Appendices

Pilot Phase – Standard Client Survey

Pilot Phase – Standard Cost Analysis

Pilot Phase – Standard Evaluation

Pilot Phase – Agency Contact Information

Pilot Phase – LPHA Billing Model Reviews

Pilot Phase – Billing Model Contact Information

Missouri Private Health Insurance Company Contacts

Pilot Phase – LPHA Identified Barriers and Solutions

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Pilot Phase – Standard Client Survey

LOCAL PUBLIC HEALTH AGENCY NAME	VISIT DATE

HOW OLD IS THE INDIVIDUAL REQUESTING VACCINE TODAY?

❑ Child (0-10 years old)   ❑ Adolescent (11-18 years old)   ❑ Adult (19 years and older)

WHAT IS THE INDIVIDUAL'S COUNTY OF RESIDENCE?

WHY WAS THE LOCAL PUBLIC HEALTH AGENCY CHOSEN TO GET A VACCINE? (CHECK ALL THAT APPLY)

❑ Location

❑ Clinic Hours

❑ Cost / Free Vaccine Available

❑ Higher Quality of Care

❑ The individual has no primary care provider.

❑ The individual's primary care provider does not offer vaccines.

❑ No appointment was available at the individual's primary care provider.

❑ Other: _____

WHAT KIND OF INSURANCE DOES THE INDIVIDUAL CURRENTLY HAVE? (CHECK ALL THAT APPLY)

❑ Medicaid

❑ Medicare

❑ Uninsured

❑ Underinsured (Insurance does not cover immunizations)

❑ Private Insurance – Name of Insurance Company: _____

❑ Other: _____

Pilot Phase – Standard Client Survey *continued*

WAS THE INDIVIDUAL IMMUNIZED TODAY?

❑ No, client was not immunized today.

❑ Yes, client was immunized today

If Yes, select vaccine source:

❑ VaxCare

❑ Vaccines for Children Program

❑ Section 317

❑ Private Purchase

❑ Other: _____ _____

Bureau of Immunization Assessment and Assurance

Pilot Phase – Standard Cost Analysis

LOCAL PUBLIC HEALTH AGENCY NAME	DATE

Month	Cost to Bill 3RD Party Insurance*	Cost of LPHA Purchased Vaccine	# Doses Billed	Total Amount Billed	Total Collected	Profit / Loss
November	$	$		$	$	$
December	$	$		$	$	$
January	$	$		$	$	$
February	$	$		$	$	$
March	$	$		$	$	$
April	$	$		$	$	$
May	$	$		$	$	$
June	$	$		$	$	$
July	$	$		$	$	$
August	$	$		$	$	$
September	$	$		$	$	$
October	$	$		$	$	$
November	$	$		$	$	$

*Include all salaries, benefits and other pertinent costs except vaccine, regardless of funding.

Pilot Phase – Standard Evaluation

LOCAL PUBLIC HEALTH AGENCY NAME	DATE

WHAT BILLING MODEL DID YOUR AGENCY PILOT?

☐ Availity ☐ Health-e-Web ☐ TransactRx ☐ UPP Technology ☐ VaxCare/VaxStation

OUTLINE THE STEP-BY-STEP PROCESS YOUR AGENCY USED TO ESTABLISH THE BILLING PROGRAM, FROM OBTAINING A SERVICE AGREEMENT THROUGH CLAIMS PROCESSING AND REIMBURSEMENT.

(Include needs identified such as staff training, new procedures, client information gathering [what was gathered and how], client eligibility verification, etc.)

1.

2.

3.

4.

5.

(press Enter for additional lines)

DEFINE THE OVERALL ADVANTAGES AND DISADVANTAGES OF THIS BILLING MODEL. PLEASE BE CONCISE.

Advantages	Disadvantages
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

WHAT METHOD WAS USED TO CONDUCT THE CLIENT SURVEY (check all that apply)?

☐ Client Self-Complete ☐ Interview

☐ Nurse Screening ☐ Other _____

Pilot Phase – Standard Evaluation *continued*

WHAT DIFFICULTIES, IF ANY, DID YOUR AGENCY ENCOUNTER IN GATHERING CLIENT SURVEY DATA (check all that apply)?

☐ Client Refused   ☐ Lack of Staff

☐ Language Barrier   ☐ Literacy

☐ Time Constraints   ☐ Other _____

PROVIDE SUMMARY DATA FROM THE STANDARD CLIENT SURVEYS YOUR AGENCY COLLECTED.

	Child (0-10 years old)	Adolescent (11-18 years old)	Adult (19 years and older)
County of Residence *(list county and number of clients from each county for each age range)*	*(press Enter for additional lines)*	*(press Enter for additional lines)*	*(press Enter for additional lines)*
Reason the LPHA was chosen *(total number of clients for each age range)*: • Location • Clinic hours • Cost/free vaccine • Higher quality of care • No primary care provider • PCP does not offer vaccines • No appt available at PCP • Other (list all provided)	*(press Enter for additional lines)*	*(press Enter for additional lines)*	*(press Enter for additional lines)*
Type of insurance *(total number of clients for each age range)*: • Medicaid • Medicare • Uninsured • Underinsured • Private Insurance (list all provided) • Other (list all provided)	*(press Enter for additional lines)*	*(press Enter for additional lines)*	*(press Enter for additional lines)*
Immunization given *(total number of clients for each age range)*: • No • Yes (list by source) ➢ VaxCare ➢ Vaccines for Children ➢ Section 317 ➢ Private Purchase ➢ Other (list all provided)	*(press Enter for additional lines)*	*(press Enter for additional lines)*	*(press Enter for additional lines)*

Pilot Phase – Standard Evaluation *continued*

REFERENCING THE STANDARD COST ANALYSIS, DID YOUR AGENCY EXPERIENCE A PROFIT OR LOSS DURING THE PILOT OF THIS BILLING MODEL?

☐ Profit   ☐ Loss   ☐ Break-even

IS THIS BILLING MODEL SUSTAINABLE FOR YOUR AGENCY? PLEASE BE CONCISE.

☐ Yes   ☐ No

Explain:

WOULD YOU RECOMMEND THIS BILLING MODEL TO OTHER LOCAL PUBLIC HEALTH AGENCIES? PLEASE BE CONCISE.

☐ Yes   ☐ No

Explain:

LIST ANY ADDITIONAL INFORMATION (TIPS, BEST PRACTICES, RESOURCES, ETC.) OTHER LOCAL PUBLIC HEALTH AGENCIES WOULD FIND HELPFUL IN ESTABLISHING BILLING SERVICES UNDER THIS BILLING MODEL.

Pilot Phase – Agency Contact Information

Below is a listing of the primary contacts for the LPHAs who participated in the Pilot Phase.

