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Diversifying the IIS Sustainability Toolbox

National Immunization Conference
May 15, 2018
Laura Pabst, MPH
Deputy Branch Chief, Immunization Information Systems Support Branch
CDC/NCIRD/ISD
Contributors to Sustainability Challenges

Expanded IIS Functions and Features to Serve Stakeholders
Contributors to Sustainability Challenges

Need to support diverse and unique IISs with scalable assistance
Contributors to Sustainability Challenges

Need to adapt to a fast-moving health IT landscape
The IISs of Today Face New Sustainability Challenges
Diversifying the IIS Sustainability Toolkit Will Help Sustain IISs Now and Into the Future
CDC’s 2018-2020 IIS Strategic Plan Recognizes the Importance of Sustainability

Goal 3.1: IISs have a diversified, stable resource base to meet program and system needs.

Goal 3.2: Immunization program awardees have access to adequate workforce resources to fulfill all IIS activities and to manage and sustain robust systems and programs.

Goal 3.3: IISs implement strategies to efficiently and effectively leverage existing and new resources.
Goal 3.1: IISs have a diversified, stable resource base to meet program and system needs.

Strategies to support Goal 3.1:

- Identify opportunities to help awardees acquire more diverse means of sustaining their IIS.
- Develop tools to help awardees access diverse mechanisms and/or funding sources to support IIS sustainability.

Example Tools

- Medicaid 90/10 Toolkit
- Technical Assistance through the Association of State and Territorial Health Officials
Goal 3.2: Immunization program awardees have access to adequate workforce resources to fulfill all IIS activities and to manage and sustain robust systems and programs.

Strategies to support Goal 3.2:

• Maximize IIS existing resources by offering centralized training curriculum and workforce development services to the IIS community.

• Develop effective mechanisms to augment the IIS workforce at the state and local level.

Example Tools

• IIS Workforce and Training Curriculum Development Service Center
• IIS leadership training
• IIS Data Migration Planning Workshop
Goal 3.3 IISs implement strategies to efficiently and effectively leverage existing and new resources.

Strategies to support Goal 3.3:

• Promote use of shared and centralized IIS services.
• Implement strategies in the IIS community that reduce variation in development and implementation of technical and nontechnical solutions.

Example Tools

• Data Vocabulary Standardization Service Center
• AIRA’s SmartyStreets
• Onboarding Service Center (proposed)
Goal 3.3 IISs implement strategies to efficiently and effectively leverage existing and new resources.

Strategies to support Goal 3.3:

- Promote use of shared and centralized IIS services.
- Implement strategies in the IIS community that reduce variation in development and implementation of technical and nontechnical solutions.
Conclusion

- Think broadly about IIS sustainability
  - Use existing resources efficiently
  - Access additional resources
  - Fortify the IIS workforce
Questions?

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IIS Sustainability:

Game, Set, Match: Collaborating to Diversify IIS Funding through Medicaid Match

National Immunization Conference
May 15, 2018
Atlanta, GA

Jan Hicks-Thomson, MSW, MPA, A&W
Public Health Analyst
Immunization Information Systems Support Branch
Centers for Disease Control and Prevention
IIS Sustainability is Multifaceted

- Funding
- Shared Services
- Joint Development
- Work Force Development
- Information Technology
- Health Care Environment
- Process Improvement
- Prioritization
- Strategic Partnerships
- Sustain the IIS Community
- Shared Services
- Joint Development
- Work Force Development
- Information Technology
- Health Care Environment
- Process Improvement
- Prioritization
- Strategic Partnerships
- Sustain the IIS Community
IIS Stakeholders are Multifaceted

The Environmental Context of the IIS is Complex
Possibilities

Possibility
Possibility
Possibility
Possibility
Possibility
Getting Stakeholder Input
Working with Partners

Public Health Informatics Institute:
• 90/10 Tool Kit; workforce development

Office of the National Coordinator / CDC:
• Community of Practice webinars & resources

American Immunization Registry Association:
• Best practices, process improvement, shared services, resource development and collaboration

Association of Immunization Managers:
• IIS Sustainability Project: identify an immediate project and expand planning efforts
ASTHO - Health Technology Services:
- Support states in developing language for Individual Advanced Planning Documents
- Create new resources for Medicaid match

