Navigating Coronavirus Series

Tip and Tricks on COVID-19 Vaccinations

January 26, 2021
This webinar series brought to you by
Today’s Emcees

- **Hugh Tilson**, JD, director of the North Carolina Area Health Education Centers (NC AHEC) Program

- **Tom Wroth**, M.D. MPH, president and CEO of Community Care of North Carolina (CCNC)
Agenda

- Vaccine Situation Update
- The Early Adopters: Early experience and lessons learned
- Questions
- Resources
Today’s Presenters

Garett Franklin, MD
Family Physician
Cary Medical Group

Shauna L. Guthrie, MD, MPH, FAAFP
Medical Director
Granville Vance Public Health

Richard Hudspeth, MD
CEO
Blue Ridge Health
Situation Update
Tom Wroth
CCNC
GOOD NEWS!

NOW EVERYONE CAN BE EARLY ADOPTERS!
COVID Vaccination: Week of 1/25/21

- **Up to date information:**
  - See 1/21/21 Fireside Chat Webinar Slides and Transcript @ CCNC/AHEC website
  - Next update: 2/18/21 Fireside Chat 5:30 – 6:30pm
  - See NCDHHS COVID Dashboard

- **Goal of Webinar:**
  - Hear from early adopters from Health Department, Private Practice, Community Health Center
    - Early experience and rapid learnings
    - Lessons learned
    - Advice to the rest of us
  - We will not be able to address State policy guidance, technical questions about CVMS
Situation Update: 1/25/21

- Vaccine supply is extremely limited
- Eligibility opened up to large populations
  - HCWs and long term care workers and residents
  - Individuals > 65 years
- State has allocated to all 100 counties to address rural equity
- Onboarding new vaccine providers (adult primary care, FQHCs...)
- Current Plan:
  - Focus on speed through mass vaccination events and onboarding providers
  - Address consumer confusion
  - Equity
"Well, that's what Grok gets for being an early adopter I guess."

@redpen black pen
Dr. Garett Franklin
Cary Medical Group
How Do I Get Vaccine?

- CVMS (site)
  - Application - Early as possible!
  - Accuracy – signatures, stages
  - Resources – Health care organization(s), DHHS, NCMS, NCAFP, NCPeds, etc
  - NC DHHS “War Room”

- Collaboration vs. Direct request to DHHS
  - ACO, CIN
  - Healthcare system
  - Other practices
How Do I Get Vaccine?

- NC DHHS
- WakeMed Health & Hospitals
- WakeMed Key Community Care (WKCC)
- Raleigh Medical Group, PA
- Cary Medical Group

Week 1 – January 13
- Moderna – 100 doses
- 10 shots/provider
Now what?

- Phones/Website
- Supplies
  - Fridge
  - Needles, syringes, swabs, bandaids
  - Crash cart – epinephrine, antihistamines, ambu bags, airway
- Design
  - Drive thru – space, employees, drive thru testing
  - Mass event – employees, cost, sustainability?
  - Clinic – flow/distancing, clinic work, observation
Now what?

- **Clinic**
  - 100 doses
  - Speed
  - Labor
  - Limitations with drive thru testing
  - Sustainability
    - Vaccine
    - Volunteers
- **Adaptability**
Pearls

- Scheduling Patients (10-20 shots/provider/week)
  - >75 yrs in random NV Mining weekly schedule + Covid Clinic (NV)
  - >65 yrs per provider
  - Spouse combo
  - Caretaker combo
  - Second dose – NV follow up in 28 days
Pearls

- Dosing
  - 6-hour rule
    - “Keeper of the Vaccine”
    - Stop schedule at 3 pm
  - 10 + 1 (Magical Unicorn)
    - 8!! – multiple needles
    - Vial Access Adapter (BD Q-Syte)
  - The Scramble
    - Panic list (provider)
    - “Everyone needs a shot”
Pearls

- Observation
  - Appointment – shot prior to provider encounter
  - COVID Clinic
    - Extra rooms
    - Nurse/Doc on call – watch, crash cart
    - Q10-15 min – good flow
Pearls

