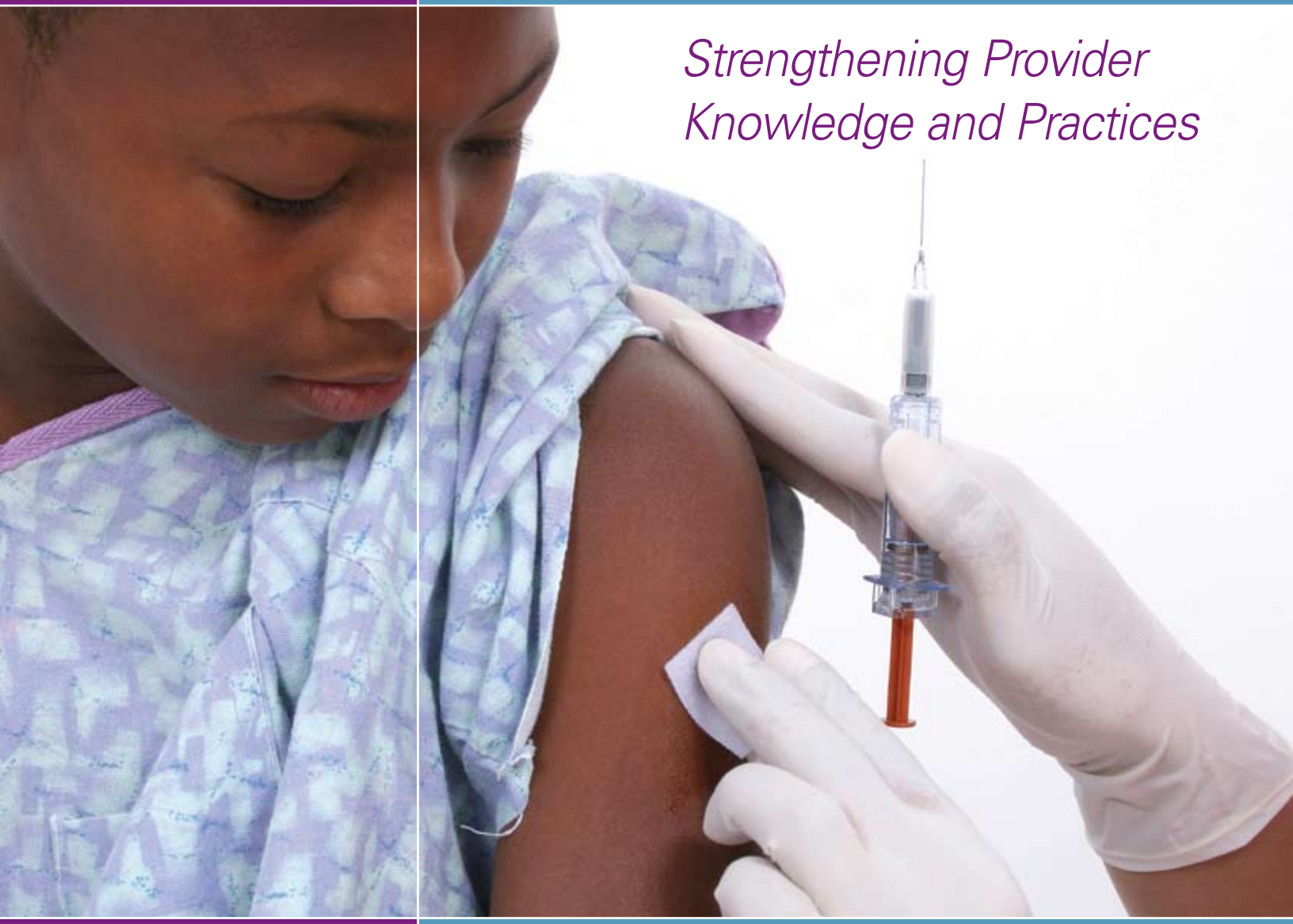
AHIP
America's Health Insurance Plans

Health Insurance Plans' Effective Immunization Strategies:

Strengthening Provider Knowledge and Practices



2010

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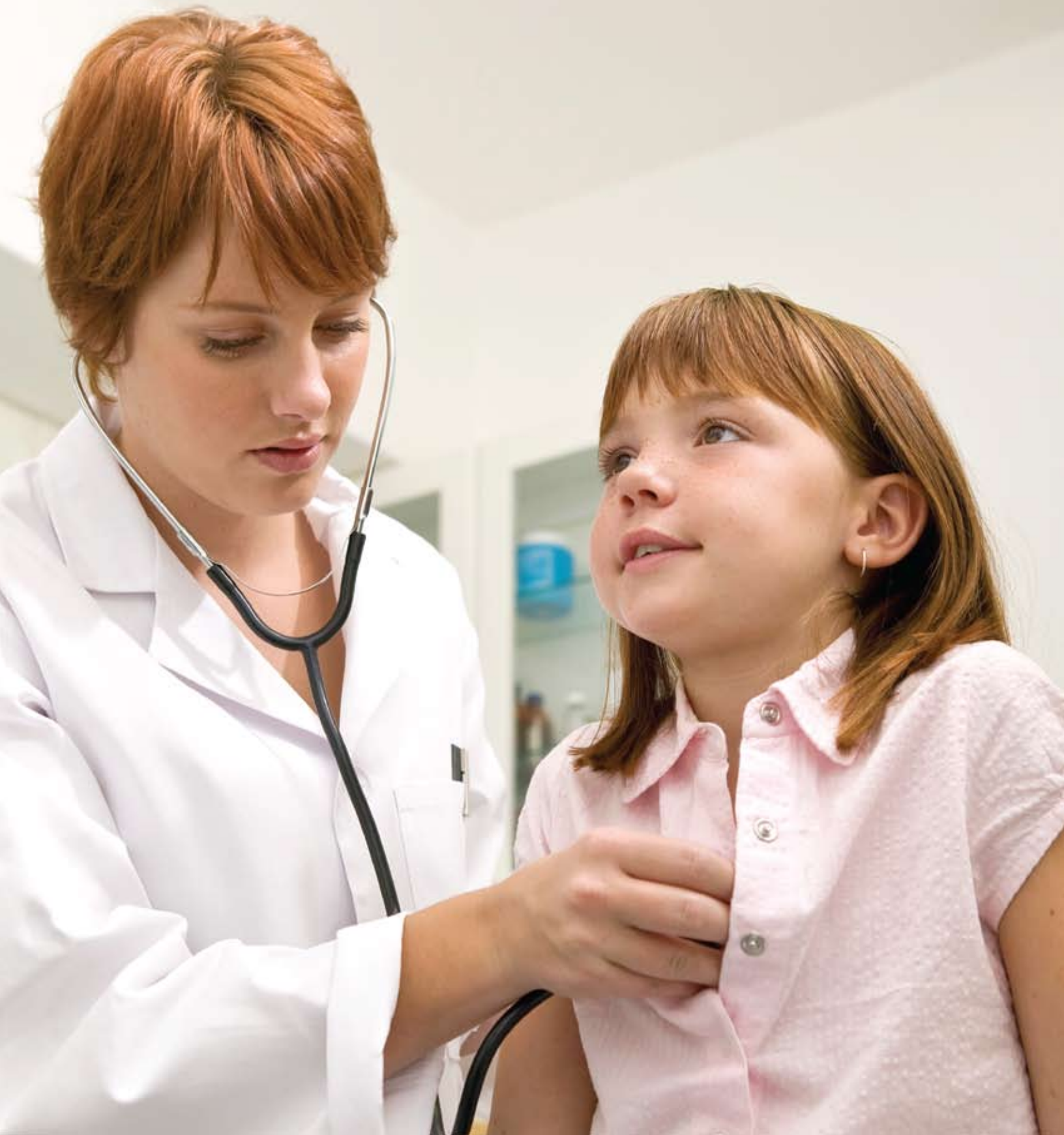

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Contents

This report is available for download at **www.ahip.org/immunization**

Introduction

Adult and childhood immunizations, both considered preventive medicine success stories, are consistently top-ranked clinical preventive services in the United States[1]. Vaccines are highly effective in preventing disease, are often cost-effective, and can be cost-saving[2,3]. In the United States, childhood immunization rates are at or near record high levels. However, the increase in the number of recommended vaccinations for children, adolescents, and adults has created new logistical and financial challenges for maintaining high immunization rates[4].

The majority of vaccinations are covered at varying levels by health insurance plans dependent on the type of product purchased by the individual or employer[1,5,6]. Through reporting health insurance plan performance measures such as the Healthcare Effectiveness Data and Information Set (HEDIS®) , health insurance plans have demonstrated their commitment to ensuring that their members receive the appropriate immunizations recommended by the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP). However, there are barriers that may contribute to inadequate immunization among all groups. The Institute of Medicine (IOM) has grouped these immunization barriers into three broad categories: 1) the health care system, 2) the provider setting, and 3) the family setting[7].

Health care system barriers to optimal immunization rates include the lack of systematic information about an individual's immunization needs. To overcome this barrier, health insurance plans can partner with physicians, using such tools as online databases developed to assist physician offices by providing access to vaccine coverage policy; identify health insurance plan members due or overdue for vaccinations, as well as improve follow-up after missed appointments and perform target outreach to high-risk populations.

Despite the fact that private health insurance plan enrollees offer to provide coverage for immunizations, there are several obstacles at the provider level that contribute to suboptimal immunization rates. Such barriers include missed opportunities to administer vaccinations during medical visits, lack of information regarding the patient's health insurance and immunization benefits coverage, and the cost challenges associated with providing vaccinations, especially for small physician practices. Furthermore, there is increasing concern among immunization providers regarding sufficient insurance reimbursement for ACIP-recommended vaccines, particularly the newer, more expensive vaccines.

†HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA), and is the tool the nation's health insurance plans use to measure and report on their performance. The NCQA is a private, non-profit organization dedicated to improving health care quality. NCQA accredits and certifies a wide range of health care organizations, recognizes physicians and physician groups in key clinical areas, and manages the evolution of HEDIS®.

Finally, familial beliefs also present hurdles to adequate immunization. Parental attitudes, knowledge, and behavior contribute to low immunization rates for some children and adolescents. Some parents believe that vaccines could be harmful to their children, that certain vaccines are not effective, or that their children or adolescents are not at risk of contracting the vaccine-preventable disease. For non-English-speaking parents and their children, language barriers may also hinder timely vaccine administration[7].

Health insurance plans' continued commitment to and focus on promoting age-appropriate immunization coverage for their members is apparent by their innovative immunization initiatives and programs that focus on strong communication between health insurance plans, providers and enrollees.

Health Insurance Plan Support of Vaccine Providers: Identifying Challenges and Developing Effective Strategies

Given the various factors that influence parental decisions regarding vaccination and the challenge providers may face in offering age-appropriate vaccinations, AHIP initiated discussions with its members to assess providers' obstacles for effective vaccination.

AHIP solicited feedback from its member plans to determine the immunization challenges confronted by providers (see "Methods" section for additional details). Twenty-two plans offered examples of challenges reported by providers and strategies that the health insurance plans have developed to overcome these obstacles. Each plan participated in an in-depth interview to discuss challenges and strategies; the next section presents summaries of these discussions.

Based on information obtained during the interviews, the majority of the challenges fell into one of the following four categories:

1. **Simplifying Administrative Processes: Assisting providers with claims submission process.** This category includes issues raised by providers relating to claims submission to ensure timely and efficient payment.
2. **Improving access to information about member cost-sharing and reimbursement processes.** To ensure appropriate billing, providers need to know cost sharing information. Additionally, providers must be knowledgeable about the provider rate negotiated with the respective health insurance plan.
3. **Enhancing provider and member access to determine and track member immunization status and schedule.** Providers should track patients who have received vaccines and assess which vaccines are due for which patients.
4. **Promoting the importance of vaccines among health insurance plan members.** Another challenge involves educating patients and parents about vaccine safety and explaining the risks and consequences of vaccine-preventable diseases.

Although the majority of programs addressed challenges in one of these four categories, a few plans mentioned additional challenges, and are included in the individual health insurance plan examples.

Aetna is one of the leading diversified health care benefits companies in the United States, serving approximately 37.2 million people with information and resources to help them make better informed decisions about their health care. Aetna offers a broad range of traditional and consumer-directed health insurance products and related services, including medical, pharmacy, dental, behavioral health, group life and disability plans, and medical management capabilities and health care management services for Medicaid plans. Its customers include employer groups, individuals, college students, part-time and hourly workers, health plans, governmental units, and government-sponsored plans in the United States and internationally.

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SYSTEM CHALLENGES/BARRIERS:

- Inaccurate claims submission
- Ascertaining patient immunization status
- Discrepancies between claims and chart data

BACKGROUND

Ensuring accurate claims submission and ascertaining patients' immunization status were both immediate and ongoing challenges identified by Aetna employees. In 2004, analysis of HEDIS® childhood and adolescent immunization rates revealed significant discrepancies between rates reported from claims data only and rates reported from claims data plus data from chart reviews, a hybrid methodology used to report performance measures. Aetna audited a sample of charts and medical records to better understand what was causing the discrepancy. Aetna found that roughly 12 percent of the records sampled had the vaccine administration recorded, but were outside the timeframe to qualify for HEDIS® inclusion. The remaining 88 percent of records sampled were missing information or had incomplete claims. In addition to these discrepancies, Aetna's analysis revealed the following reporting problems when comparing medical chart data with claims data: 1) no claim was submitted for an office visit or immunization; 2) the member was billed for another vaccine, not for the actual vaccine administered or the corresponding office visit; 3) the member was billed for an office visit, but not for the vaccine administered; 4) the member was billed for the vaccine administration, but not for the vaccine; or 5) the member was billed for another vaccine and an office visit, but not for the vaccine administered.

STRATEGIES TO ADDRESS SYSTEM CHALLENGES

Aetna has taken several steps to improve its claims submission processes. Aetna developed a CPT (Current Procedural Terminology) code immunization billing reminder in 2004 and mailed it to its 22,000 pediatricians and family practitioners. In 2005, Aetna created a similar reminder for Aetna's "OfficeLinks" provider newsletter. In 2006, the health insurance plan implemented an online/electronic claims submission system to expedite the claims review process and to improve communication between providers and Aetna to obtain information about their patients. This system was publicized in the provider newsletter as well as in regular communications with providers. In 2007, Aetna implemented the Best Coding Practices in Immunization Services tutorial presentation developed by a leading pharmaceutical company on Aetna's secure provider website. This easy-to-use online presentation was promoted in their "OfficeLinks" provider newsletter.

STRATEGIES FOR SUCCESS:

- Provider procedural code immunization billing reminders
- Online/electronic claims submission
- Immunization coding tutorial for providers
- Personal Health Records (PHR) system for member and provider use

Aetna implemented an interactive Personal Health Record (PHR) system in 2007 for members with online access that automatically captures a claim-based record of immunizations and allows members to document immunizations. Patients can download and take their printed PHR immunization summary to their providers to have it updated, and physicians can access the record online through the Aetna provider portal if the member grants access permission. In 2009, the Immunization Coding Flyer was updated and this and other immunization resources were identified and are posted to a dedicated Immunization Services web page on Aetna's secure provider website.

