# Billing to Get More Vaccines in Arms


tapi The Arizona Partnership for Immunization

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# System Level Change

We foster community wellness and advocate for good public policy and best immunization practices.

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# Arizona State Overview

**Population**
7,000,000 people
113,500 square miles
50% live in 2 urban counties
3 IHS Regions

Approximately 30% minority
4% Native American
30% Under 18
53% 19 – 64
17% Over 65

**As of 2017**
12.7% of people under 65 *uninsured*
High percentage of veterans

**Visitors** "Snow birds"
Mohave County: 200,000 population
80,000 winter visitors
City of Douglas: 16,000 total population
20,000 kids in the registry

**Borders**
International Mexico Border and 5 state borders CA, NV, UT, CO, NM


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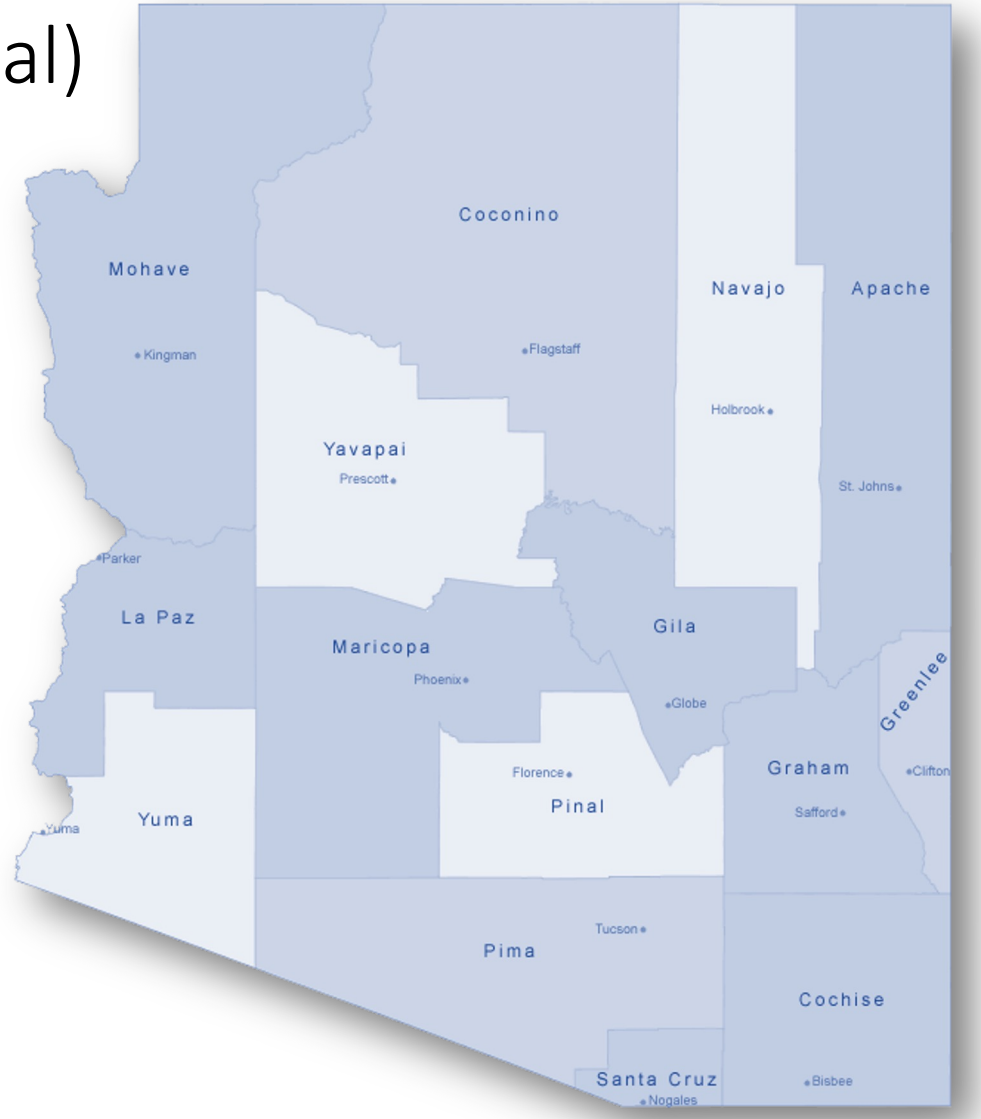
# AZ Public Health Gaps (Historical)

- $0 in state funding for immunizations
- State Statute requires counties provide school immunizations at no cost. Costing County Health $1.79 million per year (public price)
- No services for adult vaccines. 317 depleted in 3 months
- Average LHD funding per person = $34
  Maricopa = $3.50 (4 million residents)

