	**Universal**
Alabama Arkansas California Colorado Delaware District of Columbia Hawaii Indiana Iowa Louisiana Mississippi Missouri Ohio Oregon Pennsylvania Tennessee Virginia West Virginia Wisconsin	**Arizona** Florida Georgia Illinois Kentucky Maryland Michigan Minnesota Montana Nebraska New York Oklahoma South Carolina Texas Utah Wyoming	Connecticut Nevada North Carolina North Dakota South Dakota Vermont	Alaska Idaho Maine Massachusetts New Hampshire New Mexico Rhode Island Washington

State Vaccine Financing Systems

(2014 estimation)

VFC Only	VFC & Underinsured Select	Universal Select	Universal
Alabama Arkansas California Colorado Delaware District of Columbia Hawaii Indiana Iowa Louisiana Mississippi Missouri Ohio Oregon Pennsylvania Tennessee Virginia West Virginia Wisconsin Oklahoma South Carolina Montana Nebraska Illinois **Arizona** Florida Nevada North Carolina North Dakota Vermont Texas Kentucky	Georgia Maryland Michigan Minnesota New York Utah	Alaska Connecticut Idaho Maine Massachusetts South Dakota Alaska (0-35 months)	New Hampshire New Mexico Rhode Island Vermont Washington Wyoming

State Vaccine Financing Systems



Washington- plan funded universal purchase system

State Vaccine Financing Systems

- *Maine quarterly payments by covered lives*
- *Vermont pilot project PCPs required to participate assessment on front end by quarter*
- *New Hampshire- does not include self insured funds and must use any state or federal funds first then asses each plan the remainder*
- *Mass- bill did not pass establishing a fund to cover select vaccines*
- *Conn- end of year assessment based on self report from plans- self insured not included*

- *New Mexico system- funded on reimbursement model using registry*

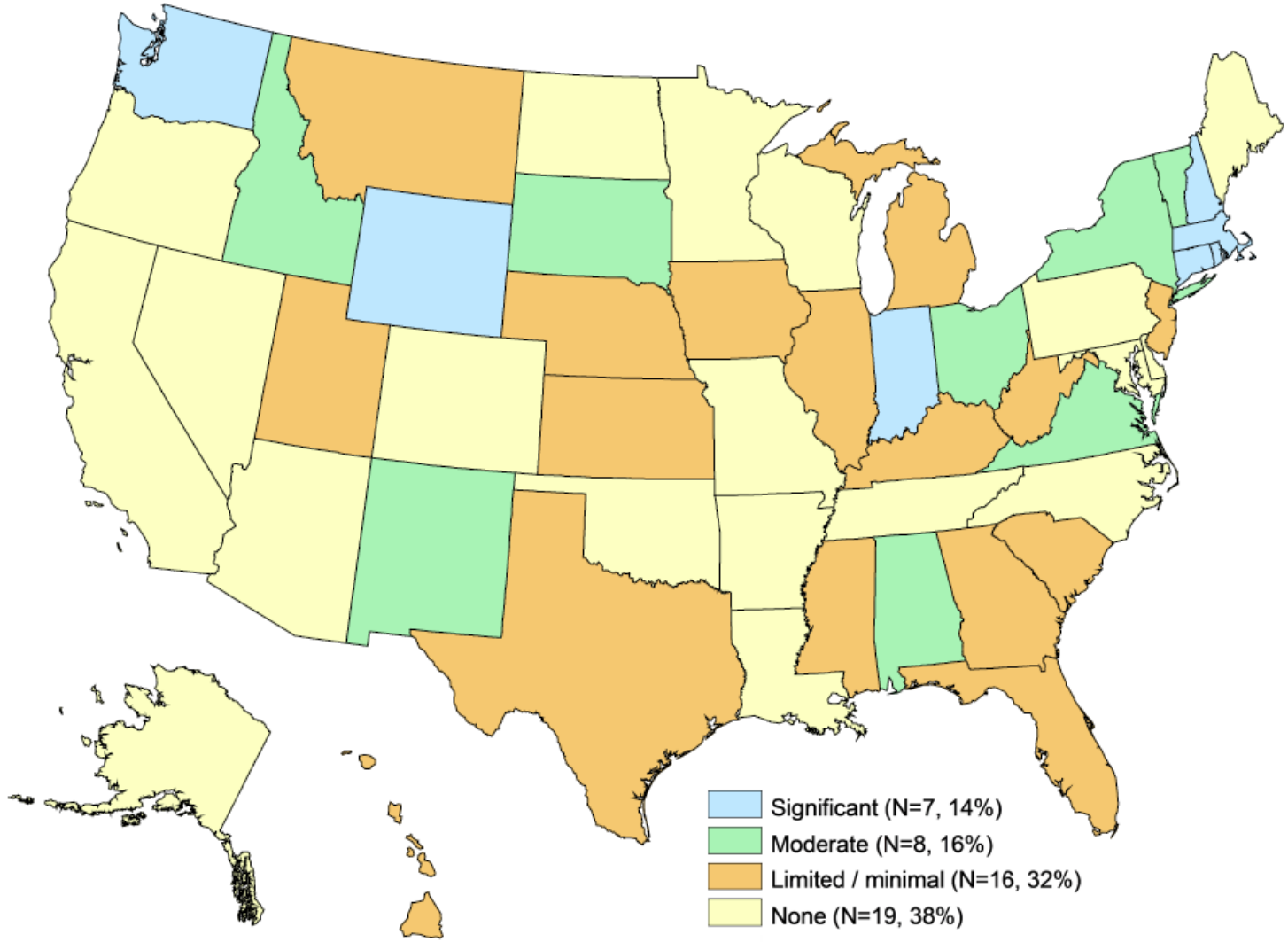
C.S. Mott Children's Hospital
University of Michigan
Division of General Pediatrics

Child Health Evaluation and Research Unit

AIM
ASSOCIATION OF IMMUNIZATION MANAGERS

EXTENT OF NON-FEDERAL FUNDS FOR PURCHASE OF CHILDHOOD VACCINES

January 2011

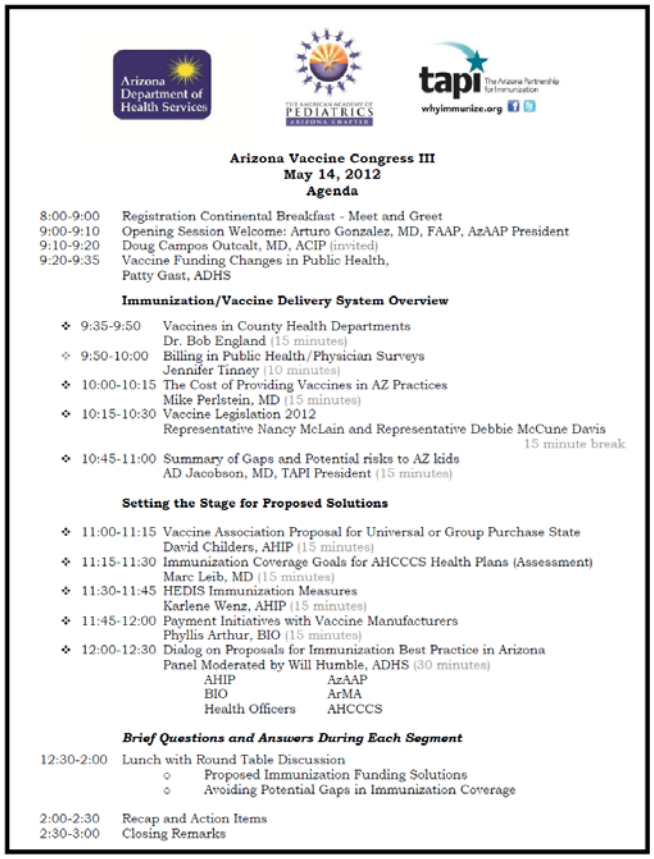


Data collected and verified Nov 2010-Jan 2011, map produced Jan 2011

Potential Problems

- Arizona has never been universal so assessments would require a ++ fee
- Barriers to using public pricing contracts
- High rate of self insured plans