IMPACT OF STRATEGIES

Aetna believes that its PHR system is an effective tool that engages members and connects them with providers to share information. It has been found that members who use the PHR have more knowledge about and are more engaged in improving their health such as getting recommended vaccinations. Aetna believes the PHR will assist both the patient and the provider in tracking administered vaccines and assessing which vaccines are due. Aetna also is currently exploring opportunities to link PHRs to other information systems.

LESSONS LEARNED

Aetna believes that it is critical to listen to and engage providers to make systems more effective and efficient and to learn how to engage patients in the process.

MOVING FORWARD

Aetna is committed to addressing potential reimbursement issues raised by providers and specifically, understanding what costs are involved with vaccine administration and how to develop reimbursement strategies that capture these costs. Aetna employees recognize the important focus on vaccine safety as newer vaccines become available and acknowledges that communication efforts will need to focus on highlighting the benefits of vaccines, as many parents are too young to have been exposed to the diseases for which their children are being immunized. Immunization registries will help providers determine which vaccines are indicated for their patients. Additionally, state and federal financial resources will be needed to implement, maintain, and update immunization registries.

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Alameda Alliance for Health is a public, not-for-profit managed care health plan providing accessible and affordable health care to lower-income residents of Alameda Country, CA. The health plan was created in 1996 by and for county residents and currently provides coverage to more than 115,000 children and adults through Medi-Cal, Healthy Family, Alliance Group Care and Alliance CompleteCare. The health plan includes a network of more than 1,700 physicians, 29 community healthcare centers, and more than 200 pharmacies.

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SYSTEM CHALLENGES/BARRIERS:

- Low HEDIS® immunization rates
- Difficult care coordination for transient Medicaid members

BACKGROUND

For the past five years, Alameda Alliance for Health (Alliance) has been aware that its HEDIS® immunization rates were lower than expected. In addition to identifying the need to increase HEDIS® rates, the Alliance targeted improvement in care coordination for Medicaid members. Many of the plan's Medicaid members tend to fall in and out of health insurance coverage and move between clinics and providers, making it challenging for Alliance to successfully coordinate member care.

STRATEGIES TO ADDRESS SYSTEM CHALLENGES

After 2003, the Alliance focused its efforts on coordination of immunization data with the local county health department's immunization registry. The Alameda County Immunization Registry is part of a much broader Bay Area Regional Registry, coordinated and housed in an adjacent county. Alameda County Public Health staff support and train personnel to enter and access immunization data into the registry, update registry data, and coordinate diffusion of registry data entry throughout the county.

The Alliance provides financial support to the Alameda Public Health Department for immunization registry data entry and helps to identify large physician practices that should be participating in the registry. The Alliance also enhanced the immunization registry data by downloading its member demographic information (in effect, adding large amounts of data to the existing immunization registry), which increased the richness of registry data. This initial and ongoing support by the Alliance has been critical in jump-starting Alameda County's Immunization Registry activity. Additionally, the Alliance has benefited from its involvement in the Immunization Registry by receiving accurate immunization data for HEDIS® rate calculation.

IMPACT OF STRATEGIES

It is difficult to determine exactly how the registry affects the Alliance's HEDIS® rates because NCQA changes in immunization technical specifications make comparisons with previous years' rates impractical. However, Alliance employees have reported that the data are more complete, reliable, and easier to obtain. For example, in 2009, the Alliance HEDIS® vendor found encounter data to support a completeness rate of 7.16 percent for Combo 2[a] and a 6.42 percent for Combo 3[b] . After the data were updated within the registry, the Combo 2 completeness rate increased to 82.18 percent and Combo 3 increased to 79.02 percent.

STRATEGIES FOR SUCCESS:

- Support of the Alameda Public Health Department for immunization registry data entry and identifying large physician practices that could contribute immunization data to the registry
- Coordination of health plan immunization data with county immunization registry
- Enhancement of existing immunization registry data with member demographic information

Using the registry has saved time and money that would have been used "chasing" the data by other less efficient means. Registry use also helps coordinate care, allowing the Alliance providers to access the registry and determine which vaccines a patient needs and whether patients have been sufficiently vaccinated. The registry can also track members who have changed health insurance plans or providers.

LESSONS LEARNED

The collaborative relationship between the Alliance and the Alameda County Health Department was crucial to developing and implementing the registry and engaging provider practices to contribute to the registry. Without this support, it is likely that many medical practices would not have been able to devote sufficient staff time to the initial data entry required to start using the registry. The member demographic data provided by the Alliance via database download also saved a considerable amount of data entry time, thus freeing up time to enter the immunization records from various practices and clinics.

MOVING FORWARD

In the immediate future, the Alliance is concerned about funding constraints that may limit the number of additional Alliance practices/clinics that will be able to contribute data to the registry. Ongoing participation may be troublesome for older practices that may not have the technological resources necessary to use the registry. The technological limitation does not appear to be a problem for newer practices, suggesting that this barrier may diminish as provider practices become more technologically savvy.

[a]Combo 2 for Childhood Immunization Status (CIS) measures the percentage of enrolled children two years of age, who had four diphtheria, tetanus, acellular pertussis or diphtheria toxiod (DTaP / DT), three inactivated polio vaccine (IPV), one measles, mumps rubella (MMR), three Haemophilus ininfluenzaenza type b (HiB), three hepatitis B and one chicken pox, or varicella, vaccine (VZV) by the time period specified and by their second birthday.

[b]Combo 3 for Childhood Immunization Status (CIS) measures children who received all antigens in Combo 2 along with four pneumococcal conjugate vaccinations.

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A division of Health Care Service Corporation (HCSC), BlueCross BlueShield of Illinois (BCBSIL) provides coverage to more than 6.5 million members with technologically innovative, efficient, and responsive care. The insurance plans offers a full suite of managed care programs that include the largest network of hospitals and physicians in the state.

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SYSTEM CHALLENGES/BARRIERS:

- Incomplete documentation of Hepatitis B vaccine administered to newborns
- Incomplete claims for childhood immunizations
- Difficulty tracking influenza vaccinations, and ensuring that members receive the influenza vaccine

BACKGROUND

Based on feedback from providers and review of records from the past 8-10 years, Blue Cross Blue Shield Illinois (BCBSIL) has identified two challenges surrounding childhood immunization documentation. The first relates to the earliest Hepatitis B shot, which should be given in the hospital before a newborn is discharged. However, since the health insurance plan does not receive a separate claim from the hospital documenting the immunization, the health plan does not know whether a newborn member has received the first of three recommended doses of the Hepatitis B vaccine.

Secondly, if pediatric patients receive a vaccine from the Department of Public Health, that vaccination information is not communicated to the health insurance plan or to primary care physician, and many parents do not retain vaccination records. This can make it difficult for providers and health insurance plans to determine whether a pediatric member has received all recommended shots.

Additional challenges arise with influenza vaccination. Tracking influenza vaccination rates is particularly challenging for health insurance plans since many members receive their influenza shots at locations outside of the doctor's office, such as drugstores, senior centers, and places of employment. Typically, no claim is submitted when influenza vaccine is administered outside of a contracted provider's office. Additionally, BCBSIL has discovered from member survey data that a primary reason that high-risk members do not receive the influenza vaccine is that their doctor did not recommend it.

STRATEGIES TO ADDRESS SYSTEM CHALLENGES

Several strategies are in place to improve immunization reporting. If claims data do not indicate that a vaccination was administered, medical record data are used as a supplemental data source. Medical record data are easier to obtain for the HMO than the PPO product. For the HMO practices, the BCBSIL quality improvement department provides Independent Physicians Associations (IPAs) with a list of patients 12-15 months old to encourage IPAs to check for patients' missing immunizations, and to contact parents for follow-up if a child is missing necessary immunizations. This outreach list is then used to create a patient registry and IPAs are asked to submit medical record documentation of immunizations not identified by administrative data.

IPAs are motivated to document this information since the immunization pay-for-performance program is based on the IPA's immunization rate. BCBSIL also publicly reports superior performance for HMO IPAs by awarding a

STRATEGIES FOR SUCCESS:

- Supplementing claims data with medical records
- Creating a patient immunization registry of patients 12 – 15 months old
- Public reporting of provider practice immunization rates
- Tracking immunizations using patient flow sheet
- Using claims, medical records and survey data to assess the influenza vaccination rate

Childhood Immunization Blue Star to IPAs meeting a specified immunization threshold.

About 10 years ago, public health immunization staff reported to BCBSIL that immunizations were more likely to be complete when a flow sheet tracked immunizations. Based on the health department's recommendation, BCBSIL developed an immunization flow sheet and met with IPA medical directors and quality improvement staff to discuss the flow sheet logistics.

BCBSIL has taken several steps to increase influenza vaccination rates. These include rewarding HMO IPAs that meet influenza vaccination targets, and publicly reporting IPA influenza vaccination results. An Influenza Vaccination Blue Star is awarded to IPAs meeting specified immunization thresholds. BCBSIL annually conducts outreach by providing IPAs with lists of patients identified as being at high risk for complications of influenza. Some IPAs schedule special influenza shot clinics while others make influenza shots available to patients without an appointment.

IMPACT OF STRATEGY

The HMO immunization registry, the pay-for-performance program, and public reporting of results have resulted in significant improvement in the HEDIS® Childhood Immunization Combination 2 rate (which includes 4 DTaP, 3 IPV, 1 MMR, 2 Hib, 3 HepB, and one VZV) from 55 percent in 2002 (the rate prior to the aforementioned interventions) to 78 percent in 2009.

IPAs have been very receptive to the flow sheet concept since many of the physician practices lacked a systematic method for tracking immunizations. To assess the impact of flow sheets on immunization rates, BCBSIL analyzed data for children in the HEDIS® 2003 Childhood Immunization Status sample. Results showed that medical records for 82 percent of children included flow sheets. Seventy-six percent of children who had immunizations tracked on flow sheets met criteria for HEDIS® Combination 1, compared with a Combination 1 rate of 26 percent for children whose immunizations were not tracked on a flow sheet. Most physician practices now use an immunization flow sheet and some practices with electronic medical records (EMRs) have implemented an electronic flow sheet.

Data from annual BCBSIL influenza vaccination surveys sent to a random sample of high-risk members have consistently confirmed physicians' key role in encouraging members to get influenza shots. In 2008, 90 percent of high-risk members who received an influenza shot reported that it had been recommended by their physician, while only 37 percent of those who did not receive an influenza shot reported receiving a recommendation from their doctor.

LESSONS LEARNED

BCBSIL employees have become aware of the limitations of administrative data. BCBSIL typically accepts only claims or medical record data as documentation of preventive care services. However, exceptions are made for influenza vaccinations for which member self-report gathered from written or telephonic member survey is accepted. Vaccination shortages have affected immunization rates and interrupt the pattern of vaccination administration; over time, immunization rates may decrease if vaccines are not consistently available.

MOVING FORWARD

BCBSIL acknowledges that it is increasingly complex for parents and providers to maintain the recommended schedule for childhood immunizations. Furthermore, the fragmented health care system—in which individuals may receive immunizations from several providers—makes it difficult to maintain a complete health record. While BCBSIL is focused on achieving and maintaining high immunization rates, the health insurance plan also recognizes that reaching a rate of 100 percent is not realistic for childhood immunization, and that rates for influenza vaccine will most likely be lower. Non-compliant patients and those who refuse vaccinations must be factored in when setting target rates for providers so that immunization goals are achievable.

[a]HEDIS Combination 1, which is no longer reported, consisted of four shots of DTaP (diphtheria-tetanus-pertussis), three OPV/IPV (oral or injectable polio virus), one dose of MMR (measles-mumps-rubella), a minimum of two Hib (haemophilus influenzae type b), and three Hepatitis B shots.

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BlueCross BlueShield of North Dakota (BCBSND) is a not-for-profit mutual insurance company covering more than 350,000 North Dakota residents and more than 75,000 non-residents. As the largest insurer in the state, BSBSND offers health, dental, and vision coverage, life insurance, disability insurance, and long-term care coverage. Approximately 90 percent of the benefits are based on the managed care concept.

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SYSTEM CHALLENGES/BARRIERS:

- Elimination of state coverage of non-VFC vaccinations
- Need for development of systems for public health departments to track vaccine purchases and distribution, submit claims, and know patients' insurance status

BACKGROUND

Until 2006, the North Dakota Health Department was responsible for providing and distributing vaccines for all children in North Dakota. However, with fewer Vaccines for Children (VFC) dollars available and an increasing number of new and more expensive ACIP-recommended immunizations (e.g., HPV, varicella), the state decided to stop offering vaccines to children who were not VFC-eligible. In response to this change in state provisions, Blue Cross Blue Shield North Dakota (BCBSND) began reimbursing the state for vaccines in 2006 when free vaccines were administered to BCBSND members. BCBSND also reimbursed the state for these vaccines in 2007. As a result, providers could continue to obtain free vaccines from the state health department. In March 2008, the state only supplied vaccines for VFC-eligible children and began requiring all providers to purchase their own vaccines directly from manufacturers, and to bill and track non-VFC patients' vaccinations.

The North Dakota Immunization Information System (NDIIS), a statewide immunization information system, helped track childhood vaccinations. BCBSND contracted with the North Dakota Health Department to support and maintain this registry. The billing requirement was not a problem for private providers that had billing systems in place. However, for local public health clinics (units) accustomed to receiving free vaccines from the state and administering vaccines to the general public, systems need to be developed to track vaccine purchases and distribution and to submit claims for reimbursement. This new tracking system required public health providers to know patients' insurance status.

STRATEGIES TO ADDRESS SYSTEM CHALLENGES

In response to this statewide transition, BCBSND collaborated with the North Dakota Health Department and a consortium of local public health units to provide these public health units with modern tracking and billing systems. BCBSND staff met weekly with the Health Department, representatives of the public health units, and the University of North Dakota. A billing system was created as an extension of the existing NDIIS. This collaboration streamlined the claims entry process for local public health clinic personnel when they made vaccination entries into the registry.

This system took hold in March 2008, and BCBSND continues to have biweekly conference calls with the North Dakota Health Department, representatives of the local public health units, and the University of North

STRATEGIES FOR SUCCESS:

- Close collaboration with state health department
- Development of tracking and billing system to streamline claims entry for public health clinics
- Providing access for public health providers to an external provider portal to track patients' insurance status

Dakota to discuss routine issues, such as how to handle patient co-pays or co-insurance. To manage claims for members enrolled in other health insurance plans, self-pay individuals, and co-payment and co-insurance amounts, BCBSND forwards the information to the University of North Dakota, which then provides a billing and collection system for the public health units.