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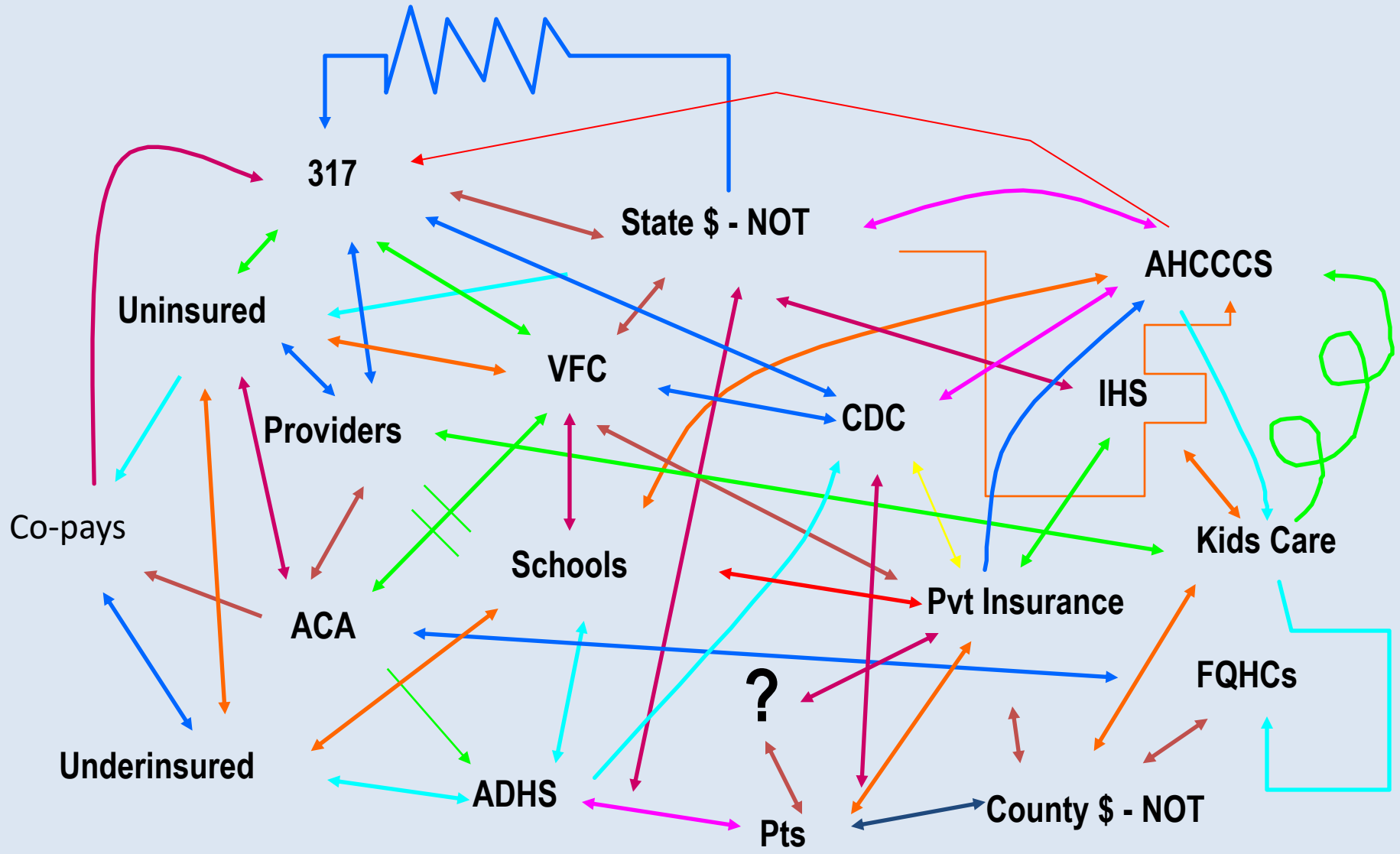
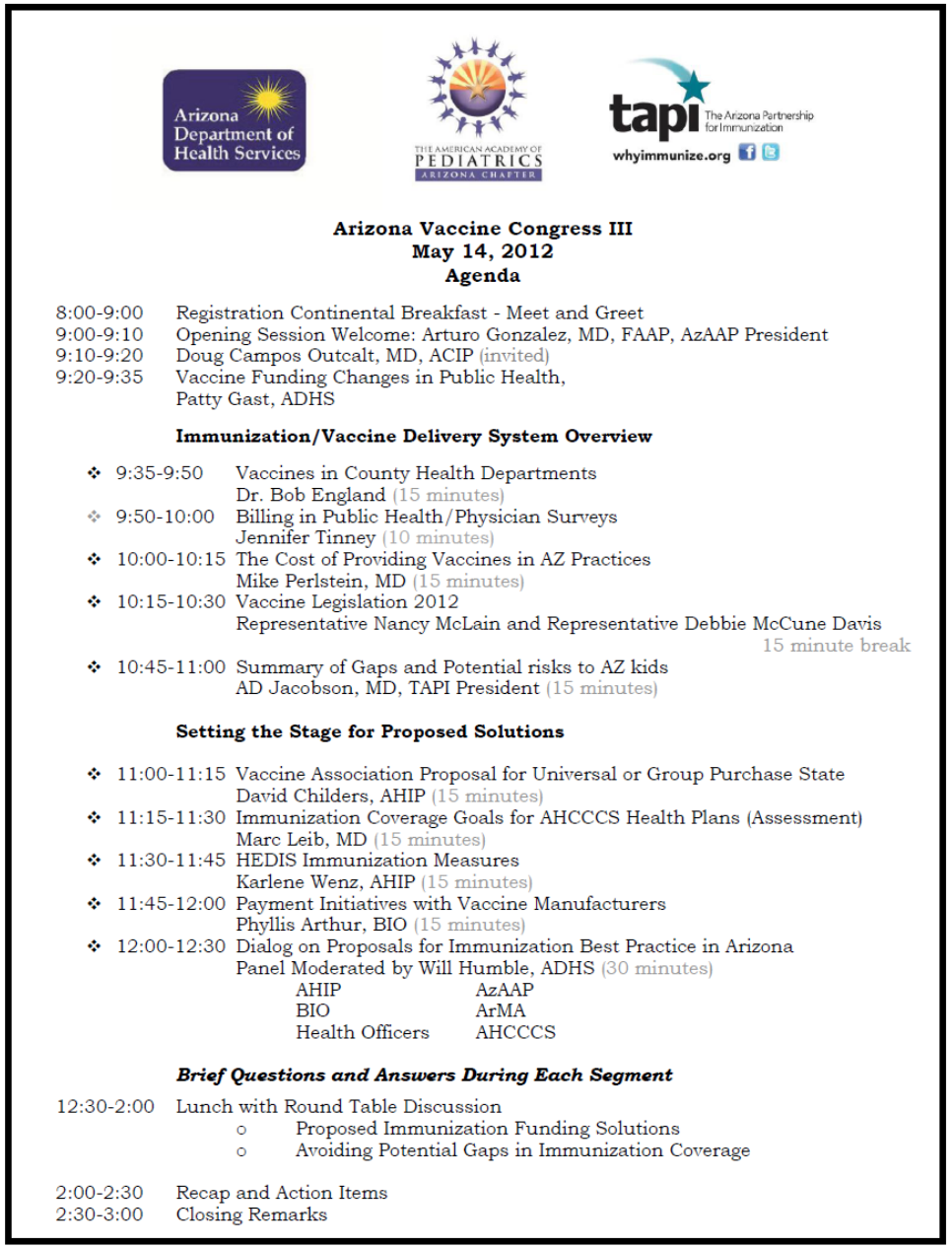
# Immunization Financing System




*-Dr. Bob England, Maricopa County*



Arizona Department of Health Services

THE AMERICAN ACADEMY OF PEDIATRICS ARIZONA CHAPTER

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**Arizona Vaccine Congress III**
**May 14, 2012**
**Agenda**