County	Billing Model	Contact Name	Telephone	Email
Callaway	Upp Technology	Davine Wade	573.642.6881 ext. 252	waded2@lpha.mopublic.org
		Sharon Lynch	573.642.6881 ext. 223	lynchs@lpha.mopublic.org
Cape Girardeau	VaxCare	Jane Wernsman	573.335.7846 ext. 122	wernsp@lpha.mopublic.org
		Brenda Phillips	573.335-7846 ext. 103	phillb@lpha.mopublic.org
City of St. Joseph	Upp Technology	Nancy Taylor	816.271.5327	ntaylor@ci.st-joseph.mo.us
		Stephanie Malita		smalita@ci.st-joseph.mo.us
Clay	VaxCare	Sue Miller	816.595.4269	smiller@clayhealth.com
		Barbara Dawson	816.595.4258	badawson@clayhealth.com
Cole	Upp Technology	Mary Telthorst	573.636.2181	mtelthorst@colecounty.org
		Heather Kinworthy		hkinworthy@colecounty.org
Columbia/Boone	HeW (formerly Health-e-Web)	Mary Martin	573.874.7354	mmmartin@gocolumbiamo.com
		Stephanie Browning	573.874.7355	skbrowni@gocolumbiamo.com
Dunklin	TransactRx	Steve Neal	573.888.9008	neals@lpha.mopublic.org
Hickory	VaxCare	Dawn Vader	417.745.2138	vaderd1@lpha.mopublic.org
Howell	Upp Technology	Chris Gilliam	417.256.7078	gillic@lpha.mopublic.org
		Carma Wheeler		wheelc@lpha.mopublic.org
Jasper	Availity	Debbie Darby	417.358.0477	darbyd@lpha.mopublic.org
Jefferson	HeW (formerly Health-e-Web)	Kelly Horwitz	636.282.1010 ext. 207	kelly.horwitz@jeffcohealth.org
		Christine Chadbourne	636.282.1010	chadbc@lpha.mopublic.org
Lafayette	HeW (formerly Health-e-Web)	Yoli Carrillo	660.259.4371 ext. 231	carriy@lpha.mopublic.org
Livingston	TransactRx	Sherry Weldon	660.646.5506	weldos@lpha.mopublic.org

Pilot Phase – Agency Contact Information *continued*

County	Billing Model	Contact Name	Telephone	Email
Madison	HeW (formerly Health-e-Web)	Becky Hunt	573.783.2747	huntr@lpha.mopublic.org
McDonald	Availity	Paige Behm	417.223.4351 ext. 11	behmp@lpha.mopublic.org
Nodaway	TransactRx	Della Rhoades	660.562.2755	rhoadd@lpha.mopublic.org
		Tabitha Frank		frankt2@lpha.mopublic.org
Pettis	TransactRx	JoAnn Martin	660.827.1130 ext. 53	martij@lpha.mopublic.org
		Robin Bartlett	660.827.1130	bartlr@lpha.mopublic.org
Pike	Upp Technology	Jennifer Eisenhower	573.324.2111	eisenj@lpha.mopublic.org
Reynolds	Availity	Joyce Santhuff	573.648.2498 ext. 21	santhj@lpha.mopublic.org
St. Charles	VaxCare	Paula Childs	636.949.7400 ext. 6241	pchilds@sccmo.org
		Hope Woodson	636.949.7400	hwoodson@sccmo.org
St. Francois	HeW (formerly Health-e-Web)	Judy Hale	573.431.1947 ext. 191	halej@lpha.mopublic.org
Ste. Genevieve	Availity	Kay Kertz	573.883.7411	kertzk@lpha.mopublic.org
Stone	Availity	Abby Pendergrass	417.357.6134	pendea@lpha.mopublic.org
		Lisa Williams		willil@lpha.mopublic.org
Tri-County (Worth, Gentry, DeKalb)	TransactRx	Lilli Parsons	660.783.2707	parsol@lpha.mopublic.org
		Christie Redig		redigc@lpha.mopublic.org
		Loretta Gilbert		gilbel@lpha.mopublic.org
Vernon	VaxCare	Beth Swopes	417.667.7418	swopel@lpha.mopublic.org
		Kim Gowin		gowink@lpha.mopublic.org

Pilot Phase – LPHA Billing Model Reviews

As part of the contract with the BIAA, pilot LPHAs were required to complete a Standard Evaluation *(see page 40)*. The evaluation included questions regarding the advantages and disadvantages of the pilot billing model, the sustainability of the pilot billing model for the individual LPHA and whether or not they would recommend the model to other LPHAs. Some of the pilot agencies also provided additional information that may be helpful for other LPHAs who are establishing billing services under the specific pilot billing model. Below are the individual responses to these questions.

Availity

Define the overall advantages and disadvantages of this billing model.
Advantages:
- *The ability to offer immunizations to a larger population of people.*
- *Provide more variety of vaccines.*
- *Appeal to the adult insured population that may find it difficult to obtain immunizations through their primary care provider.*
- *FREE.*
- *View eligibility and benefits for over 10 insurance companies, including Humana and Medicare.*
- *Submit claims electronically.*
- *Bill several insurance companies from one site.*
- *User friendly.*
- *On an average claims were paid within two weeks.*
- *It only took seconds to deny or approve a claim.*
- *Determining eligibility and benefits for client was easy and fast.*

Disadvantages:
- *Availity's very limited amount of contracts with prominent insurance companies commonly used in this area.*
- *The confusion pertaining to coverage, billing and payment options through Availity.*
- *The vague information given pertaining to the program itself.*
- *Medicare and local insurance companies cannot be billed through this site.*
- *No insurances in our area are available through Availity for submission, other than HomeState Health Plan.*
- *Staff did not receive sufficient training, time was spent self-training.*
- *The reason for a claim denial was not available without calling the insurance provider; took 24 hours to find out why a claim was denied.*

Availity *continued*

Is this billing model sustainable for your agency?

- *No. There does not seem to be a great need in our area in providing insurance billing options that would outweigh the costs and cons associated with the purchase and storage of expensive vaccines; that could ultimately either expire or go unused altogether before enough participants with the appropriate insurance with which Availity contracts with would utilize it.*
- *Yes. We have increased our services to adults for immunizations and can cover costs and increase profits on immunizations.*
- *No. We were unable to use Availity as a billing method. VFC provides our vaccine and we bill only through Medicaid. VaxCare is our flu vaccine provider and they do the billing and reimburse us for administration. This works well for us. Availity was not the program for our needs.*
- *No. No local insurances billable with this model.*
- *No. Stone County has a high percentage of uninsured and Medicaid clientele. Stone County does not purchase vaccine for childhood vaccinations; only seasonal flu vaccine for adults. Most recipients for adult flu vaccine are eligible for Medicare due to the counties high percentage of senior residents. According to the survey responses, only 12% of the individuals completing the survey had private insurance.*

Would you recommend this billing model to other Local Public Health Agencies?

- *Yes. We recommend Availity to any LPHA wanting to expand immunization services or bill flu. This is a simple program and free of charge.*
- *No. This was not an ideal billing model for our agency. If it were recommended to other agencies, I would encourage them to make sure that the insurances would be billable.*
- *Yes. Availity model is easy to access; checking eligibility and benefits is fast and easy; Availity model is free; and Availity conducted training for the LPHAs prior to the implementation of the billing.*

Additional Information

- *We recommend other Local Public Health Agencies take advantage of any and all training, webinars and conference calls available. Insurance billing can be confusing and overwhelming and the more training utilized the better. Also, obtain contact information of appropriate individuals associated with the insurance billing company so that if there is ever any confusion a contact person is available to provide the answer quickly.*
- *Our area has a large immigrant population who require adult immunizations and local providers did have private stock vaccine. We found we were able to purchase vaccine, assist our immigrants, bill their insurance and make a small profit. This service has also helped serve residents who are traveling overseas and require immunizations. We have been able to vaccinate and provide a needed service in our community and promote public health to people who may not ever come to the health department.*
- *Have Availity consistently maintain communication and update LPHA of contact changes. To assure billing is cost effective the LPHA should have clientele that has private insurance and purchase vaccine for birth through age 18.*

HeW (formerly Health-e-Web)

Define the overall advantages and disadvantages of this billing model.

