

Welcome

to the
2026 National Adult and
Influenza Immunization Summit



Check out our website! izsummitpartners.org

Summaries of Working Groups and Break-Out Discussions

May 19-21, 2026



Discussion Groups

- Many great ideas shared on Slido
- Will be consolidated, reviewed, and prioritized by the working groups.



Discussion Group

Billing and Coding



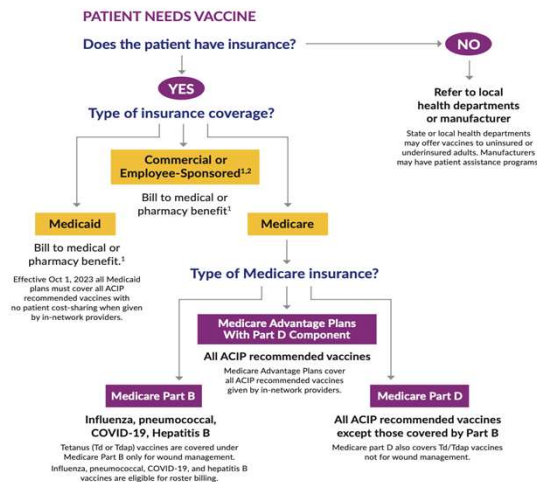
Billing and Coding Working Group

- **THANK YOU** to the very dedicated WG volunteers for lending their expertise to develop and update resources for vaccinating providers and their staff.
- **GOOD NEWS** – Clear statements from AHIP through 2026 and BC/BS through 2027 to cover vaccines on schedules at zero-dollar coverage
- **MAJOR CHALLENGE** – Uninsured adults' vaccine access and LTCF payment issues.



Insurance Coverage of Adult Immunizations

Patients and providers should confirm which providers are in-network providers for vaccinations covered by their insurance plan.



Reporting Portal Helps Identify New Issues and Address Challenges Providers Experience

- Reporting of Payment Challenges helped identify error at CMS that was quickly communicated to providers as were CMS corrections.
 - Developed "Dear Colleague Letter" and communicated directly with payer organizations

Report Vaccine Payment Challenges

The NAIIS seeks to better understand providers' vaccine billing challenges. Click below for more information about reporting challenges.

[More Information](#)



National Adult and Influenza Immunization Summit

February 10, 2026

Dear Colleagues:

The National Adult and Influenza Immunization Summit (NAIIS) is writing to raise an urgent operational issue affecting access to COVID-19 and other vaccination services across multiple Medicare Advantage, commercial, and Medicaid health plans.

We have received multiple reports from local public health departments, primary care practices, and other frontline vaccinators that claims for vaccine administration are being denied due to outdated National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) edits that have already been corrected by the Centers for Medicare & Medicaid Services (CMS). While CMS has issued replacement files to withdraw these edits

Reporting Portal Helps Identify New Issues and Address Challenges Providers Experience

- Other reports identified common issues, including continued challenges for some regarding adequacy of payment.
 - Led to development of vaccine costs and anticipated payments explainer and estimator.



Glossary of Purchasing Terms and Tips for Smart Vaccine Purchasing

This resource provides definitions and explanations of key terms used in vaccine purchasing, pricing, and reimbursement, as well as practical tips for ordering vaccines efficiently and effectively in clinical and public health settings.

While this document is developed with adult vaccinations in mind, the American Academy of Pediatricians has resources on [Managing Costs Associated with Vaccinating](#) which also have applicability to adult vaccination.



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Updated Documents on Billing and Coding

- Now include updated information and example scenarios on CPT coding for standalone vaccine counseling (counseling when a vaccine is not given)



Adult Current Procedural Terminology® Coding Case Scenarios

April 23, 2026



NAIIS Billing and Coding of Vaccines in the Pharmacy



Top Questions for Medical Benefit Coding and Billing for Vaccines: Avoiding Common Errors



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PALT-Med “Moving Needles” Project

- Although not a product of the working group, want to acknowledge important paper from PALT-Med outlining unique challenges to vaccination in LTCF settings, including among persons on Medicare part A stays when needing a part B vaccine.



Infrastructure, Access, and Cost: A Review of Systems Barriers to Immunizing Residents and Staff in Long-Term Care Settings

[READ MORE](#)

movingneedles@paltmed.org



<https://movingneedles.org/papers/>

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Continuing Gaps

- Remaining issues with who and where to get parts B and D, and patients in part A stays for LTCF residents
- Plan specific issues
- Low margins on vaccine purchases; no room for any errors
- Limited networks (fewer PCP's carrying wide range of vaccines, out of network payments)
- Frequent appeals to payers especially for risk-based recommended vaccines
- Lags in payment increase relative to timing of price increases
- In Medicaid, nurse practitioners paid about 80% of physician fee schedule
- Inability to negotiate with Medicaid plans
- PBM systems with lack of transparency and driving payments down in pharmacies. Covered by payers but denied by PBM. Limit pharmacy networks and patient access



