Partnerships for Reaching Uninsured Adults

CHAPTER 3
Introduction

Research has found that people without health insurance coverage have less access to care and are less likely than those with insurance to receive preventive care and services for major health conditions and chronic diseases. For example, the influenza vaccination coverage rate in 2012 among adults 18 years and older without health insurance was 14.4% versus 44.3% for those with insurance. It is estimated that 13% of the non-elderly adult population (ages 18-64) was uninsured in 2015.

In a study of Californians, insured adults were more likely to have a usual source of health care (61%) than the uninsured (43%). Safety net providers such as community health centers remain an important place of care for uninsured adults. Since uninsured adults may not have a usual source of health care, reaching this population is enhanced through the use of partnerships that reach adults in all walks of life.

Immunization Programs can improve access to vaccines for the uninsured by partnering with organizations that serve this population, such as public clinics. The highlighted activities related to reaching the uninsured are:

- **Getting Started:** Collating information on patient assistance programs (PAPs) offered by pharmaceutical companies to help community health centers vaccinate uninsured adults
- **Moving Forward:** Working with community health centers to identify quality improvements to support adult vaccination, including electronic health record enhancements
- **Taking It to the Next Level:** Creating a program to provide publicly-purchased vaccine at no cost to safety net providers for administration to uninsured adults

The National Adult Immunization Plan

The National Adult Immunization Plan (NAIP) released in February 2016, is intended to promote coordinated planning and action across all relevant stakeholder groups, both inside and outside the US government. The 4 goals of the NAIP are to:

**GOAL 1:** Strengthen the adult immunization infrastructure

**GOAL 2:** Improve access to adult vaccines

**GOAL 3:** Increase community demand for adult immunizations

**GOAL 4:** Foster innovation in adult vaccine development and vaccination-related technologies

The NAIP identifies specific objectives for each goal, key strategies to guide implementation through 2020, and indicators to track progress. The full plan can be found at http://www.hhs.gov/nvpo/national-adult-immunization-plan/naip.pdf
Paying for Adult Vaccines

PRIVATE INSURANCE
All Affordable Care Act (ACA) Health Insurance Marketplace plans, self-insured ERISA group health plans, and state-regulated, non-grandfathered insurance plans must cover ACIP-recommended vaccines with no cost-sharing when provided by an in-network provider. Out-of-network coverage is provided at a plan’s discretion and cost-sharing may apply. ACA grandfathered plans do not have to cover vaccines; 25% of US employees were covered by grandfathered plans in 2015 (see: http://kff.org/report-section/ehbs-2015-section-thirteen-grandfathered-health-plans/).

MEDICAID
Vaccination coverage is optional for traditional Medicaid programs; as of 2012, 36 state Medicaid programs covered all ACIP recommended vaccines and all but one state (Florida) covered at least one vaccine for adult Medicaid patients. Under ACA Medicaid expansion, states have the option to expand coverage to non-elderly persons with incomes up to 133% of the Federal poverty level. States that opt to expand must cover immunization services with no cost-sharing for newly eligible enrollees and have the option to provide the same benefits to existing enrollees. As of March 2016, 31 states and DC have opted to expand Medicaid. Data from 2012 show that Medicaid cost-sharing and reimbursement policies vary widely by state (see: http://www.izsummitpartners.org/content/uploads/2016/05/2b-1-Stewart-Medicaid-Adult-Vax-Coverage-and-Reimbursement.pdf).

MEDICARE
For adults aged ≥65 years enrolled in Medicare, Part B covers influenza, pneumococcal, Td (for wound management), and hepatitis B (if at increased risk) vaccines. Part D covers all other vaccines. Some Medicare Advantage Plans (Part C) also may offer vaccine coverage. Cost-sharing and reimbursement policies vary by Part and plan.

STATE/LOCAL IMMUNIZATION PROGRAMS
Some state/local immunization programs are able to offer publicly-funded vaccine for eligible adults in certain settings. These initiatives vary widely in scope (e.g., vaccines offered) across programs. Vaccines are provided at no cost, though administration fees may be charged. Funding support for these initiatives is generally from federal (317, Prevention and Public Health Fund [PPHF]) sources, but sometimes also from state/local or other sources.

