



NCPA[®]
NATIONAL COMMUNITY
PHARMACISTS ASSOCIATION

*A Guide to
Implementing
Vaccine
Services in
Community
Pharmacy*

SUPPORTED BY



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Introduction

Pharmacists, who have been providing influenza and pneumonia vaccines in their communities since 1996, are uniquely positioned to have a significant impact on increasing vaccine coverage rates in the U.S. According to the 2020 *NCPA Digest*, more than 30 percent of all annual flu shots are now administered in pharmacies. However, vaccine coverage rates in the U.S. show many patients remain unprotected and at risk for contracting vaccine-preventable diseases and associated complications. This guide was developed to assist pharmacists and their staff with increasing vaccination rates through expansion of services and understanding how to make it a profitable business.

USE THIS GUIDE TO:

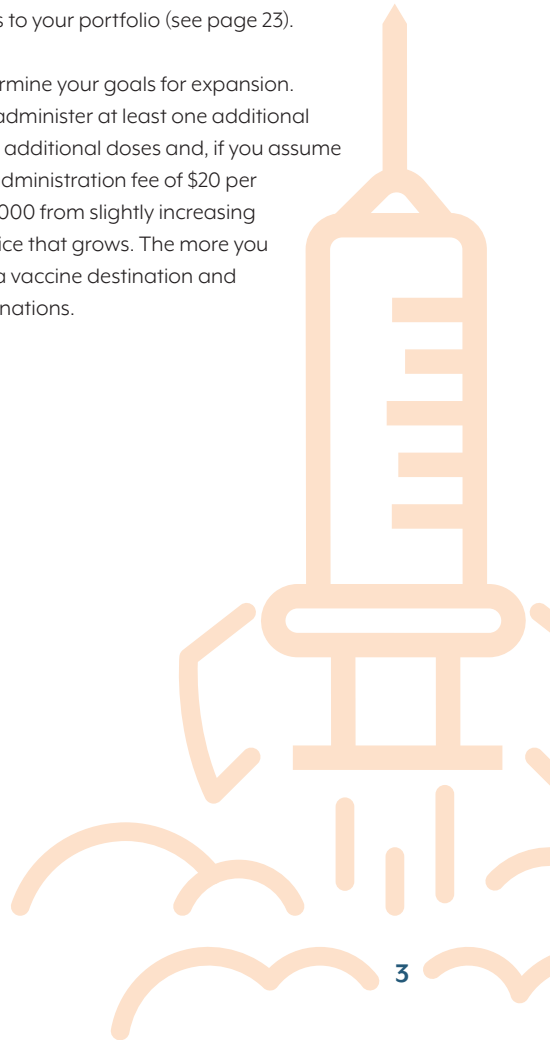
1. Outline a business plan for expanding vaccine services, and
2. Describe vaccine billing and revenue cycle management.*

*While there are variabilities amongst different payers that are too numerous to describe, this guide was designed to help you find the information you need.

Understanding the opportunity and creating demand

As you consider expanding your vaccine portfolio to close gaps in public health and grow your business, the first step you should take is to identify the demand in your community by researching the vaccination rates in your city, county, and surrounding areas. You can do some research by talking or surveying your patients, providers and/or community about vaccines to gauge their interest in receiving these at the pharmacy. This can also serve as a way to create demand. If you are already offering routine vaccines in your pharmacy, perhaps it is time to consider adding travel vaccines to your portfolio (see page 23).

Use the information you collect to determine your goals for expansion. Start small. For example, set a goal to administer at least one additional vaccination per week. That is about 50 additional doses and, if you assume the potential to generate an average administration fee of \$20 per dose, you would earn an additional \$1,000 from slightly increasing what you are already doing. It is a service that grows. The more you do, the more people recognize you as a vaccine destination and the more requests you receive for vaccinations.



Business analysis

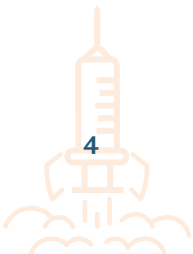
Like every new venture in your pharmacy, you will want to have a business plan for your vaccine service expansion. **Table 1** includes a list of considerations.

Table 1: Vaccine business plan considerations
SWOT (strengths, weaknesses, opportunities, and threats) analysis
Patient forecasting
Launch timeline and checklist
Licensing and regulatory requirements
Training and education
Program development: policies, procedures, protocols, intake forms, etc.
Financial modeling: revenue cycle management
Collaboration(s)
Vaccine and equipment purchasing and inventory management
Marketing
Appointment and billing technology solutions; travel health software
Reporting

The initial costs of expanding a vaccination business are modest. There are very few patient care services you can add that would cost as little as expanding a vaccine program. The return on investment, however, starts almost immediately as you begin offering consults and providing vaccinations.

INVENTORY

You likely already have the staff, a refrigerator and/or freezer, ancillary supplies, and an area to administer vaccines. The biggest expense with expanding vaccine services will come from the new vaccine inventory. Determine which vaccine(s) you wish to offer and commit to giving the minimum quantity you must order. Some vaccines come in single doses, but most come in packs of 10. Budget for a couple thousand dollars to purchase just a few doses of each, or the smallest possible ordering unit.



MARKETING

Advertising can start small and at low cost. Use the tools available to you – on-hold messaging, front window signs, pharmacy website, and social media. Start by listing the vaccines you offer. Most people have no idea how many or which vaccines you offer. Many vaccines can be marketed year-round. Consider focusing your marketing efforts on travel vaccines or influenza during peak months (**Table 2**).

You do not have to pay someone to market this service for you to get started. Marketing can be done by any of the pharmacy staff, but it helps to have a champion who is diligent about getting the message out. If you are looking for an inexpensive option, consider tapping into students at a local university.

In addition to media marketing, simply talking to patients can be another great way to advertise your expanded services. Starting a conversation about vaccines can be easy. Just ask everyone if they are up to date on currently recommended adult vaccines. Most people do not know the answer to the question. In fact, only 1 in 5 adults are up to date with their vaccines. Can most of your patients tell you when they last received a tetanus booster? Many could be eligible for vaccines newer to the market and may not know it or may need a reminder. Some might be confused about the timing of second or third doses of a vaccine. Offer to look up a patient's vaccination history for them in your state immunization information system. This has the potential to have a very significant effect on the amount of interest in vaccines you generate. People may not accept your vaccination recommendations, but they know where to receive one when they are ready.