Vaccine Congress I, II and III…



Arizona Vaccine Congress III
May 14, 2012
Agenda

8:00-9:00 Registration Continental Breakfast - Meet and Greet
9:00-9:10 Opening Session Welcome: Arturo Gonzalez, MD, FAAP, AzAAP President
9:10-9:20 Doug Campos Outcalt, MD, ACIP (invited)
9:20-9:35 Vaccine Funding Changes in Public Health, Patty Gast, ADHS

Immunization/Vaccine Delivery System Overview

- 9:35-9:50 Vaccines in County Health Departments
  Dr. Bob England (15 minutes)
- 9:50-10:00 Billing in Public Health/Physician Surveys
  Jennifer Tinney (10 minutes)
- 10:00-10:15 The Cost of Providing Vaccines in AZ Practices
  Mike Perlstein, MD (15 minutes)
- 10:15-10:30 Vaccine Legislation 2012
  Representative Nancy McLain and Representative Debbie McCune Davis
  15 minute break
- 10:45-11:00 Summary of Gaps and Potential risks to AZ kids
  AD Jacobson, MD, TAPI President (15 minutes)

Setting the Stage for Proposed Solutions

- 11:00-11:15 Vaccine Association Proposal for Universal or Group Purchase State
  David Childers, AHIP (15 minutes)
- 11:15-11:30 Immunization Coverage Goals for AHCCCS Health Plans (Assessment)
  Marc Leib, MD (15 minutes)
- 11:30-11:45 HEDIS Immunization Measures
  Karlene Wenz, AHIP (15 minutes)
- 11:45-12:00 Payment Initiatives with Vaccine Manufacturers
  Phyllis Arthur, BIO (15 minutes)
- 12:00-12:30 Dialog on Proposals for Immunization Best Practice in Arizona
  Panel Moderated by Will Humble, ADHS (30 minutes)
  AHIP AzAAP
  BIO ArMA
  Health Officers AHCCCS

Brief Questions and Answers During Each Segment

12:30-2:00 Lunch with Round Table Discussion
- Proposed Immunization Funding Solutions
- Avoiding Potential Gaps in Immunization Coverage

2:00-2:30 Recap and Action Items
2:30-3:00 Closing Remarks

Set of recommendations to improve rates

- Bill for the Counties
- Increase reimbursement rates
- Train Providers on Business Practice

Recommendations sent to NVAC

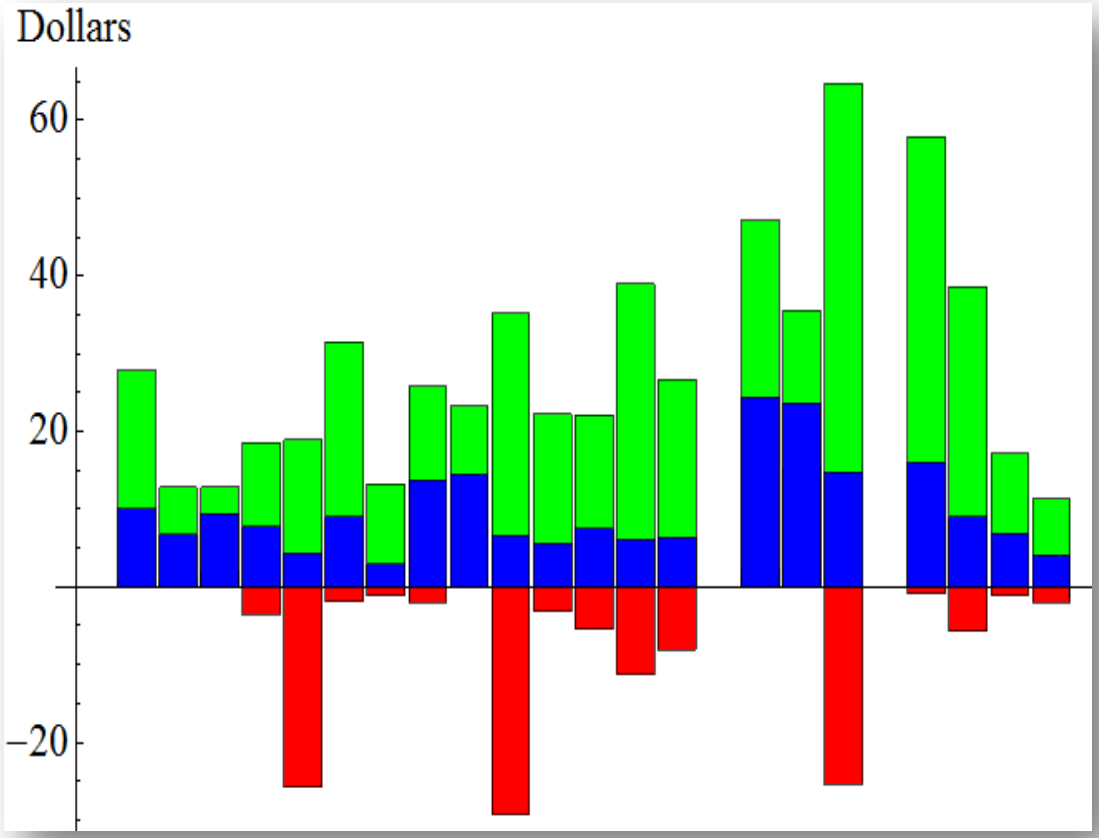
Payments

- Admin fee – Nurse time and supplies
  - VFC rate set in 1983 at $15.43
  - Medicaid “Bump” $22.33
  - Average admin fee for AHCCCS Plans is $10.00
  - Private sector range between $15-$25
- Vaccine cost – Vaccine + storage and handling
  - Each vaccine has a code, price set by plan
  - Range is 60% below purchase price to 30% above

Each claim costs office ~ $4.50 to submit

Insurance Payments vs. Vaccine Cost

Net Yield: Insurance payment minus vaccine purchase price in dollars



Legend:
Green
max yield
Blue
average yield
Red
min yield

Payments below cost

Each bar = payment for one vaccine

Adapted from Gary Freed et al. *Pediatrics* 2008; 122:1325–1331

Admin fee from $3.87-$26.55

What is Takes to Give a Shot…

Contract with all health plans
Credential site and all providers
Contract with vaccine suppliers
Order and pay for private vaccine supply
Sign up for VFC
Sign up for ASIIS
Order VFC vaccine through state registry ASIIS
Accept shipment for vaccine/maintain cold chain
Refrigerate vaccine
Check refrigerator twice daily for temps
Insure vaccine
Schedule vaccine appointment
Check insurance and VFC eligibility
Gather accurate and complete insurance data
Verify insurance coverage for private