VACCINE MANUFACTURER PATIENT ASSISTANCE PROGRAMS
Uninsured adults may be eligible to receive certain vaccines at no charge through vaccine manufacturer patient assistance programs; program details vary by manufacturer. For more information: https://www.michigan.gov/documents/mdhhs/Helping_Adults_Pay_Vaccine_514117_7.pdf

OTHER RESOURCES
http://www.izsummitpartners.org/content/uploads/2016/05/0-Pre-a-2-Shen-Tan-Vaccine-Financing-ACA-and-Immunizations.pdf
OVERVIEW OF ACTIVITY
The Rhode Island Immunization Program works with Community Health Centers to utilize vaccine companies’ patient assistance programs to secure vaccines for uninsured adults.

BACKGROUND/IMPETUS FOR THE ACTIVITY
The Rhode Island Department of Health (RIDOH) provides childhood vaccines universally, and has worked to provide all vaccines for adults as well. Immunization providers enroll in the State-Supplied Vaccine (SSV) Program to receive vaccines at no cost from the state. Vaccine funding for the insured population, both children and adults, comes from an assessment on health insurance plans. Federal 317 funds are used for uninsured and underinsured adults; however, in response to decreased and inconsistent 317 funding, the Immunization Program sought to identify other options to fund vaccines for uninsured adults.

DESCRIPTION OF ACTIVITY
An immunization staff person’s prior experience working in an AIDS/HIV program was the inspiration for investigating the option to procure vaccines through patient assistance programs (PAPs) offered by pharmaceutical companies. The Immunization Program reviewed the terms and conditions of PAPs available for vaccines. Generally, the PAPs require that a patient-specific application be filled out and faxed to the manufacturer during the clinic visit, before the vaccine can be administered to the patient. The PAPs then review the application to assess the patient’s eligibility and typically provide a response to the clinic within 10-20 minutes. Each company’s PAP has a different application and qualification criteria. Flu and zoster vaccines are not included.

The Immunization Program reviewed the profiles of practices enrolled in the state vaccine program and found that the majority of the state’s uninsured/underinsured patients are seen at Community Health Centers (CHCs). The Immunization Program organized meetings with administrators and clinical staff at each CHC, as well as a few other community-based organizations serving the uninsured, to discuss the potential use of PAPs; all but one CHC agreed to participate. The Immunization Program purchases a limited “seed” supply of adult vaccines for each CHC; the CHCs replenish their supply through the manufacturers’ PAPs.

ROLE OF IMMUNIZATION PROGRAM AND OTHER AGENCIES/GROUPS INVOLVED
The Immunization Program and the CHCs are partners in this activity. The Immunization Program did the background research on using PAPs and shared this information with the CHCs; immunization program staff continue to help CHCs with the process. RIDOH staff reached out to each pharmaceutical company to confirm viability of the use and approval of the PAP.

DISSEMINATION
The Immunization Program communicates directly with each CHC about this activity, including providing a reference sheet on using PAPs.
INTERSECTION WITH OTHER PROGRAM ACTIVITIES
Not applicable at this time.

FUNDING
Federal 317 funds are used to purchase the “seed” vaccine given to CHCs. Insurer assessment operation funds support the RIDOH staff person responsible for this effort.

STAFFING
The Immunization Program’s adult and influenza program coordinator is responsible for this activity. The bulk of this individual’s time was spent upfront getting the effort going. If a CHC has staff turnover, she will review the PAPs information with the new person.

IMPLEMENTATION STATUS
This activity is ongoing.

SUCCESSES
- Although using PAPs can be a burdensome process (e.g., staff time to complete and submit the PAP application), all but one CHC agreed to participate. The alternative for them is purchasing vaccines with their own funds or referring patients elsewhere.
- With this partnership, the program has been able to provide vaccine at no cost for uninsured adults at critical access points.
- Accessing the vaccine companies’ PAPs has occasionally led to other grant funding opportunities for CHCs through these companies.

