

NEW YORK STATE OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES

IMMUNIZATION REIMBURSEMENT PROGRAM

JANUARY 1, 2012

REIMBURSEMENT AMOUNTS FOR HEPATITIS B SERVICES AND INFLUENZA AND PNEUMOCOCCAL VACCINE

The Federal Occupational Safety and Health Administration requires that employees in health service occupations be immunized against Hepatitis B. In addition, the New York State Legislature passed Chapter 580 of the Laws of 1999 that requires long term care facilities with five or more persons over the age of 65 to provide immunization for influenza and pneumococcal disease to both persons served and employees.

Given these changes in law and regulation, the Office for People with Developmental Disabilities (OPWDD) expanded the original Hepatitis B services reimbursement program to include influenza and pneumococcal vaccine.

Vaccine and Inoculation Services

You can arrange to obtain the vaccinations from any qualified medical provider or you may elect to have nurses employed by your agency administer the vaccine.

Reimbursement

The Immunization Reimbursement Program is primarily designed to assist voluntary agencies with the cost of providing immunizations to agency employees in OPWDD funded programs. OPWDD will reimburse agencies for immunization costs up to the Medicaid fee amount listed below. It is not necessary for these claims to be submitted to employee health insurance plans for review.

For consumers with Medicaid coverage, the cost of immunizations will be paid via the Medicaid billing system (eMedNY). If the consumer has health insurance, the medical provider should bill the health insurance plan. Provider agencies should arrange to pay for any necessary co-pay, and then submit a claim to OPWDD for reimbursement of the co-payment amount.

If the consumer does not have Medicaid or private health insurance, the provider must arrange to pay for the necessary vaccine and related supplies. The provider then can submit a claim to OPWDD for reimbursement. Providers will be paid by OPWDD for their costs up to the Medicaid fee amount.

Method of Reimbursement

Providers may seek reimbursement from OPWDD by submitting a Standard Voucher (AC-92) and supporting documentation to the OPWDD’s Community Funding unit. A list of the names of employees who received the screening tests or vaccinations with the dates of service is required.

Documentation of the agency’s cost for securing services can consist of invoices, receipts or bills from pharmacies/drug companies, hospitals and/or doctors. Attach these to your voucher. Reimbursement will be limited to the cost incurred by your agency up to the maximum amount allowed under the Medicaid fee schedule.

Vaccine Per Dose – (includes Administration, Vaccine and Materials)

<u>Type</u>	<u>Medicaid Procedure Code</u>	<u>Amount</u>
Hepatitis B Vaccine	90746	\$59.71/shot *
Hepatitis Screening	87340	\$11.10
Influenza Vaccine		
6-35 month dosage	90657	\$ 6.30
3 yrs & above dosage	90658	\$11.37
Pneumococcal Vaccine	90732	\$57.19

*The amount listed is for 1.0 ML inoculations.

Claims will be processed in the order in which they are received. The above reimbursement amounts apply to services provided after January 1, 2012. On the following page are claiming instructions for reimbursement. If you have any questions, please contact Bob Grossman at (518) 402-2912 or Michael Serge at (518) 402-4321.

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The following information must be submitted with each reimbursement claim:

1. Standard Voucher (AC-92). You must complete the following areas:
 - #3 Payee ID-your agency Federal Employer ID#
 - #4 Payee Name and Address – the name to which you wish to have payment made, and the address to which you wish to have payment sent.
 - #6 Description of Charges – a brief summary of charges, as detailed on attached pages.
 - #7 Payee Certification – Signature of authorized agency representative and title.
2. A list of all individuals who received immunizations and/or screening tests. Please indicate the dates of the various types of service.
3. Copies of invoices, receipts or bills from pharmacies, hospitals or doctors who provided the service or vaccine.

Please send the vouchers, lists and copies of documentation to:

OPWDD
Community Funding
44 Holland Avenue – 3rd Floor
Albany, NY 12229-0001

It is often necessary to contact the agency to resolve discrepancies or seek additional information. Please include the name and telephone number of the agency representative responsible for the claim.