CDC - Office of National Coordinator
- Document review
- Consult with state immunization and IIS programs
- Work with state Medicaid officials as needed
- Work with the regional CMS Office as appropriate
- Clarification and identify sources for documentation
Case Study: Louisiana

- **2017:**
  - 9/6 – CDC IIS Site visit
  - 9/28 – Planning call - state Medicaid participates
  - 9/29 – TA for writing IIS part of IAPD
  - Examples/templates provided
  - 10/25 – IAPD submitted with IIS inclusion

- **2018:** 90/10 notice of approval for $900K per year/2yrs.
  - Staffing, QA activities, Training
  - Interfaces with state systems (e.g., vital stats)
Case Study: South Carolina

- 2016: discussion initiated with state Medicaid Office
- 2017:
  - TA to write IIS portion of IAPD
  - ONC consulted
  - Regional CMS consulted
  - Multiple calls with all parties
  - Agreement reached
  - Medicaid course change
- 2018:
  - Change in Medicaid leadership
  - Reaching out in Late May/Early June to include in APD
Case Study: Connecticut

- Early attempts began 2012
- 2017:
  - TA to write IIS portion of IAPD.
  - Extensive editing / review of IAPD by multiple parties
  - Multiple calls/meetings

 August 2017 – IIS portion of IAPD finished
- Challenges with HIE role/timing
- Concern about all / nothing
- Multiple calls/meetings
- HIE not ready

 April 2018: IAPD Update with the Immunization Program activities submitted to CMS

 $3M request including state match
Case Study: Nevada

- **2017:**
  - 8/17 PPHF close out call discussion
  - Materials and samples sent
  - Independent follow-up with Medicaid
  - Consultation from ONC, AIRA and a state peer
  - Independent writing of IIS portion of IAPD

- **2018:** IAPD Update with the Immunization Program activities waiting for notice of approval

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**Key:**
- ★ State Capital
- ○ City
- ^ Mountains
- ◯ Water bodies
- § State boundary
- ° Nat’l Park

**Nevada**
Case Study: Alabama

- 2014:
  - funded for IIS reporting for MU – driven by provider demand
  - ADPH IT MU plan unsuccessful
- 2015:
  - Medicaid approached the Immunization program re: funding to fix the problems
  - Pause in onboarding to regroup
- 2016:
  - CDC PPHF Interoperability Co-Ag
- 2017: $1M per year through 2021, for five (5) business analysts
ASTHO Project Products: Fact Sheets

Medicaid 50/50 Funding for Immunization Information

The Centers for Medicare and Medicaid Services (CMS) (FFP) for Medicaid administrative services available to states with Health Information Technology for Economic and Clinical Health (HITTECH) funding.

Medicaid 75/25 Funding for Immunization Information

The Centers for Medicare and Medicaid Services will submit funding requests to obtain 75 percent federal funding for the enhanced FFP based on state and conditions, including meeting minimum requirements.

What Are the Key Components of the 75/25

- The IIS agency must work with the activities in the Medicaid Health Information Planning Document (IAPD)
- Federal funding is available only to IIS agencies
- The starting point for the 75 percent match is based on Medicaid patients, and the population

Medicaid 90/10 Funding Fact Sheet for Immunization Information Systems (IIS)

The Centers for Medicare and Medicaid Services (CMS) allows State Medicaid Agencies (SMA) to submit funding requests to obtain 90 percent Federal Financial Participation (FFP). Two 90/10 Medicaid funding sources are available to states from CMS. These are Medicaid Management Information System (MMIS) funding and Health Information Technology for Economic and Clinical Health (HITTECH) funding.

The 90 percent HITECH match applies to a specific set of meaningful use requirements for eligible providers required to meet Modified Stage 2 or Stage 3 Meaningful Use (MU). For Modified Stage 2, State Medicaid Agencies (SMA) may request and gain federal approval for enhanced federal dollars for reporting immunization data.

Obtaining Federal Funding for Public Health Immunization Registry Reporting

This document provides an overview of how Public Health Agencies, working in partnership with their states' Medicaid Agencies, may request and gain federal approval for enhanced federal dollars for reporting immunization data.