Advantages:

- *The portal is faster than individual Medicaid portals.*
- *Able to bill all Medicaid plans for administration fees.*
- *Claim scrubber allows errors to be seen before claim submission to streamline the process and decrease the number of denials.*
- *Portal streamlines remit advice and payment process, speeding payments.*
- *Able to bill all plans for pharmacy charges (adult immunizations and DepoProvera injections).*
- *Lower clearinghouse fees.*
- *Immediate response/turn around on claims, be it payments, rejections and/or eligibility.*
- *User friendly, clear and concise reporting.*
- *Outstanding customer service and support.*
- *The model is web based so no other software is needed.*
- *The customer service is excellent if there are any questions or problems.*
- *It has improved reimbursement turnaround time.*
- *Monthly fee is affordable and no annual upgrade costs. Fee went from $69 per month to $79 per month.*
- *Multiple user access at no additional charge.*
- *Can bill ALL insurances through one site, including Medicaid for administrative fees.*
- *Turnaround time from prior software is about three weeks faster.*
- *Ease of use once patients are entered into database.*
- *Record keeping was easy to keep up to date.*
- *This company is very friendly and calls back quickly. A very easy clearinghouse to work with.*

Disadvantages:

- *No real time eligibility assessment of actual coverage. Allows you to see if a person is insured, but not the actual service coverage.*
- *Does not match mandatory fields of Medicaid plans. Billing staff has to know what the plans require.*
- *Lack of contracts with insurance carriers.*
- *Medicare remits are hard to download and receive.*
- *Took time to enter data from beginning.*
- *Switching back and forth from screens was time consuming.*

HeW (formerly Health-e-Web) *continued*

Is this billing model sustainable for your agency?

- *Yes. The billing portal has been very helpful for this agency in our Medicaid billing. We would not go back to paper billing, or individual Medicaid portals. Health-e-Web has been a good product to start the process of developing a new billing "mentality".*

- *Yes. The HeW clearinghouse is a cost effective way to send electronic claims. There were no upfront fees necessary to purchase equipment; customer service and support are phenomenal. We have decided to utilize HeW for all outgoing claims and utilize them as our primary clearinghouse; however, looking at cost savings, VaxCare appears to be the way to go due to not having to purchase vaccine and the savings in personnel not billing claims and reconciling payments.*

- *Yes. I checked the profit box because even though we have not started our billing yet, I do believe we will see a profit when we start. The $79 monthly fee at HeW is very doable, plus we did not have to hire extra staff for billing.*

- *No. This is a clearinghouse for billing. It would be sustainable if we were billing several insurance companies. However, with billing straight Medicaid and Managed Care plans only at this time, it would not be. This provider is a clearinghouse where all the information has to be entered in their system and they send the information out. They charge for doing this. We have to upload the information anyway and the Managed Care plans and eMOMED do not charge for the same service.*

Would you recommend this billing model to other Local Public Health Agencies?

- *Yes. Health-e-Web had good customer service, willing to answer questions and to assist billing staff with problems that they were having with setting up their processes. Forms were sent electronically to set up the billing process and were simple to use. Billing staff found that it streamlined billing activities, saving time by decreasing the number of denials and speeding reimbursement for services rendered.*

- *Yes. HeW is a great clearinghouse and for LPHA's that provide and bill for other services along with immunizations, this would be a great model to follow. For agencies that are operating on a very slim budget, VaxCare would be the more cost effective approach.*

- *Yes. This web based model is very easy and the customer service is excellent.*

- *Yes. Multiple users at one flat rate that is affordable; web based program, so multiple users can work in the program at the same time; program is well developed and works well with public health billable services; user friendly; and program is very functional for all aspects of claim processes including resubmits and turn around claims.*

- *Yes. The people I spoke with who work for HeW are very friendly and helpful. All of my questions were answered in a timely manner with knowledgeable staff. If I did not understand something, they did not hesitate to go over the problem and explain it thoroughly. Again, if billing on a large scale this company would be beneficial.*

HeW (formerly Health-e-Web) *continued*

Additional Information
- *Health-e-Web was a self contained product with excellent customer service, no other resources were necessary once the process began.*
- *Enjoyed working with this billing project. We are always searching for tried and new cost saving ideas. We are trying to search for ways to better serve the public, even with money constraints. Hopefully, talking with and listening to other LPHA with similar situations, a positive outcome will be achieved.*

TransactRx

Define the overall advantages and disadvantages of this billing model.

Advantages:
- *Easy enroll and billing through TransactRx online billing program.*
- *Training provided by webinar.*
- *We did not have to learn the billing process for each individual insurance company.*
- *Excellent customer service from TransactRx. Every time we called with a question, they answered promptly and got back to us when needed.*
- *Able to receive higher reimbursement.*
- *Verification did not take but a few minutes for the most part.*
- *Knew how much payment up front.*

Disadvantages:
- *TransactRx does not have contracts with health insurance companies. You have to get the contracts yourself and then provide the information to TransactRx.*
- *Charge is more costly than submitting to Medicare ourself.*
- *Cost $600 for up to four insurance companies, then $100 for each additional insurance company, then $1.50 per client billed.*
- *TransactRx difficult to work with, only wanted Medicare billing.*
- *Unable to establish contracts with private insurance except Blue Cross/Blue Shield.*
- *Significant amount of wasted staff time chasing contracts.*
- *Unable to establish enough contracts to provide needed community coverage.*
- *Still needed to verify with the specific insurance.*

TransactRx *continued*

Is this billing model sustainable for your agency?

- *No. We will probably go back to submitting/entering our flu shots ourselves to save $300. We have to enter them in TransactRx so might as well enter them at the Medicare site.*
- *Yes. This billing model is sustainable as far as we know at this time. It has been easy to see how we came out with flu even though it was paid for in 2013 and most of the insurance money was received in 2014. We have had flu clinics for many years and have experience in knowing how much to order. We also have experience purchasing and charging for adult immunizations and can now bill insurance companies. We do not have experience purchasing and charging for childhood immunizations and still do not know if families will bring their children here for immunizations when we will be billing their insurance companies.*
- *No. Unable to establish sufficient number of contracts. TransactRx only really wanted Medicare billing for flu. Not an easy partner to work with. TransactRx expended minimal energy to help establish process, only wanted money to establish account.*
- *Yes. It would be sustainable if we continue to have clients come to the health department for immunizations; however, local doctors are now giving vaccine in their office whereas they did not do this before this rule. Vaccine usage has greatly decreased.*

Would you recommend this billing model to other Local Public Health Agencies?

