

# Thank you for joining

The presentation will  
begin shortly



# Rise to Immunize™ Monthly Webinar

## **Zoster 101**

Featuring Nimit Patel, D.O., Premier Medical  
Group, P.C.

Additional insights from Jennifer Obenrader,  
PharmD, CDCES, Premier Medical Associates, P.C.



# Today's Webinar

## Campaign Updates

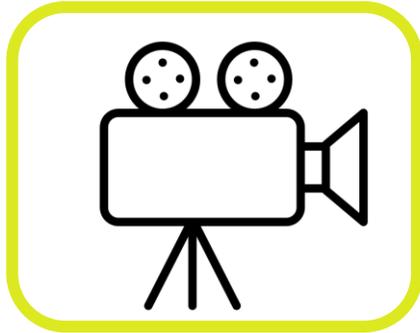
- Campaign Toolkit
- World Immunization Week
- Blinded Comparative Report

## Zoster 101

- Featuring Dr. Nimit Patel
- Additional insights from Jennifer Obenrader

## Q&A Session

# Webinar Reminders



Today's webinar recording  
will be available the week of  
**4/25**

- Will be sent via email
- Will be available on website

(RiseToImmunize.org → "Resources" → "Webinars")



Ask questions during the  
webinar using the **Q&A**  
**feature**

- Questions will be answered  
at the end of the presentation



# Campaign Toolkit

- Welcome
- Getting Started Checklist
- Health Equity
- [Campaign Planks](#)

[www.RiseToImmunize.org/CampaignToolkit](http://www.RiseToImmunize.org/CampaignToolkit)

[Home](#) / [Campaign Toolkit](#) / [Implementing Campaign Planks](#)

## Implementing Campaign Planks

Rise to Immunize™ offers care processes called “campaign planks” to help participants increase adult vaccination rates among their patient populations.

The campaign planks (each indicated by a box) fall under one of the five domains (each indicated by a circle): Provider & Staff Education, Clinical Support, IT/Documentation, Patient Education, and Financial Management. Campaign planks within each domain vary by difficulty—higher-level planks represent more advanced interventions.

Participating organizations will choose which “campaign planks” to implement based on areas of interest and resources available. We suggest tackling only one campaign plank within a given domain at a time. We also encourage participants to increase level in one domain annually (e.g., moving from a Level 1 to Level 2 campaign plank). By making stepwise improvements, we all will collectively rise.

## Campaign Planks

 Provider & Staff Education

 Clinical Support

 IT / Documentation

 Patient Education

 Financial Management

# Campaign Tools



## Point-of-Care Dashboard

Coastal Carolina Health Care, PA

Provides a point-of-care dashboard within a patient's electronic medical record to easily understand a patient's needs at each appointment. The dashboard includes care actions, including administering influenza and pneumococcal vaccines, as well as patient health goals.

[View Tool](#) →



## Adult Immunizations Weekly Report

The Iowa Clinic, P.C.

Highlights weekly performance and missed opportunities for influenza and pneumococcal vaccine administration. Report displays percent of eligible patients who received a given vaccine, number of missed opportunities, and weekly trends.

[View Tool](#) →

DOB	DOB	Name
6/20/52	6/20/52	
8/19/59	8/19/59	
11/13/60	11/13/60	
12/19/62	12/19/62	
8/18/62	8/18/62	
11/16/68	11/16/68	
1/18/77	1/18/77	
8/16/45	8/16/45	
6/12/75	6/12/75	
2/12/72	2/12/72	
12/14/67	12/14/67	
6/20/57	6/20/57	
11/14/58	11/14/58	
4/22/54	4/22/54	
12/18/54	12/18/54	
12/18/58	12/18/58	
1/18/54	1/18/54	
8/16/47	8/16/47	

## Patients Due for Pneumonia Vaccine Report

The Iowa Clinic, P.C.

Displays patient and appointment information for healthcare professionals to easily identify patients who will be in the office soon and are due for a pneumococcal vaccine.

