

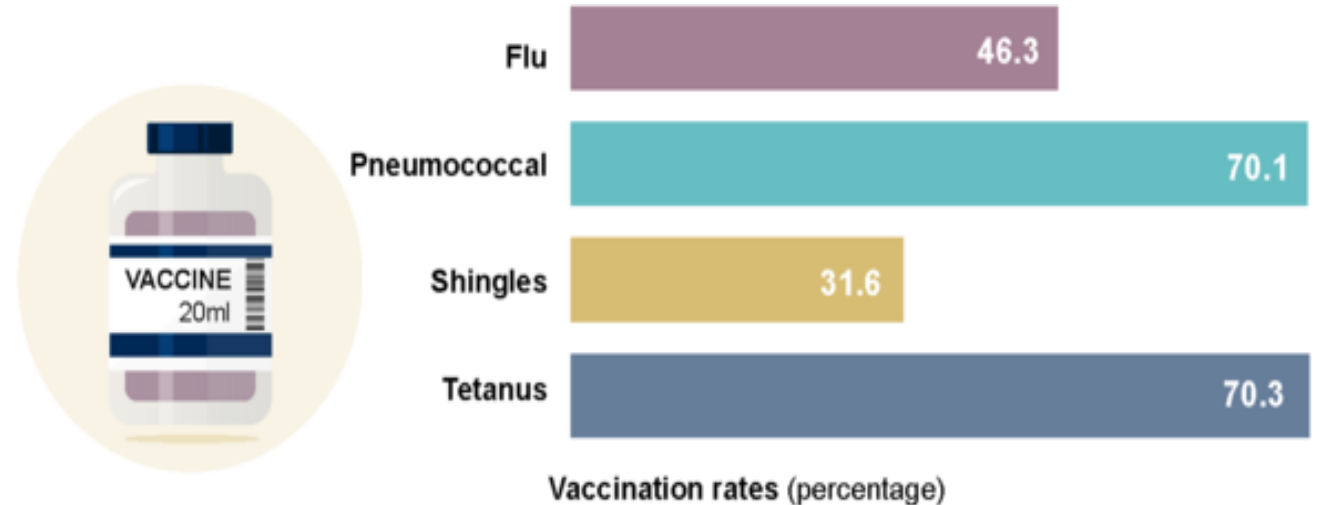


Association of  
Immunization  
Managers

# Adult Vaccine Access Coalition (AVAC)

- Established in 2015 to strengthen and enhance access to and increase utilization of vaccines among adults.
- AVAC is made up of a diverse group of health care providers, vaccine innovators, public health organizations, patient and consumer groups.

## Estimated Adult Vaccination Rates for Four Vaccines, 2020



Source: GAO analysis of Behavioral Risk Factor Surveillance System data. | GAO-22-105334

**AVAC is fighting to make necessary policy changes to increase vaccination rates — saving lives and money.**



healthywomen



HEALTHY MOMS. STRONG BABIES.



VACCINATE YOUR FAMILY

American College of Preventive Medicine



WOMENHEART THE NATIONAL COALITION FOR WOMEN WITH HEART DISEASE



Alliance FOR AGING RESEARCH



Association of Immunization Managers



For confidence and safety in the marketplace since 1899.



National Voice. Local Action.



FAMILIES FIGHTING FLU, INC.



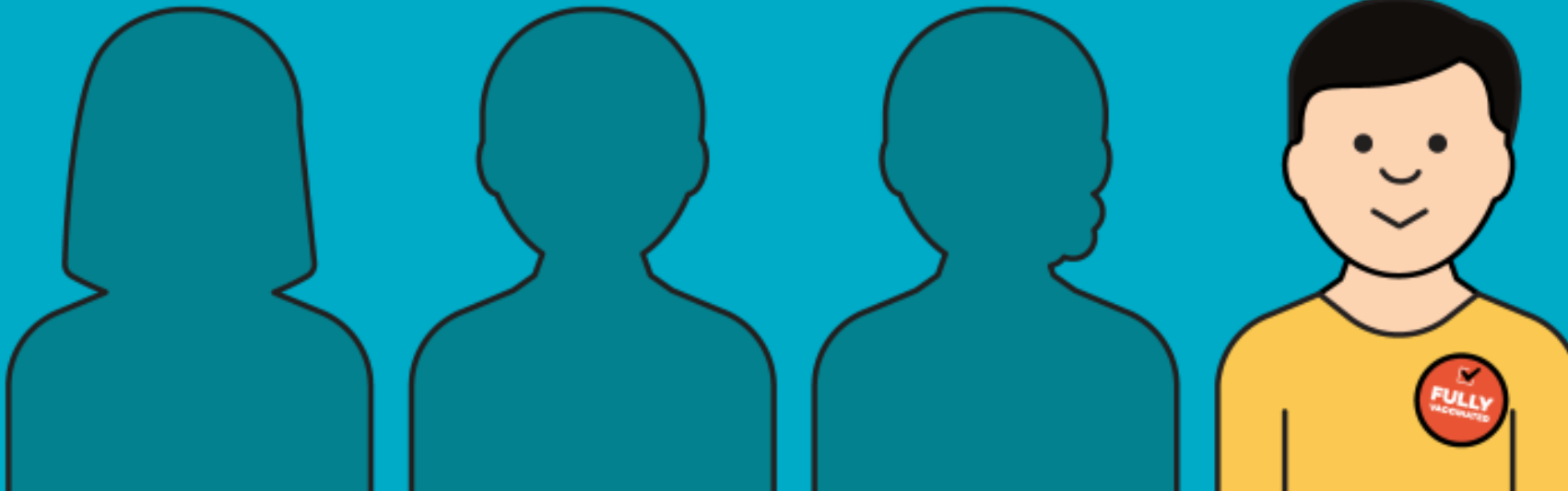
[www.adultvaccinesnow.org/our-membership/](http://www.adultvaccinesnow.org/our-membership/)

# The Adult Vaccine Challenge

3 OUT OF 4

adults are missing one or more of four critical vaccines for flu, pneumococcal, shingles, and Td or Tdap.

<http://dx.doi.org/10.15585/mmwr.ss7003a1>



# Coverage of Vaccines: Private Sector

- The Affordable Care Act or “ACA” was the comprehensive health care reform law enacted in **March 2010**
  - Makes affordable health insurance available to more people.
  - Expands the Medicaid program to cover all adults with income below 138% of the FPL. Not all states have expanded their Medicaid programs. **ACIP-recommended vaccines were included in the Expansion populations**
- As part of the ACA (Sec. 2713), most\* private health plans must provide coverage for a range of recommended preventive services to individuals without cost-sharing (such as copayments, deductibles, or co-insurance). **All ACIP-recommended vaccines are covered under this section**

*\*A few “grandfathered” plans are still in the marketplace*

# Coverage of Vaccines: Federal Programs

## Recent Changes Expand Vaccination Coverage

### IRA Sec 11401

Eliminates copays/out of pocket expenses for ACIP-recommended vaccines under Medicare Part D

### IRA Sec 11405

Requires coverage for ACIP recommended adult vaccines in traditional Medicaid and CHIP programs.

## Cost Sharing and Vaccines



With the new Inflation Reduction Law, now Medicare Part D beneficiaries won't face high out-of-pocket costs for their vaccines.



MARKET	VACCINES	OUT-OF-POCKET
Commercial	All CDC-Recommended	<del>\$0</del>
Medicaid Expansion	All CDC-Recommended	<del>\$0</del>
Traditional Medicaid	Determined by state	<del>\$ 50 \$3.40</del>
Medicare Part B	Pneumococcal, influenza, hepatitis B	<del>\$0</del>
Medicare Part D	All other CDC recommended vaccines, shingles, Tdap, future vaccines	<del>\$0 \$160</del>

Source: Alexandra Stewart, <https://doi.org/10.1016/j.vaccine.2013.11.050>  
Mannatt, <https://www.manatt.com/Insights/White-Papers/2018/Medicare-Part-D-Cost-Sharing-Trends-for-Adult-Vacc>

# Medicare

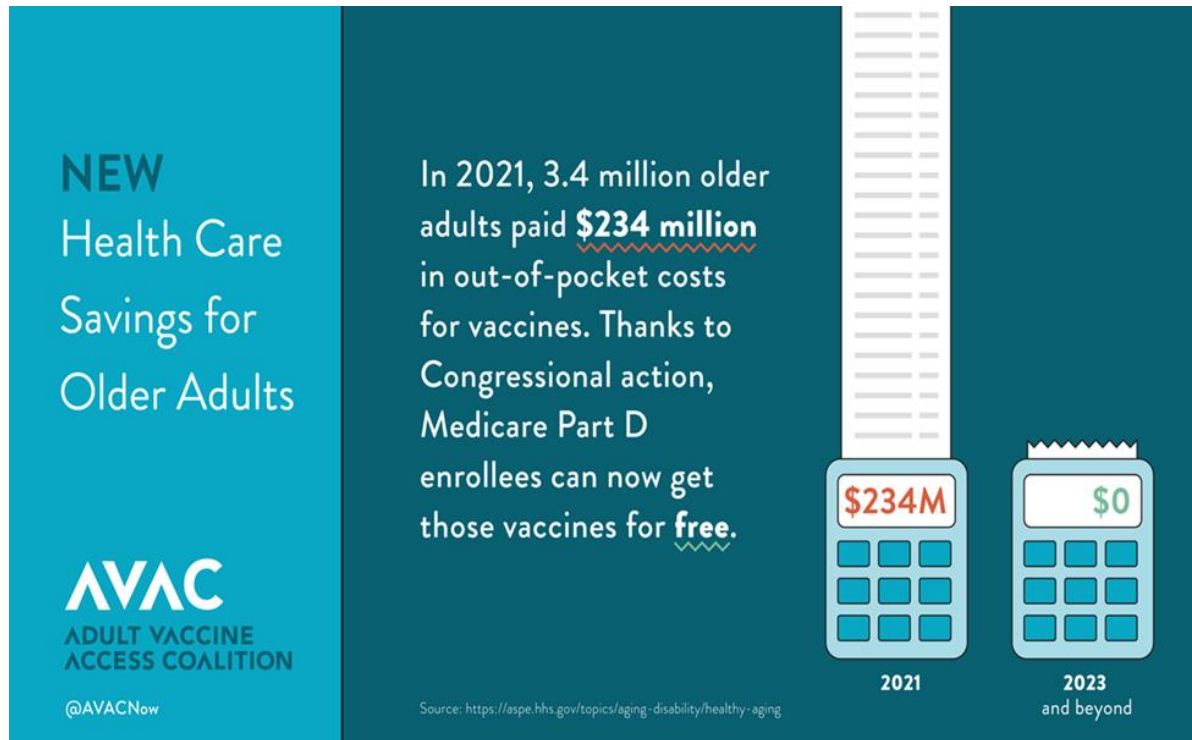
## Previously

- Medicare Part B covers certain vaccines at no cost:
  - Influenza, Pneumonia and Hepatitis B vaccines
  - Covid-19 added during Pandemic
- Medicare Prescription Drug Coverage (Part D) covers All other vaccines had cost sharing

## Starting January 1, 2023

- Adult vaccines recommended by the CDC/ACIP are now available to people with Medicare Part D at no cost (\$0)
- Includes: Shingles, Tetanus-Diphtheria-Whooping Cough, **RSV**, future vaccines

# Impact



FOR IMMEDIATE RELEASE

May 3, 2024

Contact: HHS Press Office

202-690-6343

[media@hhs.gov](mailto:media@hhs.gov)

## HHS Releases New Data Showing Over 10 Million People with Medicare Received a Free Vaccine Because of the President's Inflation Reduction Act; Releases Draft Guidance for the Second Cycle of Medicare Drug Price Negotiation Program

Back to top

*Over 10 million people with Part D Medicare received a free vaccine in 2023 thanks to the Inflation Reduction Act, up from just 3 million in 2021.*

- In 2023, a total of approximately 3.9 million Medicare enrollees received a shingles vaccine, compared to about 2.7 million in 2021, an increase of over 42 percent.
- Nearly 1.5 million Medicare enrollees received a Tdap vaccine in 2023, compared to about 700,000 enrollees in 2021, an increase of over 112 percent.
- In addition, RSV vaccines are new and became recommended for adults 60 and older in consultation with their health care provider in June 2023. 6.5 million Medicare Part D enrollees accessed an RSV vaccine free of charge in 2023.



# Medicaid

## Previously:

- Vaccine coverage (and cost sharing) differed based on state

## Starting October 1, 2023

- Adult vaccines recommended by the CDC/ACIP are now available at no cost (\$0) across all Medicaid programs and populations.