The local public health units indicated that they also experienced difficulties identifying patients' insurance coverage. In response to this concern, BCBSND gave public health providers access to The HealthCare Online Resource (THOR) system, which is an external portal for providers to track patients' insurance status with BCBSND. This system helped public health clinic providers determine whether their patients were enrolled in a benefit package in which patients are responsible for co-payments for provider visits. In addition to having access to THOR, local public health units can also call the BCBSND Provider Service Unit to determine if a patient has BCBSND coverage.

IMPACT OF STRATEGIES

During this transition period in North Dakota, immunization rates remained high. Dramatic increases were noted for pneumococcal conjugate, from 56.7 percent in 2005 to 81.7 percent in 2008; and for Combo 3, from 48.6 percent in 2005 to 72.6 percent in 2008.

BCBSND received the 2009 North Dakota Immunization Provider's Choice Award, which recognizes individuals, businesses, and organizations that have made extraordinary contributions toward improved childhood and/or adult immunizations rates in North Dakota.

LESSONS LEARNED

BCBSND learned that developing, implementing, and maintaining the tracking system was much more complicated, expensive, and time-consuming than initially anticipated. Moreover, as much as local public health units were trying to implement a real-time system for submitting claims, many units lacked reliable Internet connections and business processes needed to efficiently use such a system, making real-time connections impossible. Because an existing system could not be used, an alternative batch system was developed.

MOVING FORWARD

North Dakota has two levels of statewide immunization efforts. The activities described above relate the day-to-day operations and reflect BCBSND's involvement in the PROtectND Committee. PROtectND is a day-to-day operations group for immunizations in North Dakota and includes representatives from public health units, private providers, BCBSND, and the health department. BCBSND also participates on the ND Immunization Advisory Committee, which makes determinations about vaccine purchases for VFC and recommendations for coverage and immunization initiatives.

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Blue Cross of Northeastern Pennsylvania (BCNEPA) covers over 550,000 lives in thirteen Pennsylvania counties. The health plan provides services to a diverse population offering innovative and affordable health care that promotes health and wellness.

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SYSTEM CHALLENGES/BARRIERS:

- Effectively addressing immunization barriers per each target population group
- Multiple stakeholders must be included in addressing immunization issues

BACKGROUND

Blue Cross of Northeastern Pennsylvania (BCNEPA) focuses on populations and immunizations that are measured through HEDIS® or other key initiatives. Barriers are usually identified through analysis of data, literature reviews, and input from network providers. BCNEPA examines immunization rates on an ongoing basis and has found that barriers to improving immunization rates differ by target population. For example, younger children tend to have provider visits more frequently than adolescents, so the opportunity to immunize these populations is greater. For adults, health insurance plan coverage status for immunizations or taking time off work may be issues that hinder immunization. BCNEPA realized that because barriers can be age-specific, intervention strategies need to be tailored to each patient population to increase immunization rates.

STRATEGIES TO ADDRESS SYSTEM CHALLENGES

BCNEPA developed different educational interventions for providers and members. BCNEPA sent mail reminders to members and providers. They continue to publish, newsletters and educational messages explaining the ACIP immunization recommendations for children and adolescents, in addition to resources such as a "Children's Health" page at http://www.bcnepa.com/ChildsHealth.aspx

For the adult population, BCNEPA has primarily focused on influenza and pneumonia immunizations. BCNEPA has also increased access to immunizations for its members by reimbursing for community influenza clinics. BCNEPA sends reminders about influenza vaccinations to its entire member population. More recently, BCNEPA started initiating other ways to communicate with its membership, such as an interactive voice system, web-based education and tools, and care coordinators' telephonic reminders.

IMPACT OF STRATEGIES

Thanks to reminders and educational materials, BCNEPA's immunization rates continue to improve. BCNEPA also has seen improvement in the measures included in the pay-for-performance program over the first two years. The preliminary results indicate that inclusion of immunizations metrics in performance measurement has a positive impact on the population immunization rate.

STRATEGIES FOR SUCCESS:

- Developing tailored educational interventions for providers and members
- Reimbursing community influenza clinic immunizations for members
- Childhood immunization pilot pay-for-performance incentive program

LESSONS LEARNED

BCNEPA realizes it needs to work with multiple groups—including providers, members, and employers—to see improvement in immunization rates. Distributing a general newsletter has limited impact on the entire patient population. More targeted interventions for particular patient populations appear to be more effective.

MOVING FORWARD

BCNEPA supports a state immunization registry and believes it would help significantly to track immunizations for BCNEPA's members and providers, particularly those that use free clinics. Reminders and education will continue for members and providers. BCNEPA also anticipates that technological advances and transparency of physician performance may help identify gaps in care, further improving immunization rates.

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SYSTEM CHALLENGES/BARRIERS:

- Pediatricians were facing increasing challenges in managing their inventory and storage of immunizations in their practices, particularly regarding the large capital outlay required for many newer vaccines

BACKGROUND

In 2006, the American Academy of Pediatrics (AAP) approached CIGNA to discuss AAP's concerns that pediatricians were facing increasing challenges in managing immunization inventory and storage in their practices, particularly with the large capital outlay required for many newer vaccines. These concerns were raised shortly after both the HPV vaccine (Gardasil®) and the 7-valent polysaccharide pneumococcal conjugate vaccine (PCV7, or Prevnar®) were released for marketing and administration. Both vaccines are quite expensive (as much as $375 to complete the three-dose HPV vaccine series and as much as $330 to complete the four-dose PCV7 series), compared with other vaccines (with prices ranging from $20 – $60 per dose). Not only do these newer vaccines require substantial capital to purchase, they also have associated new handling and storage requirements. For example, Gardasil® must be refrigerated and cannot be outside of refrigeration for more than 72 hours; PCV7 has to be thawed before use (and cannot be refrozen), so if it is not used immediately after thawing the vaccine goes to waste. To address some of the concerns, the AAP asked CIGNA to consider modifying its vaccine reimbursement rates to reflect these challenges and associated costs.

STRATEGIES TO ADDRESS SYSTEM CHALLENGES

CIGNA's employees evaluated the AAP's concerns using an actuarial/accounting assessment that focused on a methodologically sound data analysis. Based on this derived information, CIGNA worked to ensure that CIGNA members would continue to have access to immunizations through their primary care physician's office. This evaluation included an assessment of vaccine inventory costs, including the costs associated with ordering, storing, monitoring temperature, managing inventory, entering data into immunization registries, and reducing vaccine waste (which can cost as much as $125 per vaccine dose if a child refuses vaccine administration at the last minute).

In January 2007, CIGNA vaccine reimbursement was adjusted for all vaccines given by primary care physicians by including an "inventory factor," in the total reimbursement for vaccines accepted by physicians. The inventory factor is an adjustment factor that is the same percentage applied to all vaccines. Moreover, CIGNA monitors the vaccine market continually by using two measures of vaccine price for consideration in its reimbursement formula.

STRATEGIES FOR SUCCESS:

- Evaluating vaccine inventory costs, including costs with ordering, storing, monitoring temperature, managing inventory, entering data into registries, and reducing vaccine waste
- Adjusting company's vaccine reimbursement for network physicians by including an "inventory factor" when acceptable to physicians
- Ongoing monitoring of the market to anticipate and optimize vaccine supply and distribution issues

IMPACT OF STRATEGIES

This new reimbursement policy has been well received by CIGNA's pediatric, family medicine, and general internal medicine primary care community, who provide the majority of routine immunizations to CIGNA enrollees. CIGNA has also received support from the AAP and the American Academy of Family Physicians. Although CIGNA does not track specific data related to how this policy has influenced immunization rates, its staff carefully track HEDIS® rates, which have been among the highest in the nation over the past few years, indicating that CIGNA's membership has excellent access to vaccines.

LESSONS LEARNED

CIGNA staff report that this reimbursement policy has been implemented without major problems. However, due to uncertainty in manufacturer price increases, CIGNA encounters difficulty in updating reimbursement systems in a timely fashion (even though it is done quarterly) to provide the best service to network physicians and ultimately, to members. When vaccine prices increase, CIGNA providers are quick to inform CIGNA employees, and the health plan responds as quickly as possible by readjusting the provider inventory factor.

MOVING FORWARD

CIGNA is committed to reimbursing its network physicians fairly for the costs associated with purchasing, storing, and administering vaccines, and to provide the necessary incentives for physicians to administer vaccines in their office rather than sending patients to other locations to receive vaccines. Looking to the future, CIGNA has formed a vaccine work group to develop a long-term strategy to optimize delivery, distribution, and reimbursement. This is particularly important because CIGNA employees are forecasting the impact that new vaccines in development (and the likely associated high prices) will have on physicians and individuals and on overall health care costs.

ConnectiCare®
You know us by ♥.

ConnectiCare, Inc. is a regional managed care organization that covers approximately 220,000 members along with its affiliates ConnectiCare of Massachusetts, Inc. and ConnectiCare Insurance Company, Inc. in Connecticut, Western Massachusetts, Hampshire, Hampden, and Franklin Counties. ConnectiCare's provider network includes over 33,869 health care providers and 127 hospitals including all 30 Connecticut hospitals. The plan strives to improve the health status of their members, provide the highest quality service, and to meet employer expectations for service and value.

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SYSTEM CHALLENGES/BARRIERS:

- Inconsistent and incomplete documentation of adult immunizations
- Ascertaining immunization status
- Potential influenza vaccine supply shortage

BACKGROUND

In 2008, ConnectiCare conducted medical record reviews in physician offices and found that adult immunizations were either not consistently documented or documentation could not be found in patients' medical records. Physicians and office staff needed a way to easily identify whether patients needed an immunization.

In addition to the need for improved documentation, many providers expressed concern that they would not be able to obtain enough influenza vaccine for their patients for the 2007 influenza season, especially in light of the shortages of 2005 and 2006.

STRATEGIES TO ADDRESS SYSTEM CHALLENGES

ConnectiCare advocated using a form to document adult immunizations given in the physician's office. The Immunization Action Coalition had recently developed an adult immunization form (Vaccine Administration Record for Adults form) that is kept in the patient's medical record to document immunizations. The form was distributed to ConnectiCare participating providers during HEDIS® data collection and medical record review in the provider's office.

To address physicians' concerns about the influenza vaccine supply, in 2007 ConnectiCare worked with the state of Connecticut's immunization coalition and a national association to promote the association's website, which includes a tool for locating influenza clinics nationwide. ConnectiCare encouraged participating providers to share the website information with their patients so they could locate a influenza immunization clinic. By simply entering their zip code, state, and town information, patients could access all influenza clinic dates and times in their geographical area.

ConnectiCare also encouraged influenza clinic vendors to contract with them to ensure that ConnectiCare's members would have their vaccination-associated costs reimbursed. In addition, some participating providers contracted with an external vendor to come to the providers' clinics to give influenza shots to patients. These actions helped to address providers' concerns about ordering and storing the vaccine, maintaining adequate supply, and providing nurse immunizers.

STRATEGIES FOR SUCCESS:

- Developing and using a vaccine administration record that is kept in the patient's medical record
- Promoting influenza clinic locator website to members and providers
- Contracting with external vendors to provide influenza vaccines to members

IMPACT OF STRATEGIES

Although the use of the Vaccine Administration Record has not been formally analyzed regarding its impact on immunization documentation and compliance, providers have been very receptive to using this form. Each year there is an increase in the number of influenza clinic providers that contract with ConnectiCare to administer influenza vaccine. ConnectiCare influenza immunization compliance rates have been increasing about 2 percent to 3 percent each year since 2007.

LESSONS LEARNED

ConnectiCare strives to communicate with physicians and members about how critical it is to receive an influenza immunization. Accessibility to influenza immunization is key to increasing administration compliance. As electronic medical records (EMR) become more common, ConnectiCare will most likely experience diminished need for hard copy immunization forms. However, until all physicians have EMR capability, a formal documentation strategy will be in effect.

GroupHealth

Group Health is a consumer-governed, nonprofit health care system that coordinates care and coverage. Based in Seattle, Group Health and its subsidiary health carriers, Group Health Options, Inc., and KPS Health Plans, serve more than half a million residents of Washington and Idaho

SYSTEM CHALLENGES/BARRIERS:

- Decreases in state financial coverage of vaccines
- Need for providers to know members' type of insurance coverage in order to determine whether to track as privately-funded or publicly-funded vaccines

BACKGROUND

Until 2009, Washington had been a universal coverage state for childhood vaccines, meaning all children (ages 0-18 years) were covered. However, with the recent economic downturn, changes have occurred in state coverage for childhood immunizations. Washington state disbanded the universal purchase program. Approximately 55 percent of children in Washington qualify for state-supplied vaccine (the federally funded VFC program). Responsibility for the cost of vaccines for the remaining 45 percent of children has fallen to private health insurance providers, such as Group Health Cooperative. Within Group Health's 0-18 year old population, approximately 20 percent qualify for federally funded, state-supplied vaccine, leaving Group Health to pick up the cost for the remaining 80 percent. There is now a need to document what type of insurance coverage members have so Group Health will know if patients' immunizations are covered by the VFC program (e.g., Medicaid, uninsured) or by a purchased system (Group Health).

STRATEGIES TO ADDRESS SYSTEM CHALLENGES

Group Health developed a one-page guide for nursing staff, indicating which insurance plans qualify for VFC federal vaccine coverage and which do not. When a patient checks in for an appointment, a sticker prints out from an automated system that notes the patient's insurance plan. The nursing staff can then quickly glance at the sticker and Group Health's one-page guide to determine whether to administer a federally funded or Group Health-purchased vaccine to the patient.

Additionally, Group Health and other health plans banded together with provider groups in Washington to form the new non-profit Washington Vaccine Association (WVA) that will continue to serve as the universal purchaser for all providers in WA. Group Health and other health plans are allocating funding to the Vaccine Association based on the number of their member enrollees. As a result of the Vaccine Association's efforts, universal access will not be disrupted in Washington state.

IMPACT OF STRATEGIES

The one-page document has only been in place since July 1, 2009. Group Health is confident that this system will work. To date, there have been minimal calls from nurses or provider offices indicating problems with implementing the one-page insurance guide.

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STRATEGIES FOR SUCCESS:

- Developing guide for providers that indicates type of insurance coverage for members
- Formation of a new non-profit Vaccine Association that will continue to serve as the universal purchaser for all providers in WA.

Group Health busily made the transition to the new WVA in the second quarter of 2010, as the Washington state legislature gave Group Health a 3-month window for the fiscal and logistical transition to the Vaccine Association. The impact of the Vaccine Association is expected to be positive, and universal access to immunizations will continue in Washington State.

LESSONS LEARNED

Group Health has learned how important it is to remain flexible during this time of economic downturn and anticipated health care reform.

MOVING FORWARD

Group Health is firmly committed to providing immunizations to its members. Even if difficult financial choices arise, immunizations will remain a top priority.

HealthPartners®

Founded in 1957, the HealthPartners family of health care companies serves more than 1 million medical and dental health plan members nationwide. It is the largest consumer-governed, nonprofit health care organization in the nation, providing care, coverage, research, and education to improve the health of members, patients, and the community.

