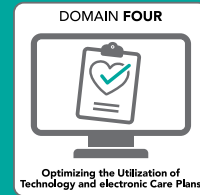


Immunizations Month 5 GROUP 2



Flip the Pharmacy: Champion Checklist

- Understand the importance of leveraging the appointment-based model
- Consider what additional resources you need to help you feel more comfortable screening for and providing immunizations
 - Review NCPA Innovation Center's "No Excuses" Immunization Program over the course of this progression - Click [HERE](#)
 - Become familiar with the CDC's immunization schedules - Click [HERE](#)
- Determine what you want to implement for the month
 - **Baseline (4 Workflows):**
 - A. Identify and enroll patients in med sync. **IN PROGRESS**
 - B. Proactively assess patients for immunizations by using age, health condition, and the immunization registry. **IN PROGRESS**
 - ➔ Refer to Immunizations Month 2 Change Package - Click [HERE](#)
 - C. Create a process within your workflow for care coordination with other providers. **IN PROGRESS**
 - ➔ Refer to Immunizations Month 4 Change Package - Click [HERE](#)
 - D. Create a growth strategy for your immunization practice. **NEW**
 - **Advanced (4 Workflows):**
 - A. Document outcome of immunization recommendations in a care plan and the immunization registry when appropriate. **IN PROGRESS**
 - B. Follow up with the patient when necessary (i.e. determine if recommendation accepted, additional immunization(s) or dose(s) needed). **IN PROGRESS**
 - ➔ Refer to Immunizations Month 3 Change Package - Click [HERE](#)
 - C. Maintain the quality of patient care services during disruptions in normal operations. **IN PROGRESS**
 - ➔ Refer to Immunizations Month 4 Change Package - Click [HERE](#)
 - D. Establish medical billing capabilities for multiple payers. **NEW**
- As the pharmacy champion, decide on how you want to proceed and share specific information that will be valuable to your pharmacy staff
- MILESTONES:** Submit 10 eCare Plans during Quarter 1 (January through March 2021).

Considerations for Implementation

This change package largely focuses on developing and growing your immunization business model. The baseline workflow provides tips for growing your immunization program through targeted interventions and outreach. The advanced workflow gives information on how to establish medical billing capabilities (i.e. billing Medicare for certain immunizations) or expand to other payers. This foundational information is very important as community pharmacy continues to push into the medical billing space.

Workflow Innovations

Baseline Workflow D: Create a growth strategy for your immunization practice.

Whether you have a well-established immunization program or are just starting, consider the tips in this section to grow your immunization practice.

How Are You Screening Patients for Immunizations?

Here are some suggestions on how to target specific patient groups.

- Screen for immunizations as part of the med sync process. Refer to the Month 2 Change Package [HERE](#) to review suggested workflow processes.
- Run patient reports based on eligibility criteria for certain immunizations. Here are examples of several groups you could target for specific immunizations.
 - Diabetes
 - Pneumococcal, Hepatitis B
 - Age 50 and over
 - Shingles
 - Age 65 and over
 - Pneumococcal
 - School mandated vaccines
 - Meningococcal (Ages 11-12, 16-17 years old)
 - Tdap (Ages 11-12 years old/typically before 7th grade)

Growing Your Immunization Services



Get to know your patients, and use the resources you already have in the pharmacy. You have a tremendous amount of data at your fingertips within your pharmacy management system.

1. Consider running reports of the targeted populations above to get an idea of how much of your patient population falls into each category.



If you want to find your patients with diabetes, run a report of patients that have had prescriptions filled within the last 6 months and filter to only include patients that have filled a metformin and/or insulin product.