- **ACIP.** Makes recommendation to follow ACIP recommended vaccines.
- **FMAP.** States that currently provide Medicaid coverage for immunization without cost sharing, receive a one percentage point increase in their FMAP for their Medicaid expenditures for these services.
- **Providers.** Encourages broad array of providers
- **Payment.** Encourages states to consider setting payment rates at actual acquisition cost and adequate professional fee for admin to incentivize access/availability.
- **State Plan Amendments.** States must submit SPA by October 1.

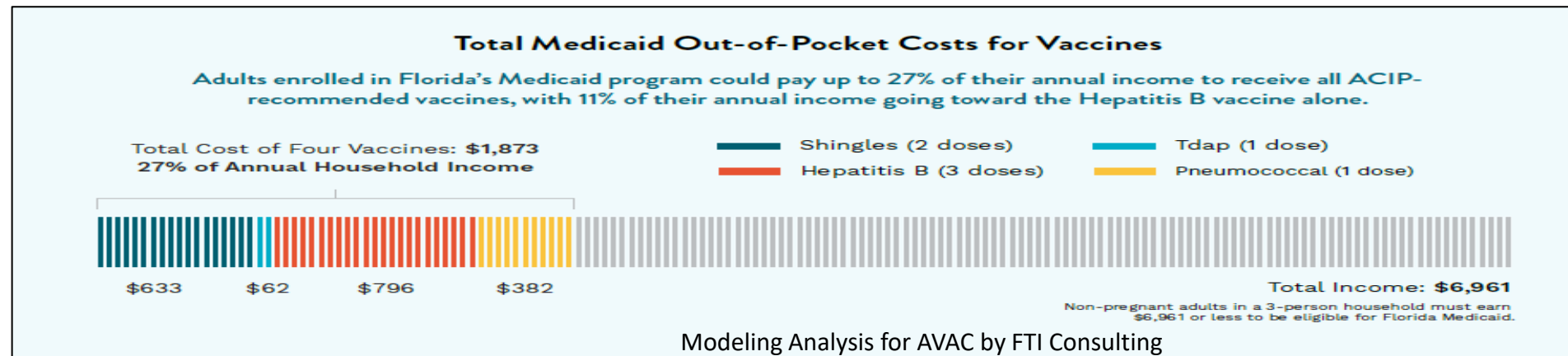
# Medicaid Implementation Progress Report

**2021: 16 States** did not cover 1 or more vaccine(s): AK, AR\*, DC, FL, GA, HI, MD, ME, MS, NE, NJ, NC, SC, TN, TX, VA




## March 2024:

- 31 states and Puerto Rico have received CMS approval for their SPAs attesting to the coverage of all ACIP recommended vaccines.
  - 8 of these states were not in compliance with the IRA requirements prior to October 1, 2023.
- 6 states, not complying with the IRA requirements prior to October 1, 2023, still have not submitted a SPA attest their compliance (**FL, GA, HI, ME, NV, and TX**).
  - Almost all these states (e.g., FL, ME, NV, and TX) have either begun covering all ACIP-recommended vaccines without cost sharing without submitting a SPA to CMS (e.g., states have updated their fee schedules, physician billing guide) or are actively pursuing a SPA (e.g., state regulation, awaiting CMS approval).

Closing the gaps in vaccination coverage makes financial sense



# New Immunizations to Protect Against Severe RSV

Who Does It Protect?	Type of Product	Is It for Everyone in Group?
 Adults 60 and over	RSV vaccine	Talk to your doctor first
 Babies	RSV antibody given to baby	All infants entering or born during RSV season. Small group of older babies for second season.
 Babies	RSV vaccine given during pregnancy	Can get if you are 32–36 weeks pregnant during September–January

[www.cdc.gov/rsv](http://www.cdc.gov/rsv)

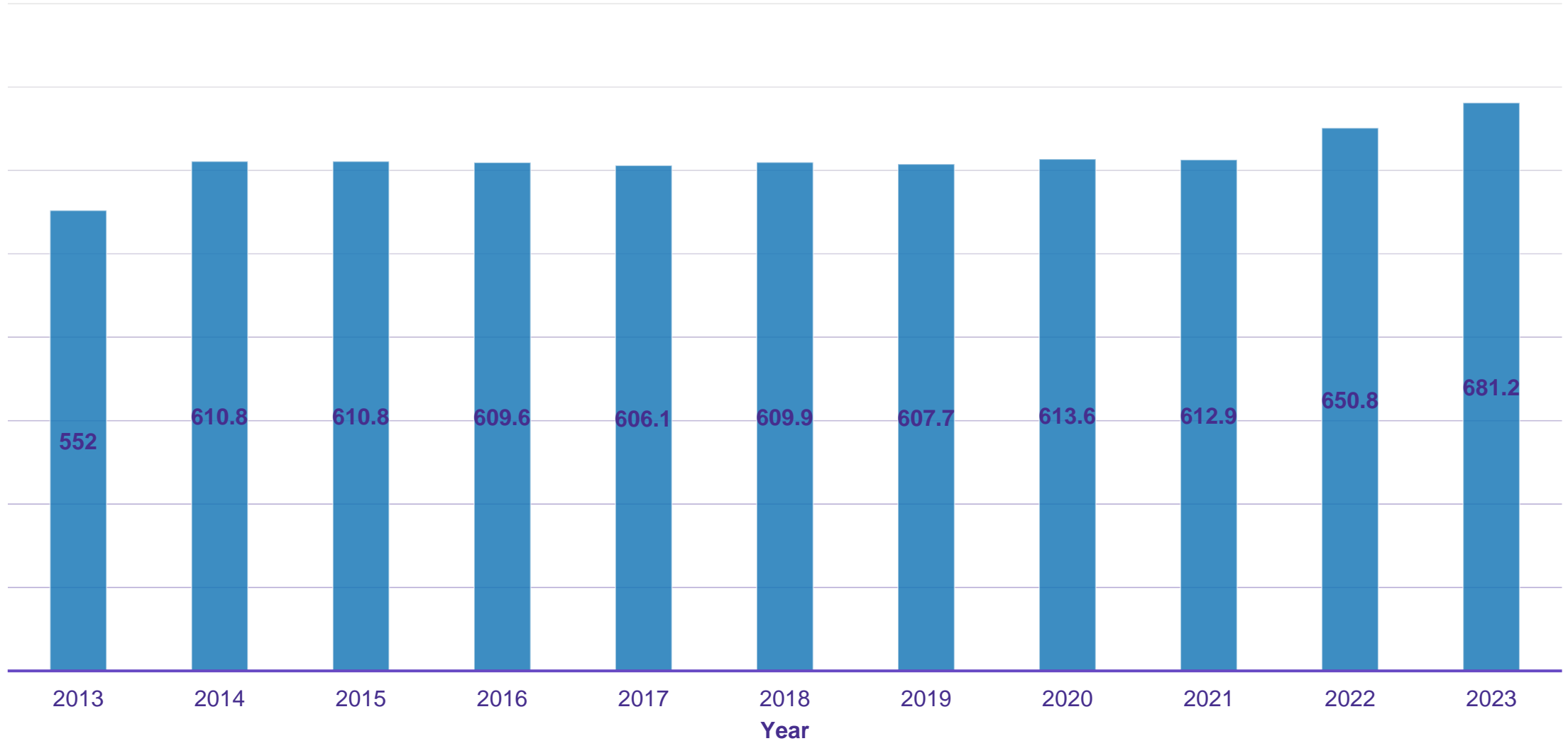


# Focus on Section 317 Immunization Program

## \$682 million in FY 2024

- Providing a safety net for those who cannot otherwise access immunization services
- Managing vaccine shortages, conducting continual quality improvement efforts with immunization providers
- Monitoring the safety and effectiveness of vaccines and vaccine programs
- Preventing disease outbreaks and responding early and rapidly should they occur
- Maintaining Immunization Information Systems (IIS)
- Responding quickly to other emergencies, such as a pandemic

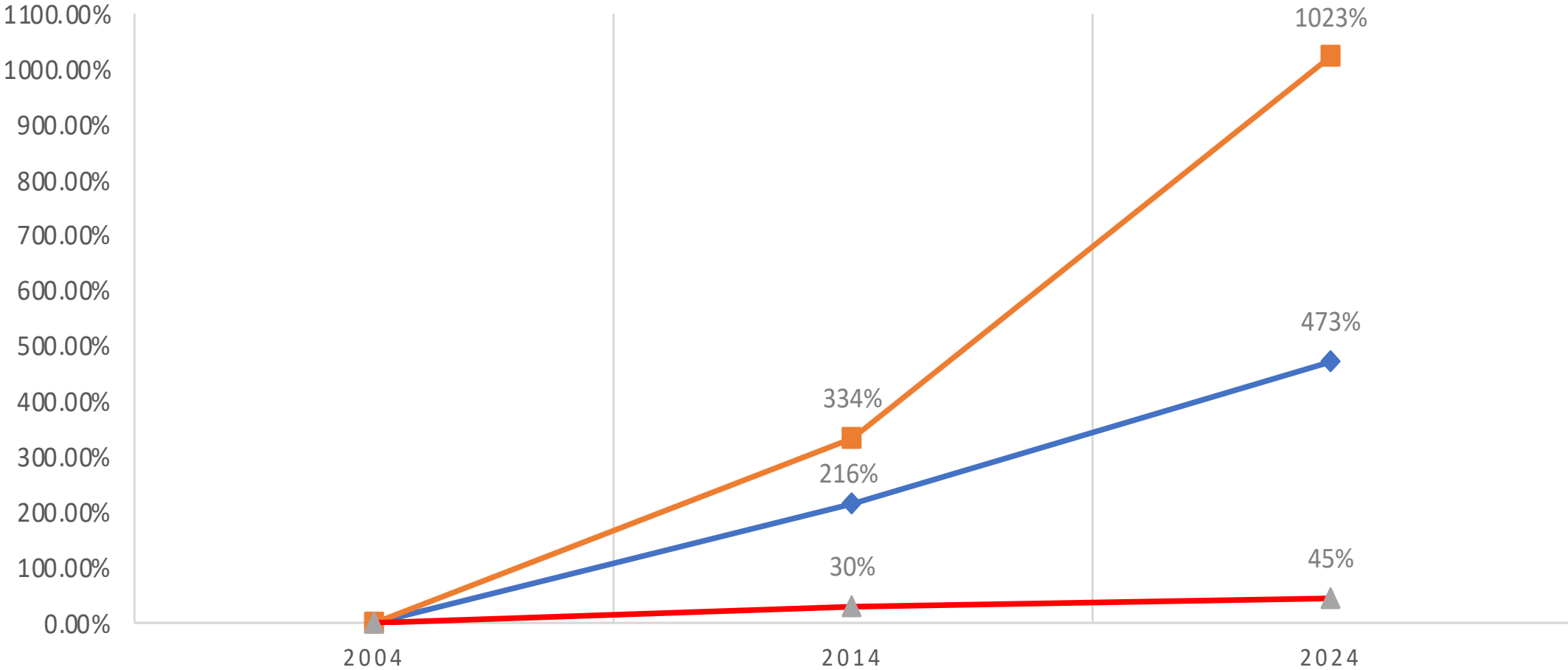
# Total Section 317 Immunization Program Funding by Year (in millions)



■ Total Funding

# CDC'S VACCINATION SCHEDULE COSTS OUTPACE SECTION 317 BUDGET; PERCENT INCREASE SINCE 2004

◆ Cost of Completing Childhood Vaccine Schedule    ■ Cost of Completing Adult Vaccine Schedule    ▲ Section 317 Funding Allocation



# Focus on Solutions

- Expand Access
- Build Confidence
- Address Barriers

# Focus on Solutions: Trusted Messengers

- Healthcare providers
- Health insurance issuers and plans
- Employers
- Educators
- Unions and professional organizations
- Organizations serving minority populations and people with disabilities
- Community and faith-based groups
- Organizations serving tribal nations
- State and local government