- *No. For a small health department the cost of vaccine and issues in getting contracts with health insurance companies is too great. We have only been able to get contracts with two insurance companies. I do believe TransactRx would work well for a large health department with a doctor on staff and more revenue to cover the vaccine cost. We were only able to bill Medicare flu shots through TransactRx during this program period and it worked very well.*
- *Yes and No. I would recommend if they have never billed Medicare themselves but if they can it really does not makes that much difference. We might get a few from Part D that we normally would not have received but when you decreased our reimbursement with their charge it did not matter.*
- *Yes. This is a very user-friendly program. We did have a nurse sort the patient files by type of vaccine given so that it was easier for non-medical personnel to bill correctly.*
- *No. Not enough insurance contracts available for our area.*
- *Yes. It is fairly easy to use and staff with TransactRx were helpful.*

TransactRx *continued*

Additional Information
- *My choice is go with VaxCare especially if you have a cash flow issue. They are the easiest way to provide vaccine for people that have insurance. We worked many hours trying to obtain a contract of our own to let Transact bill from for vaccine but I would have had to purchase thousands of dollars of vaccine to make that work plus risk the fact that vaccine can expire if not used. Not worth it to me. If I would have had to pay TransactRx their normal contract fee I would have lost more money than normal.*
- *Be patient. This is a lengthy process. It takes time to establish contact with every insurance company and to go through the process with TransactRx. Keep a spreadsheet so that you know where you are with each entity. Insurance billing was very helpful in allowing us to have $46,029 in income during this project.*
- *Select another vendor. Knowing how the data would need to be transmitted from the beginning would have been helpful. We asked how we needed to report the data and did not receive the information until after the end of the contract.*
- *It takes time and persistence to establish agreements with the insurance companies. Reading through the contracts was time consuming and probably needed a legal consultant.*

Upp Technology

Define the overall advantages and disadvantages of this billing model.
Advantages:
- *Learned how to enter codes onto electronic billing site.*
- *Stored client name, did not have to re-enter.*
- *Insurance availability check was quick.*
- *Staff was supportive and listened to our concerns.*
- *Staff was consistent in their availability to us and to help us work through snags we encountered while learning their system.*
- *Had one on-site visit and two or three webinars and weekly conference calls.*
- *Simplification of credentialing process.*
- *Reimbursement with direct deposit (Blue Cross Blue Shield is 4-5 days).*
- *Billing is easy.*

Upp Technology *continued*

Disadvantages:
- *Did not provide the level of assistance anticipated with credentialing and contracting with insurance companies.*
- *Provided information to Upp for them to enter into their site, then we had to enter our own information.*
- *Training information repetitive.*
- *Took a long time to get web site up and running and then when site got up there were still issues and we were not able to use the site.*
- *Our concerns were not always addressed or answered. An example was our request for a template to calculate costs. We were told we would receive one, but never did even when they were reminded.*
- *Inaccurate claims submission. On one occasion, there was an extra line item added to a claim submission that we did not add and in fact, it was not even a code we use. There was never a satisfactory answer as to how or why that charge appeared on our claim.*
- *Online processing system moved slowly. This was a consistent complaint of our personnel responsible for claim submission. It moved slowly and was not always intuitive in the steps to move through submitting a claim.*
- *Needed more on-site or hands-on training to better understand their program. We were told we would have on-site training but never did.*
- *Not very user-friendly; difficult to navigate through and the system was not intuitive.*
- *Real time eligibility verification delays.*
- *We had to start from scratch setting up services, procedure codes, diagnosis codes and pricing for vaccine and administrative fee. Since we had two contracts (one with Blue Cross Blue Shield and one with Cigna) we had to set up individual services for each one because they had different pricing for the vaccine, as well as the administration fee. Very time consuming.*
- *Explaination of Benefits not concise with denial codes, etc.*
- *Inadequate staff training in utilization of billing module.*
- *Eligibility verification not clear regarding co-pays/coverage on immunizations.*
- *Cannot serve everyone.*

Is this billing model sustainable for your agency?
- *No. Upp would not be a sustainable model for our use. We did not find the web portal user friendly and will seek out another company sometime in the future. We are interested in the other models tested to see how LPHAs liked them.*
- *No. There were too many inconsistencies with claims submission and the online system was not as robust or fast as our billing technicians are accustomed to.*
- *No. Having problems with co-pays. When checking eligibility verification it does not specifically say "$25.00 co-pay" we do not know to collect. Sometimes it has 0 percent. We did not get co-payment on one because the verification did not show any amount and it was deducted off our payment. This needs to be corrected so we are not "out" that payment. Very confusing to read the eligibility verification forms.*

Upp Technology *continued*

Would you recommend this billing model to other Local Public Health Agencies?
- *No. We would not choose this billing model. We think that the site was not user friendly and that training could have been better. My staff has suggested that it would be better to work on getting contracts signed before signing up with an electronic billing company so you are ready to bill when you sign up.*
- *No. Upp Technology has great customer service on the front end, but their delivery did not meet our expectations.*
- *No. Very time consuming checking verification eligibility, adding patients, adding services for each provider we have a contract with, etc. It is not real "user friendly". Takes too many "steps" to get anything completed.*
- *Yes. This has brought more people into our facility and makes it much nicer for our clients.*

VaxCare

Define the overall advantages and disadvantages of this billing model.
Advantages:
- *No vaccine or supply cost.*
- *Reimbursement report is simple and monthly.*
- *Simple initial setup – one contract with VaxCare.*
- *VaxCare is responsive to problems and questions.*
- *Need only Internet access, a printer and a fax machine to start using Vaxcare.*
- *Automatic inventory restocking.*
- *Great customer service.*
- *Automatic eligibility checks.*
- *Ability to return flu vaccine that was not used.*
- *Professional billing services.*
- *Only pay for vaccine administered.*
- *Easy communication with VaxCare.*
- *Allowed us to serve a wider audience.*
- *Very easy to use, hardly any adjustments to our normal operations after the first two weeks.*
- *Did not have to become a provider with any insurances.*
- *Ability to provide immunizations to patients with commercial insurance.*
- *Ability to order weekly versus monthly.*

VaxCare *continued*

Disadvantages:
- *Trial and error period until VaxCare and agency were at an inventory level comfortable to both. Still occasional problems when inventory counts are different for unknown reasons.*
- *Patient insurance verification could be time consuming but VaxCare made it so you could send a copy of insurance card instead of spending time calling.*
- *Reimbursement can take up to 60 days (Vaxcare would not pay you until insurance pays them). Not as much of an issue since you are not out vaccine costs.*
- *Vaxcare reports do not give reason for insurance denial. At this time you have to call and wait for a response from billing department. Need to know reason for denial for handling patient in the future.*
- *Multiple issues with having a health department EMR and using a billing system electronically, i.e., billing, posting, double entry, errors, determining which vaccine to give.*
- *Ran out of vaccine during high volume clinics.*
- *Lack of agreement with all insurance companies and issues with insurance company customer service for health department and/or client to determine if vaccines were covered.*
- *Cost to health center of administering, billing and collecting for vaccine that was not covered by the billing model.*
- *Time to receive vaccine is a little longer than we would like.*
- *Could not participate in VaxStation because of our limited demand for children's vaccine.*
- *We are still serving a high population without insurance, causing us to be billed by VaxCare.*
- *Did not offer all of the vaccines and tests we give (ppd, zostavax, twinrix).*
- *Push was sometimes too slow.*
- *We have had some hiccups with our group service authorization and automatic billing prices. VaxCare's overall prices are higher than our regular costs.*
- *Unable to bill all insurances and verify eligibility online with all insurances.*