- Documentation
  - Challenge! – 72-hr window for CVMS
  - Backloading vs. active documentation
    - EHR – billing/records
    - CVMS
  - CVMS Backloading
    - Catch up!
    - Pre-register patients
    - Active loading – 4-6 min/patient

- Next Steps
  - Reassess design weekly – doses, guidance, feedback, staffing
  - Active CVMS loading
Final thoughts...
Final thoughts…

YOU NEVER,

NEVER LEAVE YOUR WINGMAN
Final thoughts…

I FEEL THE NEED

THE NEED FOR SPEED
Dr. Shauna L. Guthrie
Granville Vance Public Health
Brief Overview of Experience at Granville Vance Public Health (Relevant to Primary Care Offices)

- Bulk Uploading – for larger groups with tech skills, employers, etc. (dedicated staff member/s)
- Scarcity Mindset – demand >>>>>>> supply, crashing phone lines
- CVMS Access is a Limiting Factor – over-estimate need for access
- Insurance administration fees – be ready to go, have policies in place
- Prepare anything you can before the visit – CVMS survey, insurance info, instructions, etc.
- Have a “downtime” plan (paper backup) and plan for entering once system is back up
- Know where else people can go when you run out
- Standing Order
- Start slow, it will double in 3-4 weeks due to dose-2
- Do not schedule more than the confirmed amount of vaccine you have coming
COVID-19 Vaccine Day to Day Tips from a LHD - Staffing

- Staffing+Supply = Appointment Scheduling
  - Start with ~1-1.5 recipient per vaccinator per 5 minutes if prep is done (1.5-2 if they have a “scribe”)
  - 3 vaccinators – book 3-5 per 5 minutes
  - Use scheduling system that is flexible and easy to adjust number of slots, etc frequently
  - Appointment reminders a plus
  - Be sure physical flow goes around your usual check in/check out or adjust usual appointment flow
  - Consider 15-30 min wait-time post vaccine in space needs and timing of appointments

- TEAMWORK and COMMUNICATION – everyone involved start to finish and in the building
  - Frequent messaging with any changes in policies, availability, flow, etc
  - Flexibility in roles, train everyone you can in CVMS

- Consider dedicated hotline and staffing... avoid too many hands in the schedule (family and friends will call)
COVID-19 Vaccine Day to Day Tips from a LHD - Recipients

- Know who you are vaccinating
  - Reports for current priority groups
  - Outreach to employers, churches, community groups, etc
  - Anyone who calls (word travels FAST)

- Keep website UP TO DATE with information and links to state/national resources

- Don’t book out further than your vaccine allows
  - Prevents having to call and cancel
  - Prevents people making multiple appointments far out and canceling or no-showing

- Do NOT keep wait lists – people join multiple and you’ll have a constant stream of callers for any openings

- DO keep an “extra dose” list – those who are preferably in current priority groups but more importantly can come to the clinic on short notice so you don’t waste vaccine
COVID-19 Vaccine Day to Day Tips from a LHD – Vaccine Handling

- **Supply**
  - May be unpredictable at first, second-dose “guaranteed” but be cautious
  - Reach out to health systems, may have extra they need to get out to the community (if you don’t have deep cold storage Pfizer can be kept out of deep freeze for 5 days)
  - Consider consistency in branding to avoid confusion (Moderna or Pfizer, etc if possible)
  - If you have too much consider transfer to pharmacies or other practices

- **Extra doses in some vials – hard to account for**
- **Have one person draw up at least a bottle (Pfizer 5-6 doses, Moderna 10-11 doses) at a time**
- **BUT if drawing up a lot, aim for 5% less than you THINK you’ll need for half of your day**
- **Physically count doses left near end of day and compare to schedule. ONE PERSON runs “extra dose” process (nobody wants to be called in for a dose that doesn’t exist)**
Large Event Tips from a Local Health Department

