



# Vaccine financing and billing in practices serving adult patients: A follow-up survey<sup>☆</sup>

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## ABSTRACT

**Background:** Financial concerns are often cited by physicians as a barrier to administering routinely recommended vaccines to adults. The purpose of this study was to assess perceived payments and profit from administering recommended adult vaccines and vaccine purchasing practices among general internal medicine (GIM) and family medicine (FM) practices in the United States.

**Methods:** We conducted an interviewer-administered survey from January–June 2014 of practices stratified by specialty (FM or GIM), affiliation (standalone or  $\geq 2$  practice sites), and level of financial decision-making (independent or larger system level) in FM and GIM practices that responded to a previous survey on adult vaccine financing and provided contact information for follow-up. Practice personnel identified as knowledgeable about vaccine financing and billing responded to questions about payments relative to vaccine purchase price and payment for vaccine administration, perceived profit on vaccination, claim denial, and utilization of various purchasing strategies for private vaccine stocks. Survey items on payment and perceived profit were assessed for various public and private payer types. Descriptive statistics were calculated and responses compared by physician specialty, practice affiliation, and level of financial decision-making.

**Results:** Of 242 practices approached, 43% ( $n = 104$ ) completed the survey. Reported payment levels and perceived profit varied by payer type. Only for preferred provider organizations did a plurality of respondents report profiting on adult vaccination services. Over half of respondents reported losing money vaccinating adult Medicaid beneficiaries. One-quarter to one-third of respondents reported not knowing about Medicare Part D payment levels for vaccine purchase and vaccine administration, respectively. Few respondents reported negotiating with manufacturers or insurance plans on vaccine purchase prices or payments for vaccination.

**Conclusions:** Practices vaccinating adults may benefit from education and technical assistance related to vaccine financing and billing and greater use of purchasing strategies to decrease upfront vaccine cost.

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## 1. Introduction

The Advisory Committee on Immunization Practices (ACIP) recommends routine administration of several vaccines for U.S. adults, based on age and other risk factors. Coverage for adult vaccines is well below Healthy People 2020 targets [1]. Barriers to adult vaccination reported by patients and healthcare providers include not knowing vaccines are needed, other issues taking precedence during brief medical visits, and physicians not recommending vaccination. Cost-related barriers including inadequate

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payments for vaccination services are the most common barriers to adult vaccination reported by physicians [2–6]. Purchase prices for vaccines routinely recommended for adults range from \$16 to over \$200 per dose in the private sector [7].

Physicians providing care to both publicly- and privately-insured patients may receive widely divergent payments for administering the same vaccine depending on the patient's insurance benefits. Generally, private insurance plans establish set payments for vaccine purchase and administration. Providers contracting with the plan agree to accept these rates, although negotiation is possible [8]. Most plans specify provider types and sites of care for which vaccination is covered; payments may vary by provider and site. Payments under original Medicare (Part B), which covers influenza and pneumococcal vaccination, hepatitis B vaccination for certain at-risk persons, and tetanus vaccination for wound care only, are established at the federal level with geographic adjustments [9]. Medicaid fee-for-service payments are determined by each state [10]. For Medicare Part D, a prescription drug benefit that covers all ACIP-recommended vaccines not covered under Part B, the payment structure is similar to private insurance: multiple Part D plans operate in each state and each plan establishes payments for vaccination. Medicaid managed care plans operate similarly.

The Patient Protection and Affordable Care Act of 2010 (ACA) includes several elements designed to increase access to preventive services including vaccines. The ACA requires coverage for ACIP-recommended vaccines with no patient cost-sharing when vaccines are administered by in-network providers to beneficiaries of non-grandfathered private health plans or Medicaid beneficiaries who gained eligibility through ACA program expansions [11]. (In 2016, 77% of workers with employer-based health insurance were covered by non-grandfathered plans.) [12] It also specified a temporary increase in Medicaid payments for certain primary care services, including vaccine administration, provided by certain types of physicians; services provided from January 1, 2013–December 31, 2014 were paid at the lower of the provider's actual charge for the service or the respective Medicare Part B fee schedule rate, which is substantially greater than Medicaid vaccine administration payments in most states [10,13,14]. The ACA does not include provisions related to private insurance payments to physicians or physician practices for vaccination, nor make any significant changes to vaccination benefits coverage or payment rates for Medicare beneficiaries or persons who were Medicaid-eligible prior to the ACA Medicaid expansion that began in January 2014.