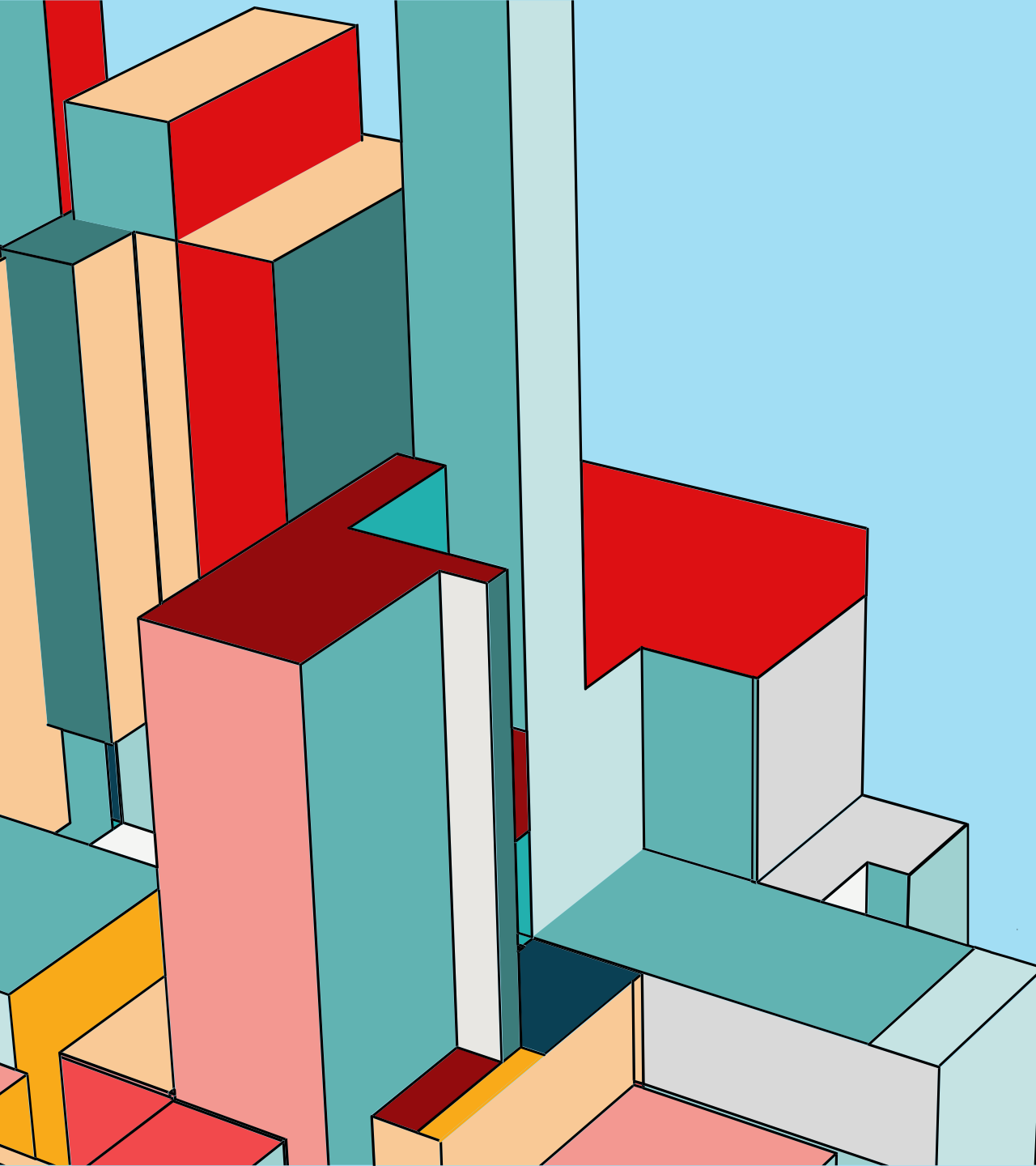
# Looking Ahead

- The Presidents FY2025 Budget Proposal includes an idea a new **Vaccines for Adults Program**
- The Proposal seeks to build off the successes of Vaccines for Childrens Program and 317 Vaccines Program
- Components:
  - Vaccine Purchase
  - Provider Fees
  - Program Operations
  - Vaccine safety and distribution
- Congressional action will be needed to create this program

# Thank You

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# IF YOU BUILD IT, THEY WILL COME

CREATING A VACCINE INFRASTRUCTURE

EMILY HENDRICKSON, RN, BSN, MBA/HA  
DIRECTOR OF NURSING

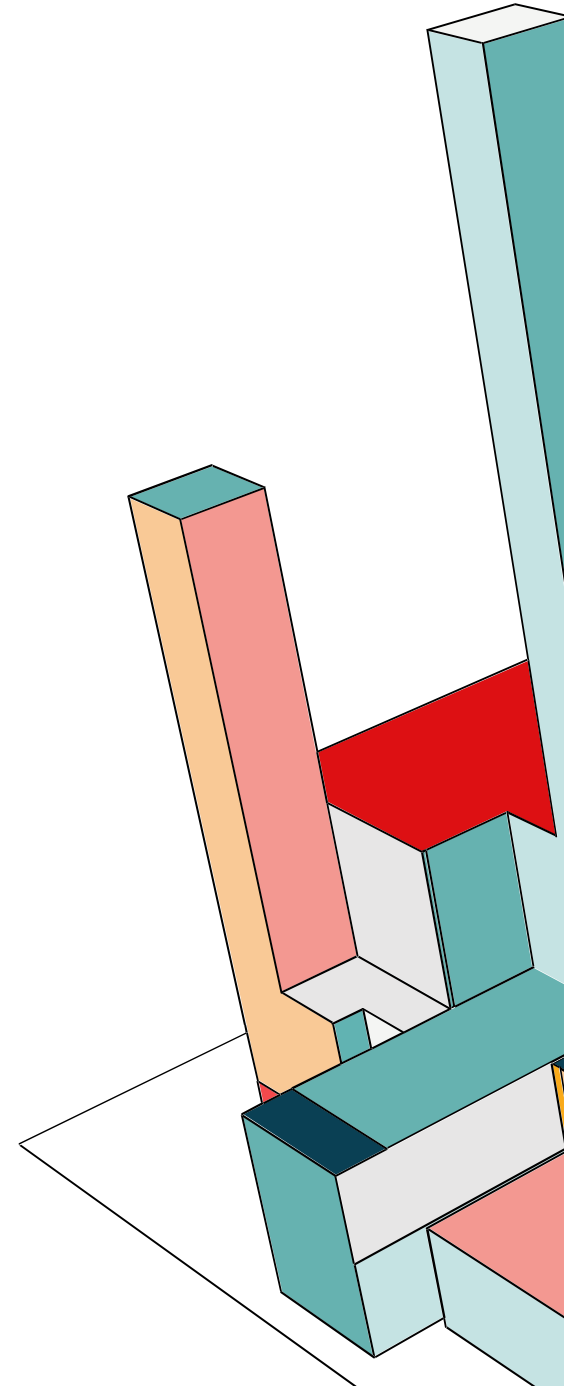
ADAMS COUNTY HEALTH DEPARTMENT  
QUINCY, IL

PRESIDENT - ILLINOIS PUBLIC HEALTH NURSE  
ADMINISTRATORS



# AGENDA

- Where we started
- Building confidence & engaging the audience (the team & the public)
- Building and expanding the vaccine program
- Building financial stability
- Final tips and takeaways





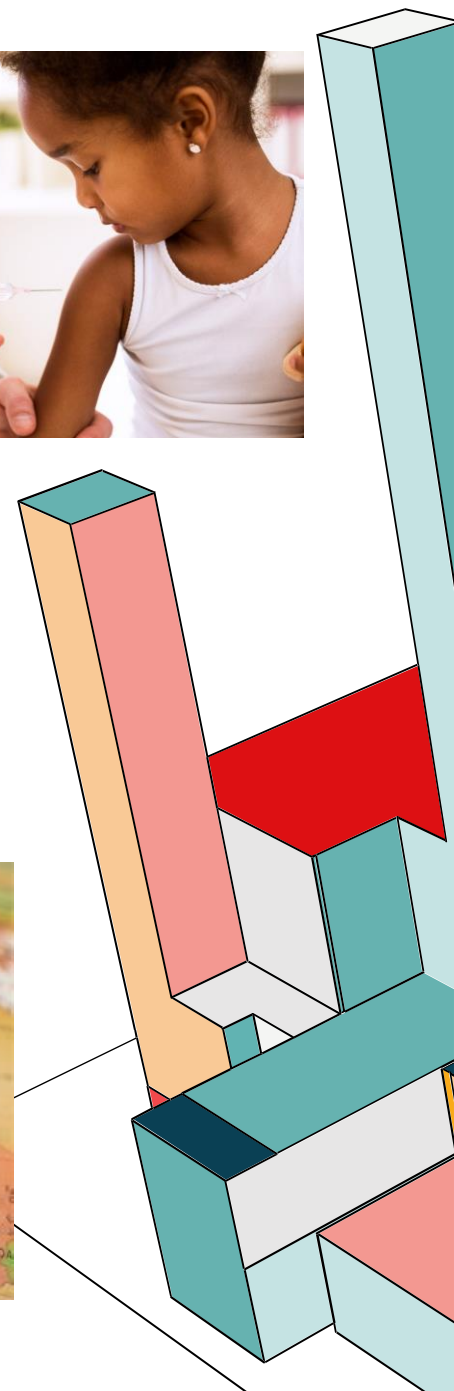
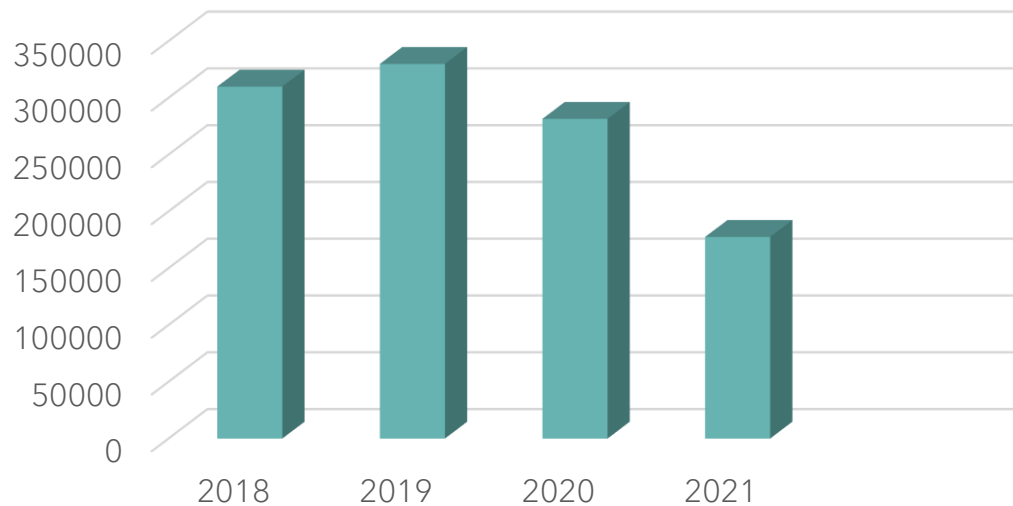
**WHERE WE STARTED**

# PRE-PANDEMIC IMMUNIZATION PROGRAM

- Strong focus on childhood vaccines
- Strong focus on flu vaccines throughout the county
- The only travel vaccine program in the area
- Created the walk-in only, no appointment necessary, clinic practice
- 2017 - began using Custom Data Processing, Inc. (CDP) EzEMRx clinical electronic record & billing team



Annual Revenue



# SETTING THE STAGE - COVID-19

- In January 2021 Adams County Health Department became the largest mass vaccine administrator in the region
- Opened to all Illinois residents on March 1, 2021
- Administered over 100,000 -1<sup>st</sup> & 2<sup>nd</sup> COVID doses to Illinoisans, Missourians, and Iowans in 6 months
- The success of these mass vaccine clinics were recognized statewide
- Began building relationships and confidence with the adult population



