Introduction to State-Supplied Vaccine Programs
Vaccines for Children (VFC) and Vaccine Access Program (VAP)

The Oregon Immunization Program (OIP) is committed to ensuring and increasing access to vaccines for people of all ages. One way to expand immunization access statewide is through the enrollment of community pharmacies into a state-supplied vaccine program like the Vaccines for Children (VFC) program or the Vaccine Access Program (VAP). In Oregon, immunizing pharmacists can vaccinate people aged seven years or older with all Advisory Committee on Immunization Practices (ACIP) recommended vaccines in accordance with posted pharmacy protocols.[1] With a valid prescription, pharmacists may administer vaccine to a patient of any age.

The purpose of this Guide is to provide an overview of the requirements and implications of community pharmacy enrollment in a state-supplied vaccine program (VFC or VAP). Most importantly, this Guide will provide a high-level vaccine billing overview, including links to additional details and resources.

Overview and Patient Eligibility

VFC: Pharmacies that opt to enroll in the VFC program receive vaccine at no cost for eligible children. Eligible children are those under age 19 years who are:

- Uninsured
- Medicaid/Oregon Health Plan (OHP) eligible
- American Indian/Alaska Native

VAP: The purpose of VAP is to offer no-cost and low-cost vaccine to clinics and pharmacies that serve marginalized and high-risk communities, including the

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[1] Influenza vaccine can be administered to children aged six months and older. The PREP Act allows pharmacists to administer COVID-19 vaccines to persons aged 3 years and older through 12/31/24. Refer to posted Pharmacy Vaccine Protocols for specific age ranges, minimum spacing, contraindications and more.

uninsured and adults on Medicaid. VAP includes vaccine for VFC-eligible patients and provides vaccines for patients who are:

- Uninsured adults (certain vaccines only)
- OHP- or Medicare-covered adults
- Children and adults who are commercially insured

For the remainder of this document, the VFC and VAP programs will be combined into "VFC/VAP" when the information or processes described pertain to both. The two programs will be separated and discussed independently when distinctions apply.

Enrollment and OIP Resources

For a full description of the VFC/VAP programs, visit OIP's Immunization Provider Information page. This site includes an overview of all components needed to set up and maintain a VFC/VAP program within a clinic or a pharmacy setting, including:

- Overview of VFC and VAP programs
- Extensive details on state-supplied vaccine provider set up
  - Enrollment steps to receive vaccines
  - Billing resources
- Provider resources on vaccines, eligibility screening, administration, and the statewide immunization registry, ALERT IIS
- Provider training required for participation
- "For Pharmacists" section, including vaccine and VFC/VAP program details
- ALERT IIS detailed information, including setting up electronic data exchange

Benefits of Participation

Community pharmacies that participate in the VFC/VAP programs benefit their community in many ways. These sites serve as an adjunct to the public health system by increasing vaccine access points throughout the state, particularly in rural Oregon. They also contribute to improved vaccination rates and a decrease in disparities in immunization coverage for those without access to a medical home or who might otherwise have a difficult time accessing vaccines in a traditional clinic setting. For community pharmacies, there are other, unique benefits of participation, such as:

- The ability to serve local patients, providers, and payors as community care extenders
- For VFC-only pharmacies, the ability to provide no cost vaccines to eligible children
- For VAP pharmacies, the ability to serve all ages with state-supplied vaccine, regardless of insurance type and without the upfront costs of purchasing most vaccines
- Support and technical assistance from OIP with program enrollment and establishing a successful VFC/VAP site
- Vaccine storage and handling equipment grants that are available to help offset costs associated with VFC/VAP setup and infrastructure *(available through June 2025)*
- Diversified and improved revenue streams
- Establish foundation for expanding beyond the traditional dispensing model to receive reimbursement for clinical services
- Opportunity to strengthen relationships and build trust with patients and providers

Pharmacy Implementation

There are four basic components for community pharmacies to enroll in the VFC/VAP program or to medically bill OHP or other payors for clinical services[2] :

1. Clinical Program Set Up
2. Credentialing – Enrollment with Medicaid and Coordinated Care Organizations (CCOs)
3. Medical Billing
4. Revenue Cycle Management

VFC and VAP require claims processing on the *medical insurance benefit,* which is different than the standard billing via Pharmacy Benefit Manager (PBM) traditionally seen in community pharmacy settings. While this can be a potential barrier for pharmacies, setting up and credentialing with payors can open additional opportunities for medical billing for products and clinical assessments.