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Key Potential Actions/Solutions for Summit Partners and WG in 2026-27

- **Continue to solicit questions and issues through Payment Challenges Reporting portal and actively engage in follow-up**
- Update guidance on vaccine billing and coding annually and as needed.
- Expand templates for providers to re-submit and justify claims based on ACIP recommendations
- Advocate for
 - No wrong door concept
 - Payment at level that ensures financial sustainability
 - Medicare rate to be the benchmark for all providers
- Will be reviewing the comments from the Slido submissions



Discussion Group

Sustaining Community Based Organizations



Sustaining Community Based Organizations Working Group

- Thank you to the NAIS working group and leadership
 - Synovia Moss, Moss Consulting and Management Group
 - Chinnie Ukachukwu, National Minority Quality Forum
 - Daisy Winter, Brown University



Activities from 2025-26

- Community Based Organizations (CBO) are critical partners in immunization education and vaccine access
 - Knowledgeable of Community Concerns and Vaccine Access, Trusted, Sustained Community Involvement, Broad Perspective of Community Needs and History, etc.
- As a working group (WG), discussed key challenges for CBO's, including funding and removal of equity as a core actionable issue by the current administration.
 - WG challenges included loss of Susan Farrell as passionate leader of the group
- Discussed need for greater understanding of the knowledge and value CBO's bring and how to put them in the center of pro-vaccine ecosystem
 - WG requested speakers to provide examples of successful CBO collaborations that could help shape a blueprint for making this shift



Activities from 2025-26

- **WG activities, con't**
 - Identified speakers for ~bi-monthly WG meetings and/or Thursday NAIS 3 PM webinars to address issues of vaccine equity, innovative work of CBOs (e.g., Good Health Wins/NCNW, National Minority Quality Forum, Phoenix Fire Department, EXCITE County Extension Program, National Counsel of Black Churches), sources of reliable and up-to-date information on vaccines for CBOs (e.g., VYF) and information on working with foundations (Grantmakers in Health)
 - Developed in-person meeting plenary session plus incorporating partnership importance and equity into additional sessions
 - Updating fact sheet on disparities in vaccine preventable diseases impact and vaccination rates (in progress)



Sustaining CBO Breakout Group Discussion

- **Sustaining CBOs Breakout Discussion**
 - WG elected to have smaller discussion groups to allow for discussions by region – Western, Southeastern, Northeastern, Central/Midwest, National
- **Discussion Topic – Main Focus**
 - Given escalation of disinformation on immunizations, creating a larger pro-vaccine ecosystem is more critical than ever
 - How can work towards a pro-vaccine ecosystem that includes CBO's at the center given their expertise and direct, sustained trusted work at community level?
 - Involvement of CBO's central to planning and execution



Sustaining CBO Breakout Group Discussion

- Subtopics
 - What are existing examples of CBO's successful work on creating community pro-vaccination hubs for information? For vaccine access?
 - What are best practices for CBO's to develop and sustain partnerships with healthcare systems, pharmacies, and health departments and vice versa? i.e., what are win-wins for respectful, effective collaborations that bring people to vaccines and vaccines to people in partnership with trusted CBO's?
 - What are existing models/blueprints of successful relationships between CBO's and state/local government entities, vaccine manufacturers, or health systems/FQHC's, and pharmacies?
 - How can NAIS members/organizations work more effectively with CBO's to support their critical work in creating pro-vaccine ecosystems?



Key Potential Actions/Solutions

- Blueprint/examples of successful collaborations between CBO's and
 - Health departments
 - FQHCs
 - Pharmacies
 - Other entities in the immunization ecosystem
- Resources for consistent clear messaging, including vaccine recommendations
- One pager of what resources should be ready to support CBO's starting immunization work
- Continue to recognize challenges for funding vaccination of uninsured adults



Discussion Group

Operationalizing Seasonal Vaccines



Activities from 2025-26

- Thank you to the working group for your input and collaboration the past year!
- Goal of this working group is to develop tools to aid vaccine providers with implementing seasonal vaccine recommendations
- Existing documents were updated to reflect changes in U.S. vaccine recommendations (e.g., RSV vaccination for high-risk persons 60-74 to 50-74 years)



Talking with Adults about Vaccines to Prevent Respiratory Illnesses During Cold and Flu Season

Several vaccines are available to prevent common respiratory viral diseases we expect to see this fall and winter: COVID-19, influenza (flu), and respiratory syncytial virus (RSV). Additionally, preventing co-infection with pneumococcal infections is also recommended as pneumococcal infections are a significant cause of morbidity and mortality. Use the SHARE approach and the key points to discuss vaccines with your patients and make strong recommendations.



