Best Practices in Building the "Immunization Neighborhood": Achieving In-Network Provider Status for Complementary Providers

Moderator:
• Rebecca Gehring, National Association of County and City Health Officials

Panelists:
• Nar Ramkissoon, Upp
• Jennifer Tinney, The Arizona Partnership for Immunization
• Mitch Rothholz, American Pharmacist Association

Public Health Billing Projects
Nar Ramkissoon, MPH
Director, Smart Health Claims
Upp Technology

• Every health department may have a unique path and timeline
  • Services, Infrastructure, Staffing
  • Network Managers can offer guidance

• Achieving In-Network status is a negotiation with the Payers
  • Mutually beneficial for patients, LHDs, and payer networks
  • Must have insight into ongoing payer initiatives (ACA, ECPs)

• Essential to Understand terms of In-network contract
  • Ensure successful billing processes
  • Coding, Timely Filing, Required data
Innovations in Pharmacist & Provider Activities
Mitchel Rothholz, RPh, MBA
Chief Strategy Officer
American Pharmacists Association

• Meeting the Needs / Perspective of Decision-makers
  • Consistent Immunization Service Delivery within Regulatory Restrictions
    • Ability to meet specific vaccine / population expectations
      • Local / State / Regional / National – tailor program to needs and ability
  • Providing Access
    • Extended hours
    • Serving medically underserved areas
  • Documentation and Billing needs
    • Either billing through pharmacy system or medical billing system
    • Connectivity to IIS / EHRs
  • Meeting cost-benefit goals

The Public & Private Partnership
Jennifer Tinney
Program Director
The Arizona Partnership for Immunization

• System Collaboration
  • Private practice, pharmacy and safety net clinics working together increase immunization rates by 25%

• Data Sharing Tells the Story
  • Vaccine Congress - Health Leadership exchanging data, working to solutions - Costs vs payment, local tax burden, shifts in Federal funding, capacity

• Impact
  • Increase in reimbursement to providers from many plans
  • Development of centralized public health business office - $4.5 million back to clinics

• Legislation Passed
  • Public Health paid as in network providers regardless of contract status
  • Vaccine Study Committee - Cost Analysis