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SYSTEM CHALLENGES/BARRIERS:

- Commitment to increasing HEDIS® rates for childhood immunizations and achieving the highest rank in the NCQA ratings.

BACKGROUND

In 2005, HealthPartners established Healthy Goals 2010—a set of goals that reflect the organization's aspirations for the next five years. Healthy Goals 2010 encompasses every part of the organization, including HealthPartners' health insurance plan, hospital, medical group, dental group, pharmacies, research foundation, and institute for medical education. One of the 2010 goals is to achieve the highest rank in the NCQA ratings, including childhood immunizations.

STRATEGIES TO ADDRESS SYSTEM CHALLENGES

To achieve the Healthy Goals 2010 for childhood immunizations, HealthPartners has begun direct outreach to providers and members. HealthPartners has developed a Health Information Technology measure identifying which providers use plan-developed registries, have electronic medical records, and use the statewide Minnesota Immunization Information Connection registry. Providers are encouraged to use the statewide immunization registry through HealthPartners pay-for-performance programs. Furthermore, since 1992, HealthPartners has been publicly reporting comparative provider performance data in its Clinical Indicators Report. Measurement specifications and patient-level results are made available to providers.

HealthPartners employs several strategies to promote vaccines among its members. HealthPartners distributes yearly preventive service guidelines in member newsletters. Since 2005, the health plan has provided preventive reminders to members or parents of members indicating what immunizations are overdue based on claims data. More recently, HealthPartners developed an information platform referred to as the Person-Centered system. The Person-Centered system prompts Member Services representatives and health advocates across the system to provide personalized messages to members. Person-Centered system campaigns are personalized to each member, based on registries that are refreshed daily. Registry analysis is based on HealthPartners coverage and claims and demographic data for each member and includes factors such as age, gender, ethnicity, diagnoses, medical procedures, and drug purchase history. Campaigns include automated e-mail follow-up with detailed information and links for the member.

STRATEGIES FOR SUCCESS:

- Developing a Health Information Technology measure to identify providers who use plan and state registries and have implemented Electronic Medical Records
- Pay-for-performance incentive program to use state-wide immunization registry
- Developing a "Person-Centered" system that prompts member service representatives to provide personalized messages for members when members contact the plan, as well as reminders to members

IMPACT OF STRATEGIES

In 2005 and 2006, the preventive reminder system was telephonic. Members who appeared to need immunizations received automated calls. However, HEDIS® rates did not improve. In 2007, the health plan tried a combination of telephone calls, postcards, and customized letters. HealthPartners conducted a patient survey to assess patient preferences regarding reminders. Results showed that a higher number of written reminders were successfully delivered to households and members preferred written reminders. Based on claims analysis, members were more likely to respond to a customized letter. In 2008, all outreach was conducted via customized letters. In 2009, in addition to customized letters, messages were delivered through secured web mail (SWM) if the member provided a validated SWM address. Despite claims analysis that demonstrates that members receiving the messages obtain immunizations at a higher rate than members who do not receive messages, HEDIS® 2009 rates have not significantly improved. However, patient satisfaction related to preventive services is higher.

LESSONS LEARNED

Providers and practices are overloaded, so methods to ease communication are effective. Methods that have made the HealthPartners system more user-friendly include: 1) continuous enrollment when identifying target populations so claims history is available, 2) emphasizing in correspondence with patients that their health insurance plan records suggest they may be overdue or could be reflective that claims data are incomplete, and 3) considering health literacy skills when developing content and writing reminders at a fifth-grade reading level.

Providing a phone number for personalized nursing consultation also has improved patient satisfaction. Most concerns expressed by patients are dispelled when they have the opportunity to talk to a trained professional. Creating a system to track patients who request that they not be contacted in the future minimizes patients' dissatisfaction.

MOVING FORWARD

The preventive reminder system is evaluated annually and improvements are made as appropriate. HealthPartners continues to evaluate additional provider, member, and employer strategies. Other outreach methods, such as text messaging and Interactive Voice Response (IVR), are being considered, which demonstrate the plan's continual commitment to improving immunization rates.

HIGHMARK®

An Independent Licensee of the Blue Cross and Blue Shield Association

One of the leading health insurers in Pennsylvania, Highmark Inc. has a mission to provide access to affordable, quality health care enabling individuals to live longer, healthier lives. Based in Pittsburgh, Highmark serves 4.6 million people through the company's health care benefits business. Highmark contributes millions of dollars to help keep quality health care programs affordable and to support community-based programs that work to improve people's health. Highmark Inc. is an independent licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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SYSTEM CHALLENGES/BARRIERS:

- Discrepancy of immunization rates between family practitioners and pediatricians
- Concerns with vaccine costs among family physicians who have less patient demand for immunizations
- Lack of parental knowledge of child's immunization status
- Incomplete documentation of influenza vaccination

BACKGROUND

Through extensive outreach strategies that Highmark uses to gather feedback from its physicians, Highmark has identified several barriers to immunization adherence in pediatric and adolescent members. In 2007, as Highmark's Quality Improvement committee and other staff were reviewing HEDIS® data, they noted a consistent pattern of lower immunization rates for family physicians compared to pediatricians. Delving into this observation more closely with community physicians, Highmark learned that some family practitioners were not reporting immunizations, either because the practice forgot to submit the claim or because they did not realize immunizations were billable services.

Another challenge identified was the cost of vaccines to the clinician. Because family physicians have fewer pediatric patients and, therefore, require smaller quantities of vaccine, they experience more difficulties with the purchasing process, including access to bulk pricing. Likewise, the strict refrigeration storage requirements for some vaccines prompted some clinicians to deem it impractical to keep such small quantities on hand. These concerns were highlighted in a letter from the president of the American Association of Family Physicians (AAFP), who related that its 2007 member survey revealed that a significant proportion of family physicians were directing patients to state health department clinics to receive immunizations, rather than purchasing, storing, and administering the vaccinations in the office.

Determining benefit coverage is another barrier for physicians. Primary care physicians continue to express frustration in how widely immunization coverage can vary from one patient to another. Some employers have elected to either cover the more expensive immunizations or cover them with some patient cost-sharing (out-of-pocket expense).

Lack of parental knowledge regarding a child's immunization status also presents obstacles. For example, some parents/guardians cannot tell a new physician when the child has received the various recommended vaccines, or more importantly, if the child has ever received them because the parents/guardians do not know. At present, there is no centralized national database to store information on immunization status; however, several states have immunization registries that can be securely accessed from any computer with online access. Furthermore, practices must record immunizations in multiple places: patient chart, administration logs, and

STRATEGIES FOR SUCCESS:

- Implementing a comprehensive provider communication and education campaign to use a secure provider portal identifying member benefits and coverage
- Addressing cost challenges by encouraging smaller practices to participate in a buying consortium, launching real-time claims processing technology to help optimize practices' cash flow, and working with employers to remove cost barriers to members
- Encouraging provider use of state immunization registry to document member vaccination
- Working with alternate vaccinators and employers to submit documentation and claims for administrating influenza vaccine

electronic health records. In a busy practice, there is potential for a recording error, particularly if multiple vaccines are given at one visit. Finally, influenza vaccination documentation can be problematic since members are able to receive the vaccine at many different locations.

STRATEGIES TO ADDRESS SYSTEM CHALLENGES

Highmark is working to enhance provider knowledge in several ways. On an annual basis, Highmark updates its Pediatric/Adolescent Immunization Schedule/Guidelines and implements a comprehensive communication campaign targeting all of its primary care physicians. The communication efforts remind practices how to use Highmark's secure provider portal, NaviNet, to determine eligibility and benefits, as well as how to report the services. These message points are delivered via several vehicles, including on-site visits, NaviNet's electronic message board, newsletters, targeted mailings, and a dedicated page within Highmark's online Provider Resource Center.

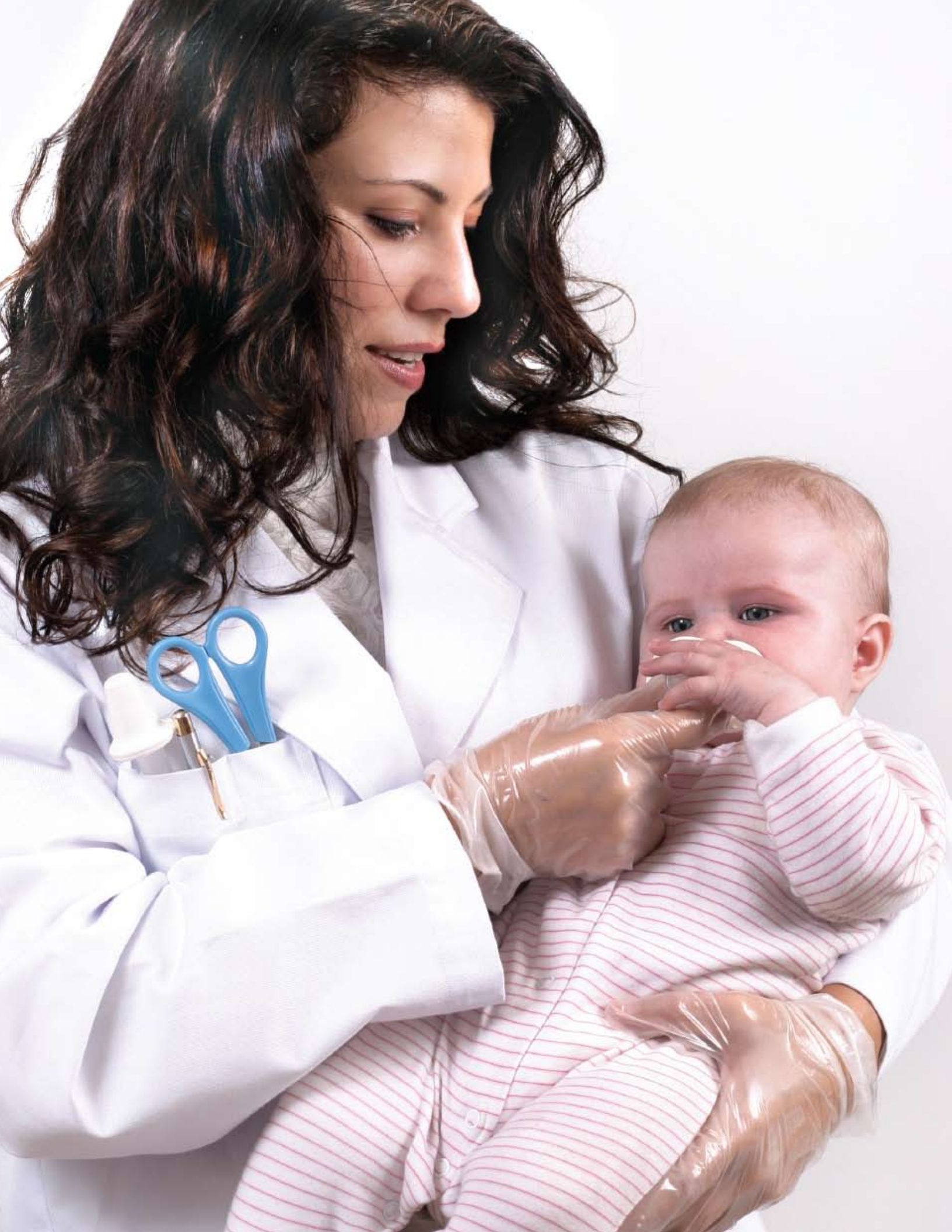
In spring 2009, Highmark launched its Real-Time Claims Processing technology. Marketing/provider education outreach efforts instructed primary care physicians how to accurately verify immunization coverage and estimate—in real time—what portion (if any) of the office visit and/or vaccine will be the member's responsibility. This real-time estimation allows practices to give their patients a "heads up" on what fee the patient may owe on the day of service. It also allows practices to file the claim in real-time, which supports collection of the patient liability up front and can accelerate payment from Highmark.

Highmark addressed the cost challenges by actively encouraging smaller practices to participate in a buying consortium to obtain better prices for vaccines. The AAFP now works with a vendor/entity that assists practitioners in several states. Likewise, the American Academy of Pediatrics (AAP) informs its members of various procurement groups available on a state-by-state basis. All Highmark staff that interact with and support clinicians are aware of the various purchasing programs available and counsel practices to encourage easy access to vaccines. In addition, Highmark's Real-Time Claims Processing technology can help optimize a practice's cash flow.

Highmark also coordinated statewide meetings that included the Pennsylvania Department of Health, AAP, and AAFP leadership regarding opportunities to collaborate and streamline vaccination efforts. Issues regarding reimbursement and clarification of billing processes were also discussed. The health plan learned that no pediatric practices appear to be referring Highmark members to state health department clinics for immunizations, even though many practices are concerned about the financial sustainability of providing vaccines to their patients. Beyond provider dialogue, Highmark has also encouraged employer groups to remove cost barriers for patients by eliminating co-payments and deductibles for preventive care services, including immunizations.

The Pennsylvania Statewide Immunization Information System (PA-SIIS) is being used to improve vaccination documentation. Highmark participated in several meetings with SIIS representatives, as well as members of the AAP and AAFP, about how to encourage provider data entry into the state registry. As a result, Highmark includes a PA-SIIS brochure, demo link, and a sample data entry form on its online Provider Resource Center. As with other resources, Highmark ensures that its medical directors, medical management consultants, and provider relations representatives are aware of the PA-SIIS and can counsel practices on how to incorporate appropriate immunization documentation techniques.

To improve influenza vaccine documentation, Highmark has reached out to retail-based clinics to encourage them to submit claims for reimbursement for administering the influenza vaccine so they can capture influenza immunization claims data for Highmark members. Similarly, Highmark has been working with employers who offer influenza vaccinations at the worksite to encourage employers to document and report receipt of vaccination back to Highmark.



IMPACT OF STRATEGIES

HEDIS® childhood immunization rates have remained high for Highmark, at approximately 85 percent among commercial HMO members. The Children's Health Insurance Plan (CHIP) rates have steadily increased since 2007, from 71 percent to 79 percent among PPO members, and from 79 percent to 85 percent among HMO members.

LESSONS LEARNED

The Medical Directors and Clinical Quality leadership at Highmark feel strongly that working with professional societies has resulted in meaningful, actionable feedback. The collaboration provides another credible source for providers and helps minimize the number of messages that providers receive. The feedback received through clinical quality committees has also been an effective tool to stay abreast of provider practices and experiences. Also, the availability of provider relations and medical management consultant staff to conduct on-site visits and maintain solid, working relationships with Highmark's provider network has been invaluable.

MOVING FORWARD

Highmark is exploring the possibility of contacting vaccine manufacturers directly to try to obtain lower prices for vaccines for its members and having pharmacy vendors handle vaccine purchase, which would remove the purchasing burden for providers. Under this system the third-party vendor would procure, stock, and assure adequate storage of vaccines. The practices would bill only for the administration fee, and the vendor would bill for the vaccines used. Many practices have expressed an interest in this arrangement, as it would greatly optimize their cash flow.

