



March 4, 2022

Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

RE: 2023 Medicare Advantage and Part D Advance Notice and Draft Call Letter (CMS-2022-0021)

Dear Administrator Brooks-LaSure:

As members of the Adult Vaccine Access Coalition (AVAC), we appreciate the opportunity to comment on the Centers for Medicare and Medicaid Services (CMS) 2022 Medicare Advantage and Part D Advance Notice and Draft Call Letter. Specifically:

- **AVAC supports maintaining the prohibition on cost sharing for COVID-19 vaccine and its administration**, as described in section 1861(s)(10)(A) of the CARES Act, and the clarification that the limitation on cost sharing will apply in 2023 regardless of whether the public health emergency declaration is still in place.
- **AVAC greatly appreciates that the annual influenza (flu) vaccine process measure has been maintained for the 2023 Star Ratings Program.** Process measures for vaccination help to encourage providers to make vaccination a consistent part of their clinical workflow, particularly with patients who are older or who may have multiple chronic conditions, making them susceptible to the adverse health outcomes of vaccine preventable illness.
- **AVAC strongly supports the future addition of the adult immunization status measure on the display page and for Star Ratings.** This HEDIS measure would provide a sound, reliable and comprehensive means to assess the receipt of routine adult vaccinations recommended by the Advisory Committee on Immunization Practices (ACIP). AVAC appreciates the work of NCQA, PQA and others to develop, update and test this important process measurement tool that will streamline the patchwork of existing adult immunization measures, reduce the reporting burden on

providers and provide meaningful data that will better inform the Medicare program on access to this vital preventive service.

- Lastly, AVAC urges CMS to include explicit language encouraging Part D sponsors to offer **either a \$0 vaccine tier, or to place vaccines on a formulary tier with low cost-sharing**. Studies have shown a direct correlation between cost sharing and increased abandonment of recommended vaccines. Making vaccines available without cost sharing will encourage beneficiary access, as well as improve utilization and health outcomes.

AVAC consists of over 65 organizational leaders in health and public health who are committed to raising awareness of and addressing barriers to adult immunization. Our mission is informed by scientific and empirical evidence that shows immunization improves health and protects lives against a variety of debilitating and potentially deadly conditions, saving costs to the healthcare system and to society. AVAC priorities and objectives are driven by a consensus process with the goal of enabling the range of stakeholders to have a voice in the effort to improve access and utilization of adult immunizations.

The COVID-19 pandemic has been a stark reminder of the cornerstone role immunizations play in disease prevention, response and recovery efforts. Vaccines have a demonstrated track record of success as a cost-effective means of reducing disease burden and saving lives, particularly among pediatric and older adult populations. Unfortunately, even before the pandemic, access to vaccines was not equal across a person's lifespan.

Despite the long and well-known benefits of immunizations, more than 50,000 adults died from vaccine-preventable diseases. Indeed, adult vaccination coverage has lagged below federal health objective targets for most routinely recommended vaccines: influenza, pneumococcal, tetanus, hepatitis B, herpes zoster, and HPV. Millions more adults suffer from vaccine-preventable diseases, causing them to miss work and leaving some unable to care for those who depend on them. Avoidable illness costs individuals, families, communities and our nation in numerous ways – not only in terms of lives lost and a deterioration in



quality of life and increased disability, but it also costs individuals, families and our health care system billions of dollars in direct and indirect costs.

Research illustrates the direct and indirect costs attributable to vaccine preventable disease. A study published in *The Journal of Primary Prevention* found the estimated annual cost of just four major vaccine-preventable diseases among US adults 65 years and older was more than \$15 billion in 2013.³ Medical costs related to vaccine-preventable diseases (VPD) in older adults are expected to grow substantially in the coming years; one study forecasts U.S. medical costs for Americans ≥ 65 in the Medicare population to be \$4.74 billion by 2030 for just one VPD.⁴

