



California Department of Public Health (CDPH) Infection Prevention Webinar

Wednesday, January 24, 2024

Upcoming Calls



- HSAG Tuesday, 11:30 a.m., NHSN & HAI Updates & Office Hours:
 - 3rd Tuesday of each month
 - Register: <https://bit.ly/NHSNHAIofficehoursJantoJuly2024>
- CDPH Wednesday, 3 p.m., SNF Infection Prevention (IP) Webinars
 - Register: hsag.com/cdph-ip-webinars
 - Recordings, notes, and slides are posted at registration site
 - Hosted every other month moving forward:
 - March 27
 - May 29
 - July 24
 - September 25
 - November 13

Retiring the Wednesday Webinar FAQs

FAQs are being taken down from the website by Friday, March 1, 2024.

CDPH Infection Prevention Webinars



The California Department of Public Health (CDPH)—with the California Association of Long Term Care Medicine (CALTCM), California Association of Health Facilities (CAHF), and Health Services Advisory Group (HSAG)—hosts a monthly webinar on infection prevention for long term care facilities to discuss any recent updates on COVID-19 and provide a venue for addressing questions. The webinars focus on infection prevention guidance for SNFs. It is recommended that SNF infection prevention staff attend. Local health departments and SNF administrators, directors of nursing, and medical directors are also encouraged to attend. Please register in advance; space is limited. A recording link will be available the day following the webinar.

Day of the webinar event: Call-in telephone number for all webinars is: **415.655.0003**. You may join via computer (using your computer or telephone for audio) or by telephone only. (If you join the video portion of the webinar, for a better webinar experience we recommend you have Webex call your phone—don't dial in yourself).

Note: The CDPH 2nd Tuesday all-facilities phone calls have been discontinued for 2024.

Register for Upcoming Webinars

January–March 2024 

May–November 2024 

Past Webinars

[CLICK HERE](#) to find past webinar recordings, slides, call notes, and other links.



Agenda



- Welcome & Announcements
- Age-Friendly Health Systems Opportunity
- Quaternary Ammonium Compound (QAC) Observational Study
- Medical Countermeasures COVID-19 Testing Updates
- Immunization Branch Update
- CAIR2 Vaccine Updates
- NHSN & Vaccine Updates
- Q&A



QAC Observational Study

QAC Observational Study

What are QACs?

QACs are the active ingredient (AI) in many disinfectant products. QACs come in the form of wipes, sprays, & concentrates. QACs can be identified by looking at the AI(s) on a product label & seeing if the AI ends in “ammonium chloride” or includes “benzalkonium chloride.”

Who?

California Department of Pesticide Regulation’s Worker Health & Safety Branch (WHS) is looking for businesses/facilities who are willing to participate in our QAC Observational Study.



Why?

To gather information on what QACs are most often applied & how they’re being used.

How?

All study participants will fill out or respond verbally to a questionnaire on QAC usage. WHS scientists will not collect any personal identifiers & will only observe & take notes on what’s applied & how workers use sanitizers during their work shift.

When?

At the convenience of you and/or your staff. The observation will not affect the routine activity of your staff.

For more information, please contact:
Christine.Herrera@cdpr.ca.gov or (916) 445-4261



Where?

- Hospitals
- Healthcare Facilities
- Nursing Homes
- Restaurants
- Cafés





NHSN Updates

Annual Influenza Report

NHSN Annual Influenza Report is due by May 15, 2024.

- This report must be completed in the **Healthcare Personnel Safety (HPS) component**.
- The HPS component needs to be added only once, but reporting must be done every year.
- Guidance for how to add the component and complete the reporting can be found in Appendix B of the [HSAG Survival Guide for Mandatory NHSN Reporting for LTCFs](https://www.hsag.com/contentassets/5e33497eb60d41258abba4d3cab9d8f0/nhsnsurvivalguidejan2024-508.pdf).