[View Tool](#) →

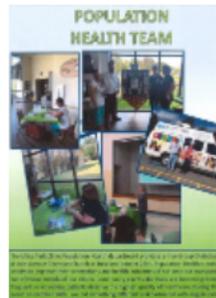


## Employee Flu Vaccination Campaign Flyer and Sign-In Sheet

Norton Healthcare

Encourages healthcare employees to get their flu vaccine by providing a variety of locations and times to get vaccinated while at work and outlining the process for submitting proof of vaccination. This resource also features a printable sign-in sheet to be used at vaccination locations.

[View Tool](#) →



## Diabetes Education Community Event Overview

Utica Park Clinic

Promotes a mobile vaccination clinic implemented by a population health department in tandem with a community diabetes program. This resource can be used to inspire similar programs within a practice setting.

[View Tool](#) →



## Considerations for Planning Curbside/Drive-Through Vaccination Clinics

Centers for Disease Control and Prevention (CDC)

Highlights an approach to vaccination that may be beneficial for mass community vaccination efforts, or when face-to-face routine medical visits are decreased as a result of COVID-19 surges or for any other reason.

[View Tool](#) →

# World Immunization Week



Check out our Provider Resources and Patient Resources under  
“Resources” at [RiseToImmunize.org](https://www.risetoimmunize.org)



# Blinded Comparative Report



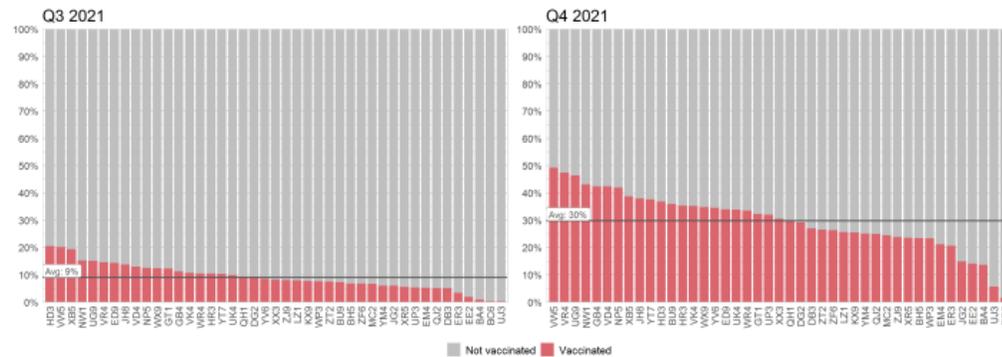
## Rise to Immunize™ Blinded Comparative Report

March 25, 2022

### Influenza (M1)

#### Intervention

#### Measurement Year 2021



Almost all organizations have lower influenza vaccination rates in Q3 2021 and Q4 2021 compared with Q3 and Q4 in both Baseline years (-6% on average in Q3 2021 vs. Q3 2020, -8% in Q4 2021 vs. Q4 2020). Some organizations have reported that there is a delay in influenza vaccination reporting from pharmacies and state registries, which may be contributing to the lower rates. If delayed reporting is the primary cause of the lower rates, then rates in Q1 2021 and Q2 2021 would be expected to rise closer to Baseline levels. It is also possible—as some organizations have pointed out—that influenza vaccination rates are just lower this year.

