

Securing Your Lifeline

STRATEGIES FOR LOCAL HEALTH
DEPARTMENT IMMUNIZATION GROWTH

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Objectives

- **Changing the health department mindset**
- **Developing your strategy**
- **Identify vaccine costs**
- **Identify vaccine reimbursement rates**
- **Create the infrastructure**
 - **Charge master, charge structure, and ongoing evaluation**
- **Continuing the key services as a public health department**

“Lifeline”

“A thing on which someone or something depends, or which provides a means of escape from a difficult situation” (Oxford Dictionary)



The Shift

Local health departments have long been "safety net" providers serving their communities' most underserved and vulnerable populations. However, traditional sources of funding for local health departments, such as government grants, have been diminishing while the need and demand for services have been steadily increasing.

Our community safety nets are being pushed to their breaking point!

Now more than ever it is vitally important for health departments to develop a business model that depends less on public funding and more on billing third-party payers, such as Medicare, Medicaid, and private insurance.

Building a Vaccine Program

- **Building a case for return on investment**
 - Insurance contracts
 - Don't stop with Medicare and Medicaid
 - Private Insurance
 - Identify major businesses in your area & contract with those insurance plans
 - Look at major payer fee schedules and reimbursement (annually)
 - Where do I find these?
 - Make sure you have access to NGS Connex for Medicare, Availity for BCBS
 - Identify costs of not only vaccines, but supplies necessary to vaccinate & the cost of staff time
 - Identify your target population
 - Will you be billing in house or will you use a third party



Building a Vaccine Program

- Cost of vaccines & supplies
 - How do you get the best bang for your buck
 - Group Purchasing Organizations
 - Co-op, purchasing group, consortium, etc.
 - Purchasing Power
 - MMCAP Infuse (Minnesota Multistate Contracting Alliance for Pharmacy)
 - Government GPO primarily used by Public Health
 - Find more info at [Overview of Benefits Available to MMCAP Infuse Members / Minnesota.gov](#)
 - USPPG (US Physicians Purchasing Group)
 - Strictly a vaccine purchasing group
 - Find for info at [US Physician's Purchasing Group 1-877-MY-USPPG](#)
 - Pre-book for fall immunizations

MMCAP Infuse Benefits

- + [Reduced Costs for Products and Services](#)
- + [Free Membership](#)
- + [Administrative Fees Shared with Members](#)
- + [Account Management](#)
- + [Data Analytics and Custom Reporting](#)
- + [Procurement Guidelines Fit States' Requirements](#)
- + [Member Driven Leadership](#)
- + [Professional Staff](#)
- + [Clinical Pharmacy Services](#)
- + [Controlled Formulary](#)
- + [Nationwide Peer Networking](#)

Vaccine Costs

- Multiple manufacturer options for the same vaccine
 - How do you decide which vaccines to purchase
- Be wary of manufacturers tiered contract pricing
 - Most manufacturers do this, so make sure to ask what your tier pricing will be
- Do you have directives from your Board or from your community?
- Do you know what other providers in your community are giving?



Vaccine Stock



- Not all LHDs have large storage capacity – identify what your capacity is
 - Most vaccine suppliers offer overnight shipping for vaccines
 - No longer need to have an ultracold freezer for COVID vaccines because you can order smaller quantities more frequently
- Ensure proper space and processes to differentiate vaccine stock, i.e. VFC, 317, Private
 - Eliminate costly errors

Creating a Successful Charge Structure

- **The Charge Master (aka Charge Description Master)**
 - A comprehensive list of billable items in a hospital or healthcare facility. It includes prices for medical procedures, services, equipment, drugs, and diagnostic tests. Each item in the chargemaster is assigned a unique code and price, which are used to generate patient bills
 - The foundation for the beginning of your revenue cycle management
 - Must be reviewed often and understood by your team
 - Best practice is to have ONE charge master for all services
 - **Creating a separate charge amount for each individual payer is NOT best practice. All payers should be billed the same amount from your Charge Description Master.**

The Charge Master

Current Procedural Terminology (CPT) & Healthcare Common Procedure Coding System

Current Procedural Terminology (CPT®) is a uniform coding system consisting of descriptive terms and identifying codes used primarily to identify medical services and procedures furnished by physicians and other health care professionals for which they bill public or private health insurance programs.

-Centers for Medicare and Medicaid Services

Healthcare Common Procedure Coding System (HCPCS) is a standardized coding system that is used primarily to identify products, supplies, and services not included in the CPT® codes, such as ambulance services or durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) when used outside a physician's office.

-Centers for Medicare and Medicaid Services

Who
Develops
It?

