Partnering for Vaccine Equity

Learning Community – Connecting to Affordable Health Insurance Coverage
August 15, 2022

Zoom Webinar Features

- Participants will **remain muted** during this webinar, but you can use the **raised hand feature** to be unmuted to ask a question, OR

- Use **Q&A tab** in Zoom task bar to submit a question at any time

- **Live Spanish interpretation**: for webinars offering this option, access the interpretation option in the Zoom toolbar (Globe icon)

- **Chatroom Etiquette**: Avoid posting questions for the speaker in the Chatroom, and be civil

- Technical problems? Email **vaxequitylearning@urban.org**

Today's Speakers

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Health Insurance in the US

- Almost all people in the US age 65 and over are enrolled in health insurance through the Medicare Program.

- Among those under age 65:
- 62% have private insurance
- 28% have public insurance (much through Medicaid)
- 9% are uninsured (about 26 million people)

Risks of Being Uninsured

- Reduced access to medical care
- Greater risk of dying and other adverse health outcomes
- High medical bills leading to large financial burdens relative to income
- Ongoing debt
- Lower productivity due to health issues interfering with work or school

Since the Affordable Care Act was passed in 2014, the number of people uninsured fell considerably

- Many more people became eligible for financial help to enroll in health insurance coverage.
- 38 states plus the District of Columbia made all legal residents with incomes up to 138% of the poverty level eligible for free or very low cost insurance through Medicaid. 12 states have not, although Wisconsin has expanded outside of the federal option for those up to the poverty level.
- In every state, people with income at least as high as poverty level and who lack access to employer-based insurance are currently eligible for financial help to bring the price of a standard private insurance plan down to no more than 8.5% of their income.

As income falls, people get more help paying for health insurance on a sliding scale

- Premium for private insurance as a percent of income under current rules
- Up to 150% FPL, household pays: 0.0% of income
- 150-200% FPL, household pays no more than: 0.0 to 2.0% of income
- 200-250% FPL, household pays no more than: 2.0 to 4.0% of income
- 250-300% FPL, household pays no more than: 4.0 to 6.0% of income
- 300-400% FPL, household pays no more than: 6.0 to 8.5% of income
- Over 400% FPL, households pay no more than: 8.5% of income
- Subsidies were made more generous during the COVID pandemic, and new legislation has just extended these higher levels of help through the end of 2025.

Additional help with out-of-pocket costs

- People eligible for these subsidies to lower the cost of private insurance who have incomes below 250% of the poverty level can have extra help lowering their out-of-pocket costs.
- Deductibles, co-payments, and co-insurance can sometimes prevent people from being able to afford care, even though they are insured.
- To make care more affordable for these people, the ACA provides extra help that lowers out-of-pocket costs for them further. This makes the insurance coverage they can buy even more valuable.

Many of the uninsured still do not know help is available to make insurance coverage more affordable for them

- A survey done by the Urban Institute in 2021 found that fewer than 1/3 of the uninsured had heard a lot or some about the fact that health insurance subsidies are available through the Marketplaces.
- A survey done by the Kaiser Family Foundation in 2020 found that only 14% of uninsured people who live in the 38 states that expanded Medicaid knew that their state had done so.
- However, more than 80% of the uninsured said they would be likely to enroll in Medicaid if they were eligible.
- Considerable evidence that information provided by trusted members of the community can increase chance someone will enroll.

How can a consumer find out whether they are eligible for Medicaid or subsidies for private insurance

- The federal government runs private insurance Marketplaces in many states, but some states run their own.
- No matter what state you live in, the federal website healthcare.gov can guide consumers to the right information.
- Consumers will need an email address and access to a computer to shop electronically.
- They can also get help understanding their options and the amount of help they are eligible for by talking to a navigator, people trained to help them. Contact information for navigators in each state can be found at Find Help link on Marketplace websites

12 states that have chosen not to expand Medicaid eligibility

- The states that have not expanded eligibility are: Alabama, Florida, Georgia, Kansas, Mississippi, North Carolina, South Carolina, South Dakota, Tennessee, Texas, and Wyoming. Wisconsin expanded adult eligibility just to 100% FPL.
- Unfortunately, this means that many adults with extremely low incomes (below the federal poverty level) will not be eligible for any help with the cost of health insurance in those 11 states.
- Poor adults without dependent children are not eligible for any help in these states.
- Poor adults with children may be eligible for Medicaid in some of these states, but eligibility is still very limited.