#### Top 5 Highest Influenza Vaccination Rates in Q4 2021

Org	Rank	Rate
VW5	1	49.3%
VR4	2	47.4%
UG9	3	46.4%
NW1	4	43.1%
GB4	5	42.4%

#### Top 5 Most Improved Orgs by Rank # of spots moved from Q4 2020 to Q4 2021

Org	Increase in Rank
XB5	10
ED9	8
DB3	6
YM4	6
LZ1	5

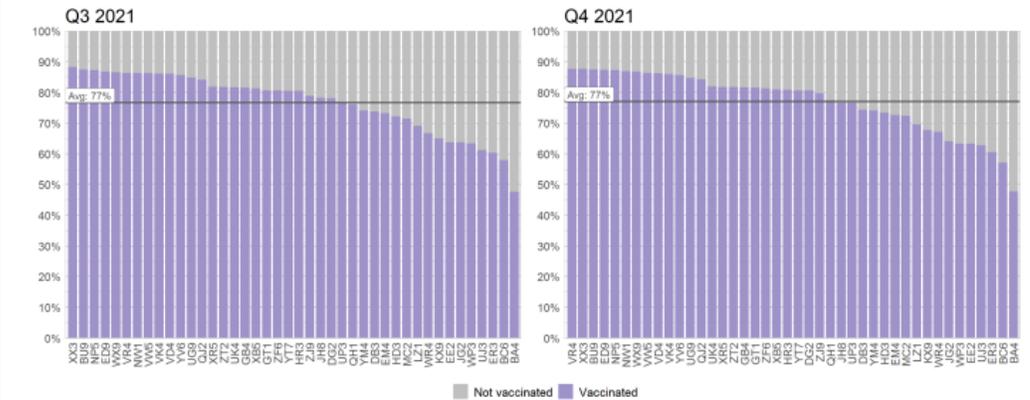
#### Top 5 Orgs with Largest Increase (or Smallest Decrease) in Rate Change from Q4 2020 to Q4 2021

Org	Change in Rate
BA4	4%
ED9	-3%
XB5	-4%
YM4	-6%
VR4	-6%

### Pneumococcal (M2)

#### Intervention

#### Measurement Year 2021



The average pneumococcal vaccination rate across organizations held steady at 77% in Q4 2021 compared to Q4 in both Baseline years (78% in Q4 2020 and 77% in Q4 2019).

#### Top 5 Highest Pneumococcal Vaccination Rates in Q4 2021

Org	Rank	Rate
VR4	1	87.7%
XX3	2	87.7%
BU9	3	87.5%
ED9	4	87.4%
NP5	5	87.3%

#### Top 5 Most Improved Orgs by Rank # of spots moved from Q4 2020 to Q4 2021

Org	Increase in Rank
WX9	9
DG2	8
UK4	6
NW1	5
UG9	5

#### Top 5 Orgs with Largest Increase (or Smallest Decrease) in Rate Change from Q4 2020 to Q4 2021

Org	Change in Rate
DG2	8%
KX9	4%
UJ3	2%
HR3	2%
WR4	2%

#### Top 5 Highest Vaccination Rates in Q4 2021

- Congratulations to the 5 organizations with the highest pneumococcal vaccination rates in Q4 2021! These top performers are within <1% of each other, so the race is tight!

#### Top 5 Orgs with Largest Increase (or Smallest Decrease) in Rate

- Unlike influenza vaccination rates, some organizations saw an increase in their pneumococcal vaccination rates from Q4 2020 to Q4 2021. The highest performer increased their rate by 8%!

# Blinded Comparative Report



When reports are available, you will receive an email with your group's **identification code**

Hello -

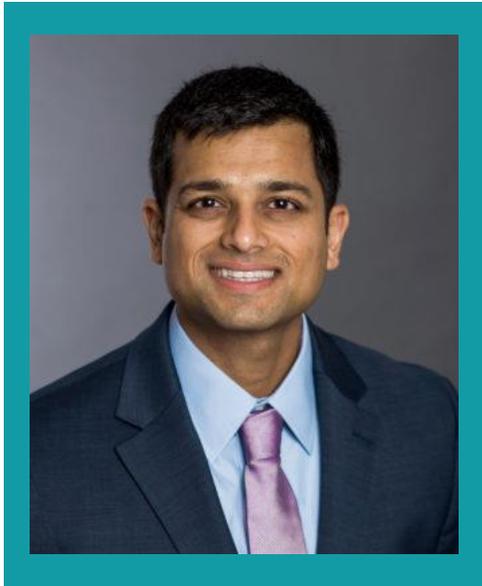
We are happy to announce that the Rise to Immunize™ (RIZE) quarterly data results are now available! The latest results include two Measurement Years of baseline data (Q3 2019-Q2 2020 and Q3 2020-Q2 2021) and two quarters of intervention data (Q3 and Q4 of 2021).