State
Regulations

Clinic/HC
Organization

Frequency
of
Updates

Annually

When
Adding New
Services /
Providers

Where is
it located?

Spreadsheet

Paper
Superbill

PM/Billing
Software

Industry
Resources

AMA

Specialty
Societies

CMS

CHARGE MASTER IN USE

Charge Master Management

- ❑ Delete outdated CPT/HCPCS codes every **January**
- ❑ Identify new billable CPT/HCPCS codes by specialty **annually**
- ❑ Analyze the **COST** of products/services **annually**
- ❑ Analyze charge amounts and update **annually**
- ❑ Ensure charge amounts in Billing/PM software are accurately dropping on claims
- ❑ Create non-billable charges that are NOT submitted to insurance

* While Payers adjust fee schedules to begin January 1, vaccine manufacturers set new costs to begin February 1

Difference Between a Charge Description Master (CDM) and a Fee Schedule

Charge Master

**Charges Amount set by the
Clinic**

Clinic May Update Annually

Fee Schedule

**Allowed Amount set by the
Payer**

**Payer Must Provide
Advance Notice of Updates**

Fee Schedule Management

- **Download Medicare Administrative Contractor (MAC) fee schedule**
 - NGS Connex
- **Download Medicaid fee schedule**
 - Each Illinois MCO may have individual schedules
 - HFS Fee Schedule
- **Upload payer fee schedule rates to PM/Billing software**
- **Request copy of fee schedules from all commercial payers**
 - Find many of them in AVAILITY
- **Conduct fee schedule analysis**
- **Consider negotiating low rates with commercial payers**
- **Identify and resolve underpayments**
- **Minimize accepting virtual credit card payments which decrease allowed amount through finance fees**
- **Analyze grant funding vs insurance payments**
- **Document and follow payer reimbursement guidelines**

Vaccine Billing

- **Setting up your charge master by CPT code**
- Who sets your price points?
 - Board of Health
 - Administrator
- Determine your calculation on how to set your price points
 - Always look at updated reimbursement from at least Medicare and one of your largest payers
 - ACHD provides a tiered approach to setting price points based on the above reimbursements
- Determine cash only vaccines (travel vaccines) or billable to insurance
- Don't forget to set price points for administration fees
 - Don't underprice yourself on these



Administration Fees - Medicare

- **There is a major difference between billing admin fees between private vaccines, Medicare vaccines, and VFC vaccines**
 - Medicare Part B
 - Only bill Influenza, COVID, and Pneumonia vaccines
 - Sometimes Hepatitis B
 - G0008 – Influenza
 - G0009 – Pneumonia
 - 90480 – COVID
 - G0010 – Hepatitis B
 - No other vaccines can be billed to Medicare Part B, they will always be denied
 - Medicare Part D covers all other adult vaccines
 - TransactRX is the best tool to use if you plan to administer adult vaccines
 - Do not attempt to bill to Medicare Advantage plans, they follow the Medicare Part B rules
 - Adult 317 Vaccine Program
 - Uninsured or Underinsured adults aged 19 and older
 - If a patient has Medicare Part B, but has no prescription Medicare Part D plan, they qualify for 317 vaccines



Vaccine Administration Fees – Private

- **Most common Admin CPT codes for PVT vaccines in health department**
 - 90471 – Initial vaccine administration
 - 90472 – Each additional vaccine administration
 - 90480 – COVID vaccine administration
 - 99211 – Evaluation & Management code for nursing visit
 - Understanding the use of modifiers (Modifier 25)
- Pediatric vaccines administered in an office setting with a physician or other qualified healthcare provider (PA, NP) where vaccine counseling is provided
 - 90460 - Initial
 - 90461 - Each additional



Community Support Programs

- **Vaccines for Children Program**

- Uninsured, underinsured, or IL Medicaid MCO members for children until their 19th birthday
- Vaccines given through this program come at no cost to health departments, Rural Health Clinics, Federally Qualified Health Centers, or Community Health Centers
- Local Health Departments are allowed administration fees
- For each vaccine given under an IL Medicaid MCO
 - Reimbursement rate of \$16.71
- DO NOT BILL regular admin fees to IL MCOs, they will be denied
 - Instead bill a nurse visit 99211 (don't forget modifiers)
- Uninsured patients
 - Can charge up to \$23.87 for each vaccine given
 - If they cannot afford that, you cannot turn them away

- **Important information**

- You can bill VFC patients 1 time within 90 days, then it must be written off



Community Support Programs

- **Adult Vaccine Program - 317**
 - Designated for Uninsured or Underinsured adults 19 and older
 - This includes patients with Medicare A&B, but no Medicare Part D prescription plan
 - Can charge up to a \$23.87 administration fee
- Sliding Scale Fee Reduction Program
 - Based on the family poverty level, provides an extra discounted rate to any out-of-pocket costs
 - Easiest to build this into electronic medical record, but can be done on paper as well

Sliding Scale Discount Application Form

This program is designed to provide discounted care to those who have no means, or limited means to pay for their medical services (uninsured or underinsured). ACHD will offer a sliding fee discount program to all who meet the eligibility criteria of the program. ACHD bases the program on the Federal Poverty Guidelines.

