THE NATIONAL VACCINE PROGRAM OFFICE

PROVIDER PAYMENT FOR ADULT IMMUNIZATION

Current Issues in Immunization
Adult Immunization NetConference Series

CDC – Maryland Partnership for Prevention

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NVPO coordinates the National Vaccine Plan (NVP), the overall purpose of the plan is to guide and facilitate coordination and planning for federal vaccine and immunization system efforts.

- 17 federal agencies within and beyond HHS
- 10 non-federal organizations and stakeholder groups
- NVPO is responsible for coordinating stakeholders and monitoring NVP activities
- NVPO reports to the Assistant Secretary for Health (ASH) on achievements and areas for improvement
OBJECTIVES

I. Vaccine Financing in the United States

II. Challenges Facing Providers of Adult Immunization

III. Efforts to Address Barriers

IV. Good Things to Know – Resources to Help if You Don’t Know
Public & Private Sector

VACCINE FINANCING IN THE UNITED STATES
VACCINE FINANCING IN THE UNITED STATES

- Vaccines for Children (VFC, ~45% of children)
  - Entitlement for children up to age 19 served by:
    - Medicaid
    - Without health insurance
    - American Indians and Alaska Natives
  - Underinsured children can receive VFC vaccines in Federally Qualified Health Centers (FQHCs) or Rural Health Clinics (RHCs)
Federal Government provides the vaccine and providers are paid an administration fee, based on a fee schedule.

For children on Medicaid, the State Medicaid program pays the administration fee. The state sets the rate, based on the fee schedule.

- **Section 317**
  - Discretionary funding that has been stagnant
  - Has objective to improve adult IZ
VACCINE FINANCING IN THE UNITED STATES

• Medicare
  – Federal health insurance for those age 65 years and older, disability, permanent kidney failure
  – Coverage under:
    • Part B (named by statute) – influenza, pneumococcal, hepatitis B
    • Part D – All other vaccines (e.g. zoster)
VACCINE FINANCING IN THE UNITED STATES

• Medicaid (non-VFC)
  – No cost-sharing for adults in expansion population
  – State Medicaid program reimburses providers for both vaccine and administration fee.
  – Reimbursement rate for administration fee is set by states (no fee schedule)
  – State receives Federal match for both the vaccine and administration fee at the state’s regular match rate (between 50-70% based on state per capita income)
VACCINE FINANCING IN THE UNITED STATES

• Private sector (~50% of children)
  – Price of vaccine negotiated with purchaser (distributor/manufacturers)
  – Payment negotiated with various payors
  – Providers responsible for administering vaccine then seeking payment (compare with pharmaceuticals where patient fills the prescription)
CHALLENGES FACING ADULT PROVIDERS
FIRST DOLLAR COVERAGE

• Applies to the patient perspective

• FDC means:
  – ACIP-recommended vaccines at no cost-sharing to the patient (no copays, co-insurance, deductibles)

• What does financing mean for the provider?
MANAGING THE BUSINESS OF VACCINATION: PROVIDERS

1. Purchase of vaccines
2. Manage inventory and associated supplies
3. Payment for vaccine and vaccination services

Vaccination event
WHAT DOES IT COST THE PROVIDER TO IMMUNIZE?

• Vaccine purchase
  – Order, tracking inventory, deferred payment

• Vaccine storage
  – Refrigerator/freezer, back-up power/alarms, insurance, opportunity cost of inventory

• Vaccine administration
  – Staff time, supplies, documentation, learning billing and coding across various payors
CHALLENGES IN PURCHASING ADULT VACCINES

• Newer vaccines are more expensive

• No federal vaccine purchase program for adults

• Vaccine product pricing can vary as much as 3-fold depending on negotiated prices, which are confidential

• Adult vaccine providers have smaller economies of scale than pediatric providers
# CDC VACCINE PRICE LIST