Each organization has been assigned a unique identification code for the duration of the campaign.

**AMGA's identification code is**

**NOTE:** Please add [RiseToImmunize@amga.org](mailto:RiseToImmunize@amga.org) to your safe sender list to receive our emails!

# Today's Speaker



## **Nimit Patel, D.O.**

Internal Medicine, Premier Medical Group, P.C. in  
Clarksville, Tennessee

# Herpes Zoster 101

Nimit Patel, D.O.

April 21, 2022

# Disclaimer and Disclosure

- ▶ Anything discussed during today's talk is for educational purposes only and should not be considered medical advice to prevent, diagnose, and/or treat any medical condition. Today's discussion does not constitute the practice of medicine, and this is not medical advice. No physician-patient relationship has been formed.
- ▶ I have no relevant financial disclosures.

# Premier Medical Group

- ▶ Physician-owned, multi-specialty group in Clarksville, TN
- ▶ 45 miles northwest of Nashville, TN near the KY border
- ▶ Family Medicine, Pediatrics, OB/GYN, Occupational Medicine, Internal Medicine, staff Radiologists, Advanced Practice Providers- Total 51 providers
- ▶ Adult and Pediatric walk-in clinics including after hours and weekend hours that also can do vaccine nurse visits
- ▶ Vaccine Committee
- ▶ Care Coordinators
- ▶ Tennova Clarksville is the major local hospital

# What is Shingles a.k.a. Herpes Zoster?

- ▶ It is a “reactivation” of prior acquired Varicella-Zoster virus (VZV)<sup>1</sup>
- ▶ This virus also causes “chickenpox”
- ▶ VZV can remain dormant in one’s body for decades until it can manifest as shingles later in life
- ▶ About 1 million cases in the U.S. per year<sup>1</sup>
- ▶ 4 cases/1,000 people incidence annually in the U.S. <sup>1</sup>
- ▶ For those 60 and older the incidence is 1/100 in the U.S.<sup>1</sup>

# Shingles: Clinical Manifestations

- ▶ A painful rash that can present differently in its stages
- ▶ Typically confined to 1-2 dermatomes but can be widespread, however does NOT cross midline<sup>1</sup>
- ▶ Symptoms such as paresthesia, pain, and itching can occur before the rash appears<sup>1</sup>
- ▶ Shingles presents as a cluster of vesicles which can grow over few days then start to crust<sup>1</sup>

# Shingles: Risk Factors

- ▶ Having prior Varicella virus or having been vaccinated against VZV<sup>1</sup>
- ▶ Age: incidence rises after age 50<sup>1</sup>
- ▶ Suppressed immune system<sup>1</sup>
- ▶ Females have higher incidence of shingles<sup>1</sup>

# Shingles: Transmission

- ▶ One is considered infectious if one has active shingles lesions (not yet crusted). This can cause Varicella in those who have not had Varicella or had vaccination against Varicella Zoster Virus<sup>1</sup>
- ▶ Direct contact via vesicular fluid is one method of transmission<sup>1</sup>
- ▶ Airborne transmission of vesicular fluid is another method of transmission

# Shingles: Complications

- ▶ Postherpetic Neuralgia
  - ▶ Occurs in 10-13% of people age 60 and above with shingles<sup>1</sup>
- ▶ Herpes Zoster Ophthalmicus: involvement of ophthalmic nerves
  - ▶ Can lead to vision loss, requiring urgent diagnosis and treatment
- ▶ Cranial and peripheral nerve palsies
- ▶ Bacterial superinfection
  - ▶ Dermal staph and strep infection<sup>1</sup>
- ▶ Meningoencephalitis
- ▶ Pneumonitis
- ▶ Hepatitis
- ▶ Acute retinal necrosis
- ▶ 1-4% of those with complications require hospitalization<sup>1</sup>