2. If you want to start with a target population, determine which population is best to begin with based on the likelihood of success at your location considering your:
 - Billing capabilities
 - **Considerations:** *Can you bill Medicare for pneumococcal immunizations?*
 - Patient mix
 - **Considerations:** *If there is a copay for the shingles vaccine, are your patients likely to be able to afford it?*
 - Potential revenue
 - **Considerations:** *Aged based recommendations are likely to have the broadest reach versus disease state-based recommendations.*



You could make a great mini business plan project for a student pharmacist regarding immunization services. Have them run the numbers on potential revenue for immunization services directed at targeted groups and consider the cost associated with the program. Determine the best path to start or grow your services.

3. Create an outreach plan to market your immunization services.



If you are starting with your diabetes population, here are some suggestions to reach these patients

- Utilize a report of current patients with diabetes, and enroll them in your med sync program. Assess their immunization status, and make recommendations as part of your normal med sync process.
- Utilize a report of current patients with diabetes to create a phone campaign. Support staff and/or student pharmacists can call the patients to determine if they need the recommended immunizations and schedule them to come into the pharmacy. Some technology partners also offer an automated solution for outbound calling.
- Some pharmacy management systems allow you to create triggers to alert you when filling certain medications. For example, when a metformin or insulin prescription is filled, your system would alert you to check immunization status. Flag these patients with diabetes using your determined workflow process (bag tag, point of sale alert, etc.) and discuss with them at pick up.

➔ **NOTE:** *This may become tedious/create alert fatigue over time, so consider a 1 to 2 month push for existing patients.*

Promote Your Immunization Services

- Use social media! Let your patients know about the services you provide and share examples when possible.

➔ **NOTE:** *Be cautious about sharing any immunization event photos (where patients are present) without permission.*

- Make sure your service offerings are on your website and up to date.
- Create messaging about your immunization services for your IVR. Consider changing your “on hold music” to educational information about immunizations.
- Use technology partner services to create an outbound phone call campaign. For example, send a call to all of your patients over the age of 50 reminding them of the importance of the shingles vaccine.



Many pharmacies are using tools like Jotform to schedule COVID-19 vaccine appointments. After vaccine clinics, you may have contact information for thousands of “new” patients. Consider contacting this group to market your other pharmacy and immunization services.

- Educate patients on other vaccine preventable diseases/your additional immunization services when they are receiving an immunization by providing pamphlets or placing signage in your patient room or waiting area.

Onsite Clinics

Another way to grow your immunization services is to offer onsite clinics. Consider your geographical area and who might be good candidates for this type of service. Here are some places you might consider: local employers, schools, retirement communities, low income housing, assisted living facilities, and long term care facilities. Influenza and COVID-19 vaccines are a good starting place for a clinic offering because of the broad eligibility criteria.

PLANNING TIP: Consider running test claims or calling the health plans of your commercial payers to determine any billing issues ahead of your outreach. Leverage your local relationships to resolve any issues where possible. **Example:** You only have PBM billing capabilities, but a local employer’s administration fee is covered under the medical benefit. You might be able to discuss with the employer and have the plan allow billing under the pharmacy benefit. Or if they are self-insured, you may also be able to set up a direct pay relationship (CPESN USA can assist with this type of contracting).

Onsite Clinic Resources

- Guidance for Planning Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations - [Click HERE](#)
- Checklist of Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations - [Click HERE](#)
- Satellite, Temporary, and Off-Site Vaccination Clinic Supply Checklist - [Click HERE](#)
- COVID Vaccines - Implementation: Vaccine Distribution/Administration Processes - [Click HERE](#)
 - CPESN West Virginia's Process/plan for a large vaccine clinic with numerous resources & how to apply for a smaller vaccine clinic
 - CPESN Arkansas's Tips for Managing COVID-19 Vaccine Distribution



