



10/21/20

**Preliminary Guidance for OASAS-Certified Treatment Providers on Influenza Vaccination for 2020-2021**

**Background:**

Annual influenza vaccination is [recommended for all persons age 6 months and older](#) to decrease morbidity and mortality caused by influenza. Please review influenza information from the [New York State Department of Health \(NYS DOH\)](#) and the [Centers for Disease Control and Prevention \(CDC\)](#) for updated information, resources, and materials related to influenza.

During the COVID-19 pandemic, reducing the overall burden of respiratory illnesses is important to protect vulnerable populations at risk for severe illness, the healthcare system, and public health. Thus, healthcare providers should use every opportunity during the influenza vaccination season to ensure that all eligible persons have access to influenza vaccination, especially including, but not limited to:

- *Essential workers:* Healthcare personnel, including nursing home, long-term care facility, and pharmacy staff, and other [critical infrastructure](#) workforce;
- *Persons at increased risk for severe illness from COVID-19:* Including adults age 65 years and older, residents in a nursing home or long-term care facility, and persons of all ages with certain underlying medical conditions. Severe illness from COVID-19 has been observed to disproportionately affect members of certain [racial/ethnic minority groups](#);
- *Persons at high risk for influenza complications:* Including infants and young children, children with neurologic conditions, pregnant persons, adults age 65 years and older, and other persons with certain underlying medical conditions.

***Given that individuals with addiction are at increased risk of complications from both COVID-19 and influenza, it is recommended that all individuals working and receiving care at OASAS-certified treatment programs should receive the influenza vaccination.***

**OASAS-Certified Programs and the Influenza Vaccine:**

OASAS-certified programs should have policies and protocols in place that ensure that individuals they serve have access to vaccination and that program staff are vaccinated per any relevant certifying body requirements and labor agreements. For more general information on influenza vaccination for healthcare staff, see [NYS DOH Regulation for Prevention of Influenza Transmission by Healthcare and Residential Facility and Agency Personnel](#).

In many/most cases, program staff should routinely ask whether patients have been vaccinated and document this information in the medical record. Those not yet vaccinated this season should be encouraged to receive the vaccine (e.g., at their primary care provider office, a pharmacy, etc.), and educated on the benefits of influenza vaccination.

In addition, certain OASAS-certified treatment settings should strongly consider providing the influenza vaccine directly to patients who have not yet been vaccinated this season. This includes programs where patients may be frequently

presenting for care in-person, such as Opioid Treatment Programs, as well as where patients may be staying during influenza season, such as residential treatment settings.

*Routine vaccination should be deferred for persons with suspected or confirmed COVID-19, regardless of symptoms, until [criteria](#) have been met for them to discontinue isolation.* While mild illness is not a contraindication to vaccination, vaccination visits and direct contact for vaccination administration for these individuals should be postponed to avoid exposing healthcare personnel and other patients to the virus that causes COVID-19. When scheduling or confirming appointments for vaccination, patients should be screened for COVID-19 symptoms and exposure risk per previous guidance [here](#) and [here](#). Patients who are asymptomatic in quarantine within residential settings, due to their responses to screening questions, possible exposure, recent travel, and/or who may be awaiting COVID-19 test results, may be vaccinated for influenza.

#### **Administration of the Influenza Vaccine:**

The potential for asymptomatic transmission of the virus that causes COVID-19 underscores the importance of applying infection prevention practices to encounters with all patients, including physical distancing, respiratory and hand hygiene, surface decontamination, and source control while in a healthcare facility. OASAS programs that provide immunization should refer to [guidance developed by the Centers for Disease Control and Prevention \(CDC\) about vaccination administration](#) and develop policies and protocols accordingly to prevent the spread of COVID-19 in [healthcare settings](#).

Policies and protocols for vaccine administration should:

- Ensure staff have the correct [personal protective equipment \(PPE\)](#). Please note that minimum PPE requirements recommended by the CDC during contact with asymptomatic patients [differ based on the rate of local COVID-19 transmission](#).
- Minimize chances for exposures, including:
  - Screen for [symptoms](#) of COVID-19 and any contact with persons with suspected or confirmed COVID-19 [prior to](#) and upon arrival at the facility for vaccine administration at the facility. Isolate symptomatic patients as soon as possible, per previous guidance [here](#) and [here](#).
  - Follow all infection control standards when providing in-person services and making direct contact with any patients, per [previous guidance](#) from OASAS and the NYS DOH, specific to each setting.

#### **Reimbursement for Influenza Vaccination at OASAS-Certified Programs:**

OASAS programs that elect to make influenza vaccination directly available to patients at their programs should be aware of the following options for vaccine supply access and reimbursement:

##### Outpatient Programs including Opioid Treatment Programs:

Outpatient programs can bill Medicaid Fee for Service and Medicaid Managed Care Plans for influenza vaccination administration under their Physical Health Services Rate Code.