Is this billing model sustainable for your agency?
- *Yes. VaxCare is easy to work with and cost effective. Allows us to bill insurance without contracting/ credentialing with each individual insurance company and without the cost of purchasing vaccine.*
- *No. We broke even because of the grant money provided. Without the grant it would have cost us well over the $17,000 to pilot this program. It was extremely time consuming to do the double entry on our EMR and the billing model as well as correcting errors and reconciling other billing issues. Since we had three different funding sources for vaccines (VFC, county purchase and VaxCare) it was difficult for registration staff to know where to register the client. It was often difficult to determine which vaccine the client was eligible for, we did not want to charge them if they were eligible for VFC or give them VaxCare. Sometimes they received more than one type of vaccine, for instance county purchase and VaxCare because we did not have the vaccine they needed from VaxCare which created a lot of issues with our EMR which we use for billing. We had a lot of administrative work behind the scenes to manage the program.*

VaxCare *continued*

Is this billing model sustainable for your agency?

- *Yes. We have decided to continue with VaxCare, with such a high percentage of our population eligible for VFC we have not seen the need to do our own insurance billing, so we are only using VaxCare for flu season. If we need to order children's vaccine in the future, that option is also available with VaxStation. We are very limited for time to perform the billing function and the cost incurred with VaxCare is minimal.*
- *Yes. To date, we encountered very few private insurance companies that were not covered, making it easy to submit and collect. The primary advantage is the cost savings from not having to purchase our own vaccine supplies. Many of our current clients still do not have insurance. When this occurs and we use vaccine from the VaxCare program, we pay for the vaccine directly through monthly billing. Though the vaccine is generally more than we would pay as an agency, not having to purchase supplies offsets this difference. The only problem we have encountered with VaxCare's billing methods is that they provide an average cost of the vaccine, making it impossible to determine the vaccine cost per dosage. Overall, we are still saving money through this program.*
- *Yes. Although we do not make a significant profit, we do break even and provide a much needed service and alternative choice for clients who do use the local medical clinic for services.*

Would you recommend this billing model to other Local Public Health Agencies?

- *Yes. VaxCare is easy to work with and cost effective. Staff time is only real expense—no cost for vaccine or supplies. No contracting or credentialing with individual insurance companies. No extra staff required to deal with billing and reimbursement—forms just have to be faxed after immunizations given and reconciled to VaxCare detailed monthly reimbursement report.*
- *Yes. Only to agencies that do not currently use an electronic medical record system. There are too many issues with our billing and administration system to justify the use of this model.*
- *Yes. We have recommended to other counties and the ones who have started using VaxCare are very pleased with the system.*
- *Yes. Simply for the ease of the program and the overall cost saving, but only if the agency has a clientele with a high population of having private insurance.*
- *Yes. User friendly software; no upfront costs; and did not have to become provider for any insurance.*

VaxCare *continued*

Additional Information

- *Be aware that insurance patients take slightly more time than VFC patients in the clinic setting. There will be a period of adjustment with VaxCare regarding vaccine inventory. The agency and VaxCare have to find an inventory level both are comfortable with and it takes a couple of months to get "push" or automatic inventory working properly. It can take two or more months to get payment from VaxCare. Depends on the insurance company—some process quickly, others do not. VaxCare does not pay you until the insurance company has paid them. When you are billed for vaccine (insurance company did not pay VaxCare), at this point, it will take a phone call or two to VaxCare to find out the reason for the insurance denial. VaxCare to date has been open to suggestions and willing to work with us on problems and expect this process to get easier over time.*

- *If the HD is only entering vaccine into ShowMeVax and billing with a different system, this model would be easy to use and flexible for them as long as they have a way to keep the VaxCare vaccine separate from the VFC program. We did run into problems with inventory, but I think that could have been ironed out if we would have used the program for a longer period of time. Most of our issues came from using an EMR that did not 'talk' to the VaxCare system.*

- *For us, if we can work out the small kinks, yes we believe we will continue this program.*

- *Since we were already established with VaxCare for flu shots, we did not have to make any changes. However, we did develop some items to assist in client education. Developed brochure to provide community education regarding changes with VFC. Developed price list to provide client with education regarding the cost of vaccines today. Developed "questions to ask your insurance" for clients when they call their insurance to verify benefits and eligibility. Developed flow chart for local schools for use with kindergarten and back to school immunizations so that parents know where they can get their child's immunizations. Monitor vaccine inventory twice a week.*

Pilot Phase – Billing Model Contact Information

Availity

PO Box 550857

Jacksonville, FL 32255-0857

Contact: Customer Service

1.800.AVAILITY (282.4548)

www.availity.com

HeW (formerly Health-e-Web)

PO Box 1540

2525 Colonial Drive 59601, Suite A

Helena, MT 59624

Contact: Claire Ramoie, Manager, Sales and Marketing

877.565.5457 option 3

sales@hewedu.com

www.hewedi.com

TransactRx

5146 W. Whispering Wind Drive

Phoenix, AZ 85310

Contact: Fabi Carmona, Customer Care Supervisor

866.522.3386

623.806.8829 (direct line)

fcarmona@transactrx.com

www.transactrx.com

Upp Technology

3075 Highland Parkway #730

Downers Grove, IL 60515

Contact: Nar Ramkissoon, Director, SMART Health Claims

630.493.7863

nramkissoon@upp.com

www.upp.com

VaxCare

4401 S. Orange Avenue, Suite 117

Orlando, FL 32806

Contact: Brian Oestreich, Regional Marketing Director

314.960.0112

boestreich@vaxcare.com

www.vaxcare.com

Missouri Private Health Insurance Company Contacts

Please note this directory is a culmination of contacts received from multiple sources. The individuals listed have been contacted by the BIAA, LPHAs or billing models to obtain contracts for private / commercial insurance billing.