Check the patient record book
Check ASIIS for shot history
Screen patients for what's needed and contraindications
Council patient
Give VIS for every vaccine
Get parent signature on each vaccine
Draw up vaccine
Swab with alcohol
Inject vaccine
Band-Aid the site
Comfort the child
Update the parent record book
Record correct diagnosis code to record
Record cpt to record
Record NDC and lot number to record
Update EHR
Report to ASIIS
Inventory vaccine stock in refrigerator

Report dose by lot number and NDC to ASIIS for VFC
Fax temp logs to VFC
Send record to billing
Build claim in electronic system all 33 boxes
Send claim to clearinghouse and on to payers
Receive EOB with payment or denial
Rebill 15% of claims for denial
Adjust actual payment in billing system
Report payment to patient
Record in billing system
Bill patient directly for outstanding balance

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Problem: Rising Cost of Vaccines

- 44% percent of private practice overhead in vaccine stock
- Offices need to be paid 120% of retail cost to cover the expenses

Thousands of $ in vaccine

Cost calculators developed by AzAAP

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NVAC Recommendations

- NVAC convened key stakeholders:
  - Federal, state, and local government
  - Vaccine manufacturers
  - Health insurance plans and other payers
  - Providers (including AAP representation)
  - Consumers / patients
- Public sector vaccine purchase for underinsured children in public health departments
- Vaccine administration reimbursement for all VFC-eligible children Improving vaccine administration reimbursement for VFC-eligible children (in Medicaid)
- Supporting delivery of vaccines in the medical home by improving private provider business practices
- Reducing underinsurance and financial barriers to vaccination of privately insured children Vaccine financing activities of federal agencies and offices
- Vaccine financing activities of state agencies and offices
- Supporting child & adolescent vaccination in complementary venues

Adapted from 2010 Vaccine Congress Presentation NVAC Overview, Megan Lindly

What's been done

- 2008 VFC vaccine administration rates for each state are published on CMS website
- A CMS workgroup is currently working on a revision to VFC reimbursement caps
  - Temperature monitoring & IIS data-entry costs added in 2009; work continues on antigen-based reimbursement for combination vaccines
- Lengthened payment terms, prompt-pay discounts etc.
- AAP & AMA among others creating guidance related to billing and vaccine purchasing pools
- CDC funding immunization grantees for outreach to increase VFC providers
- CDC creating billing guidance for public health
  - 38 immunization grantees received Federal funding to develop billing mechanisms
- First dollar coverage included in ACA

Adapted from 2010 Vaccine Congress Presentation NVAC Overview, Megan Lindly

What Still Needs Work?

- Increase 317 funding (Decreased)
- Financial Barriers for the Privately Insured
  - Voluntary first-dollar coverage of immunization by health insurance plans
    - Standards for private health insurance plans may not be included in final health reform package
  - Flexible contract language for immunization benefits that can accommodate updates to schedule or price changes mid-contract
  - Reimbursement policies that factor in all costs associated with vaccine administration

Adapted from 2010 Vaccine Congress Presentation NVAC Overview, Megan Lindly

NVAC Conclusions

- Increasing numbers and costs of recommended vaccines have contributed to substantial financial pressure on private (and public) vaccination providers
- NVAC developed a consensus-driven, evidence-based set of recommendations to address gaps in public and private vaccine financing
- Progress has been made since September 2008, but all stakeholders must take action to fully implement these recommendations to preserve the current financing system and prevent disease and death

Adapted from 2010 Vaccine Congress Presentation NVAC Overview, Megan Lindly

What to expect with Affordable Care and vaccines…

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Affordable Care Act…

- Plans must provide first dollar coverage for preventative services including vaccines.
- Pressure to decrease Federal spending so the funding can shift to new coverage.
- The need for 317 funded vaccines will decrease as health insurance coverage expands.

How ACA Impacts Vaccines

- Fewer uninsured (Medicaid and Market Place)
- More people with no copays or deductibles for prevention
- Billing programs in public health
- More community and school based clinics
- More focus on adult vaccines
- Increase payments for Medicaid admin fee (2years)

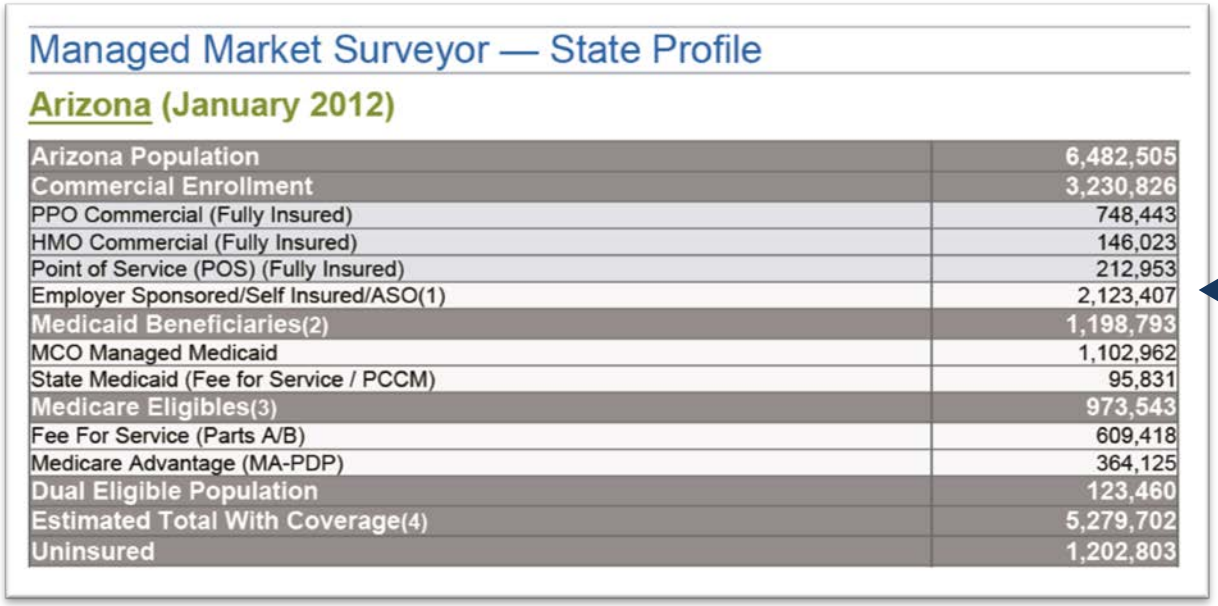
Remaining problems…

Arizona… Is Everyone Covered?

AZ is 80% small business

and

65% of commercially insured in Self Insured Plan



Managed Market Surveyor — State Profile

Arizona (January 2012)

Arizona Population	6,482,505
Commercial Enrollment	3,230,826
PPO Commercial (Fully Insured)	748,443
HMO Commercial (Fully Insured)	146,023
Point of Service (POS) (Fully Insured)	212,953
Employer Sponsored/Self Insured/ASO(1)	2,123,407
Medicaid Beneficiaries(2)	1,198,793
MCO Managed Medicaid	1,102,962
State Medicaid (Fee for Service / PCCM)	95,831
Medicare Eligibles(3)	973,543
Fee For Service (Parts A/B)	609,418
Medicare Advantage (MA-PDP)	364,125
Dual Eligible Population	123,460
Estimated Total With Coverage(4)	5,279,702
Uninsured	1,202,803

65% of Arizona Insured through Employer Self Insured Plan

Grandfathered?

