Medicare vaccine coverage and payment policies

Nancy Ray, Kim Neuman, and Ledia Tabor
January 15, 2021
Overview

- Update on Medicare’s efforts to measure vaccination rates in quality reporting programs for FFS providers, ACOs, and Medicare Advantage (MA) plans

- Vaccine coverage and payment policy options
  - Cover all preventive vaccines under Part B instead of Part D to promote access
  - Modify Medicare payment for Part B vaccines to better reflect acquisition costs
Measurement of vaccine rates varies across Medicare FFS

- Publicly reported measures of flu vaccination rates among health care personnel included in some institutional settings’ quality reporting programs
  - No vaccination measures required for ASCs, dialysis facilities (as of payment year 2022), hospice providers, and SNFs
- Vaccination rates are not scored in most existing value-based purchasing programs
  - Some clinicians participating in MIPS have the option to be scored on some vaccination measures

Note: ASC (ambulatory surgical center). SNF (skilled nursing facility). Merit-based Incentive Program (MIPS). Data are preliminary and subject to change.
Quality measurement of vaccination use across Medicare’s providers and plans

- ACOs currently scored on flu vaccination rates of beneficiaries
  - Beginning payment year 2022, ACOs will be scored on a smaller measure set which does not include the vaccine measure
- Flu vaccination of enrollees is publicly reported and scored in quality bonus program for Medicare Advantage plans

Data are preliminary and subject to change.
Medicare’s vaccine coverage spans Part B and Part D

- **Part B covers:**
  - Seasonal influenza
  - Pneumococcal disease
  - Hepatitis B for patients at high or intermediate risk
  - COVID-19 vaccines, per CARES Act
  - Other vaccines when used to treat injury or direct exposure

- **Part D covers all commercially available vaccines not covered by Part B, such as shingles or hepatitis A**
Coverage of and payment for preventive vaccines

**Part B**
- Generally no cost sharing*
- Administered in a wide range of settings
  - Mass immunizers, e.g., pharmacies
  - Physician offices
  - Hospitals, SNFs, HHAs, others

**Part D**
- Cost-sharing amounts vary by plan and benefit phase
- Most are administered in pharmacies

*Vaccines furnished to treat an injury or direct exposure (e.g., tetanus and rabies) are subject to the standard 20 percent Part B cost-sharing. Note: SNFs (skilled nursing facilities). HHAs (home health agencies).
In 2007, the Commission recommended coverage of vaccines under Part B instead of Part D

- At outset of Part D, there were concerns:
  - Physicians would have difficulty billing Part D plans
  - Patient would have to pay for vaccine upfront and then seek reimbursement from plans, hurdle to seeking appropriate preventive care

- Today:
  - Steps have been taken to lessen these billing issues
  - But, there continue to be strong rationales for moving all vaccine coverage to Part B
Coverage policy option: Preventive vaccine coverage under Part B with no cost-sharing

- Moving all vaccine coverage to Part B would promote wider access
  - More Part B beneficiaries than enrollees in Part D
  - Wide variety of settings under Part B for administering vaccines
  - Less confusing for beneficiaries and providers
  - No cost-sharing would ensure cost is not an access barrier

- Policy option: Cover all appropriate preventive vaccines and their administration under Part B instead of Part D without cost-sharing
How Medicare pays for vaccines

- For preventive vaccines, Part B generally pays 95% of average wholesale price (AWP)*
- For vaccines used to treat an injury or direct exposure (e.g., tetanus and rabies), Part B generally pays 106% of average sales price (ASP)
- Part D pays for vaccines based on plan-negotiated payment rates with pharmacies
- Medicare Part B and D also make a separate payment for administration of the vaccine
- If the federal government directly purchases the vaccine, as has occurred for COVID-19, Medicare only pays for administration, not the vaccine itself

Note: *Some providers such as hospitals, skilled nursing facilities, home health agencies, and rural health clinics are paid reasonable cost.
Comparison of Medicare vaccine payment rates to wholesale acquisition cost

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>95% AWP as percent of WAC (July 2020)</th>
<th>106% ASP as percent of WAC (July 2019)</th>
<th>Part D rate as percent of WAC (July 2019)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza</td>
<td>117%</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Pneumococcal</td>
<td>114%</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>115%</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>NA</td>
<td>87%</td>
<td>104%</td>
</tr>
<tr>
<td>Rabies</td>
<td>NA</td>
<td>85%</td>
<td>101%</td>
</tr>
<tr>
<td>Td</td>
<td>NA</td>
<td>73%</td>
<td>103%</td>
</tr>
<tr>
<td>Tdap</td>
<td>NA</td>
<td>77%</td>
<td>105%</td>
</tr>
<tr>
<td>Shingles</td>
<td>NA</td>
<td>NA</td>
<td>101%</td>
</tr>
</tbody>
</table>

* The Part D payment rate reflects the median total payment to pharmacies for ingredient cost, including cost-sharing, and does not reflect any manufacturer rebates if available.
Note: WAC (wholesale acquisition cost). NA (Not applicable). Td (tetanus and diphtheria). Tdap (tetanus, diphtheria, and pertussis).
Estimates reflect the median national drug code (NDC) when there are multiple NCDs for a particular type of vaccine. Data exclude Part B and Part D payments for vaccine administration and any Part D dispensing fee. Source: MedPAC analysis of Part D PDE data and public ASP payment rate files from CMS and data from First Databank. Data are preliminary and subject to change.

- 95% AWP substantially exceeds WAC
- Part D payment rates* are slightly above WAC
- 106% ASP is substantially below WAC for vaccines with data
Alternatives for Part B vaccine payment

- Payment based on WAC (e.g., 103% of WAC)
  - WAC does not reflect discounts or rebates when available
  - Would moderately reduce payment rate from 95% AWP
- Payment based on ASP
  - Average market-based price, net of rebates and discounts
- More study would be beneficial to understand:
  - How payment rates would change if based on ASP
  - How much vaccine prices vary across purchasers
  - How the 2-quarter lag in ASP would affect vaccine payment rates (e.g., given seasonality of flu vaccine)
Payment policy option: Modify payment for Part B preventive vaccines

- Modify Medicare’s payment rate for Part B-covered preventive vaccines from 95% AWP to 103% WAC, and require vaccine manufacturers to report ASP data to CMS for analysis

- Rationale:
  - As initial step, base payment on WAC, which better approximates acquisition costs; moderately reduced payment rates should be accessible to providers
  - Concurrently, collect ASP data to permit the Secretary to study development of a payment rate that better reflects market prices
Next steps

▪ Questions and clarifications
▪ Feedback on material presented and policy options
  ▪ Coverage policy option:
    ▪ Cover all appropriate preventive vaccines and their administration under Part B instead of Part D without cost-sharing
  ▪ Payment policy option:
    ▪ Modify Medicare’s payment rate for Part B-covered preventive vaccines from 95% AWP to 103% WAC, and require vaccine manufacturers to report ASP data to CMS for analysis