NACDS NATIONAL ASSOCIATION OF CHAIN DRUG STORES

Key Recommendations for the Creation of Any Vaccines For Adults Program

1. **Broad coverage to support vaccine services for adults**
   - Program should include coverage of all ACIP-recommended vaccines for adults
   - Program should provide vaccines to both uninsured and underinsured individuals.

2. **Ensure program supports adequate reimbursement to providers**
   - Administration fees that cover costs pharmacies incur when administering vaccines to the uninsured population
   - Administration fees adjusted every 2 years to cover providers' rising costs of providing vaccine services
   - Establish a process to support adequate reimbursement to providers if/when a patient refuses to pay any applicable copay

3. **Establish workable billing practices**
   - Billing of claims through pharmacy billing system as if a pharmacy benefit. *Note: ok if claims are then billed to the medical benefit on the switch side (like 837 claims).*
   - The government should contract with one entity (akin to a TrOOP facilitator) to verify a patient's insurance status when assessing patient eligibility for vaccines under the VFA program in advance of the pharmacy visit – this information (along with patient eligibility) can then be provided to pharmacies by patients at the time when the patient presents at the pharmacy to receive a covered vaccine. *Note: this is tied to the recommendation below for determining patient eligibility in advance of the vaccine visit.*
   - Apply lessons learned from HRSA billing portal for COVID vaccines. Need to avoid back-end difficulties where patients may falsely attest that they have no insurance, which led to pharmacies having to go back and pursue reimbursement from the insurance provider post point-of-sale.

4. **Establish a clear, simple process to determine patient eligibility**
   - As above, the government should contract with one entity to conduct patient eligibility determinations in advance of the pharmacy visit – this information (along with any applicable patient insurance information) can then be provided to pharmacies by patients at the time when the patient presents at the pharmacy to receive a covered vaccine.
   - To support this process, patients could first complete an online eligibility questionnaire and if the patient meets eligibility requirements, the program administrator could provide the patient with a card, email or other information source to provide at the pharmacy to identify that they are an eligible patient.

5. **Develop efficient enrollment processes modeled after the Federal Retail Pharmacy Program agreements**
   - Allow for batch enrollment for chain pharmacies with generalized practice site enrollment (and not down to NPI level of pharmacy).
   - One agreement per organization.

- Avoid duplicative enrollment process for pharmacies already enrolled in other federal programs (e.g., mass immunizers in the Medicare program) by pulling information over from other federal programs to support a pharmacy's enrollment in the VFA program.

6. **Ensure that enrollment process allows for and does not hinder the use of all pharmacy team members who are authorized to administer vaccines under state laws to administer vaccines under the program**
   - Maintain pharmacy providers' ability to utilize the full pharmacy team who are authorized under any current federal policies and/or state laws, including pharmacy technicians, for vaccine administration to eligible Vaccines for Adult individuals (i.e., as allowed per PREP Act authorities and successor policies)

7. **Allow participating pharmacies to "buy and bill" for vaccine stock administered to Vaccines for Adult program beneficiaries**
   - A "buy and bill" model would allow pharmacies to use standard, existing vaccine stock purchased through pharmacies' wholesalers and then bill the government for vaccines administered to patients under the program.
   - In such a model, the government could then seek any applicable rebates directly from manufacturers for vaccines administered to patients under the program.
   - For context, in the Vaccines For Children (VFC) program, the government purchases vaccines stock that goes to states to distribute to VFC program providers. This model is problematic for pharmacy providers, as it requires the use of dedicated and segregated vaccine stock. Moreover, it sets up potential patient access issues where states don't provide enough inventory to meet pharmacy demand, and inventory is not easily replenished. This must be avoided.

8. **Utilize existing pharmacy distribution and ordering systems for covered vaccine stock**
   - This program shouldn't reinvent the wheel by requiring pharmacies to order special vaccine stock from different places or add complications to existing ordering processes.

9. **Any vaccine reporting should be submitted to a single entity**
   - Avoid duplicative, overly burdensome reporting structures. Do not require pharmacies to report to both federal and state entities.