COVID-19 Vaccine Information

How do RHCs bill for COVID-19 Vaccine Administration?

RHCs will be reimbursed by Medicare for COVID-19 vaccine administration the same way we are reimbursed for flu and pneumococcal shots: a lump sum payment, based on vaccine administration costs as reported on the cost report. NARHC has confirmed that reimbursement for vaccine administration to patients with Medicare Advantage will be treated the same way as traditional Medicare beneficiaries, meaning that RHCs will not bill for the vaccine administration for any Medicare patient but rather capture the costs of such vaccinations on their cost report.

In January, CMS provided some guidance on this issue here: https://www.cms.gov/Center/Provider-Type/Rural-Health-Clinics-Center

From CMS:

> **COVID-19 Vaccines in RHCs and FQHCs -** COVID-19 vaccines and their administration will be paid the same way influenza and pneumococcal vaccines and their administration are paid in RHCs and FQHCs. Influenza and pneumococcal vaccines and their administration are paid at 100 percent of reasonable cost through the cost report. The beneficiary coinsurance and deductible are waived. For additional information, please see https://www.cms.gov/covidvax.

What should providers do if they have more vaccine supply than demand?

Here is a response to this question from CDC:

Because there is currently a limited supply of COVID-19 vaccine in the United States, CDC is providing recommendations to federal, state, and local governments about who should be vaccinated first. The document "Interim Considerations for Phased Implementation of COVID-19 Vaccination and Sub-Prioritization Among Recommended Populations" has some helpful guidance on this. It can be found here: https://www.cdc.gov/vaccines/covid-19/phased-implementation.html. However, it is important to note for your partners that, as you know, states and other jurisdictions decide how to distribute the COVID-19 vaccine to their populations.

Specifically, the document states "…when low demand puts vaccine doses at risk for going unused…**It is not necessary to vaccinate all individuals in one phase before initiating the next phase; phases may overlap**." So, it appears that yes, providers do have the flexibility to administer doses to others not in the current priority group in order to avoid wasting doses. However, when possible they should try to vaccinate those in the next priority group with the remaining doses in the vials.

There is also a useful section titled "Considerations for Transitioning Between Phases" with suggestions for thresholds of percent in each category vaccinated, percent of vaccination appointments filled, etc., after which jurisdictions may consider expanding vaccine availability to priority groups in the next phase.

The guidance also mentions that "Decisions regarding transition from one phase to the next should be made at the local, state, or territorial level…". We would suggest that the provider contact their state or local health department to inform them of the situation and request further guidance. Local health authorities might use this information for future assessments of vaccine supply, demand, and equitability of vaccine distribution.