

# COVID Vaccine Survey

- January 18-26, 2024
- Surveyed nursing homes only
- Response Rate
  - 143 completed surveys
  - 60% response rate



# Survey Results

**Is the new COVID-19 vaccine being administered in your facility?**

- Yes (86.6%)
- No (13.4%)

**If the facility is administering the new COVID vaccine, it is being offered to:**

- Residents/Staff (76.4%)
- Residents only (23.6%)



# Survey Results

**If the facility is not administering the vaccine, what barriers are being encountered? (Select all that apply)**

- Lack of interest (47.8%)
- Facility unable to get vaccine (21.7%)
- Facility unable to get pharmacy support to help administer it (17.4%)

**Other reasons:**

- No time to give vaccine
- Residents & families are refusing the vaccine
- We did administer the vaccine, both staff & residents usually get it outside of the facility

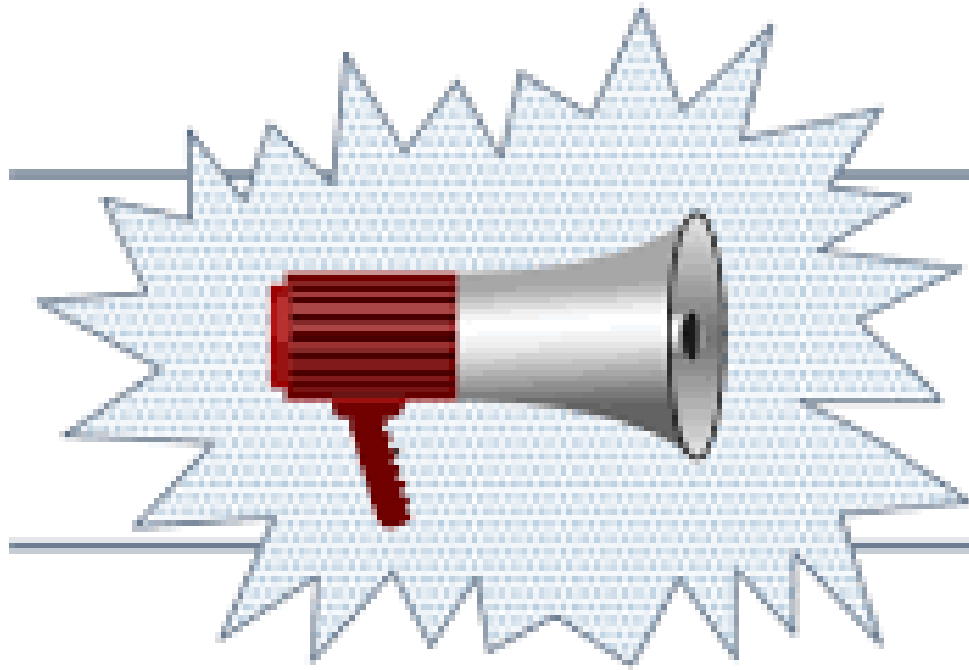


# Survey Results

## Do you have any suggestions on overcoming barriers to administering the new COVID vaccine in nursing homes & LTC facilities?

- Lack of confidence in vaccine/safety (20 comments)
- Lack of interest (12 comments)
- Education/awareness (11 comments)
- Cost (11 comments)
- Vaccine administration concerns (10 comments)
- Right to refuse vaccine (6 comments)





# IMPORTANT ANNOUNCEMENT

## **LTC Strike Team News**

We can assist with administering COVID vaccines and recording information in ImmPRINT



**Moving  
Needles**   
A CDC FUNDED INITIATIVE

# Improving Adult Immunization Rates in PALTC

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# Billing Challenges - Residents

- There are two opportunities to bill/recoup costs – the vaccine product and its administration.
- Part A resident must be billed by the facility for Part B vaccines and their administration
- Long-term residents can be billed by the facility or the pharmacy for Part B vaccines and their administration
- The pharmacy must bill for all Part D vaccines and their administration, regardless of stay type

# Residents

## ● Influenza, pneumococcal, and COVID-19 vaccines

Influenza, pneumococcal, and COVID-19 vaccines are billed as part of **Medicare Part B**. Hepatitis B vaccine is covered under Part B only if an individual is considered to be at high risk – residents of long term care are considered high risk.

● Part A Stay Resident	FACILITY	Vaccine product and administration fee must be billed by facility using roster billing on a Part B claim
	PHARMACY	The LTC pharmacy is not allowed to bill directly for Part B vaccines for residents in their Part A stay
● Non-Part A/Long-term Stay Resident	FACILITY	Facility can use roster billing for both the vaccine cost and the administration fee on a Part B claim
	PHARMACY	Pharmacy can bill directly for both the vaccine cost and the administration fee



If the facility staff administered the vaccine, they can ask the pharmacy to bill the administration fee and provide it back to the facility. This should be written into contracts between facilities and pharmacies.

Because vaccinations are not part of the Medicare hospice benefit, hospice claims (*type of bill 81X or 82X*) for vaccine services must be billed on a separate institutional claim and must only include charges for the vaccine and their administration.

## ● Hospice

**COVID-19:** For hospice patients under Part B only, include the GW modifier on COVID-19 vaccine administration claims if either of these apply:

1. The vaccine isn't related to the patient's terminal condition.
2. The attending physician administered the vaccine.



## Tdap, shingles, and RSV vaccine

Tdap, shingles, and RSV are billed through **Medicare Part D**. Hepatitis B vaccine is covered under Part D if an individual is not at high risk.

Part A Stay Resident

PHARMACY

Pharmacies must provide and bill for the cost of the vaccine product and may bill for the administration fee

Non-Part A/Long-term Stay Resident

PHARMACY

Pharmacies must provide and bill for the cost of the vaccine product and may bill for the administration fee



If the facility staff administered the vaccine, they can ask the pharmacy to bill the administration fee and provide it back to the facility. This should be written into contracts between facilities and pharmacies.



### Exceptions and special circumstances

When a vaccine such as Tdap (Part D) is administered therapeutically (i.e., post exposure) instead of preventively, it is included in the Part A global bundled payment for Part A stay residents.

# Billing Challenges - Staff

- Long-term care pharmacies are considered out of network for staff so the facility will end up eating the cost or having staff pay
- Walgreens may come on site to administer COVID vaccines, both for insured and uninsured staff, but have a minimum dose requirement or \$750 fee
- Some third party vaccinators may be able to come on site and bill insurance; most are not COVID Bridge Access providers for the uninsured
- Staff can go off site to a provider or pharmacy that is in-network for them

# Other Resources from Moving Needles

- Staff in-service and supervisor training
- EHR/IIS interoperability documents
- Newsletter (email [movingneedles@paltc.org](mailto:movingneedles@paltc.org))
- Posters/fact sheets

All available on [www.movingneedles.org](http://www.movingneedles.org)

# Thank You!

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