



Addressing the COVID-19 Crisis: An Open Forum Webinar Series for Pharmacy

At-Home COVID-19 Vaccinations
June 24, 2021

For Every Pharmacist. For All of Pharmacy.

[pharmacist.com](https://www.pharmacist.com)



Sandra Leal, PharmD, MPH, FAPhA, CDCES

Executive Vice President
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President
American Pharmacists Association

Host and Moderator

Today's Webinar

Discuss considerations for at-home vaccinations and new Medicare opportunities to be reimbursed for administering COVID-19 vaccinations to people in their homes.



Saad Dinno, RPh, FACA, FAPC

Owner/President
Dinno Health, LLC

Guest Speaker



Rebecca Brown, PharmD
Pharmacist
Amelia Pharmacy
and Cumberland Pharmacy

Guest Speaker



Mitch Rothholz, RPh, MBA

Chief of Governance & State Affiliates
American Pharmacists Association

Executive Director
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Subject Matter Expert: Q&A



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Subject Matter Expert: Q&A



Michael Baxter

Senior Director, Regulatory Policy
American Pharmacists Association

Subject Matter Expert: Q&A

Format for Today's Webinar

1:00pm: **Introductions**

1:05pm: **Discussion with Saad Dinno & Rebecca Brown**

1:30pm: **Open Forum Discussion: Share Your Questions & Thoughts**

1:50pm: **Review of APhA's Ongoing Activities & What's Coming**

Open Forum Ground Rules


- Use the **Questions** field on the GoToWebinar toolbar to submit comments and questions related to the topic discussion.
- We will try to get to as many comments and questions as possible!
- Refer to the **Handout** in the GoToWebinar toolbar to access today's slides and links to resources.

Discussion with Saad Dinno and Rebecca Brown


Discuss considerations for at-home vaccinations and new Medicare opportunities to be reimbursed for administering COVID-19 vaccinations to people in their homes.



COVID-19 Vaccinations for the Homebound: Taking it on the Road



COVID-19 Vaccinations for the Homebound: Taking it on the Ro... Watch later Share

Watch on  YouTube

Homebound Vaccinations, Amelia Pharmacy, Amelia, VA

Dr. Rebecca Dell Brown, a community pharmacist in rural Virginia, visits and vaccinates patients who cannot leave their homes: "Every shot counts. If they can't come to us, then we're going to take it on road to them."



**Visit APhA's Vaccine
Confident website to hear
more success stories:**
<https://vaccineconfident.pharmacist.com/Share/Success-Stories>



Medicare COVID-19 Vaccine At-Home Administration Rates

- Medicare will [pay an additional \\$35 per dose](#) for COVID-19 vaccine administration in a beneficiary's home (effective 6/8/21)
- CMS Summary Resource: [Billing for the Additional Payment for Administering the Vaccine in the Patient's Home](#)









Single Dose		
Administration Rate	Additional At-Home Administration Rate	Total
\$40	\$35	\$75

Multiple Doses			
Dose	Administration Rate	Additional At-Home Administration Rate	Total
1	\$40	\$35	\$75
2	\$40	\$35	\$75
			\$150

*Costs are [geographically adjusted](#).

Which locations are considered eligible for additional payment?

EXAMPLES OF PAYMENT FOR VACCINE ADMINISTRATION IN DIFFERENT LOCATIONS

Location	Payment for vaccine administration	Payment for additional in-home rate	Expected Patient Cost-Sharing
 A private residence	✓	✓	No Charge to Patient
 Temporary lodging (for example, a hotel or motel, campground, hostel, or homeless shelter)	✓	✓	No Charge to Patient
 An apartment in an apartment complex or a unit in an assisted living facility or group home	✓	✓	No Charge to Patient
 A Medicare patient's home that's made provider-based to a hospital during the COVID-19 public health emergency	✓	✓	No Charge to Patient
 Communal space of a multi-unit living arrangement	✓	✗	No Charge to Patient
 Inpatient Hospital, Medicare skilled nursing facility ² , or Medicaid nursing facility	✓	✗	No Charge to Patient
 Outpatient Hospital, Physician Office, or Clinic	✓	✗	No Charge to Patient
 Patient Assisted living facility participating in the CDC's Pharmacy Partnership for Long-Term Care Program ³ when their residents are vaccinated through this program	✓	✗	No Charge to Patient

Medicare COVID-19 Vaccine At-Home Administration Rates for Two Patients in a Single Home on the Same Day

Single Dose		
Administration Rate	Additional At-Home Administration Rate	Total
\$40 X 2	\$35 (once)	\$115

Multiple Doses			
Dose	Administration Rate	Additional At-Home Administration Rate	Total
1	\$40 X 2	\$35 (once per visit)	\$115
2	\$40 X 2	\$35 (once per visit)	\$115
			\$230

*Costs are geographically adjusted.

