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The *voice* of the  
community  
pharmacist.

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# Need-to-Knows for Administering COVID-19 Vaccines

December 10, 2020 | 8 p.m. ET

NCPA Staff Members



# Breaking News!

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**Pfizer/BioNTech vaccine  
recommended for  
emergency use authorization**



# SCOTUS: **VICTORY!**



# OPERATION WARP SPEED VACCINE DELIVERY MILESTONES

## AUTHORIZATION - APPROVAL



### Phase 3 Trials

Randomized, double-blind, placebo-controlled studies with more than 30k participants each, including diverse populations, providing rapid data collection



### Data Safety Monitoring Board

Independent board evaluates data from ongoing Phase 3 trial, advises manufacturer whether pre-specified success criteria is met



### Emergency Use Authorization (EUA)

Granted by the FDA following a recommendation by the Vaccines and Related Biological Products Advisory Committee and an independent analysis of drug manufacturing facilities, processes and drug product data

### Biologics License Application (BLA)

Includes safety and efficacy data along with product, manufacturing and clinical studies information to consider full approval, potentially following six months of additional monitoring

## PRIORITIZATION - ALLOCATION



### National Academies of Science, Engineering and Medicine

Informs the CDC Advisory Committee on Immunization Practices (ACIP) on which populations receive priority for vaccines



### Vaccine Priority

ACIP recommends vaccine priority to the CDC director, who reviews and recommends to the HHS Secretary



### HHS Secretary

Endorses recommendation and staffs policy for approval to National Security Council



### Allocation

Distribution based on census data for prioritized groups; drives the delivery of available doses to states, tribes, territories, localities and federal agencies



### Jurisdictions/Federal Agencies

Execute federal priority guidance to identify points for vaccine delivery and administration



### Delivery

Begins 24 hours after EUA, first doses available within 96 hours

## DISTRIBUTION - ADMINISTRATION

### Initial dose administered at various locations:



**MANUFACTURERS**  
Produce products



**SUPPLIES**  
Needles, syringes, alcohol swabs, etc.



**KITTING**  
Preassembles and packages in ready-to-ship kits



**DISTRIBUTOR**  
Delivers vaccine and supplies to administration sites

### Administration sites

- Pharmacy
- Public health clinic
- Long term care facility
- Hospital
- Federally qualified health center
- Healthcare provider (doctors' office)
- Mass vaccination site
- Indian Health Service
- Home health
- Mobile site
- Other federal sites



### Data IT/Systems

Jurisdictions provide dosing information to CDC data clearing house through immunization information systems and partner systems; patient data is de-identified with no personal identifying or health information