HUMANA®
Guidance when you need it most

Humana Inc., headquartered in Louisville, Kentucky, is one of the nation's largest publicly traded health and supplemental benefits companies, with approximately 11.4 million medical members. Humana is a full-service benefits solutions company, offering a wide array of health and supplementary benefit plans for employer groups, government programs, and individuals.

SYSTEM CHALLENGES/BARRIERS:

- Variable coverage of immunizations and persistent increases in vaccine costs for Medicare enrollees
- Cultural barriers among Hispanic and immigrant members that prevent them from receiving vaccinations

BACKGROUND

In 2008, both the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP) approached Humana regarding its increasing concern about immunizing Medicare enrollees. AAFP indicated that its concern stems from the variable coverage of immunizations and the persistent increases in vaccine costs without subsequent changes in the benefit structure for Medicare enrollees.

Over the past two years, Humana analyzed barriers to successful immunization. The results prompted Humana employees to develop a list of potential initiatives to address barriers to immunization for each market the health plan serves. One such barrier was cultural in nature. Humana found that many of its Hispanic and immigrant members did not accept the concept of mass immunization. As a result, Hispanic and immigrant members were not as likely to have their children immunized.

STRATEGIES TO ADDRESS SYSTEM CHALLENGES

Humana worked with the AAFP to develop a grid for physician practices contracted in their network that clearly outlines both pharmacy and medical benefit coverage for Medicare enrollees. Humana has also been working to ensure that its reimbursement for vaccines and vaccine administration is appropriate as well as create incentives for combination vaccines. For those practices with electronic claims submission connections through either Availity or Zir-Med (https://public.zirmed.com/), real-time claims adjudication allows immediate determination of member cost-sharing.

For every market in which Humana operates, Humana employees conduct initiatives to promote vaccines among its patient populations, including: sending quality improvement nurses to physician offices; promoting the use of the statewide immunization registry; distributing clinical practice guidelines to physicians; providing articles about immunization recommendations in physician newsletters; and noting on a patient's record during chart reviews what vaccines are missing. In reaching out to its Hispanic and immigrant membership to promote immunizations, Humana has worked with local Hispanic television anchors to improve communication and understanding regarding the benefits of vaccination.

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STRATEGIES FOR SUCCESS:

- Developing a grid for physician practices to outline both pharmacy and medical benefit coverage for Medicare enrollees
- Ensuring that reimbursement for vaccines is appropriate
- Working with local Hispanic television anchors to increase and improve communication to Hispanic patients regarding the benefits of vaccination

IMPACT OF STRATEGIES

Over the past decade, Humana has nearly doubled its immunization rates among children under six years old and has seen a three-fold increase in adolescent immunizations. Physician practice visits from Humana's quality improvement nurses have been tremendously popular with providers. Practices report that the chart reminders, which identify children who are missing immunizations, are very helpful and that the practice staff also appreciate receiving updated Centers for Disease Control and Prevention (CDC) immunization schedules and feedback on HEDIS® rates.

LESSONS LEARNED

Although Humana has extensive established communication/outreach to its providers, the quality improvement team has found that communicating directly with its members reinforces recommendations from primary care physicians (especially pediatricians). Humana's outreach efforts to its providers has shown that while providers appreciate Humana's communication efforts to members, providers rely more on external organizations, such as the CDC, for information about immunization schedules. Moreover, because members also look for verification of information provided by plans, Humana provided information from independent sources through an electronic newsletter called the "E-plan professor."

MOVING FORWARD

With immunization recommendations for children becoming increasingly complex, Humana hopes that its efforts to encourage combination vaccines could minimize potential barriers to children receiving multiple immunizations during an office visit. Humana also has an internal immunization group working on quality improvement efforts that tracks Humana's efforts to address identified barriers throughout the organization. Humana's collaboration with community groups is also a key component to promoting recommended immunizations.

Inaccurate information about vaccine safety reported in the media has raised concerns among parents as they consider immunizing their children. Many fearful parents have refused to allow their children to be fully immunized. Humana has distributed educational materials to parents and worked with the AAP to provide accurate information to concerned parents.

Humana employees have reached out to state registries to exchange immunization data. Currently, Humana participates with registries in Texas, Wisconsin, Ohio, Georgia, and Florida. As other states' immunization registries develop, Humana will approach them about data exchange.

Independence Blue Cross

Independence Blue Cross is a leading health insurer in southeastern Pennsylvania. Nationwide, Independence Blue Cross and its affiliates provide coverage to nearly 3.4 million people. For 70 years, Independence Blue Cross has offered high-quality health care coverage tailored to meet the changing needs of members, employers, and health care professionals. Independence Blue Cross's HMO and PPO health care plans have consistently received the highest ratings from the National Committee for Quality Assurance. Independence Blue Cross is an independent licensee of the Blue Cross and Blue Shield Association.

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SYSTEM CHALLENGES/BARRIERS:

- Provider concerns about co-payment and reimbursement processes
- Members with high deductible plans not aware of first dollar coverage for immunization

BACKGROUND

Annually, Independence Blue Cross (IBC) reviews factors that impact the delivery of care to its members and make adjustments for improvement. Providers have indicated that co-payment and reimbursement processes present ongoing challenges. Additionally, some members with high deductible plans are not aware that immunizations are covered as a preventive service at 100% and are therefore not subject to the plan deductible.

STRATEGIES TO ADDRESS SYSTEM CHALLENGES

In October 2008, IBC PPO members were able to start accessing retail/convenience clinics to receive certain immunizations. In addition, IBC rolled out several strategies to assist providers in 2009. First, the Medical Policy Portal was enhanced to include policies and medical information to streamline administrative processes for IBC providers. Second, the health plan launched the Healthy Lifestyles Rewards Program, which includes awards for up-to-date immunizations among members. Finally, IBC adjusted provider reimbursement for vaccines based on the costs associated with vaccine administration.

In addition, IBC has implemented several approaches to increase immunization rates and focus on overall health care quality improvement, including a provider quality incentive program to compensate high-performing doctors based on their Provider Quality Assessment Score (PQAS). This ranking is given to the top 10 percent of eligible primary care physician offices. PQAS is a comprehensive ranking system of quality measures, including childhood immunization, and member satisfaction for primary care offices with 75 or more HMO members. IBC is also sending its HMO providers an opportunity list every six months, which contains information on members who have care gaps. By accessing the Philadelphia KIDS Registry, IBC has been able to obtain more accurate immunization information for its members.

IBC has various provider communication tools, such as a provider manual that includes clinical practice guidelines and direct web links to immunization recommendations from Centers for Disease Control and Prevention (CDC) and to its provider newsletter Partners in Health. Additionally, the IBC Provider website includes information on immunizations and a summary of preventive health campaigns. Clinical practice guidelines posted on the website and direct links to immunization recommendations from CDC enhance provider communications.

STRATEGIES FOR SUCCESS:

- Access to retail/convenience clinics
- Enhancing medical policy portal to streamline administrative processes for providers
- Provider incentives for having high immunization rates of members
- Provider and member newsletters and website to enhance immunization and immunization benefit knowledge and immunization gaps
- Employee wellness initiatives to improve worksite employee health

Member communications support provider efforts to educate members about immunizations and member immunization coverage benefits. Examples include mailings of immunization recommendations to parents, adolescents, and seniors, and the Maternity Risk Management program "Baby BluePrints," an immunization schedule for mom and baby. Additional communication efforts include the IBC member newsletter "Update Magazine," which contains articles on immunizations and wellness information, and the IBC website. IBC also engages in public health communication efforts. The Good 2 B Me website includes information on immunizations for parents and children ages 11-13, including an immunization game and direct links to immunization information from CDC.

Finally, IBC has employer worksite wellness initiatives and communication that support provider efforts to educate members. The health insurance plan designed a health promotion toolkit that contains information on the influenza vaccine, as well as a worksite wellness influenza program to eliminate barriers to getting the influenza vaccine. Other tools include wellness partners newsletters and wellness tips, including information related to vaccines and influenza.

IMPACT OF STRATEGIES

IBC's PQAS includes four childhood immunizations (DTaP, MMR, IPV, HiB) among its performance measures. The performance measures generally follow the specifications for HEDIS Childhood Immunization Status measure. PQAS results are tracked and reported for three primary care provider specialties – Family Practice/General Practice, Pediatrics and Internal Medicine. Only Family Practice and Pediatrics are scored on childhood immunization measures.

Although compliance with the pediatrics immunization schedule for PQAS 2007 results was already above 80% for each of the four childhood immunizations, for PQAS 2009 compliance increased to at least 90% for each childhood immunization measured. Although compliance rates with the pediatric immunization schedule were lower in Family Practice, Family Practice experienced similar immunization rates percentage increases to that of Pediatrics between PQAS 2007 and PQAS 2009.

LESSONS LEARNED

Provider quality incentives may work for some but not for all providers. There is a need for electronic medical records and for health insurance plan members to have direct access to their records. Access to external data sources, such as state registries, is a cost-effective way to obtain a comprehensive picture of members' immunization status.

MOVING FORWARD

If providers do not take advantage of technology advancements, barriers to optimal immunization rates will continue to exist. Limited or no web access can also affect a provider's ability to submit claims electronically or address the clinical gaps in care of their patients.

Independence has enhanced its HMO/POS pay-for-performance program for primary care physicians to include prerequisites for electronic connectivity and a doubling of the payment for the quality component, which include immunizations.

KAISER PERMANENTE®

Kaiser Permanente, America's largest not-for-profit health plan, is headquartered in Oakland, California. Kaiser Permanente serves the health care needs of nearly 8.6 million members in nine states and the District of Columbia. It encompasses the not-for-profit Kaiser Foundation Health Plan, Kaiser Foundation Hospitals and their subsidiaries, and the private Permanente Medical Groups.

SYSTEM CHALLENGES/BARRIERS:

- Ascertaining new members' immunization coverage
- Increasing influenza vaccination rates to meet Healthy People 2010 national goals
- Growing public/member concern about vaccine safety

BACKGROUND

Kaiser Permanente Northern California (KP NCAL) has identified three barriers to optimal immunization rates. First, it is difficult to accurately ascertain a new patient's immunization coverage. The majority of KP NCAL's new members, or members who move in and out of the Kaiser Permanente system, do not know their immunization history or have no written records from their previous provider(s).

Secondly, despite multiple strategies to promote vaccines to their membership during the past decade, KP NCAL still strives to increase its influenza vaccination rates to meet Healthy People 2010 national goals. Rates for influenza vaccination are consistently above national averages, but still not near the recommended goals for specific age categories. For example, the KP NCAL influenza vaccination rate for high-risk adults 18-64 years old in 2008-09 was 41%, higher than the national rate of 32%, but well below the 2010 Healthy People Goal of 60% percent.

Finally, another barrier to immunization that health care providers and immunization advocates have identified during the last decade is increasing member concern about vaccine safety and members' interest in having an alternative vaccine schedule or opting out of all vaccinations in general. This challenge to member immunization has been exacerbated by the media's focus on celebrities who discount scientific evidence and base their opinions on anecdotal reports. Additionally, media and public misunderstanding or misrepresentation of scientific vaccine study results add to the confusion and concern regarding immunizations.

STRATEGIES TO ADDRESS SYSTEM CHALLENGES

In an attempt to obtain complete immunization coverage from new members, Kaiser encourages them to return to their previous providers to obtain medical record information. Furthermore, to overcome financial barriers, all childhood and adult vaccinations are free to members. Kaiser Permanente encourages physicians or department designees to sign up with the CA Immunization Registry so they can view members' immunization history.

More than a decade ago, Kaiser implemented the automated "Preventive Health Prompt (PHP)," which appears in the automated medical record and on the patient's registration slip. The prompt lists all recommended immunizations for children and adults, and whether the member is up-to-date regarding his or her immunization schedule, or needs a vaccination at that visit. The PHP also prompts for other preventive health measures such as blood pressure, cholesterol, and mammogram.

To increase influenza vaccination rates, KP NCAL does the following: 1) mails a postcard to each household encouraging every person in the household to be vaccinated against in influenza; 2) holds mass flu vaccination clinics at all facilities

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STRATEGIES FOR SUCCESS:

- Provide mass flu vaccination clinics throughout October and into November
- Implement an automated "preventive health prompt" that lists vaccinations that are needed
- Promote influenza vaccinations via postcard reminders, member newsletter articles and e-mails to members, and automated telephone calls to high-risk members
- Encourage improved provider–parent communication about vaccine concerns
- Provide thimerosal-free influenza vaccine to children 6 - 35 months of age and pregnant women

beginning on the first Saturday in October 3) does not charge members for flu shot/nasal spray 4) publishes influenza vaccine-related articles in member newsletters and sends related e-mails to members; 5) prints and displays posters and tip sheets in English, Spanish, and Chinese throughout the KP NCAL medical facilities targeting specific groups such as children, pregnant women, and adults; 6) conducts automated telephone calls in November and early December to targeted high-risk members who have not yet been vaccinated; 7) distributes member education material, including adult and pediatric flyers about prevention, in the clinics, on the KP NCAL website (kp.org/flu and kp.org/mydoctor), and through member newsletters and physician websites; and 6) offers a influenza hotline (1-800-KP-FLU-11 or 1-800-573-5811) that members can call to find out when mass influenza vaccination clinics are available. Other KP regions conduct similar outreach and in reach.

For other childhood immunizations, the KP NCAL database identifies members who are overdue for a specific vaccination(s) on a monthly basis. An automatic letter is generated—often the physician signs it by hand—and then it is mailed to parents. The letter encourages parents to bring children in for vaccination. Some facilities call the parents rather than sending a letter, which is effective but time-consuming.

In response to the need to overcome misperceptions about vaccine safety and importance, KP NCAL has taken three approaches. First, KP NCAL encourages physicians to have one-on-one conversations with their members who have concerns about vaccine safety. Second, it distributes to members health educational materials on vaccine safety and links to other vaccine informational websites. Third, the health plan provides thimerosal-free influenza vaccines to children 6 to 35 months old and pregnant women, as mandated by California law. Almost all other childhood vaccinations are thimerosal-free.

IMPACT OF STRATEGIES

KP NCAL has seen a gradual but steady increase in vaccination rates for most populations. For example, between 2005-06 and 2009-2010, the vaccination rate for children 6 to 23 months increased from 47 percent to 68 percent; for adults with asthma, rates increased from 2005-06 to 2009-2010 from 44% to 59%.

LESSONS LEARNED

Improving vaccination rates requires a multifaceted approach. KP NCAL's experiences yielded at least four key lessons. First, mass influenza vaccination clinics are an effective way to vaccinate large numbers of people. Such clinics also decrease the impact on the day-to-day operations of the pediatric and adult medicine clinics, as people requesting influenza vaccinations are handled outside the usual clinic hours and/or settings. Members respond well and appreciate that they can "drop in" for a free influenza vaccination without making an appointment. For example, on October 3, 2009, KP NCAL vaccinated 72,132 members on its opening day of mass influenza vaccination clinics. Forty sites provided vaccinations that day.