Background

Providers will be required to meet Stage 3 Meaningful Use (MU) in 2019, which will require attestation to at least two of the available five measure options from the Public Health Reporting Objective, such as Immunization Registry Reporting. In 2018, as part of Modified Stage 2 Objectives and Measures, providers need to meet Objective 10 related to immunization registry reporting. This Objective contains a measure that ensures that the EP is in active engagement with a public health agency to submit immunization data. For further information on this Objective, please visit: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/MedicaidEPStage2_Obj10.pdf

CMS allows states to submit funding requests to obtain 90 percent Federal Financial Participation (FFP) to plan, design, develop, and implement (DDI) systems that connect healthcare providers to a state's public health immunization registry, if a 10 percent match is allocated from non-federal funds. Health Information Technology for Economic and Clinical Health (HITTECH) funding is available at the 90 percent match FFP rate for the DDI of technologies or programs that support Medicaid through 2021.

I. Implementation Advance Planning Document (IAPD)

IAPDs are funding requests for the project(s) you have decided to pursue. CMS approval is required before any solicitation or agreement can be made. IAPDs describe the project, history and planning activities, estimated resources, and estimated IT costs.
Information We Can Share

■ Resources
  ○ Talking points for leadership
  ○ Value of the IIS for Medicaid
  ○ Explanation of Medicaid “Fair Share”
  ○ Allowable activity list
  ○ Resource list
  ○ Link to 90/10 Tool Kit

■ Examples
  ○ State uses of 90/10 match
  ○ Position descriptions and roles
  ○ IAPDs with the IIS component included
  ○ Memorandum of Understanding
Opportunities for Collaborative Efforts

• CDC collaborative consultation on Medicaid 90/10 match
• Identify interested states/awardees
  ➤ Let us know if you’re interested!
• Hold group calls
• Provide resources
• Field questions
• Support document drafting and review
What’s Next?

Look for opportunities to participate
Tell us your 90/10 Status
Contact us for support – 90/10 ends 2021
SUSTAINING AND GROWING IMMUNIZATION SERVICES THROUGH A UNIQUE ONLINE PUBLIC HEALTH BILLING AND CODING TRAINING SERIES

Jeffery M. Erdman
Illinois Public Health Association
48th National Immunization Conference
May 15, 2018 - Atlanta
WHY BILL THIRD-PARTY PAYERS FOR IMMUNIZATIONS?

- Public health programs are valiantly working in challenging economic times to increase adult and childhood immunization rates.
- The Centers for Disease Control and Prevention (CDC) has noted that the cost of vaccinating children has risen 500 percent in the last 10 years, and the National Association of County and City Health Officials (NACCHO) reported in 2011 that 19 percent of U.S. public health departments made cuts to immunization services and 48 percent reduced or eliminated services and jobs.
**WHY BILL THIRD-PARTY Payers for Immunizations?**

- Public health departments and other public health clinics need to maximize revenue capture to continue to provide local health services and to grow these services.

- Safety net coverage: ensure that low-income clients, many newly insured, still have access to immunizations and other preventive health services.

- More clients with insurance, especially under the ACA, means more billing (revenue) opportunities to maintain staff/services or to expand services to vulnerable populations.
ILLINOIS IMMUNIZATION BILLING PROJECT

- Prevention and Public Health Fund (PPHF) Project to Implement Reimbursement for Immunizations in Public Health Department Clinics (CDC funding to the Illinois Department of Public Health, IDPH).
- Pilot Phase of Project: September 2012 – September 2014.
At the outset of the pilot project, the State Health Department (IDPH) partnered with the Illinois Public Health Association (IPHA) to implement billing at local health departments (LHDs) across Illinois.

IPHA’s mission is to lead and advance public health practice in Illinois.

IPHA is the American Public Health Association’s largest affiliate, with 7,000 members statewide, and nearly all of Illinois’ 90-plus LHDs are members of IPHA.
ILLINOIS IMMUNIZATION BILLING PROJECT: PILOT PHASE

- Ten LHDs, serving 18 rural and urban counties in Illinois, were chosen as pilot sites and were contracted to bill for immunizations and other services to patients covered by Medicaid, Medicare and these 17 major insurance carriers in Illinois:
  - Aetna
  - Anthem
  - BlueCross BlueShield of IL
  - Cigna
  - Coventry
  - Employers Coalition on Health

- Health Alliance
- Health Link
- HFN
- Humana
- Meridian
- Meritain
- Molina Care
- Northern IL Health Plan
- Right Choice
- United Healthcare
- Wellpoint
THE KEYS TO SUCCESS FOR THE PROJECT