8:00-9:00 Registration Continental Breakfast - Meet and Greet
9:00-9:10 Opening Session Welcome: Arturo Gonzalez, MD, FAAP, AzAAP President
9:10-9:20 Doug Campos Outcalt, MD, ACIP (invited)
9:20-9:35 Vaccine Funding Changes in Public Health,
Patty Gast, ADHS

**Immunization/Vaccine Delivery System Overview**

- 9:35-9:50 Vaccines in County Health Departments
  Dr. Bob England (15 minutes)
- 9:50-10:00 Billing in Public Health/Physician Surveys
  Jennifer Tinney (10 minutes)
- 10:00-10:15 The Cost of Providing Vaccines in AZ Practices
  Mike Perlstein, MD (15 minutes)
- 10:15-10:30 Vaccine Legislation 2012
  Representative Nancy McLain and Representative Debbie McCune Davis
  15 minute break
- 10:45-11:00 Summary of Gaps and Potential risks to AZ kids
  AD Jacobson, MD, TAPI President (15 minutes)

**Setting the Stage for Proposed Solutions**

- 11:00-11:15 Vaccine Association Proposal for Universal or Group Purchase State
  David Childers, AHIP (15 minutes)
- 11:15-11:30 Immunization Coverage Goals for AHCCCS Health Plans (Assessment)
  Marc Leib, MD (15 minutes)
- 11:30-11:45 HEDIS Immunization Measures
  Karlene Wenz, AHIP (15 minutes)
- 11:45-12:00 Payment Initiatives with Vaccine Manufacturers
  Phyllis Arthur, BIO (15 minutes)
- 12:00-12:30 Dialog on Proposals for Immunization Best Practice in Arizona
  Panel Moderated by Will Humble, ADHS (30 minutes)

| | |
|---|---|
| AHIP | AzAAP |
| BIO | ArMA |
| Health Officers | AHCCCS |

***Brief Questions and Answers During Each Segment***

12:30-2:00 Lunch with Round Table Discussion
- Proposed Immunization Funding Solutions
- Avoiding Potential Gaps in Immunization Coverage

2:00-2:30 Recap and Action Items
2:30-3:00 Closing Remarks

# Vaccine Congress I, II, III & IV

State & County Public Health
Primary Care Offices
Health Plans
Manufacturers

Set of recommendations to improve rates:

- Bill for patients accessing County clinics
- Increase reimbursement rates by 130% above vaccine purchase cost
- Train providers on vaccine business practices

# What TAPI's Centralized Billing Program Does

- Bill for vaccine, admin fee, STI treatment, Family Planning, Behavioral Health for 12 of 15 LHDs
- TAPI's fee % is used to support:
  - Billing team
  - Contracting/partnerships with plans
  - Billing infrastructure and software
  - Technical support to LHD staff & patient education
  - Claim processing, follow-up and adjudication 165+ plans per month
  - Monitoring vaccine payment system
  - Policy change and direct strategies
  - Maintaining a healthy public/private vaccine delivery system

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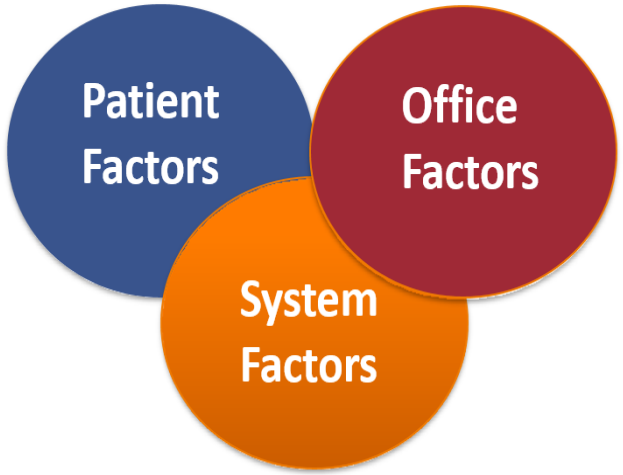
# Adult Immunization Barriers

## 2018 Environmental Scan

- **1. Technology**
  - Patients turned away- Need bi-directional exchange to screen adults. Not sure what patient received from pharmacy, hospital, PCP or specialist
  - Adult Schedule too complex for Standing Orders and Standing Orders too hard to update in EHR. (tech request can take 6+ months with competing priorities)
  - No adult immunization focus/reminder in standard EHRs. Costly upgrades
  - Medicare payment for pneumo limited so Standing Orders rescinded
- **2. Payment**
  - Medicaid requires script for pharmacy
  - Medicaid payment tied to “medical necessity” requires physician (impacts counties)
  - Pharmacy paid lower “dispensing fee” not paid admin fee
  - Reimbursement concerns grandfathered/high deductible plans – or denied for complex patients. Plans use age related schedule for claims (LHD billing data)
  - New providers/specialists tried but lost on claims. Specialists like obgyns not contracted as PCP so not able to bill for vaccines. Many adults see specialists.
  - New vaccines given but not covered so previous vaccinators quit offering vaccines
- **3. Policy and Access to Care**
  - Family Practice sending kids to pediatrics because of complex handling and storage requirements – as a result not offering adult vaccines either
  - VFA not adequate to cover all uninsured-limited to a few providers-mixed message in CHCs/LHDs patients referred from place to place



# Outbreaks Impacting Payments

- Slow buy in for PH adult vaccine billing
- Gaines in adult vaccine coverage started with Hep A outbreak
- Huge changes in networks, policy and payments because of COVID
- Mpox reenforced the need for keeping COVID policies in place

But…only 37% of stakeholders surveyed on 3/2023 feel vaccine payments adequately cover purchase, insurance, staff costs.