# Shingles: Treatment

- ▶ Antivirals such as acyclovir, valacyclovir, and famciclovir <sup>2</sup>
  - ▶ Help to reduce both the duration and severity of infection
  - ▶ Ideally these are started as soon as possible after breakout occurs
- ▶ Analgesia for both neuralgia and pain of the active infection and also for post herpetic neuralgia

# Shingles: Prevention

- ▶ Getting vaccinated against shingles
- ▶ Reducing transmission during flares<sup>3</sup>:
  - ▶ Covering up active lesions with clothing
  - ▶ Limit touching the active lesions
  - ▶ Wash hands frequently during active shingles outbreak
  - ▶ Avoid contact with high risk individuals
    - ▶ pregnant women
    - ▶ premature or low birth weight infants
    - ▶ Immunocompromised individuals

# ZVL (Zostavax)

- ▶ The “old” shingles vaccine
- ▶ Licensed by FDA in 2006<sup>4</sup>
- ▶ 1 dose, live-attenuated vaccine
- ▶ No longer available in the U.S. as of November 2020<sup>4</sup>
- ▶ It is contraindicated in those who are immunocompromised or pregnant<sup>4</sup>
- ▶ A study of 38,000+ people showed that Zostavax reduced shingles infection by 51% and post herpetic neuralgia by 67%<sup>4</sup>

# Recombinant Zoster Vaccine (Shingrix) Studies

## ZOE-50<sup>5</sup>

- ▶ 15,411 participants aged 50 or older
- ▶ Grouped by ages 50-59, 60-69, and 70+
- ▶ Overall vaccine efficacy was determined to be 97.2%

## ZOE-70<sup>6</sup>

- ▶ 2<sup>nd</sup> trial, concurrently at same sites as ZOE-50
- ▶ 13,900 participants aged 70 and older
- ▶ Vaccine efficacy was 89.8%
- ▶ Pooled-analysis combining ZOE-50 and ZOE-70 showed efficacy of 91.3% in those aged 70 and older
- ▶ Vaccine efficacy in this same group against post herpetic neuralgia was 88.8%

# RZV (Shingrix)

- ▶ The recombinant zoster vaccine. The “new” and now only shingles vaccine in the U.S.
- ▶ Licensed by FDA in 2017
- ▶ CDC recommends adults 50 and older and those who are 19 and older with immunocompromise get the two dose vaccine series<sup>7</sup>
- ▶ 2 doses are 2-6 months apart, however for those who are or are going to be immunocompromised can get 2<sup>nd</sup> dose in 1-2 months<sup>7</sup>
- ▶ May receive even if patient has had shingles, had Zostavax, or had the VZV virus in the past<sup>7</sup>
- ▶ Do NOT administer to those who have had allergic reaction to the vaccine, have active shingles, or are pregnant<sup>7</sup>

# RZV (Shingrix)

- ▶ In those with weakened immune systems, Shingrix was 68-91% effective in preventing shingles. Effectiveness was variable and depended on the reason for being immunocompromised<sup>7</sup>
- ▶ Side effects typically subside in 2-3 days but may prevent everyday activities<sup>7</sup>
  - ▶ Injection site pain and skin reaction
  - ▶ Fever, chills, and malaise
  - ▶ GI symptoms
- ▶ Guillain-Barre Syndrome (GBS) is a rare but serious side effect. GBS is an autoimmune condition involving the peripheral nervous system<sup>7</sup>.