MARKETING CALENDAR

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Year-round	*	*	*	*	*	*	*	*	*	*	*	*
Back to school				*	*	*	*	*	*			
Travel			*	*	*	*	*			*	*	*
Influenza season	*	*					*	*	*	*	*	*
*Indicates marketing efforts												

SCHEDULING

Clinical services, including vaccinations, in a pharmacy setting are convenient, accessible, and often available during evening and weekend hours, which is appealing to many adults today. As a result of the COVID-19 pandemic, pharmacists have become more accustomed to scheduling patient care services by appointment. Vaccinations by appointment can fit right in pharmacy workflow and help with inventory management by allowing just-in-time ordering in some cases.

PROVIDER COLLABORATION

Always notify a patient's primary care provider of any vaccines administered. This expands your referral networks as the provider knows where to send additional folks for vaccinations. When notifying the primary provider, do not just say, "We gave Mr. Smith a vaccine." Develop a form that lists every vaccine offered and check the box of the administered vaccine. Now, the provider can see the entire spectrum of vaccines you provide. Likewise, listing the vaccinations you offer with the state health department can generate significant traffic, as well.

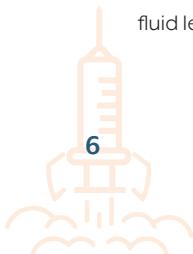
SHARED CLINICAL DECISION-MAKING

Shared clinical decision-making is a key component of patient-centered health care especially when it comes to the assessment and recommendation of vaccines. It is a process in which clinicians and patients work together to make decisions based on clinical evidence that balances risks and expected outcomes with patient preferences and values.

Generally, the Advisory Committee on Immunization Practices makes shared clinical decision-making recommendations when individuals may benefit from vaccination, but vaccination of the broad population is unlikely to have a large impact on public health.

ACIP has four recommendations for vaccinations based on shared clinical decision-making:

1. Meningococcal B (MenB) vaccination for adolescents and young adults aged 16–23 years
2. Hepatitis B (HepB) vaccination for adults aged 60 years and older with diabetes mellitus
3. Human papillomavirus (HPV) vaccination for adults aged 27–45 years
4. Pneumococcal conjugate vaccination (PCV13) for adults aged 65 years and older who do not have an immunocompromising condition, cerebrospinal fluid leak, or cochlear implant



REPORTING TO IMMUNIZATION REGISTRIES AND PARTICIPATING IN VACCINE FINDER

Documentation of vaccine recommendations, even if they are not accepted by the patient, will allow for future follow-up conversations. Likewise, if a patient does accept a recommendation and you administer a vaccine you will have a method to track and follow up with the patient, especially those receiving a series to ensure they are completed.

Immunization information systems, otherwise known as immunization registries, are state, city or territory-wide databases of patient vaccination records. Administered vaccines should be documented in your local IIS and may be mandated by state law. IIS can also be queried to look up a patient's vaccination history to determine whether they are eligible to receive certain vaccines. The Centers for Disease Control and Prevention has a comprehensive list of states' IIS on their website. Contact your local IIS to determine the reporting requirements. Your pharmacy management system may have capabilities to report this information on your behalf.

Vaccine Finder is a free, online resource for patients and partners to search for locations offering vaccine services. This tool is also utilized by the CDC during pandemic emergencies to identify partners for allocating vaccine supply. Register your pharmacy today.

BILLING AND REIMBURSEMENT

Subsequent sections of this guide will go into greater detail about billing for vaccine services, but as you consider expanding, it is important to think through several questions. Are you going to bill insurance or collect cash? If you bill insurance, will it be through the prescription benefit or the medical benefit? Will you charge a consult fee? Who is your competition and what are they charging? Does your competition charge a consult fee? The way in which you bill or seek reimbursement for certain vaccines can depend on specific circumstances or situations. For instance, many travel vaccines are not covered as part of the pharmacy benefit, but there might be opportunity to bill under the medical benefit. Remember, there is always the option to charge cash and provide the patient a receipt they can submit to their insurance company under the medical benefit part of their plan.

With about three to four months' time, education, and energy, you can launch an expanded vaccine program. Make a commitment to increasing vaccinations. They are profitable and highly appreciated by both patients and providers. They help increase patient trust as you keep them well — both at home and while traveling. It is a reason people make a special trip to your pharmacy. This is your space. Own it.

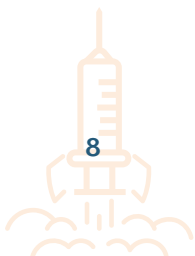
Vaccine coverage and reimbursement



PRESCRIPTION BENEFIT VS. MEDICAL BENEFIT

An essential step in running a successful vaccine program is proper billing for this service and receiving proper reimbursement to ensure sustainability. There are two billing pathways for vaccine services — the medical benefit and the prescription benefit. There is always a cash-based payment option should you choose not to bill a patient’s insurance. The billing process differs greatly between the prescription benefit and medical benefit. The prescription benefit administered via the pharmacy benefit manager utilizes the traditional prescription billing method through the pharmacy management system. The medical benefit most often requires the use of a third-party vendor such as a medical billing intermediary or clearinghouse in combination with an existing pharmacy management system. **Table 3** provides a high-level comparison of prescription and medical benefit billing.

Prescription benefit	Medical benefit
Product/dispensing	Service/product
Works well within existing workflow	Requires contracts with individual plans
Potentially lower reimbursement	Potentially higher reimbursement
Possibly subject to DIR fees	Not subject to DIR fees
Real time adjudication	No real time adjudication



MEDICARE

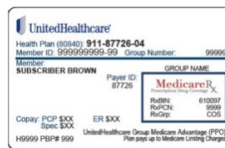
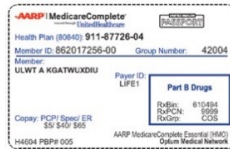
Medicare coverage of vaccines can be complex because it is both a service and a product. Depending on the vaccine, coverage can be either under Medicare Part B or Part D.