In 2013, we conducted a survey on adult vaccination billing and financing among family medicine (FM) and general internal medicine (GIM) physicians [15]. Significant proportions of respondents reported being unable to answer questions on vaccine purchase and administration payments. Since financial concerns are a commonly-reported barrier to adult vaccination, we designed the current study to better understand vaccine financing issues in physician practices serving adult patients. Our primary objectives were to assess among knowledgeable practice staff (1) perceived payments and profit from administering vaccines routinely recommended for adults and (2) vaccine financing and purchasing practices among FM and GIM in the U.S.

## 2. Methods

### 2.1. Study design

The study comprised a telephone survey of personnel working in FM and GIM practices who were considered knowledgeable about vaccine financing and billing. The 553 of 839 physicians (66%) that responded to our previous survey [15] were asked to

provide contact information for someone at their practice who had direct experience with vaccine billing and could report the practice's vaccine financing experiences. Overall, 47% of respondents to the previous survey (262/553) provided contact information consisting of at least one of the following: email address, telephone number, or mailing address.

The 262 eligible practices were stratified based on specialty (FM or GIM), affiliation (standalone practice or  $\geq 2$  practice sites, hereinafter 'multisite practices'), and level of financial decision-making (independent or system). The latter factors were examined because being one of multiple sites or belonging to a healthcare system may affect the level at which purchasing decisions are made – and thus, respondents' knowledge of these decisions – as well as a practice's ability to obtain more favorable pricing or payments based on volume of vaccines administered. We used a quota sampling approach to select practices similar to those responding to our previous survey. First, we established proportional sampling targets based on the number of responses to the previous survey that fell into each of eight specialty/affiliation/decision-making categories. Then, practices in each category for which contact information was provided were approached at random until the target was reached (two of eight categories) or all eligible practices were exhausted (six of eight categories) (Appendix).

### 2.2. Study participants

Individuals were contacted first via e-mail if provided or U.S. mail otherwise to schedule the interviewer-administered survey. Following the first contact, individuals received up to four contact attempts via telephone interspersed with up to three attempts via e-mail or U.S. mail. (Study personnel looked up telephone numbers and mailing addresses for practices that did not provide this information.) If no response was received after these attempts, the physician who provided the contact information was contacted via U.S. mail to request participation of another staff member. Successfully contacted individuals were asked to provide a telephone number and date/time to complete the survey.

The survey was administered January–June 2014. Participants received \$75 for their time. The survey was deemed exempt research by the University of Colorado's Institutional Review Board.

### 2.3. Measurements

The survey asked about the respondent's position and involvement in vaccine purchasing and billing for the practice, whether and how the practice bills Medicare Part D, and what percentage of the practice's annual budget goes to adult vaccines. It also included four sets of questions about respondents' experiences with six payer types: private fee-for-service insurance (FFS), private preferred provider organizations (PPO), private health maintenance or managed care organizations (HMO/MCO), Medicaid, Medicare Part B, and Medicare Part D. For each payer, respondents reported payment relative to vaccine purchase prices (less than, about the same, more than); general administration payment for the first vaccine given in a visit (<\$11, \$11–\$17, \$18–\$24, >\$24, too variable to answer); perceived profit on vaccination services (lose money, break even, make a profit) and frequency of claim denial for any reason (frequently, sometimes, rarely, never). The question on perceived profit was also asked about patients who pay out of pocket for vaccination. Respondents were asked to assess profit margin "taking into account what you pay to purchase vaccines, your administration costs, and what you are reimbursed for vaccine cost and administration". For each question set, respondents could report "don't know" or "don't see patients with this insurance type".

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