# **Gaps Create Missed Opportunities** (2023)

**Patient Factors**

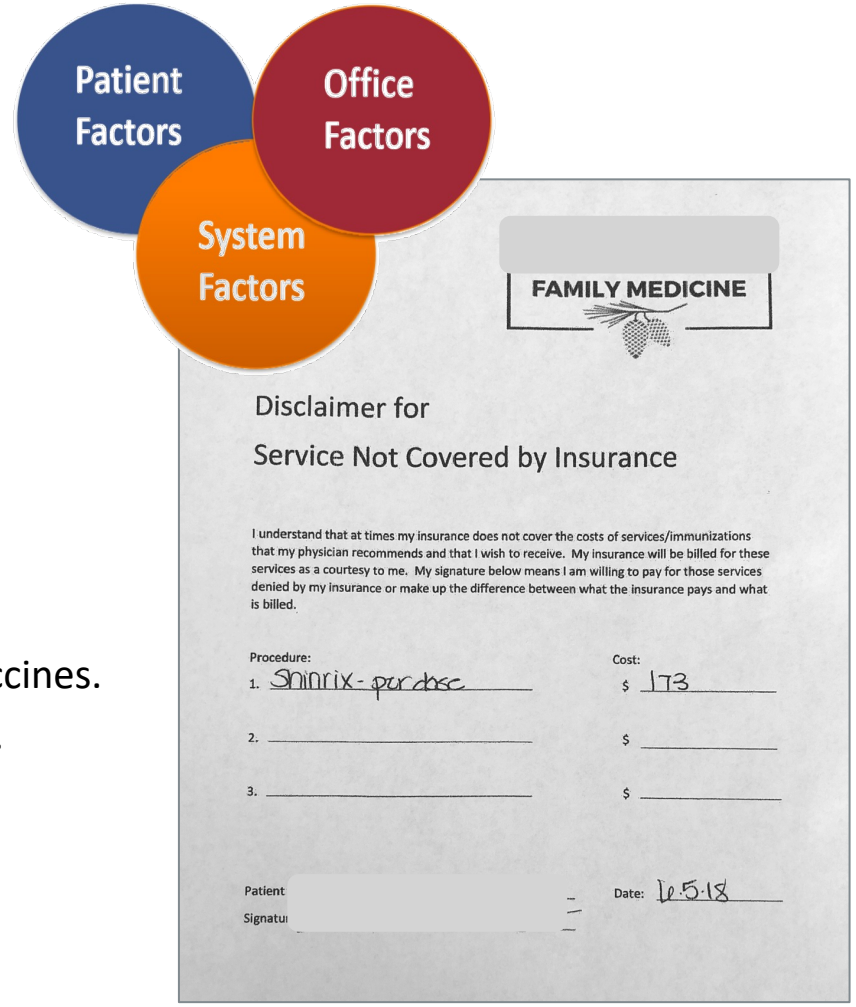
- Vaccine fatigue
- Few options for uninsured (317 funds exhausted in 3 months)
- Out-of-pocket cost for insured (Part D fix is amazing!)

**Payment System**

- Complexity of billing Part D in Medical office.  Referrals decreasing
- Mass immunizers limited to flu, pneumo, covid. (LTC and catch up)
- Shrinking plan networks with wrap up of PHE
- Denials for complex patients.  Plans use age range schedule for claims
    - Payment tied to “medical necessity” requires physician/records
- Specialists like OB/Gyns not contracted as PCP so not able to bill for vaccines.
- Mpox covered by Medicare but not Advantage Plans. Exposure not risk.
- Tricare denying covid claims based on dose #

**Office Factors**

- Vaccine conversation fatigue
- Loss of Primary Care providers
- 30% staff vacancy/high turn over rate



# What it takes to give a shot

Contract with all health plans
Credential site and all providers
Contract with vaccine suppliers
Order and pay for private vaccine supply
Sign up for VFC
Sign up for ASIIS
Order VFC vaccine through state registry
ASIIS
Accept shipment for proper temperature, log in chain
Refrigerate vaccine
Check refrigerator twice daily for temps
Insure vaccine
Schedule vaccine appointment
Check insurance and VFC eligibility
Gather accurate and complete insurance data
Verify insurance coverage for private

Check the patient record book
Check ASIIS for shot history
Screen patients for what's needed and contraindications
Council patient
Give VIS for every vaccine
Get parent signature on each vaccine
Draw up vaccine
Swab site with alcohol
Inject vaccine
Band-Aid the site
Comfort the child
Update the parent record book
Record correct diagnosis code to record
Record cpt to record
Record NDC and lot number to record
Update EHR
Report to ASIIS

Inventory vaccine stock in refrigerator
Reconcile ASIIS inventory
Report dose by lot number and NDC to ASIIS for VFC
Fax temp logs to VFC
Review report cards
Send record to billing
Build claim in electronic system all 33 boxes
Send claim to clearinghouse and on to payers
Receive EOB with payment or denial
Rebill 15% of claims for denial
Adjust actual payment in billing system
Report payment to patient Record in billing system
Bill patient directly for outstanding balance

$15-$25 Admin Fee

Payments don't always cover vaccine purchase prices

# Moderna (Red Cap): CMS, AHCCCS & AZ Payment Allowances for COVID-19 Vaccines and their Administration during the Public Health Emergency

| Code | Vaccine/ Procedure Name | CPT Short Descriptor | Vaccine NDC & Dosing Interval | CMS Payment Before 3/15 | Medicare Payment After 3/15 | AHCCCS Payment After 3/15 | Regional Rates AZ After 3/15 | Medicare Home Bound 6/1 | AHCCCS Payment After 8/9 |
|---|---|---|---|---|---|---|---|---|---|
| 91301 | Moderna Covid-19 Vaccine | SARSCOV2 VAC 100MCG/0.5ML IM | 80777-273-10 vial NDC **80777-273-99 carton NDC** | $0.01 | $0.01 | $0.00 | $0.01 | $0.00 | $0.00 |
| 0011A | Moderna Covid-19 Vaccine Administration – **First Dose** | ADM SARSCOV2 100MCG/0.5ML1ST | | $16.94 | $40.00 | $40.00 | $38.78 | $75.00 | $83.00 |
| 0012A | Moderna Covid-19 Vaccine Administration – **Second Dose** | ADM SARSCOV2 100MCG/0.5ML2ND | Dosing Interval: 28 days after dose 1 | $28.39 | $40.00 | $40.00 | $38.78 | $75.00 | $83.00 |
| 0013A | Moderna Covid-19 Vaccine Administration – **Third Dose** | ADM SARSCOV2 100MCG/0.5ML3RD | Dosing Interval: 28 days after dose 2 | N/A | N/A | N/A | $38.78 | $75.00 | $83.00 |
| Moderna Booster Codes (Blue Cap) | | | | | | | | | |
| 91306 | Moderna Covid-19 Vaccine (Low Dose) | SARSCOV2 VAC 50MCG/0.25ML IM | | $0.01 | $0.01 | $0.00 | $0.01 | $0.00 | $0.00 |
| 0094A | Moderna Covid-19 Vaccine Administration – **Booster Dose** | ADM SARSCOV2 50MCG/0.25MLBST | 3 or 5 months after dose 2 | N/A | N/A | N/A | $38.78 | $75.00 | $83.00 |