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[2] Other clinical programs include the Oregon Board of Pharmacy (BOP) Public Health & Pharmacy Formulary Advisory Committee (PHPFAC) protocols including: Continuation of Therapy, Cough & Cold, Vulvovaginal Candidiasis (VVC), Contraception and Emergency Contraception, Tobacco Cessation, Travel Medications, PEP and PrEP.

(See 'Medical Billing' section below).

Clinical Program Set Up

While most community pharmacies have an established vaccine program, an important initial step is to review and fine tune this clinical service to improve efficiencies and enable expansion. This includes:

- Vaccines in Pharmacy Workflow (see Appendix A)
- Vaccine Assessments (see Appendix B)
- Coordination of Care (see Appendix C)
- Marketing & Referral Streams (see Appendix D)

Credentialing- Provider Set Up with CCOs

Concurrent with setting up any clinical program, community pharmacies must establish with Oregon Medicaid as well as any local CCOs. OHA's Pharmacist Medical Billing Guide contains detailed guidance on which clinical services pharmacists can provide and bill to OHA and CCOs in Oregon. It also includes steps for setting up both the pharmacy organization and pharmacy provider.

When looking to set up pharmacy payment plans, there are a few core steps that will be reviewed here:

- Oregon Medicaid: The first step is to ensure that the pharmacy and each pharmacist provider enroll as a Medicaid provider so that the pharmacy can bill on behalf of these rendering service providers. The Provider Enrollment Page has additional details as well as the OHA Enrollment Forms required for pharmacist providers (Forms OHP 3113 and OHA 3975).
- Upon obtaining a Medicaid ID, or a Division of Medical Assistance Programs (DMAP) ID, the next step is to set up the provider with the regional CCOs. Each CCO has a varied process for pharmacist providers due to the unique provider status of pharmacists not being a federally recognized provider. Appendix E: CCOs and Pharmacist Providers has additional details and insight on partnering with local CCOs.

Extensive details of completing enrollment, credentialing, and/or provider set up with CCOs is beyond the scope of this toolkit, however there are various resources available to assist with this. Oregon State University's Successful

Implementation of Patient Assessment and Proper Medical Billing course is a key resource that covers credentialing, enrollment and billing set-up for medical payor reimbursement from OHA and other payors for pharmacist clinical programs. The National Community Pharmacist Association (NCPA) also released a detailed guide on software and set up considerations with medical billing: A Guide to Implementing Vaccine Services in Community Pharmacy.

Medical Billing

Because VFC/VAP programs require billing of the product and administration fees on the medical side, it is important to identify the preferred method for submission of the claims. Some options include using a paper CMS 1500 Health Insurance Claim Form, payor portals, dispensing software intermediaries, or using a pharmacy documentation platform or electronic health record (EHR). For additional details on medical billing and revenue cycle management, see Appendix F.

VFC/VAP Program Billing and Documentation

Successful management of a VFC/VAP program requires proper record keeping, inventory management and payment, including:

1. Patient Eligibility Screening for VFC/VAP
2. ALERT IIS and Pharmacy Dispensing Software
3. VFC/VAP Medical Coding and Billing
    a. Administration
    b. Product
    c. Assessment
4. OIP Invoicing for Billable vaccines

Additional resources on how and what to medically bill for the VFC and VAP programs are available at Oregon Health Authority: Immunization Billing and Eligibility Coding Resources. These resources go into extensive detail on vaccine eligibility, covered vaccines, administration fee policies and current vaccine cost per dose fee schedules for Billable vaccines.