### Second Dose Tracking

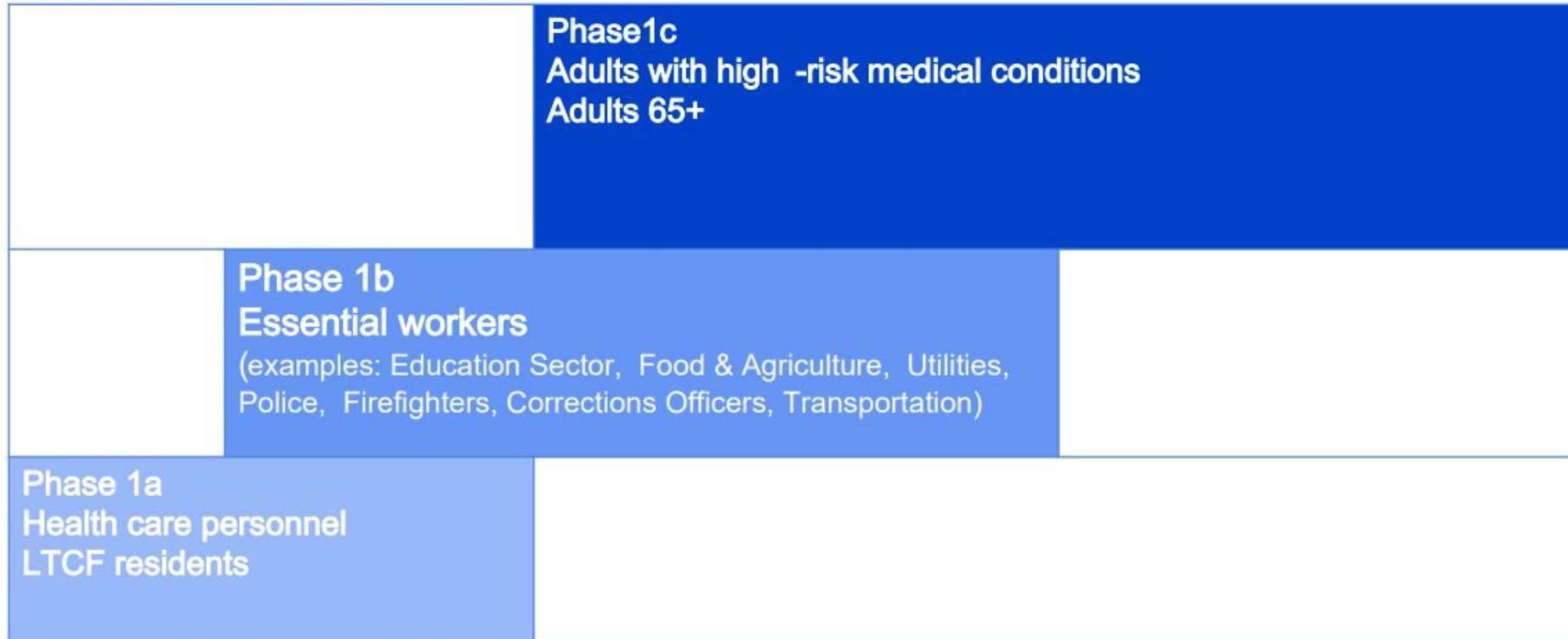
As most vaccines require two doses - 21 to 28 days apart from the same manufacturer, second dose reminders will be generated through existing IT systems



### Pharmacovigilance

Post-vaccination monitoring continues for 24 months to detect, assess, understand, and prevent adverse effects; coordinated with vaccine companies, the CDC and FDA through multiple vaccine safety systems and V-SAFE

# Work Group Proposed Interim Phase 1 Sequence



**Time**



# Billing: Medicare

- **Pharmacist** needs Type 1 NPI to order (prescribe) vaccine reimbursed by Medicare
  - National Plan and Provider Enumeration System ([NPPES](#))
- **Pharmacy** needs to be enrolled as a Pharmacy or Mass Immunizer
  - Use pharmacy's existing Type 2 NPI
  - Provider Enrollment, Chain, and Ownership System ([PECOS](#))
- Medical billing intermediary needed
  - FDS, OmniSys, Change Healthcare, EBS
- \$28.39 to administer single-dose vaccines.
- \$16.94, and \$28.39 for the administration of the initial dose(s) and final dose, respectively in the series.





# Billing: Medicaid

- Reimbursement pathway and vaccine administration rates will vary state to state
- Claims could be covered on prescription benefit, the medical benefit, or both.
- If both pathways are available to the pharmacy, review vaccine administration reimbursement rates and make sure staff know which is preferred. Transaction fees and real-time adjudication may be factors in addition to the vaccine administration fee.
- All Medicaid programs, fee for service and managed care, are required to cover COVID vaccinations.



# Billing: Commercial

- Out-of-network vaccine providers must be reimbursed.
- NOW is the time to check on enrollment for employer plans in your area that have limited networks.
- Claims could be covered on prescription benefit, the medical benefit, or both.
- If both pathways are available to the pharmacy, review vaccine administration reimbursement rates and make sure staff know which is preferred. Transaction fees and real-time adjudication may be factors in addition to the vaccine administration fee.



# Billing: Uninsured

- COVID-19 vaccine providers can claim reimbursement for administering the vaccine to uninsured patients through a program overseen by HRSA
  - NOW is the time to sign up with Optum Pay (different from Optum Rx) if you plan to submit claims for this program.
  - HRSA has contracted with UnitedHealth Group to be the sole administrator of the Uninsured Program for COVID-19.