- IPHA partnered with a third-party billing vendor that had extensive experience with credentialing, contracting, billing/revenue cycle management, and claims follow-up.
- IPHA partnered with a vaccine consortium that afforded LHDs significant discounts when purchasing private stock vaccines.
- IPHA developed a Stakeholder Advisory Group (SAG) that guided the project and that was made up of LHDs, insurers, vaccine manufacturers, and governmental representatives.
ILLINOIS IMMUNIZATION BILLING PROJECT: PILOT REVENUE GENERATION

- At the outset of the pilot project, the 10 LHDs projected that total revenue earned from billing Medicaid, private pay, and third-party payers would be $420,000.

- At the end of the pilot project in late 2014, total reported revenue earned by these LHDs from billing Medicaid, private pay, and third-party payers was $911,000 – an increase of 116 percent from projected numbers!
ILLINOIS IMMUNIZATION BILLING PROJECT: IMPLEMENTATION PHASE

- The goals of the implementation phase of the project were to credential and contract 45 additional LHDs in Illinois with third-party payers by September 30, 2015 and 70 LHDs in total by September 30, 2016. By the project’s end in 2017, 84 Illinois LHDs were billing third-party payers.

- A significant new partnership in the implementation phase allowed LHDs to work with CDP Inc., a Romeoville, Illinois-based firm with extensive public health billing and EHR expertise, for credentialing and contracting with insurers, while also implementing an Electronic Health Records (EHR) solution.
During the implementation phase of the project, LHD project sites generated more than $8 million in revenue from paid claims!

Additionally, during the implementation phase of the project, several LHDs were successful in qualifying for Meaningful Use monies, each receiving a $21,000 incentive payment.
Illinois Immunization Billing Project: Capacity-Building Activities

- During the course of the project, IPHA delivered more than a dozen billing-related training programs to LHD staff on topics such as ICD-10 coding, Meaningful Use, HIPAA regulations, vaccine purchasing, and billing/contracting/credentialing for public health.

- During the course of the project, IPHA disseminated eight best practice white papers on topics such as credentialing and contracting for public health, billing for public health, community outreach programs and billing, and billing audits.

- The project’s key capacity-building initiative was the first-of-its-kind, free, public health-focused online training series, “Medical Coding and Billing for Public Health Services.”
WHY AN ONLINE PUBLIC HEALTH BILLING TRAINING COURSE?

- Over the course of the Illinois Immunization Billing Project, IPHA and IDPH encountered a lack of online or in-person billing courses designed specifically for public health departments.
- IPHA felt it was essential to provide an archived capacity-building resource for public health departments (to sustain and grow their immunization services through billing) that outlasted the terms of the grant project.
- Such a resource was crucial to public health departments not utilizing a third-party billing vendor that were conducting billing internally.
MEDICAL CODING AND BILLING FOR PUBLIC HEALTH SERVICES COURSE (16 ONLINE CLASSES)

- Credentialing and Contracting for Public Health Departments
- Choosing a Clearinghouse for Public Health Departments
- Medical Coding for Public Health Services
- Billing for Public Health Services
- Minimizing Denials through Improved Coding
- Billing Medicaid and Medicare for Public Health Services
- Coding and Billing for Immunizations and Flu Shots
- Coding and Billing for Laboratory Services
- Coding and Billing for Preventive Services
- Coding and Billing for Family Planning Services
- Coding and Billing for Prenatal and Well-Baby Services
- Coding and Billing for Developmental Screenings
- Coding and Billing for STD, HIV, TB, and CD
- Coding and Billing for Mental Health Services
- Coding and Billing for Home Health Services
- Coding and Billing for Dental Services
Medical Coding and Billing for Public Health Services Course

The online classes were developed and recorded by Shefali Mookencherry, MPH, MSMIS, RHIA, CHPS, HCISPP, an IPHA third-party billing consultant and Adjunct Professor at Benedictine University’s College of Education and Health Services.

The classes can be completed independently of each other and users receive a certificate of completion for each class in the course.

IPHA is making these online classes available to all interested parties for free at: https://ipha.com/news/post/3013/online-training-series-medical-coding-and-billing-for-public-health-services
THANK YOU!

For more information about IPHA and/or our third-party billing projects, please contact:

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