VFC and VAP Patient Eligibility

Patient eligibility must be determined for each patient based on their age, insurance status and which state-supplied program the pharmacy is enrolled in (i.e., VFC only or VAP). The proper dose-level eligibility code must be submitted to the state vaccine registry, ALERT IIS, so that inventory and invoicing can be adjusted properly. Vaccine eligibility codes are different depending on whether the pharmacy is enrolled as a VFC only provider or a full VAP site:

- VFC-only site: Vaccine Eligibility Chart
- VAP ("public" site): Vaccine Eligibility Chart

Vaccines available for VFC/VAP:

- VFC vaccine list
- 317- funded eligible adult (i.e., uninsured adults)
- Note that influenza vaccines are handled differently than other vaccines. Any state-supplied flu vaccine must be pre-booked with the Oregon Immunization Program. For more information on pre-booking please look here.

ALERT IIS and Pharmacy Dispensing Software

After ensuring the proper vaccines are selected from the right inventory for administration to patient, the pharmacy must process the claims and report to ALERT IIS, the state immunization registry. ALERT IIS reporting is required for all immunizing pharmacists (regardless of enrollment in VFC/VAP) and can be done manually or via pharmacy dispensing software and/or medical billing software. OHA's Provider Resources page includes a wide range of supporting information and links, including ALERT IIS tipsheets and training opportunities and various handouts. In addition, the ALERT IIS homepage provides links to create organizational and individual accounts, as well as how to set up electronic data exchange with ALERT IIS.

While some EHRs may integrate with ALERT IIS, most community pharmacies will elect to manage the vaccine data through the pharmacy dispensing software. Most pharmacy dispensing software systems will ensure each vaccine is cataloged with a prescription number and meets all Board of Pharmacy requirements.

Further, many dispensing software systems already integrate with ALERT IIS for seamless electronic data exchange.

Example workflow:
This is an example of a workflow a pharmacy might use to process a vaccine and report to ALERT IIS via an integration. If integration is not an option, timely manual reporting through the ALERT IIS user interface will be required.

1. The pharmacy sets up a 'bill to medical' plan to process the claim at no cost in the dispensing software.
2. Select the appropriate vaccine eligibility code for each vaccine administered.[3]
3. When the prescription is processed and recorded as a released prescription through point of sale, HL7 transmission to ALERT IIS will occur.
4. Occasionally spot check to ensure ALERT IIS inventory and claims are processing through correctly.

ALERT IIS reporting must be completed within 14 days.

VFC/VAP Medical Coding and Billing Terminology

Medical Billing centers on medical necessity, which is why all claims are submitted with the diagnosis code (ICD-10) and the service code (CPT and/or HCPCS). Appropriate coding supports the ability to receive payment for medical claims:

- International Classification of Diseases (ICD-10): An international system managed by the World Health Organization (WHO) used to classify and code all diagnoses and symptoms. This is the 'WHY' for any service rendered or product used. It contains 3-7 characters, starting with one letter followed by at least two numbers.
    - o i.e., Z23: Encounter for immunization
- Current Procedural Terminology (CPT) Codes: CPT codes are a U.S. standard for coding medical procedures and services that are managed by the American Medical Association (AMA). This is 'WHAT' service the provider conducted.
    - Five characters, mostly numeric, some include an alpha at the end

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[3] Because the claim is being medically billed via an alternate mechanism (as described above), there is no need to add a charge in the dispensing software. Doing so may create duplicate payments erroneously. However, for vaccine registry and patient record keeping, processing it through the practice management system is often best practice in pharmacy.

- i.e. 90471- First vaccine administered in office visit (18+ y.o.)
- A [modifier](#) is affixed to a CPT code (claim) to indicate that a service or procedure was performed but altered by a specific circumstance, without the definition or code being altered. For example, an SL modifier code indicates state-supplied **VFC vaccine** and is transmitted at a $0 charge to the payor (State Medicaid for Fee-for-Service or the appropriate CCO).[4]

For VFC/VAP programs, there are up to three pertinent components for billing:
- Administration of Vaccine
- Product / Vaccine Ingredient
- Vaccine Assessment[5]

OHA's [Resources for All State-Supplied Vaccine Programs](#) includes a link to their [Policy on Billing for Administration Fees,](#) as well as details on [Vaccine CPT Codes](#) (Product Codes). In general, some core things to note are as follows:

Administration Fees
- Uninsured Patients: Because an uninsured patient will have no health plan to whom an administration fee can be charged, the $21.96 administration fee can be charged to the patient. The patient **must be made aware** that this can be waived and if the patient/parent is unable to afford the administration fee, the fee must be waived. See [Policy on Billing for Administration Fees.](#)
- Medicaid and Commercial Payors: Submit an administration fee as appropriate for each vaccine administered. The most commonly used immunization billing codes are listed below.
  - Administration fees for OHP-covered children must be billed to the appropriate CCO or directly to OHP for those members covered by Fee-For-Service.[6]
  - OIP recommends that providers bill actual administration costs. In general, OHP and CCOs will pay only the administration fee "cap."