[www.hrsa.gov/coviduninsuredclaim](http://www.hrsa.gov/coviduninsuredclaim)



# Billing: Codes

- CPT Codes\* - Talk to your medical billing intermediary about submitting claims for Medicare Part B and health plan medical benefits.
  - a. Pfizer – product: 91300, first dose: 0001A, second dose: 0002A
  - b. Moderna – product: 91301, first dose 0011A, second dose: 0012A
- NCPDP - The guidance from NCPDP is not a mandate for PBMs, but many may implement the recommendations as published.
  - a. One-dose COVID-19 vaccine: Use the actual liquid volume (e.g. 0.5 mL) for the Quantity Dispensed, a Days Supply of “1”, Professional Service Code “MA”, and Ingredient Cost of \$0.00 or \$0.01 (depending on the payer).
  - b. Two-dose COVID-19 vaccine: Use the actual liquid volume (e.g. 0.5 mL) for the Quantity Dispensed, a Days Supply of “1”, Professional Service Code “MA”, Ingredient Cost of \$0.00 or \$0.01 (depending on the payer), and the appropriate SCC indicating which dose in the series as follows:
    - i. Initial Dose use SCC of 2 “Other Override”
    - ii. Final Dose use SCC of 6 “Starter Dose”

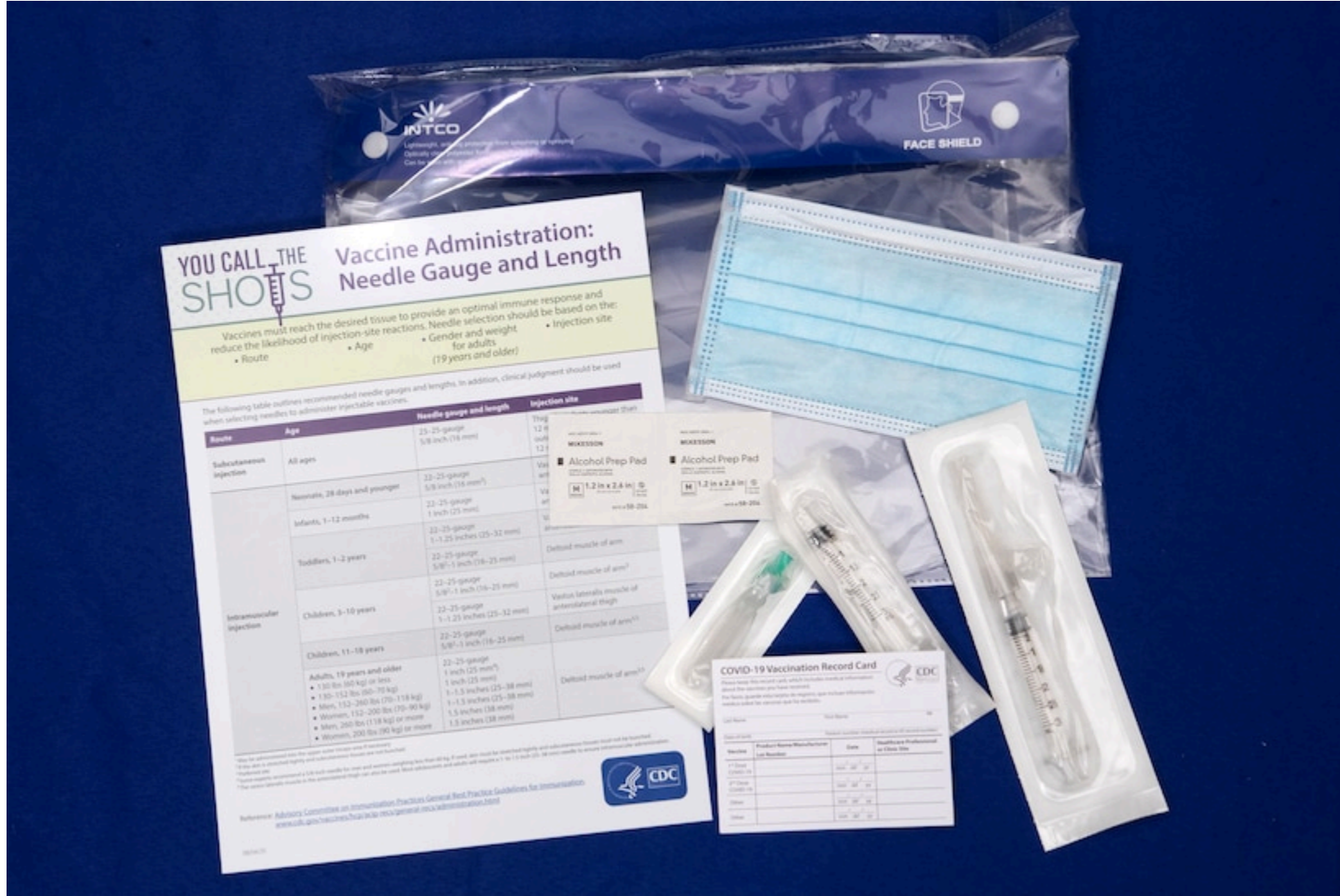
\*As of 12/10/2020, codes are only available for the Pfizer and Moderna products.