CHALLENGES
- CHC staff time needed to fill out and fax the PAP applications can be burdensome for some CHCs.
- There is a time delay while PAPs review a patient’s application; patients do not always wait to see if they are eligible for the program, which can result in missed opportunities to vaccinate. However, most PAP approvals are good for 30 days, so the patient can return if they choose not to wait.
- The vaccine companies do not store the PAP application information for a patient; after 30 days, a new application needs to be filled out and sent in for a particular patient.
- Some small community-based organizations do not have the infrastructure to use the PAP (e.g., no fax machine). In these cases, the Immunization Program provides vaccine for uninsured adults as needed.
- Due to varying PAP criteria across companies, RIDOH staff attempted to work with all the companies to see if it was possible to develop universal PAP guidance to reduce the burden of managing different forms and criteria; eventually this was deemed not
possible. All of the pharmaceutical companies did state that although they currently have a PAP in place, at any point in time the company can choose to discontinue its PAP.

- Some private providers who see the uninsured/underinsured may not want to refer their patients to another primary care location (e.g., a CHC) for vaccination.

**OTHER LESSONS LEARNED/ADVICE TO OTHER PROGRAMS**

- For efforts to immunize uninsured/underinsured adults, it is helpful to focus on the sites where the majority of these patients seek services. It is also important to understand whether these sites are accepting new patients, whether they will accept patients referred to them for vaccination only, whether they have a waiting period for seeing new patients, and whether their clinic workflow will accommodate the burden of doing the PAP applications.

**RELEVANT RESOURCES**

- Sanofi Patient Connection Program: http://www.sanofipatientconnection.com/
- Merck Patient Assistance Programs: http://www.merckhelps.com
- Pfizer RxPathways: http://www.pfizerrxpathways.com

**FOR MORE INFORMATION**

Contact Denise Cappelli, Adult/Influenza Coordinator, Rhode Island Department of Health, at (401) 222-6737 or Denise.cappelli@health.ri.gov.
**IMMUNIZATION PROGRAM’S LEVEL OF ENGAGEMENT**

in increasing adult vaccination rates by partnering with community health centers (2014)\(^6\)

2015 AIM Annual Survey, 63 of 64 Immunization Programs responded to survey

- **10%** Did not engage/not a priority (7)
- **9%** Did not engage but would like to if resources were available (6)
- **30%** Had some engagement in activity but could not expand because of limited resources (19)
- **13%** Had some engagement which was all that was needed (8)
- **30%** High level of engagement because this is part of our program's core activities (19)
- **5%** Immunization program does not have the infrastructure and/or policy to support this activity (3)
- **3%** No answer (2)

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**U.S. Territories**
- AS American Samoa
- GU Guam
- MH Republic of Marshall Islands
- FM Federated States of Micronesia
- MP Northern Mariana Islands
- PW Palau
- PR Puerto Rico
- VI Virgin Islands
OVERVIEW OF ACTIVITY
The Chicago immunization program provided technical assistance and vaccines to participating community health centers (CHCs) to help improve their adult vaccination efforts.

BACKGROUND/IMPETUS FOR THE ACTIVITY
Community health centers in Chicago have been reluctant to invest in adult vaccination due to inconsistency in vaccine supply and competing priorities. Federal PPHF funding afforded the opportunity for the Chicago immunization program to develop an intervention to encourage adult immunization in CHCs.

DESCRIPTION OF ACTIVITY
The Chicago immunization program, through the Chicago Department of Public Health (CDPH), put out a request for proposal for CHCs to apply for the adult immunization initiative. All CHCs that applied were funded at varying levels. Participants included a single-site federally qualified health center (FQHC), 6 sites of a multi-site FQHC corporation, and 7 CHCs (15 sites) within a large CHC integrated service network.