Key Points

- The purpose of the visit must be to administer the COVID-19 vaccine (another Medicare service can't be provided on the same day at the same location)
- To bill the at-home vaccine administration rate use:
 - HCPCS Level II code M0201
 - AND product and dose-specific CPT code
- Document the patient's clinical status or the barriers they face to getting the vaccine outside of the home

Open Forum Discussion: Share Your Questions & Thoughts

Review of APhA's Ongoing Activities & What's Coming

Recognizing Pharmacists As Providers

Evidence shows that pharmacists make a significant impact on patients' health outcomes and overall health and reduce health care costs. Provider status would align reimbursement with the services pharmacists are trained to provide and give underserved patients more access to crucial care.

Provider Status Legislation Would

- ➔ allow pharmacists in underserved areas to bill Medicare Part B for services within pharmacists' state scope of practice delivered to Medicare beneficiaries
- ➔ and be reimbursed at 85% of the physician fee schedule.

Provider Status Legislation Would Not

- ➔ apply to all Medicare Part B beneficiaries, or
- ➔ grant pharmacists new practice authorities. It would only increase access to already-authorized services.

Contact Congress Today!

Use APhA's pre-written, editable advocacy alert to ask your U.S. Senators and Representative to cosponsor the Pharmacy and Medically Underserved Areas Enhancement Act, H.R. 2759/S. 1362 , or thank them if they have already signed on.

<https://pharmacist.com/Advocacy/Issues/Medicare-Provider-Status-Recognition>

The Pharmacy DIR Reform to Reduce Senior Drug Costs Act (S.1909/H.R.3554)



APhA-supported legislation to reform pharmacy direct and indirect remuneration (DIR) fees was introduced in the U.S. House and Senate by Reps. Peter Welch (D-VT) and Morgan Griffith (R-VA) and Sens. Jon Tester (D-MT) and Shelley Moore Capito (R-WV).

Take Action Now!

Easily advocate to reform the harmful practices of pharmacy benefit managers (PBMs) by reaching out to your Member of Congress and Senators today. Please ask them to reform direct and indirect remuneration (DIR) fees and help pharmacists provide price transparency to patients. Help APhA advocate today!

Next






Know the
Facts (Practice
Resources)

Visit the COVID-19 Practice Resource Library

Updated:

- Reimbursement for Administration of COVID-19 Vaccine(s) – What We Know
- Maximizing COVID-19 Vaccine Doses
- Pharmacists' Referrals for Monoclonal Antibody Treatment

 **APhA** COVID-19 RESOURCES: KNOW THE FACTS

Pharmacists' Referrals for Monoclonal Antibody Treatment

Assessing patients for potential COVID-19 treatment with monoclonal antibodies

The Food and Drug Administration (FDA) has issued emergency use authorizations (EUA) for monoclonal antibodies for the treatment of mild to moderate COVID-19 disease. These treatments must be administered at an infusion center within 10 days of symptom onset; pharmacists can play an important role in bringing awareness to these important treatment options. The purpose of this resource is to provide pharmacists with information about monoclonal antibody treatments and patient eligibility so that pharmacists are prepared to make these potentially life-saving referrals.

Which monoclonal antibody treatments are authorized by the FDA?

Three monoclonal antibody (mAb) treatments, bamlanivimab, casirivimab/imdevimab, and etesevimab, have received EUAs. Monoclonal antibody treatments generate antibodies to neutralize the SARS-CoV-2 virus, which can reduce the severity of the disease. However, because these medications must be administered via intravenous infusion, they are often overlooked and underutilized.

Bamlanivimab alone is no longer authorized due to reports of SARS-CoV-2 variants.

What is the pharmacist's role in this process?


Pharmacists in community-based settings can assess for patient eligibility, refer patients to infusion centers, and provide patient education.

How can patients access monoclonal antibody treatments?

