Medicare Part D Vaccination Process in a Clinic Setting
National Adult and Influenza Immunization Summit
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Adult Vaccinations

- Zoster
- Tdap
- Tetanus Diptheria (Td)
- Hepatitis A
- Hepatitis A & B combo
Why focus on Adult Vaccinations

- HFHS CEO Nancy Schlichting met with Merck Vaccine President, Julie Gerberding May, 2013 to discuss Henry Ford Health System adult vaccination rates.
- Henry Ford Health System had opportunities for improvement with shingles vaccination rate at 5%.

Why focus on Adult Vaccinations

- System Immunization rate was low
- Patient satisfaction was low
  - Clinic did not carry vaccination (stocked in pharmacy only). Under 65 sent also.
  - Pharmacy verified coverage under Part D. If patient had coverage other than Part D patient was referred to health department or informed they had to pay full price. Variability amongst sites.
- Clinic work paid to pharmacy
- Providers unaware if there was coverage
TransactRX: web based billing

- **Web-Assisted Out-of-Network Billing:** Under this approach, physicians would electronically submit beneficiary out-of-network claims to Part D plans for vaccines dispensed and administered in the physician’s office through a web-assisted portal (vendor). This approach would allow the beneficiary to pay out of pocket only the appropriate deductible and copay or cost sharing directly to the physician, thus avoiding any up-front payment and repayment.

Data age group >65 years old

Pre pilot December, 2013 to July, 2014
Zostavax immunization rate for patients seen in clinic was 5.8%

Post pilot August, 2014 to December, 2015
Zostavax Immunization rate for patients seen in clinic was 12.3%

112% increase
What did we implement?

- All vaccines transferred from pharmacy to clinic
- Collaborations between Henry Ford, TransactRX and EPIC to create the ability to bill for Part D vaccinations along with documenting in patient record.
- Integrated TransactRX process into the daily clinic flow.
  - Initially MA involvement and evolved to include front desk and today front desk only.

Where did we make change

- Henry Ford sites (37)
  - Training conducted at all sites collaboratively with manufacturer representative, EPIC trainer and Administrator
  - Continuous education to standardize clinic vaccination process and insure understanding of payer coverage guidelines i.e. provider and staff ongoing.....questions
LEAN PDSA Cycle 2

- **New Implementation 4/19/17**
  - Incorporated professional billing process so we can bill 835s through Relay Health. “No longer have to submit after visit in TransactRX to receive payment”
  - Created a payor ID for TransactRX.
  - Ability to verify all Medicare beneficiaries with disability (19+ years of age)

Challenges we faced

- Understanding who all the players are from billing to the front office staff – communication/standardization!
- Each Part D plan is unique – requires education
- Physician and support staff education around vaccination and reimbursement
  - Pharmaceutical Rep is priceless in this area
- KEY TIME to vaccinate is before 65
  - 32% vaccination rate 60–64 age group
Keys to success

- Increased focus on patient safety and satisfaction:
  - Addition of bi-directional feed to State of Michigan Registry.
  - Limiting missed opportunities
  - Patient receives vaccination during same day clinic visit.

- Standardization:
  - Created alerts in EPIC(EHR).
    - Clinic staff work off the health maintenance as the encounter is completed.
  - Monthly sweep report for providers
  - Created workflow for Part D eligibility
Keys to success

- Persistence: Corporate billing was not allowing us to bill directly to TransactRX because of our billing process. We persisted and were able to find a way to bill directly.

Sweet Spot

- Vaccinate before 65

  - I wouldn’t be here presenting if we did this!
Questions

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