My One-Year Vaccination Action Plan

The checked vaccines are recommended for you by your healthcare provider to be given during the next year:



<https://www.izsummitpartners.org/naiis-workgroups/operationalizing-adult-immunization-workgroup/>

Activities from 2025-26

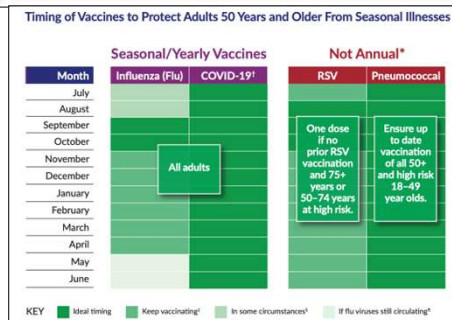
Get Adults' Vaccinations Back on Track

Tip sheet for providers on U.S. adult vaccines and tools to help adults catch up on needed vaccinations



At least 3 out of every 4 adults are missing one or more vaccines like tetanus (Td/Tdap), pneumococcal, shingles, and flu vaccines. In addition, respiratory syncytial virus (RSV) vaccine was new in 2023, and pneumococcal, and COVID-19 vaccine recommendations continue to evolve. HPV, hepatitis A, hepatitis B, and mpox vaccines are recommended for certain age and risk groups.

Fall 2025 Respiratory Season Vaccination for Adults 50 Years and Older



<https://www.izsummitpartners.org/nais-workgroups/operationalizing-adult-immunization-workgroup/>

Activities from 2025-26

- New document was added summarizing data on vaccine co-administration safety and immunogenicity

Vaccination Coadministration

The safety and immune response when two or more vaccines are given on the same day (aka coadministration) to adults is supported by experimental evidence and extensive clinical experience. (ref. 1-39) Coadministration yields comparable immune responses except in some

studies where the antibody level was lower for a minority of antigens. However, the clinical significance of these instances is unknown. Safety is comparable. In a few studies, some measures of short-term reactivity (e.g., side effects like fatigue, headache, or pain) were higher with

coadministration. One travel vaccines study but not others found a small increase in side effects when 3 or 4 vaccines were coadministered on the same day (ref 4, 5). The table below summarizes data from studies with two vaccines coadministered, but may not be an exhaustive list.

VACCINE →	COVID-19	Influenza (Inactivated)	Respiratory Syncytial Virus (RSV)	Tetanus-diphtheria pertussis (Tdap - whooping cough) and Td	Recombinant zoster vaccine (RZV/shingles)	Pneumococcal polysaccharide (PPSV23)	Pneumococcal conjugate (PCV)	Hepatitis A	Hepatitis B	Meningococcal ACWY
COVID-19		3, 13, 39*	15, 20*	11*	2, 31, 34*	23*	17, 22, 33*			
Influenza (Inactivated)	3, 13, 39*		6, 9, 10, 12, 15, 20, 22, 25*	24, 26*	2, 25, 31, 34, 36, 39*	21, 23*	7, 27, 30, 32, 33, 39*			
Respiratory Syncytial Virus (RSV)	15, 20*	6, 9, 10, 12, 15, 20, 22, 25*		23*						
Tetanus-diphtheria pertussis (Tdap - whooping cough) and Td	11*	24, 26*	23*		2, 26, 31, 34, 36*		37*			28, 29*
Recombinant zoster vaccine (RZV/shingles)	2, 31, 34*	2, 25, 31, 34, 36, 39*		2, 24, 31, 34, 38*			2, 18, 31, 34*			
Pneumococcal polysaccharide (PPSV23)	23*	21, 23*					28, 29*			
Pneumococcal conjugate (PCV)	17, 22, 33*	7, 27, 30, 32, 33, 39*			2, 18, 31, 34*	28, 29*		35*		
Hepatitis A							35*			
Hepatitis B									1*	1*
Meningococcal ACWY				28, 29*					1*	1*

KEY
■ Similar immune response and side effects
■ Similar immune response for most antigens, but not all (unknown clinical significance). No increase in side effects.
■ Similar immune response, but increase in some side effects (e.g., fatigue, headache, soreness)
■ Similar immune response for most antigens, but not all (unknown clinical significance); increase in some side effects (e.g., fatigue, pain)
■ Limited or no data publicly available
■ Not recommended. Decreased immune response.

*reference numbers. See page 2.



Key Potential Actions/Solutions

- Update products for fall season and 2027
- Resources for consistent clear messaging, including vaccine recommendations
 - Central unifying message for all NAIS members from which they can build messages tailored to their populations
- How to engage young adults, in collaboration with other organizations
- Curated resources list
- Amplify training successes for nurses, PA's, MA's, and other healthcare team members



Proposed New Working Group

Vaccination and Occupational Health



Initiation of Working Group Input

- If interested, provide contact information to NAIS
- Will be sending survey to gather ideas for priority activities