- Positive COVID-19 test
- Symptom onset within 10 days
- High risk

Locate nearby infusion centers at: <https://www.fda.gov/emergency-preparedness-response-recovery/medical-products/monoclonal-antibody-treatments-for-covid-19>

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 **APhA** COVID-19 RESOURCES: KNOW THE FACTS

Reimbursement for Administration of COVID-19 Vaccine(s)—What We Know

Pharmacists play a key role in ensuring the vaccine(s) are accessible to the public. This resource provides an overview of what is known about COVID-19 vaccine reimbursement at this time and outlines steps that pharmacists can take to be positioned as COVID-19 vaccine providers.

Summary of CMS's Plan for COVID-19 Vaccine Reimbursement

The Centers for Medicare and Medicaid (CMS) is leading COVID-19 vaccine reimbursement efforts by setting a standard for reimbursement rates and working with state and private health insurers to lay the groundwork for reasonable reimbursement nationwide. CMS's [COVID-19 webpage](#) outlines information and action that health care providers can take to ensure coverage and reimbursement for COVID-19 vaccine administration.

What should pharmacists know about vaccine reimbursement as outlined by CMS?


CMS addresses reimbursement for the vaccine product(s) approved or authorized by the Food and Drug Administration (FDA) under an [Emergency Use Authorization \(EUA\)](#) and reimbursement to the provider for their administration. The federal government has purchased a supply of vaccine product that will be distributed through federal and state channels and allocated at no cost to providers during the public health emergency (PHE). CMS makes it clear that the federal government intends for public and private health insurers to cover the cost of vaccine administration, both in-network and out-of-network, with no cost sharing for patients—meaning that patients do not have to pay out-of-pocket costs to receive a COVID-19 vaccine(s).

Vaccine Payment = Cost of the Vaccine Product + Fee for COVID-19 Vaccine Administration
(free to providers) (reimbursed by payer)

How is the COVID-19 vaccine product reimbursed?

Initially, the federal government is supplying the vaccine(s) and absorbing 100% of the product costs so there is no product cost to providers and others who administer COVID-19 vaccine. CMS has stated that sometime in the future, however, reimbursement will be based on 95% of the average wholesale price (or "reasonable cost").

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 **APhA** COVID-19 RESOURCES: KNOW THE FACTS

Maximizing COVID-19 Vaccine Doses

Practice recommendations for vaccine withdrawal and administration technique

This resource provides recommendations from the field for preparing COVID-19 vaccines for withdrawal and administration. While there is variability in the number of doses obtained from COVID-19 vaccine vials, these best practices to maximize COVID-19 vaccine doses, [CDC guidance](#) states not miss an opportunity to vaccinate eligible persons when they are ready to get vaccinated. It is not possible to use all doses in a vial.

Vaccine Storage and Handling Toolkit

and handling for each respective COVID-19 vaccine

Each vial of vaccine must be diluted with 1.8 mL of 0.9% Sodium Chloride using a 21-gauge or narrower transfer syringe. After dilution, the final volume of 0.3 mL.

Do not dilute. Each dose should be a final volume of 0.5 mL when withdrawing each dose.

Do not dilute. Each dose should be a final volume of 0.5 mL when withdrawing each dose.

Change needles between withdrawing vaccine from a vial and patient.

"COVID-19 Vaccine Summary Chart" in APhA's [COVID-19 Resources: Know the Facts](#) library.

