

Childhood Vaccine Program Training Series | Eligibility Screening & Billing Training Q&A March 17, 2022

Eligibility Screening

Is there an easy way to identify when a patient is insured through CHIP/CHP?

The only way to distinguish children who are enrolled in CHIP/CHP versus Medicaid/Medicaid Managed Care is to log in to the ProviderOne billing system and based on the program codes listed for the patient, you can determine that the patient is enrolled in CHIP or CHP. Insurance verification may be done prior to the patient's appointment and the eligibility status added to the patient's record at that point. Alternatively, if billing staff identify after vaccination that a patient is enrolled in CHIP or CHP, the eligibility status of the patient should be updated in the patient's health record. Instructions for verifying CHIP or CHP enrollment can be found in the [DOH Eligibility Guide](#) (see pg 4).

Is there a requirement that the child needs to reside in the state of WA to receive state-supplied vaccine?

No. Clinics enrolled in the WA State Childhood Vaccine Program may administer publicly-supplied childhood vaccine to out of state patients and bill the patient for the administration fee (for self-pay) or bill the health insurance plan according to the guidelines outlined in the [DOH Eligibility Guide](#). However, if a provider administers CVP vaccine to a Medicaid child from a neighboring state, the provider must be enrolled with the patient's state Medicaid program in order to receive reimbursement for the vaccine administration fee. If your clinic is not enrolled with the patient's state Medicaid program, you cannot bill the patient directly for the vaccine administration fee.

Billing

For private/commercial insured patients, we bill the insurance claim with E/M level, vaccines, and administration; do we also need to send a claim to WVA?

When patients under 19 with private/commercial insurance receive a state-supplied vaccine the following steps must be taken:

1. The clinic must submit the dosage-based assessment (DBA) per [WVA guidelines](#) to the patient's insurer for the vaccine material.
2. Clinics cannot bill insurers and receive payment for the vaccine material they are receiving at no charge through the Childhood Vaccine Program. The DBA must be made payable to the WVA's Tax ID Number - TIN (27-2251833), not the clinic.
3. Patients cannot be billed for the CVP-supplied vaccine material.
4. Clinics should submit a separate claim to the patient's insurance for the vaccine administration, office visit, and other fees that are paid to the clinic.

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When you say “dose,” is that each total vaccine (combo or individual), or is it each vaccine component?

Dose refers to the vaccine administered to the patient. For combination vaccines, such as DTaP-Hib-IPV, private/commercial insurers may allow you to bill an administration fee for each component of the vaccine (e.g. one admin fee for the DTaP component, one for Hib, etc). When billing self-pay patients or patients enrolled in Medicaid, you can only bill one vaccine administration fee per vaccine (e.g. you can bill one administration fee for the DTaP-Hib-IPV vaccine).

Do the billing guidelines apply to Rural Health Clinics (RHCs)?

Yes, the same private insurance and other program billing guidelines apply to RHCs and FQHCs

What regulation can I reference that only allows clinics to bill patients once in 90 days?

This program billing requirement went into effect January 1, 2020 and is set forth in the Center for Disease Control & Prevention’s (CDC) Vaccines for Children Program (VFC) Operations Guide (please note we are not allowed to share the CDC VFC Operations Guide externally). This requirement is also included in the Provider Agreement (see pg 13) that providers sign annually with the Department of Health to continue participating in the CVP.

Billing Guidelines	<p>A. For patients covered by Apple Health Plans (Medicaid and CHIP), bill according to the Washington State Health Care Authority guidelines.</p> <p>B. For patients covered by private/commercial health plans, bill according to health plan guidance and complete the Washington Vaccine Association (WVA)'s Dosage Based Assessment process.</p> <p style="margin-left: 20px;">a. Follow all billing guidance from the DOH and the WVA.</p> <p>C. For patients paying out of pocket (uninsured, underinsured, deductibles, out-of-network) for vaccine administration fees, bill patients according to the following:</p> <p style="margin-left: 20px;">a. Cannot bill for cost of vaccine</p> <p style="margin-left: 20px;">b. Vaccine administration fee cannot exceed \$23.44 per vaccine dose</p> <p style="margin-left: 20px;">c. May issue only a single bill with 90 days from date of service</p> <p style="margin-left: 20px;">d. Cannot send bill to collections for unpaid administration fee</p>
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If the WVA assessment Grid has a price of \$100 but HCA says that we should only bill a price of \$23.44 as that is all they will pay for the administration? Should we be pricing the vaccine at \$100 to allow HCA to pay WVA \$100 since we are unable to bill the administration with a price of \$23.44.

[Note that this question is confusing the vaccine material with vaccine administration and is mixing private insurance process (WVA and the dosage-based assessment) with publicly insured processes (and the HCA).]

- The WVA assessment grid charges should be applied only when submitting the dosage-based assessment for the vaccine material to private/commercial insurers. There will never be a corresponding vaccine administration charge submitted for the WVA.
- Health Care Authority (HCA) guidelines only apply when billing Medicaid, a Medicaid Managed Care plan, CHIP or CHP. These guidelines do not specify that a price of \$23.44 should be charged.

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- The \$23.44 fee cap only applies when billing self-pay patients directly for the vaccine administration fee.
- Clinics must have the ability to apply different billing guidelines based on the eligibility status of the patient (e.g. whether they are privately insured, enrolled in a Medicaid program, or self-pay).

The WVA grid fees only apply to the DBAs being submitted to the commercial payer on behalf of the WVA. Can the administration fees be billed to the private payer at whatever amount you determine, and they will pay based on your fee schedule?

- The WVA has no authority to set vaccine administration reimbursement rates. The assessment grid fees only apply to the DBAs being submitted to private/commercial insurers.
- There is no set maximum amount that can be charged for administration fees to private/commercial insurers. These fees should be billed based on the insurer's guidelines, and they will pay based upon their contracted rate.