Four parts of Medicare			
Medicare Part A	Medicare Part B	Medicare Part C	Medicare Part D
Hospital insurance (red, white, and blue card)	Medical insurance (red, white, and blue card)	Medicare advantage plans	Prescription drug plans
Part A and Part B coverage will be located on the same card. If just Part A is printed, the patient does not have Part B coverage.	<ul style="list-style-type: none"> Influenza Pneumococcal Hepatitis B* <p>Vaccines and administration fees are covered.</p>	<ul style="list-style-type: none"> Vaccines are typically billed through the Part D benefit, but the patient could have a separate card with Part B processing information. 	<ul style="list-style-type: none"> Vaccines not covered by Part B <p>Follow the traditional prescription billing method.</p>
<p>*Hepatitis B coverage: Part B will cover a claim for this vaccination if a patient is at medium or high risk for Hepatitis B, including:</p> <ul style="list-style-type: none"> End-stage renal disease Diabetes Hemophilia Living with someone diagnosed with Hepatitis B Health care workers in frequent contact with bodily fluids or blood 			

Medicare Part B example image:



Medicare Part C Advantage Plans example images:



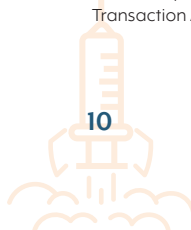
Requirements for billing Medicare Part B:

1. The pharmacy must have a Type 2 (group) National Provider Identification number. The pharmacist providing the service under Medicare Part B must have a Type 1 (individual) NPI. The application for both Type 1 and 2 NPIs is the CMS Form 10114 which can be completed online.
2. Enroll the pharmacy with Medicare Part B as a **Pharmacy Supplier Type**. Apply with CMS Form 855B or online with the Provider Enrollment, Chain, and Ownership System.¹
 - a. Mass Immunizer (roster biller) is a Medicare Supplier Type that some pharmacies have historically registered for, but now the Pharmacy Supplier Type is recommended.
3. Once enrolled, a Provider Transaction Access Number will be assigned. This must be renewed every five years.
 - a. Takes up to three months to process applications.
 - b. Costs around \$600 (price structure changes on a yearly basis).

Comparison of Medicare Part B supplier types	
Pharmacy	Mass Immunizer*
Vaccines beyond influenza and pneumonia	Influenza and pneumonia vaccines only
Point-of-care testing	
Diabetes Self-Management Education	
Medical Nutrition Therapy	
*If you are enrolled as a Mass Immunizer, you can re-enroll as a Pharmacy through PECOS. Enrolling as a Pharmacy would negate the need to be enrolled as a Mass Immunizer. Once established as a Pharmacy supplier type, deactivate the Mass Immunizer supplier type to avoid any additional fees.	

The Centers for Medicare & Medicaid Services divides the U.S. into 12 geographical regions to process Medicare Part B claims led by Medicare Administrative Contractors. Know what region your pharmacy is located and who your MAC is in the event vaccination-related claim issues arise.

¹Pharmacies enrolled in Medicare Part B as a DMEPOS Supplier or Independent Clinical Laboratory need to enroll as a Pharmacy or Mass Immunizer to obtain a new Provider Transaction Access Number to submit vaccine claims.



MEDICAID

CMS works in partnership with state governments to administer Medicaid. While each state operates differently, it is common to bill vaccines through the prescription benefit for patients with Medicaid coverage. Check into your state's Medicaid program, as some may have unique billing options, especially if you are considered a provider in your state.

COMMERCIAL INSURANCE COVERAGE

For patients with commercial insurance coverage, it is most common to bill vaccines under the prescription benefit via the PBM. However, it is possible to set up contracts with payers to bill for vaccines through the medical benefit. Below are detailed guides to get started on setting up prescription or medical billing capabilities for vaccinations to maximize your reimbursement opportunities.

HOW TO BILL THE PHARMACY BENEFIT VIA THE PBM

Pharmacy claims are entered like a prescription with additional information required:

1. Appropriate refills. Instructions/Sig should include dose amount and frequency they need the vaccination. Refills should reflect the amount of vaccine required (Ex: Zoster vaccine = 1RF).
2. DUR Codes:
 - i. Reason for Service Code: PH – Preventative Health Care [439-E4]
 - ii. Professional Service Code: MA – Medication Administration [440-E5]
 - iii. Result of Service Code: 3N – Medication Administered [441-E6]
 - iv. Level of Effort is recommended at Level 1 [474-8E]
3. Incentive Amount is the vaccine administration fee and is calculated per vaccine. Establish a standard fee to charge cash-paying patients. Conduct market research or determine fixed and variable cost then adding a mark-up. Include any additional expense for dedicated storage, recordkeeping, or reporting. It is important to note that PBMs will reimburse the amount in your contract. They will pay you less if you submit a claim for less than the contracted amount, but they will not pay you more. This fee needs to be submitted to insurance in the incentive amount submitted field [438 E-3].
4. Inform the patient up front that there is a \$XX fee to administer. The pharmacy will try to bill prescription insurance, but if the insurance does not cover it, the fee is FSA/HSA-eligible. If rejected for “incentive amount not covered” or “not eligible for administration fee,” remove the incentive amount and DUR codes before resubmitting.
5. If the claim rejects or if the incentive amount is not paid, explore billing it to the medical side.

Many pharmacy management systems have automated this process by applying the DUR codes and administration fees to immunizations, streamlining and enhancing workflow.

HOW TO BILL THE MEDICAL BENEFIT

Medical claims utilize the X12 coding system, a different language and coding system than pharmacy claims. The X12 coding system includes medical informatics and diagnosis codes. This universal language is used between providers, hospitals, insurance companies, insurance clearinghouses and government agencies to describe the services performed and why they were necessary.

When submitting a claim through the medical benefit you need to answer four key questions:

1. What service was performed?

Current Procedural Terminology codes and Healthcare Common Procedure Coding System codes, often pronounced “hick picks,” describe the complexity of the encounter, in this case, administration of a vaccine.

2. Why was it necessary?

Diagnosis codes, or International Classification of Diseases codes, inform the payer why the patient was eligible for the service performed.

3. Who performed the service?

The NPI indicates who performed the service. Utilize the individual pharmacist’s NPI, not the pharmacy’s NPI, in the Provider ID field. The documented NPI must be credentialed and have privileging rights with the payer to send a claim for the service. Note: if you are providing vaccine services under a collaborative practice agreement, you should use the collaborating provider’s NPI.

4. Where was the service performed?

Place of Service codes should be used on professional claims to specify where services were rendered. Check with individual plans for reimbursement policies regarding these codes.



When billing medical claims, the code for the vaccine product and the code for administration must be on separate lines to receive remittance for both.

Table 4 lists common vaccines along with the product and administration codes.

Table 4: Common HCPCS/CPT and ICD-10 codes for vaccines			
Vaccine	HCPCS/CPT for vaccine	HCPCS/CPT for administration	ICD-10
Tdap	90715	90460, 90461 x 2	Z23
Td	90714	90460 and 90461	Z23
HPV	90650	90460	Z23
Influenza	90662	G0008	Z23
PCV13	90670	G0009	Z23
PPSV23	90732	G0009	Z23
Hep B	90746	90471	Z23
Zoster	90750	90471 and 90472	Z23

HOW TO BILL MEDICARE PART B PLANS

Unlike Part D which is the prescription benefit, Medicare Part B is a medical benefit. Part B claims must be submitted through an 837P (professional), the electronic version of the CMS-1500 form. Many other plans require providers to utilize the same form when submitting medical claims. However, some require other very specific forms and formats for the submission of claims, to submit the same information as outlined above.

