

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