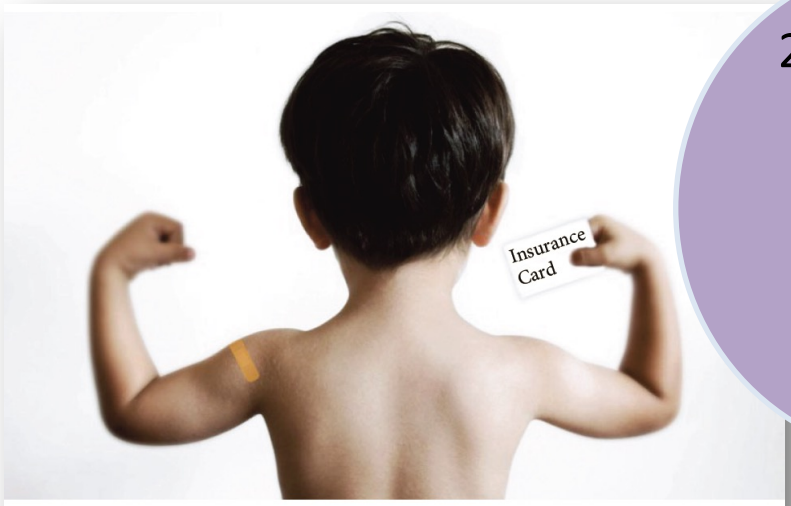
Complexity of managing 30+ codes and multiple presentations a barrier

https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-monoclonal-antibodies
https://azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html#Vaccine

# Public Health
# Getting Vaccines in Arms

- No patient has been turned away
- No deductibles/copays have been collected
- Counties are reimbursed about 10% above cost of vaccine + admin
- Partners work together for sustainable payment solutions
- Unrestricted public health funds used to purchase vaccine & for community health nurses

2009 – 2016:
$9.4 Million
2019:
$4.2 million
2021:
$14 million




**Don't Forget Your Insurance Card!**

Help keep PUBLIC HEALTH strong by following these 4 easy steps:

- Please bring your insurance card and immunization record to each coun immunization clinic visit.
- Please provide your insurance card to Public Health so your insurance c can be billed for your child's vaccines.
- Talk to a Public Health Nurse about your visit today, your insurance cove or where to find a doctor.
- If your child is Native American or is uninsured, they can receive vaccine at no cost through the Vaccines for Children Program (VFC).

Thank you for doing your part to keep our community healthy and strong.

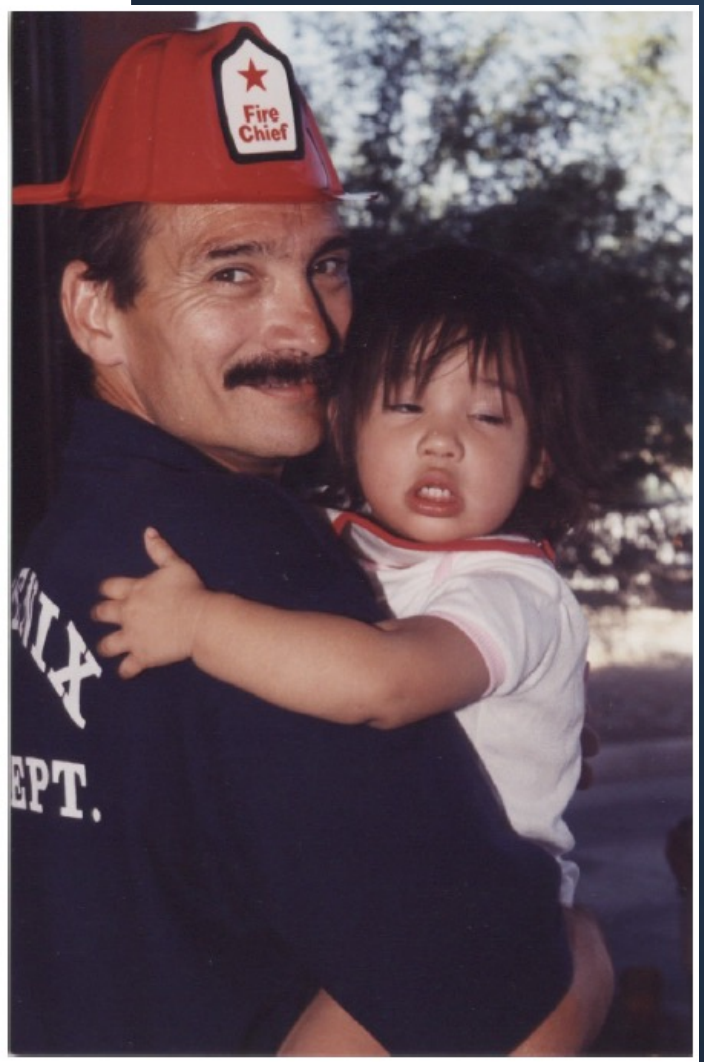
Arizona Department of Health Services | STOP the SPREAD | tapi The Arizona Partnership for Immunization whyimmunize.org

LOCATE a doctor VISIT StopTheSpreadAZ.org CALL 211

# Billing for County Health Departments & Non-traditional Partners (Not typically Contracted)

- County Immunization Clinics
- School Districts
- Fire Departments
- National Guard
- Lab (testing to vaccine)
- Hospital systems
- Medical Volunteers

$20 million in COVID-19 Claims
Processed close to a million claims



# Moving in the Right Direction

- Part D 1st dollar coverage stretches public health funding for uninsured patients
- Pharmacy administration payment vs dispensing fee
- Recent Medicaid adult vaccine payment increase
- Counseling code payments (non-administration)
- Higher revenue for offices providing routine adult vaccines
- More adult records in registries decrease non-payments