Second, increasing numbers of pediatric clinics are vaccinating adult family members as well as children. Members appreciate this one-stop approach. Third, members respond to messages that are clear and uncomplicated. KP NCAL targeted all children prior to the ACIP's universal recommendations and saw an increase in childhood flu immunization. Fourth, visible key leadership and union support at the regional and local facility level is vital to motivating employees to be vaccinated.

MOVING FORWARD

The 2009-10 influenza season proved challenging due to the H1N1 pandemic. This affected inpatient and outpatient utilization, staffing, public demand for seasonal and H1N1 vaccine, the safety of employees providing care for infected patients, and distribution of the new H1N1 vaccine. KP NCAL was prepared to respond to different scenarios regarding vaccine availability, the severity of the virus, and public anxiety. A history of providing mass vaccination clinics enabled KP NCAL to administer 1.14 million seasonal flu doses and 668,000 doses of H1N1 vaccine.

ACIP implemented universal recommendations beginning in the 2010-11 flu season. Physicians at KP NCAL believe that universal coverage will increase overall rates because the message will be clear and uncomplicated. At-risk individuals will benefit from the increased herd immunity as well.

MEDICA®

Medica is a health insurance company headquartered in Minneapolis and is active in the Upper Midwest. With nearly 1.6 million members, the nonprofit company provides health care coverage in the employer, individual, Medicaid, Medicare, and Medicare Part D markets in Minnesota and a growing number of counties in North Dakota, South Dakota, and Wisconsin. Medica also offers national network coverage to employers who have employees outside the Medica regional network.

SYSTEM CHALLENGES/BARRIERS:

- Difficulties with providers properly submitting claims data
- Ability of the providers to ascertain member immunization history coverage and reimbursement
- Promoting vaccines to diverse patient populations

BACKGROUND

There are at least five challenges that Medica providers experience regarding immunization administration practices. First, submitting claims to receive payment has been a barrier to timely provider reimbursement. Second, knowing which immunizations are covered under particular benefit plans has hindered appropriate immunization for providers. (Ninety-nine percent of Medica benefit plans offer 100 percent coverage for immunizations.)

Medica has determined that the 1 percent of plans whose immunization benefits are not at 100 percent are self-insured employer groups and may require a co-payment or co-insurance, or they exclude immunization coverage altogether. This information is not readily available to providers when treating Medica members, making it difficult for providers to alter their standard clinical procedures.

Third, providers do not know, or have access to, each individual member's immunization record, including which vaccines have been provided and when. Fourth, providers often do not have the resources to track various member immunization co-payments and reimbursement rates. Fifth, providers face difficulties promoting vaccinations to diverse patient populations whose cultural preferences or beliefs are not aligned with routine immunization administration.

STRATEGIES TO ADDRESS SYSTEM CHALLENGES

Medica engages in several activities to overcome these barriers. To simplify the claims submission process, Medica posts instructions for submitting claims on its website (www.medica.com). Training programs are available through Medica's Provider College (developed in 2004), which offers classes on billing and coding procedures for office staff. Medica hosts these seminars when the need arises. Providers are also encouraged to call or e-mail the Provider Service Center and discuss claims issues with a specialist who understands provider challenges and is able to address specific claims-related questions and concerns. Unresolved claims issues are directed to a provider analyst. This provider call-in system has been operating since 1986. Finally, as of mid-July 2009, providers were required to submit claims for immunizations and other health services electronically to ease the administrative paperwork burden.

Providers receive the Medica Connections e-newsletter each month, which includes clinical (e.g., immunization best practices), operational

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STRATEGIES FOR SUCCESS:

- Educating providers about electronic claims submission process, including posting information on website, provider training classes, and encouragement to call plan with questions
- Promoting clinical guidelines for immunization on website
- Establishing reminder systems for members and providers
- Sharing and discussing reimbursement policies with providers
- Reaching out to members regarding immunizations via a state-based coalition, member mail-outs, and school-based immunization clinics and use of state-based registries

(e.g., addressing claims issues, policy changes, and payment impacts), contracting, pharmacy, and PPO-related news. Provider Alerts are sent electronically as needed, and typically address more urgent administrative issues.

Medica takes two approaches to helping providers ascertain a patient's immunization coverage. First, Medica posts Clinical Guidelines for Immunizations on its website. Providers are encouraged to follow best practices by implementing these guidelines. Second, uninsured and under-insured residents of Minnesota may receive reimbursement for immunizations through MN Vaccines for Children, a state-funded program.

To determine patients' immunization schedules, Medica has several strategies. The Minnesota Immunization Information Connection (MIIC) is a program for health care providers, parents, public health agencies, and schools aimed at preventing disease through immunization. MIIC uses a confidential, computerized immunization registry that contains a complete and accurate record of an individual's immunizations, no matter where he or she received those shots. MIIC gives providers immediate access to the most complete immunization records available in Minnesota. MIIC also provides clinical decision support regarding when vaccines are due, based on the patient's age and vaccine history.

Beginning in 2004, providers voluntarily submitted immunization data to the MIIC registry. Medica does not submit claims data to MIIC; rather Medica pulls data out of MIIC's registry to supplement HEDIS® data collection. Minnesota currently has a performance improvement project for Minnesota's Senior Health Options (MSHO) population (dual eligible Medicare/Medicaid beneficiaries) in which all of the state's health insurance plans submit immunization data to this registry to demonstrate improvement in their immunization rates.

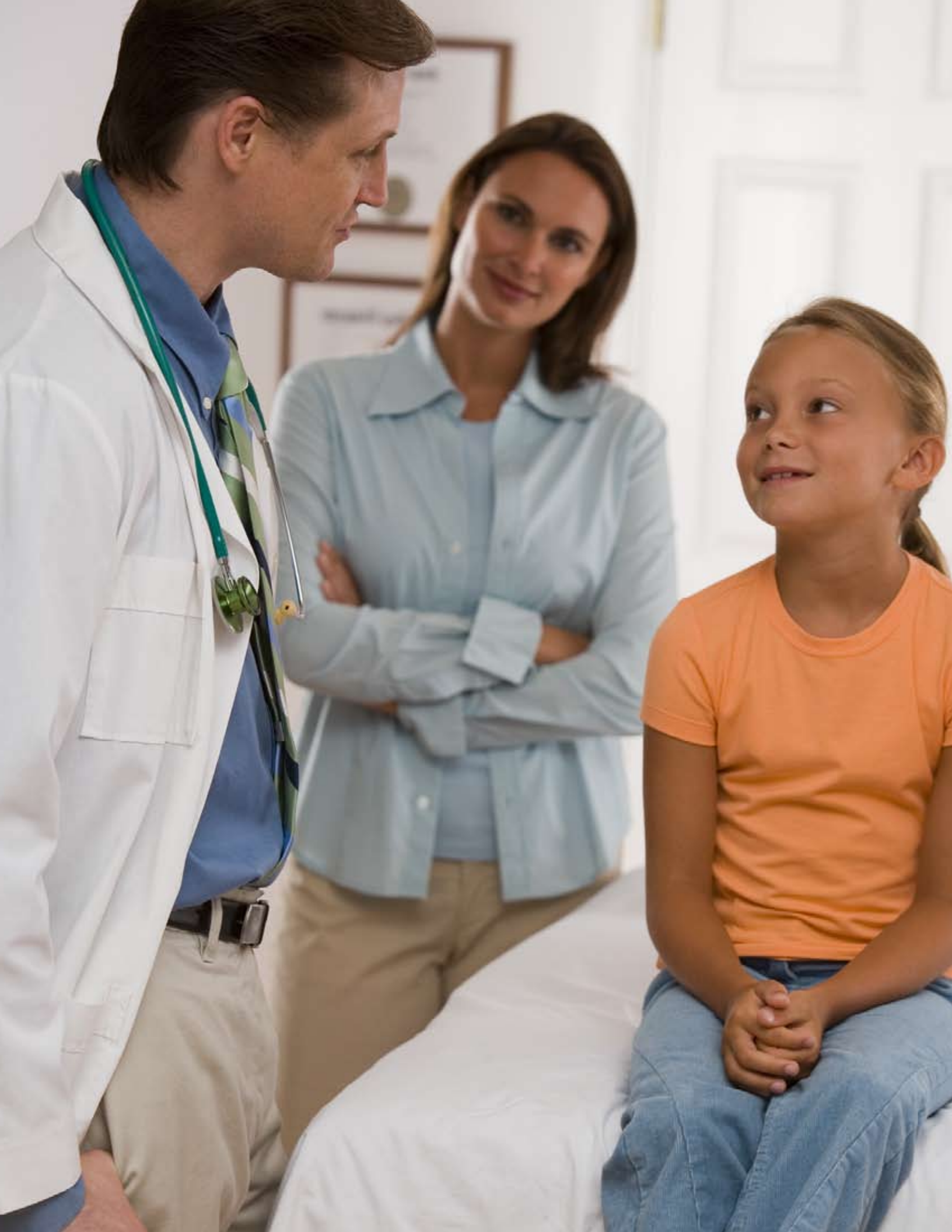
Medica also reminds eligible members which immunizations or other health services members may need throughout the year. Recommendations are based on clinical guidelines and vary by age and gender. Finally, Medica offers chart documentation tools (available at www.medica.com) to providers through its Medical Record Review Program.

To address access to co-payment and reimbursement process information challenges, Medica's contract managers routinely share and discuss reimbursement policies with providers. Medica's reimbursement policies are based on providing fair and equitable payment for services provided to its members. Medica communicates pertinent reimbursement information to providers via a blast-fax process. For example, a recent communication notified pharmacy providers that they will be reimbursed for providing influenza shots for the 2008-09 influenza season. This fax also included instructions for completing the CMS-1500 claim form for maximum reimbursement.

Finally, Medica uses five methods to promote vaccines among the patient population. First, Medica participates in the Minnesota Coalition for Adult Immunizations (MCAI), which develops, promotes, and encourages innovative approaches for increasing adult vaccination levels in Minnesota. The coalition sponsors an annual conference for providers focusing on best practice solutions for vaccine-preventable diseases. Second, information on specific high-risk populations is available to providers on MCAI's website (www.vaccinateadult.org). Third, providers can find a wealth of information about reaching high-risk populations at www.health.state.mn.us/divs/idepc/immunize/registry/hp/hpbasics.html. Fourth, influenza shot reminders are included in snapshots of annual preventive health care needs for Medica members. Finally, Medica supports school-located immunization clinics. For the 2009-10 school year, for example, approximately five school districts will be offering on-site immunization clinics.

IMPACT OF STRATEGIES

Medica tracks and monitors several data sources to determine whether its communication vehicles are effective. Medical record review results indicated that 86 percent of Medica clinics document immunizations on an immunization record. HEDIS® rates are tracked and indicate increases between 2006 and 2007. For example, for childhood-Combo 2, rates increased from 84.4 percent to 86.1 percent; for childhood-Combo 3, rates increased from 48.7 percent to 77.9 percent; and for adolescent-



Combo 2, rates increased from 47.9 percent to 56.2 percent.

The 2008 Minnesota Community Measurement results indicated that the childhood immunization average is 78 percent, which is an improvement over both the 2007 average of 74 percent and 52 percent in 2006. In 2005, Medica launched the Preventive Health Annual Reminder Pilot intervention. The intervention group was compared to Medica members who did not receive an immunization reminder. Patients who received a reminder experienced a 1 percent to 5.5 percent increase in immunization rates. Finally, influenza shot rate comparisons starting in 2005 to the present have increased every year across all age groups.

LESSONS LEARNED

Medica learned key lessons about its communication strategies. Immunization administration practices differ among provider offices. Medica realized that it is important to communicate standardized processes and procedures effectively to the provider population. By recognizing the benefits of communication and offering early education to providers, Medica can help providers improve best-practices immunization processes. Finally, by collaborating with peer community groups such as MCAI, MIIC, MN Community Measurement, and the Institute for Clinical Systems Improvement (ICSI), Medica has established best practices and has evidence-based literature available to both members and providers. Medica will continue to leverage these peer community groups in provider and community education to obtain optimal immunization results.

MOVING FORWARD

Medica plans to build on the lessons learned to communicate pertinent immunization information to providers. Medica will continue to educate members about the importance of immunizations through its preventive health reminder program, activation messaging, health risk assessment, and health and wellness coaching programs. As Medica defines a methodology to better identify culturally diverse populations, Medica will improve education to providers regarding specific cultural beliefs and social norms around immunizations.

MOLINA® HEALTHCARE

Molina Healthcare provides access to care for families and individuals through no-cost and low-cost programs for more than 1 million people in California, Florida, Michigan, Missouri, Nevada, New Mexico, Ohio, Texas, Utah, and Washington. The health plan contracts with state governments to serve families who qualify for Medicaid and the State Children's Health Insurance Program.

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SYSTEM CHALLENGES/BARRIERS:

- Identifying particular disparities within its member population
- Discovering significant childhood immunization rate disparities between member ethnic groups

BACKGROUND

In 2004, Molina was interested in closely examining disparities within its member population and decided to look at HEDIS® measures and compare them by ethnicity to identify disparities. The health plan anticipated that it would observe the greatest disparities between ethnic groups with diabetes or asthma, but the greatest disparity identified was childhood immunization coverage within Molina's African-American member cohort. Molina's overall member immunization rates for HEDIS® were approximately 70 percent, but the immunization rate for its African-American population was about 38 percent—half that of the overall member population. Molina also compared immunization rates for Hispanics and found that immunization rates were higher for Hispanics (84.7 percent) compared with rates for the Caucasian membership population (73.9 percent).

STRATEGIES TO ADDRESS SYSTEM CHALLENGES

Based on information gleaned from the HEDIS® health disparities analysis, Molina developed several strategies to minimize the disparities. In January and February 2005, practitioners and parents completed and returned surveys identifying barriers to children receiving timely immunizations. Based on this information, Molina began focusing its efforts on patient education and outreach, and later incorporated resources on physician education and outreach. Strategies continue to be modified based on member response and practitioner input. In 2008, Molina IT staff developed a HEDIS® Alert System. When a member talks to Molina staff by telephone, the HEDIS® Alert System is activated and staff see on the computer screen what HEDIS®-related measures the member may be missing (e.g., immunizations). This prompts Molina staff to remind the member that he or she needs a particular service. Prior to implementing this alert system, Molina staff participated in extensive training about the importance of HEDIS® metrics, how to use the alert system, and strategies to encourage members to call their doctor's office for an appointment.