HOW TO BILL THE MEDICAL BENEFIT FOR COMMERCIAL PLANS

When billing for vaccination services for commercial plans, there are four requirements that must be considered.

1. **Credentialing and contracting**

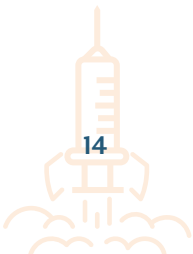
While pharmacy services administrative organizations assist pharmacies in negotiating contracts with plans, these contracts often do not address the medical-side benefit. When engaging a medical plan, you are asking them to accept you into their network as an individual provider (unless you are billing out-of-network). The process of reviewing your professional information — including licensures, certifications, and training — is called credentialing. If you are providing more than one type of service, such as durable medical equipment, vaccinations, or point-of-care testing, you may need to be credentialled multiple ways with the same payer. These contracts with plans are generally with an individual pharmacist, not the pharmacy. This may require multiple pharmacists to be enrolled with the same plan. Then, if a pharmacist were to leave your company, this would prevent the potential loss of an agreement.



Credentialing differs from typical enrollment on the pharmacy benefit side since plans enroll pharmacies (organizations) into their networks on the pharmacy benefit side but enroll individual providers on the medical benefit side.

Many health plans use the Council for Affordable Quality Healthcare credentialing platform. Think of your CAQH profile as a universal application you need to complete before you can become credentialed by a health plan. It takes about two hours to self-report demographic, education, training, work history, and other relevant information on the CAQH platform. Find CPESN Tennessee's guide to setting up your CAQH profile on page 32.

Some states and plans have their own centralized credentialing process. Plans will have this information in the credentialing section on their website.



Completing the credentialing process with a payer requires time, energy, and persistence. After submission of their applications or forms, it can take upwards of 90-120 days to review and determine if you meet the payer's requirements. Unlike with Medicare, applying to be an in-network provider does not guarantee you will be accepted.

Credentialing is the precursor to contracting, which can take an additional 30-60 days. Like a pharmacy benefit, each plan requires a contract prior to billing. Pharmacies can obtain medical contracts per availability. Some contracts may not be available locally depending on plan. You may still bill out-of-network benefits without a contract, but the patient could be responsible for costs.

2. *Payer privilege*

Privilege refers to the right given to a provider by a plan to be compensated for claims submitted. There are some services that can only be billed by certain providers, which could be because of scope of practice or payer policy. The billing NPI must meet the requirements to be eligible to provide the services. Ensure your license is authorized to provide vaccine services.

3. *Covered service*

Medicare covered service tends to be the rule of thumb for many plans, but every plan can deviate from what services they cover. Check to see what procedure codes are listed on their fee schedule. Answer the question, "Is the product or service covered under this patient's plan?"

4. *Patient eligibility*

Patients must be covered on the date of service and have coverage for the product and/or service. Providers should take advantage of any ability to do a test claim or real-time benefit check to ensure that the provider, patient, product, and/or service are all covered on the date of service. Additionally, this would turn up any previously paid claims for the product and/or service to help avoid wasteful duplicate therapy.

THIRD-PARTY INTERMEDIARIES AND VENDORS

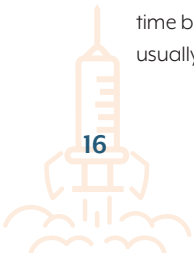
Medical billing can be a cumbersome process. There are third-party vendors, separate from plans and providers, that specialize in medical billing. These vendors will review, format, and edit insurance claims before submitting the claim to the payer on behalf of the pharmacy. The degree of involvement in creating the medical claim will vary based on the vendor utilized.

Third-party vendor solutions
Real-time patient eligibility check
Patient copay information
Integration with state immunization registries
Clinical and financial verification of clinical service
Convert claim to X12 (medical) language
Integration with existing PMS
Maintain plan requirements
Revenue cycle management

1. **Medical claims typically will not tell you whether the patient is eligible for a service, such as the administration of a vaccine.**

When a patient receives a medication from your pharmacy, you get a real-time response to the claim that allows you to say, “This medication is covered on your insurance at our pharmacy. The cost will be \$5.” Additionally, you would not anticipate the need to bill the patient an additional amount at a future date since you can generally trust the reimbursement will be in accordance with the adjudicated rate. In contrast, you have likely received a subsequent bill from an urgent care office visit requesting an additional amount after the visit, even though you paid a general copay amount. Why could the urgent care office not explain the exact amount you needed to pay at the time of the visit? After all, a pharmacy claim amount can be determined in seconds. The reason is, in general, medical claims do not offer an all-in-one-transaction, real-time benefit check and adjudication process as is the case with pharmacy claims.

Additionally, determining whether the patient is ‘eligible’ for the service is both a clinical and financial decision. For example, you could determine a patient is clinically eligible for a vaccination by applying ACIP guidelines and performing a verification of the vaccination history, but the patient’s insurance may not cover the vaccine or administration. While medical plans typically offer a real-time benefit check, those checks only yield a verification of active coverage and usually will not confirm the patient’s eligibility of the service you’re providing



or provide an approximate cost. This problem leaves the provider with the significant issue of providing the service at an approximate cost without confidence the patient's insurance will cover the service.

Medical intermediaries will give you a real-time eligibility check, patient copay information, and more within your dispensing workflow, providing you with confidence the product and service you are billing will be reimbursed. In other words, the medical intermediary should caution you if the patient is not eligible or reimbursement is not certain. Vendors may also incorporate clinical data into the medical billing pathway, such as automated integration with state immunization registries, to further inform the transaction in effort to prevent vaccination claims that have already been submitted by another provider. When engaging a third-party vendor, confirm whether they offer both clinical and financial verification of the clinical service.

2. *Medical claims utilize a different language and medical coding system than pharmacy claims.*

Technology solutions convert the pharmacy claim, or language, to a medical claim on your behalf. Leading medical intermediaries will allow you to submit the claim inside your pharmacy management system — just like you would for a prescription claim to a PBM. This will require you to send the claim to a specific bank identification number/issuer identification number and processor control number combination, which instantly provides eligibility checks. At that time, the medical intermediary will convert the claim to send it to the medical side of the payer. When engaging a medical intermediary, ask whether they provide integration with your PMS through a prescription claim submission.

3. *Individual plans require nuances to each claim.*

Plans have slight differences in their requirements for submission of claims and keeping up with the requirements of each plan can be difficult at best.