## Adult Vaccine Price List

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Brandname/Tradename</th>
<th>NDC</th>
<th>Packaging</th>
<th>CDC Cost/Dose</th>
<th>Private Sector Cost/ Dose</th>
<th>Contract End Date</th>
<th>Manufacturer</th>
<th>Contract Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A-Adult</td>
<td>Vaqta®</td>
<td>00006-4096-02</td>
<td>10 pack – 1 dose syringe</td>
<td>$27.68</td>
<td>$66.91</td>
<td>6/30/2017</td>
<td>Merck</td>
<td>200-2016-90100</td>
</tr>
<tr>
<td></td>
<td></td>
<td>00006-4841-41</td>
<td>10 pack – 1 dose vial</td>
<td>$25.73</td>
<td>$64.21</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A Adult</td>
<td>Havrix®</td>
<td>58160-0826-11</td>
<td>10 pack - 1 dose vial</td>
<td>$25.73</td>
<td>$63.72</td>
<td>6/30/2017</td>
<td>GlaxoSmithKline</td>
<td>200-2016-90099</td>
</tr>
<tr>
<td></td>
<td></td>
<td>58160-0826-52</td>
<td>10 pack - 1 dose syringe</td>
<td>$27.68</td>
<td>$63.10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A-Hepatitis B Adult</td>
<td>Twinrix®</td>
<td>58160-0815-52</td>
<td>10 pack - 1 dose syringe</td>
<td>$54.66</td>
<td>$92.50</td>
<td>6/30/2017</td>
<td>GlaxoSmithKline</td>
<td>200-2016-90099</td>
</tr>
<tr>
<td>Hepatitis B-Adult</td>
<td>Recombivax®</td>
<td>00006-4085-52</td>
<td>10 pack - 1 dose syringe</td>
<td>$23.78</td>
<td>$59.09</td>
<td>6/30/2017</td>
<td>Merck</td>
<td>200-2016-90099</td>
</tr>
</tbody>
</table>

COST OF VACCINE STORAGE AND HANDLING

- Equipment: Refrigerator/freezer, temperature monitoring devices
- Upfront purchase costs
- Labor costs to order, track, and maintain supply
- Backup power
- Insurance for inventory
- Opportunity cost of potentially hundreds of thousands of dollars tied up in inventory
COSTS OF VACCINE ADMINISTRATION

• Staff time
  – Discussions with individuals
  – Vaccine administration
  – Documentation
  – Training

• Supplies

• Billing
EFFORTS TO ADDRESS BARRIERS

National Vaccine Advisory Committee (NVAC)
National Adult Immunization Plan (NAIP)
National Adult and Influenza Immunization Summit (NAIIS)
IMPLEMENTING NVAC RECOMMENDATIONS:
BUILDING ON NVAC WORK

• NVAC Pediatric Financing Working Group (March 2009)
  – “Assuring Vaccination of Children and Adolescents Without
    Financial Barriers”

• NVAC Adult Working Group (February 2012)
  – “A Pathway to Leadership for Adult Immunization”
NVAC – 9 BARRIERS TO ADULT IMMUNIZATION

1. Lack of coordination of adult immunization activities
2. Lack of public knowledge
3. Lack of provider recommendations for immunization
4. Financial impediments to vaccinations
5. Lack of access to, and utilization of, health care services by adults
6. Lack of utilization of reminder or assessment systems
7. Racial/ethnic disparities
8. Health literacy
9. Concern about adverse events
RESEARCH NEEDS

a. Establishing costs of administering adult vaccines, and basing reimbursement of vaccine administration on these costs

b. Continued collection and evaluation of adult immunization data

c. Studying the economic benefits of adult immunization

d. Studying the impact of differing medical care reimbursement systems on vaccine uptake

e. Evaluation of HCP training

f. Studying adult health care providers to further examine provider vaccine stocking and administration practices and the relationship to vaccination coverage disparities

g. Evaluation of the 2013–2014 Medicaid reimbursement modification (completed on primary care services)
RESEARCH NEEDS

h. Studying public and provider knowledge, attitudes, and practices related to adult vaccination after implementation of these recommendations

i. Conducting a standardized evaluation of adult vaccination in non-traditional immunization venues

j. Better understanding the impact of health literacy on vaccinations and vaccination disparities

k. Researching the optimal use of social networking

l. Researching state-level policies and practices

m. Researching the development of new and improved vaccines and vaccine delivery systems
NVAC RECOMMENDATIONS:
COMPREHENSIVE NATIONAL ADULT IZ PROGRAM

• **Recommendation #3:** Strategic plan for adult immunization - NAIP

• **Recommended activities:**
  1. General infrastructure
  2. Expanding access to immunization
  3. Provider systems-based interventions
  4. Increasing demand for vaccination
  5. Research needs
The Pediatric Experience

- **Payor education**: AAP business case
- **Provider education**: Coding, reimbursement, strategies lower cost (e.g. VPG), improve practice efficiency

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**American Academy of Pediatrics**
DEDICATED TO THE HEALTH OF ALL CHILDREN™