Vaccine Distribution/Administration Processes



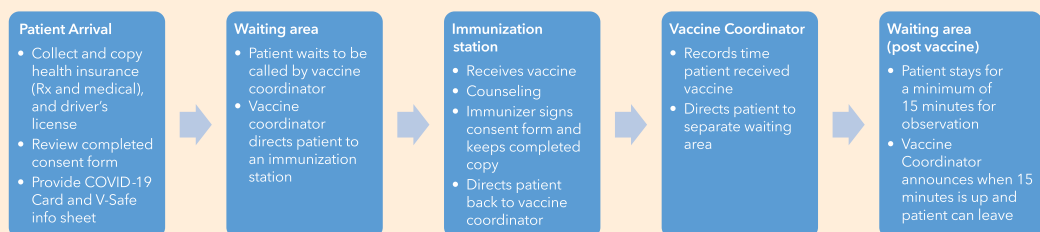
Process/plan for a large vaccine clinic with numerous resources & how to apply for a smaller vaccine clinic [updated 1.13.2021]

- [Click HERE](#) to download the Word document that you can repurpose for your needs. Includes process considerations from pre-clinic through clinic patient flow plan
 - Plan/Process was utilizing for a clinic size of 200+ vaccines over about 4 hours with numerous human resources.
- Guidance for applying to smaller staffs or smaller vaccine clinics:
 - You could decrease the overall number of staff per station and/or consolidate the greeter and registration positions down to one station. And with less people in a smaller space you may not need a person dedicated to post vaccination observation. The dose preparation piece also depends on which product is being utilized as we have used 1 person at some of our Moderna clinics, but with the Pfizer vaccine we utilize at least 2 (sometimes all people staffing a clinic will start by diluting a Pfizer vial and then the dose preparation people only have to draw up doses for a good portion of the clinic).



Tips for Managing COVID-19 Vaccine Distribution [updated 1.13.2021]

- [Click HERE](#) to view CPESN AR document (CPESN AR pharmacies are currently participating in Phase 1 at the State Level).
 - Includes General Tips and Expectations, Time Saving Tips, Example Workflow Process (see image below) and Tips



Workflow Innovations

Advanced Workflow D: Establish medical billing capabilities for multiple payers.

Medical billing opportunities exist for immunization services currently. As community pharmacy continues to show its value to the healthcare system, we anticipate the medical billing opportunities will continue to grow. This workflow lays the foundation for future clinical service billing.

Below are some considerations for billing immunizations including determining the payer and which benefit to bill.

Which Benefit Are You Billing?

1. Pharmacy Benefit via the Pharmacy Benefits Manager (PBM)
 - This is the traditional pharmacy billing method for most vaccines.
 - Uses your existing pharmacy management system.
2. Medical Benefit
 - May use your existing pharmacy management system via medical billing intermediary or may use a separate platform.
 - **Example:** This is the method a pharmacy would use for billing Medicare Part B for influenza and pneumococcal vaccines.
 - Other medical billing opportunities may exist for commercial and Medicaid plans.
 - Learn more about how to get started with medical billing below!

Who Are the Payers?

1. Medicare
 - Medicare Part B requires **medical** billing and pays for the following vaccines:
 - Influenza
 - Pneumococcal
 - Hepatitis B
 - COVID-19 (for COVID-19 specific billing questions, refer to the COVID-19 Billing Guide [HERE](#))
 - For Medicare Part B billing, the pharmacy must be **enrolled** and **have medical billing capabilities**
 - For information about how to enroll, visit the COVID Best Practices Website [HERE](#)
 - You can be enrolled as a 1) pharmacy or 2) mass immunizer to bill for immunizations
 - RECOMMEND ENROLLING AS A PHARMACY (FUTURE OPPORTUNITIES FOR BILLING)
 - Medicare Part D pays for vaccines *not* covered by Part B and is billed through the **pharmacy** benefit via the PBM
 - Medicare Advantage Plans (Part C) vaccines are generally billed through the pharmacy benefit but are plan dependent

2. Medicaid

- The most common billing mechanism for Medicaid is the pharmacy benefit via the PBM. This is state dependent though.
- There may be additional medical billing opportunities through Medicaid, especially in states where pharmacists are recognized as providers.

