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Part 1: High-Level Description of Possible Significant Change

The table below provides high-level information about the possible significant change, as submitted.

Tracking #	2027-033
Q6. Provide a short name for possible change	Increase access to routine vaccinations
Q1. Which CCO Contract(s) will be impacted?	(a) All 3 contracts
Q2. High-level description of possible change	Increase access to routine immunizations and maintain the network of immunization providers by reducing payment barriers. • Require that CCOs remove payment barriers to clinical immunization services (e.g., in-network, cost sharing, prior authorization or other utilization control measures). • Require CCOs to pay the full CMS-established payment for Oregon, $21.96 per dose, for immunizations administered to Vaccines for Children (VFC) eligible clients served in VFC enrolled sites, by any provider type. • Standardize VFC billing requirements across CCOs.
Q3. Which prioritized restatement category applies?	(e) Other (this change does not fit into any of the prioritized categories)
Explain how change fits into "Other" category	The proposed changes ensure that CCOs eliminate barriers to paying local public health authorities (LPHAs) for providing covered services to members. In some areas of the state, LPHAs provide a majority of childhood vaccines, especially when there is a lack of primary care providers or providers choose to not offer vaccines. In every CCO service area, the work of LPHAs to provide and ensure access to vaccines contributes to whether CCOs meet immunization incentive metrics.
Q4. Could entire change be deferred to later contract year?	Yes
Consequence(s) if not included in 2027 contract	
Q5. Could change be reduced to smaller components so it's phased in over multiple contract years?	No
Which component(s) could be in later contract year(s)?	
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Executive Sponsor OHA Division/Program/Unit	PHD, Office of the State Public Health Director

Part 2: Information for Engagement

This should be completed by the responsible OHA unit. **Be specific yet clear and concise in your responses; use bullet points.**

Tracking #	2027-033
Short name	Increase access to routine vaccinations

1. What is the specific issue that will be addressed by this change?

This should explain the current state and why it's an issue to be addressed.

Across CCOs, there is significant variation in how Local Public Health Authorities (LPHAs) are contracted with and reimbursed for providing routine immunizations to members. Some CCOs may not contract with LPHAs located outside their defined service areas, and others apply payment policies that result in delayed, reduced, or denied reimbursement. These barriers may include in-network restrictions, cost sharing, prior authorization requirements, and inconsistent Vaccines for Children (VFC) billing processes.

These barriers limit the ability of LPHAs to receive appropriate payment for delivering covered immunization services, despite the essential role they play in maintaining access to routine vaccines, particularly in regions with limited primary care capacity or where providers do not to offer immunizations. Because LPHA-delivered immunizations directly contribute to CCOs' performance on immunization-related incentive metrics, the lack of standardized reimbursement practices undermines both equitable access to services and consistent system performance.

This change addresses the need for a standardized, reliable, and barrier-free reimbursement structure for LPHA immunization services across all CCOs.

2. What is the preliminary suggestion for how to address the issue?

This should align with the high-level description submitted for the change. Refer to Part 1: High-Level Description of Possible Significant Change. The final proposed change may differ from the preliminary suggestion as a result of OHA and CCO engagement.

1. Require CCOs to remove payment barriers to clinical immunization services for Local Public Health Authorities and their associated clinics, including but not limited to in-network restrictions, cost sharing, prior authorization, or other utilization management controls.
2. Require CCOs to reimburse the full CMS-established payment rate for Oregon ($21.96 per dose) for immunizations administered to VFC-eligible members at VFC-enrolled sites, regardless of provider type.
3. Standardize VFC billing requirements across all CCOs to reduce administrative burden and ensure consistent reimbursement processes for LPHAs.

3. What knowledge and/or skills should CCOs consider when deciding which staff to work with OHA on this issue?

• Provider contracting and network management. Staff who understand contracting structures and policies, out-of-network arrangements, and rules governing LPHA partnerships.
• Billing, claims, and reimbursement policy. Individuals familiar with medical claims processing, VFC billing requirements, and CMS-established immunization payment rates.
• Quality improvement and incentive metrics. Staff who work with immunization performance measures and understand how LPHA-delivered services contribute to CCO incentive outcomes.

4. Is there an existing meeting where OHA and CCOs can work – or are already working – on this issue? If so, identify the meeting and its schedule.

This work may require regular OHA-CCO engagement over a few weeks, possibly up to a couple months. If there is not a suitable existing forum, then OHA will hold a dedicated work session/s specifically for this purpose.

No