Oregon – Before Billing Was Cool

- Study local health department payer mix
- Strategic planning with all stakeholders with data as basic input
- Recommendation of stakeholders to no longer support immunization of well-insured individuals
- Survey of billing practices
- Consensus process to implement plan
Oregon’s Results: Increased Revenue and Sparing of Section 317 Funding

<table>
<thead>
<tr>
<th>Year</th>
<th>Doses billed</th>
<th>Total amount billed</th>
<th>Total collected</th>
<th>% of 317 saved</th>
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<td>$367,831</td>
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<td>$392,472</td>
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<td>2005</td>
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<td>105,753</td>
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Driving Force for Immunization Billing

- The National Vaccine Advisory Committee (NVAC) recommended that states and localities develop mechanisms for billing insured patients served in the public sector.
- NVAC also recommends that CDC provide support to states and localities by disseminating best practices and providing technical assistance to develop these billing mechanisms.
- Further, NVAC urges states and localities to reinvest reimbursements from public and private payers back into immunization programs.

Why Should We Bill for Immunizations?

- Public health should be paid for work performed, just as anyone else should. (equity)

- Individuals and/or employers pay the health plan for vaccinations, so the vaccine is already paid for; government purchased vaccine should not be used to vaccinate these patients. (common sense)

- Paying for privately insured patients diverts scarce public resources from those in real need. (stewardship)

- Opening a revenue stream in health departments will help keep public health clinics viable. (preparedness)

14 Grantees Funded Through ARRA-317 Innovative Projects to Improve Reimbursement in Public Health Department Clinics
ARRA Grantee Profile

- ARRA funded 14 grantees to develop billing plans.
  - 5 grantees have a centrally operated program.
  - 9 grantees have autonomous health departments that are managed by local entities and boards of health.
  - Medicaid covered between 40% and 90% of clients seeking immunization services. (Not all states or local health clinics billed Medicaid for administration fees)
  - Private insurance covered between 7% and 63% of the clients seeking immunization services.

Grantees Funded Through 2009 - ARRA and 2011 - PPHF Innovative Projects to Improve Reimbursement in Public Health Department Clinics
Reasons for Seeking Immunization Services at the Health Department Clinic

- Patients will present to the health department because of an inability to pay for office visit.
- Some private physicians will not provide immunization visits.
- Some communities do not have private providers and the health department clinic is the only option.
- Appointments in the private physician’s office may be difficult to obtain during busy seasons (i.e., back to school, flu season).

Before Developing a Plan to Bill for Immunizations

- Know yourself
  - Understand your program. How is your state organized? How does your state intend to use 317 vaccine?
  - Clearly understand the client population seeking services in your local clinic.
  - Outline the resources you have that may support a billing program.
  - Identify the insurance payers that cover the patients you serve.

- Know the rules
  - What do the plans in your state cover?
  - What plans need contracts in place in order to pay the full claim?
  - What laws are in your state that may help or hinder the billing process?
  - What policies affect the way you do business with each payer?
Billing Experience

- Grantee's billing experience already exists at the state and local health department level.
  - Well child preventive care
  - Well adult preventive care
  - Diagnosis of ailments or conditions
  - Physical exams
  - Childhood and adult immunization
  - Travel vaccination
  - Family planning
  - Home health care
  - TB
  - Lead screening/ environmental testing

STAKEOLDERS
Having the Right People at the Table

- Local Public Health Agencies
- Third-party payers
- Private companies
- Contract nursing services
- Federally Qualified Health Centers
- State Insurance Commissioner
- Vaccine manufacturers
- Representatives from Medicare and Medicaid
Tool Kits and Training

- **Iowa**
  - LPHA Billing Tool Kit – The Operations Manual and the Resource Manual provide Agencies with the necessary tools and information to evaluate and get started on billing for immunization services.

- **Georgia**

- **Washington**

Tool Kits and Training (cont.)

- **Less formalized training was provided by grantees on subjects including:**
  - General terminology
  - Screening for eligibility
  - Coding
  - Credentialing
  - Forms
  - State regulations
The Bottom Line
Can Immunization Billing
be a Self-Sustaining Program?

- **Montana**
  - Conducted a pilot program using a billing clearinghouse for 7 counties within the state:
    - Billing for both vaccine cost and administration fees as appropriate in all but one county showed the ability to cover the cost of the program and more.
    - The use of a billing clearinghouse turned payments around in an average of 10 days.
    - Essentially doubled the number of clinics that are able to bill electronically.

- **Arkansas – Conducted a pilot program during the 2010 - 2011 influenza season.**
  - The pilot generated $1.4 million in revenue ($631,760 from private insurance).

- **Arizona**
  - Developed a unique program in concert with the state immunization coalition (TAPI).
    - During a ~3 month pilot they were able to bill more than $22,000 and received $13,000 in payments. Low reimbursement rates is reason for the difference and not necessarily denied claims.
    - Arizona concluded that collecting only administration fees would be enough to support the billing services provided by TAPI and deliver significant new revenue to the state.

- **Georgia – Conducted a pilot program focused on its state employee insurance plans only.**
  - In FY 2011 the pilot recovered nearly $1.9 million from only two payers for which they had contracts in place.
Barriers to Overcome for Implementation of Immunization Billing Plan

- Knowledge and Attitude
- Contracting
  - Negotiating contract language has proven to be complicated.
  - Some have reported payers not wanting to contract, stating that they have enough contracted providers in the area.
- Credentialing
  - A lengthy process filled with potential stumbling blocks.
  - Use of groups like Council for Affordable Quality Healthcare (CAQH) can streamline this process.
- Efficiency and details of billing
- Technology capacity to collect, process, and submit data for insurance claims
- Transaction volume

Barriers to Overcome for Implementation of Immunization Billing Plan (Cont.)

- Staff time requirements
  - 50% of LHDs report only having 1 staff person dedicated to billing
  - Record keeping
  - Processing claims
  - Processing denials and returns
- Funding
  - Purchasing vaccines (Private Stock)
  - Software
  - Personnel
Conclusions

- State pilot programs have recovered nearly $5 million from administration fees and reimbursement of vaccine cost.
  - Billing, based on early evidence from this program, is not only possible but will allow health departments to direct services to a larger part of the community.
  - Recovered funds should be directed by the state back to the program that generated those funds.
  - Immunization is not the only medical service provided by health department clinics that can be reimbursed through medical insurance.

Sources for Immunization Billing Information

- A Billing Website with resources from CDC [http://www.cdc.gov/vaccines/spec-grps/prog-mgrs/billables-project/default.htm](http://www.cdc.gov/vaccines/spec-grps/prog-mgrs/billables-project/default.htm)
- Billing Tool Kit Development - NACCHO
Questions???
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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.