Insurance Company	Contact Name and Title	Contact Information
Aetna	Brandy Koenig, Network Account Manager	636.527.3964 860.975.1558 koenigb@aetna.com
	Laurie Burroughs, Network Account Manager (Contracting)	636.462.0095 burroughsl@aetna.com
Anthem Blue Cross Blue Shield	Sonya Patterson, Network Relations Manager	314.412.6252 Sonya.Patterson@anthem.com
	Kris Golden, Network Consultant	314.330.7016 Kristin.Golden@anthem.com
	Sandra Volner, Provider Contract Specialist for Public Health Departments	314.923.4599 Sandra.Volner@wellpoint.com
	Cheryl Prince Thomas, Contract Manager for Public Health Departments	314.923.6751 cthomas@healthlink.com
	Cathie Jones, Network Analyst	314.923.8965 cathie.jones@anthem.com
	Credentialing	800.516.7587 credentialing@wellpoint.com
	Dawn Beasley, Network Consultant (*Metro St. Louis – Zip codes: 63031, 63032, 63033, 63034, 63130, 63044, 63045, 63074, 63114, 63120, 63121, 63132, 63133, 63134, 63135, 63136, 63137, 63138, 63140, 63145, 63146, 63147, 63167, 63105 and 63124*)	314.706.7766 Dawn.Beasley@anthem.com
	Pam Ingram-Townsend, Network Consultant (*Metro St. Louis – Zip codes: 63101, 63102, 63106, 63110, 63115, 63160, 63164, 63177, 63180, 63188, 63190, 63195, 63197, 63198, 63199, 63157, 63166, 63171, 63178, 63179, 63103, 63104, 63107, 63108, 63109, 63111, 63116, 63154, 63155, 63156, 63113, and 63108*)	314.882.7970 Pamela.Ingram-Townsend@anthem.com

Insurance Company	Contact Name and Title	Contact Information
Anthem Blue Cross Blue Shield *continued*	Lynn Schleper, Network Consultant (*Metro St. Louis – South – Zip codes: 63006, 63139, 63025, 63026, 63088, 63099, 63119, 63122, 63123, 63125, 63126, 63127, 63128, 63129, 63151, 63158 and 63163*)	314.873.3284 Lynn.Schleper@anthem.com
	Trina Falls, Network Consultant (*Metro St. Louis – West: Ballwin, Chesterfield, Creve Coeur, Des Peres, Ellisville, Frontenac, Grove, Manchester, Town & Country and Wildwood*)	314.956.0625 Trina.Falls@anthem.com
	Shantel Hollins, Network Consultant (*Metro St. Louis – St. Charles: Lake St. Louis, Lincoln, O'Fallon, St. Charles, St. Peters, Troy and Warren*)	314.882.7999 Shantel.Hollins@anthem.com
	Karen Harris, Network Consultant (*Central Missouri – Crawford, Franklin, Gasconade, Jefferson and Washington counties*)	636.212.4461 Karen.Harris@anthem.com
	Kathryn Labuary, Network Consultant (*North Central Missouri – Adair, Audrain, Boone, Callaway, Camden, Chariton, Clark, Cole, Cooper, Howard, Knox, Lewis, Linn, Macon, Maries, Marion, Miller, Moniteau, Monroe, Montgomery, Morgan, Osage, Pike, Putnam, Ralls, Randolph, Schuyler, Scotland, Shelby and Sullivan counties*)	573.469.2676 Kathryn.Labuary@anthem.com
	Caren Weibrecht, Network Consultant (*Southeast Missouri – Bollinger, Cape Girardeau, Dent, Iron, Madison, Perry, Reynolds, St. Francois and St. Genevieve counties*)	573.352.0184 Caren.Weibrecht@anthem.com
	Laura Finger, Network Consultant (*Southeast Missouri – Butler, Carter, Mississippi, New Madrid, Ripley, Scott, Shannon, Stoddard, Wayne, Pemiscot and Dunklin counties*)	573-979-7226 Laura.Finger@anthem.com

Missouri Private Health Insurance Company Contacts *continued*

Insurance Company	Contact Name and Title	Contact Information
Anthem Blue Cross Blue Shield *continued*	Edna Lawson, Network Consultant (*Southwest Missouri – Barry, Barton, Cedar, Christian, Dade, Dallas, Douglas, Greene, Hickory, Howell, Jasper, Laclede, Lawrence, McDonald, Newton, Oregon, Ozarks, Phelps, Polk, Pulaski, Stone, Taney, Texas, Webster and Wright counties*)	417.612.0483 Edna.Lawson@anthem.com
	Diane Shipley, Network Consultant (*Benton, Carroll, Grundy, Livingston, Mercer, Pettis, Saline, St. Clair and Vernon*)	314.882.8057 Diane.Shipley@anthem.com
Assurant Health	Pam Entringer, Compliance Director	414.299.7756 Pam.entringer@assurant.com
Blue Cross / Blue Shield of Kansas City	Deb Armenta, Provider Relations Representative (*Bates, Benton, Henry, Pettis, Saline, St. Clair and Vernon counties*)	816.395.3963 deb.armenta@bluekc.com
	Dena Clemens, Provider Relations Representative (*Andrew, Atchison, Buchanan, Caldwell, Daviess, DeKalb, Gentry, Harrison, Holt, Mercer, Nodaway and Worth counties*)	816.395.3210 dena.clemens@bluekc.com
	Eric Crumble, Provider Relations Representative (*Jackson county*)	816.395.3189 eric.crumble@bluekc.com
	Nancy Gilbert, Provider Relations Representative (*Carroll, Clay, Platte and Ray counties*)	816.395.2506 nancy.gilbert@bluekc.com
	Cathy Parmentier, Provider Relations Representative (*Cass and Clinton counties*)	816.395.3616 cathy.parmentier@bluekc.com
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	Katrina Taggart, Provider Relations Representative (*Lafayette and Johnson counties*)	816.395.3946 katrina.taggart@bluekc.com
Blue Cross / Blue Shield of Missouri (WellPoint / Anthem)	Donna Barry, Provider Contracting	314.923.8670 Donna.barry@bcbsmo.com

Missouri Private Health Insurance Company Contacts *continued*

Insurance Company	Contact Name and Title	Contact Information
Choice Care / Humana	Quinlynn Warrick-Brown	913.217.3348 Qwarrick-brown@humana.com
Cigna	Donna Dojan, Director, Network Strategy	860.226.5725 Donna.dojan@cigna.com
	Dan Brawley	Daniel.brawley@cigna.com
	Jennifer Crader, Network Manager	913-323-2676 Jennifer.crader@cigna.com
Coventry Health Care	Jered Wilson, VP, Network Development	217.366.5704 jjwilson@aetna.com
	Richard P. Grow, Sr. Provider Contracting Specialist	550 Maryville Centre Drive Suite 300 St. Louis, MO 63141 314.506.1628 rpgrow@aetna.com
	Georgia Krebs	314.506.1815 gakrebs@aetna.com
	Jud Walker	913.202.5524 jswalker@aetna.com
	Greg Killinger, Network Development	913.202.5227 gxkillinger@aetna.com
Group Health Plan	Contracting Department	314.506.1700
Harmony/WellCare	Join the Network Information Line	800.504.2766, option 4 followed by option 7
Healthcare USA	Provider Relations	800.625.7602 / Central MO 800.213.7792 / Eastern MO 866.613.5001 / Western MO
HealthLink	Jamie Huether, VP, Provider Network Management	314.923.6756 Jamie.huether@wellpoint.com
	Credentialing / Contracting	800.624.2356
Missouri Care	Provider Services	800.322.6027
TriCare	Provider Certification	608.301.3307

Missouri Private Health Insurance Company Contacts *continued*

Insurance Company	Contact Name and Title	Contact Information
United Healthcare	Missouri Network Management	314.592.7163 Missouri_PR_Team@uhc.com
	Missouri Network Management – Kansas City / Western and Northwestern Missouri	913.663.6500 Kansas_PR_Team@uhc.com
	Credentialing	877.842.3210, select professional services followed by credentialing (a Tax ID number is needed when calling this number)
	Director of Regulatory Affairs, Associate General Counsel	10 Cadillac Drive Suite 200 Brentwood, TN 37027 615.372.3614
United Healthcare / TriCare	Patty Snider	913.317.7239 Patty_Snider@uhc.com
United Healthcare of the Midwest	Jimmie Gaddis, Director, Network Management	573.634.8356 Jimmie_k_gaddis@uhc.com
	Leonard Karpowich	312.453.7005 Leonard_karpowich@uhc.com

Pilot Phase – LPHA Identified Barriers and Solutions

Through monthly conference calls and/or routine communication with the pilot agencies, the BIAA collected barriers (along with available solutions) that were encountered during the project. Below is a summary of the primary barriers and the recommended solutions identified through the LPHA Billing Plan Pilot Project.

