Billing to Get More Vaccines in Arms

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

AZ Public Health Gaps

• $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)
Immunization Financing System

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 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 11 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

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   - Medicare payment for pneumo limited so Standing Orders rescinded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 low “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
- Gains in adult vaccine coverage started with Hep A outbreak
- Huge changes in networks, policy and payments because of COVID
- Mpox reinforced 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
  - 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
- Accept shipment
- 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 VFC for every vaccine
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
Electronic system all 33 states
Billing house 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

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>91301</td>
<td>Moderna Covid-19 Vaccine</td>
<td>SARSCOV2 VAC 100MCG/0.5ML IM</td>
<td>80777-273-10 vial NDC</td>
<td>$0.01</td>
<td>$0.01</td>
<td>$0.01</td>
<td>$0.01</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>0011A</td>
<td>Moderna Covid-19 Vaccine Administration First Dose</td>
<td>ADIM SARSCOV2</td>
<td>80777-273-10-99 carton NDC</td>
<td>$0.01</td>
<td>$0.01</td>
<td>$15.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>0012A</td>
<td>Moderna Covid-19 Vaccine Administration Second Dose</td>
<td>ADIM SARSCOV2</td>
<td>80777-273-10-99 carton NDC</td>
<td>$0.01</td>
<td>$0.01</td>
<td>$15.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>0013A</td>
<td>Moderna Covid-19 Vaccine Administration Third Dose</td>
<td>ADIM SARSCOV2</td>
<td>80777-273-10-99 carton NDC</td>
<td>$0.01</td>
<td>$0.01</td>
<td>$15.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Modern Booster Codes (Blue Cap)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>91306</td>
<td>Moderna Covid-19 Vaccine (Low Dose)</td>
<td>SARSCOV2 VAC 50MCG/0.25ML IM</td>
<td>80777-273-10-99 carton NDC</td>
<td>$0.01</td>
<td>$0.01</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>0094A</td>
<td>Moderna Covid-19 Vaccine Administration – Booster Dose</td>
<td>ADIM SARSCOV2</td>
<td>80777-273-10-99 carton NDC</td>
<td>$0.00</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>$38.78</td>
<td>$75.00</td>
</tr>
</tbody>
</table>

Complexity of managing 30+ codes and multiple presentations a barrier

http://azhc.css.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

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

Vaccine Billing Resources
Provider Billing tools

COVID-19 Vaccine Billing Policy Information (3/10/2020)

1. Do not need SL Modifier on vaccine for most plans - Amount $.00/$.01
2. Medicare not requiring vaccine code on claims just admin code
3. Admin code is vaccine and Dose specific
4. Admin fee – $40 Most Plans, $75 Medicare Homebound, $83 AHCCCS
5. Rendering provider is tied to Standing orders physician location
6. Place of Service is the offsite location
7. Can bill for flu plus COVID-19. Use COVID-19 admin code and primary flu admin code of 90471. (May have to bill Medicare and Advantage Plan both)

Vaccine and admin charges: $.01 or $0.00 for vaccine and 1st/2nd dose CMS rate for admin fee

Typical ICD-10 Code indicating Encounter for Immunizations

Place of Service for offsite Immunization Clinic - 60

Vaccine Presentation NDC from carton

Vaccine & admin code of dose 1 or 2. SL modifier to indicate Federally supplied may not be needed. Check with plan

Rendering provider is the base of operation clinic location of standing order provider
COVID-19 Insurance Explanations for Patients and Staff


Working with Health Plans

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Age Range</th>
<th>Disease High Risk Recommended for ages</th>
<th>Routine Childhood Schedule</th>
<th>Routine Adult Schedule</th>
<th>Catch up on High Risk</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza B</td>
<td>6 months</td>
<td>Rare who have not been vaccinated</td>
<td>0-12 months: every 6 months</td>
<td>0-12 months: every 6 months</td>
<td>0-12 months: every 6 months</td>
<td>0-12 months: every 6 months</td>
</tr>
<tr>
<td>Influenza A</td>
<td>6 months</td>
<td>Rare who have not been vaccinated</td>
<td>0-12 months: every 6 months</td>
<td>0-12 months: every 6 months</td>
<td>0-12 months: every 6 months</td>
<td>0-12 months: every 6 months</td>
</tr>
<tr>
<td>Measles, Mumps, Rubella (MMR)</td>
<td>12 months</td>
<td>Rare who have not been vaccinated</td>
<td>12 months: first dose at 12 months</td>
<td>12 months: first dose at 12 months</td>
<td>12 months: first dose at 12 months</td>
<td>12 months: first dose at 12 months</td>
</tr>
</tbody>
</table>

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

If you have Medicare coverage, we need your MMB to bill Medicare. If you are covered under an Advantage Plan, we need your MMB 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 EHR will allow us to look up your insurance coverages. If there are errors in your insurance information.

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

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

- 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

[Image of coding resource]

https://www.niaa.org/immunizationsummit