While health plans can provide vaccines with no cost sharing according to a February 2018 Manatt study, only 4 percent or less of Medicare Part D enrollees had access to vaccines with no cost sharing.⁵ The variable cost sharing requirements currently imposed on the majority of Part D vaccines discourage immunization among elderly, disabled and chronically ill populations who account for a disproportionate percentage of the morbidity and mortality from vaccine preventable conditions. A 2015 report by the Alliance for Aging Research on vaccination rates among older adults found that cost sharing for vaccines under Part D varies depending on a beneficiary's prescription drug plan or Medicare Advantage plan formulary offerings.⁶ Similarly, a 2017 report by Avalere Health found between 47 and 72 percent of the 24 million Medicare beneficiaries with Part D coverage had some level of cost sharing for vaccines, ranging from \$35 to \$70 in 2015.⁷

(p.90) Annual flu vaccine process measure in 2023 Star Ratings

AVAC greatly appreciates that the annual influenza (flu) vaccine process measure has been maintained for the 2023 Star Ratings Program. Influenza is a serious disease that can lead to hospitalization, disability and death. Before COVID, millions of people were sickened by the flu every year, hundreds of thousands of people were hospitalized and thousands or tens of thousands of people died from flu-related causes every year and accounted for an



estimated 8.95 billion, or 65% of the annual economic burden of adult vaccine-preventable diseases. Vaccination has been shown to have many benefits including reducing the risk of flu illnesses, hospitalizations and flu-related death.

Quality measurement, particularly when tied to reporting and payment, highlights the importance of prevention and provides an incentivize plans, providers, health systems, and other stakeholders to make vaccination a high priority. We must continue to leverage and support the important foundation and connections that have been established during the COVID-19 pandemic with providers across the health care system not only recover but improve immunization rates for routinely recommended vaccines such as flu. Utilizing process measures for vaccination will help to encourage providers to make vaccination a consistent part of their clinical workflow, particularly with patients who are older or who may have multiple chronic conditions, making them susceptible to the adverse health outcomes of vaccine preventable illness.

(p. 101) Adult Immunization Status (Part C). *This NCQA measure assesses the receipt of influenza, Td/Tdap, zoster, and pneumococcal vaccines. This measure is specified for the HEDIS ECDS Reporting Standard and captures receipt of vaccinations using data from a variety of electronic sources such as administrative claims, immunization registries, and EHRs, among others. For HEDIS measurement year 2023, NCQA is considering several potential changes to this measure. With the release of updated pneumococcal vaccination guidelines from the Advisory Committee on Immunization Practices in November 2021, NCQA is evaluating the need for updates to the pneumococcal indicator. Additionally, NCQA is proposing to revise the measure to capture members aged 18 and older for all product lines, including Medicare (currently the measure is only reported for Medicare members aged 65 and older). With this update, influenza and pneumococcal vaccination status for all Medicare members 18 and older will be captured. For Star Ratings, influenza vaccination is currently assessed for a sample of Medicare members through the Medicare CAHPS survey and covers all Medicare members, so the update that NCQA plans to make will align with the Medicare members included in the current measure. Pneumococcal vaccine is also assessed for a sample of Medicare members through the Medicare CAHPS survey and reported on the display page. In the future, CMS may consider changing the data source used to capture influenza vaccination to use the HEDIS results for the influenza indicator of adult immunization status instead of the CAHPS survey. We may also consider*



using the HEDIS results for the pneumococcal indicator of adult immunization status instead of the CAHPS survey. We welcome feedback on how complete influenza and pneumococcal vaccination information is in health plan records.

AVAC strongly supports the addition of the adult immunization status measure on the display page and a Star Ratings measure. This HEDIS measure would provide a sound, reliable and comprehensive means to assess the receipt of routine adult vaccinations recommended by the Advisory Committee on Immunization Practices (ACIP). AVAC appreciates the work of NCQA, PQA and others to develop, update, and test reliable measurement tools that will streamline the patchwork of existing adult immunization measures, reduce the reporting burden on providers, and provide meaningful data that will better inform the Medicare program on access to this vital preventive service.

In the Value and Imperative of Quality Measures for Adult Vaccines⁸, renowned vaccine experts explain how quality measures that capture and create incentives for appropriate adult vaccinations can prevent illness and death, reduce caregiving demands, save unnecessary healthcare spending, and set the foundation for healthy aging. There is evidence that a composite measure of the adult patient cohort's vaccination schedule—such as those demonstrated by the Northwest Tribal Epidemiology Center⁹ and by the National Nursing Home Quality Care Collaborative—can improve outcomes. Such a measure would put vaccination coverage rates into a larger context and encourage a more systematic approach for all vaccines.