When consumers can get information on coverage options

- People who are eligible can enroll in Medicaid at any time of year.
- In order to enroll in private insurance not obtained through an employer, most people must enroll during the “open enrollment period” which is in November and December each year. The plan would then provide coverage for the next calendar year (January through December).
- Some people qualify for a special enrollment period during the year if they have experienced a significant life event, such as: losing private health insurance from another source, losing eligibility for Medicaid, moving to a new state, getting married, having a baby, having a significant change in income.

Medicaid enrollment in all states has grown substantially during the pandemic

- Under the Families First Act, states were offered enhanced federal funds to help pay for Medicaid costs if they would accept certain conditions.
- One key condition is that states would suspend disenrollment of Medicaid beneficiaries, even if they would otherwise lose eligibility.
  - For example, if people eligible based on income experience income increases, or
  - If people eligible based on pregnancy are no longer pregnant
- This continuous Medicaid enrollment requirement lasts through the end of the COVID Public Health Emergency (PHE).
- Medicaid enrollment has grown by roughly 20 million people as a result of continuous enrollment.
- When states resume eligibility determinations, however, millions may be disenrolled.

How can insured and uninsured get COVID-19 vaccines, and how might this change in the future?

Two cost components of COVID-19 vaccines

- Cost of vaccine dose
  - Price varies by manufacturer and over time
- Cost of vaccine administration
  - Reflects cost of health professional who administers, supplies, vaccine storage, other administrative duties, etc.

So far, federal government has purchased all COVID-19 vaccine doses in the US

- This spring, Congress refused to pass an additional $22.5 billion in emergency funding to purchase COVID-19 vaccine, tests, and treatments.

- Recently, the US has used other funds to contract with Pfizer to purchase 100 million doses for a fall vaccine campaign.

To receive and provide federally-purchased vaccine, health care providers must enroll in the CDC COVID-19 Vaccine Program

Participating providers:

- Must administer vaccine at no out-of-pocket cost to the recipient
- Must not deny anyone vaccination based on coverage or network status, immigration status
- Must not charge an office visit or other fee if COVID-19 vaccine is the sole medical service provided
- May seek reimbursement for administration fee from health insurance/programs
- May not bill patients for any remaining balance not covered by other sources

Private insurance coverage for COVID-19 vaccines

- Under the ACA, within 1 year of ACIP recommendation, private health insurance must cover vaccines with no cost sharing when provided in-network.
- The CARES Act of 2020 requires private health insurance to cover COVID-19 as a preventive service with no patient cost sharing within 15 days after it is recommended by ACIP.
- During the Public Health Emergency (PHE), private health plans must cover COVID-19 vaccine with no cost sharing even if an out-of-network provider administers it.
  - The PHE is set to end October 13, 2022, but can be extended.
- Insurers can negotiate vaccine administration fees with their participating providers and must pay a reasonable administration fee for out-of-network providers (e.g., as much as Medicare pays to administer vaccine, $40).

Medicare coverage for COVID-19 vaccines

- The CARES Act requires that Medicare will cover COVID-19 vaccines through Medicare Part B, with no cost sharing.
  - Normally Medicare Part B imposes a deductible and 20% coinsurance
  - Many other vaccines are covered under Part D (Rx drug plan)
  - Part B offers broader coverage; not all beneficiaries enroll in Part D, and Part D plans have flexibility to determine cost sharing for covered drugs and vaccines
- Medicare does not pay for federally-purchased COVID vaccine doses
  - Eventually Medicare reimbursement rules would apply
- Medicare pays vaccine administration fee of $40 per dose

