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Administering Vaccines to HPSM CareAdvantage Members (Claim Submission Options for Year 2011)

Please read below for options on how to bill for Part D vaccines for 2011.

General Information Regarding the Part D Vaccine Benefit

CMS categorizes most vaccines under the Medicare Part D benefit for Medicare beneficiaries. This includes vaccines such as Zostavax, Vaqta, and Menactra. HPSM covers many vaccines, including Zostavax, without any restrictions. A list of covered vaccines is included on the CareAdvantage formulary (See Attachment 1).

Claim Submission Options in 2011

For **contracted vaccine pharmacy providers** that dispense AND administer a Part D vaccine, pharmacists can readily process a vaccine claim and an administration fee for a CareAdvantage (CA) member through the health plan's pharmacy benefits manager (PBM) – **InformedRX (IRX)**. The drug cost AND the administration fee will be reimbursed by IRX. If pharmacists dispense ONLY the vaccine, then the drug cost will be reimbursed only. For billing questions or issues, please contact **InformedRx at 1-866-441-2422**.

For **non-contracted vaccine pharmacy providers**, pharmacists can bill for the drug only.

For **physician providers**, HPSM urges physicians to provide the vaccine in their offices to eliminate any safety concerns. Like last year, HPSM will continue to use the established billing mechanism for you to be reimbursed directly for the Part D vaccines that you administer to CareAdvantage members so that you **do not** bill the CareAdvantage member more than their co-pay to administer the vaccine. HPSM will reimburse the physician offices for the drug cost and the administration fee. Please follow the instructions below on how to submit Part D vaccine claims manually to HPSM.

If physician providers are only administering the vaccine (dispensed from pharmacies or brought in by CA members), then HPSM will reimburse the administration fee only to the physicians.

Attachment 1

2011 CareAdvantage Formulary – Part D Vaccine Category
(Refer to pp 92-96 of the formulary book for further details)
Part D Vaccines – No Prior Authorization Required

BRAND NAME	GENERIC NAME	STRENGTH	DOSAGE FORM
ACTHIB	HAEMOPH B POLYSAC CONJ-TET TOX	10MCG	VIAL
ATTENUVAX VACCINE W/DILUENT	MEASLES VACCINE,LIVE,ATTENUATD	1000 TCID	VIAL
GARDASIL	HUMAN PAPILOMAVIRUS VACC,QVAL	20-40/0.5	VIAL
HAVRIX	HEPATITIS A VIRUS VACCINE	720/0.5ML	VIAL
HAVRIX	HEPATITIS A VIRUS VACCINE	1440/ML	DISP SYRIN
HIBTITER	HAEMOPH B OLIGO CONJ-DIPHT CRM		VIAL
IMOVAX RABIES VACCINE	RABIES VACCINE,HUMAN DIPLOID	2.5 UNIT	VIAL
IPOL	POLIOMYELITIS VAC,KILLED	40-8-32	VIAL
JE-VAX	JAPANESE ENCEPHALITIS VACCINE		VIAL
MENACTRA	MENINGOC VAC A,C,Y,W-135 DIP	4MCG/0.5ML	VIAL
MENOMUNE-A/C/Y/W-135	MENINGOCOCCAL VAC A,C,Y,W-135	50MCG	VIAL
MERUVAX II VACCINE W/DILUENT	RUBELLA VACCINE	1000 TCID	VIAL
MERUVAX II VACCINE W/DILUENT	RUBELLA VACCINE	1000 TCID	VIAL
M-M-R II VACCINE	MEASLES,MUMPS&RUBELLA VACCINE	20000/0.5	VIAL
M-M-R II VACCINE W/DILUENT	MEASLES,MUMPS&RUBELLA VACCINE	20000/0.5	VIAL
M-R-VAX II VACCINE W/DILUENT	MEASLES AND RUBELLA VACCINE		VIAL
MUMPSVAX VACCINE W/DILUENT	MUMPS VACCINE,LIVE	20000/0.5	VIAL
MUMPSVAX VACCINE W/DILUENT	MUMPS VACCINE,LIVE	20000/0.5	VIAL
PEDIARIX	HEP B VACCINE/DP(A)T-POLIO	10-25-25	VIAL
PEDVAXHIB	HAEMOPH B POLYSAC CONJ-MENING	7.5MCG/0.5	VIAL
PROQUAD	MEASLES,MUMPS,RUB,VARICELLA/PF	3-4.3-3	VIAL
RABAVERT	RABIES VAC,PF CHICK-EMB CELL	2.5 UNIT	KIT
ROTATEQ	ROTAVIRUS VAC,LIVE PENTAV	2ML	ORAL SUSP
TWINRIX	HEPATITIS A & B VACCINES	720-20/ML	VIAL
TYPHIM VI	TYPHOID VACC VI CAPSU POLYSACC	25MCG/0.5	VIAL
VAQTA	HEPATITIS A VIRUS VACCINE	25 U/0.5ML	VIAL
VAQTA	HEPATITIS A VIRUS VACCINE	50 UNIT/ML	VIAL
VARIVAX VACCINE	VARICELLA VACC/PF	1350 UNIT	VIAL
VIVOTIF BERNA	TYPHOID VACC,LIVE,ATTENUATED		CAPSULE DR
YF-VAX	YELLOW FEVER VACCINE		VIAL
ZOSTAVAX	VARICELLA VACC/PF	19400 U	VIAL

Part D Vaccines Requiring Prior Authorization*

BRAND NAME	GENERIC NAME	STRENGTH	DOSAGE FORM
COMVAX	HEP B VACCINE/HIB CONJ-MENG	5-7.5-125	VIAL
ENGERIX-B	HEPATITIS B VIRUS VACCINE,RECB	20MCG/ML	VIAL
ENGERIX-B	HEPATITIS B VIRUS VACCINE,RECB	10MCG/.5ML	VIAL
ENGERIX-B	HEPATITIS B VIRUS VACCINE,RECB	10MCG/.5ML	DISP SYRIN
ENGERIX-B	HEPATITIS B VIRUS VACCINE,RECB	20MCG/ML	DISP SYRIN
RECOMBIVAX HB	HEPATITIS B VIRUS VACCINE,RECB	5MCG/0.5ML	VIAL
RECOMBIVAX HB	HEPATITIS B VIRUS VACCINE,RECB	40MCG/ML	VIAL
RECOMBIVAX HB	HEPATITIS B VIRUS VACCINE,RECB	10MCG/ML	VIAL

*To submit a prior authorization, please fill out a Medication Request Form (MRF) or a Part D Coverage Determination Request form, and fax to **HPSM at 650-829-2045**. MRFs are available at www.hpsm.org.



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Instructions for Manual Claim Submission (HPSM CareAdvantage Members Only)

1. Charge the CareAdvantage member a co-payment.
 - a. Call 1-866-880-0606 to determine the appropriate co-payment amount.
2. Fill out a HCFA/CMS 1500 Claim Form.
 - a. For administration fee only, use **Code 90471** for billing the vaccine administration fee.
 - b. For both the vaccine and administration fee, use the **NDC number** of the vaccine and **Code 90471** for the administration on the same form.
3. Mail the completed claim form to the following address:

Health Plan of San Mateo
Health Services Department (Attn: Pharmacy Services)
701 Gateway Blvd., Suite 400
South San Francisco, CA 94080

The provider will receive reimbursement from HPSM. Please allow approximately 2 weeks for claims processing. If you have additional questions, please call the Pharmacy Help Line at **650-616-2088**. Thank you for serving our CareAdvantage members.