

National Adult and Influenza Immunization Summit
“Setting the Stage for 2024-2025 Respiratory Virus Season:
Where Are We and Where Can We Go from Here”
Webinar Q&A: May 16, 2024

QUESTIONS AND ANSWERS

Q: Does “store” include pharmacies?

L.J Tan (Immunize): Yes.

Q: Billing is one thing, making sure you bill properly and all the challenges of billing...and Mitch points out payment levels is another barrier for both physicians and pharmacies. Do you have any final thoughts regarding that comment from Mitch?

Mitchell Finkel (Avalere): Yeah, absolutely. So that Global Healthy Living Foundation report was really focused both on physicians and pharmacies and they found that the reimbursement challenges were greater in pharmacies. So I think payment levels is definitely a concern among all providers across all respiratory vaccines.

Q: If the doctors’ offices are the preferred places but actual vaccinations are somewhere else, what are the barriers at doctors’ offices and what can be done to alleviate?

Carla Black (CDC): Kayla has a slide from the patient perspective, but we are actually working on a survey among providers to ask about barriers to providing vaccines in provider offices.

Q: Do you have any information on the level of knowledge of IRA changes among providers? We have found it has taken a lot of outreach to providers to let them know of the changes in an effort to have them trickle that info out to the public.

Mitchell Finkel (Avalere): At this point, both the Medicaid provision (which required all adults within Medicaid, whether they're on traditional Medicaid or expanded Medicaid, to have access to vaccines at no cost) and the Part D provision (where it eliminated Part D cost-sharing) have been implemented, and CMS has conducted outreach to different provider types, as well as the public, to educate them on these new provisions. But I think we'll see more data as it comes in of the real impact of these provisions on both providers and patients.

Q: Do you have a sense of how pharmacies were provided with streamlined billing for influenza under Part B? We’re looking at how we might be able to get pharmacies to be able to bill for Part A residents in long-term care and wonder if this has any lessons learned.

Mitchell Finkel (Avalere): Yeah, it's a really good question. And CMS actually just put out a guidance on how long-term care facilities can bill for both Part B and Part D covered vaccines. It's a lot more complicated there, because long-term care facilities often have pharmacies and a facility, and they're Part A providers and not Part B providers. But I think a lesson that was learned was that, when CMS realized that pharmacies were becoming a real provider type for influenza vaccines, they classified them as a billable entity that allowed them to submit a form that's called a roster billing form, which is a streamlined format that ensured that they were able

to bill for the vaccines. So I think working with CMS to figure out the best way for long-term care facilities to bill for vaccines is probably a prudent step.