Welcome to the NHSN Landing Page

SCHABRA@HSAG.COM

Select component:
Healthcare Personnel Safety

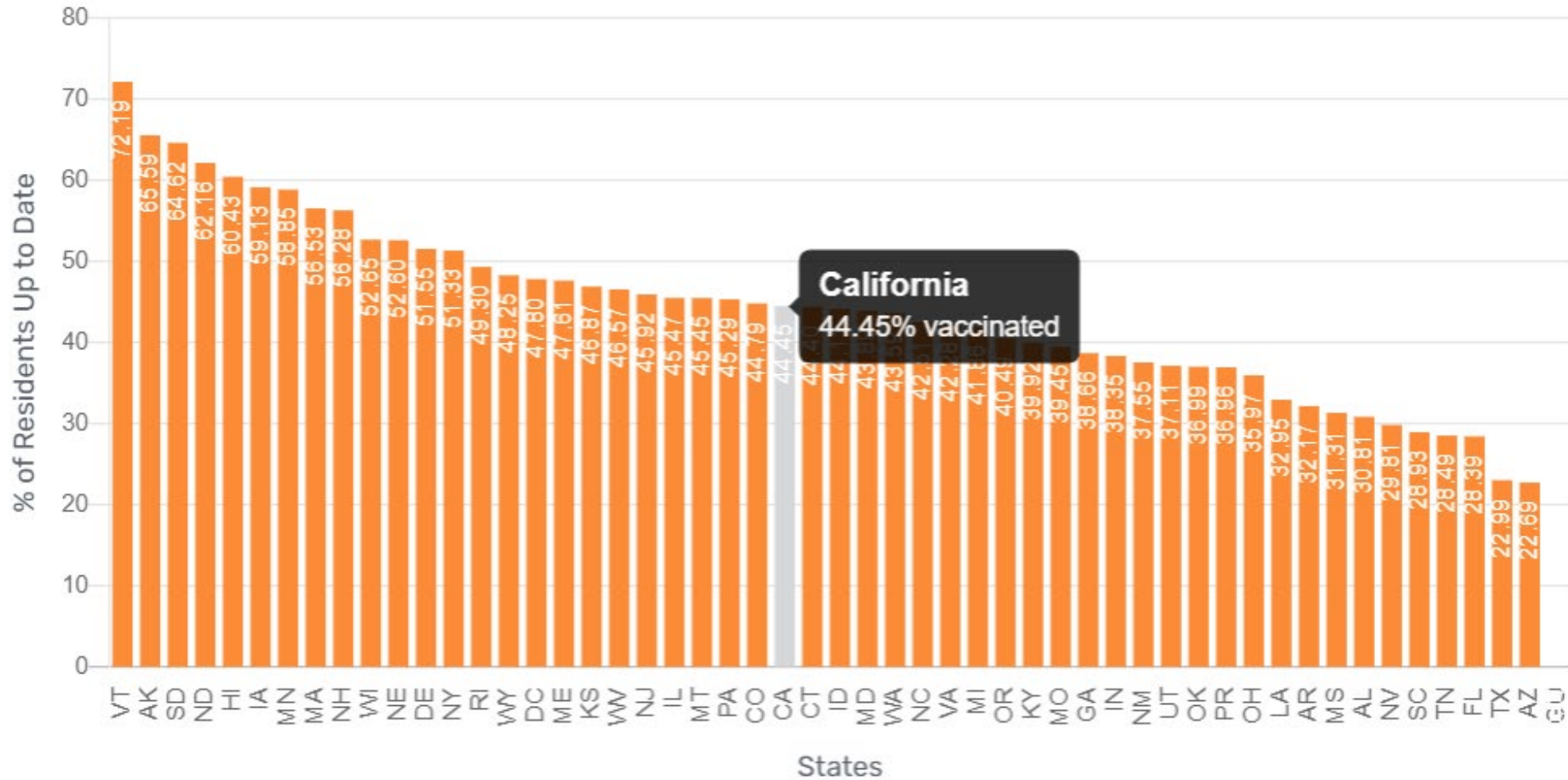
Select facility/group:

