Trinity Health is committed to providing our patients with access to COVID-19 vaccinations. Please refer to the vaccination playbook https://www.trinity-health.org/covid-19-vaccine-guidebook.

In alignment with local clinical and operational protocols, each Health Ministry is utilizing their Health Information System (HIS) of choice to register, charge, and bill for patients seeking COVID vaccinations. Most HMs are using their respective Acute or MGPS platforms, while some HMs are utilizing state required systems to capture this information. While each Health Ministry may be working through a separate HIS system, the operational processes should be consistent across each platform within Trinity Health.

Registration

For patients presenting for vaccinations, our Patient Access colleagues are required to complete the full Registration process, which includes collecting patients' consent, full insurance, and complete demographic information.

For reference a COVID vaccination acknowledgement form has been developed to assist in the registration and consenting process. This form can be used in lieu of the Trinity Health routine general consent. Some states may mandate separate vaccine consents or documents. In the event that states do mandate a separate document both will be required for patient signature. For state specific requirements please refer to https://www.cdc.gov/vaccines/covid-19/covid19-vaccination-guidance.html.

Separate individual encounters will be created for first and second immunization services and patients will be registered under the same patient type / class per local protocols for encounters solely for immunizations.

For insured patients presenting for COVID-19 vaccination, copayments should not be collected at the time of service. Colleagues are expected to waive any possible co-pays/deductibles relating to vaccination encounters, adhere to normal registration protocols, and then select the plan code 'Insurance COVID-19' as payer of last
resort on the account. This will ensure Trinity Health is actively monitoring these insurance balances, as well as stopping self-pay balances from being billed to the patient inappropriately.

For self-pay patients, Patient Access colleagues are expected to continue to adhere to the Financial Assistance Policy and are having an active dialogue with the patient about possible government assistance programs. To ensure the patient isn’t inappropriately billed for the vaccination encounter, Patient Access colleagues are expected to select the plan code ‘Self-Pay COVID-19’ as the payer of last resort.

- If it is determined that the patient qualifies for reimbursement under the HRSA COVID-19 uninsured program, colleagues are expected to follow the normal HRSA COVID-19 Registration protocols as outlined by each Health Ministry.

For Medicare Advantage Patients, Patient Access colleagues are expected to register in alignment with CMS guidance. We are required to bill CMS directly and not the Medicare Advantage Plan. Trinity Health colleagues are required to register the patient with the applicable traditional/standard Medicare plan code. Along with using the traditional/standard Medicare plan code the patient’s traditional/standard Medicare ID number should be used. If the patient is being seen for services in addition to the vaccine, the vaccine and administration charges will need to be split out and billed directly to Medicare as indicated above.

- By changing plan codes this will initiate another RTE inquiry. When the RTE inquiry is returned, it will indicate that the patient has a Medicare Advantage Plan. Patient Access colleagues should override this and keep the traditional/standard Medicare plan code.
- Patient Access colleagues and leadership should work directly with their Patient Financial Services or PBS partners to ensure that back end editing does not override the traditional/standard Medicare plan code for these services.

Billing

For billing for vaccine/immunizations, the facility will charge using AMA approved coding, outlined in the ‘COVID-19 Vaccine Product and Administration Codes’ guidance.

Where the Acute EHR platforms are used:
- All charges should be technical charges and billed on the UB04 claim form.
- The Provider’s NPI should fall on the UB04 claim per normal billing protocols.

Where the MGPS EHR platforms are used:
- All charges should be professional charges and billed on the CMS 1500 claim form.
  - *Exception* - For locations that are provider-based and normally split bill, the charges will continue to fall on UB04 claim forms.
- The Clinic’s NPI should fall on the CMS 1500 claim per normal billing protocols.

For Both EHR platforms:
- All revenue and expenses should route to the HM COVID-19 vaccination cost center. To determine the appropriate cost center, please contact your local Finance Team.
• If the Medical Group is providing FTEs for service in the Acute setting, those hours should be coded into the COVID cost center on the Hospital Side for the expense. This will allow the Hospital to reimburse the Medical Groups appropriately for their administrative services.

Once the Registration/Charging processes are complete, these outstanding liabilities will then flow through the normal billing processes and it is the expectation that PBS colleagues will review balances after insurance to ensure the medical insurance carriers are processing the claims appropriately.

As a reminder, Trinity Health is only billing for administration services. Vaccination product codes will not be billed and will not fall on the claim (only when the vaccination product is provided free of charge). We anticipate that initial vaccinations will be provided free of charge. Please stay in close contact with your local Pharmacy to understand when these vaccinations will be provided at cost. Please communicate this change to your Site Leadership when appropriate.