Medical intermediaries and other third-party vendors maintain each payer's requirements, allowing you to save operational expenses while focusing your energies on patient care. Behind the scenes, medical intermediaries work alongside each payer to consistently keep up with everchanging updates. When engaging a medical intermediary, specifically mention the plan you intend submitting claims to and ensure they have the rules required to submit to that plan. Remember, medical intermediaries may be able to submit to a plan, but they may not understand the rulesets required to edit the claim sufficiently.

4. Claims should always match the documentation.

When submitting a medical claim, you must have the necessary documentation. Vaccination documentation is fairly straightforward. Some states and medical plans now allow pharmacists to submit vaccination claims under the umbrella of an office visit, or Evaluation and Management code. In this instance, documentation of the vaccination history review and review of systems must be documented appropriately. The next generation of medical intermediaries now connects with the pharmacies' clinical documentation standard, verifying the documentation required for medical claims and using the information to inform the claim.

Determine if your pharmacy already utilizes a medical billing intermediary or other third-party vendors that assist in this process. If not, consider which medical billing intermediary will best fit your medical billing needs. Contact the vendors to gather additional information regarding capabilities and pricing.



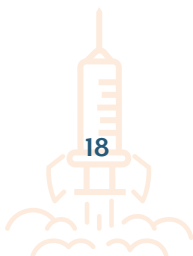
While you may have a medical billing intermediary, this does not guarantee you have contracts in place to bill the medical benefit.

It is highly recommended to verify coverage with the plan prior to billing, waiting for claim to process, and notifying patient of coverage prior to giving injection.



If your pharmacy uses technology solutions such as a medical intermediary or a clearinghouse, any medical claims will generally flow through this route:

Pharmacy performs service > Medical intermediary > Clearinghouse > Payer



RECONCILIATION

Billing the pharmacy benefit for vaccines mimics the pharmacy's normal reconciliation process for other prescription claims.

Medical claims, unlike pharmacy claims, are not processed in real time. The review or adjudication process will determine if a claim is accepted, denied, or rejected. Upon adjudication, a document called the Explanation of Benefits will be returned with the processed claim that explains to the provider and patient which services the plan will cover. If a claim is denied, it will explain the errors. The Electronic Remittance Advice, or an ERA, is the digital version of an EOB.



REJECTED VS. DENIED CLAIMS

Rejected and denied claims, while they sound similar, are not the same. A rejected claim is one that has errors within the claim that prevent a plan from adjudicating the claim. This could include but is not limited to incorrect patient information, provider information or coding information. These can be corrected and resubmitted to the plan. A denied claim is one that has been processed by the plan, however the insurance company has declared it unpayable. These can be due to a violation in the payer/patient contract but will be explained when the denied claim is sent back to the biller.

Revenue cycle management refers to the process of identifying, collecting, and managing the revenue due to the practice from plans based on the services provided. Utilizing the traditional billing pathway through the pharmacy benefit manager, many pharmacies have not been forced to focus on RCM. When billing medically for vaccinations, RCM begins when the patient makes a vaccine appointment and ends when the pharmacy successfully receives reimbursement for the vaccine. Third-party vendors can offer RCM as an additional benefit by tracking unreconciled claims, accounts receivable, payments, write-offs of uncovered services and allowables, and generating invoices for insurance companies or patients if needed.

If medical claims are run through the point of sale, the pharmacy should utilize a house account system. A house account is a line of credit that you can extend to your patients where they can receive their vaccine and the pharmacy can track outstanding balances and payments and generate invoices. Maintaining these systems and inserting it into the workflow is necessary to ensure the pharmacy is paid in a reasonable time.

Vaccine clinic workflow

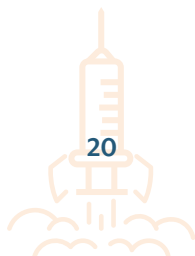
The National Vaccine Advisory Committee created standards all vaccinators should follow.

1. ASSESS vaccination status of all your patients at every clinical encounter.
2. Strongly RECOMMEND vaccines that patients need.
3. ADMINISTER or REFER your patients to a vaccination provider.
4. DOCUMENT vaccines received by your patients.

The following provides an example clinic workflow that includes the four NVAC standards. Use this as a guide to run an efficient and effective vaccination program.

CHECK-IN PROCESS

1. As patients arrive, they are asked to check in for their appointment.
2. Clipboards, pens, and vaccine assessment forms are available for those who arrive without the form completed.
3. As the check-in person calls on each patient, have them collect picture identification, prescription insurance card and/or medical insurance card if available, and completed vaccine screening form.
4. Check-in person scans the collected documents into the patient's profile.
5. Patient is marked as "checked-in" in scheduling platform and scheduled for a follow-up appointment, if necessary, before vaccination administration.
6. Patient instructed to wait for the vaccinator.
7. If utilizing a scheduling system:
 - a. Every hour of the clinic, cancel any no shows (if a patient has called ahead of time to let you know that they will be late, then let the check-in staff know).
 - i. Check to make sure the patient does not have a second appointment scheduled or was missed at check-in to ensure the patient was a true no-show.
 - ii. Send email to patient.
 - iii. Cancel appointment.



VACCINATOR PROCEDURES

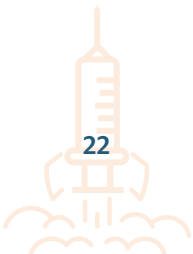
1. Patient is screened by vaccinator.
 - a. Review and assess the vaccine screening form.
 - b. Follow-up questions are asked as needed.
 - c. Recommend necessary vaccine(s) for the patient. Use shared clinical decision-making as appropriate based on the ACIP guidelines.
2. Enter patient's demographics into pharmacy management system.
 - a. Enter in new prescription, scan patient's vaccine form as image, and enter in necessary field entries.
3. Perform eligibility check or enter patient's insurance information.
4. Run the claim for the vaccine and administration fee.
 - a. Inform the patient if the vaccine is not covered by their insurance or if a copay will be required and if the patient will acquire any out-of-pocket expenses prior to administration of the vaccine.
5. Counsel the patient.
 - a. Answer patient questions and address any concerns.
6. Prepare vial or prefilled syringe and dose for administration.
7. Administer the dose via appropriate route
8. Remind vaccinated patients they must be monitored for **15 minutes**. Send them to a waiting area.
9. Document administration
 - a. Record the lot number, expiration date, and version of vaccine information sheet given to the patient.
 - b. Complete and initial the administration section on the bottom of the screening form.
 - c. Ensure the patient's vaccination record is complete, including the date of administration. Provide the patient with a copy.
 - d. Report vaccine administration information to IIS, if not automatically submitted through PMS during the previously outlined steps.