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[4] CCOs may differ in their billing requirements. Best practice is to confirm modifier use and preferred billing procedures in advance with the CCO being billed.
[5] Billing for a comprehensive review of a patient's vaccine needs beyond the initially requested vaccine
[6] Some people may refer to Fee-For-Service as "open card."

However, there are sometimes special projects established that will pay higher than that cap for a certain time period and/or vaccine.

Vaccine Fees

- Uninsured Patients: There is no payor to whom the vaccine cost can be billed. Provide the state-supplied vaccine at no cost .
- OHP/Medicaid: Bill the vaccine with the associated CPT codes
  - Note: VFC-eligible vaccines need to be submitted with an SL Modifier. See footnote #4 and previously covered details on variances possible with medical billing.
- Commercial:
  - For VAP pharmacies administering doses to Billable patients: bill the product with the appropriate CPT codes and ensure it is submitted with the capped OIP fee schedule. The vaccine costs per dose is updated every 6 months. The pharmacy will then use those reimbursements from insurers to pay back OIP quarterly for those vaccines.
  - If using pharmacy purchased, "locally owned" stock – process through the PBM per the usual route or bill medically with normal (non-capped) fee schedule.

Assessment Fees

- Uninsured: Patients with no health insurance cannot be charged for vaccine assessment.
- OHP/Medicaid: Document and bill as appropriate.
  - Per Oregon's fee-for-service medical billing guide, if a vaccine is administered, an Oregon pharmacist may bill a 99202/99212 series.
  - In the event an assessment is performed and documented but the patient declines a vaccination, it would be more appropriate to bill the standard preventive health counseling code (90471 series).
- Commercial payor: Document and bill as appropriate.
  - Commercial insurance will most likely follow AMA guidance and not Oregon's fee-for-service medical billing guide listed above. It may be most appropriate to bill a preventive health counseling code.

VFC/VAP- Most Commonly Used Medical Billing Codes:

- ICD10 Codes:
  - Z23 - Encounter for immunization
- CPT Codes:
  - Administration Codes:
    - 90471- First vaccine administered in office visit (18+ yo)
    - 90472 - Additional vaccine administered in office visit (18+ yo)
    - 90460 - First vaccine component administered in office visit (<18yo)
    - 90461 - Additional vaccine component administered in office visit (<18yo)
    - 90480 - COVID 19 vaccine administration for any patient
    - G0008 - Administration code for Medicare claims- FLU
    - G0009 - Administration code for Medicare claims- PNEUMOCOCCAL
  - Product Codes:
    - See CPT List for all vaccines, including influenza and COVID-19
  - Vaccine Assessment Codes: (see Appendix B)
    - 99401-99403 - Preventive Health Counseling
    - Oregon Medicaid billing codes (if vaccine is administered as part of consult):
      - 99202-99205: Clinical visit for a new patient for medical services
      - 99212-99215: Clinical visit established patient (seen in the past 3 years)
    - See OHA's Pharmacist Medical Billing Guide for additional details

OIP Invoicing for Billable Patients (VAP Pharmacies Only)

As noted above in 'Product Fees,' the pharmacy will bill private insurers for state-supplied vaccine administered to commercially insured children and adults (i.e., "Billable" patients). Pharmacies have approximately six months after a "Billable" vaccine is administered to recover the payment from the payor; they then will be billed by OIP for the cost of that product. See the for delayed billing cycles and reference the for additional information. (see for more information in regards to Revenue Cycle Management (RCM)).

Questions?