- LOTS of Non-medical Volunteers – parking lot, flow, cleaning, monitoring waiting area, answering questions, “runners” (people want to help!)
- Staffing (with CVMS access): Vaccinators (one per 1-2 patients per 5 minutes), scribes (one per vaccinator), draw-up vaccine, patient registration/check-in/floaters (about two per 5 vaccinators)
- Epinephrine: One per 200 people should be adequate
- Have bathroom access, water, snacks (provide lunch if all-day event)
- Physically visit the site ahead of time and walk through the patient process
- Always pair vaccinator with a scribe for efficiency
- BY APPOINTMENT ONLY – avoid lines, crowds, getting on the news
Large Event Tips from a Local Health Department - Prep

- Set up “kits” ahead of time for each vaccinator
  - Gloves (right-size)
  - Alcohol swabs
  - Gauze
  - Band-aids
  - Sharps container
  - Trash can
  - 2 Pens
  - Vaccination cards (pre-print date, vaccine, lot, location, return date if known)
Large Event Tips from a Local Health Department - Flow

Scheduled Beforehand
- CDC Screener
- Wear T-Shirt
- Don’t Come Early

On arrival sheriff’s office staff at entrance – entry only if you are “on the list”
- If early told when they may leave their car (5 min before appt)

Parking lot floaters direct traffic, give CDC screening questions and adverse reaction info (handout), CDC Fact Sheet, Vac-Safe Info and what to expect

Come to outdoor queue
- Give name/DOB to check in and confirm CVMS survey done
- Proceed to Door

List checked again at door
- Time and name confirmed
- Sent to numbered station (family different station nearby)
Large Event Tips from a Local Health Department - Flow

1. Give Name/DOB and CVMS appointment opened by scribe.
2. Scribe fills out CDC card with name, DOB, time wait is over while given vaccine.
3. CDC Screening Questions and Consent/Adverse Reaction Statement Reviewed.
4. Recipient goes to waiting room (time announced every 5 minutes) and Scribe Holds up Flag Indicating Available.
5. Confirm with scribe any positive screen questions and plan to document in “comments”.
6. Reminded Dose 2 Appointment in 4 weeks (Moderna), same time and place and given “I’ve been Vaccinated” sticker as they leave.
Links

- Vaccine Info, Training, Requirements, Resources: https://www.cdc.gov/vaccines/covid-19/info-by-product/index.html
- CDC Screening Form: https://www.cdc.gov/vaccines/covid-19/downloads/pre-vaccination-screening-form.pdf
Dr. Richard Hudspeth
Blue Ridge Health
Blue Ridge Health Vaccinations
Questions?
AHEC/CCNC Resources

- AHEC/CCNC COVID-19 Information Site
- Up to date resources from State
- Vaccine Guide for Medical Practices
- Billing Guide
- Practice Support

COVID-19 Vaccine Coding and Billing Hot Topics

SPECIAL BULLETIN COVID-19 #146: Pfizer-BioNTech and #147: Moderna COVID-19 Vaccine Billing Guidelines

The CDC has released Interim Guidelines for Immunization Services During the COVID-19 Pandemic. This guidance is intended to help immunization providers in a variety of clinical and alternative settings with the safe administration of vaccines during the COVID-19 pandemic.

Billing Guidelines

- The ICD-10-CM diagnosis code required for billing is Z23 - Encounter for immunization.
- The maximum reimbursement rate per unit is N/A.
- The NDC units should be reported as "UN:".
- Claims must have appropriate NDCs that correspond to the vaccine used for administration and corresponding CPT code.
- Claims must contain both administration codes and vaccine codes to pay.
- Vaccine codes should be reported as 2nd dose.
- Claims for 1st and 2nd dose must have been processed in NCT racks prior to processing a claim for the 2nd dose.
- Medicaid and NC Health Choice does not allow copays to be charged for COVID-19 immunization or administrations.
- COVID-19 vaccines are exempt from the Vaccines For Children (VFC) program.
- TJ modifier should be used for NC Health Choice claims (age 6 through 18 years).
- EP modifier should be used for all non-NC Health Choice (Only Medicaid beneficiaries) younger than 21 years of age.
- CG modifier should be used for claims submitted by a pharmacy participating in the immunization program, vaccine both the vaccine and administration codes (EXCEPTION - CVX/Walgreens pharmacies participating in the long-term care immunization program for beneficiaries residing at the participating long-term care facility).