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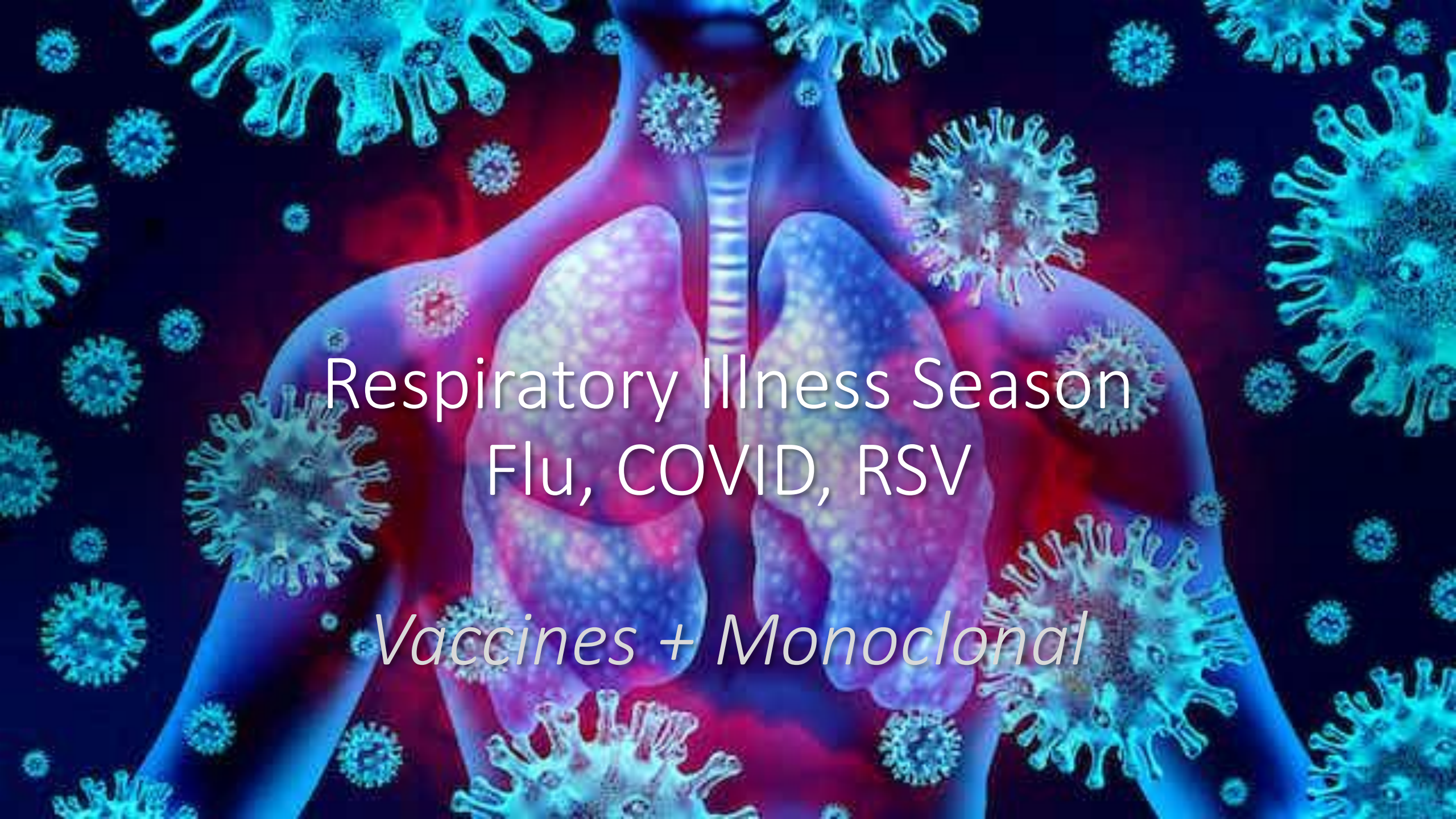
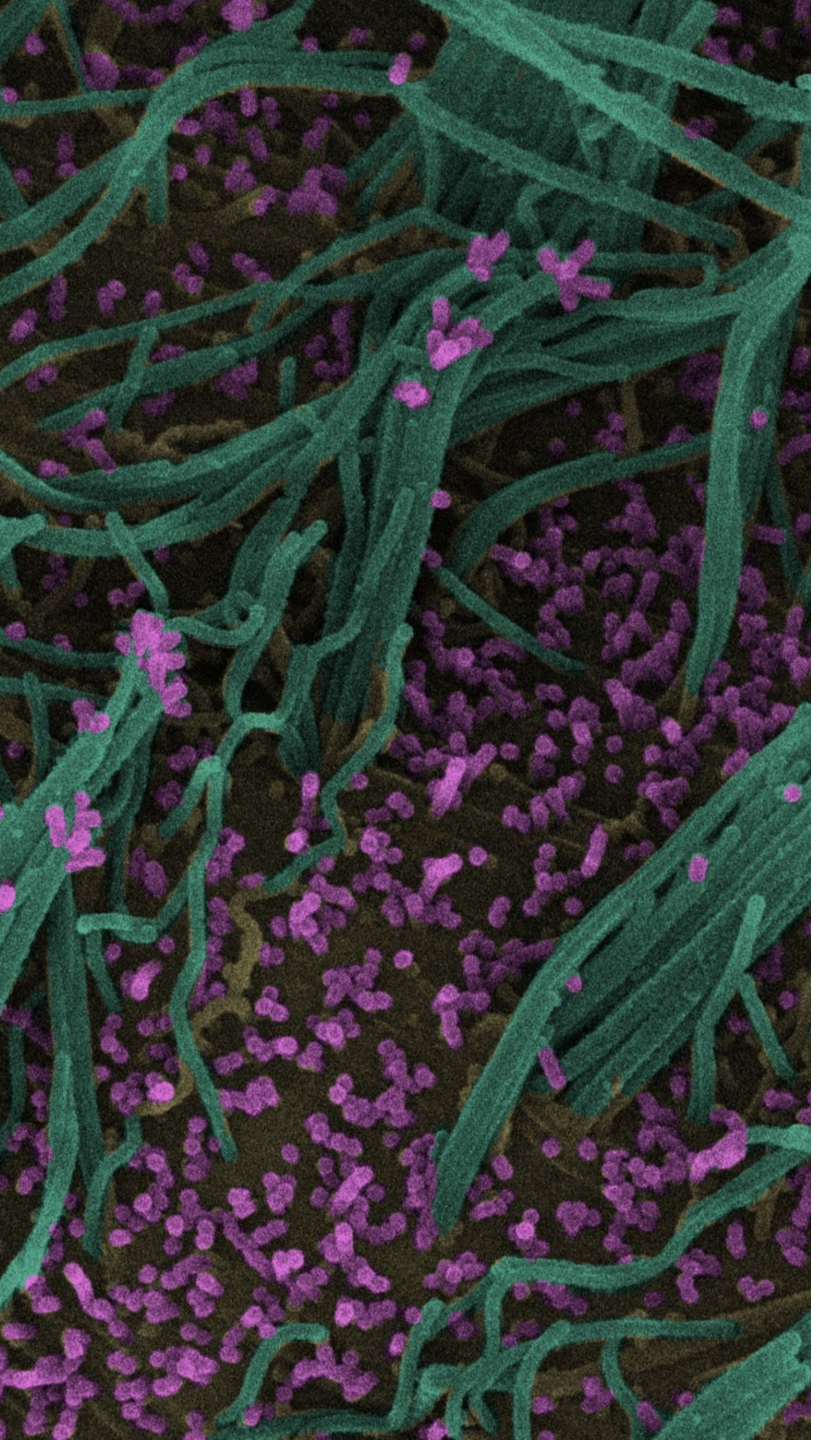
# Vaccine Billing Resources