Molina staff also conducted focus groups with parents and visited provider offices to better understand potential barriers to receiving immunizations, particularly among the African-American membership. Discussions with parents revealed two main misconceptions. Parents thought 1) all vaccinations had to be completed before a child turned three, and 2) there were no health consequences if a child was not immunized by age two. Many thought they only had to immunize their children by age two if they were

STRATEGIES FOR SUCCESS:

- Surveying members and conducting focus groups to identify barriers to children receiving timely immunizations
- Extensive patient education and outreach, including reminder letters and postcards, offering alternative locations and days to receive immunizations, offering members free transportation to clinics, and gift cards for timely well-child visits
- Extensive physician education and outreach, including working closely with practices serving predominantly African-American populations, assisting with entering historical immunization data into state registry, and providing lists of children requiring immunization
- Creating HEDIS® Alert System, which is activated whenever a member calls Molina and prompts staff via computer screen template if that member is missing an immunization

being enrolled in a formal daycare program. Molina realized it must emphasize the importance of having children immunized by age two rather than age three. Based on these informative discussions, Molina developed its "Shots for Shorties" program.

Using information from parent surveys and focus group discussions, Molina developed interventions addressing barriers to having children fully immunized by age two. In 2005, parents of 1,100 children ages 12-24 months received immunization information including reminder letters and postcards that listed alternative immunization dates and locations (e.g., public libraries). Additionally, these families received mailings that included safety information regarding vaccines, and calendars that highlighted immunization due dates. These parents also got offers in the mail for free transportation to/from all doctor's appointments and $10 gift cards for timely well-child visits.

To reach out to the provider community, Molina worked with nine Michigan Primary Care Provider (PCP) sites in 2005 that identified 80 percent of their patients as African-American. These participating offices received immunization record assessments to identify opportunities (immunization status check at every visit, use of the state's immunization registry, and review of office work flow) to increase immunization rates. Molina provided staff assistance with entering historical immunization data into the Michigan Care Improvement Registry (MCIR); sending immunization reminders to Molina members (either mailed from the health insurance plan or provided to the PCP for mailing); and providing quarterly lists of children who were overdue for immunizations. By 2006, the program expanded to include all practitioner sites with African-American children assigned to their respective practices.

IMPACT OF STRATEGIES

Recent data analysis indicates childhood immunization rates for African-Americans increased from 38.3 percent (HEDIS® 2004) to 66.9 percent (HEDIS® 2008). In 2004, there was a 35.6 percent point gap in childhood immunization rates between Caucasian children (73.9 percent) and African-American children (38.3 percent). Data from 2010 indicate that the immunization gap between ethnicities has narrowed to 5.7 percent, with rates of 75.5 percent for Caucasians and 69.8 percent for African-Americans.

Providers have offered very positive feedback regarding Molina's assistance (identifying patients who needed immunizations and sending appropriate information to the plans to follow up with those patients requiring immunizations). Not only do the providers appreciate this information, but the members tend to respond more positively to receiving a letter/reminder directly from their PCP rather than from their health insurance plan.

The HEDIS® Alert System seems to be producing effective outcomes. The majority of calls coming in relate to children, so there is a great inherent opportunity to positively affect childhood immunization rates. The alert system has been so well received that it is now being rolled out to nine different states in which Molina provides coverage.

LESSONS LEARNED

Molina strongly believes that it is important to explore potential barriers without harboring preconceived ideas in terms of patients and providers. It is crucial to keep an open mind and to use focus groups to uncover root causes of potential problems.

MOVING FORWARD

Molina is currently building a partnership with the Arab American and Chaldean Council (ACC) in Michigan. The health insurance plan is working with community leaders to develop culturally sensitive, appropriate health materials for members. Molina is also developing information for this patient population's providers to draw attention to the special needs of these populations. Additionally, Molina is creating tailored health materials for these patient communities.

PreferredOne®

PreferredOne, located in Golden Valley, Minnesota, offers a full-range of products, services and networks to more than 1,400 employer groups with 200,000+ members. Product, service and network offerings include: third party administrator (TPA) through PreferredOne Administrative Services (PAS) licensed for employers in Minnesota, Wisconsin, Iowa, North and South Dakota; insurance products through PreferredOne Insurance Company (PIC) and HMO products through PreferredOne Community Health Plan (PCHP) in the Twin Cities metropolitan area and outstate Minnesota; PreferredOne PPO rental network offered in Minnesota, western Wisconsin, northern Iowa, North and South Dakota, the Billings, Montana community and the upper peninsula of Michigan; and provider networks that include 17,900 physicians (8,400 primary care physicians and 9,500 specialists) and 266 hospitals in the Twin Cities metropolitan area and outstate Minnesota.

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SYSTEM CHALLENGES/BARRIERS:

- Promoting vaccines among member population, particularly adolescents
- Need for member education about benefit coverage
- Difficulty obtaining vaccination confirmation data from state registry

BACKGROUND

PreferredOne identified three primary challenges regarding effective immunization strategies over the past few years. The first relates to promoting vaccines among the member population, particularly adolescents. Many people between the ages of 11 and 18 think they are done with their vaccinations; however, many individuals in this age group still need vaccinations for protection from measles, mumps, rubella, Hepatitis B, whooping cough, and tetanus.

The second challenge is that some PreferredOne members don't fully understand their benefit coverage. Among PreferredOne members, about 70 percent have a high-deductible plan (>$1,200 deductible amount) and many members do not use their preventive services benefits, although they are covered and not subject to the deductible.

PreferredOne also faces obstacles accessing accurate immunization information about members from the Minnesota Immunization Information Connection (MIIC). MIIC serves as a repository for regional immunization registries and therefore acts as another immunization check if claims and medical record chart abstraction do not report immunization information. However, health care practitioners often fail to report immunization information to MIIC due to various factors, including a lack of provider awareness of the importance of reporting this information to immunization registries.

STRATEGIES TO ADDRESS SYSTEM CHALLENGES

PreferredOne mailed immunization reminder postcards to parents of adolescents. The health plan also emphasized the importance of establishing a relationship between health care practitioners and parents for both preventive medical care and/or acute medical conditions.

Through health initiative letters, PreferredOne has encouraged members to access and navigate the secure member website to better understand their preventive benefits, including immunizations. PreferredOne's Customer Service Department has also received training on how to better explain member benefits to employers and members, and encourages employers to take a bigger role in explaining health benefits to their employees.

PreferredOne has also published articles in the provider newsletter to share information about MIIC. The articles highlight the benefits of MIIC and encourage all clinic sites to participate. This supports efforts to ensure

STRATEGIES FOR SUCCESS:

- Mailing vaccination postcard reminders to parents of adolescents
- Encouraging members via health initiative letters to access and navigate PreferredOne's secure member website to better understand their preventive benefits
- Employee training regarding how to better explain member benefits
- Encouraging all providers to enter vaccination data into the state registry

documentation that members are receiving the immunizations they need.

IMPACT OF STRATEGIES

Approximately one-third of PreferredOne members have accessed the member website in the past three and a half years. This increased access should result in more members becoming knowledgeable about their high deductible benefits.

Since the HEDIS® Adolescent Immunization measure was retired last year, PreferredOne will not be able to track adolescent immunization progress specific to this measurement for progress. However, as the HEDIS® measure has been reintroduced in 2010, PreferredOne plans to continue sending out the adolescent immunization postcards to reach out to this population. Results for adolescent immunization will be examined more closely in 2011 to determine the impact of outreach efforts.

LESSONS LEARNED

PreferredOne realizes that it is essential to be persistent and to use multiple modalities to reach members. The hope is that once some contact has been made with members, they are more likely to go to their clinic for a preventive visit to receive immunizations.

MOVING FORWARD

PreferredOne will continue to reach out to members through Customer Service and through an enhanced member website. The health plan will also continue to communicate with its provider network and remind providers to register with MIIC.

SCOTT & WHITE HEALTH PLAN

Scott & White Health Plan, established in 1982, serves 220,000 members in 34 counties in Central Texas. It is affiliated with the Scott & White Health Care System, which is the largest multispecialty practice in Texas, with more than 600 physicians who care for patients at three Scott & White Hospitals and at numerous regional clinics throughout Central Texas.

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SYSTEM CHALLENGES/BARRIERS:

- Accuracy of claims data
- Need for medical chart review provider education

BACKGROUND

Scott and White is aware that the accuracy of its claims data may be improved. During HEDIS® data collection periods, Scott and White conducts hybrid chart reviews; when HEDIS® data are not actively being collected, Scott and White conducts patient chart reviews to determine whether members are up to date with immunizations. Chart reviews are also completed to review the accuracy of claims data. If concerns arise regarding data accuracy, corporate compliance office reviews may follow. During the chart review process, many physicians requested additional information about Scott and White's procedure for reviewing patients' medical charts.

STRATEGIES TO ADDRESS SYSTEM CHALLENGES

Scott and White has made several attempts to improve claims data. In 2004, Scott and White's corporate clinic department staff started to visit all of its clinics to verify coding accuracy and billing, and to give feedback to providers and office staff to ensure that coding is done correctly. In response to providers' feedback, Scott and White began conducting exit interviews in 2007 to enhance providers' understanding of Scott and White's data review. When the Quality Improvement (QI) coordinator completes his or her HEDIS® chart reviews, the coordinator also conducts a brief one-on-one exit survey with the provider and/or office staff to review the clinic report and discuss any problems regarding membership immunization rates. During the QI coordinator's chart review, the following information is recorded: number of records pulled, number of records reviewed, HEDIS® measures, completeness of records, and which aspects were missing in the chart. During the exit interview, providers often bring internal issues to the health insurance plan's attention (e.g., media campaigns, problems with data systems, etc.). These exit interviews are meant to provide information in a positive tone rather than as a punitive message.

The exit interviews are conducted during all medical chart reviews, not just during the HEDIS® data collection period. When physicians raise issues or questions (e.g., problems with billing or questions about medical benefits), Scott and White sets up a call with the appropriate person at the health insurance plan who can help.

STRATEGIES FOR SUCCESS:

- Health insurance plan staff visit all clinics to verify coding accuracy and billing, and to share feedback with providers and office staff
- Conducting clinic exit interviews after completing HEDIS® chart reviews to enhance provider understanding of data review
- Coordinating appropriate administrative follow-up in response to providers' questions and concerns

IMPACT OF STRATEGIES

Providers have indicated that they benefit from the exit interviews, particularly because it helps them understand what Scott and White staff are looking for during their reviews. Providers have also stated that they appreciate the additional assistance provided by Scott and White to help field questions.

LESSONS LEARNED

Scott and White realized through its claims improvement process that its providers like to know and understand why the health plan is interested in different aspects of their practices. Scott and White plans on continuing productive communication and educational efforts with its providers in order to promote provider satisfaction and improved member data collection.

MOVING FORWARD

In the near future, Scott and White will be focusing efforts on strengthening its electronic medical records system. The health plan is also working closely with the Texas Department of Health to receive a list of members to enter into its internal registry system, which was established in 2006. Scott and White must examine both datasets, and if the plan is able to merge the state registry information into its internal system, a single database can be used.

selecthealth℠

For more than 25 years, SelectHealth has been committed to helping members stay healthy, offering superior service, and providing access to the highest quality of care. As part of Intermountain Healthcare®, SelectHealth shares a nonprofit mission of healthcare excellence. SelectHealth is recognized as the first commercial health plan in Utah to receive "Excellent" Accreditation status by the National Committee for Quality Assurance.

SYSTEM CHALLENGES/BARRIERS:

- Complex and changing immunization schedule and recommendations resulting in missed opportunities to vaccinate
- Member and provider education
- Parental concern about vaccine safety

BACKGROUND

Over the past decade, SelectHealth conducted a thorough barriers analysis. The plan identified the following barriers to timely and completed immunizations: complex and changing immunization schedules and recommendations; missed vaccination opportunities or deferred vaccinations; lack of reminder/recall; and parental reluctance or refusal of vaccination for their children.

STRATEGIES TO ADDRESS SYSTEM CHALLENGES

To reach its primary goal to achieve complete and timely immunizations, SelectHealth developed a multifaceted intervention program. These strategies target both providers and members. The provider and patient outreach is focused on education and support. Interventions are evaluated yearly and changes are made in response to ongoing member and provider needs.

One effort that has been ongoing since 2006 is a quarterly telephone outreach campaign for SelectHealth's childhood population (11-22 months of age). The outreach resulted in 28,000 phone calls a year through an automated interactive voice response (IVR) telephone system with the immunization message delivered to more than 93 percent of the targeted population. In late summer of 2007 and 2008, an IVR call went out to the parents of all 12-year-olds prior to the new school year to remind them what immunization records the school required. This telephone call was made in conjunction with a mailing that included more detailed adolescent immunization and well-exam information. SelectHealth has also conducted IVR calls during the influenza season since 2006 to remind members why it is important to receive an influenza vaccine. This call targeted adults over 50 years and all members ages 6 months through 49 years with a chronic disease.

Parents of newborns and one-year-olds receive letters with an immunization schedule to remind them to schedule timely well-child exams and immunizations. This mailing includes a letter, brochure, and magnet. An immunization booklet titled "What to Expect, Guide to Immunizations" is provided to expectant mothers as part of SelectHealth's prenatal program. An influenza reminder is automatically included during influenza season in the scripts used by the staff in SelectHealth's prenatal communication program.

To assist providers, SelectHealth staff review billing data and send out monthly 20-month-old child immunization reports and monthly 12-year-old child immunization reports to providers that indicate which members are not up to date with their recommended immunizations.

Since 2000, SelectHealth has partnered with the Utah Department of Health, along with seven of the 10 other health insurance plans in the state, to develop and implement an electronic registry system, the Utah State Immunization

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STRATEGIES FOR SUCCESS:

- Extensive provider outreach, including creating reports for providers that note which patients are not up to date with recommended immunizations; participation in electronic registration system; and collaboration with Intermountain Medical Group to provide updated immunization schedules to providers
- Extensive patient outreach, including automated interactive voice response telephone system, mailing immunization schedules to parents, and providing an immunization booklet to expectant mothers
- Identifying best immunization practices among providers through CoCASA survey results and sharing key success strategies with all providers

Information System (USIIS), which contains immunization histories for Utah residents. This system not only serves as a record of immunizations, but it also includes an immunization forecasting module. SelectHealth supports the use of the forecasting report as a tool to decrease missed immunization opportunities. A schedule for each patient is available to the patient's provider.

One of SelectHealth's most effective methods for informing its providers about immunization schedules is through a collaboration with the Intermountain Medical Group. This collaborative group developed a binder that includes immunization schedules, which are updated annually in July. The information is also available on the Intermountain website for Intermountain Medical Group physicians. A resource book for non-Intermountain Medical Group physicians includes similar material.

In 2008, SelectHealth worked closely with clinic staff involved in the patient immunization process. SelectHealth visited 45 offices and made brief presentations to provide updates regarding immunization recommendations. A Comprehensive Clinic Assessment Software Application (CoCASA)* immunization survey is conducted yearly. Based on 2007 survey results, there were 15 clinics with CoCASA immunizations scores less than 85 percent for the childhood vaccine series 431331**, and 75 percent for the adolescent series of MMR, Hepatitis B, and Varicella. SelectHealth staff visited these sites and discussed the clinic-specific CoCASA overall and antigen rates and shared best practice information. Staff also identified the practices that had the best immunization rates based on CoCASA immunization survey rates and outlined the strategies that helped these clinics achieve higher coverage rates. Strategies include: 1) scheduling the "one-year" well visit according to vaccination scheduling so that patients are eligible to receive the fourth DTaP vaccination at that visit; 2) generating USIIS immunization forecasts before the medical visit for all sick and well visits; 3) reminding parents to bring immunization records to all clinic visits; and 4) scheduling future well exam and immunization visits before patients leave the office.