- **Enrollment in the VFC or VAP programs:** contact Oregon Immunization Program Help Desk: 1-800-980-9431 or email vfc.help@odhsoha.oregon.gov

- **ALERT IIS and data exchange:** contact dataexchange@odhsoha.oregon.gov

Appendices

Appendix A: Implementing Vaccines in Pharmacy Workflow

Pharmacists are authorized to provide patient care services pursuant to a statewide drug therapy management protocol, and this includes vaccines in the state of Oregon. Effective February of 2024, the pharmacist immunization protocols are provided by the Oregon Board of Pharmacy's Public Health & Pharmacy Formulary Advisory Committee.

While each pharmacy has a unique workflow, some modifications and additional considerations are necessary when incorporating medical billing and becoming a VFC/VAP site in a community pharmacy. General steps of the workflow in an established VFC/VAP community pharmacy might look as follows:

1. Patient referral (local providers office, CCO), identification by pharmacy staff, or self-referral
2. Intake / visit paperwork and vaccine assessment (see Appendix B: Vaccine Assessments)
3. Real time eligibility to confirm active coverage of medical insurance
4. Processing vaccine in dispensing software (see ALERT IIS & Pharmacy Dispensing Software) per Board of Pharmacy (BOP) requirements
5. Confirmation of accurate ALERT IIS transmission (see ALERT IIS & Pharmacy Dispensing Software)
6. Submission of medical claims to Medicaid, applicable CCO, or commercial insurance (see Medical Billing)
7. Schedule follow up appointment for additional vaccines or series completion
8. Vaccine Adverse Event Reporting System (VAERS) Reporting (if needed)
9. Review and reconciliation of payments received - Revenue Cycle Management (see Appendix F)

Appendix B: Vaccine Assessments

Children and adults presenting to the pharmacy for immunizations often need a thorough assessment of what vaccines might be indicated. Vaccine Assessments help streamline efficiencies with workflow and ensure patients receive all the vaccines that they need during a single encounter (or are scheduled for follow up in a prompt manner).

Vaccine assessments are now also a required part of the Oregon PHPFAC vaccine protocol.

Vaccine recommendations are generally based on age and medical conditions, however additional components such as lifestyle factors and employment can also impact recommendations. To assist with building a robust vaccine assessment, some resources that might be useful for critically evaluating a patients vaccine needs include:

- Using ALERT IIS to identify received and forecasted vaccines
- Reviewing and understanding the CDC vaccine schedules:
  - Adult recommendations by AGE
  - Child recommendations by AGE
  - Adult recommendations by MEDICAL CONDITION
  - Child recommendations by MEDICAL CONDITION
- The CDC also has an adult vaccine assessment tool: The Adult Vaccine Quiz | CDC
  - The clinician or patient can answer a series of questions and it will propose a list of recommended vaccines
- The immunization action coalition is another great resource: Ask the Experts

Vaccine Consult vs Vaccine Assessment

- A *vaccine consult* is performing the required OBRA-90 counseling with a patient regarding the vaccine(s) they are about to receive. A *vaccine assessment* is a patient-specific evaluation of their comprehensive vaccine needs.
  - Vaccine consult example: patient is up to date on all vaccines and presents for a flu shot. The pharmacist provider counsels them and administers the flu vaccine.

- o Vaccine assessment example: patient presents for a flu vaccine and the pharmacist evaluates their past medical vaccine and social history. The pharmacist then makes a comprehensive recommendation for all vaccine needs.
  - o Vaccine assessments may also include discussions regarding shared clinical decision-making regarding vaccines and indications, concerns of vaccine spacing and vaccine hesitancy.
- When medically necessary and when supported with sufficient documentation, a clinician may bill for vaccine assessments in addition to the claims for the vaccine product and administration.

Appendix C: Coordination of Care

Pharmacists are often the most accessible health care provider, and as such it is of utmost importance to be care extenders that better connect care instead of contributing to further fragmentation. With clinical services in general it is imperative that pharmacies share recommendations and status updates back to the providers. When it comes to immunizations—and vaccines administered to children especially—it is even more crucial to connect care. Pharmacy teams can help connect patients with a primary care provider in the event that they do not already have one and can also encourage annual well-child visits. Because of the state immunization registry, ALERT IIS, pharmacists are not required to fax doctors after providing vaccines, but they must ensure that all vaccines administered are promptly reported to ALERT IIS to contribute to continuity of care and avoid a patient's revaccination of doses already received.