# Advocacy

- CMS prohibit patient steering by PBMs in regards to vaccine administration
- No differential payment based on vertical integration and PBM/pharmacy business agreements
- Need payment parity and pharmacy choice for success

# Vaccine Kits



# VaccineFinder

locating.health/register



Locating Health

LOGIN

## Register to List Your Organization

### VaccineFinder or MedFinder Registration

For pharmacies and health organizations that provide vaccines or flu antiviral drugs to the public.

Learn more about the platforms:

[VaccineFinder Factsheet](#)

[MedFinder Factsheet](#)

REGISTER

### To Report COVID-19 Vaccines:

For COVID-19 vaccination, you must coordinate with your organization or jurisdiction's immunization program.

To learn more, visit:

[VaccineFinder COVID-19 Provider Resources](#)

[CDC COVID-19 Vaccination Provider Support](#)

**Completion Status** | **Report an Adverse Event - Patient Information** | [Instructions](#) | [en Español](#)

**Patient Information**  
 Reporter Information  
 Facility Information  
 Vaccine Information  
 Additional Information

**Note:** Fields marked with an \* are essential and should be completed.

**Item 1** ?

Patient first name:  Patient last name:

Street address:

City:  State:  County:

Zip code:  Phone:  Email:

**Item 2** ?

\* Date of birth  mm/dd/yyyy or  mm/yyyy

\* Sex:  Male  Female  Unknown


**Item 3** ?

**Item 4** ?

\* Date of vaccination  mm/dd/yyyy or  mm/yyyy

Time:   AM  PM

**Item 5** ?



[Click to preview VAERS form](#)



# V-SAFE

## Vaccine safety assessment for essential workers (V-SAFE)



1. Text messages or email from CDC with follow-up – daily 1<sup>st</sup> week post-vaccination and weekly thereafter out to 6 weeks



Healthcare workers, essential workers, etc.

2. Any clinically important event(s) reported by vaccinated person



VAERS call center



3. Follow-up on clinically important event, complete a VAERS report if appropriate





# IMPORTANT RESOURCES

- NCPA's Coronavirus Resource Center  
<https://ncpa.org/covid-testing>
- CPESN COVID-19 Best Practices  
<https://www.covidbestpractices.com/>
- CDC Info for Healthcare Professionals about COVID-19  
<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>
- Medicare Provider Enrollment (PECOS)  
<https://pecos.cms.hhs.gov/pecos/login.do#headingLv1>
- VaccineFinder Registration  
<https://locating.health/register>
- VAERS  
<https://vaers.hhs.gov/esub/index.jsp>

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# Questions?



# SAVE THE DATE

- CMS is hosting a call for members on Medicare Provider Enrollment to bill for vaccines
  - Tuesday, Dec. 15, at 1:30 p.m. ET.
  - To participate, just call **877-256-8277**. No meeting ID or passcode is required.
- An Update for Managing Personnel in the Time of COVID-19
  - Thursday, Dec. 17, at 8 p.m. ET
  - Registration:  
<https://register.gotowebinar.com/register/4743468396106057744>
- Missed a COVID-19 related webinar?
  - <https://ncpa.org/coronavirus-information#webinars>



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