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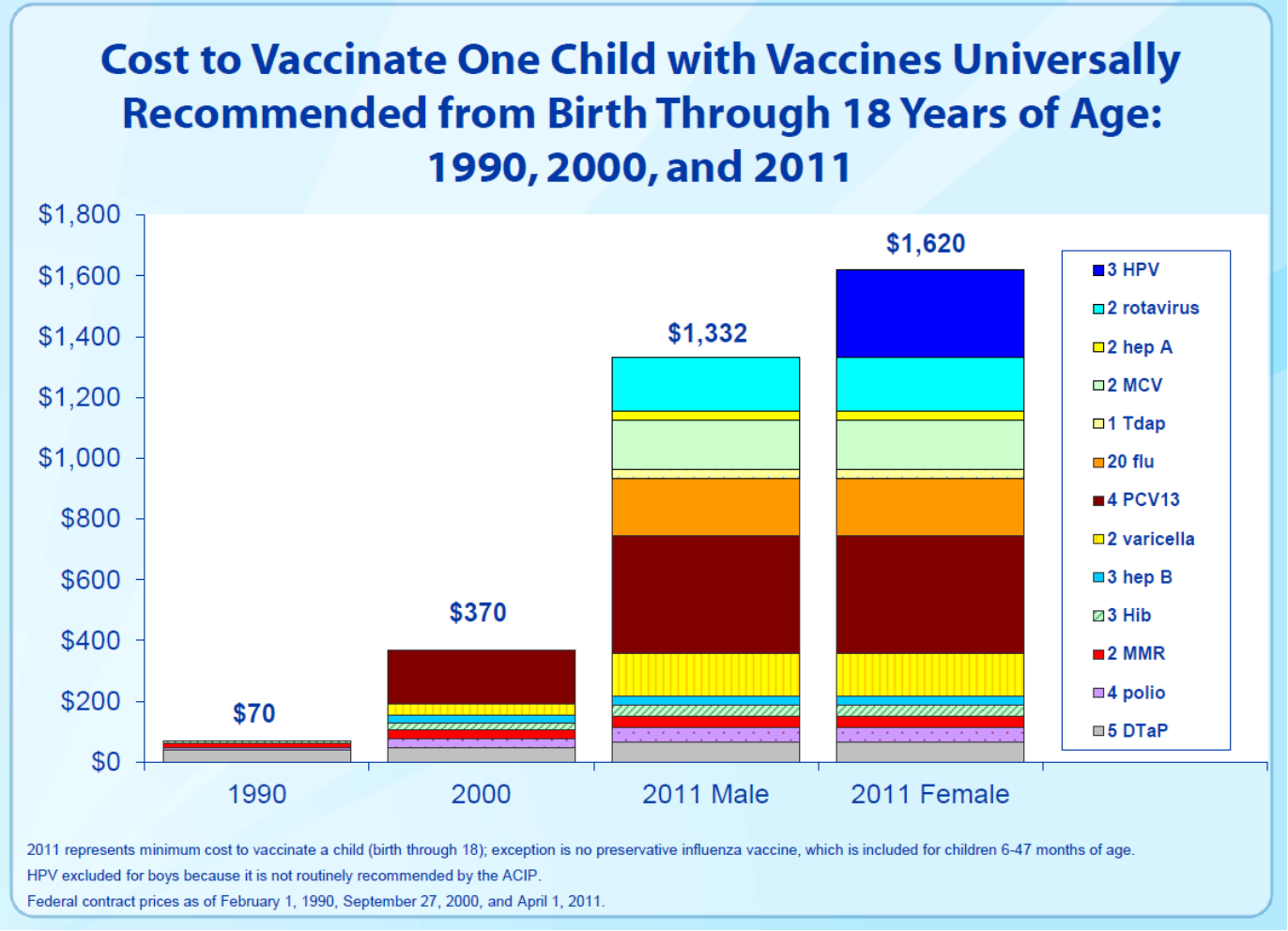
The AZ But… Is Everyone Covered?

Grandfathered status

- State-regulated private health insurance sold in individual and group health markets are grandfathered into the ACA
- Routine changes can be implemented:
  - Cost adjustments consistent with medical inflation
  - Addition of new benefits
  - Modest adjustments to existing benefits
  - Voluntarily adopting new patient protections established under ACA
  - Changes to comply with state or federal requirements
- Grandfathered status is lost if:
  - Plans reduce or eliminate existing coverage
  - Plans increase deductibles or co-payments by more than rate of medical inflation plus 15%
  - Plans require patients to switch to another grandfathered plan with fewer benefits or higher cost-sharing to avoid new patient protections implemented by ACA
  - Plans are acquired by or merge with another plan to avoid complying with ACA

Frist dollar coverage does not mean adequate reimbursement

Cost of Vaccination…



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whyimmunize.org

Cost to Immunize One Child in the Public Sector Has Risen by 500% Since 2000

	2000	2002	2004	2006	2008	2010	2011	2012	2013
DTaP	$46.25	$59.65	$62.05	$63.98	$63.25	$66.25	$66.25	$75.00	$76.90
Hib	$21.96	$28.44	$33.60	$31.74	$33.78	$34.53	$34.92	$48.96	$49.68
MMR	$30.16	$31.22	$32.38	$34.56	$36.52	$37.27	$37.98	$38.66	$39.52
Polio	$31.00	$34.64	$40.40	$43.28	$45.92	$46.96	$47.88	$35.91	$27.99
Hep B	$27.18	$28.11	$27.45	$27.65	$28.50	$30.75	$31.05	$32.19	$32.79
Varicella	$37.14	$40.87	$47.02	$113.80[2]	$123.00	$134.16	$139.47	$144.98	$150.72
PCV	$88.50[1]	$183.96	$203.00	$230.36	$265.76	$367.00	$388.84	$408.12	$428.48
Flu	--	--	$30.00	$69.18	$205.36[4]	$175.67	$184.69	$186.44	$217.39
Tdap	--	--	--	$30.75[3]	$30.75	$28.54	$29.59	$29.59	$24.63
MCV-4	--	--	--	$68.00	$76.35	$79.75	$164.24	$164.24	$138.72
Hep A	--	--	--	$24.31	$24.50	$26.50	$28.50	$29.50	$30.50
Rotavirus	--	--	--	$156.00	$171.60	$167.50	$178.50	$182.04	$184.30
HPV	--	--	--	--	$301.77[5]	$288.24	$288.24	$335.89	$321.47
TOTAL[6]	**$282.19**	**$406.89**	**$475.90**	**$893.61**	**$1407.06**	**$1483.12**	**$1620.15**	**$1711.52**	**$1723.08**

1. In 2000, the PCV cost to fully vaccinate one child was for half the calendar year. The CDC contract was not in place until July 1, 2000.
2. In 2006, ACIP recommended two doses of varicella.
3. Tdap replaced Td as the adolescent booster recommended by ACIP in June 2005, to provide protection against pertussis. The cost of Td has not been included in previous years due to the absence of a CDC contract.
4. In 2008, ACIP recommended annual influenza vaccination for all children up to age 18. Two doses are needed the first year of vaccination and 1 dose is needed annually thereafter, for a total of 20 doses.
5. Beginning in 2007 the total represents the cost to fully vaccinate a female including the HPV vaccine. The HPV vaccine is also recommended for males as of late 2011.
6. The cost of recommended vaccines is significantly higher when combination vaccines are factored in to the total cost. This table shows only the lower cost of single vaccines.