3. Commercial

- The most common billing mechanism for commercial plans is the pharmacy benefit via the PBM. However, the pharmacy may be missing out on reimbursement if the vaccine or administration fee is not covered under the pharmacy benefit. Use the information below to get started on setting up medical billing capabilities so that you can maximize your reimbursement.

Getting Started with Medical Billing

1. Determine if your pharmacy has an existing medical billing intermediary (e.g. if currently billing Medicare Part B claims or certain durable medical equipment claims). If not, consider which medical billing intermediary might best fit your medical billing needs.

Who are the Medical Billing Intermediaries?

MEDICAL BILLING INTERMEDIARY OPTIONS IN THE MARKETPLACE

Change Healthcare

EBS

FDS

OmniSYS

Click [HERE](#) to view the LIVE Google Excel File that contains the most recent submissions from medical billing intermediaries (and other technology partners) about their capabilities.

Disclaimers: This data was collected from technology solution partners via an electronic survey and is based on vendor self-report, without additional validation by CPESN USA.

- Contact the technology partner for clarification about pricing.
- *Note: Some of the survey responses are by pharmacy management systems that have integrated with medical billing intermediaries.*

CPESN Texas hosted these **COVID-19 Billing Webinars:**

EBS - Click [HERE](#) for the recording

FDS - Click [HERE](#) for the recording & [HERE](#) for a handout

OmniSYS - Click [HERE](#) for the recording

➔ **NOTE:** *Just because you have signed up with a medical billing intermediary and have medical billing capabilities, it does not mean that you are contracted to bill the medical benefit. Each plan requires an individual contract similar to the pharmacy benefit. You may also need to be credentialed prior to contracting or billing.*

2. Assess which health plan provider networks you may be able to enroll and contract with for commercial and Medicaid billing opportunities. Contracting opportunities can be considered at an organization level (i.e. CPESN) or at a pharmacy level. Generally, pharmacy level opportunities and requirements will be state and plan dependent. Some states have a centralized enrollment and/or credentialing process while others do not. Some medical billing intermediaries can assist with contracting and credentialing. **Community pharmacy's path to medical billing is not straightforward.** Reaching out to your local CPESN network or state association for guidance is a great starting point.
3. Determine what type of credentialing you may need to complete. Credentialing refers to the review process of a provider's qualifications by the health plan or payer. Some states have their own centralized credentialing process. Many health plans use CAQH's (Council for Affordable Quality Healthcare) credentialing process.



CAQH credentialing is one of the most widely accepted credentialing sources nationwide. CAQH ProView is their FREE online provider data-collection solution. It streamlines provider data collection by using a standard electronic form that meets the needs of nearly every health plan, hospital and other healthcare organization. To get started, refer to the CAQH Guide for Community Pharmacists [HERE](#) created by CPESN Tennessee, CPESN Northeast Tennessee, and the Tennessee Pharmacists Association.

➔ **NOTE:** The credentialing process is for *individual providers* and will require a Type 1 NPI specific to the pharmacist as an individual provider. This is different from your pharmacy's Type 2 NPI, specific to the organization. If you don't have a Type 1 NPI, **apply [HERE](#).**

4. Start providing care and billing medical claims!
 - Use immunizations to launch medical billing in your pharmacy. Here are a few considerations to trial:
 - Part B immunization billing
 - If you just enrolled with Part B, start here!
 - Out of network COVID-19 administration fees
 - Reach out to your medical billing intermediary and ask about your options for commercial out of network medical billing. Plans are required to reimburse in network and out of network vaccine providers for administering the COVID-19 vaccine. If you have the technology to bill on the medical side, but do not yet have the contracts, you may be able to pursue out of network medical billing of COVID-19 vaccine administration.
 - Local employer immunization billing
 - You likely have a local employer in mind that you have not been able to bill for immunizations and/or administration fees in the past due to the coverage being under the medical benefit. Contact their health plan to initiate the contracting process. Your medical billing intermediary may be able to assist in this process.

As community pharmacy payment models continue to evolve, set your pharmacy up for success with medical billing capabilities!