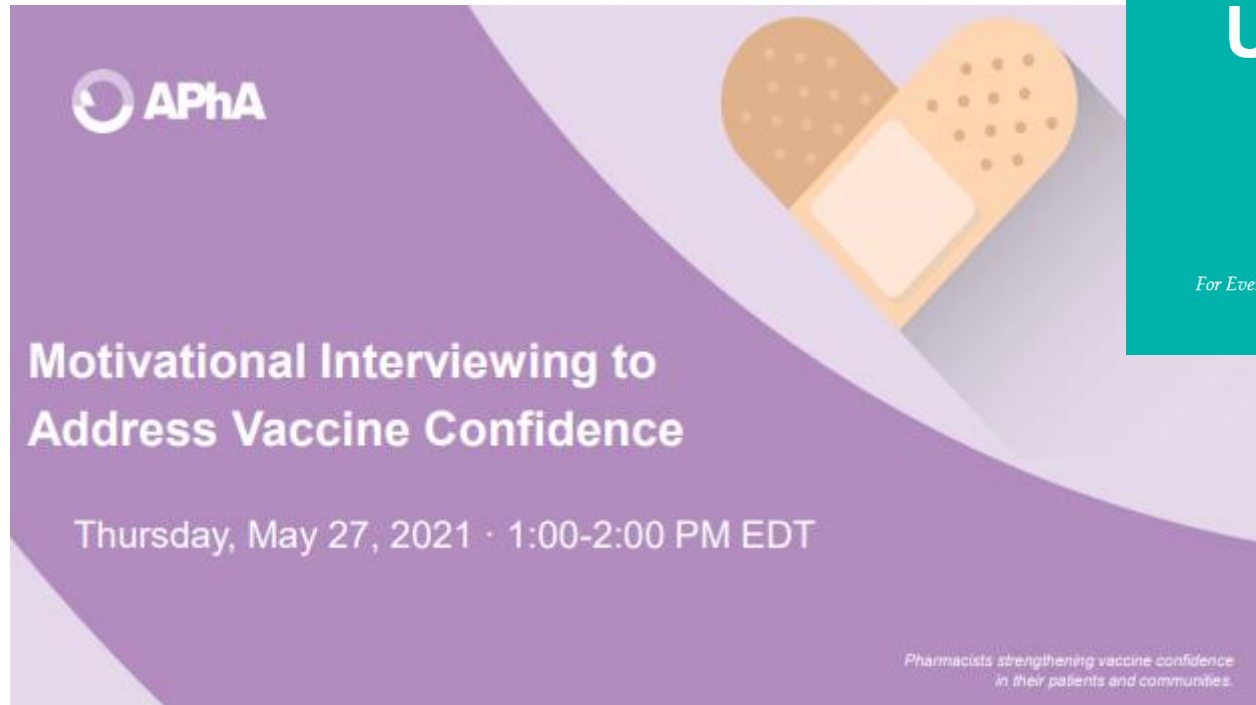
Factors that impact the number of doses obtained from each vial

Number of doses, per the emergency use authorization (EUA), in each vial is as follows:

- COVID-19 Vaccine: 6 doses
- COVID-19 Vaccine: 5 doses
- COVID-19 Vaccine: 5 doses

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**Upcoming Webinar: ACIP Updates –
Tuesday, July 13th, 1pm Eastern Time**
[Register here.](#)



Previous Webinars Available for CE Credit:
**Motivational Interviewing to
Address Vaccine Confidence**
[Access the webinar.](#)

[**Access APhA's Library of COVID-19 Education \(CPE\)**](#)



 **APhA**


The Role of Health Equity in Vaccine Hesitancy: Challenges and Opportunities


Presented Tuesday, May 25, 2021 · 1:00-2:00 PM EDT

Pharmacists strengthening vaccine confidence in their patients and communities.

Previous Webinars Available for CE Credit:
The Role of Health Equity in Vaccine Hesitancy
[Access the webinar.](#)


2 New [Pharmacy Today](#) CE Articles


 **PHARMACISTS' ROLE DURING THE COVID-19 PANDEMIC**



Pharmacists' role during the COVID-19 pandemic

Maria G. Tanzi, PharmD, adjunct assistant professor, Department of Pharm University of Illinois at Chicago College of Pharmacy; and associate director. The opinions expressed in this article are those of the author and do not represent Incyte.

 **PEDIATRIC VACCINE CATCH-UP DURING THE COVID-19 PANDEMIC**



Pediatric vaccine catch-up during the COVID-19 pandemic

Kimberly McKeirnan, PharmD, BCACP, director, Center for Pharmacy Practice Research; and associate professor, Washington State University, College of Pharmacy and Pharmaceutical Sciences



Post on ENGAGE

Pharmacy's Response to COVID-19

POST your questions

SHARE your lessons learned

SUPPORT your colleagues

ACCESS the latest information

How are you reaching patients who haven't been vaccinated yet?



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Pharmacy's Response to COVID-19 

What reimbursement challenges are you facing?

Not a member? [Join today!](#)



Join Us!

Thursday, July 8, 1:00-2:00 pm ET
CE Available

Registration coming soon!

Today's webinar will be available at

<https://aphanet.pharmacist.com/coronavirus/weekly-webinars>