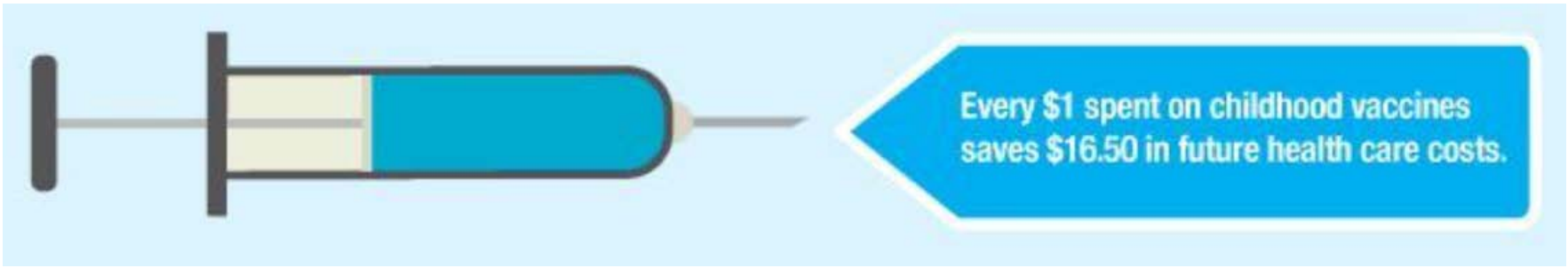
TOTAL represents the cost to vaccinate one child with vaccines universally recommended from birth through 18 years of age using federal contract prices.

Source: Centers for Disease Control and Prevention

Perspective

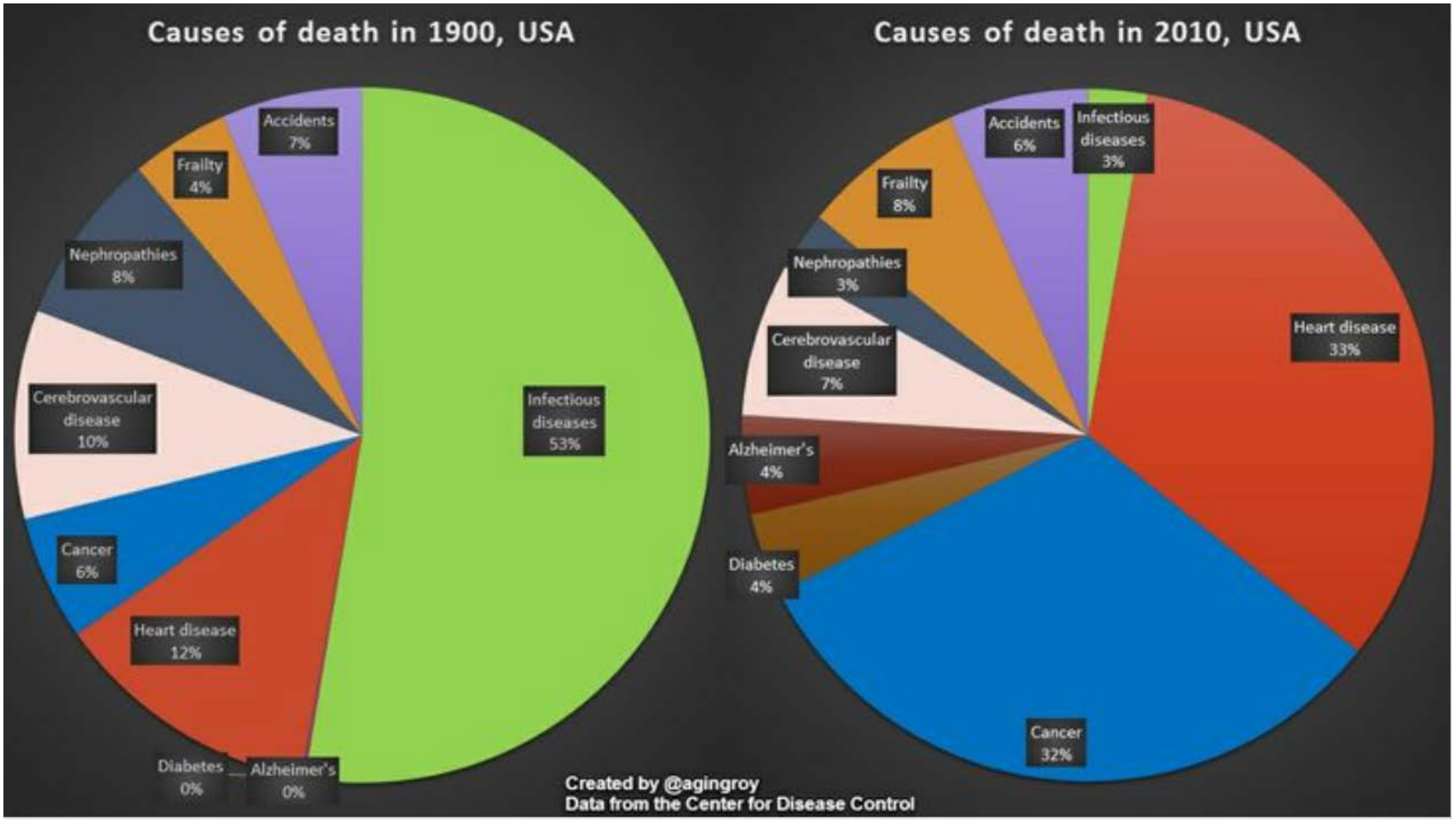
- Annual cost of Lipitor = $2,140*
- Adolescent ER Visit $1,900
  - Blood work
  - Chest x-ray
  - Exam

*Prepared by the AARP Public Policy Institute and the *PRIME* Institute, University of Minnesota, based on data from
Truven Health Analytics MarketScan® Research Databases.