**The Business Case for Pricing Vaccines**
Revised March 2012

One of the goals of the American Academy of Pediatrics (AAP), shared by the American Academy of Family Physicians (AAFP) and the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP), is to promote maximum immunization coverage for all infants, children, adolescents, and young adults. To achieve this goal, physicians must be paid for the full costs (direct and indirect) of vaccine product-related expenses and vaccine administration expenses as well as the margin for overall overhead expenses. Because the private physician practice is the backbone of the immunization delivery infrastructure, public and private sector payers must recognize that a pediatric practice is really a business entity and must run on sound, generally accepted business principles to remain viable. Vaccines are among the top overhead expenses for the pediatric practice. Therefore, payments must ensure recovery of the total direct and indirect practice expenses and a margin for both the vaccine product and the vaccine administration office costs and the time spent counseling families on the indications for and potential adverse effects of each vaccine product.
FOCUS ON PROVIDERS

- **Patients**: May be unaware of recommended ACIP vaccines (not know they are fully covered under the ACA)

- **Providers**: May be learning the “business” of vaccination (not know coverage for payment and how to code)

- **Payors**: Payment for vaccine (product) and administration (services)
QUESTIONS TO NVAC

• What are the data gaps to understanding financing barriers to providers for providing vaccination services?

• What are the types of studies needed to better understand vaccine and vaccination costs associated with providing adult vaccines?
“The total cost of administering vaccines, including administration, storage, purchase, and other incidental costs; reimbursement received for administered vaccines; opportunity costs of purchasing and storing vaccines; and the average net profit and loss associated with vaccine administration among various provider types and provider settings.”
THE (FIRST EVER) NATIONAL ADULT IMMUNIZATION PLAN

THE NATIONAL VACCINE PROGRAM OFFICE
NATIONAL ADULT IMMUNIZATION PLAN
FOUR OVERARCHING GOALS

**INFRASTRUCTURE**

**GOAL 1:**
Strengthen the adult immunization infrastructure

**ACCESS**

**GOAL 2:**
Improve access to adult vaccines

**DEMAND**

**GOAL 3:**
Increase community demand for adult immunizations

**INNOVATE**

**GOAL 4:**
Foster innovation in adult vaccine development and vaccination related technologies
NATIONAL ADULT AND INFLUENZA IMMUNIZATION SUMMIT

• **Our charge:** Determine what we can do as the NAIIS *and* as individual organizations to improve adult and influenza vaccination rates:
  – Identifying data gaps and filling them
  – Identifying barriers and addressing them

• **Working Groups**
  – Provider and Access
  – Influenza
  – Quality Measures
    • Maternal, Adult composite, ESRD
Coding & Billing, Resources to Help

GOOD THINGS TO KNOW & RESOURCES
REMINDER

• Coverage with no cost-sharing

• Actual dollar payments often vary by insurer and individual insurance plans

• Each claim submission requires appropriate Current Procedural Terminology (CPT®) and ICD-10-CM codes even if the insurer considers immunization a routine service
GOOD HABITS TO KNOW…

• Document the work done in a permanent record or log:
  – Name of the vaccine and the manufacturer
  – Lot number and expiration date
  – Date of administration
  – Name, address, title and signature (electronic is acceptable) of the person administering the vaccine
  – Edition date of the Vaccine Information Statement (VIS) and date the patient or parent receives the VIS
GOOD HABITS TO KNOW…

• Know your payer and its rules:
  – Private payer
  – Medicare Part B
  – Medicare Part D

• Look around for the most favorable vaccine pricing, seek out group purchasing agreements to take advantage of volume discounts, and buy direct from the manufacturer

• Steps to take…
SELECT THE CORRECT CPT CODE FOR THE VACCINE ADMINISTERED

• Codes should accurately reflect the documentation in the patient’s medical record

• Vaccine product codes are listed in the “Medicine” section of the CPT manual

• Represented by CPT codes 90476 through 90749
  • E.g., 90736 for zoster vaccine
  • Exception for 90568 for influenza and Medicare
ADD THE PROPER IMMUNIZATION ADMINISTRATION CPT CODE

• Every vaccine administered and billed should have a related vaccine administration service code
  - These appear in the “Medicine” section of the CPT manual

• Represented by CPT codes 90460 through 90474. Codes account for:
  - Age of the patient
  - Order and route of administration

• If Medicare, use proper G code for Part B vaccines – influenza (G0008), pneumo (G0009), hep B (G0010)
LINK THE APPROPRIATE DIAGNOSIS (ICD-10-CM) CODE, Z23

• To each CPT code for the vaccine; and

• To the code for administration service

• ICD-10-CM code is now Z23 for all vaccines and vaccine services
ADD OTHER CPT CODES…

• For any evaluation and management (E/M) services

• Other services provided during the visit. E.g., include:
  – Laboratory services
  – X-rays
  – Make sure to couple the service with the appropriate ICD-10-CM code describing why each service was performed
IF APPLICABLE, ATTACH THE “-25” MODIFIER FOR THE OUTPATIENT OFFICE E/M CODE

• The “-25” modifier identifies a service unrelated to others performed during a patient visit. E.g.,
  – If an adolescent receives a meningococcal vaccination while seeking treatment for an injured ankle
  – If the preventive medicine services codes 99381 through 99395 were used, the “-25” modifier is usually not necessary
WHAT ABOUT MEDICARE PART D VACCINES?