Submit

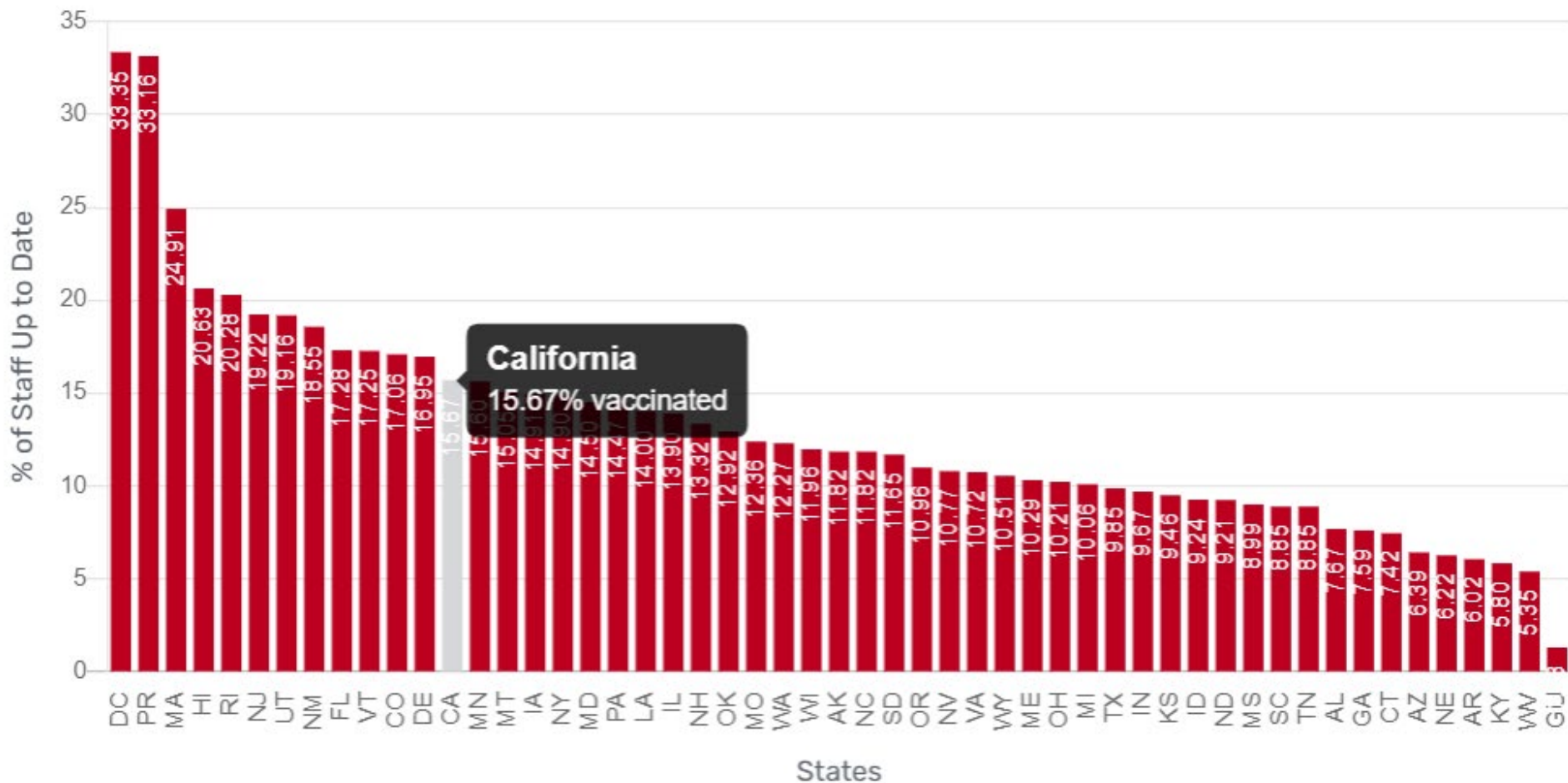


COVID-19 Vaccine Updates

Percentage of Current Residents Up to Date with COVID-19 Vaccines per Facility



Percentage of Current Staff Up to Date with COVID-19 Vaccines per Facility



HSAG Vaccine Assistance

- HSAG's Vaccine Team can help in your vaccine efforts!
 - On-site or virtual vaccine education for residents and staff
 - Vaccine clinic assistance
 - NHSN reporting
- Complete a short form and the HSAG team will reach out to you to assist with your vaccine efforts