Each clinic had to implement quality improvement interventions that incorporated electronic health record (EHR) modifications (e.g., assessing coverage levels, standing orders, patient and/or provider reminders) and begin the process of having their EHR interface with the state immunization information system (IIS). For example, the large CHC network modified its EHR system to be able to generate coverage level reports so that sites can monitor their own immunization rates. CDPH met monthly with CHC staff to provide guidance and technical assistance, and supplied the clinics with Tdap, pneumococcal, influenza, hepatitis B, and zoster vaccines. CHCs were required to submit monthly and quarterly reports.

ROLE OF IMMUNIZATION PROGRAM AND OTHER AGENCIES/GROUPS INVOLVED
The immunization program provided technical assistance and oversight to the CHCs, including monthly meetings. The program also communicated with state immunization registry staff so that CHCs ready to interface their EHR with the registry could be prioritized in the onboarding process.

DISSEMINATION
The immunization program posted the RFP announcement in a local newspaper, and shared the funding opportunity through the Illinois Primary Health Care Association. The immunization program used existing materials to provide technical assistance to CHCs during the project.
INTERSECTION WITH OTHER PROGRAM ACTIVITIES
This activity intersects with the objective of increasing adult data in the state IIS.

FUNDING
This activity was funded through the immunization program’s federal 2012-2013 PPHF grant. Vaccine doses were purchased using federal 317 and local funds.

STAFFING
The medical director of the immunization program and another immunization program staff person supported this activity.

IMPLEMENTATION STATUS
Funding of the quality improvement activity is completed. Limited vaccine amounts continue to be available to CHCs through an application process.

SUCCESSES
• Over 17,000 vaccine doses were distributed to the participating CHCs.
• The CHCs made progress in developing the capacity of their EHRs to support adult immunization efforts. All of the CHCs in the integrated service network interfaced successfully to the state IIS and continue to transmit adult vaccinations on a regular basis.

CHALLENGES
• Without funding, CHCs do not have time or resources to put toward adult immunization efforts. PPHF funding was essential to getting CHCs to consider participating in quality improvement efforts around adult immunization.
• Other lessons learned/Advice to other programs
• In the initial vaccine application process, CDPH did not specify the amount of funding available for vaccines; the total amount requested was much greater than the available funds. In addition, the initial application included all adult vaccines and an array of strategies. However, implementation was too diffuse to make a measurable impact. For the next application cycle, the immunization program will tie the funding to a more specific focus (e.g., a particular vaccine or population), so that the CHCs can be more targeted in their efforts.
• Working with a CHC network (the Alliance of Chicago) was very helpful; part of Alliance’s mission is to share resources and integrate services across their CHCs. All of the CHCs within the network use the same EHR, and the Alliance was the lead for developing and working on the interface for the whole network, which the CHCs then roll-out in phases.
### RELEVANT RESOURCES

- Chicago Original Community Health Centers Initiative RFP:

- Chicago Vaccine for Adults Application for Community Health Centers:

### FOR MORE INFORMATION

Contact Chicago Immunization Program at (312) 746-6229.
“Our adult Un- and Underinsured Adult Vaccination (UUAV) program has been a successful strategy for equitably utilizing 317 and state vaccine resources.”

— Margaret Roddy, Minnesota Immunization Program Manager
OVERVIEW OF ACTIVITY
The Adult Safety Net (ASN) Program provides publicly-purchased vaccine at no cost to enrolled safety net providers for administration to uninsured adults.

BACKGROUND/IMPETUS FOR THE ACTIVITY
The goal of the ASN Program is to expand access to vaccination services for uninsured adults. Efforts to provide vaccines for uninsured adults have grown gradually over the past decade; the specific vaccines included and provider enrollment in the ASN program have varied over the years based on available funding.

DESCRIPTION OF ACTIVITY
The ASN Program currently includes all recommended adult vaccines other than influenza vaccine, as well as emergency biologicals (e.g., rabies immunoglobulin). Providers enroll in the program to receive vaccines at no cost for administration to uninsured adults aged ≥19 years. They must follow the same storage and handling guidelines as Vaccines for Children (VFC) providers and screen patients for eligibility. Providers may charge an administration fee up to $25, but may not deny vaccines for inability to pay this fee. The program is limited to public safety net providers, which currently includes local and regional health department offices, federally qualified health centers (FQHCs), Rural Health Centers (RHCs), public hospitals, HIV and STD clinics, family planning clinics, and substance abuse clinics. Providers may advertise and host mobile clinics.