- Payment for Part D vaccines and their administration are made solely by the participating Prescription Drug Plan.

- Physicians are considered out-of-network providers.

- Charge the patient for the vaccine and its administration and then...

- Provide patient with CMS-1500 claim form for the vaccine and administration service for patient to file.

- Enroll in TransactRx Vaccine Manager.

- Brown bagging vaccine from network pharmacy to be administered by MD; collaborative agreement between MD and pharmacy whereby vaccine given directly in the pharmacy and billed directly.
EXAMPLE WITH SHINGLES IN A PHYSICIAN’S OFFICE

• If patient is 60 – 64 years of age, seek coverage under patient’s private insurance

• If patient is 65 years of age and older with secondary insurance to Medicare, seek coverage under patient’s private insurance

• If patient is 65 years of age and older who have enrolled in Medicare Part D, charge patient and provide CMS-1500 form

• Use CPT code 90736 for vaccine, CPT code 90471 for the administration fee, and ICD-10 code Z23
The National Vaccine Program Office

Coding and Billing Website

Coding and Billing for Adult Vaccinations

A common problem that has been expressed by providers of adult vaccinations has been the intricacies and complexities associated with coding and billing for those services. Much discussion at meetings of the National Adult and Influenza Immunization Summit ("Summit") has focused on opportunities to provide information to providers to reduce the errors and confusion associated with coding and billing for adult vaccines. The Summit's Access and Provider Workgroup has developed this website in response to this identified need.

At this one web location, you will find the top questions identified with coding and/or billing for adult vaccinations, scenarios that detail how to go about coding and billing for adult vaccines.

https://www.izsummitpartners.org/naiis-workgroups/access-provider-workgroup/coding-and-billing/

THE NATIONAL VACCINE PROGRAM OFFICE
MANUFACTURERS PROVIDE HOTLINES

• Many manufacturers provide hotlines to assist coders; these may also offer guidance for claims preparation, appeals, and specific payers’ vaccine coverage and reimbursement policies

• Contact your vaccine representative to learn more about their reimbursement support services
VISIT IAC RESOURCES

• **Read publications**
  – http://www.immunize.org/publications/

• **Visit websites**
  – www.immunize.org
  – www.vaccineinformation.org
  – www.izcoalitions.org
  – www.preventinfluenza.org

• **Stay ahead of the game & subscribe to updates**
  – http://www.immunize.org/subscribe/
MORE INFORMATION

Join the National Adult Immunization and Influenza Summit
http://www.izsummitpartners.org/

Attend our upcoming NVAC meeting
In-person or via live webcast
http://www.hhs.gov/nvpo/nvac/meetings/upcomingmeetings/index.html

Visit our NVPO webpage and download the National Vaccine Plan or the National Adult Immunization Plan:
http://www.hhs.gov/nvpo/index.html
MANY THANKS

- Mary Beth Hance, CMS
- Jeff Kelman, CMS
- Carolyn Bridges, CDC
- La Dora Woods, CDC
- LJ Tan, Immunization Action Coalition
- Tiffany Tate, MD Coalition
The National Vaccine Program Office—along with our federal partners—is recognizing excellence across the vaccine and immunization system.

- **Up to 5 non-monetary awards available.**
  One award for each National Vaccine Plan goal
  - New and Improved Vaccines
  - Vaccine Safety
  - Communication to Enhance Vaccine Decision-Making
  - Supply, Access, and Use
  - Global Immunization

- **Applications due**
  April 26 at 5pm ET

- **Apply now!**
  www.hhs.gov/nvpo/awards

- **Questions?**
  Contact Jordan.Broderick@hhs.gov
CURRENT STUDIES UNDERWAY (SELECT)

- Evaluating Current Provider Reimbursement Policies for Adult Vaccination to Identify Potential Barriers to Adequate Supply
- Estimating the Cost to Vaccinate Children and Adults in Public and Private Settings - Updating Old Estimated and Filling Knowledge Gaps
SELECT STUDIES (CONT.)

- Decision making tool for local and state immunization entities

- Direct medical costs for older adults - estimation using different paid claims dataset

- Impact and role of vaccine purchasing groups (VPGs)