Barrier: Many of the pilot agencies without a physician on staff encountered difficulties when setting up contracts with private insurance companies.
Solution: An Insurance Summit was held in July 2013, through which the BIAA and the LPHAs were able to network with Missouri insurance companies. Some of the insurance companies have modified their contracts in order to better serve the LPHAs who do not have a physician on staff. In an effort to avoid wasted LPHA staff time and frustration, the BIAA provided the pilot LPHAs with a listing of insurance company contacts so that they may begin contract discussions with the proper insurance company staff. This Missouri insurance company contact listing is included in the Appendices of this toolkit. Some of the pilot agencies who were having trouble getting contracts in place also contacted other LPHAs who already had established contracts. The agencies with contracts in place were able to provide those without contracts with contact information and tips on how to successfully obtain contracts. Many of the pilot agencies who needed insurance company contracts were able to get them in place prior to the end of the pilot project.

Barrier: Under certain billing models, some of the LPHAs were unable to bill all local insurance companies.
Solution: Research the various billing models that are available to determine which one will work the most effectively for your agency. Some of the pilots were able to contact the billing model and encourage them to add certain carriers that were not available through their system.

Barrier: Some of the LPHAs reported that they lack funds for the up-front cost of vaccines.
Solution: Research various funding opportunities available in your specific area. Conduct a cost analysis to ensure that billing third-party payers will result in a profit for the agency. Research what options are available through the individual vaccine companies, as some companies have a payment schedule that is public health agency friendly. Explore the possibility of sharing vaccine with a neighboring county to help offset the vaccine cost.

Barrier: Privacy for clients when explaining possible charges to health insurance.
Solution: Pilot agencies found that working in a separate clinic room is the best solution to this barrier.

Barrier: System issues when checking patient eligibility (VaxCare).
Solution: Contact the insurance company by phone using the phone number on the individual company's web site, which will direct the call to an operator who will be able to check eligibility. Do not use the 800 number on insurance cards.

Barrier: Determining which insurance companies to contract with.

Solution: Conduct research within the agency's jurisdiction to determine the most popular insurance companies being used by residents. One way to collect the information is through a survey of clients.

Barrier: Time consuming city and/or county legal department review of insurance contracts.

Solution: If this is a required process, the agency should follow up with the city and/or county office frequently regarding the status of the contract. Ensure the legal department knows that the contract must be in place before billing can begin and any delays in the contract review will cause delays in the LPHA's ability to bill private / commercial health insurance.

Barrier: Agency staff's lack of knowledge of billing process.

Solution: Utilize training offered by the selected billing model. Contact other LPHAs to discuss procedures and best practices. Refer to the DHSS "Billing Plan Toolkit for Local Public Health Agencies" for general process guidance and resources.

Barrier: Additional time needed for patient intake.

Solution: Develop protocols that will assist staff in streamlining the patient intake process. Examine the possibility of collecting insurance information when appointments are scheduled.

Barrier: VaxCare does not offer a specific vaccine.

Solution: Contact VaxCare and request they begin offering the vaccine. They will review whether or not there is a sufficient need for the vaccine and may or may not add it to their list of available vaccines.

Additional Internet Resources

There are many resources available to LPHAs who are interested in billing Medicaid, Medicare and private / commercial insurance. Below are links to various web sites and documents that may be helpful when developing and implementing a medical billing system within an LPHA.

American Academy of Pediatrics – contains information regarding immunizations for both parents and health care providers. The health care provider information includes resources on vaccine financing that may provide guidance during the development stages of a billing system.
aap.org/immunization/index.html

America's Health Insurance Plans (AHIP) – Third-party Reimbursement for Vaccines: Effective Billing Strategies for Public Health Departments 2012 webinar series provided free of charge and offering information regarding LPHA medical billing.
ahip.org/Archived-Webinars-Immunization/

Centers for Disease Control and Prevention (CDC) Immunization Billables Project – offers information regarding the CDC Billables Project and provides additional billing resources for LPHAs.
cdc.gov/vaccines/programs/billables-project/index.html

Centers for Medicare and Medicaid (CMS) – provides information regarding what immunizations are covered for Medicare clients along with additional Medicare immunization resources.
cms.gov/medicare/prevention/immunizations/

CMS Medicare Billing: 837P and Form CMS-1500 fact sheet – provides information regarding the 837P standard format for transmission of electronic claims as well as the form CMS-1500 used for paper billing.
cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/form_cms-1500_fact_sheet.pdf

CMS Quick Reference Information: Medicare Immunization Billing – provides information on Medicare immunization procedure codes and descriptions as well as FAQs.
cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/qr_immun_bill.pdf

CMS Quick Reference New Medicare Provider – provides information for new Medicare providers.
cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Quick_Reference_New_Provider.pdf

CMS Vaccine Payments under Medicare Part D fact sheet – provides information regarding what immunizations may be covered by Medicare Part D.
cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Vaccines-Part-D-Factsheet-ICN908764.pdf

MO HealthNet Local Public Health Agency Billing Book – provides information to help LPHAs submit claims correctly to MO HealthNet.
dss.mo.gov/mhd/providers/education/health/healthmanual.pdf

Additional Internet Resources *continued*

Missouri Medicaid (MO HealthNet) Provider Enrollment FAQs – provides answers to some of the most frequently asked questions regarding MO HealthNet provider enrollment.
mmac.mo.gov/providers/provider-enrollment/providersprovider-enrollmentprovider-enrollment-faqs/

MO HealthNet Provider Enrollment Guide – provides information on how to become a Missouri Medicaid (MO HealthNet) provider.
https:// peu.momed.com/peu/momed/presentation/providerenrollmentgui/Internetman121103.htm

MO HealthNet Puzzled by the Terminology? A Guide for Providers – provides a quick overview of the MO HealthNet program.
dss.mo.gov/mhd/providers/pdf/puzzledterm.pdf

National Association of County & City Health Officials' Billing for Clinical Services – provides a large amount of information and resources regarding LPHA medical billing including various billing toolkits from other states.
www.naccho.org/topics/HPDP/billing/

References

1. Freed, G. L., Cowan, A. E., & Clark, S. J. (2008, December 1). Primary Care Physician Perspectives on Reimbursement for Childhood Immunizations. *Pediatrics*, 122(6), 1319-1324. doi: 10.1542/peds.2008-2033 or http://pediatrics.aappublications.org/content/122/6/1319.abstract.