MONITORING ROOM PROCEDURES

1. Greet patients and encourage them to sit.
2. Confirm from their documentation whether they need to wait 15 minutes and encourage them to note the time or set a timer.
 - a. Mark the time on the VIS and tell the patient to notify you when 15 minutes have passed. You can also wait to give the patient a copy of their vaccine record until after the 15-minute monitoring period.
3. Ask patients how they are feeling.
 - a. If a patient is experiencing concerning adverse effects and may need medical attention, alert a vaccinator to follow up with the patient.
4. After a patient's monitoring time is over, notify the patient they are allowed to leave.

AFTER A COMPLETED CLINIC

1. Complete a clinic cover sheet with clinic date and date needed to be billed and documented by, especially if collecting patient information manually.
2. Restock supplies.
3. Take out trash and dispose of biohazardous waste per protocols.
4. Record the final number of vaccines given and report to necessary entities as needed.



Travel vaccines

Travel vaccines are an excellent example of expanding your vaccination services. This is a more advanced vaccine service, but numerous people travel out of the country and there is likely more demand in your community than you are aware of. Travelers are looking for experts to make recommendations for vaccines and medicines that allow them to remain healthy while traveling, depending on their destination and duration of stay. There are a number of questions to explore when starting a travel vaccine program, many of which could easily be applied to any vaccine program expansion such as pneumococcal or zoster vaccines.

How do you determine the demand for travel vaccines? Have you been asked by patients for travel vaccines? Where do they go now for travel vaccines? Is it by appointment? How long does it take to get the appointment? How much does it cost? Do they bill insurance? Start researching the answers to these questions and use them as a guide for building your travel vaccine program. Your local health jurisdiction may be currently occupied with other community health issues and might welcome additional providers. They may be agreeable to sending people your way, especially if they are backlogged with requests. Your pharmacy hours are likely more convenient and easier for patients to access vaccines.

Is there a commercial travel medicine facility in your town? Call and ask about costs, wait time and walk-ins. Be chatty. Get as much information as you can. This is the first part of your education about vaccines — know the demand, the competition, and the prices. The hard costs for this information are zero.

How does your state allow pharmacists to administer travel vaccines? Have a conversation with your state association or state board of pharmacy to determine your authority. Is it by prescription only, through state law or by a collaborative practice agreement that gives you prescriptive authority? Is there an age limit for vaccines? You may have to seek out a provider to sign your prescriptive authority protocols. If you already have a provider for flu vaccine, they may be agreeable to adding travel vaccines. If your state requires a prescription, inquire if your local practitioners would like to send their patients to you for travel vaccines. Remember, you can always refer patients to them who need travel medications.

What kind of formal education in travel medicine is required to start offering travel consults and travel vaccinations? Nothing is required, but some continuing education in this field would make you a more effective practitioner. Start by purchasing the most current CDC Yellow Book, available online and updated and published every two years as a resource for health professionals providing care to international travelers. This volume includes the most current travel health guidelines, including pre-travel recommendations, destination-specific health advice and easy-to-reference maps, tables, and charts. Online courses are available for continuing education that aid you in making recommendations and providing travel consults.

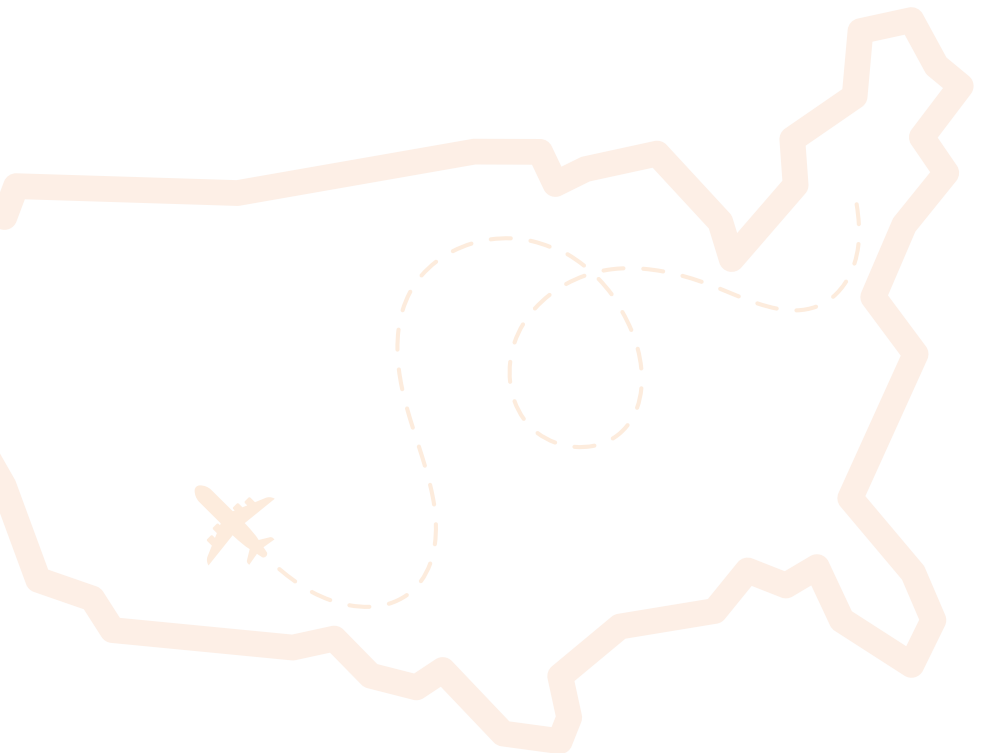
What additional expenses are required to offer travel vaccinations? Typically, if a pharmacy provides influenza vaccine, they have created a space to administer vaccines. All vaccination supplies — syringes, alcohol swabs, sharps containers, epinephrine pen, adhesive bandages and lollipops — may already be on hand so you would not incur any additional start-up expense. Be mindful that these costs may increase over time as the business grows.

Vaccine inventory is an expense that varies, depending on the number of vaccines you want to keep on hand. Typically, the most common travel vaccines are hepatitis A, Tdap, typhoid, and yellow fever. Other vaccines you might want to consider carrying include hepatitis B, polio, rabies, Japanese encephalitis, MMR, varicella, Hib, meningococcal and cholera. For less than \$5,000 you can purchase common travel vaccines through your wholesaler. Most of these should be available for order through your wholesaler. If that is not possible, you can order directly from the manufacturer or a vaccine wholesaler. Consider scheduling a travel consult with the patient prior to ordering the vaccine, minimizing inventory and storage costs.

Advertising is an important component to becoming a successful vaccine destination, and initial costs can be quite minimal. Capture your own patients first. Start talking about travel and ask your patients if they have any travel plans coming up. They are happy to tell you about travel plans if they have them. If they are leaving the country, it is an excellent opportunity to mention travel vaccines and that you offer them right in the pharmacy. If offering travel vaccines, weekly posts can offer travel tips, information about special travel products and suggestions for staying well while traveling.