IMPACT OF STRATEGIES

SelectHealth has observed a steady increase in its fully immunized rate. The plan's 2008 commercial HEDIS® Combo 2 rate was 80.29 percent compared with its historical Combo 2 rates from 2005 (74.94 percent), 2006 (78.10 percent), and 2007 (80.29 percent). In 2008, HEDIS® retired the adolescent immunization measurement for Hepatitis B, MMR, and Varicella; therefore, 2008 data are not available. Those vaccines' combination rate trends historically were 36.7 percent in 2007; 21.9 percent in 2006; and 15.37 percent in 2005. The HEDIS® rate for SelectHealth commercial members increased from 64.7 percent to 76.2 percent after the USIIS was implemented.

LESSONS LEARNED

SelectHealth has concluded that there isn't a single strategy that works. Multiple strategies that target different populations are needed to make a difference in immunization rates. SelectHealth recognizes the advantage of collaborating with multiple partners. Partnerships with the Utah State Health Department, medical providers, and other community coalitions have been crucial in successfully reaching out to members and providers.

MOVING FORWARD

SelectHealth hopes to conduct additional feedback/information sessions at provider clinics. The health plan is also concerned about the ongoing changes to the immunization schedule as well as the increasing complexity of recommended immunizations. SelectHealth prepared early education on the seasonal influenza vaccine, anticipating increased member interest in receiving this vaccine in fall 2009. Surge capacity, crowd control, and stockpiling were discussed.

SelectHealth also has raised concerns regarding varying coverage policies from different health insurance plans. This can create confusion for providers, who may not know which immunizations are covered by what plan, making them more reluctant to immunize.

* The Comprehensive Clinic Assessment Software Application (CoCASA) is a tool for assessing immunization practices within a clinic, private practice, or any other environment where immunizations are provided.

**4:3:1:3:3:1 Series Coverage consists of the following vaccines: 4 DTP, 3 Polio, 1 MMR, 3 Hib, 3 HepB, 1 Varicella.

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SYSTEM CHALLENGES/BARRIERS:

- Incomplete vaccination administration information in claims systems for providers
- Parents' non-compliance with vaccine recommendations for their children
- Ensuring accurate, complete, and concise reports to providers

BACKGROUND

UnitedHealthcare (UHC) has struggled with incomplete and/or inaccurate vaccination administration information in the claims system during the past four years. Several factors contributed to the inaccuracies. First, HEDIS® measures require continuous enrollment for the measurement year. However, members new to the health insurance plan may have received vaccinations from a previous provider, which would not be captured in the current plan's claims systems. Incomplete administrative data on member immunizations limit a plan's ability to accurately contact physicians about true gaps in care. Sending incomplete administrative data to physicians can lead to over-identifying gaps, which in turn may weaken UHC's credibility with providers.

Second, UHC sent surveys in 2005 to the parents of children who, based on HEDIS® results, were non-compliant with immunization recommendations. The most frequent reason cited in survey responses for non-compliance was that the parent did not know that his or her child was due or overdue for an immunization. As a result, parents do not proactively schedule appointments or keep appointments to ensure that their children are getting the needed immunizations in a timely manner. Finally, UHC realized that many of its providers may not have effective systems in place for identifying immunization gaps among patient populations.

STRATEGIES TO ADDRESS SYSTEM CHALLENGES

UHC is taking a systematic approach to provider communication that focuses on ensuring that UHC is sharing the most accurate information possible. UHC is assertively engaging state immunization registries to establish data feeds on an ongoing basis. Some markets have monthly feeds, but for the majority of markets, data feeds are done annually. The additional information available from the state immunization registries has shed light on the true gaps in immunizations among UHC members. However, in some markets, the registries are less established than others, limiting their usefulness as supplemental data sources. Furthermore, forms and requirements are not uniform among state registries. Therefore, a functioning national immunization registry would be desirable.

To better educate members about recommended immunizations, UHC sends out reminders to all parents of children who will turn two in a given year to outline the immunization schedule. A few years ago, UHC started an additional outreach project to remind members to get caught up on the pneumococcal conjugate vaccine immunization schedule after several years

STRATEGIES FOR SUCCESS:

- Collaborating with state immunization registries to establish data feeds on an ongoing basis
- Sending reminders to all the parents of children turning two to ensure that they know their child's immunization schedule
- Exploring development of a data system to generate lists of members overdue for immunization to providers

of pneumococcal conjugate vaccine shortage.

UHC is looking into developing a system to provide its physicians with a list of children in their practice who are turning two and appear to be overdue for one or more immunizations. Work is ongoing as UHC adds more complete immunization data to its administrative system.

IMPACT OF STRATEGIES

Data are currently not available to assess the impact of UHC strategies. However, some data from UHC indicate that providers who receive UHC member reports tend to have improved coverage of recommended screenings, but immunizations are not currently one of the guidelines examined.

LESSONS LEARNED

UHC has learned that improving communication with providers must be a top priority. If UHC is not confident with the administrative data results, it needs to give the provider the proper context for the information as well as let physician providers know why the information is important.

MOVING FORWARD

Communicating administrative data to providers is difficult when physicians have limited time to review reports. UHC is exploring tools it can use with its providers, including a physician portal, to disseminate information quickly and without extensive paperwork. Furthermore, UHC may start using its Physician Practice Improvement mailings to send messages to physicians on immunization gaps. These reports are currently used for other measures and use evidence.

WELLPOINT

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SYSTEM CHALLENGES/BARRIERS:

- Provider concerns about reimbursement for immunization administration that is reflective of the increasing number and costs of vaccines
- Member compliance with receiving recommended immunizations

BACKGROUND

In recent years, WellPoint and its affiliated companies, (WellPoint) along with its contracted providers have raised concerns about provider reimbursement for administering immunizations. According to the providers, as more vaccines were being recommended by the ACIP, vaccine prices were increasing, but provider reimbursement schedules were not adjusted for the increased vaccine prices. Wellpoint determined that if they did not address this concern, providers might administer fewer immunizations during routine office visits. This would require members to seek recommended immunizations from clinics or other venues, which could lead to missed member immunizations.

Member compliance with receiving recommended immunizations can also be a barrier that affects the physician's ability to ensure appropriate immunization of children and adults. WellPoint's affiliated health insurance plans identify, through administrative claims reports based on age and immunization requirements, the lack of appropriate immunization administration.

STRATEGIES TO ADDRESS SYSTEM CHALLENGES

In response to providers' concerns about recommended vaccines and associated costs, WellPoint offers its physicians a "vaccine purchasing program." The program offers favorable pricing, purchasing, and payment terms for vaccines with online and phone orders submitted directly to the vaccine manufacturers. Providers have access to a full spectrum of pediatric, adolescent, and adult vaccines, including flu vaccines. In addition, WellPoint adjusted its reimbursement rate to providers for vaccine administration based on the costs associated with such administration. Furthermore, WellPoint has included higher member childhood immunization rates in its pay-for-performance programs to encourage providers to administer vaccines.

WellPoint has implemented several strategies to improve member compliance with receiving recommended childhood immunizations. The health insurance plans send out a mailing to parents of children under the age of two, reminding them how important immunizations are and encouraging them to set up an appointment with their provider to get their children immunized. Additionally, WellPoint is testing a phone reminder system with its members to see if phone reminders can increase member compliance with childhood immunization schedules. In 2009, members received information about and were given a link to the CDC Childhood Immunization Scheduler, which estimates the dates when a child should

STRATEGIES FOR SUCCESS:

- Developed and implemented vaccine purchasing program
- Sending immunization reminder letters to and calling parents of children under the age of two
- Provider outreach efforts through easily accessible information online and in newsletter articles, provider manuals, and Rapid Update web bulletins

receive ACIP-recommended immunizations based on age and clinical guidelines. The Childhood Immunization Scheduler's counterpart, the Catch-up Immunization Scheduler, helps parents identify which immunizations are needed for children who have not been able to follow the recommended schedule.

WellPoint also communicates with providers about immunization guidelines in several ways. The health insurance plans have adopted childhood and adult immunization guidelines developed by nationally recognized associations as recommendations for its members and network providers. These guidelines are prominently posted on WellPoint's affiliated health plan websites for easy provider access. Immunization-focused newsletter articles are also sent to providers, which include specific age-related articles and HEDIS® immunization results. Similar information can be found in the health plan's provider manual, which is given to network physicians and includes information about their various health insurance plans and how to most effectively work with them. Some of WellPoint's affiliated health insurance plans also use Network e-Updates, which are posted online, to notify providers about the most recent immunization schedules.

IMPACT OF STRATEGIES

Since the vaccine purchasing program and adjusted reimbursement strategies have been implemented, provider feedback has improved; provider complaints regarding vaccination reimbursement reduced significantly following implementation of the program. Additionally, WellPoint has seen HEDIS immunization rates maintained, and in some markets, improved following the implementation of this program.

LESSONS LEARNED

Working with physicians on the immunization purchasing program benefits the member, provider, and the health insurance plans. Adding a childhood immunization metric into WellPoint's pay-for-performance program will likely have positive results in terms of encouraging providers to track and administer vaccines according to the recommended immunization schedule.

WellPoint has revised their policy as of the end of 2009 and only uses Rapid Update communications to providers only for critical information that may affect providers' day-to-day business with WellPoint or for significant changes that cannot wait for a regular bi-monthly newsletter to publish. WellPoint has found that their current use of Rapid Update electronic communications is highly appropriate for providers. Rapid Updates is not available in all of WellPoint's plans. The Central region has the most robust database while other plans only recently started collecting provider e-mail addresses.

MOVING FORWARD

A trend that may affect immunization rates is the increasing shortage of primary care physicians who administer most vaccines. If the primary care physician shortage continues, health agencies and plans will need to address how and where immunizations will be administered and reimbursed. If other immunization strategies are to be explored, such as administering immunizations at alternate sites, health insurance plans will need to be ready to provide immunization information to members and providers at clinics, health departments, or other sites that will administer immunizations.

Summary

In recent years, the question of health insurance plans' commitment to ensure that all Americans receive ACIP-recommended vaccines has received significant attention. Current coverage levels and cost sharing for vaccines, as well as demonstrated innovative programs and other tangible efforts by health insurance plans to continually increase immunization coverage suggest that the answer is yes. Health insurance plans are not only reaching out to their members, but they are also working with providers, employers, recipients of health care, public health officials, manufacturers, and immunization coalitions to increase immunization rates.

Although many of the strategies have not been rigorously evaluated, the health insurance plans completing the interviews summarized in this report indicate measurable positive changes. Specifically, health insurance plans have developed effective strategies to improve provider knowledge and practices, including:

- making the claims submission process easier;
- making it easier for providers to determine member coverage and cost sharing;
- helping providers determine which immunizations a member needs using current lists of members who are not up-to-date with immunizations and medical chart reminders;
- giving providers tools to ensure that their members are aware of the importance of receiving vaccines and their safety;
- assisting provider practices by conducting mailings and telephone calls to members to promote vaccination coverage;
- presenting providers with feedback and assessment of coverage rates;
- improving provider relations by listening and responding to their concerns about increasing vaccine prices and the associated costs to administer them;
- participating in state immunization registries to help ascertain member immunization status; and
- offering appropriate reimbursement and incentives to encourage improvement in immunization rates.

Many of these strategies are consistent with recommendations from the Task Force on Community Preventive Services, particularly the use of provider reminders. The Task Force has strong evidence that these reminders are an effective way to increase immunization rates.[8] The Task Force also encourages many of the other strategies being used by health insurance plans, such as member reminder systems, provider assessment and feedback, and provider education. However, these methods are not yet

strongly supported by the literature. Health insurance plans' experiences with these additional methods, supported by data, may convince the Task Force to strongly encourage these strategies.

LESSONS LEARNED

Health insurance plans participating in the interviews articulated many lessons learned throughout the process of creating and implementing strategies to increase immunization rates, including the importance of:

- listening to providers;
- engaging members;
- collaborating with state and local health departments, professional societies, and community groups;
- using multiple strategies and modalities to reach providers and members;
- targeting interventions;
- having information technology staff and clinical staff work together to develop data systems;
- focusing on how to minimize the workload for providers;
- visiting clinics and developing trusting relationships with providers and clinic staff;
- using focus groups to prompt feedback from providers and members rather than making assumptions about the problems/challenges; and
- being persistent and patient in procuring results.

LOOKING AHEAD

Almost all health insurance plans interviewed for this publication expressed concern about the number and frequency of recommended vaccines and the additional of more expensive vaccines being added to the ACIP schedule, impacting maintenance costs and logistics to administer them. Concerns about potential shortages of primary care providers and the resulting impact on vaccine administration were also raised. The health insurance plans also cited anxiety about the increasing fragmentation of the U.S. health care system and its impact on delivering quality care, including tracking members' medical histories, particularly immunization records. Health insurance plans that participate in state registry programs were very positive about how well these systems complement plans' member information. Many health insurance plans that are not involved in these programs anticipate participating in state registries in the future. Several plans even expressed desire for a national registry system. Health insurance plans are embracing technology in their communication efforts and continue to see increasing opportunities for its use. Finally, plans realize how crucial it is to focus on the preventive benefits of vaccines and develop a proactive outreach approach to promote vaccines.

Methods

PURPOSE

The purpose of this project is to identify effective health insurance plan strategies involving providers regarding immunization practices.

TARGET POPULATION

Health insurance plans that have immunization practices programs were identified by several methods, including:

1. Invitation to all AHIP member plans to submit examples of effective strategies and then selecting from among the submissions.
2. Review HEDIS® rates to identify top performers and those who have made noticeable improvement in immunization rates.
3. Review previous survey results and immunization practice awardees.
4. Feedback from AHIP's Vaccine Working Group.

DATA COLLECTION

In February 2009, selected health insurance plans were invited to complete a brief survey instrument regarding their provider communication programs. This six-item survey asked about challenges/problems the plan had identified that immunization providers experience; which strategies the plan was incorporating to address the identified challenges; available data to assess the impact of the strategy; lessons learned; future strategies; and plans for sustaining the strategies. Health insurance plans were provided with a list of five potential challenges: claims submission process; ascertaining a patient's immunization coverage; determining patient's immunization schedule; co-payment and reimbursement process; and promoting vaccines among patient populations. In addition, plans could write in any other identified challenges or barriers.

After receipt and review of these materials, a research consultant scheduled a telephone interview with the key contact at each selected plan to obtain additional detailed information. Telephone interviews were conducted in May and June 2009. After the interviews were completed, the health consultant summarized the interview notes and collaborated with each plan contact to develop the brief description of each plan's identified challenges and strategies that are reported in this monograph.

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