

MCAAP Immunization Initiative Survey on Vaccine Reimbursement Issues and Barriers to the Provision of Immunizations

June 2012

Survey Group: MCAAP Membership

Number of respondents: 62

1. Are you directly involved in making vaccine purchasing decisions?

No	53%
Yes	47%

2. Have you experienced any of the following as a barrier to providing immunizations to your patients? (check all that apply):

Patient concern regarding vaccine safety	91%
Cost of obtaining/purchasing vaccines	55%
Low payment for administration of vaccines	46%
Challenges associated with vaccine storage	35%
Lack of clarity regarding the recommended immunization schedule/indications	22%

Comments:

-Purchased become state available or visa-versa

-None

-Supply shortages

-Manufacturer supply issues; needing to call back patients who were unable to get the scheduled vaccine because of a shortage of supply

-Vaccine supply from the state

-Coverage (state versus purchased) continues to change and is very confusing. Also there are certain vaccines (i.e. Hep A and menactra where the state says the insurers should pay and the payers say the state should pay.

3. Has under- or non-reimbursement by Medicaid or other insurers led to you not fully vaccinating patients?

No	85%
Yes	15%

4. Have you considered not providing immunizations for privately insured patients because of reimbursement issues?

No	66%
Yes	34%

Comments:

- HPV for boys; Tdap, menactra vaccines
- HPV
- But only for the recommended not required vaccines
- If the insurance company does not pay, I get stuck with the bill
- HPV vaccine boys. I wait until all insurers covered cost
- Only Gardasil
- We continue to vaccinate
- Confusion in our office as to how to purchase and then charge for administration of HPV to patients with private insurance
- We have delayed fully instituting some recommendations (e.g. MCV booster dose, HPV vaccine for boys) until we have assurances that most major insurers are covering the cost. Right now patients have to sign a waiver for those two vaccines stating that they are obligated to pay for them if their insurance plan does not cover the cost of the vaccine and we lose some opportunity to vaccinate patients because of this, but the reality is that we are not financially in the position where our practice can absorb that cost.)

5. How likely would an increase in payment for administration of vaccines be to increase your rate of immunizing?

No change	75%
Likely	15%
Very Likely	10%

6. Please share any other comments that you have regarding barriers to immunization or reimbursement for immunization administration:

- Two biggest issues are at times convincing skeptical parents about importance of vaccines and secondly, dealing with power outages in the building which can affect vaccine storage-- we purchased an extra generator just for this problem
- For adults Tdap and Zostavax are often omitted d/t no insurance coverage. For children, Hep A, HPV for boys, and "off schedule" varicella/ meningitis/ etc are refused when not covered. Travel vaccines are a huge problem - rarely covered, as are hepB/etc for students and others >18. (Titers often are not covered either.)
- There are no barriers
- Medicaid and the mco's are just terrible with reimbursement for admins of vaccines and i am contemplating not seeing these patients as a result.way too much time for little or no reimbursement.
- As soon as vaccines are approved and recommended the insurance companies MUST pay for them.
- Frustrations with state changing which vaccines they provide, frustration with production of vaccines - doesn't seem like rocket science to be sure to produce adequate vaccine for the recommendations

- I give immunizations (the ones that I purchase) even though I make little and with some insurances I loose. I do it for my patients. Making a reasonable amount would be great, however since I give them anyway more money would change nothing
- As far as I know we get reimbursed if we need to purchase vaccine not provided by the state (gardasil, flu, additional Hep A vaccine or menactra).
- We've generally held off using new vaccines until all (or almost all) insurers are covering vaccine (whether covering adequately or not) - to avoid having to have provider have to discuss families ability to pay
- Complicating and changing supply of MA state vaccine and what the state will supply versus what needs to be billed to private payors
- Would like to also immunize adult family members for flu, pertussis. Reimbursement is awkward
- The main barrier has been misinformation on the web and fear about vaccines.
- The number one barrier that our office faces is availability in purchasing vaccines from the state
- The biggest issue for us is the lack of uniformity among insurers for covering vaccination (particularly non-MA based plans)
- No barriers.
- Small practices experience burdens of initial upfront costs to buy and hope insurance reimbursement will cover our costs. This is usually when a new vaccine (ie. HPV for females and now for males) becomes available. Parents often ask or call when they see new information in the media. We order in small batches only until we recover the costs by insurance. With new recommendations this can take some time to recover until all insurances reimburse. Offices must initially pay out of their budget thousands for a small amount of vaccines and hope to recover the full amount or a substantial portion. This often misses opportunities to vaccinate since patients must reschedule if we do not have enough vaccines available when they are in the office. As vaccines are almost used up, then we reorder. We do not ask patients to pay out of pocket to cover the costs. We will only give vaccines if they are provided by the state or covered by insurance.