For eligibility consideration, the application form and proof of income must be submitted within 7 days of the service date and annually thereafter (or earlier if income changes). Proof of income will be reviewed for authenticity and accuracy. Falsifying documents may be subject to legal penalty. Patient will be charged full fees until this is complete.

Date: _____

Head of Household Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Household Size – Number of immediate family (spouse, life partner, children under 21) that are dependent on family income: _____

Household Member Names	DOB	Type of Insurance

Gross Annual Income

Source	Self	Spouse	Other	Total
Gross Wages, salaries, tips				
Social Security, pension, annuity, veterans' benefits				
Alimony, child support, military family allotments				
Income from business, self-employment				
Unemployment, <u>workers</u> compensations				
TOTAL Household Income				

I certify that the information shown above is true and correct to the best of my knowledge. I agree to notify the health department if there are any changes in my household income, size or if I receive health insurance benefits including Medicare or Medicaid. Failure to report any changes may result in dismissal from the Sliding Fee Discount Program and my account will be adjusted as such. I agree to pay any outstanding balances and understand that payment plans are available to me.

Sliding Scale Program - Example Form

2025 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii)

Dollars Per Year

Household/ Family Size	50%	75%	100%	125%	130%	133%	135%	138%	150%	175%	180%	185%
1	7,825.00	11,737.50	15,650.00	19,562.50	20,345.00	20,814.50	21,127.50	21,597.00	23,475.00	27,387.50	28,170.00	28,952.50
2	10,575.00	15,862.50	21,150.00	26,437.50	27,495.00	28,129.50	28,552.50	29,187.00	31,725.00	37,012.50	38,070.00	39,127.50
3	13,325.00	19,987.50	26,650.00	33,312.50	34,645.00	35,444.50	35,977.50	36,777.00	39,975.00	46,637.50	47,970.00	49,302.50
4	16,075.00	24,112.50	32,150.00	40,187.50	41,795.00	42,759.50	43,402.50	44,367.00	48,225.00	56,262.50	57,870.00	59,477.50
5	18,825.00	28,237.50	37,650.00	47,062.50	48,945.00	50,074.50	50,827.50	51,957.00	56,475.00	65,887.50	67,770.00	69,652.50
6	21,575.00	32,362.50	43,150.00	53,937.50	56,095.00	57,389.50	58,252.50	59,547.00	64,725.00	75,512.50	77,670.00	79,827.50
7	24,325.00	36,487.50	48,650.00	60,812.50	63,245.00	64,704.50	65,677.50	67,137.00	72,975.00	85,137.50	87,570.00	90,002.50
8	27,075.00	40,612.50	54,150.00	67,687.50	70,395.00	72,019.50	73,102.50	74,727.00	81,225.00	94,762.50	97,470.00	100,177.50
9	29,825.00	44,737.50	59,650.00	74,562.50	77,545.00	79,334.50	80,527.50	82,317.00	89,475.00	104,387.50	107,370.00	110,352.50
10	32,575.00	48,862.50	65,150.00	81,437.50	84,695.00	86,649.50	87,952.50	89,907.00	97,725.00	114,012.50	117,270.00	120,527.50
11	35,325.00	52,987.50	70,650.00	88,312.50	91,845.00	93,964.50	95,377.50	97,497.00	105,975.00	123,637.50	127,170.00	130,702.50
12	38,075.00	57,112.50	76,150.00	95,187.50	98,995.00	101,279.50	102,802.50	105,087.00	114,225.00	133,262.50	137,070.00	140,877.50
13	40,825.00	61,237.50	81,650.00	102,062.50	106,145.00	108,594.50	110,227.50	112,677.00	122,475.00	142,887.50	146,970.00	151,052.50
14	43,575.00	65,362.50	87,150.00	108,937.50	113,295.00	115,909.50	117,652.50	120,267.00	130,725.00	152,512.50	156,870.00	161,227.50