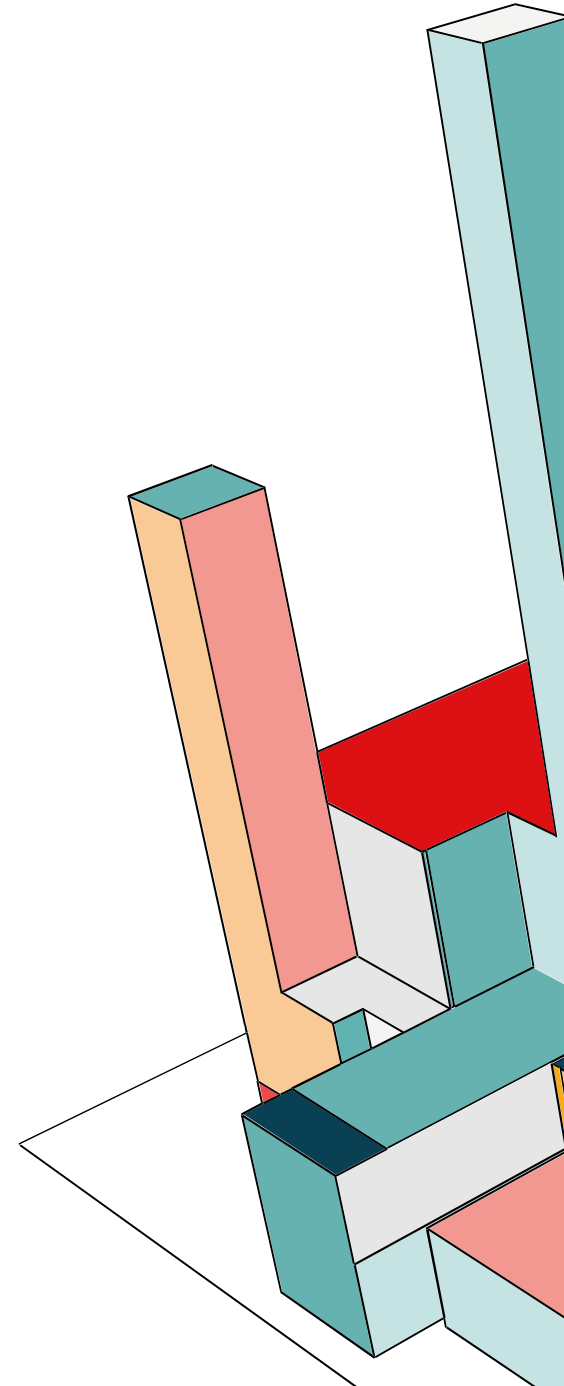
# STATEWIDE RECOGNITION





# COVID-19 BOOSTER CLINICS

- In September of 2021 COVID-19 Boosters were approved
- Set a plan in place to deliver boosters AND begin billing for the administration fees
  - Scheduled 6 initial mass vax booster clinics, then moved into the clinic
  - Trained front line staff on how to gather insurance information at mass clinics
  - Trained nursing staff on how to “code” correctly
- Creating tools to facilitate proper coding
- Delivered over 10,000 initial boosters in fall/winter of 2021/2022
- Creating care delivery conversations regarding receiving Flu and COVID vaccines together



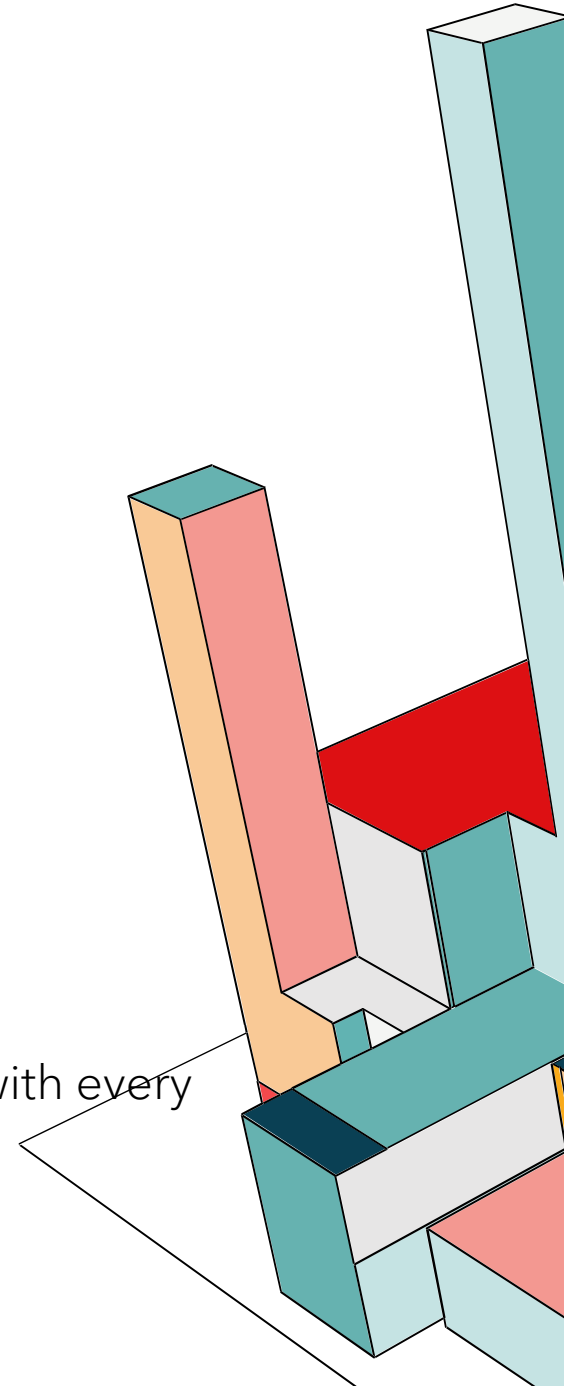


# **BUILDING CONFIDENCE AND ENGAGING THE AUDIENCE**

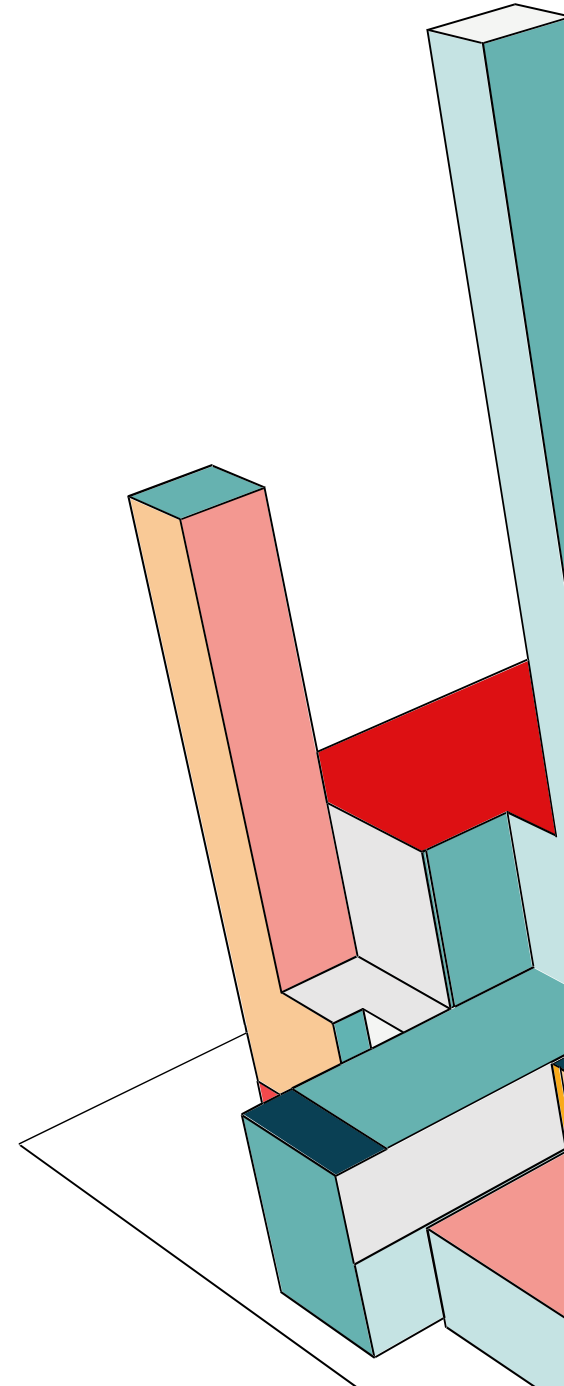
Internal & External Stakeholders

# INTERNAL STAKEHOLDER ACCEPTANCE




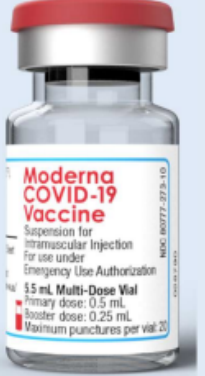




- Overcoming the initial COVID-19 Mass Vaccine Burnout
  - Team building meetings
  - Inspiring messaging
  - Contract staff support (leading to hiring new staff)
  - Monday morning huddles
- Allowing the team members to lead on education and policy building (engagement)
- Cross training nursing staff to do multiple roles
- Cross training front line team members to do multiple roles
- Creating a positive team culture of “how can we” instead of “we can’t possibly”
- Creating tools and resources for safe & effective delivery of vaccines (and updating with every single change)
  - Wall charts (see examples)
  - Coding guides (see examples)



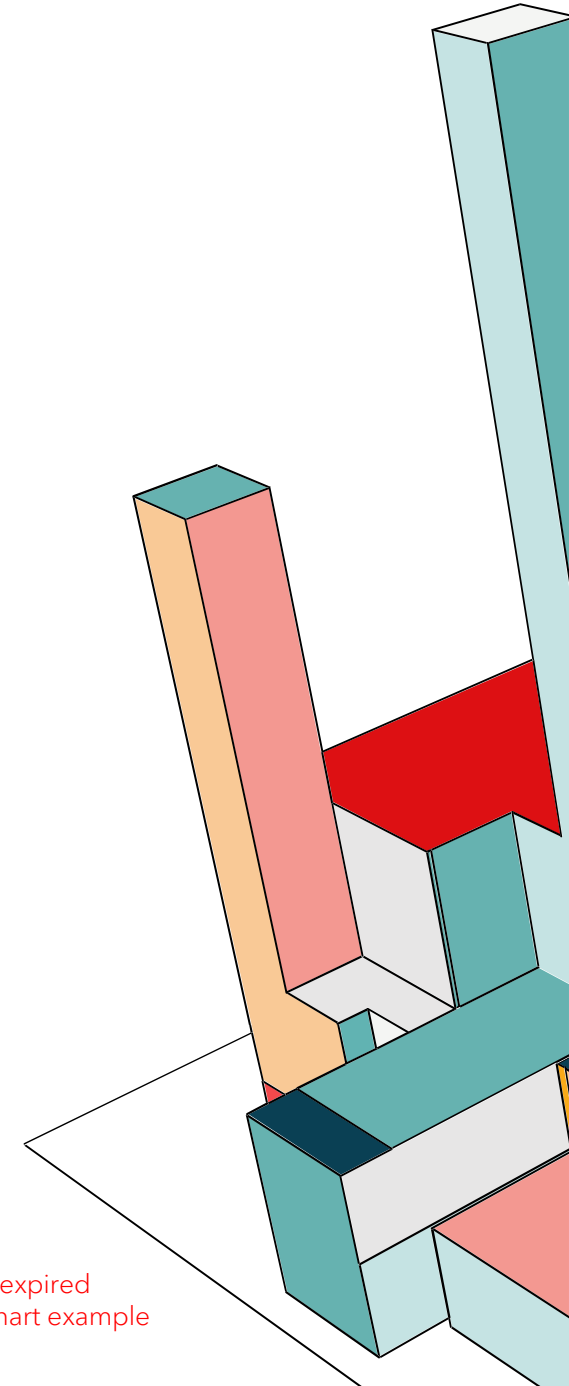
Essential workers trying to process the 35th policy change in the last 3 weeks



## MODERNA COVID-19 VACCINE PRESENTATIONS

Age Group	6 months through 5 years <i>(Primary Series)</i>	6 years through 11 years <i>(Primary Series)</i>  <i>Currently unavailable (Use the vial with dark blue cap and a label with a purple border)</i>	6 years through 11 years <i>(Primary Series)</i>  18 years and older <i>(Booster Dose)</i>	12 years and older <i>(Primary Series)</i>  18 years and older <i>(Booster Dose)</i>
Vial Cap Color	Dark Blue	Dark Blue	Dark Blue	Red
Vial Label Border Color	<b>MAGENTA</b>	<b>TEAL</b>	<b>PURPLE</b>	<b>LIGHT BLUE</b>
Vial Image				
Primary Dose Volume	0.25 mL	0.5 mL	0.5 mL	0.5 mL
Booster Dose Volume	None	None	0.5 mL	0.25 mL
For storage and expiry information, see FDA-authorized Fact Sheet or scan QR code.	 <a href="http://www.modernatx.com/covid19vaccine-eua">www.modernatx.com/covid19vaccine-eua</a>	 <a href="http://www.modernatx.com/covid19vaccine-eua">www.modernatx.com/covid19vaccine-eua</a>	 <a href="http://www.modernatx.com/covid19vaccine-eua">www.modernatx.com/covid19vaccine-eua</a>	 <a href="http://www.modernatx.com/covid19vaccine-eua">www.modernatx.com/covid19vaccine-eua</a>