Make connections with employers who send employees abroad, church groups, medical missions, student travel groups, universities that offer study abroad classes, and philanthropic organizations. These contribute to the demand for travel consults and vaccinations. Usually, demand occurs weeks to months ahead of the actual travel, but sometimes the need is ASAP, and it works to your benefit to make these connections early.

There is also a huge opportunity to increase your front-end sales. Those that are receiving their vaccination may be open to suggestions for OTC items, diarrhea treatment, travel accessories, insect prevention, sun protection, protective clothing, travel diaries, travel books and games. Expanding your OTC and gift items related to travel and creating a special travel section also adds to the fun of making a trip to the pharmacy for upcoming travel plans. Return on investment is quick and fun.



Patient cases



PATIENT CASE 1: PCV13 (Advantage Plan)

Age: 76

Gender: Female

Disease state(s): Chronic heart disease

Social history: None

The patient arrives at her community pharmacy with her daughter to pick up her medications. The pharmacist flagged the patient's profile to ask her about receiving the PCV13 vaccine because of her increased risk for invasive PCV13-type pneumococcal disease — chronic heart disease, age and residing in a long-term care facility. In a conversation with the pharmacist, patient and her daughter, they conclude the patient should receive the PCV13 vaccine.

She presents her Medicare Advantage Plan through Anthem HealthKeepers. Patient supplies her HealthKeepers card, her traditional Medicare card, and her supplemental insurance card (Part F). Patient completes vaccine waiver form that supplies demographic information and information regarding health history. Pharmacist reviews this information to deem vaccine is appropriate. Once reviewed, patient will proceed to enter in the system.

While all pneumonia vaccines (PCV13 and PPSV23) are covered by Medicare, only one pneumonia vaccine is covered per year. Ensure you access the IIS



information to verify the patient's most previous administration. Determine if patient has an Advantage plan or traditional Medicare by looking at the description on the Anthem HealthKeepers card.



*If patient is unable to provide this information, you can do eligibility checks through your pharmacy system utilizing the patient's Social Security number or traditional Medicare number. Part D will reject claim if it is *not* an Advantage plan.*

We've confirmed that patient has an Advantage plan, so proceed with processing through the pharmacy system. When a patient has an Advantage plan, it is processed through the commercial end via the pharmacy system but will apply to their Part B benefits. Like other commercial plans, claim is entered like a prescription with appropriate quantity and day supply. Sig instructions should include the dose and route, for example "Inject 0.5mL IM." Vaccines require DUR fields of PH, MA, 3N with an incentive amount appropriate to your pharmacy. If your system updates to the IIS, you would enter appropriate information such as right arm, left arm, and lot number.

Patient will then be responsible for any amounts charged by insurance. Due to this being a commercial claim, processing is done like prescriptions, and you are paid with your other third-party payments.



PATIENT CASE 2: PCV13 (Medicare)

Age: 71

Gender: Male

Disease state(s): COPD

Social history: 25-year history of smoking

The patient arrives at his community pharmacy to pick up his medications. The pharmacist flagged the patient's profile to ask him about receiving the PCV13 vaccine because of his increased risk for invasive PCV13-type pneumococcal disease — COPD, age and history of smoking. They have a conversation and

agree the pharmacist will administer the PCV13 vaccine today.



Patient presents his Medicare Part D plan through SilverScript, his traditional Medicare card, and his Medicare Part F supplemental insurance.



All pneumonia vaccines are covered by Medicare (Advantage or traditional), but it is important to verify if the patient has an Advantage plan or traditional Medicare. Looking at the SilverScript card, it does not show Advantage Plan.



The patient has traditional Medicare, so this would need to process through Medicare Part B. The AARP card provided is for amounts not

covered by Medicare Part B, however, Medicare covers pneumonia vaccines at 100 percent. Accordingly, the patient will not need to utilize this supplemental plan.

To proceed, the technician must bill to Part B. Some providers have separate software to process (such as Noble House), and others use medical intermediaries (like ChangeHealthCare, Electronic Billing Services, OmniSYS and FDS) to process through their pharmacy system. Either claim will be submitted to the insurance via an electronic CMS-1500 form. The CPT code to submit for PCV13 is 90670. You can look up pricing on the CMS website. Diagnosis code required for submission is Z23.0.

If able to bill in real-time in the pharmacy system, you should see a claim paid at \$0.00 responsibility for patient. Some software may take longer to process and pay. This would need to be reconciled at a future date. When reconciling, you will receive an 835 explanation of benefits (whether electronic or paper, depending on your vendor). You will need to apply payments as necessary. Anything charged over the allowable (what you are contracted to be paid) should be written off.



PATIENT CASE 3: ZOSTER (Medicare)

Age: 70

Gender: Male

Disease State(s): Gout and BPH

Social history: Social drinker

Patient requests the Zoster vaccine at his community pharmacy. Patient completes the vaccine waiver form supplying demographic information and information regarding health history. A pharmacist reviews this information to determine if the vaccine is appropriate. Once reviewed, this information will be entered in system along with their insurance information. He presents his traditional Medicare card and Medicare Part D. Though the Zoster vaccine is not covered by Medicare Part B, if the patient is Medicare eligible, this would be submitted to Part D (still considered Medicare covered). Per patient's Anthem card, he does not have an Advantage plan. Since the Zoster vaccine is covered by Part D, this will process through the Anthem Part D.



The claim will process towards patient's out of pocket or deductible if applicable. It is processed through the commercial end via the pharmacy system but will apply to their Part D benefits, like other commercial plans. The claim is entered like

a prescription with appropriate quantity and day supply. Sig instructions should include the dose and route, for example “Inject 0.5mL IM at the pharmacy today, repeat in 2-6 months to complete the series.”. Consider including a refill of “1” if necessary for the second dose. Vaccines require DUR fields of PH, MA, 3N with an incentive amount appropriate to your pharmacy. If your system updates to the IIS, you would enter appropriate information such as right arm, left arm, and lot number. Patient will then be responsible for any amounts charged by insurance.



PATIENT CASE 4: INFLUENZA (Commercial Plan as Pharmacy)

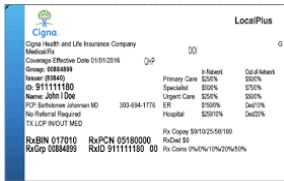
Age: 37

Gender: Female

Disease state(s): Type 1 diabetes

Social history: Social drinker

The patient arrives at her community pharmacy to pick up her medications. The pharmacist flagged the patient’s profile to ask her about receiving the seasonal influenza vaccine because of increased rates of influenza in their community. After a conversation with the pharmacist, the patient decides to get the seasonal influenza vaccine.