As per the [OASAS Medicaid APG Clinical and Billing Manual](#):

Physical Health Claims should be submitted separately from Behavioral Health Claims utilizing the Physical Health Rate Code(s):

- 99201-99205: New, Evaluation & Management, no counseling
- 99211-99215: Existing, Evaluation & Management, no counseling
- 99382-99387: New, Physical Exam
- 99392-99397: Existing Physical Exam

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Providers should utilize the E&M Code which most accurately reflects the service being provided in accordance with the AMA's CPT/HCPCS Coding Manual

The program can also bill for the administration of the vaccine – see Centers for Medicare and Medicaid Services (CMS) guidance on billing codes: <https://www.cms.gov/medicare/preventive-services/flu-shot-coding>

*PLEASE NOTE:* Programs are limited to providing 5% (this percentage may be higher for integrated licensure models under DSRIP) of total visits for physical health visits. If more than 5% of their total visits are billed under the physical health services rate code, programs would need to receive certification from DOH as a general health clinic.

#### Residential Treatment Programs:

As given in the [Routine Medical Services in Part 820 Programs Guidance](#), influenza vaccinations would not be included within routine medical care because they are typically a primary care program function. Providers are able to bill for this service as a separate E/M service if included in the plan contract, or the patient should receive this service through their primary care provider, a Medicaid participating pharmacy, or a co-located physical health service provider.

Other residential programs, including Part 819 Community Residential, Part 819 Supportive Living, and Part 820 Reintegration programs, should encourage clients to obtain influenza vaccination from their own primary care providers (or other source as indicated above), and for those individuals who may not have ready access to their own primary care providers, should coordinate with primary care providers in the community (eg., Federally Qualified Health Centers) to make influenza vaccination available.

*In addition to purchasing vaccine supplies and billing for vaccination administration, OASAS providers outside of the five boroughs of New York City (NYC), can obtain free influenza vaccine supplies by enrolling in the NYS Vaccine for Adults (VFA) program described below. \*Please note that limitations apply to fees that may be charged for administering vaccinations obtained through this program.*

*For OASAS providers/facilities in NYC who would like to acquire influenza vaccine supplies, please contact the New York City Department of Health and Mental Hygiene's (DOHMH) Bureau of Immunization to inquire about potential influenza vaccine availability.*

#### Resources for Influenza Vaccine Supply Acquisition in NYS (outside of NYC):

##### Vaccines for Adults (VFA) Program and Vaccines for Adults (VFA) for INFLUENZA Vaccine Program:

Through this program, uninsured/underinsured adults age 19 and older can receive any Advisory Committee on Immunization Practices (ACIP)-recommended, age-appropriate vaccine free of charge (see [VFA Eligibility Criteria](#) document). “Uninsured” means an individual with no health insurance. “Underinsured” means an individual whose health insurance does not cover the vaccine(s) to be administered, or whose insurance caps vaccine coverage at a certain amount or number of visits. VFA providers must screen all adult patients for VFA vaccine eligibility and document their status at each immunization encounter. **In an effort to increase influenza vaccination rates during the 2020-2021 influenza season, the New York State Department of Health is allowing providers enrolled in the Vaccines for Adults program to administer publicly funded vaccine to all adults 19 years and older regardless of insurance status.** Priority should be given to individuals without other means of receiving the influenza vaccine, and screening for insurance is recommended if the vaccine is administered in an office setting.

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## How to participate:

- If your program is already enrolled in Vaccines for Adults (VFA), you would simply order additional doses of vaccine for your insured adult population. Please note that this extended eligibility only applies to influenza vaccine for the 2020-2021 season. You must still screen for eligibility (uninsured and underinsured individuals) for other VFA vaccines. Please see the [NYSIIS info sheet](#) on how to record eligibility for insured adults.
- If your program is not currently enrolled in VFA, you may complete the [Temporary Enrollment Form for 2020-2021 Influenza Vaccine](#) and submit it to [nyvfc@health.ny.gov](mailto:nyvfc@health.ny.gov). You will only be allowed to order influenza vaccine for the duration of the flu season. If you are interested in providing other vaccines to eligible adults or wish to continue beyond the flu season, you must enroll in the [Vaccines for Adults](#) program. Only facility types listed in the enrollment form are eligible for temporary enrollment for 2020-2021 influenza vaccine.

To enroll in the VFA program, review the following documents (please note, they are marked as 2019 and still valid), and take these next steps:

1. Complete and submit the [Provider Agreement and Storage and Handling Plan](#) to [nyvfc@health.ny.gov](mailto:nyvfc@health.ny.gov)
2. Get access to the immunization registry, NYSIIS (New York State Immunization Information System). This is necessary for ordering and is located on the [Health Commerce System](#).
3. Record twice-daily minimum and maximum temperatures for your refrigerator (and freezer if applicable). These temperatures will be entered daily in NYSIIS.

## \*Administration fees

Publicly funded vaccine must be supplied at no charge to the patient or insurer. It is recommended that providers reduce any financial barriers to the administration of this vaccine. Administration fees are allowable, but may not exceed:

- \$25.10 for uninsured or underinsured individuals
- \$17.85 for individuals participating in Medicaid fee for service
- Amount allowable per contractual agreement for those with private health insurance, Medicaid managed care, or Medicare Part B

An individual may not be denied vaccine administration for an inability to pay and a provider may not send a patient to collection for payment.

Please contact the NYS Vaccine Program at 1-800-543-7468 or email [nyvfc@health.ny.gov](mailto:nyvfc@health.ny.gov) with any questions.

Please find additional information on Vaccines for Adults Program [here](#).

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