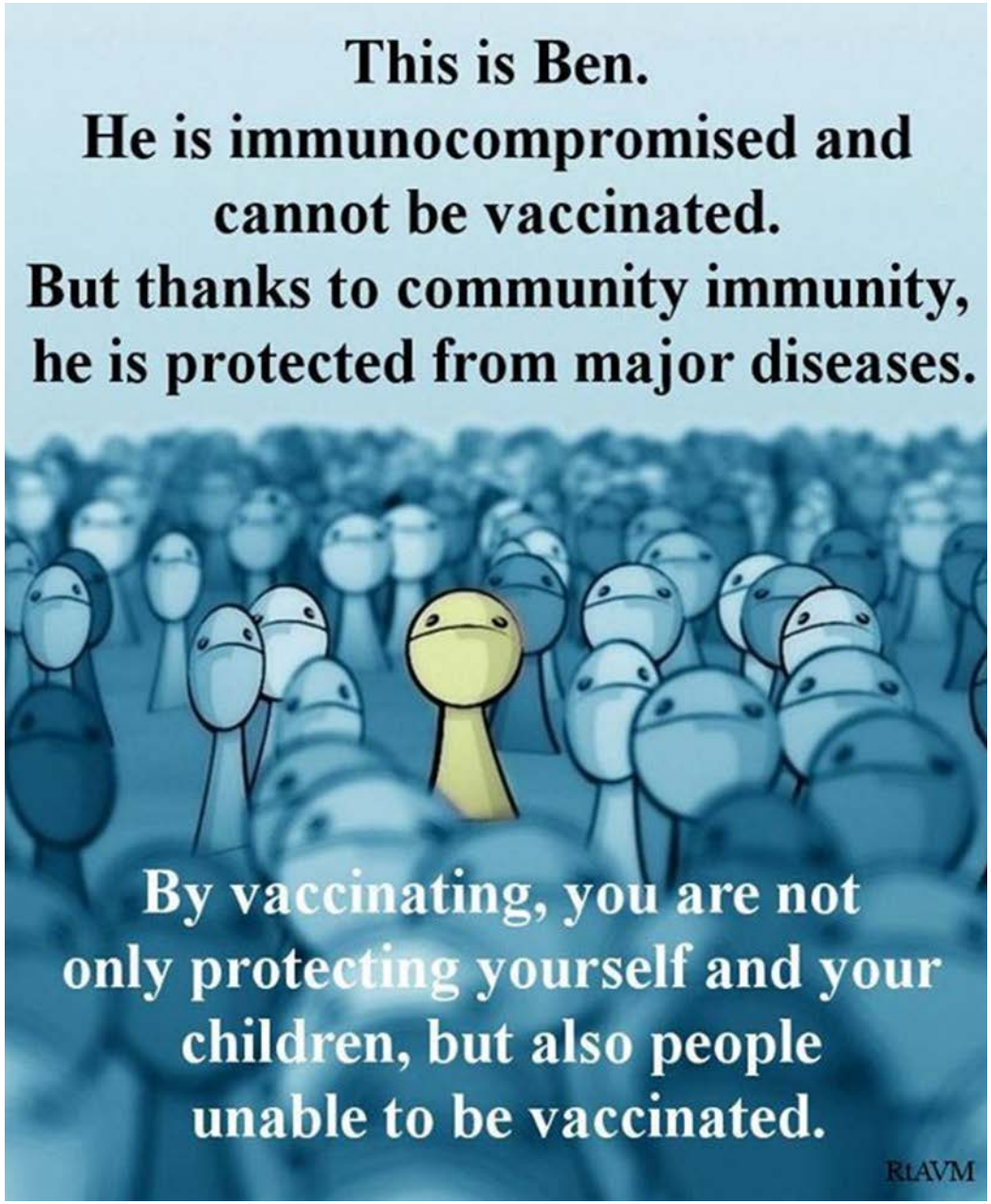


$28,430.82 per childhood series

www.APHA.org



Infectious Disease 53% in 1900 down to 3% in 2010



Vaccines are different-

- Your vaccine protects others
- 50% provided through public funds because of cost savings
- Reimbursed under standing orders

HOW A VACCINE IS ADDED TO THE U.S. RECOMMENDED IMMUNIZATION SCHEDULE

The Advisory Committee on Immunization Practices (ACIP) is a group of medical and public health experts. Members of the American Academy of Pediatrics (AAP) and American Academy of Family Physicians (AAFP) are among some of the groups that also bring related immunization expertise to the committee. This group carefully reviews all available data about the vaccine from clinical trials and other studies to develop recommendations for vaccine use.

When making recommendations, ACIP considers:

- How safe is the vaccine when given at specific ages?
- How well does the vaccine work at specific ages?
- How serious is the disease this vaccine prevents?
- How many children would get the disease the vaccine prevents if we didn't have the vaccine?

ACIP recommendations are not official until the CDC Director reviews and approves them and they are published. These recommendations then become part of the United States official childhood immunization schedule.

New vaccine to protect your child against a disease is added to the schedule.

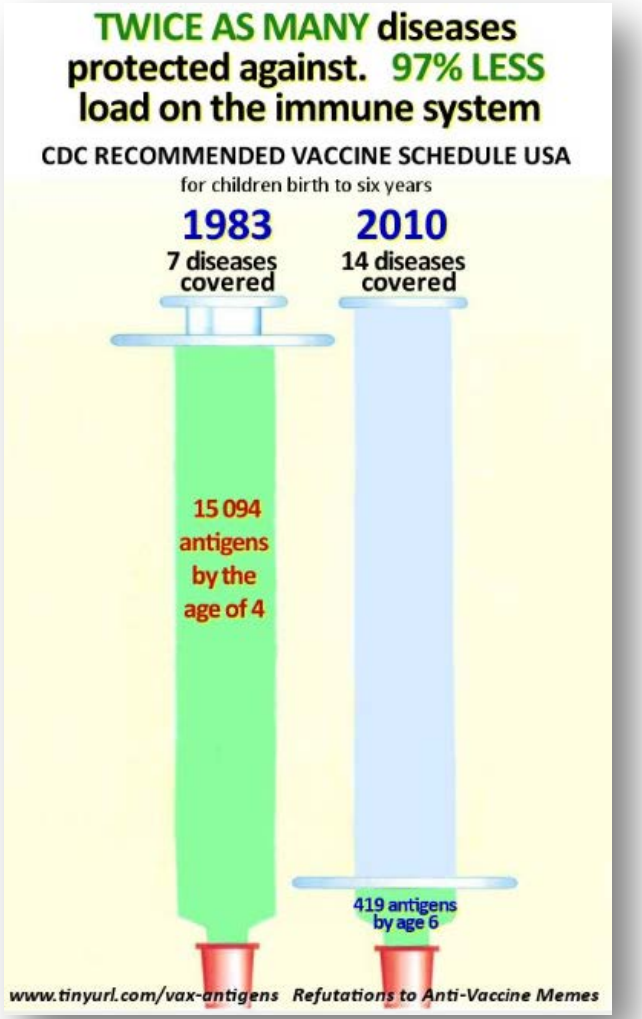
FOR MORE INFORMATION, VISIT HTTP://WWW.CDC.GOV/VACCINES

Setting Cost

- VFC buys 50% of the vaccine on the market
- ACIP makes recommendations based on cost vs health care savings
  - HPV girls/boys
  - Mening
  - Prevnar
- Regulated by the FTC
- Developed world cost sharing

Making Vaccines is Risky

- $.75 Tax
- 10 years and $10 billion
- FDA requirements
  - Huge clinical trails
  - Preservative free
  - Safer vaccines
- Plants go down
- Only 4 left



Bundled pricing makes it tough

- Private sector prices range from $100 to $120 for the same vaccine
- Contract price is dependent on volume and bundled purchase of other brand vaccines
  - Excludes competitors
- Public Price is through 340b and MMCAP
  - Both are intended for underserved populations and reducing public funding
- Buying groups require brand loyalty for best price
  - Decrease choice for clinicians
  - Opens possibility of state formulary