The patient presents a Cigna insurance card provided through her employer. The pharmacy concludes she has commercial coverage. Like other commercial plans, the claim is entered like a prescription with appropriate quantity and day supply. Sig instructions should read: “Inject

0.5mL IM at pharmacy annually.” Vaccines require DUR fields of PH, MA, 3N with an incentive amount appropriate to your pharmacy. If your system updates to the IIS, you would enter appropriate information such as right arm, left arm, and lot number.

Patient will then be responsible for any amounts charged by insurance. Due to this being a commercial claim, processing is done like prescriptions, and you are paid with your third-party payments.



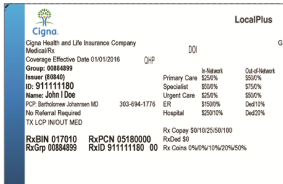
PATIENT CASE 5: INFLUENZA (Commercial Plan as Medical Benefit)

Age: 37

Gender: Female

Disease state(s): Asthma

Social history: None



The patient requests a seasonal flu vaccine at their community pharmacy. She presents a Cigna insurance card provided through her employer. Pharmacy concludes that she has commercial coverage.

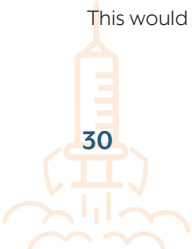
Patient completes vaccine waiver form that supplies demographic information and information regarding health history. The pharmacist reviews this information to deem vaccine is appropriate. Once reviewed, the patient will be entered in the system.

Like other commercial plans, claim is entered like a prescription with appropriate quantity and day supply. Sig instructions should read: "Inject 0.5 mL IM at pharmacy annually." Vaccines require DUR fields of PH, MA, 3N with an incentive amount appropriate to your pharmacy. If your system updates to the IIS, you would enter appropriate information such as right arm, left arm, and lot number.

The claim rejects as "Not covered as pharmacy benefit. Bill Medical."

If you do not have the capabilities to bill the medical benefit, inform the patient her requested vaccine is not covered through their pharmacy benefit and what her cost will be. The patient has the option to self-submit the receipt to their medical plan, pay cash or opt to use her Health Savings Account to cover the out-of-pocket expense. Plans may specifically exclude travel vaccines, even if the patient self-submits. Advise the patient to check her coverage before administering vaccines if there are payment or reimbursement concerns.

If you do have the capabilities to bill medically, you would then bill through your medical billing system (at point-of-service pharmacy system or separate software used for Medicare billing). You will not bill with your Medicare PTAN information, but with your NPI only. You will submit the patient's information with a claim CPT code of 90686 for quadrivalent influenza vaccine and a diagnosis code of Z23.0. This would need to be reconciled at a future date.



When reconciling, you will receive an 835 explanation of benefits (whether electronic or paper, depending on your vendor). You will need to apply payments as necessary. Anything charged over the allowable (what you are contracted to be paid) should be written off. Any remaining amounts that are patient responsibility (copays, deductibles, and out-of-pocket amounts) will need to be charged to the patient. You may gain information prior to supplying the vaccine on what that patient amount would be, but this is never a guarantee of benefit or amount.



Resources and links

CDC VACCINATION RATES

AdultVaxView: <https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/index.html>

ChildVaxView: <https://www.cdc.gov/vaccines/imz-managers/coverage/childvaxview/index.html>

FluVaxView: <https://www.cdc.gov/flu/fluvoxview/index.htm>

SchoolVaxView: <https://www.cdc.gov/vaccines/imz-managers/coverage/schoolvaxview/index.html>

CDC VACCINE ASSESSMENT TOOLS

Adult: <https://www.immunize.org/catg.d/p4065.pdf>

Children and teens: <https://www.immunize.org/catg.d/p4060.pdf>

CMS FORM 10114 THROUGH NPPES

<https://nppes.cms.hhs.gov/#/>

CMS FORM 855B THROUGH PECOS

<https://pecos.cms.hhs.gov/pecos/login.do#headingLvl>

CMS MEDICARE ADMINISTRATIVE CONTRACTORS JURISDICTIONS

<https://www.cms.gov/files/document/ab-jurisdiction-map-jun-2021.pdf>

CMS PLACE OF SERVICE DATABASE

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/Website-POS-database.pdf>

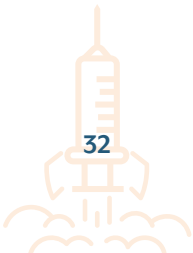
CPESN® TENNESSEE'S GUIDE TO CAQH

<https://files.constantcontact.com/621110186601/f5fa2d8e-f686-4f57-ba13-bf52764ca933.pdf>

FORM AND SCHEDULING PLATFORMS

CPESN's Scheduling Platform Comparison Chart:

https://a8e02431-86b3-4a8f-bcbd-65a75ceb4489.filesusr.com/ugd/2ae915_b3d98c57504a48ca850efa8fb49a97d0.pdf



IMMUNIZATION ACTION COALITION

<https://www.immunize.org/>

MANUFACTURER RESOURCES

Merck: <https://www.merckvaccines.com/mavp/>

Pfizer: <https://www.pfizer.com/science/vaccines>

Sanofi Pasteur: <https://www.sanofi.com/en/your-health/vaccines>

GSK Vaccines: <https://us.gsk.com/en-us/products/our-vaccines/#tab-2>

Additional manufacturer contact information:

https://www.immunize.org/resources/manufact_vax.asp

MEDICAL INTERMEDIARIES

Change Healthcare: <https://www.changehealthcare.com>

EBS: <http://www.ebsservice.com>

FDS: <https://www.fdsrx.com/>

OmniSYS: <https://www.omnisys.com>

NO EXCUSES VACCINATION TOOLKIT

<https://ncpa.org/no-excuses-vaccination-toolkit>

OMNISYS — CREDENTIALLING AND CONTRACTING

<https://www.omnisys.com/mythbusters-credentialing-and-contracting/>

STATE IIS REGISTRY CONTACTS

<https://www.cdc.gov/vaccines/programs/iis/contacts-locate-records.html>

CPESN's Immunization Information System: State Specifics Chart:

<https://docs.google.com/document/d/1flwnT9rZCC0tKIP7jGk2fyfdLwBgfwsYb38RbljtfE/edit>

VACCINE FINDER

Quick Start Guide:

https://www.vaccines.gov/resources/QSG.for.Provider.Setup_06_04_21_FINAL.pdf

Registration: <https://locating.health/register>



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