Medicaid and CHIP Coverage for COVID-19 Vaccine

- The Families First Coronavirus Response Act requires coverage for COVID-19 vaccines (and testing and treatment) for all beneficiaries with no cost sharing as a condition for states to access temporary enhanced federal funding for the Medicaid program.
  - The enhanced match ends on last day of calendar quarter in which the COVID-19 Public Health Emergency (PHE) ends
  - The requirement to cover COVID-19 vaccines and administration with no cost sharing ends at least one year after the PHE ends
- The Families First Act and the CARES Act gave states the option to provide Medicaid coverage for COVID-19 testing, treatment, and vaccines to uninsured individuals, with federal government paying 100% of the cost. So far 15 states have elected. The option is available until the month in which the PHE ends.

Coverage of COVID-19 vaccine for the uninsured

- HRSA COVID-19 Uninsured Program
  - Reimbursed providers, generally at Medicare rates, for COVID services
  - Program closed in April 2022 due to lack of funding
- CDC Vaccines for Children Program
  - Guarantees eligible children access to vaccines (entitlement program)
  - Providers may charge admin fee, but may not deny vaccine if patient cannot pay
- CDC Section 317 Vaccine Program for Uninsured Adults
  - Discretionary program with limited funding
  - Makes vaccine available to state or local health departments or community health centers
- Other "Safety Net" providers, such as FQHCs, provide free or low-cost care to uninsured

What happens when supply of federally-purchased vaccine runs out?

- Cost of vaccine doses paid by programs, providers will increase
  - Manufacturers signal substantial price increases once “pandemic pricing” ends
  - Vaccine providers will have to negotiate prices on their own, in competition with other providers, programs, and nations
  - Higher prices may limit capacity of safety net providers and programs, reduce access to vaccine for uninsured
- CDC COVID-Vaccine Program prohibition on charging patients will end
  - Uninsured may be denied vaccine if they cannot pay
  - Other limits on patient charges remain, depending on program, some tied to the PHE
- Efforts to ensure equitable access to vaccines, currently supported by COVID-emergency funding, could be undermined

What happens when the COVID-19 PHE ends?

- Millions may lose Medicaid as States resume eligibility re-determinations. Some will no longer be eligible, but many may lose coverage, because they do not know to re-apply
- Medicaid eligibility pathway for uninsured to access COVID-vaccine, testing and treatment ends
- Nominal cost sharing for COVID-vaccine may be imposed on certain adult Medicaid enrollees
- Private health plans do not have to cover COVID-19 vaccine provided out-of-network
  - In plans that offer out-of-network coverage, patients may face balance billing for COVID-vaccine and/or administration fee
- Uninsured access to vaccine will be more limited

What can the community do to help with upcoming transitions?

- Help community members who are uninsured understand that significant financial help to pay for insurance coverage might be available to them.
- Guide people who are interested to healthcare.gov, navigators, or their state Medicaid department.
- When the public health emergency ends, remind people currently enrolled in Medicaid that they will need to re-verify their eligibility through their state Medicaid department, healthcare.gov, or their state Marketplace. If they do not, they will lose their coverage even if they are still eligible.
- Make sure people know that if they lose eligibility for Medicaid because their income went up, they may still be eligible for significant help paying for private insurance.

Satisfaction Poll & Upcoming Events

Upcoming Learning Events:

Register NOW:

- Advocacy Learning Series
  - August 17th, 12 – 1 pm ET [WEBINAR]: Who is an Advocate? Advocacy 101 The Basics.
  - August 24th, 1 – 2:30 pm ET [WORKSHOP]: Advocacy Through Storytelling: A Powerful Tool for Change
- WAITLIST: August 23rd, 1-2:30 PM ET: Social Media Workshop Series (Please email vaxequitylearning@urban.org to be put on the waitlist)
- August 31st, 1-2:15PM ET: National Hispanic Medical Association, COVID-19: The Great Unifier, Divider, & Accelerator

Full events calendar available on our website:

vaccineequity.urban.org

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