Vaccine Billing Codes

<table>
<thead>
<tr>
<th>MODERNA</th>
<th>PFIZER</th>
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<tbody>
<tr>
<td>90601 - SARS-CoV-2 (Coronavirus disease COVID-19) vaccine, mRNA-1273, sterile protein, preservative free, 100 mcg/0.5 mL, dosage, first dose</td>
<td>9260 - SARS-CoV-2 (Coronavirus disease COVID-19) vaccine, mRNA-LNP, sterile protein, preservative free, 30 mcg/0.3 mL, dosage, diluent reconstituted, for intramuscular use</td>
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</tbody>
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NDC #: 80777-0273-10, 80777-0273-99

Administration Codes:

O01A1: Administration administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease COVID-19) vaccine, mRNA-LNP, sterile protein, preservative free, 100 mcg/0.5 mL, dosage, first dose

O02A1: Administration administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease COVID-19) vaccine, mRNA-LNP, sterile protein, preservative free, 30 mcg/0.3 mL, dosage, diluent reconstituted, first dose

O02A2: Administration administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease COVID-19) vaccine, mRNA-LNP, sterile protein, preservative free, 30 mcg/0.3 mL, dosage, diluent reconstituted, second dose

Navigating COVID-19 Webinar Series
COVID-19 vaccinations are now available to people 75 and older. Because vaccine supplies are still limited, those 75 and over may have to wait, but they have one of the first spots to take their shot. If you are 75 or over—or assisting someone who is—here is how to take your shot against COVID-19:

- **Supplies are very limited.** Right now, very few vaccine doses are available.
- **You will need an appointment to get vaccinated.** You may have to wait to schedule your appointment to get your vaccine.
- **Your local health department or hospital can help you get your shot.** Because supplies are very limited right now, most doctors cannot provide vaccinations in their offices.
- **Find your local health department or hospital.** Use the table below to find the health departments and hospitals giving vaccinations in your area. You can search by zip code or county to find locations and contact information.
- **You can also call the COVID-19 Line 1-877-490-6642.** It’s a free call. The COVID-19 Line is managed by Community Care of North Carolina.
Helping People Find Their Spot – Version 1

- List of all enrolled vaccine providers who have received vaccine allocations is linked at the top of the NCDHHS vaccine page
- Working with vaccine providers to keep information updated and on staffing and strategies to make sure calls are answered
- COVID-19 line (CCNC)
- Public facing ‘first line’ call center tracking for Jan. 30 launch date
- Coming Soon: Online eligibility screener, call center with increased capacity, additional way-finding tools for consumers

Vaccine providers may update their information using this [form](#).

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<thead>
<tr>
<th>County (or Counties) Served</th>
<th>Organization</th>
<th>Website</th>
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<tbody>
<tr>
<td>Alamance</td>
<td>Alamance County Health Department</td>
<td><a href="https://www.alamance-nc.com/healthdept">https://www.alamance-nc.com/healthdept</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Phone Number 336-570-6387</td>
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<tr>
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<td>Email Address</td>
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<tr>
<td></td>
<td></td>
<td><a href="https://www.facebook.com/AlamanceCountyHealthDept/">Additional Information</a></td>
</tr>
<tr>
<td>Alamance, Guilford, Rockingham</td>
<td>Cone Health</td>
<td><a href="http://conehealth.com/covid19vaccine">http://conehealth.com/covid19vaccine</a></td>
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NC DHHS IMMUNIZATION BRANCH WEBSITE: YOUR CVMS “ONE STOP SHOP”

North Carolina Immunization Branch Website
https://immunize.nc.gov/providers/covid-19training.htm

Content

- CVMS Introduction and Helpdesk Information
- CVMS FAQs
- User Guides and Training Session recordings for:
  - CVMS Provider Enrollment Portal
  - CVMS Provider Portal
  - CVMS Recipient Portal
  - CVMS Employer Portal