Company A

= lowest price possible for both

Company B

= lowest price possible for both

Company A & B

= highest price possible for both

Determining payment

- Hard to understand vaccine prices – how do you set a rate?
- Employers and individuals chose plans and the coverage levels
- Many grandfathered from 1st $ coverage
- Lower paying plans increase their market share

Example

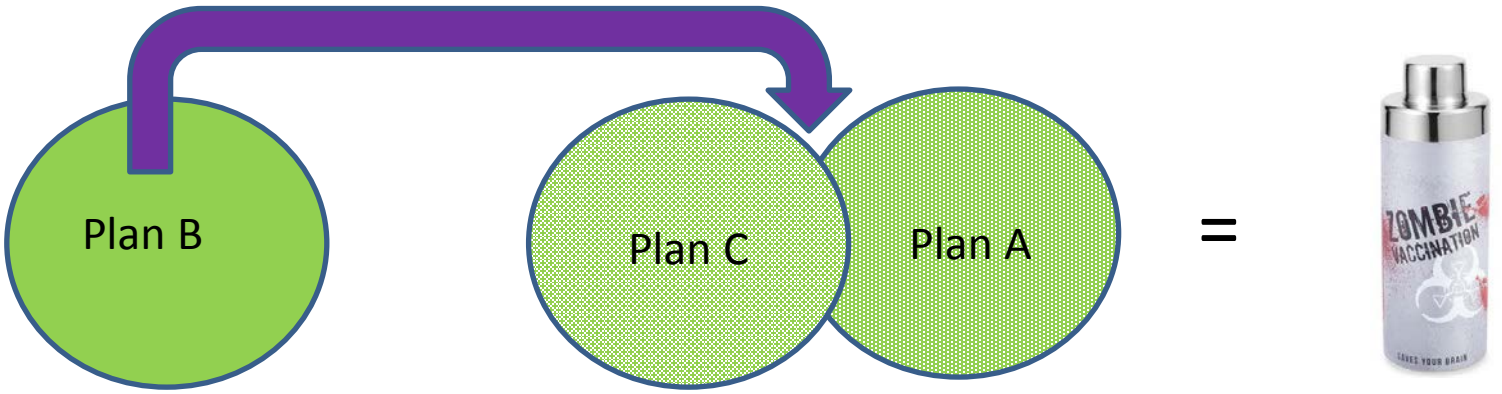
Zombie vaccine public price - $80.00

Zombie vaccine private price -$100 to $120

Plan A pays $101.50

Plan B pays $142.00

Plan C pays $90.00



CDC Retail List Price

CDC Vaccine Price List

Sign up to be notified when this page is updated

Prices last reviewed/updated: AUGUST 1, 2014

On this Page

- Pediatric/VFC Vaccine Price List
- Adult Vaccine Price List
- Pediatric Influenza Vaccine Price List
- Adult Influenza Vaccine Price List

Pediatric/VFC Vaccine Price List

Vaccine	Brandname/ Tradename	NDC	Packaging	CDC Cost/ Dose	Private Sector Cost/ Dose	Contract End Date	Manufacturer	Contract Number
DTaP [1]	Daptacel®	49281-0286-10	10 pack - 1 dose vials	$15.38	$25.98	03/31/2015	Sanofi Pasteur	200-2014-58149
DTaP [1]	Infanrix®	58160-0810-11	10 pack - 1 dose vials	$15.76	$20.96	03/31/2015	GlaxoSmithKline	200-2014-58151
		58160-0810-52	10 pack - 1 dose T-L syringes. No Needle	$15.76	$21.44			
	Kinrix®	58160-0812-11	10 pack - 1 dose vials	$38.50	$48.00	03/31/2015	GlaxoSmithKline	200-2014-58151
		58160-0812-52	10 pack - 1 dose T-L syringes	$38.50	$48.00			
V [4]	Pediarix®	58160-0811-52	10 pack - 1 dose T-L syringes, No Needle	$53.86	$70.72	03/31/2015	GlaxoSmithKline	200-2014-58151
]	Pentacel®	49281-0510-05	5 pack - 1 dose vials	$52.43	$80.43	03/31/2015	Sanofi Pasteur	200-2014-58149
	IPOL®	49281-0860-10	10 dose vial	$12.46	$27.44	03/31/2015	Sanofi Pasteur	200-2014-58149
Hepatitis A Pediatric [5]	Vaqta®	00006-4831-41	10 pack - 1 dose vial	$16.17	$30.369	03/31/2015	Merck	200-2014-58150
		00006-4095-02	10 pack - 1 dose syringes	$16.17	$31.12			
Hepatitis A Pediatric [5]	Havrix®	58160-0825-11	10 pack - 1 dose vials	$16.15	$28.74	03/31/2015	GlaxoSmithKline	200-2014-58151
		58160-0825-52	10 pack - 1 dose T-L syringes. No Needle	$16.15	$28.74			
patitis B 18 only [3]	Twinrix®	58160-0815-11	10 pack - 1 dose vials	$52.26	$92.50	03/31/2015	GlaxoSmithKline	200-2014-58151
escent	Engerix B®	58160-0820-11	10 pack - 1 dose vials	$11.08	$21.37	03/31/2015	GlaxoSmithKline	200-2014-58151
		58160-0820-52	10 pack - 1 dose T-L syringes, No Needle	$11.08	$21.37			
escent	Recombivax HB®	00006-4981-00	10 pack - 1 dose vials	$11.00	$23.204	03/31/2015	Merck	200-2014-58150
		00006-4093-02	10 pack - 1 dose syringes	$11.75	$23.95			
Hib [5]	PedvaxHIB®	00006-4897-00	10 pack - 1 dose vials	$12.34	$22.769	03/31/2015	Merck	200-2014-58150
Hib [5]	ActHIB®	49281-0545-05	5 pack - 1 dose vials	$9.36	$26.21	03/31/2015	Sanofi Pasteur	200-2014-58149
HIBMENCY [3]	MENHIBRIX®	58160-0801-11	10 pack – 1 dose vials	$10.10	$23.60	03/31/2015	GlaxoSmithKline	200-2014-58151
HPV - Quadrivalent Human Papillomavirus Types 6, 11, 16	Gardasil®	00006-4045-41	10 pack – 1 dose vials	$121.03	$141.38	03/31/2015	Merck	200-2014-58150

Reimbursement Bill

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Legislative Proposals….