This is an expired vaccine chart example



## Vaccine Administration Coding Instructions update 8/18/22

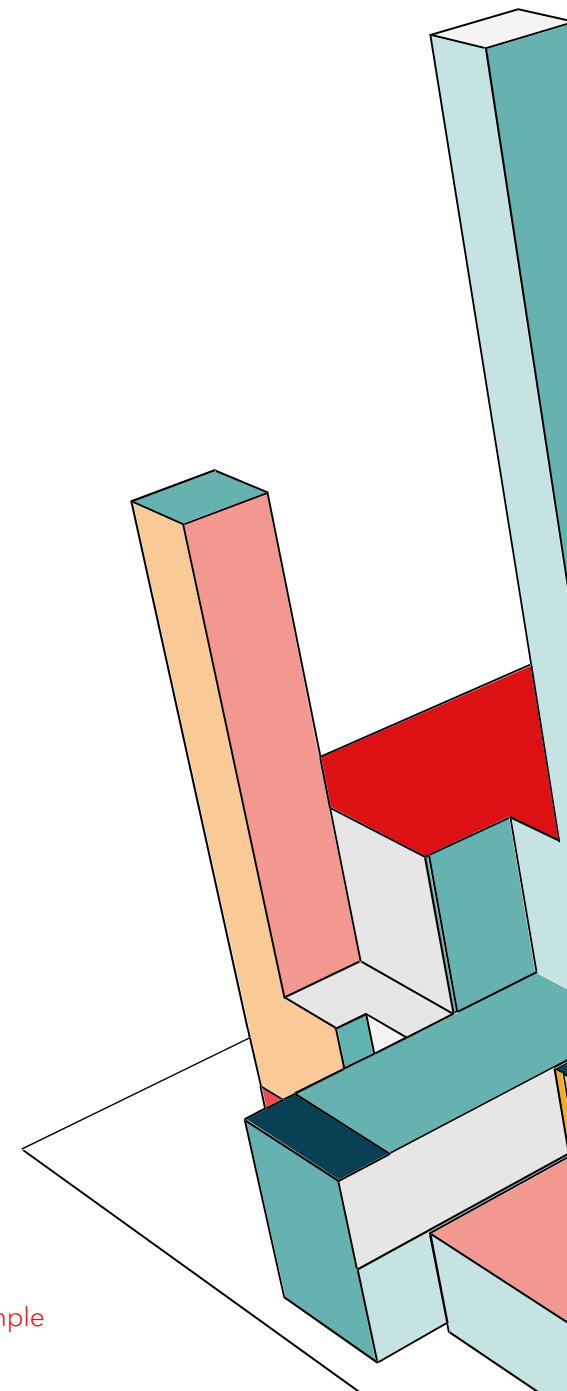
Vaccine Medication	Vaccine Dose	CPT Code
<b>COVID VACCINES</b>		
Pfizer Grey Cap Monovalent	Dose 1	0051A
Pfizer Grey Cap Monovalent	Dose 2	0052A
Pfizer Grey Cap Monovalent	Dose 3 - Immunocompromised	0053A
Pfizer 5-11 year old Orange Cap	Dose 1	0071A
Pfizer 5-11 year old Orange Cap	Dose 2	0072A
Pfizer 5-11 year old Orange Cap	Dose 3 - Immunocompromised	0073A
Pfizer 5-11 year old Orange Cap	Booster Dose	0074A
Pfizer 6mo - 4 year old Maroon Cap	Dose 1	0081A
Pfizer 6mo - 4 year old Maroon Cap	Dose 2	0082A
Pfizer 6mo - 4 year old Maroon Cap	Dose 3	0083A
Moderna Red Cap 12 & up	Dose 1	0011A
Moderna Red Cap 12 & up	Dose 2	0012A
Moderna Red Cap 12 & up	Dose 3 - Immunocompromised	0013A
Moderna 6-11 year old BLUE Cap/Purple	Dose 1	0091A
Moderna 6-11 year old BLUE Cap/Purple	Dose 2	0092A
Moderna 6-11 year old BLUE Cap/Purple	Dose 3 - Immunocompromised	0093A
Moderna 6mo-5 year old Blue Cap/Magenta	Dose 1	0111A
Moderna 6mo-5 year old Blue Cap/Magenta	Dose 2	0112A
Moderna 6mo-5 year old Blue Cap/Magenta	Dose 3 - Immunocompromised	0113A
Janssen	Dose 1	0031A
Janssen	Booster Dose	0034A
Novavax	Dose 1	0041A
Novavax	Dose 2	0042A
Pfizer BIVALENT BOOSTER		
Moderna BIVALET BOOSTER		

This is an expired vaccine chart example

## Vaccine Administration Coding Instructions update 05/23

Vaccine Medication	Vaccine Dose	CPT Code
<b>COVID VACCINES</b>		
Pfizer 65 & Older BIV Booster	Booster Dose	0124A
Pfizer 12yr & Up BIV Immuno Booster	Booster Dose	0124A
Pfizer 12yr & Up BIV	1 Dose	0124A
Pfizer 5-11yr BIV Immuno Booster	Booster Dose	0154A
Pfizer 5-11yr BIV	1 Dose	0154A
Pfizer 6mo-4yr BIV	Booster Dose - only if received Mono only	0173A
Pfizer 6mo-4yr BIV	Dose 1	0173A
Pfizer 6mo-4yr BIV	Dose 2	0173A
Pfizer 6mo-4yr BIV	Dose 3	0173A
Moderna 12 & UP BIV	1 Dose	0134A
Moderna 65 & Older BIV Booster	Booster Dose	0134A
Moderna 12 & UP BIV Immuno Booster	Booster Dose	0134A
Moderna 6-11 yr BIV	1 Dose	0144A
Moderna 6-11yr BIV Immuno Booster	Booster Dose	0144A
Moderna 6mo-5yr BIV	Booster Dose - only if received Mono only	0164A
Moderna 6mo-5yr BIV	Dose 1	0164A
Moderna 6mo-5yr BIV	Dose 2	0164A
Moderna 6mo-5yr BIV Immuno Booster	Booster	0164A
Novavax 12 & Up	Dose 1	0041A
Novavax 12 & Up	Dose 2	0042A
Novavax 18 & Older	Booster Dose	0044A
<b>MEDICARE VACCINES</b>		
Influenza Administration	1 Dose	G0008
Pneumococcal Administration	1 Dose	G0009
Hepatitis B Administration	1 Dose	G0010
<b>ALL OTHER VACCINES</b>		
any vaccine not listed above	1st injection	90471
any vaccine not listed above	2nd injection	90472
any vaccine not listed above	Each subsequent injection	90472

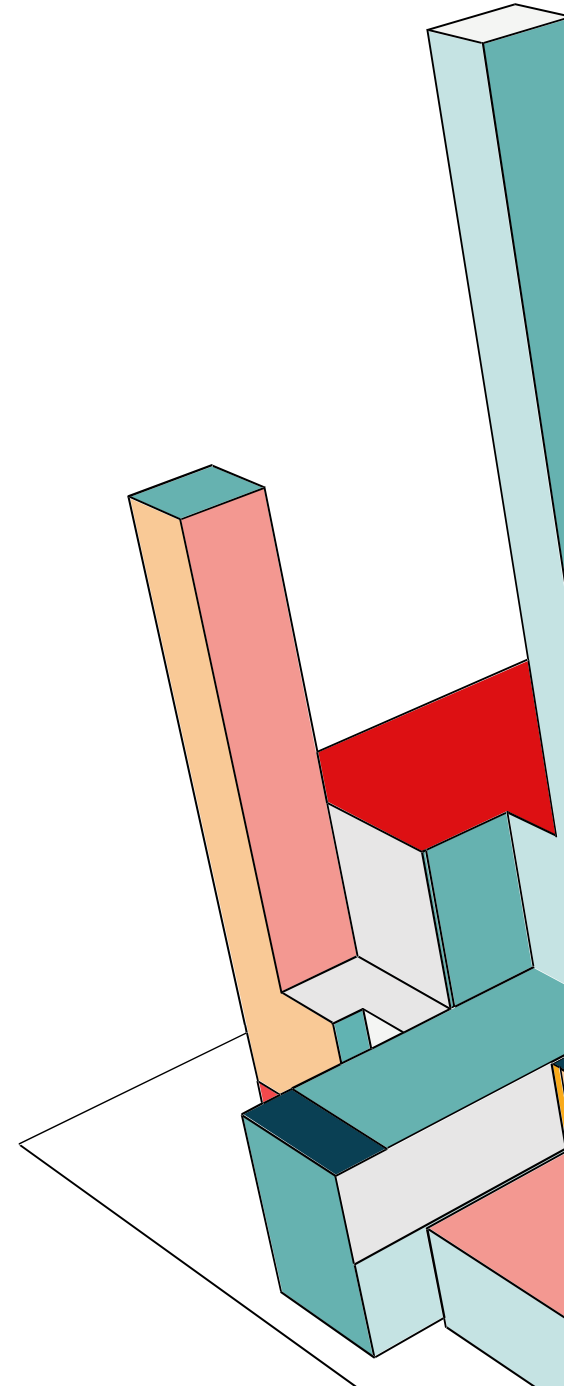
1. Each vaccine medication has its own unique CPT (charge) code
2. EZ is built that when we choose the medication, it automatically drops that CPT code with it
3. Each vaccine medication should have an associated "Administration CPT Code" with it
  - a. This part is manually added by the nurse in the coding section before submitting the encounter
  - b. These codes are all listed above
  - c. Example for an adolescent that comes in and receives a Men, Men B, and Tdap
    - i. You would document a 90471 CPT for initial vaccine administration
    - ii. You would document 2 additional- 90472 CPT for a total of 3 medications and 3 administrations



This is an expired vaccine chart example

# EXTERNAL STAKEHOLDER ACCEPTANCE

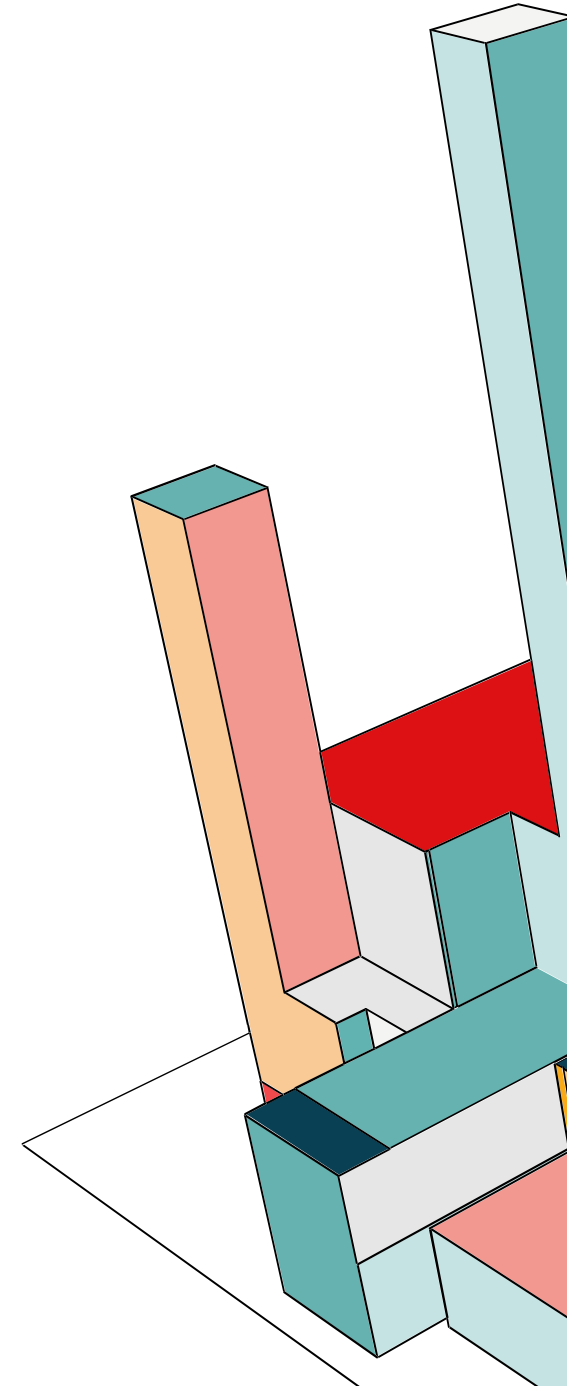
- Continuously monitoring the Advisory Committee on Immunization Practices (ACIP) and always having a team member reviewing for any immunization changes
  - Communicating these changes early and frequently to the community
    - Radio, press releases, social media
- Continuously monitoring CMS & BCBS for approval of new CPT codes and fee schedules related to the vaccines
  - Ensuring our coverage for our community wanting vaccines
- Ensuring access to vaccines for all comers
  - 317 vaccines
  - Sliding Scale Program
- Continuously working with our customers to ensure we were contracted with their insurance companies





