Adult Vaccine Billing and Coding

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I have received honoraria from Pfizer, Seqirus, Temptime Corp., TruMedSystems, and Sanofi Pasteur for service as a scientific consultant.

– My honoraria is donated to the IAC

I do NOT intend to discuss an unapproved or investigative use of a commercial product/device in my presentation.
Disclaimer

The opinions expressed in this presentation are solely those of the presenter and do not necessarily represent the official positions of the Immunization Action Coalition, or the National Adult and Influenza Immunization Summit.
Objectives

- Vaccine Financing in the United States
- Challenges Facing Providers of Adult immunizations and Efforts currently ongoing to address them
- Tips on properly coding and billing for adult vaccines
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 at Federally Qualified Health Centers (FQHCs) or Rural Health Clinics (RHCs)

- **Section 317**
  - No longer be used to cover routine vaccination of children, adolescents, and adults who have public or private insurance that covers vaccination
  - Also has objective to improve adult IZ
  - Stagnant/declining (?) funding
Post ACA - Federal Funding for Immunization Programs

- States may use state funds to purchase adult vaccines under CDC contracts
- Section 317 program was reauthorized, but...
  - Continued battle to sustain annual appropriations for Section 317 Program
  - CDC 2014 professional judgment - $1,071 million

<table>
<thead>
<tr>
<th>Program</th>
<th>FY 2015 Appropriations</th>
<th>FY 16 President’s Request</th>
<th>FY 16 Committee Recommendation</th>
</tr>
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<tbody>
<tr>
<td>Section 317 Immunization Program</td>
<td>$610,847,000</td>
<td>$560,508,000</td>
<td>$650,000,000</td>
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Vaccine Financing in the United States

• Medicare
  – Covers vaccines for those 65 years and older
  – Influenza, Pneumococcal and Hepatitis B – Part B (by legislation)
  – All other vaccines – Part D (e.g., shingles)

• Medicaid
  – Only public sector payer that provides for administration fee
  – Admin fee set by states with state-to-state variance; states have to contribute enough funds to draw the maximum federal matching contribution allowable
  – Maximum caps are set by CMS for admin fees but states set the floor.

• Private Sector (~50% of children)
  – Price of vaccine negotiated with distributors/manufacturers
  – Payment negotiated with payers
  – Providers responsible for administering vaccine then seeking payment
    (compare with pharmaceuticals where patient fills prescription)
Cost Challenges faced by Providers of Adult Immunizations
Managing the Business of Vaccination: Providers

- Purchase of Vaccines
- Manage Inventory and Associated Supplies
- Payment for Vaccine and Vaccination Services

Vaccination Event

Figure: Shen, et al NVPO
What Does It Cost to Immunize?

- **Vaccine purchase**
  - Ordering
  - Tracking inventory
  - Deferred reimbursement

- **Vaccine storage**
  - Refrigerator/Freezer
  - Back-up power/Alarms
  - Insurance
  - Opportunity cost of inventory

- **Vaccine administration**
  - Staff time
  - Supplies
  - Documentation
  - Figuring out the billing
Issues with the Purchase of Adult Vaccines

- Newer vaccines are more expensive
- There is no federal vaccine purchase program for adults
- Vaccine prices can vary as much as 3-fold from provider to provider depending on negotiated prices, which are confidential
- Adult vaccine providers do not have the benefits of economies of scale that pediatric practices have
Cost of Vaccine Storage and Handling

- Equipment: refrigerator/freezer, temperature monitoring devices
- Up front purchase costs
- Labor costs to order, track, maintain supply
- Backup power
- Insurance for inventory
- Opportunity cost of hundreds of thousands of dollars tied up in inventory
Costs of vaccine administration

- **Staff time:**
  - Discussions with parents
  - Vaccine administration
  - Documentation
  - Training
- **Supplies**
- **Billing**
Payment Coverage Challenges

• All routinely ACIP-recommended vaccines are covered at first dollar to the patient
  – No co-pays, coinsurance, deductibles
• In and out-of-network providers
• Medicare Part D
• Adequacy of payment to provider
• What do we do with the uninsured?
Providers continue to find assessment difficult

- Must leverage health information technology
  - Integrating bidirectional data flow between IIS and EHRs
    - MIPS incentives need to be leveraged
- This costs $$$
- What does financing mean for the provider?
Ongoing Efforts to Address Challenges
National Vaccine Advisory Committee (NVAC) Adult Working Group

• Issued “Pathway to Leadership for Adult Immunizations” report
  – “Financial impediments to vaccinations” identified as a major barrier
Financial barriers existed across multiple target populations

- **Patients**: may be unaware of recommended ACIP vaccines (or know 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)
National Vaccine Advisory Committee (NVAC)  
Adult Working Group

• But there is fundamental lack of data and understanding about the actual costs to vaccinate an adult patient…
  – 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?
NVAC Adult WG recommendations to the HHS

• Recommendation #3 was to develop a strategic action plan comprising:
  – Improving general infrastructure
  – Expanding access to IZ
  – Implementing provider systems-based interventions
  – Increasing demand for vaccination
  – Research needs
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 IZ data

c. Studying the econ benefits of adult IZ

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

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 nontraditional 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
Can we learn from the pediatric experience?

- AMA and AAP co-organized 1st Immunization Congress in 2007
- One outcome was the development of an AAP business case for payer education
Can we learn from the pediatric experience?

- And the AAP has made strong effort to educate its providers on strategies such as:
  - Proper coding
  - Correct elements required for prompt and accurate payment
  - Tactics to lower cost of vaccines and vaccine administration (e.g. group purchasing orders)
  - Ways to improve practice efficiency in delivering vaccines (e.g. standing orders)
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 (The “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

www.izsummitpartners.org
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
Summit NEW 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, and collected resources from the Summit’s medical association, public health, and vaccine manufacturing partners.

Information Sections

Top Questions on Coding and Billing for Vaccinations: Avoiding Common Errors

The Summit Provider and Access Workgroup surveyed partners and compiled the top questions associated with coding and billing for adult vaccines. Guidance was developed for each of these questions.

Scenarios: Straightforward Guidance for Dealing with Common Problems Encountered When Billing for Adult Vaccines

Coding and Billing Subgroup Members

- Carolyn Bridges, CDC
- Laura Lee Hall, Sustainable Healthy Communities
- David Kim, CDC
- Don Nicholson, TX Dept of Health
- Jill Pellow, AMGA
- Angela Shen, NVPO
- L.J. Tan, IAC
- Laurel Wood, IAC

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