2. U.S. Department of Health and Human Services. (2009, March 2). *Appendix 1: Children and Adolescents Vaccine Financing Recommendations Adopted by NVAC - September 2008 (with approved editorial changes March 2, 2009)*. Accessed April 2014 at http://www.hhs.gov/nvpo/nvac/cavfrecommendationssept08.html.

3. Washington State American Reinvestment & Recovery Act (ARRA) Immunization Reimbursement Project Workgroup. (2011, September). *The Washington State Local Health Jurisdiction Immunization Billing Resource Guide*. Accessed April 2014 at http://www.jeffersoncountypublichealth.org/pdf/LHJ_Billing_Resource_Guide.pdf.

4. Missouri Department of Health and Senior Services. (2013). *Missouri Health Improvement Plan 2013-2018*. Accessed April 2014 at http://health.mo.gov/data/mohealthimproveplan/pdf/ship.pdf.

5. Indiana Immunization Coalition. (2013). *Indiana Local Health Department Billing System*. Des Moines, IA: Medical Billing Services, Inc. with assistance from Medical Billing and Accounting, Inc (Indianapolis, IN).

6. Centers for Medicare and Medicaid Services. (2013, April 2). *Are You a Covered Entity?* Accessed April 2014 at http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/HIPAAGenInfo/AreYouaCoveredEntity.html.

7. U.S. Department of Health and Human Services. (n.d.). *Health Information Privacy*. Accessed April 2014 at http://www.hhs.gov/ocr/privacy/index.html.

8. U.S. Department of Health and Human Services. (n.d.). *Understanding Health Information Privacy*. Accessed April 2014 at http://www.hhs.gov/ocr/privacy/hipaa/understanding/index.html.

9. Centers for Medicare and Medicaid Services. (2012, September). *The National Provider Identifier (NPI): What You Need to Know* (ICN: 902603). Accessed April 2014 at https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/NPIBooklet.pdf.

10. Centers for Medicare and Medicaid Services. (2012, April 25). *Taxonomy*. Accessed April 2014 at http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Taxonomy.html.

11. Iowa Immunization Program. (2011). *2011 Iowa Local Public Health Agency Billing Operations Manual* (2011 Iowa LPHA Billing Project V072011). Des Moines, IA: Medical Billing Services, Inc.

12. Centers for Medicare and Medicaid Services. (2013, March). *Medicare Billing: 837P and Form CMS-1500*. Accessed April 2014 at http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/837p-cms-1500.pdf.

References *continued*

13. Centers for Disease Control and Prevention. (2014, June 13). *CPT Codes Mapped to CVX Codes*. Accessed April 2014 at http://www2a.cdc.gov/vaccines/iis/iisstandards/vaccines.asp?rpt=cpt.

14. American Medical Association. (n.d.). *About CPT*. Accessed April 2014 at http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt/about-cpt.page.

15. U.S. Department of Health and Human Services. (2001, July 17). *Credentialing and Privileging of Health Center Practitioners Policy Information Notice 2001-16*. Accessed April 2014 at http://bphc.hrsa.gov/policiesregulations/policies/pin200116.html.

16. Missouri Department of Insurance, Financial Institutions and Professional Registration. (n.d.). *HMO Standardized Credentialing Form*. Accessed April 2014 at http://insurance.mo.gov/industry/filings/mc/hmocredentialing.php.

17. Missouri Department of Insurance, Financial Institutions and Professional Registration. (n.d.). *CAQH Faxing Guidelines*. Accessed April 2014 at http://insurance.mo.gov/Contribute%20Documents/CAQHFaxingGuidelines.pdf.

18. Council for Affordable Quality Healthcare. (n.d.). *Universal Provider Datasource Provider and Practice Administrator Quick Reference Guide*. Accessed April 2014 at http://www.caqh.org/pdf/UPDbrochure.pdf.

19. Council for Affordable Quality Healthcare. (2014). *UPD Participating Organizations*. Accessed April 2014 at http://www.caqh.org/participatingorgs.php.

20. Council for Affordable Quality Healthcare. (n.d.). *Getting Started*. Accessed April 2014 at https://upd.caqh.org/oas/GettingStarted.aspx.

21. Centers for Medicare and Medicaid Services. (2013, December). *Mass Immunizers and Roster Billing: Simplified Billing for Influenza Virus and Pneumococcal Vaccinations* (ICN: 907275). Accessed April 2014 at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Mass_Immunize_Roster_Bill_factsheet_ICN907275.pdf.

22. Council for Affordable Quality Healthcare. (2014). *CAQH Committee on Operating Rules for Information Exchange (CORE) FAQs Part B: ACA Section 1104 Mandate for Federal Operating Rules* (Version 20140421.1001). Accessed April 2014 at http://www.caqh.org/pdf/COREFAQsPartB.pdf.

23. Missouri Department Health and Senior Services. (2014, February). *DHSS Public Health Works Orientation Manual for Public Health Leaders*. Accessed April 2014 at http://health.mo.gov/living/lpha/phworks/publichealthworks.pdf.

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- Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP)
- Missouri Association of Local Public Health Agencies (MOALPHA)
- Missouri Department of Social Services' (DSS) MO HealthNet Division (MHD)

Missouri Billing Plan Stakeholder Workgroup

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Jennifer Eisenhower – Pike County Health Department
Ellen Fry – Phelps/Maries County Health Department
Judy Hale – St. Francois County Health Center
Kelly Horwitz – Jefferson County Health Department
Becky Hunt – Madison County Health Department
Sally Johnson – Clay County Public Health Center
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Susan McKinney – DSS, MHD
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Acknowledgements *continued*

Billing Plan Pilot Agencies

Callaway County Health Department
Cape Girardeau County Public Health Center
City of St. Joseph Health Department
Clay County Public Health Center
Cole County Health Department
Columbia-Boone County Department of Public Health and Human Services
Dunklin County Health Department
Hickory County Health Department
Howell County Health Department
Jasper County Health Department
Jefferson County Health Department
Lafayette County Health Department
Livingston County Health Center
Madison County Health Department
McDonald County Health Department
Nodaway County Health Center
Pettis County Health Center
Pike County Health Department
Reynolds County Health Center
St. Charles County Department of Community Health and the Environment
St. Francois County Health Center
Ste. Genevieve County Health Department
Stone County Health Department
Tri-County Health Department (Worth, Gentry, DeKalb)
Vernon County Health Department

Missouri Insurance Companies

Aetna
Assurant Health
Blue Cross Blue Shield of Missouri (WellPoint / Anthem)
Cigna
Cox Health Plans
Harmony / WellCare
HealthLink
Missouri Care
United Healthcare
United Healthcare/TriCare

Anthem Blue Cross Blue Shield
Blue Cross Blue Shield of Kansas City
Choice Care / Humana
Coventry Health Care
Group Health Plan
Healthcare USA
Humana
TriCare
United Healthcare of the Midwest
WellPoint

Pilot Billing Models

Availity
TransactRx
VaxCare

HeW (formerly Health-e-Web)
Upp Technology

Bureau of Immunization Assessment and Assurance

Acknowledgements

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Bureau of Immunization Assessment and Assurance
800.219.3224**