# Shingrix and Guillain-Barre Syndrome

- ▶ Per FDA, a post marketing observational study done at 42 days after Shingrix vaccination showing an increased risk of GBS<sup>8</sup>
- ▶ 3 excess cases of GBS per 1 million doses of vaccine administered in Medicare beneficiaries 65 years of age and older<sup>8</sup>
- ▶ In secondary analyses, it was found there were 6 excess cases of GBS per 1 million doses of vaccine administered to those 65 years and older<sup>8</sup>
  - ▶ Of note, no excess cases noted in the same time frame following the 2<sup>nd</sup> dose

# RZV (Shingrix)

- ▶ In immunocompetent adults 70 years and older the vaccine showed 84% or higher efficacy at 7 years out<sup>9</sup>
- ▶ In 8 clinical trials of 10,000+ participants, there was a 1/10 grade 3 injection site reaction and 1/10 systemic symptoms reaction. Grade 3 reaction is classified as severe enough to prevent everyday activities<sup>9</sup>
- ▶ In 6 studies among five types of immunocompromised patients, *local* Grade 3 reactions were 10.7-14.2% (0-0.3% in placebo) and 9.9-22.3% (6-15.5% placebo) *systemic* Grade 3 reactions<sup>9</sup>

# Anderson TC, Masters NB, Guo A, et al. Use of Recombinant Zoster Vaccine in Immunocompromised Adults Aged $\geq 19$ Years: Recommendations of the Advisory Committee on Immunization Practices

- ▶ FDA approved RZV for immunocompromised individuals age 19 and older as of July 2021
- ▶ ACIP adopted recommendation October 2021
- ▶ Reasoning being that those who are immunocompromised experience higher rates of shingles and its complications. It is a major risk factor<sup>10</sup>

# RZV (Shingrix): Fast Facts

- ▶ Those who never have had exposure to primary varicella nor have received the live-attenuated varicella vaccine (strain found in Varivax, ProQuad, and Zostavax) are not at risk for shingles.<sup>11</sup>
- ▶ 99% of Americans born before 1980 have had primary varicella infection, hence no need to for additional screening before administering Shingrix to immunocompetent people born before 1980.<sup>11</sup>
- ▶ For those who are or who will be immunocompromised, check for immunity to Varicella which will help determine need for Shingrix via<sup>11</sup>
  - ▶ Documentation of varicella vaccination
  - ▶ Lab confirmation of immunity or disease
  - ▶ Provider documentation of prior varicella infection or shingles infection

# RZV Shingrix: Fast Facts

- ▶ Can give Shingrix minimum 8 weeks after ZVL<sup>11</sup>
- ▶ If more than 6 months since 1<sup>st</sup> dose, administer 2<sup>nd</sup> dose as soon as possible. Do not restart series<sup>11</sup>
- ▶ The only true contraindication is severe allergic reaction to the component in the vaccine or reaction to a prior dose<sup>11</sup>
- ▶ Precautions including not administering to patients with moderate or severe acute illness.<sup>11</sup>
- ▶ Can administer vaccine after lesions are crusted<sup>11</sup>
- ▶ No ACIP recommendation for use in pregnancy<sup>11</sup>
  - ▶ Providers should consider delaying RZV until after pregnancy<sup>11</sup>

# “Improving Shingles Vaccination Rates in Family Medicine” by Jeffrey Luther

- ▶ Strategies for increasing vaccination rates section of the article:
  - ▶ Author recommends to identify patients by groups to help increase vaccination rates<sup>12</sup>
    - ▶ Those who adhere to vaccine recommendations
    - ▶ “Movable middle”- those who are unsure or hesitant to take a vaccine
    - ▶ “Vaccine detractors”
  - ▶ Shared-decision making conversation tips by the author<sup>12</sup>
    - ▶ Motivational interviewing- open-ended questions, conversational tone
    - ▶ Clarifying myths- keep facts simple, spending time here can be valuable
    - ▶ Disconfirmation Bias- avoid discrediting, rather introduce information as a novel idea
    - ▶ Personal anecdotes

# Potential Road Blocks

- ▶ Shingrix, being a two-shot series, can be troublesome to get 2<sup>nd</sup> dose administered within 2-6 month time frame for multiple reasons:
  - ▶ No follow up scheduled or reminder for patient when first dose given
  - ▶ Patient forgets to get 2<sup>nd</sup> dose or moves away
  - ▶ Lack of supply when patient is due for 2<sup>nd</sup> dose
- ▶ Generally, only Medicaid and commercial insurances are paying for in-office administration of Shingrix
  - ▶ Even with Medicaid and commercial insurers, patients should check to see if and how much of the cost is covered
  - ▶ Medicare patients have to obtain under Part D (generally, at pharmacies)

