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# Supporting Fall COVID-19 Vaccines as the Medical Director

## Current COVID-19 Vaccinations Recommendations

CDC recommends an updated 2024-2025 COVID-19 vaccination for everyone ages 6 months and older. Only one dose is currently recommended for those 65 and older, but experts continue to review the data and may make updated recommendations if it is believed that additional protection is needed in certain populations, including older adults and those in long-term care.

Older adults are at higher risk of hospitalization and mortality if they contract COVID-19. A CDC MMWR article states "COVID-19–associated hospitalizations among nursing home residents peaked at 7.1 per 10,000 residents, more than eight times the peak weekly rate of 0.87 per 10,000 among all U.S. adults aged ≥70 years.[1] Although data reported to NHSN by nursing homes cannot be directly compared with those submitted by hospitals because of differences in methodology and populations, this stark difference underscores the high risk for COVID-19–associated hospitalization among nursing home residents."

## Tips for Preparing for Fall Clinics

Set dates for clinics with the long-term care pharmacy or other vaccinating partners

Consider planning COVID-19 vaccine clinics with other fall respiratory disease vaccine clinics

COVID-19 vaccine can be preordered and is now available in single dose vials

Start the process of getting consent, if needed; consider using a multiple vaccine consent form on admission

COVID-19 is safe to administer at the same time as influenza, RSV, and/or pneumococcal disease vaccines

Provide in-service training to staff on the need for vaccination in long-term care and answers to frequently asked questions

## Use Your Position as a Trusted Clinician to Lead the Way

### Set the vision for and model a positive vaccine culture

- Advocate for why vaccine improvement work is important
- Set and prioritize ambitious goals, with the expectation that vaccination is a standard of care for residents and an expectation for staff
- Model the stated vaccine culture; get vaccinated alongside your staff/residents
- Share your vaccination status and encourage others to share
- Be available to answer questions; build trust with staff
- Make vaccine events fun and a celebration of shared efforts toward a healthy community
- Support data collection and reporting – use visuals for residents, families and staff to see current vaccination rates: goal poster for residents and goal poster for staff
- Recognize and encourage efforts and progress to sustain motivation
- Understand the barriers facing staff and use influence and access to address them

### Implement SOPs, including:

- Procedures to assess and get consent
- Offer vaccine onsite, more than once for residents, and on all shifts for staff
- Provide vaccine at no cost to staff, if possible; if not, direct staff to coverage options
- Inform facilities of billing options and processes (see back)

### Address vaccine fatigue, hesitancy and misinformation

- Acknowledge that staff and residents are tired of talking about COVID-19
- Don't correct false statements – say you can understand why they would think that
- Provide balanced, accurate information, not a "sell job"

## Address vaccine fatigue, hesitancy and misinformation *(continued)*

- Make efforts to confront and address COVID-19 vaccine misinformation
- Focus on risk factors that matter to each individual: some may be motivated to decrease their risk of getting residents ill, others respond to risk of illness among themselves/their families
- Focus on the “moveable middle”, not those completely resistant to vaccination
- Make immunizations a QAPI topic
- Recognize when efforts need to be stepped back to build trust

## Billing Information

COVID-19 (along with influenza and pneumococcal) vaccines are billed as part of **Medicare Part B**. For residents in their **Medicare Part A** stay, vaccines are carved out of the global payment and may be billed separately on individual claims or roster billing to Medicare Part B. This must be done by the facility, which can bill both for the vaccine product and its administration. The pharmacy can only bill Part B when a resident is out of their Part A stay or when the vaccine provided is covered under Part D (e.g., RSV, shingles).

See below and this vaccine billing guide for more information.

### Part B Vaccines (Influenza, COVID-19, Pneumococcal)

| Resident | Biller | |
|---|---|---|
| Part A Stay Resident | FACILITY | Vaccine product and administration fee must be billed by facility using roster billing on a Part B claim |
| | PHARMACY | The LTC pharmacy is not allowed to bill directly for Part B vaccines for residents in their Part A stay |
| Non-Part A/Long-term Stay Resident | FACILITY | Facility can use roster billing for both the vaccine cost and the administration fee on a Part B claim |
| | PHARMACY | Pharmacy can bill directly for both the vaccine cost and the administration fee |

*If the facility staff administered the vaccine, they can ask the pharmacy to bill the administration fee and provide it back to the facility. This should be written into contracts between facilities and pharmacies.*

## Reference

COVID Data Tracker. CDC. August 31, 2024. Accessed September 12, 2024.
https://covid.cdc.gov/covid-data-tracker/#datatracker-home

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