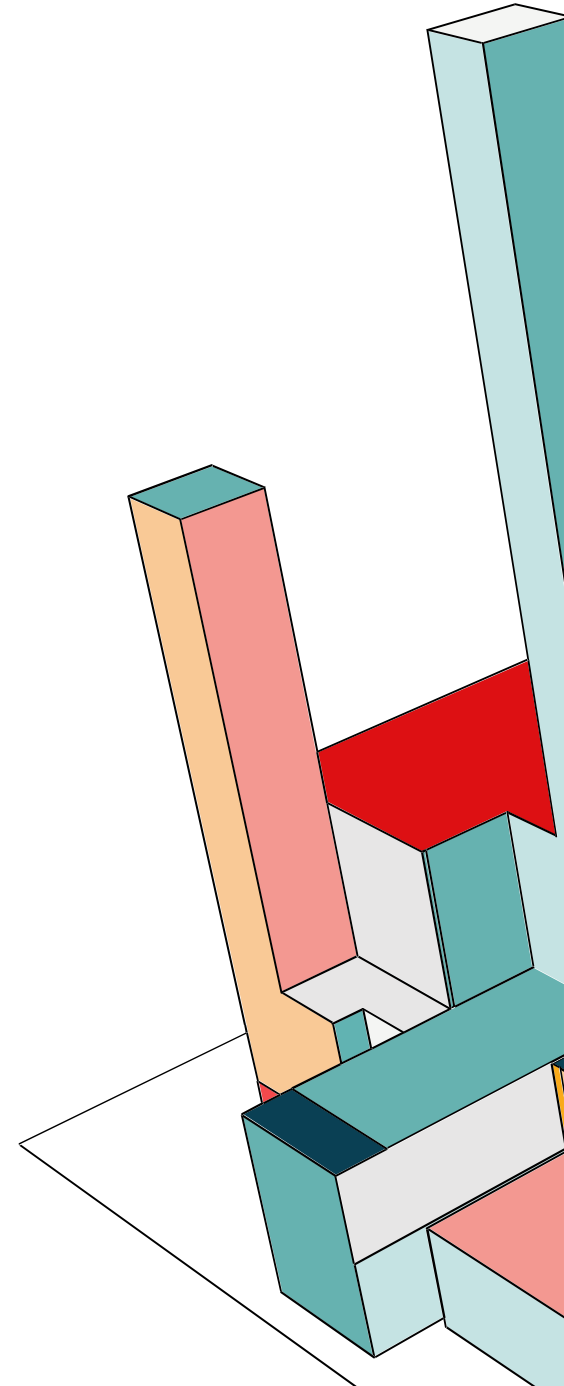
# EXTERNAL STAKEHOLDERS ACCEPTANCE

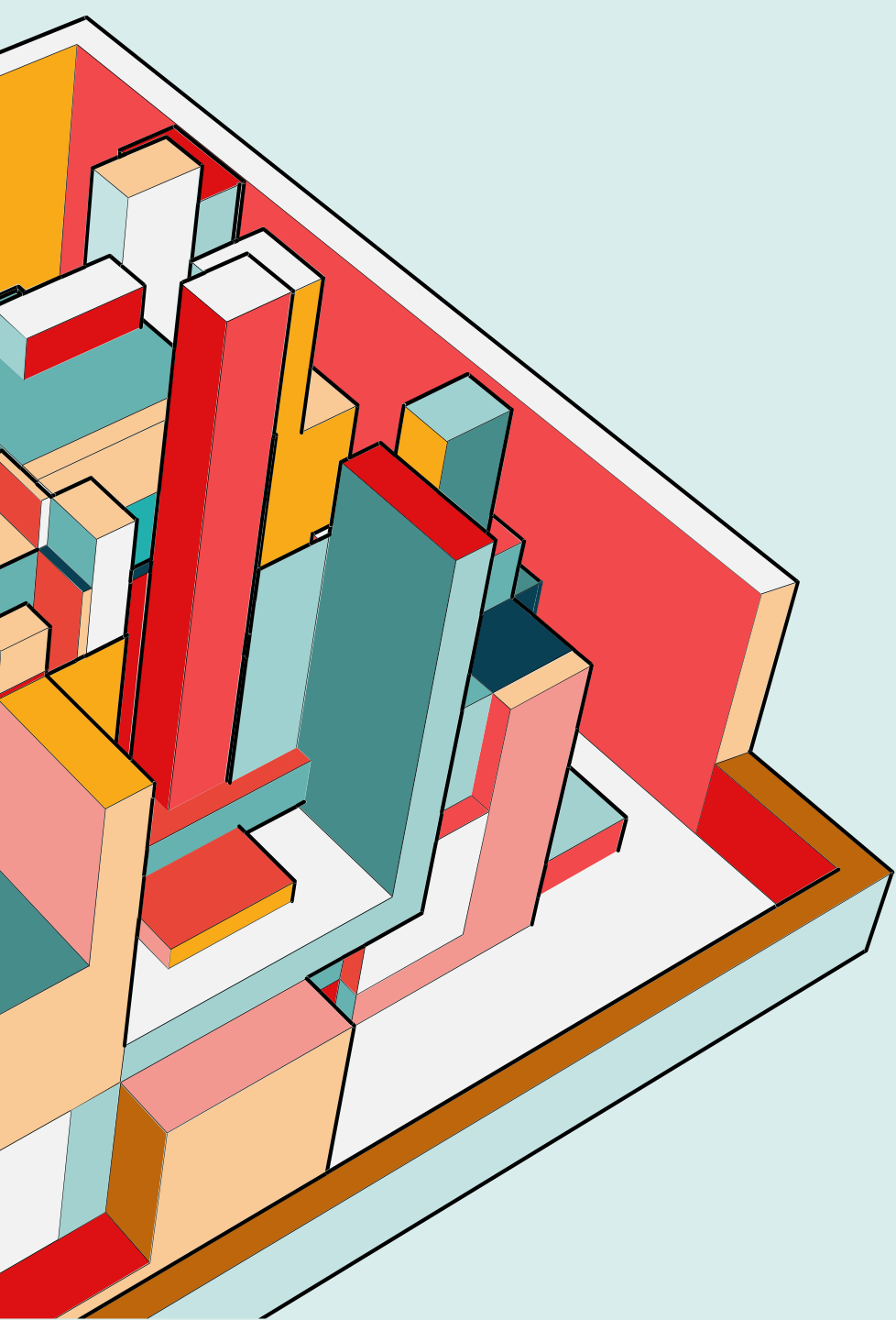
- Delivery of homebound vaccines
- Working with Long Term Care Facilities to deliver COVID boosters
- Communicating with local healthcare providers to determine vaccine needs for the community
- One person at a time mentality



# ENGAGING THE AUDIENCE – POST COVID

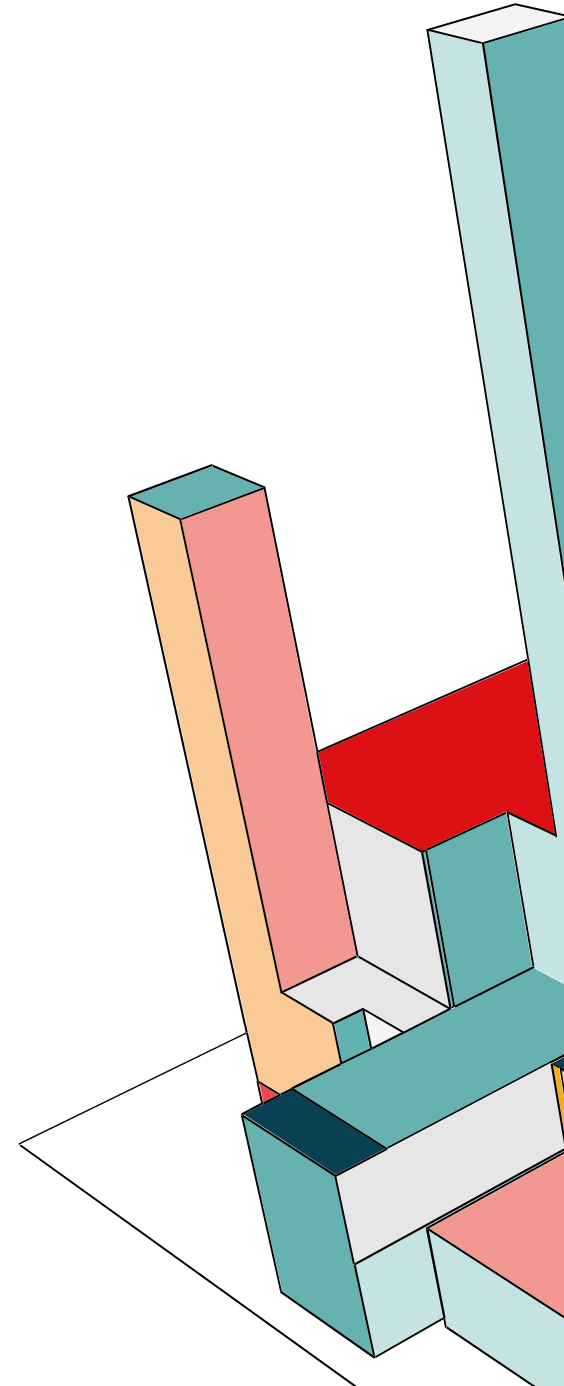
- Moving back to a walk-in only, no appointment necessary model
  - We made it easy to receive vaccines
- Continued to build relationships with the community on vaccine delivery
  - Personal one on one communication & vaccine education with each vaccine delivery
  - Review of other “overdue” vaccines
- Making reminder phone calls for overdue vaccines





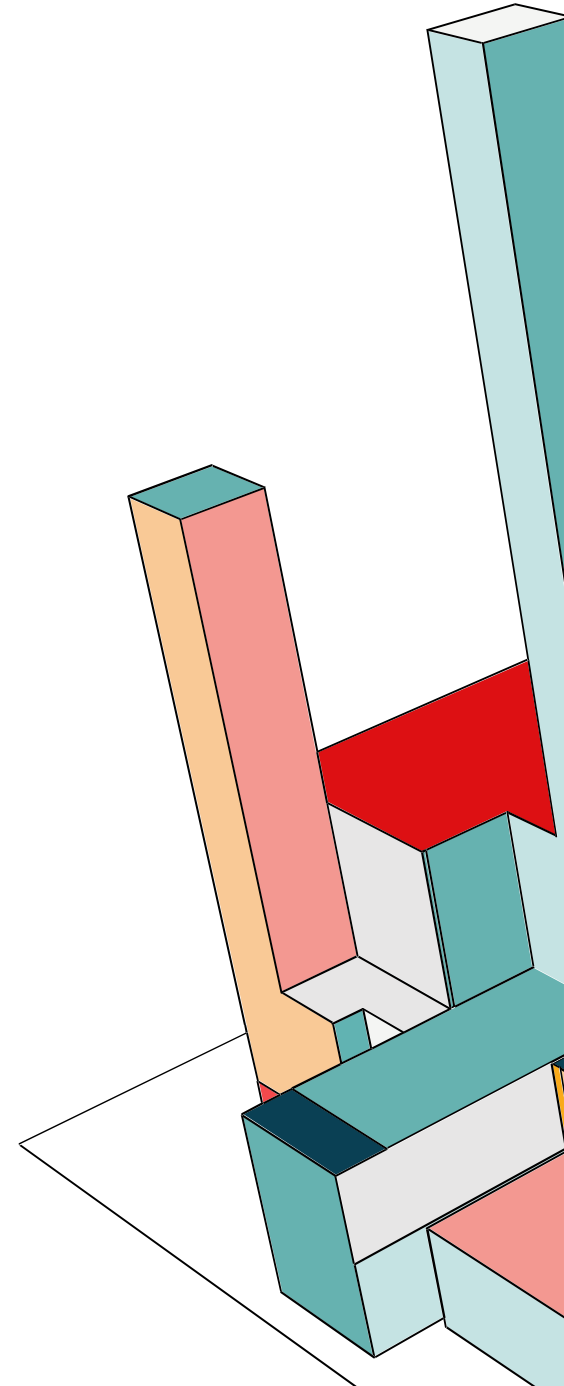
# **BUILDING AND EXPANDING THE VACCINE PROGRAMS**

- Listening to the needs of the community
  - Partnered with a company to begin delivery of Medicare Part D vaccines
    - Shingles, Tdap, Hepatitis B, etc.
  - Partnering with providers to allow for “alternative” schedules for childhood vaccines
    - Becoming the partner for childhood catch up vaccines
  - Brought back the travel vaccine program and began delivering all travel vaccines
    - New to the health department
      - Yellow Fever & Japanese Encephalitis
- Continued the practices learned during the pandemic
  - ACIP Meetings review for new approved vaccines
  - Billing & Coding approval by CMS
- Effective community communication through radio, news media, social media