# Potential Road Blocks

- ▶ Educating and having staff to administer the vaccine
- ▶ Cost vs. reimbursement to administer vaccine in the clinic
  - ▶ Could be potential loss of revenue for some clinics to administer shingles vaccines
- ▶ Having vaccine administration available only during traditional business hours

# Premier Medical Group: Successes and room for improvement

- ▶ Things that have been helpful:
  - ▶ Supply has not been an issue recently
  - ▶ We have a Vaccine Committee that analyzes and makes decisions on both clinical and financial aspects of vaccines
  - ▶ “Standing order” recently placed in our walk-in-clinic for patients who are eligible for Shingrix vaccination to receive it in an efficient manner.

# Premier Medical Group: Successes and room for improvement

- ▶ Thoughts on improvement:
  - ▶ Adding Shingrix vaccination status as a “quality measure” that is activated and flagged as a reminder in the EMR
  - ▶ Shingrix vaccination section added to prebuilt templates for Annual Wellness Visits and Comprehensive Physical Exams to verify if a patient is vaccinated or would like to be vaccinated
  - ▶ Using our social media outlets and website to spotlight vaccination against shingles and its benefits
  - ▶ Consider a “Get vaccinated” campaign or a Vaccine “fun day”
  - ▶ For those not eligible to receive it in the office, consider a printed prescription for for them to take to their pharmacy
  - ▶ A physical reminder card and an email or text when 2<sup>nd</sup> dose of Shingrix is due

# Resources

- ▶ 1. Shingles (Herpes Zoster)>For Healthcare Professionals>Clinical Overview. CDC website. <https://www.cdc.gov/shingles/hcp/clinical-overview.html>. Last reviewed October 5, 2020. Accessed April 7, 2022.
- ▶ 2. Shingles (Herpes Zoster)>About Shingles>Treating Shingles. CDC website. <https://www.cdc.gov/shingles/about/treatment.html>. Last reviewed July 1, 2019. Accessed April 7, 2022.
- ▶ 3. Shingles (Herpes Zoster)>About Shingles>Transmission. CDC website. 3. <https://www.cdc.gov/shingles/about/transmission.html>. Last reviewed July 1, 2019. Accessed April 7, 2022.
- ▶ 4. What everyone should know about Zostavax. CDC Website. <https://www.cdc.gov/vaccines/vpd/shingles/public/zostavax/index.html>. Last reviewed October 5, 2020. Accessed April 7, 2022.
- ▶ 5. Lal H, Cunningham AL, Godeaux O, et al. Efficacy of an adjuvanted herpes zoster subunit vaccine in older adults. *New England Journal of Medicine*. 2015; 372: 2087-2096.
- ▶ 6. Cunningham AL, Lal H, Kovac, M, et al. Efficacy of the herpes zoster subunit vaccine in adults 70 years of age or older. *New England Journal of Medicine*. 2016; 375: 1019-1032.