# Respiratory Illness Season
# Flu, COVID, RSV

*Vaccines + Monoclonal*



# National Immunization Resources in the Works

## Adult Vaccine Billing Guides

Top Questions on Coding and Billing for Vaccines

Common problem scenarios and ways to reduce errors in billing and coding

CPT codes for vaccines, vaccination & counseling

## 2023 Implementation Tools

Talking Points for Respiratory Illness Season

Personalized Roadmap for Patients

Operationalizing Fall Immunizations for providers

National Adult and Influenza Immunization Summit

https://www.izsummitpartners.org/content/uploads/2020/11/naiis-cpt-code-scenarios.pdf

# Provider Billing tools


## COVID-19 Vaccine Billing Policy Information (12/2/2020)

COVID-19 vaccine is a Federally purchased vaccine that will be supplied to providers at no cost. The CDC will allocate vaccine to states/jurisdictions based on population, and state/local health will determine provider locations that will receive initial vaccine based on high risk groups and storage capacity. Once there is ample supply of covid-19 vaccines providers will be able to order vaccine through ADHS using ASIIS.

Because the vaccine is Federally supplied there will not be upfront costs or reimbursement for the vaccine itself, but most health plans will reimburse providers for the covid-19 vaccine administration fee.

Providers should bill the administration fee to cover staff, storage and documentation to insurance or HRSA for uninsured and should not charge patents. (Register with Optum to submit uninsured claims)

| How to Get Started: COVID-19 Vaccine Sign-up & Billing Guides | |
|---|---|
| **AZ Covid Vaccine:** | All covid vaccine providers use ADHS provider onboarding system Link |
| **Pharmacy CDC Vaccine:** | Some pharmacies have signed federal agreements with the CDC for vaccine and may not need to onboard with ADHS- Phase 1: LTC Partnership Link and Phase 2: Retail Program (includes pharmacies or PSAO's with more than 200 stores) Link |
| **AHCCCS Enrollment:** | All traditional and non-traditional providers must register with AHCCCS Link |
| **Pharmacies & AHCCCS:** | Pharmacies not already enrolled with AHCCCS AND that are not part of a major chain or PSAO need to have their immunization trained pharmacists added manually to the system. Link |
| **AHCCCS FAQs:** | Updated billing guidelines for AHCCCS providers Link |
| **CMS Billing/Coding:** | CMS billing toolkit - billing codes and resources Link |
| **Optum Enrollment:** | HRSA will reimburse the uninsured admin fee to registered providers Link |
| **AZ IZ Billing Assistance:** | TAPI's public health billing program - Email 480.580.3584 |

**AZ COVID Vaccine Billing Policy**

- Pharmacies should bill Medicaid using Medical claims
- In-network reimbursement for **flu and covid-19** vaccine from most health plans by Executive Order (Must be registered as an AHCCCS provider for Medicaid plans)
- AHCCCS has expanded list of qualified providers to include EMS, Dentists, Etc.
- Offsite immunization clinics do not need additional state licensing R9-10-103 4. & 5.

**CMS COVID-19 Vaccine Billing Policy**

- **Current Medicare Providers:** If you're enrolled in Medicare under institutional or non-institutional provider types, you don't need to take any action to administer and bill the COVID-19 shot.
- **New Medicare Providers:** can enroll as a "Medicare mass immunizers" through an expedited 24-hour process. The ability to easily enroll as a mass immunizer is important for some pharmacies, schools, senior centers, and entities that may be non-traditional providers or otherwise not eligible for Medicare enrollment.
- **Mass Immunization Clinics**: Section 4 of the Form CMS-855, the supplier need **NOT** list each off-site location (e.g., county fair, shopping mall). It need only list its base of operation:
  - NIP and TIN of location of standing orders physician is used as the rendering provider
  - Place of service 60 is indicated in an offsite immunization setting

Contact TAPI for updated guidance or billing questions
480.580.3584 or Jennifert@tapi.org

## COVID-19 Vaccine Coding Information (12.02.2020)

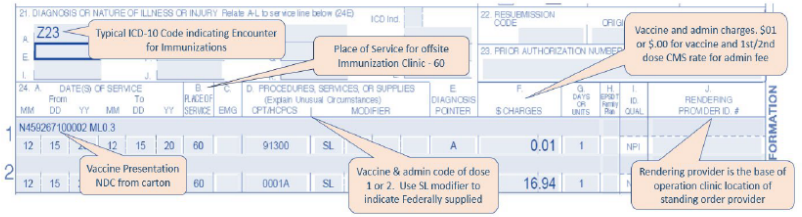
**CMS Payment Allowances for COVID-19 Vaccines & Their Administration:**

| Code | Vaccine/ Procedure Name | CPT Short Descriptor | Vaccine NDC & Dosing Interval | Payment Allowance |
|---|---|---|---|---|
| 91300 | Pfizer-Biontech Covid-19 Vaccine | SARSCOV2 VAC 30MCG/0.3ML IM | 59267-1000-01 vial NDC **59267-1000-02 carton NDC** 59267-1000-03 diluent NDC | $0.01 |
| 0001A | Pfizer-Biontech Covid-19 Vaccine Administration – **First Dose** | ADM SARSCOV2 30MCG/0.3ML1ST | | $16.94 |
| 0002A | Pfizer-Biontech Covid-19 Vaccine Administration – **Second Dose** | ADM SARSCOV2 30MCG/0.3ML2ND | Dosing Interval: 21 days after dose 1 | $28.39 |
| 91301 | Moderna Covid-19 Vaccine | SARSCOV2 VAC 100MCG/0.5ML IM | 80777-273-10 vial NDC **80777-273-99 carton NDC** | $0.01 |
| 0011A | Moderna Covid-19 Vaccine Administration – **First Dose** | ADM SARSCOV2 100MCG/0.5ML1ST | | $16.94 |
| 0012A | Moderna Covid-19 Vaccine Administration – **Second Dose** | ADM SARSCOV2 100MCG/0.5ML2ND | Dosing Interval: 28 days after dose 1 | $28.39 |