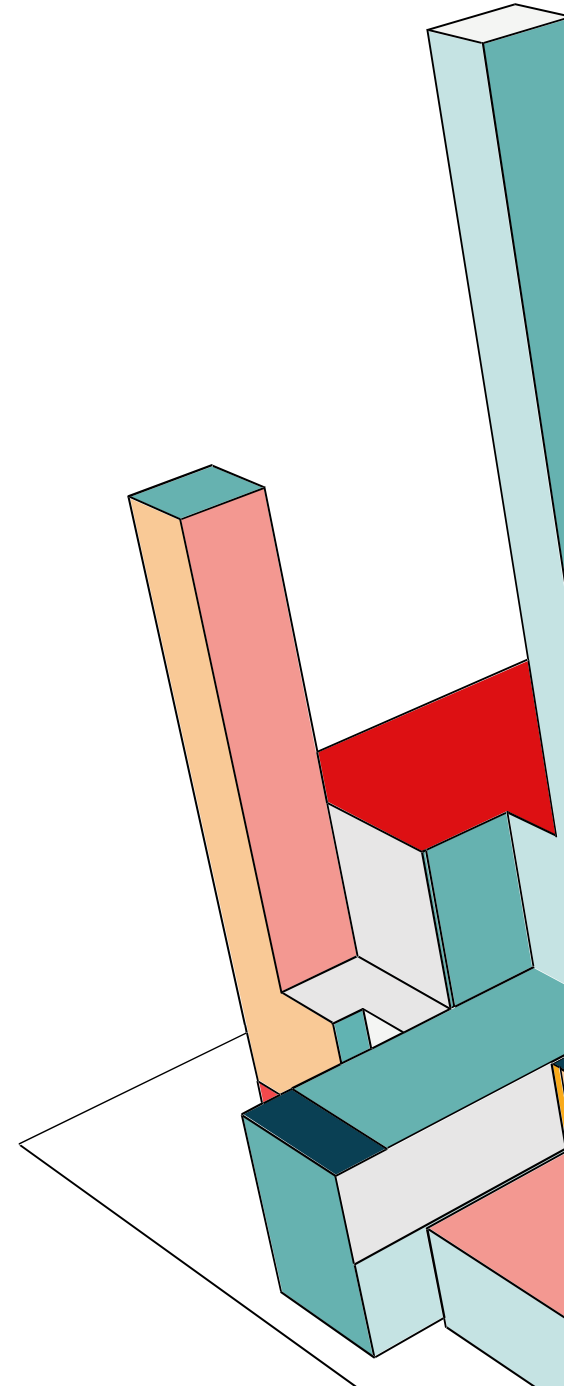
# EXPANDING SERVICES

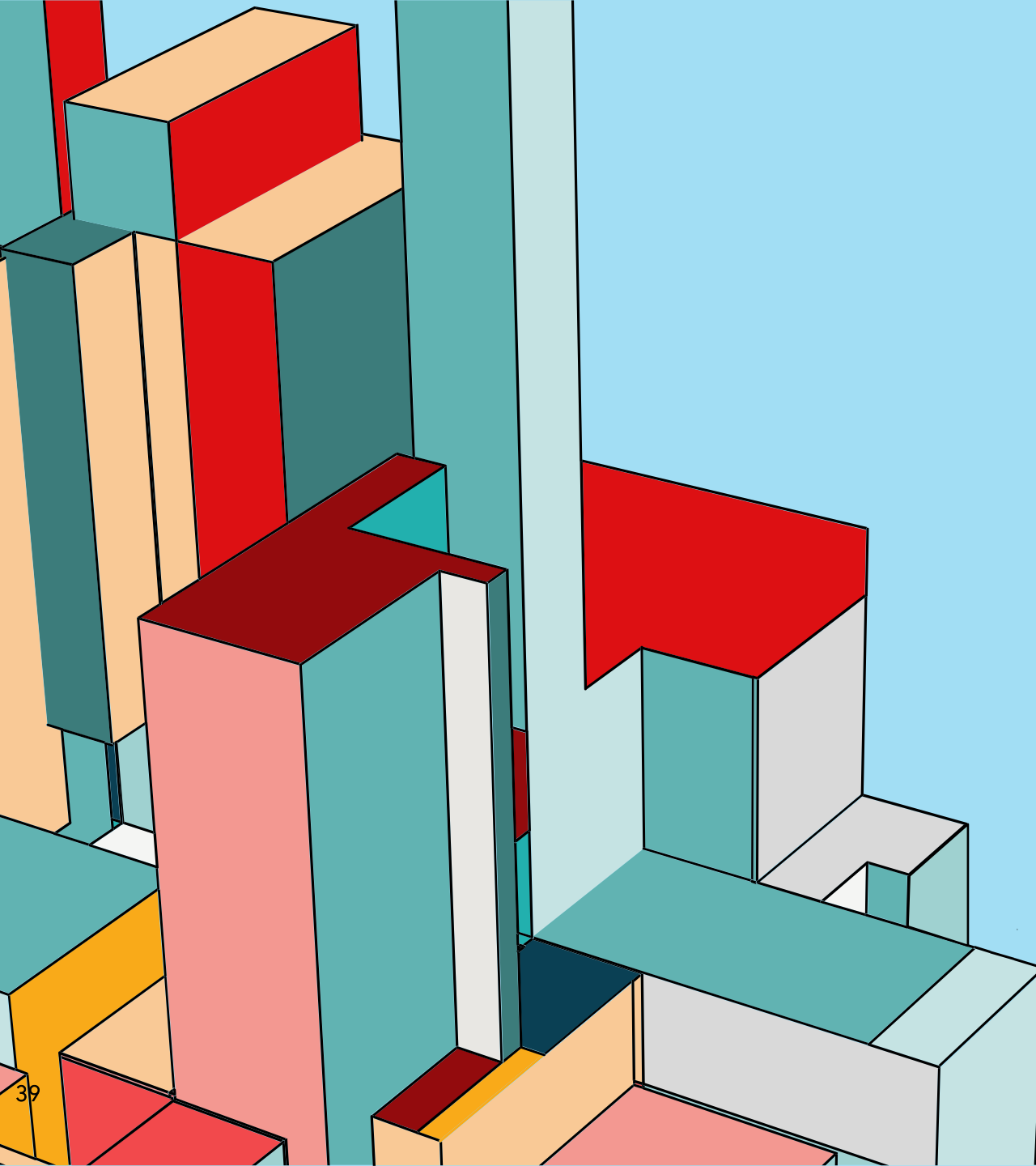
- October of 2022 - Pike County Immunization Program
  - Increased accessibility of vaccines for Pike County Residents
- Taking the vaccines to the community
  - Back to School Clinics (6 in 2023)
  - Flu Clinics (41 in 2023)
- September of 2023 - RSV vaccines
  - Became the primary provider to offer all 3 new RSV products in the community (older adult, pregnancy, infant monoclonal antibody)
- September of 2023 - New COVID vaccines
  - Administered 2600 vaccines in Adams & Pike counties through December
    - COVID clinics at multiple Long Term Care facilities



# EXPANDING SERVICES

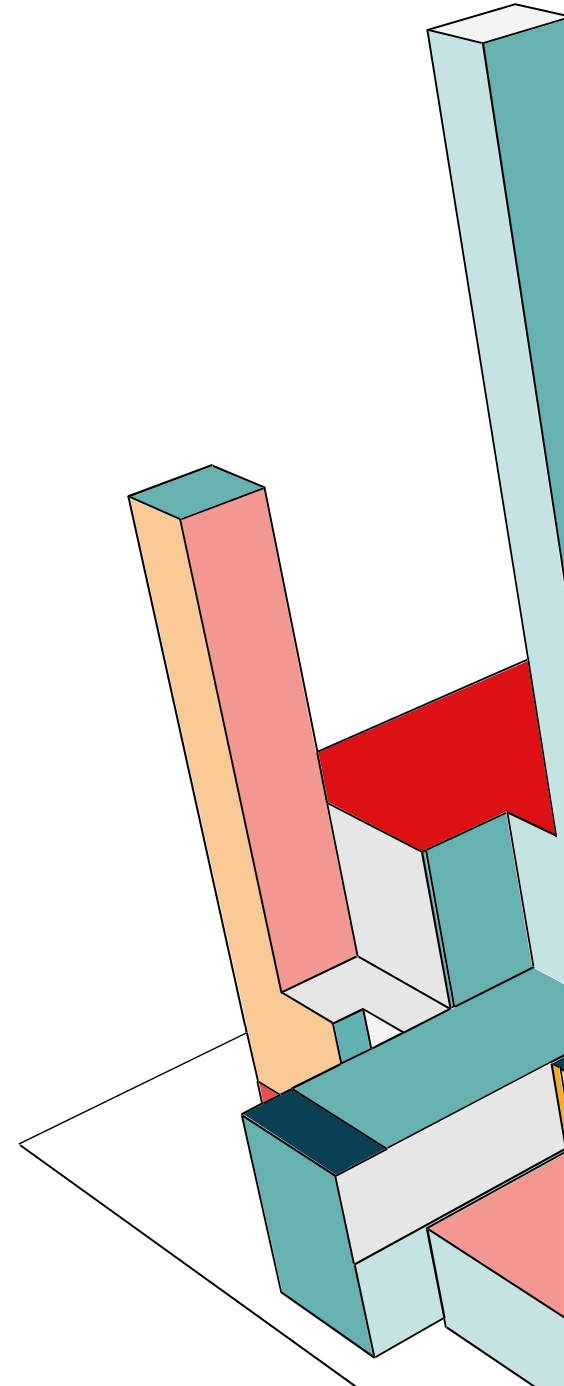
- Continuing the relationships from the pandemic
  - Long Term Care facilities COVID vaccines
  - Long Term Care facilities coordination of vaccine records and delivery of overdue vaccines
  - Educating Assisted Living residents on adult vaccines
  - Holding vaccine clinics for all the regional long term care facilities
  - Developing plans for future vaccine clinics with these facilities
- Expanding to provide prophylactic Rabies Vaccines
- MPX vaccines
- Creating a low-cost lab program





# **BUILDING FINANCIAL STABILITY**

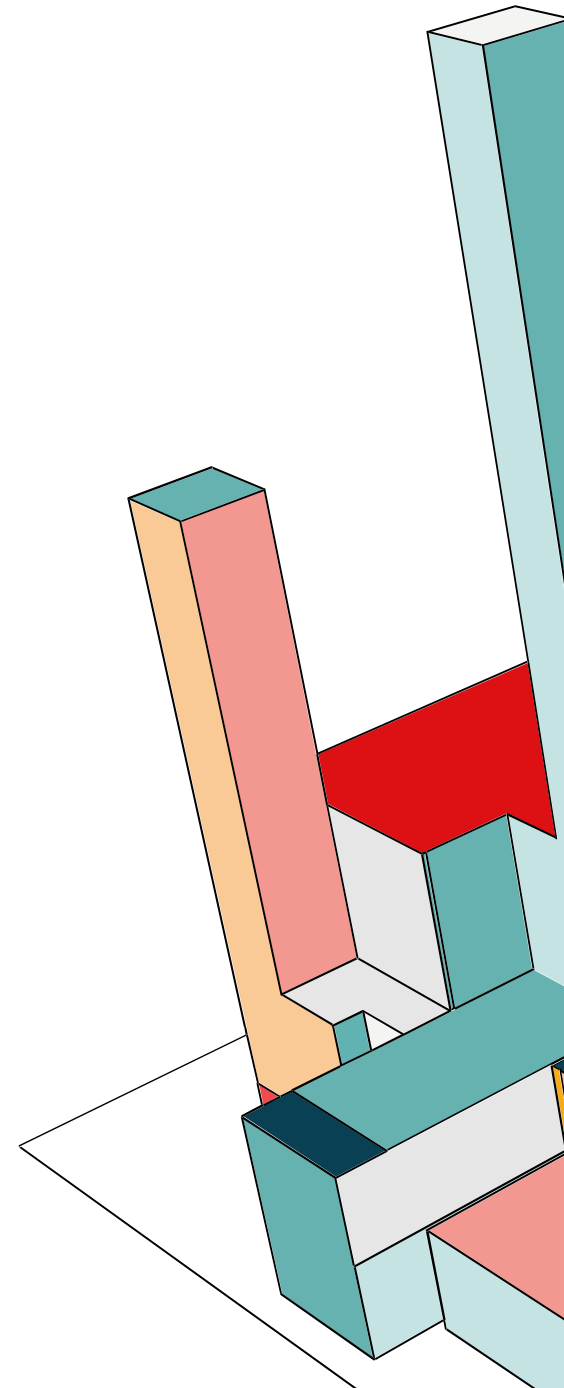
- Building knowledge around billing and coding practices
  - Decreasing errors and increasing confidence in our programs
- Partnerships/Resources
  - CDP
  - IPHA Third Party Billing
  - CMS
  - BCBS
  - Medicaid MCOs
  - TransactRx
  - Availity