# Resources

- ▶ 7. What everyone should know about the shingles vaccine (Shingrix). CDC website. [https://www.cdc.gov/vaccines/vpd/shingles/public/shingrix/index.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fvpd%2Fshingles%2Fpublic%2Findex.html](https://www.cdc.gov/vaccines/vpd/shingles/public/shingrix/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fvpd%2Fshingles%2Fpublic%2Findex.html). Last reviewed January 24, 2022. Accessed April 8, 2022.
- ▶ 8. FDA Requires a Warning about Guillain-Barré Syndrome (GBS) be Included in the Prescribing Information for Shingrix. Food and Drug Administration website. <https://www.fda.gov/vaccines-blood-biologics/safety-availability-biologics/fda-requires-warning-about-guillain-barre-syndrome-gbs-be-included-prescribing-information-Shingrix>. Updated March 24, 2021. Accessed April 10, 2022.
- ▶ 9. Vaccines and Preventable Diseases>Vaccines by Disease>Shingles>For Healthcare Professionals>About the Vaccine. CDC Website. <https://www.cdc.gov/vaccines/vpd/shingles/hcp/shingrix/about-vaccine.html>. Last reviewed January 24, 2022. Accessed April 8, 2022.
- ▶ 10. Anderson TC, Masters NB, Guo A, et al. Use of Recombinant Zoster Vaccine in Immunocompromised Adults Aged ≥19 Years: Recommendations of the Advisory Committee on Immunization Practices – United States, 2022. *MMWR Morb Mortal Wkly Rep* 2022;71:80-84. DOI: <http://dx.doi.org/10.15585/mmwr.mm7103a2>
- ▶ 11. Ask the Experts> Zoster (Shingles). Immunize.org website. [https://www.immunize.org/askexperts/experts\\_zos.asp](https://www.immunize.org/askexperts/experts_zos.asp). Updated March 9, 2022. Accessed March 25, 2022 and April 8, 2022.
- ▶ 12. Luther, Jeffrey S. Improving Shingles Vaccination Rates in Family Medicine. *The Journal of Family Practice*. 2021; 70 (6) A special supplement on Hot Topics in Primary Care 2021: S13-S18. doi: 10.12788/jfp.0218. [https://cdn.mdedge.com/files/s3fs-public/jfp\\_hot\\_topics2021\\_0722\\_v3.pdf](https://cdn.mdedge.com/files/s3fs-public/jfp_hot_topics2021_0722_v3.pdf). Accessed April 9, 2022.

# Additional Insights



## **Jennifer Obenrader, PharmD, CDCES**

Premier Medical Associates, P.C. in Monroeville,  
Pennsylvania

## **A Medicare Part D Vaccine Billing Solution for Healthcare Providers**

*Jennifer Obenrader, PharmD, CDCES*

April 21, 2022

# Web-Based Medicare Part D Billing Platform



# Claims and Payment Management Solution



- Includes all Part D covered vaccines, including zoster and Td/Tdap
- Convenient for patients, do not have to go to pharmacy for Part D vaccines
- Simple online provider credentialing set up process
- Check patient eligibility in real time
- Patient copayment information is available
- Claim can be “pended” for 24 hours to allow patient discussion
- Claim submission and acceptance in real time
- Claim transaction fee calculated into vaccine reimbursement rate

## Office Workflow Process

- **Vaccine gaps/opportunities are established during pre-visit planning**
- **Transact RX trained staff member checks vaccine eligibility**
- **Claim is placed in pending status with patient copayment information**
- **Provider reviews vaccine information with patient**
- **If patient is agreeable, vaccine is administered**
- **Claim is changed from a pending status to submitted status**
- **Patient responsible for copayment at checkout**

## Measure 4: Recombinant Zoster



Time Period	Denominator	% completed
7/1/2019–9/30/2019	22906	5%
7/1/2019–12/31/2019	23412	7%
7/1/2019–3/31/2020	23908	9%
7/1/2019–6/30/2020	24175	11%
7/1/2020–9/30/2020	24415	15%
7/1/2020–12/31/2020	24935	22%
7/1/2020–3/31/2021	25382	26%
7/1/2020–6/30/2021	25720	31%
7/1/2021–9/30/2021	25819	33%
7/1/2021–12/31/2021	26204	35%
7/1/2021-3/31/2022	26,415	37%

# QUESTIONS?

Together, we will  
administer 25 million  
immunizations by 2025!



# Upcoming Webinar



Topic: Tdap 101



Date/ Time: May 19, 2pm ET



Presenter: Dr. Lawrence Shulman, D.O.,  
F.C.C.P., ProHEALTH Care Associates

# Questions?



Submit your  
questions using the  
**Q&A feature** at the  
bottom of the screen