**Potential Changes in Workflow for Billing Adult Federal Vaccine:**

1. Federally supplied vaccine is billed at **$0.00 or $0.01**
2. Bill CMS Administration Fee Rate to all health plans public & private - **$16.94 or $28.39**
3. Note - separate billing codes that are dose and vaccine specific
4. Federal vaccine administration fee is billed with an **SL modifier** to indicate there is no cost billed for the associated vaccine
5. Scan **NDC from box** not from vial or syringe for inventory reporting. (NDC Qualifier N4)
6. **Document** in record as Federally supplied for inventory reconciliation and billing
7. Offsite Immunization Clinics - Bill rendering provider physician/global standing order location as base of operation. Use **Place of Service code 60** offsite immunization clinic
8. **Uninsured** administration fee claims billed to Optum through the HRSA program. Should not bill patient out-of-pocket

**Example HCFA 1500 form for COVID-19 vaccine administration at an offsite location:**




**Additional Resources for Mass Immunization Clinics:**

- TAPI Mass Clinic Training: Slides, recording, materials and handouts TAPI website.
- CDC Guidance: Mass Immunizations during a pandemic Link
- ADHS COVID Guidance: Updated data, plans and guidance for covid-19 response Link

**No ID or insurance is required to receive a COVID-19 Vaccine and you will not be charged today.** Patients who do have insurance, your insurance company will be billed.

**We may be asking you to share:**

**Your insurance policy information**

- Insurance reimbursement helps support the cost of these special clinics. You will not be charged for any insurance copays, deductibles or co-insurance.

**Your Medicare Member Benefits (MBI) number, even if you are covered under an Advantage Plan**

- If you have Medicare coverage, we need your MBI to bill Medicare
- If you are covered under an Advantage Plan, we need your MBI because Medicare requires submission of COVID-19 claims directly to Medicare and NOT to the Advantage Plan.

**Social Security Number, Driver's License Number and State of Residence**

- We need this information to bill a special Federal program for the uninsured, in case your policy has lapsed or if you don't have insurance.
- Your SSN will allow us to look up your insurance coverage, in case there are errors in your insurance information.

**You will receive COVID-19 Vaccine today if you do not have insurance or can not provide the information requested.**

***Please help us: When registering in our system, enter all your personal and insurance information carefully. Thank you!***


# COVID-19 Insurance Information for Patients and Staff

https://whyimmunize.org/wp-content/uploads/2021/05/COVID-19-Vaccine-Insurance-Information-Sign-w-edits.pdf

# Working with Health Plans

| Vaccine | Age Range Routine/High Risk Recommended for algorithm | Routine Childhood Schedule | Routine Adult Schedule | Catch up or High risk | *Notes |
|---|---|---|---|---|---|
| Hepatitis B | 0-99 | Birth, 2 months, 6 months | Up to age 65 | Kid catch up anytime, High risk adults any age | |
| Hepatitis A & B | 18-99 | None | 18-65 | | |
| Rotavirus | 15 weeks-8 months | 2 months, 4 months, 6 months | None | Cannot be given after 8 months of age | |
| Diphtheria Tetanus acellular Pertussis (DTaP) | 2 months - 6 years | dose series at age 2, 4, 6, 15–18 months, 4–6 years | None | Cannot be given after age 7 | |
| Tetanus Diphtheria acellular Pertussis (Tdap) | 7-99 years | 11-12 years | Every 10 years; every pregnancy; After puncture wound as treatment | Used for Dtap series catch up for kids over the age of 6 years; | |
| Td | 7-99 years | None due to Tdap | Every 10 years; After puncture wound as | | |
| Hemophilus Influenza Type B (HIB) | 0-99 | 2, 4, and 6 months, followed by a booster dose* at age 12–15 months); catch up through 59 months; high risk anytime | 18-99 | High risk 1-2 doses | |
| Pneumococcal Conjugate (PCV13, PCV15, PCV20) | 0-99 | 2, 4, 6, 12–15 months; catch up through 59 months; any age for high risk | 65 years+ | High risk any age | |
| Inactivated Polio (IPV) | 0-99 | 2, 4, 6–18 months, 4–6 years; administer the final dose on or after age 4 years and at least 6 months after the previous dose. | None | High risk if did not receive oral polio vaccine. Adult primary series or boosters given to unvaccinated adults during an outbreak. *2022 NY polio | |
| Influenza IIV4 | 6 months - 99 years | 2 doses in first season. 1 dose per year | Yearly | | |
| Influenza High Dose | 65-99 years | None | 65+ Yearly | | |
| Influenza LAIV | 2 -49 years | 2 doses in first season. 1 dose per year | yearly through age 49 | Not for high risk | |
| Influenza CCIIV4 | 6 months-99 years | 2 doses in first season. 1 dose per year | Yearly | Preferred for patients with egg allergies | |
| Influenza RIV4 | 18-99 years | None | Yearly | Preferred for patients with egg allergies | |
| Measles Mumps Rubella (MMR) | Recommend 6 months - 99 years due to annual change | 1 dose at 12 months; booster age 4-6 years | 1 or 2 doses catch up | Some high risk categories; contraindicated for others due to live virus | * Note: Anyone born before 1957 was likely exposed. This age range must be updated yearly or indicated for 6 months-99 years knowing it changes yearly. Experience annual denials due to out of date ranges in health plan systems. Typically given to babies at 12 months, but during an outbreak will |

# Share seamlessly… Steal shamelessly


- Patient Education Materials for all vaccines & ages
- Provider Trainings routine immunizations, billing & COVID-19 vaccine
- Catch up clinics
- Community Outreach
- Speaker Volunteer Program

**WhyImmunize.org**

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