COVID-19 Vaccination Measure (Part C)

In the 2022 Advance Notice we solicited comments on a potential new measure concept related to COVID-19 vaccination for the Part C and D performance measure display page on CMS.gov and for potential inclusion in the Star Ratings program based on rulemaking. Most commenters thought it was premature to develop a COVID-19 vaccination measure and consider including it in the Star Ratings program. Given how quickly this area continues to evolve including emergency use authorization versus U.S. Food and Drug Administration approval, recommendations around timing and extra doses, and issues around availability of accurate COVID-19 vaccine data due to unique dispensing (e.g.,



mass vaccination sites), we welcome feedback on the utility and feasibility of a vaccination measure for MA plans.

The COVID-19 pandemic had a disproportionate and devastating impact on older adults and people with disabilities. AVAC believes this measure is vitally important to protect the health and wellbeing of our community, particularly older adults and individuals with chronic conditions. Reporting a COVID-19 vaccination performance measure on the CMS display page and for possible inclusion in the Star Ratings program will help to continue to ensure transparency and accountability in community infection prevention and control efforts as the pandemic continues to evolve and is consistent with other vaccination measures intended to preserve health and mitigate infectious disease outbreaks.

We know from the influenza vaccination Star Ratings process measure that there is a positive correlation with health plans and providers recommending vaccination to their patients, which in turn encourages greater patient vaccination uptake. **AVAC encourages CMS to continue to evaluate the benefits and merits of a COVID-19 vaccination measure for future inclusion on the CMS display page as well as in the Star Ratings program.**

Improving Access to Part D Vaccines

Lastly, AVAC urges CMS to include explicit language encouraging Part D sponsors to offer **either a \$0 vaccine tier, or to place vaccines on a formulary tier with low cost-sharing**. Studies have shown a direct correlation between cost sharing and increased abandonment of recommended vaccines. Making vaccines available without cost sharing will encourage beneficiary access, as well as improve utilization and health outcomes. While not mandatory, this language sends an important signal to Medicare Advantage and Prescription Drug Plans that access to Part D vaccines should be a high priority as they develop formulary and cost sharing tiers.

Studies have shown a direct correlation between the imposition cost sharing and increased abandonment of recommended vaccines. A study evaluating the relationship between vaccine co-pays for Part D beneficiaries and Tdap and Zoster vaccination claims in their doctor's office showed that, compared with no co-pay, beneficiaries who had to pay a co-pay amount of \$26–50, \$51–



75 or \$76–100, respectively, are 1.39, 1.66 or 2.07 times as likely to cancel their zoster vaccination.^{10 1}

Another study found that patient out-of-pocket (OOP) cost is one of the most significant predictors of vaccine abandonment, after adjusting for other factors.¹¹ Removing financial barriers will greatly improve beneficiary access, utilization and health outcomes among at-risk elderly and chronically ill populations who account for a disproportionate percentage of the morbidity and mortality from vaccine preventable conditions.

Thank you for the opportunity to offer our perspective on the 2023 Medicare Advantage and Part D Advance Notice and Draft Call Letter. We greatly appreciate CMS' efforts to balance plans' fiduciary responsibilities and beneficiary access to recommended vaccines, an important preventive health service.

Please contact an AVAC manager at info@adultvaccinesnow.org if you wish to discuss our comments or adult immunization access and coverage.

Sincerely,

Alliance for Aging Research

American College of Preventive Medicine

American Immunization Registry Association (AIRA)

Asian & Pacific Islander American Health Forum (APIAHF)

Association of Immunization Managers (AIM)

Biotechnology Innovation Organization (BIO)

Dynavax

GSK

Hep B United

Hepatitis B Foundation



Immunization Action Coalition (IAC)

Medicago

National Association of Chain Drug Stores (NACDS)

National Association of City and County Health Officials (NACCHO)

National Black Nurses Association

National Foundation for Infectious Diseases (NFID)

National Hispanic Medical Association

Novavax

Pfizer

Pharmacy Quality Alliance

PhRMA

Sanofi

Seqirus

The Gerontological Society of America

Trust for America's Health (TFAH)

CC: Dr. Meena Seshamani, M.D., Ph.D., Deputy Administrator and Director of Center for Medicare