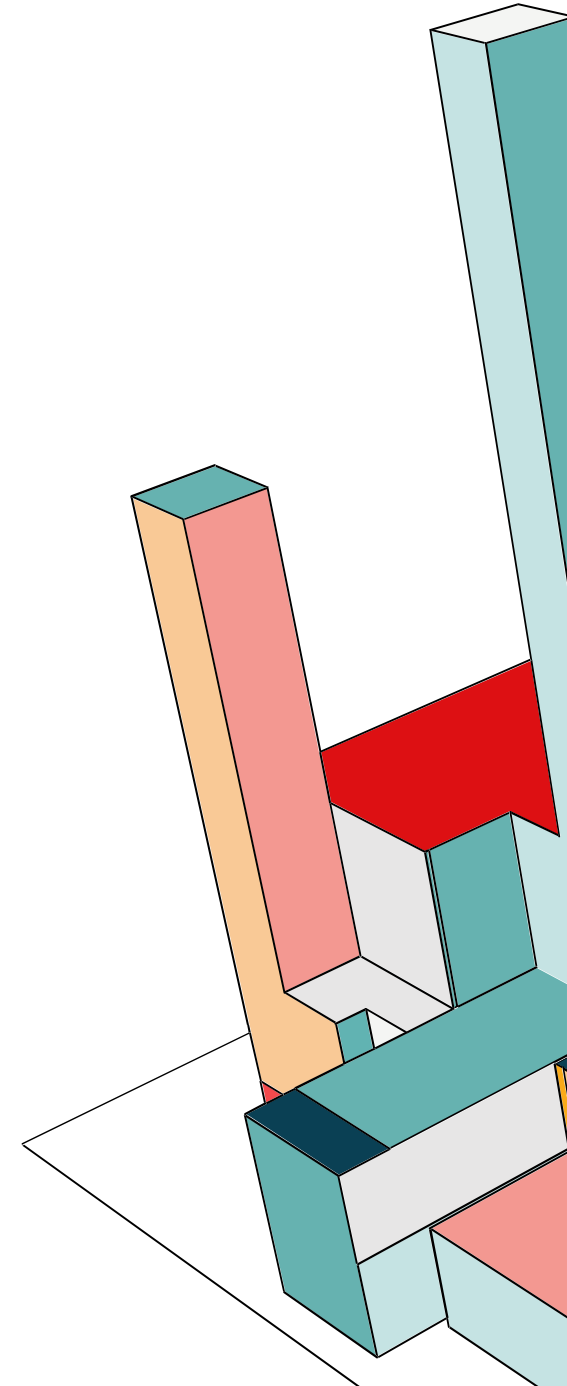
# STAFFING

- Cross Training
- Using the revenues from building the immunization program to build a clinical team
  - 1 Clinical Nurse Supervisor
  - 1 Part Time RN
  - 1 Full Time LPN
  - 1 Part Time LPN
- Back up support from WIC, Case Management, Communicable Disease nurses
- During the busy fall season, we will hire contract nurses to support as well



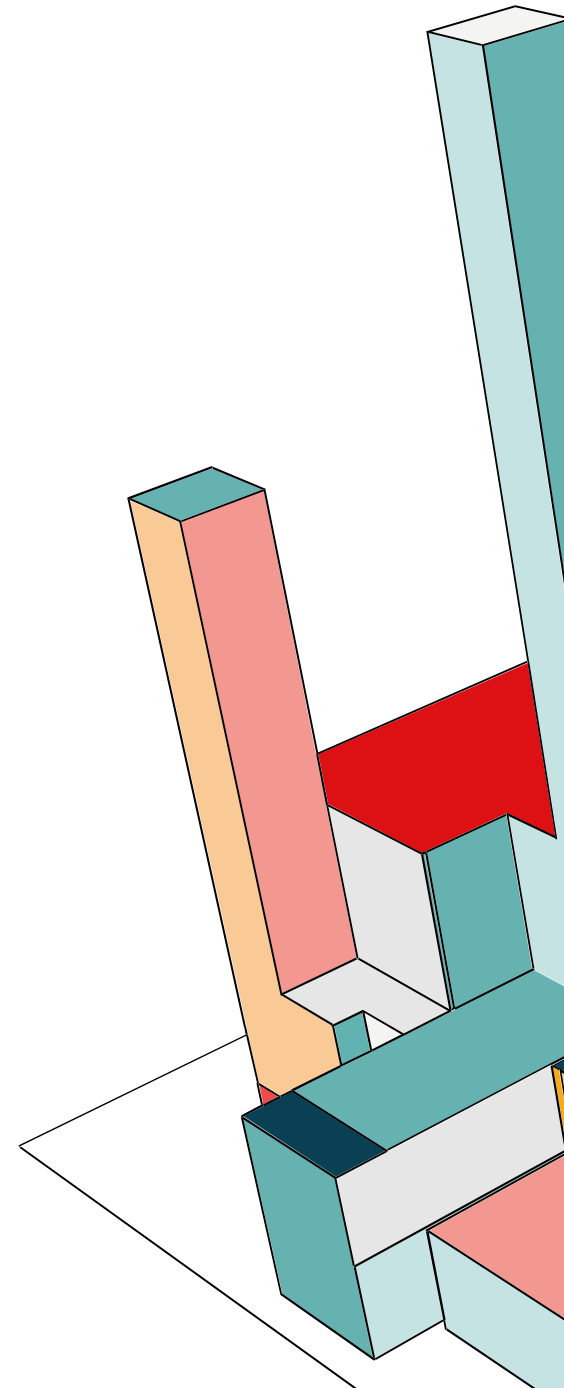
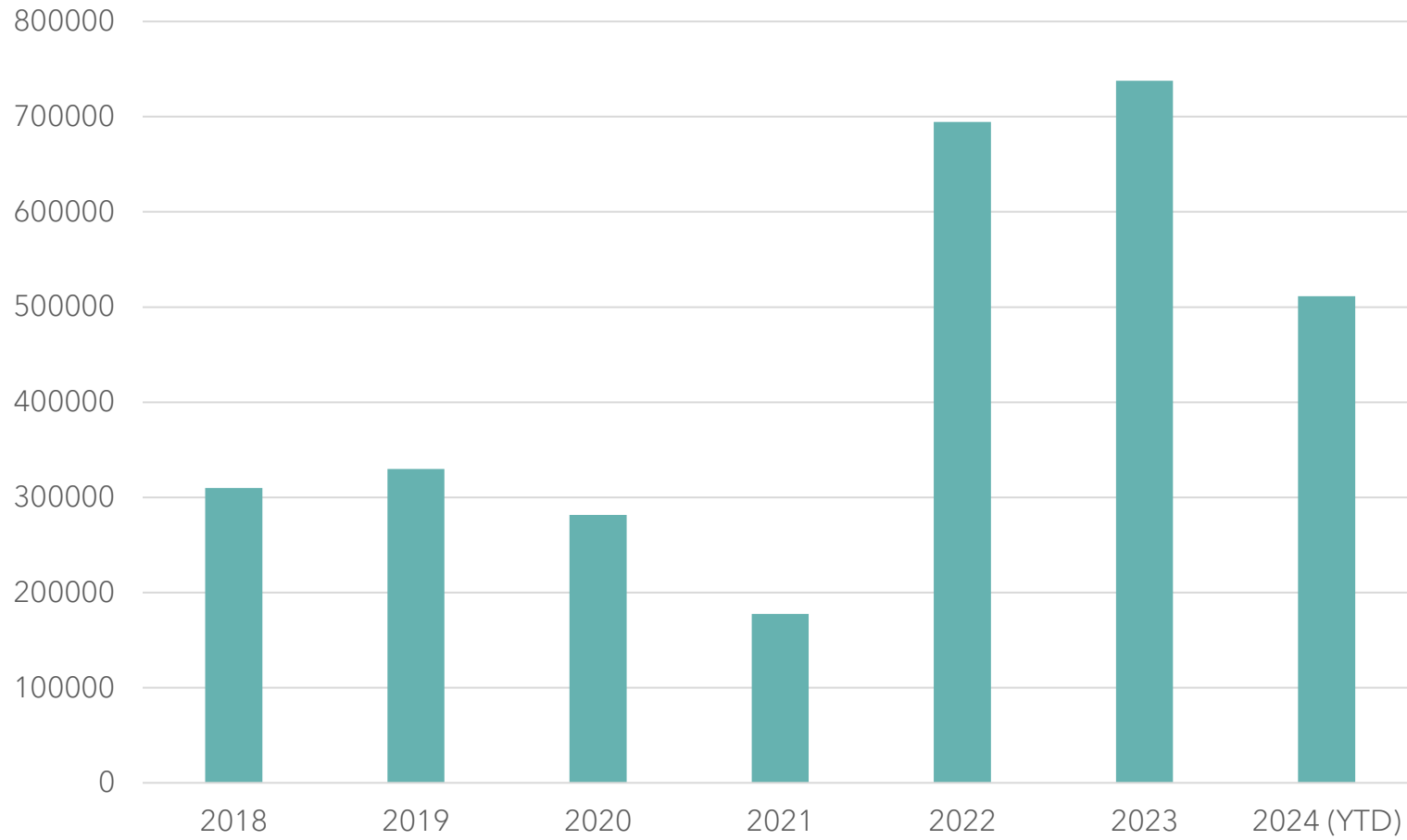
# RESULTS

- 2023 Administered over \$800,000 worth of vaccines (this includes VFC, 317, and Bridge program) to over 8,000 patients



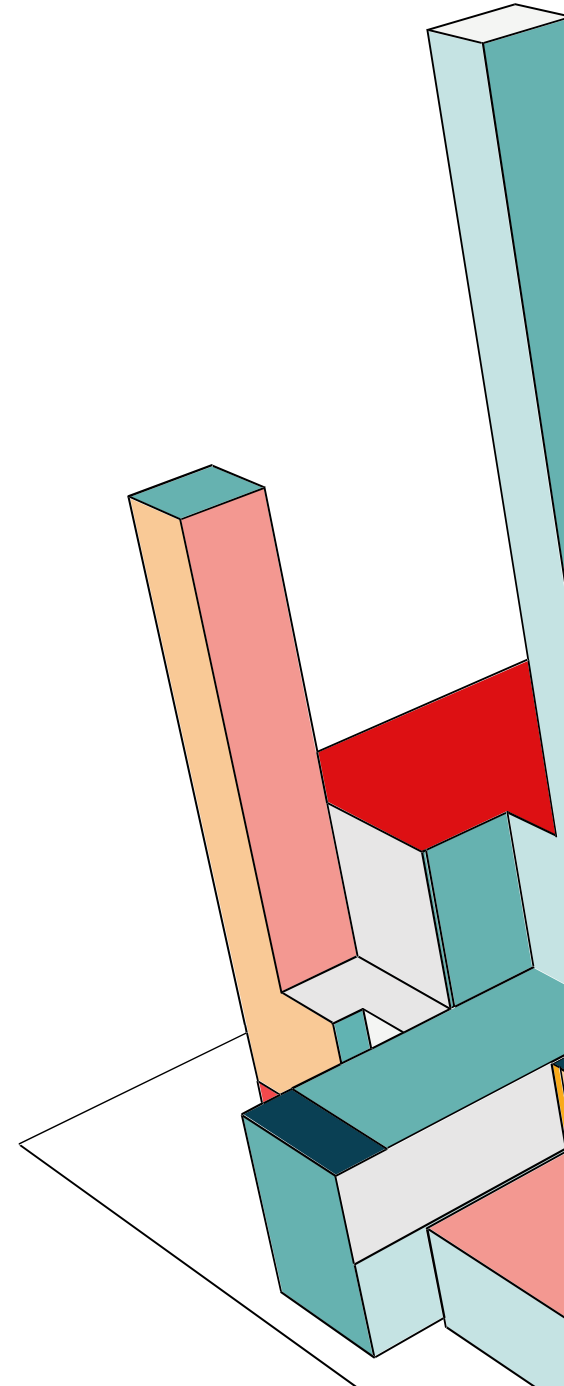
# RESULTS

Annual Revenue



# RESULTS

- The heavy lift the team has done over the last 3 years allows us to
  - Hire an internal billing specialist
  - Maintain our new staffing model
  - Continue to purchase large quantities of vaccine
  - Write and deploy grant programs specific to immunization practices
  - Continue to build innovative strategies to vaccinate our communities



# FINAL TIPS AND TAKEAWAYS

1. Engage and empower your team
2. Communicate early and often with the public
3. Tap into the multitude of resources for your success
4. Create an individualized experience for your patients & make it easy
5. Build it! They will come!



# THANK YOU

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