Household/ Family Size	200%	225%	250%	275%	300%	325%	350%	375%	400%	500%	600%	700%
1	31,300.00	35,212.50	39,125.00	43,037.50	46,950.00	50,862.50	54,775.00	58,687.50	62,600.00	78,250.00	93,900.00	109,550.00
2	42,300.00	47,587.50	52,875.00	58,162.50	63,450.00	68,737.50	74,025.00	79,312.50	84,600.00	105,750.00	126,900.00	148,050.00
3	53,300.00	59,962.50	66,625.00	73,287.50	79,950.00	86,612.50	93,275.00	99,937.50	106,600.00	133,250.00	159,900.00	186,550.00
4	64,300.00	72,337.50	80,375.00	88,412.50	96,450.00	104,487.50	112,525.00	120,562.50	128,600.00	160,750.00	192,900.00	225,050.00
5	75,300.00	84,712.50	94,125.00	103,537.50	112,950.00	122,362.50	131,775.00	141,187.50	150,600.00	188,250.00	225,900.00	263,550.00
6	86,300.00	97,087.50	107,875.00	118,662.50	129,450.00	140,237.50	151,025.00	161,812.50	172,600.00	215,750.00	258,900.00	302,050.00
7	97,300.00	109,462.50	121,625.00	133,787.50	145,950.00	158,112.50	170,275.00	182,437.50	194,600.00	243,250.00	291,900.00	340,550.00
8	108,300.00	121,837.50	135,375.00	148,912.50	162,450.00	175,987.50	189,525.00	203,062.50	216,600.00	270,750.00	324,900.00	379,050.00
9	119,300.00	134,212.50	149,125.00	164,037.50	178,950.00	193,862.50	208,775.00	223,687.50	238,600.00	298,250.00	357,900.00	417,550.00
10	130,300.00	146,587.50	162,875.00	179,162.50	195,450.00	211,737.50	228,025.00	244,312.50	260,600.00	325,750.00	390,900.00	456,050.00
11	141,300.00	158,962.50	176,625.00	194,287.50	211,950.00	229,612.50	247,275.00	264,937.50	282,600.00	353,250.00	423,900.00	494,550.00
12	152,300.00	171,337.50	190,375.00	209,412.50	228,450.00	247,487.50	266,525.00	285,562.50	304,600.00	380,750.00	456,900.00	533,050.00
13	163,300.00	183,712.50	204,125.00	224,537.50	244,950.00	265,362.50	285,775.00	306,187.50	326,600.00	408,250.00	489,900.00	571,550.00
14	174,300.00	196,087.50	217,875.00	239,662.50	261,450.00	283,237.50	305,025.00	326,812.50	348,600.00	435,750.00	522,900.00	610,050.00

Note: Each individual program—e.g., SNAP, Medicaid—determines how to round various multiples of the poverty guidelines, what income is to be included, and how the eligibility unit is defined. For more information about the poverty guidelines visit: <http://aspe.hhs.gov/poverty>.

Source: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

Example Sliding Scale Poverty Guidelines

[Poverty Guidelines | ASPE](#)

Office of the Assistant Secretary for Planning and Evaluation

Revenue Cycle Improvement

Train all staff on the revenue cycle & help them understand their importance in the success of your program.



The Healthcare Revenue Cycle

- Everyone plays an important role in the success of the organization
- Failures in any point of this cycle can be costly to the organization

Revenue Cycle Considerations

PATIENT'S DON'T UNDERSTAND

Insurances have become more complicated.

Patients expect providers to have all the information necessary.

LACK OF THOROUGH REGISTRATION PROCESS

Eligibility is not reviewed in detail.

Medi is not reviewed.

Names are misspelled.

Priorauthorization is not obtained.

CLINICAL DOCUMENTATION AND CODING ERRORS

****Set Guidelines for 3rd Party Billing Communications****

Resources: Waystar, Availity, MEDI, NGS Connex, Clinical Documentation Systems (i.e. CDP)

Revenue Cycle Back End Processes

- Have contacts for payers
 - IPHA 3rd Party Billing Program [IPHA | Third-Party Billing](#)
- Learn and keeps notes on denials and appeals for your contracted payers
- Document EVERY conversations with payers with reference numbers to easily track claims information
- Don't be afraid to speak up
- Join the Joint Accountability Meetings as necessary with the IL Medicaid MCOs

Successes in Vaccine Uptake

- **Make it easy for the community to obtain services**
 - Walk in clinic
 - Open during lunch hours
 - Stay open on holidays when children are out of school (floating holidays)
 - Scheduled appointments only for travel vaccines
- Advertise no office fees
- Collaborate with long term care and assisted living facilities to improve adult vaccination rates
- Collaborate with early learning centers and schools to improve childhood vaccination rates
- Contract with employers in your area
- If there are limited pharmacy services in the area, become a Medicare Part D provider
 - TransactRx - [transactrx.com](https://www.transactrx.com)
- Support each other – don't isolate yourself in your county



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