ROLE OF IMMUNIZATION PROGRAM AND OTHER AGENCIES/GROUPS INVOLVED
The state immunization program administers the program and initiated the state funding request to support the program. The program’s stakeholders and partners, including healthcare providers and the state medical association, were instrumental in advocating for the legislative funding.

DISSEMINATION
The program sends out a recruitment letter to eligible providers. Information on the program is available on the immunization program website for both providers and the public, including links for finding the ASN Program sites by city and county. The program also funds nine positions to promote adolescent and adult immunization programmatic activities, including promotion and recruitment efforts for the ASN Program.

INTERSECTION WITH OTHER PROGRAM ACTIVITIES
To enroll in the ASN Program, ASN providers are required to enroll as a Texas VFC provider in order to receive the vaccine storage and handling training as well as receive a compliance site visit. The majority of the providers enrolled in the ASN Program provide immunization services to both children and adults.
The program is currently working on initiatives to increase the utilization of ImmTrac, the Texas immunization information system, by ASN providers. Presentations and trainings are being developed and provided to enrolled ASN providers on the benefits of utilizing ImmTrac as well as the importance of obtaining consent from adult clients to store their immunization records within ImmTrac.

**FUNDING**
The ASN Program is supported by federal 317 funds. The receipt of federal American Recovery and Reinvestment Act (ARRA) funds in 2009 led to a major expansion in both vaccines offered and provider site enrollment. When ARRA funds expired in 2012, the vaccines available through the program were reduced and provider enrollment declined. During the 2013 Texas legislative session, the immunization program requested funds to more fully support the ASN Program and received a general revenue appropriation ($17.9 million for the 2014-15 biennium) that has become part of their base funding. The program also will be supported by new federal PPHF funding to increase awareness of the Standards for Adult Immunization Practices and recruitment efforts for the ASN Program.

**STAFFING**
As previously mentioned, the majority of the providers enrolled in the ASN Program are also enrolled in the TVFC Program. Federally-funded immunization program staff provide technical assistance and support to these providers, including assistance with vaccine storage and handling, ordering vaccines, and programmatic guidance.

The program, through the Immunization and VFC cooperative agreement with the CDC, also funds nine positions throughout Texas to promote adolescent and adult immunization activities, including providing support and technical assistance to enrolled ASN providers.

The program also contracts with local health departments throughout Texas to provide technical assistance and support to enrolled providers within their jurisdictions, including assistance with vaccine ordering, storage, and handling. In conjunction with the adolescent and adult immunization coordinators, these contracted local health departments also assist the program recruitment efforts to increase the number of providers enrolled in the ASN Program.

**IMPLEMENTATION STATUS**
This is an ongoing program, and provider recruitment efforts continue.

**SUCCESSES**
- A major success was securing state funds during the 2013 legislative session to support the program.
- Almost 500 provider sites are currently participating, and over 100,000 vaccine doses were administered through the program in 2014.
CHALLENGES

- Inconsistent funding made maintaining the program a challenge; receipt of state funding has addressed this challenge.
- Not all FQHCs and RHCs in the state are enrolled in the program; recruitment is ongoing.
- The number of ASN sites that order vaccines has decreased by about 12% as of October 2015. Outreach must continue with enrolled sites to increase their efforts to vaccinate uninsured adults.

OTHER LESSONS LEARNED/ADVICE TO OTHER PROGRAMS

None at this time.

RELEVANT RESOURCES


FOR MORE INFORMATION

Contact Monica Gamez, Director, Infectious Disease Control Unit, at 512-776-3711 or Monica.Gamez@dshs.state.tx.us, or Barbara Vassell, Manager, Vaccine Operations Group, at 512-776-6244 or Barbara.Vassell@dshs.state.tx.us.

REFERENCES

6. 2015 AIM Annual Survey, 63 of 64 state/city/territorial Immunization Programs completed the survey that was administered online April - June 2015.