Appendix D: Marketing & Referral Streams

Historically pharmacies were largely not offering VFC/VAP programs due to implementation practicality issues and poor reimbursement, thus patients were unable to receive vaccines through the VFC/VAP program in a community pharmacy setting. An essential component to the successful implementation of the VFC/VAP programs in a community pharmacy includes awareness of the programs by the pharmacy community and broader healthcare system.

Local patient, provider, and payor awareness is critical to ensuring patients get the care and vaccine access they need. Patient identification by a pharmacy team member can supplement other marketing, but keep in mind that many kids do not take chronic medications and don't present to the pharmacies on a regular basis. Multiple community-based systems need to work together to identify patients and ensure these VFC-eligible kids and families are made aware of services available to them. While working to set up your pharmacy clinic, consider each of these stakeholders:

- Patients and Community: Many patients already utilize community pharmacies for vaccines. They need to know that your pharmacy also provides vaccines to VFC-eligible children, uninsured adults, and all other patients regardless of insurance type. Spread the word with your local public health department, local schools, and clinics in the community that may be referring their patients out for vaccines. Local news outlets, flyers, social media and your pharmacy website can all be leveraged to promote your immunization offerings.
- Providers: Well child visits are a required and critical element of a pediatric patient's total care. Pharmacy programs can supplement this primary route of care by serving as an additional access point for vaccines. Emphasize with local providers the supportive role community pharmacies can play for pediatric patients' follow-up vaccines and required school boosters.
- Local Health Departments: Local public health departments are tasked with assuring immunization access in the community and can serve as a key partner in referring potential clients to pharmacies. Ensure local health departments are aware that pharmacies can serve as care extenders for local providers' programs.
- Payors: Coordinated Care Organizations (CCOs) in Oregon play a key role in VFC/VAP programs, as they have many members needing access to care,

particularly across rural Oregon. CCOs can help ensure members are aware that community pharmacies are an additional vaccine access point for patients. Please see Appendix E: CCOs and Pharmacist Providers for more details on partnering with local CCOs. Commercial insurance plans can also help spread awareness to their members.

Appendix E: CCOs and Pharmacist Providers

Oregon is unique with the [coordinated care model](#) for health plans. The coordinated care model was first implemented in Coordinated Care Organizations (CCOs). A CCO is a network of all types of healthcare providers who have agreed to work together in their local communities to serve people who receive healthcare coverage under the Oregon Health Plan (Medicaid). CCOs are focused on prevention and helping people manage chronic conditions, like diabetes. This helps reduce unnecessary emergency room visits and gives people support to be healthy. CCOs are accountable for the health outcomes of the population they serve.

Today, there are [16 CCOs operating in communities around Oregon](#). As detailed above in Credentialing, Oregon Medicaid enrollment is the first step, followed by setting up as a provider with the local area CCO(s).

Identifying The Local Area CCO:

It is pertinent for pharmacies to understand which CCOs are in their area, which is best identified using the [Coordinated Care Organization Service Areas Map](#). The Coordinated Care Organization [contact information](#) site is a great resource which includes website, phone numbers and key contacts as well as a link to the CCO Service Areas Map linked above.

Setting Up to Bill in Oregon:

Pharmacists in Oregon are unique provider types due to not having federal provider status yet. However, pharmacist providers do have payment parity in the state of Oregon which supports and enforces pharmacist payment for clinical services rendered to patients similar to other healthcare provider types. This legislative setup generates a unique scenario for pharmacist providers to transmit medical claims to the local CCOs, where there is no requirement to include this provider type in network, even though payment is required. Generally, there are three routes of setting up as a provider to render medical services to members of medical plans:

- **Credentialing**: Most common route used in traditional health care provider set up. Includes provider application, credentialing, and contracting (or enrollment). While initially this presents an increased effort to submit and review the provider applications, it is the most streamlined way to enable a

pharmacist provider to render patient care. By becoming in network with plans, pharmacists can participate in provider network directory listings and collaborate with payors on marketing. Finally, claims processing and the revenue cycle management process is streamlined, as prior to rendering care, the organization (pharmacy) and rendering service provider (pharmacist) are set up with the health plan as part of the credentialing process.