- Some plans stepped in with solutions
  - Require all health plans to start reimbursement at 120% of vaccine cost
    - Children get the vaccine that is best for them
    - Small/non traditional providers can offer vaccines
    - Takes the strain off of public programs

C.S. Mott Children's Hospital
University of Michigan
Division of General Pediatrics

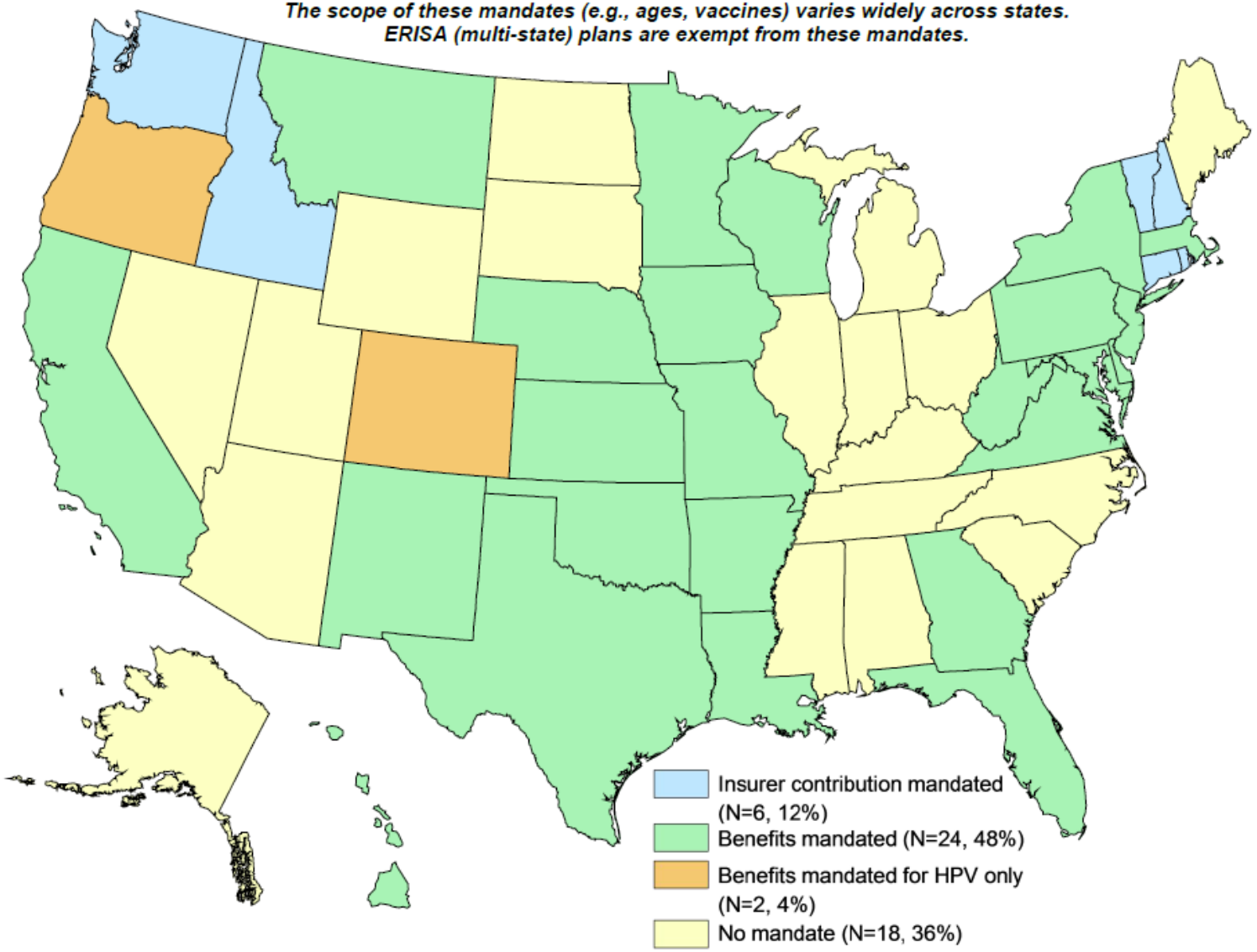
Child Health Evaluation and Research Unit

AIM
Association of Immunization Managers

IMMUNIZATION-RELATED INSURANCE MANDATES

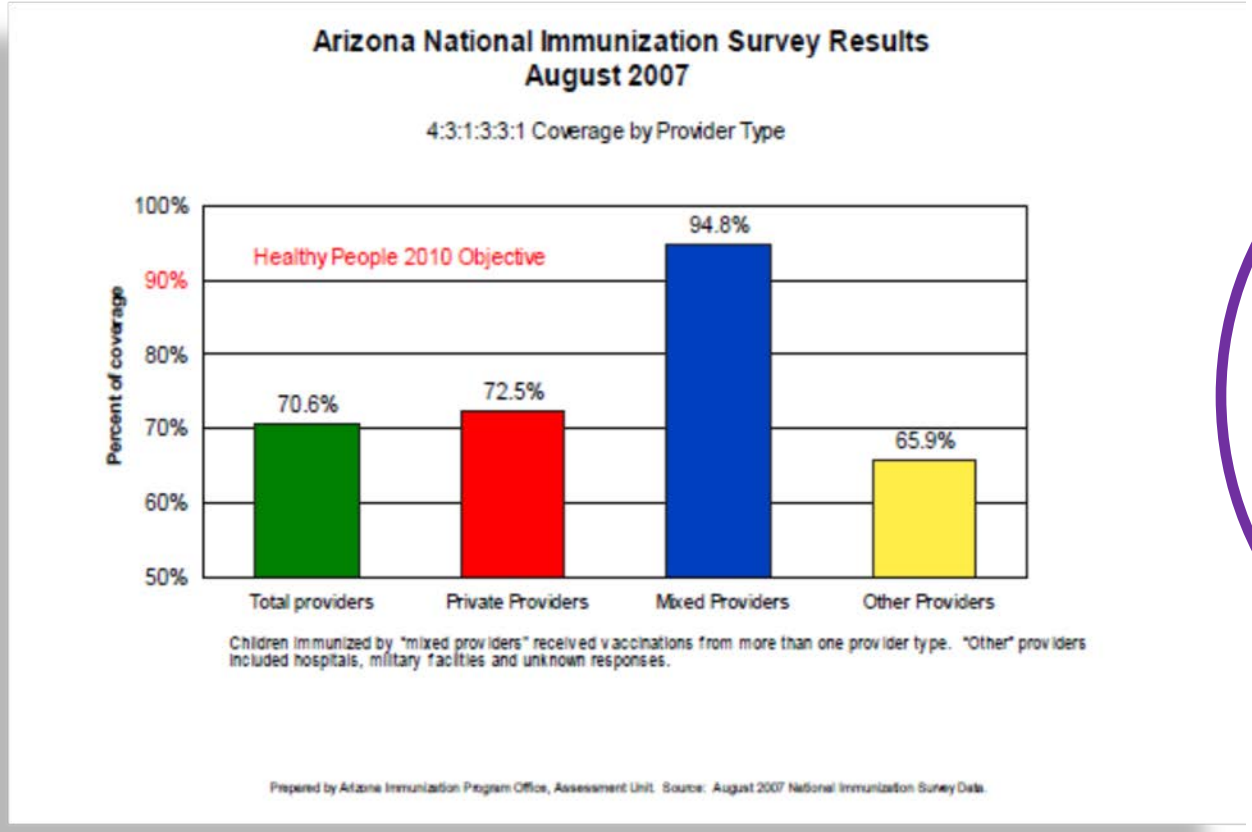
January 2011

The scope of these mandates (e.g., ages, vaccines) varies widely across states.
ERISA (multi-state) plans are exempt from these mandates.



Data collected and verified Nov 2010-Jan 2011, map produced Jan 2011

We need the Medical Home and Public Health Safety Net



Increase private provider rates to 120% of retail

Reimburse the public health departments for vaccine given to privately insured patients

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Ideas?

- Traditional model - Providers need 20% above cost
  - Can the plans and the manufacturers work on a pricing system that works for both?

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Photo of Max from the TAPI's Vaccines are Safe Campaign

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