New HSAG Resources



1. [HSAG Roadmap to Success: Prevention of Respiratory Infection | Improving Vaccination Rates in Long Term Care](#)
2. [COVID-19 Vaccine Effectiveness Infographic](#)
3. [Template for email or letter to residents/families promoting upcoming vaccine clinic and vaccine education events](#)
4. [Fillable Vaccine Clinic Promotional Handout](#)
5. [Fillable Symptom Checker Handout](#)
6. [Fillable Vaccine Educational Event and Q&A Promotional Handout](#)

Billing for Vaccines in Skilled Nursing Facilities: A Guide

Coding

The Centers for Medicare and Medicaid Services and the American Medical Association (AMA) have established codes for billing vaccines.

There are two components to billing any vaccine administered: the vaccine product/ingredients and its administration.

For the most up-to-date information on specific codes, visit the following websites:

Roster Billing:

Roster billing with your MAC:

www.cms.gov/medicare/payment/covid-19/definitions

Medicare Claims Processing Manual, Chapter 6 with consolidated billing guidance:

www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c06.pdf

Medicare Claims Processing Manual, Chapter 18 with vaccine guidance:

www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18pdf.pdf

Specific Codes

Updated COVID-19 CPT codes:

www.ama-assn.org/practice-management/cpt/covid-19-cpt-vaccine-and-immunization-codes

List of CPT/HCPCS codes:

www.cms.gov/medicare/regulations-guidance/physician-self-referral/list-cpt/hcpcs-codes

In skilled nursing facilities, a vaccine may be billed by the facility or the long-term care pharmacy, depending both on whether a resident is in their Part A stay as well as what vaccine is being administered.

Staff

The LTC pharmacy can procure and bill for staff vaccination but it is typically considered out of network and not covered, leaving the facility or individual staff member to cover the bill.

The facility can choose to eat the cost of the vaccine or send staff elsewhere (eg, retail pharmacy or provider office that is a part of the Insured staff person's network)

For COVID-19, uninsured staff can go to CVS/Walgreens, state they are uninsured, and use the Bridge Access Program. For other pharmacies who have applied to be Bridge Access Providers with eTrueNorth, an individual has to go online and get a QR code to prove they are uninsured.

For more information,
please contact
movingneedles@paltc.org



Residents

● Influenza, pneumococcal, and COVID-19 vaccines

Influenza, pneumococcal, and COVID-19 vaccines are billed as part of **Medicare Part B**. Hepatitis B vaccine is covered under Part B only if an individual is considered to be at high risk – residents of long term care are considered high risk.

● 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.

Because vaccinations are not part of the Medicare hospice benefit, hospice claims (type of bill 81X or 82X) for vaccine services must be billed on a separate institutional claim and must only include charges for the vaccine and their administration.

COVID-19: For hospice patients under Part B only, include the GW modifier on COVID-19 vaccine administration claims if either of these apply:

1. The vaccine isn't related to the patient's terminal condition.
2. The attending physician administered the vaccine.

● Hospice

● Tdap, shingles, and RSV vaccine

Tdap, shingles, and RSV are billed through **Medicare Part D**. Hepatitis B vaccine is covered under Part D if an individual is not at high risk.

● Part A Stay Resident

PHARMACY

Pharmacies must provide and bill for the cost of the vaccine product and may bill for the administration fee

● Non-Part A/Long-term Stay Resident

PHARMACY

Pharmacies must provide and bill for the cost of the vaccine product and may bill for 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.



Exceptions and special circumstances

When a vaccine such as Tdap (Part D) is administered therapeutically (i.e., post exposure) instead of preventively, it is included in the Part A global bundled payment for Part A stay residents.

Questions?





This material was prepared by Health Services Advisory Group (HSAG), a Quality Innovation Network-Quality Improvement Organization (QIN-QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication No. CA-12SOW-XC-02282024-01