- **Enrollment Only**: Payor policy is enabled which bypasses the need for credentialing and instead sets up the providers' demographic information in the system and enables a participating pharmacist provider contract for enrollment with the plan. Enrollment and contracting only means the pharmacist providers are able to be included in a medical group contract without going through the credentialing process. In this scenario, some payors may require the following components to be set up for the pharmacy organization and associated pharmacist providers:
    - Medical Group Name
    - W9, Tax Identification, and Organization NPI
    - Pharmacist Information: First/Last Name, Medicaid ID, Degree, Individual NPI
    - Location Information: Address, phone, fax
    - Billing Information: Address, phone, fax
    - Effective Date

- **nonPAR (non-participating provider) Billing**: This route indicates that pharmacist providers are not able to be credentialed or enrolled with health plans, thus credentialing is not required for reimbursement to pharmacist providers for their services. This means pharmacists are not contracted but are still able to bill. Many Oregon CCOs have opted for this route currently to enable pharmacist provider payment without larger administrative burdens on the pharmacist or payor. While simpler to set up at first, it is important to note that payment for the first claims can be a bit more challenging because systems are not configured with the above details in enrollment only and/or general restrictions against out of network claims. It can be beneficial to reach out to the CCO prior to submitting a first

pharmacy medical claim and explore options to preconfigure the practice site and providers, similar to the enrollment only option described above.

CCOs and Pharmacist Providers:

Below are the most updated (Spring 2024) statuses for Oregon CCOs and pharmacist provider set up. Please note that some CCOs have one overarching organization that enables their provider set up, notated by sub-bullets.

CCO Name (Sub LOBs)	Pharmacist Provider Approach to Bill	Contact Details
Advanced Health	Credentialing	Brandie Feger brandie.feger@advancedhealth.com
AllCare CCO	Credentialing	Kayleigh Paslay Kayleigh.Paslay@allcarehealth.com
Cascade Health Alliance	Credentialing	Amin Surani AminS@cacadecomp.com
Intercommunity Health Network	nonPAR	Sheila Albeke halbeke@samhealth.org
Umpqua Health Alliance	Credentialing	

CareOregon
    Columbia Pacific CCO
    Jackson Care Connect
    HealthShare-CareOregon
	nonPAR	Andrew Hibbard hibbarda@careoregon.org

Moda
    HealthShare-OHSU
    Eastern Oregon CCO
	nonPAR	Johnathan Ladd johnathan.ladd@modahealth.com

Pacific Source Community Solution Central Oregon	nonPAR	https://pacificsource.com/providers/service-representatives-directory

Columbia Gorge Lane County Marion/Polk HealthShare- PacificSource		
Providence HealthShare- Providence Yamhill Community Care	nonPAR	providerrelations@yamhillcco.org
Trillium Community Health Plan Southwest Tri-County	nonPAR	NewProviderRequestBox@centene.com

Appendix F: Medical Billing and Revenue Cycle Management (RCM)

Implementation of programs that require medical billing, including VFC/VAP, enable pharmacies to differentiate themselves as destinations for quality care. It also creates a greater opportunity to expand clinical program delivery in the State of Oregon and opens a pathway for successful reimbursement of clinical services.

Additional [Oregon State University College of Pharmacy Continuing Education](#) courses are available that may be helpful when setting up medical billing. They include several additional resources for setting up various clinical services within a community pharmacy including HIV, Tobacco, and Contraceptives.

Categories of services that pharmacist providers may participate in include:
- Evaluation and Management (E&M)
- Preventative Health Counseling
- Medication Therapy Management (MTM)
- Vaccines (product and administration)
- Vaccines for Children/Vaccine Access Program (VFC/VAP)

Be sure to review the [Public Health & Pharmacy Formulary Advisory Committee Programs](#) webpage for a comprehensive list of state protocols

When processing medical claims, there is a need to consider mechanisms to complete Revenue Cycle Management. Medical claims are not adjudicated in real time following the process that pharmacy claims typically use. Thus, it is imperative to remember to have a method of confirmation of payment from the insurance for medical claims and handle rejections and denials as they arrive. There are various options available for completing this task, from assigning a technician or biller within the pharmacy to using a third-party and/or vendor service offering.