

Memorandum

Re: Roster Billing for COVID-19 Vaccination
To: Maine's Major Medical Health Insurance Carriers
From: Jeanne Lambrew, Commissioner, Department of Health and Human Services
Eric Cioppa, Superintendent, Bureau of Insurance
Date: March 25, 2021

Background

As COVID-19 vaccine supply rapidly increases, the Department of Health and Human Services is coordinating with providers across the State to vaccinate Maine people as quickly and efficiently as possible. As eligibility for vaccination broadens, this effort requires us all to think outside the usual structures of health care delivery, especially to ensure that people who are not connected to a regular source of care can be vaccinated without delay. To aid in this effort, different types of health entities, including emergency medical service (EMS) agencies, have gone to considerable lengths to fill gaps in vaccine distribution. Several health systems and hospitals have also stepped up to create the high-throughput vaccine sites we need to rapidly and equitably vaccinate large numbers of people each day. These efforts have required providers to hire new staff, coordinate volunteers, arrange for appropriate high capacity facilities, purchase new software, increase data entry and reporting capacity around vaccines, and more.

Request of Carriers

In some cases, such as EMS, health professionals distributing vaccines may not have the ability to bill for vaccinations through their usual operational channels. In the case of community vaccination sites operated by hospitals and health systems, many are planning to use a centralized scheduling platform provided by DHHS. Although this centralized platform will simplify scheduling and registration for patients, it will also bypass health providers' electronic medical record (EMR) (and therefore billing) systems, necessitating a manual billing process. Currently, the total daily maximum capacity of operating and planned community vaccination sites is approximately 20,000/day. While we expect that some of the providers operating those sites will opt to use their own scheduling platforms and EMR systems, and will therefore continue to bill using individual claims, the Department is making the centralized platform available to all providers operating community vaccination sites, some of whom may need to use roster billing. This is a particularly important option for independent rural hospitals that do not have the flexibility to purchase new software or hire additional administrative staff to support unique billing processes for vaccination sites.

While we acknowledge that accommodating roster billing may require significant technological and human resource changes for carriers, we ask that our State's health insurance carriers move with all possible expediency to accommodate roster billing by these providers, and offer timely reimbursement, in order to support the State's vaccination strategy. While the need is already pressing, it will only become more urgent as vaccine supply increases and the State opens eligibility to all adults on April 19. We expect that COVID-19 community vaccination clinics will continue to be an important element of the State's ongoing strategy to vaccinate our full population through the summer and potentially fall, including when children become eligible.

Clarifications and Information Needed

We understand that there has been confusion about the final process for roster billing, and appreciate your patience and collaboration to date. We are writing to clarify expectations based on previous discussions and confirm next steps.

It is the State's intent to require all providers seeking to use roster billing to use the attached templates, which were developed in collaboration with EMS agencies and carriers. Two small edits have been made to allow MaineCare to align to this format, as well: the addition of a three digit service location modifier to the "pay-to" NPI column, and the addition of a new column for Rendering Provider NPI. If these additions will pose a problem given any preparations for roster billing you have made to date, please let us know and we will explore options to have providers align with the original format for any roster bills sent to commercial health insurance carriers.

We understand that there are tens of thousands of claims pending for vaccines administered by EMS agencies, and are seeking to understand when they can expect those to be accepted and/or paid. This information will also help us to set reasonable expectations for providers operating or establishing community vaccination sites. If carriers use their best efforts to comply with the prompt payment requirements of 24-A M.R.S. § 2436 for these claims from community vaccination sites, the Bureau of Insurance will waive the interest penalty in section 2436(3) if undisputed payment is made within 90 days after a roster claim is submitted.

We ask that you please respond to the Bureau and DHHS with answers to the following questions:

1. When will you be able to accept roster bills in the attached format from EMS agencies and providers operating community vaccination sites?
2. What is your expected turnaround time to process roster bills and reimburse providers? If timeline will be impacted by volume, please explain how.
3. What is the specific process for providers to submit roster bills? If you do not yet have a final plan for the intake of roster bills, please explain the current status of your planning and timeline for finalization.

Please send responses to Joanne Rawlings-Sekunda and Megan Garratt-Reed