

FREQUENTLY ASKED QUESTIONS REGARDING BILLING FOR IMMUNIZATIONS

- ❖ *What is the best approach to convince a private/commercial insurance carrier to contract with an LPHA?*
 - The Department of Insurance, Financial Institutions and Professional Registration (DIFP) recommends that LPHAs gather data on the number of individuals served in the community and the number of employers that use their coverage (if available). Approach insurance carriers with this data and the concept and benefits of "one-stop shopping." Many times with insurance companies it requires education, persistence and talking to the right person.
 - If you serve a rural area with limited health care resources, provide data relating to physician-to-population ratio, and the lack of or limited number of hospitals, Federally Qualified Health Centers, and Rural Health Clinics available.
 - If LPHAs are unsuccessful with the person they initially speak with, ask who else in the chain of command you can speak with to sell your cause. Work your way up the chain of command, if necessary.
- ❖ *Are contracts with private/commercial insurance companies necessary in order to bill them for services? And if they are, how does that apply to out-of-network providers?*
 - Almost all private/commercial insurance companies require credentialing and establishing a contract of a licensed or certified practitioner before they will pay medical claims. Credentialing protects the insurance companies, the public and providers from fraud. A contract establishes a legal relationship between the insurance company and LPHA, defines the provider's responsibilities with delivering services and establishes reimbursement rates.
 - Out-of-Network Providers - In rare instances, it is possible to receive reimbursement from some insurance companies when the provider or agency is not a participating provider, but is an out-of-network provider. When out-of-network providers receive compensation for services, it is significantly less compared to a participating provider, if payment is received at all. Generally, out-of-network providers are not compensated for services. In some cases, insurance companies will send the out-of-network payment directly to the patient. This will require the LPHA to collect payment from the patient, which is not an easy task. Often, patients are required to meet pre-established deductible amounts before being eligible to receive reimbursement for services delivered by an out-of-network provider. If a patient has not met the deductible, providers are faced with billing the patient or writing off the charges to bad debt or collections. It is likely that some clients will present insurance cards for non-participating provider insurance companies. If out-of-network, call the telephone number on the back

of the card to determine if reimbursement can be received by a non-participating provider. This call should be made prior to delivering any services to the client.

❖ *How can the State's Legal Defense Fund benefit LPHAs?*

- Provide liability or malpractice insurance coverage for their volunteer medical director.
- The physician must be an independent contractor of the health department.
- The health department is responsible for assuring that the physician meets the eligibility requirements.
- There is no fee for this coverage.
- For more information contact Dawn Phillips, DHSS Office of General Counsel, 573-526-8594.

❖ *Is there a template that can be used to establish fees, fee structures, and a cost analysis for the immunization billing contract?*

- It is illegal to share contract rates among agencies and companies, and this stipulation is generally noted in individual contracts. Each LPHA needs to determine their costs and rate of reimbursement need. The cost analysis template provided in the contract will help with gathering this data. Cost analysis is not considered price fixing so this should not be a concern for LPHAs.

❖ *How do you resolve payment disputes when a client is both Medicaid and Medicare eligible? Both programs deny payment claiming the other provider is responsible for payment.*

- Claims should be filed with Medicare first. If Medicare denies the claim, then submit the claim to Medicaid with the Medicare explanation of why the benefits were denied. If the Medicaid claim is denied, contact their Provider Relations office at 573-751-2896 to clarify why the denial occurred, and how it can be resolved.
- Utilize the Medicare Advantage program and/or the Centers for Medicare and Medicaid (CMS) Secure Net Access Portal (C-SNAP) to verify Medicare information. You must be a Medicare provider to register and receive information from C-SNAP. The link is <https://www.medicareinfo.com/apps/cms/home.do>.
- Another link helping with Medicare denials is <http://www.wpsmedicare.com/j8macpartb/claims/claims-tools/rejected-claim-tool.shtml>.

❖ *When should a LPHA sign a contract with a Managed Care Company?*

- LPHAs should not sign a contract with a Managed Care Company until they have verified that the State of Missouri has a signed contract with them for the upcoming year.

- Managed Care Companies may contact providers seeking contracts in a bid to show support for their company during the state selection process.
- ❖ *Does an LPHA need extra insurance coverage for private stock?*
 - Some insurance policies may only cover refrigeration equipment and not the contents. An endorsement to the policy may need to be added to cover your vaccine inventory.
- ❖ *Can an LPHA switch out VFC vaccine for county purchased vaccine after denial by insurance?*
 - If private stock vaccine is administered but the insurance claim is denied because the vaccine is not covered, the LPHA can replace the private dose with a VFC dose but must complete a borrowing report. If a child has insurance but the insurance does not cover vaccinations, the child is considered “underinsured” and qualifies for VFC vaccine if the LPHA receives no payment for the vaccine.

Useful Information

- ✓ To receive the Centers for Medicare and Medicaid (CMS) ICD-10 email updates, sign up at https://subscriptions.cms.hhs.gov/accounts/USCMS/subscriber/new?topic_id=USCMS_608.
- ✓ Railroad Medicare PTAN (Provider Transaction Access Number) Request Form for electronic submitters developed by Palmetto GBA. Palmetto is the Railroad Specialty Medicare Administrative Contractor that processes Part B claims for Railroad Retirement beneficiaries nationwide. The electronic form can be found at [http://www.palmettogba.com/Palmetto/Providers.Nsf/files/Railroad_Medicare_PTAN_Request_Form.pdf/\\$File/Railroad_Medicare_PTAN_Request_Form.pdf](http://www.palmettogba.com/Palmetto/Providers.Nsf/files/Railroad_Medicare_PTAN_Request_Form.pdf/$File/Railroad_Medicare_PTAN_Request_Form.pdf).
- ✓ The following website provides information on Medicare Part D coverage of vaccinations: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Vaccines-Part-D-Factsheet-ICN908764.pdf>.
- ✓ The Affordable Care Act and Immunizations Fact Sheet website link <http://www.hhs.gov/healthcare/facts-and-features/fact-sheets/aca-and-immunization/index.html> provided by the Department of Insurance, Financial Institutions and Professional Registration (DIFP). This website lists the required immunization services for children under The Affordable Care Act.
- ✓ Group Purchasing Discounts available to LPHAs:
 - Sanofi and Merck point of contact: Connie Antal, conniea@slmg.net

- GlascoSmithKline (GSK) point of contact: Michelle Twidwell, 573-233-2076, michelle.x.twidwell@gsk.com
- PedsPal Group Purchasing, 877-923-2233, www.pedspal.org
- Moore Medical LLC, Aurora Tomlin, 1-800-234-1464, Ext. 5413, atomlin@mooremedical.com

Note: When entering into a buyers group, LPHAs are making a commitment to use a certain percentage of core vaccines from that manufacturer so LPHAs need to evaluate their agency's portfolio and align with one manufacturer rather than obtaining the price break from all.