# CLINIC PROCEDURE MANUAL | Health POINT

SUBJECT/TITLE: Influenza Vaccine – Flat Fee APPLICABILITY: All HealthPOiNT Clinics

PURPOSE: To provide flu shots for established and non-established patients

**DEFINITIONS:** 

N/A

PROCEDURE:

#### For Established Patients:

Private Stock influenza vaccine will be used for these vaccinations.

### Vaccine Only Appointment:

- 1. Schedule a nurse visit appointment. Appointments may be double booked in the 15 minute slot.
- 2. Payments:
  - a. Patients who are self pay: Charge and post the \$15.00 payment prior to patient being seen.
  - b. Patients with Medicare or Medicaid: There is no co-pay for the influenza vaccine for patients with these insurances.
  - c. Patients with private insurance: Verify the co-pay for the insurance.

## Vaccine Given During Provider Visit:

- 1. During check-out, the front office staff will check the claim details to see if an influenza vaccine was given as part of the visit.
- 2. Payments:
  - a. Patients who are self pay: Charge and post the \$15.00 payment for the influenza vaccine along with any other appropriate co-payment due for the visit.
  - b. Patients with Medicare or Medicaid: There is no co-pay for the influenza vaccine for patients with these insurances.
  - c. Patients with private insurance: No additional co-pay or co-insurance is due at time of service for influenza vaccine when it is part of a provider visit.

Original Policy Date: 12/31/2012

Revised: 01/04/2013 Approved: 01/08/2013 1 / 3

# For Non- Established Patients:

Influenza vaccine will be available to individuals 9 years of age and older.

Private Stock injectable influenza vaccine will be used for these vaccinations.

*Cash pay/self pay (not billed to Medicare, Medicaid, or insurance):* 

1. Schedule a nurse visit appointment using the appropriate "dummy" patient account shown below created for your clinic. Appointments may be double booked in a 15-minute slot.

## **Dummy Patient Account Codes:**

- 28110.1 Flu, Bryan CHC
- 28110.2 Flu, Grimes CHC
- 28110.3 Flu. Robertson CHC
- 28110.4 Flu, Madison CHC
- 28110.5 Flu, Leon CHC
- 28110.6 Flu, ABC CHC
- 28110.7 Flu, Somerville CHC
- 28110.8 Flu, Franklin CHC
- 28110.9 Flu, Caldwell CHC
- 2. Place patient's full name and date of birth in the "Reason" section of the appointment screen.
- 3. Place the patient's phone number in the "General Notes" section of the appointment screen.
- 4. Collect the \$15.00 payment and post the payment to the visit.
- 5. The front desk staff will give the patient the "Seasonal Influenza Vaccine Registration/Consent Form". The patient will be instructed to complete the top portion of the form.
- 6. The front desk will scan the "Seasonal Influenza Vaccine Registration/Consent Form" with completed demographics into Chart Documents folder in the "dummy" account, using the following naming protocol: YYYYMMDD\_LastName, FirstName, DOB (mm/dd/yyyy). Leave the scanned document Un-Reviewed. The form will be returned to the patient.
- 7. For minors (patients age 9 to 17 years), a copy of the parent's/guardian's ID will be scanned with the consent form.

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Revised: 01/04/2013 Approved: 01/08/2013 8. Nursing staff will review the consent form with patient, have patient e-sign the scanned "Seasonal Influenza Vaccine Registration/Consent Form" in eClinical, and then mark the completed scanned document as "Reviewed" and close form.

## *Individuals with Medicare, Medicaid, and Commercial Insurance:*

- 1. Register the individual as a patient and handle as an established patient seeking a vaccine only appointment.
- 2. Payments:
  - a. Patients with Medicare or Medicaid: There is no co-pay for the influenza vaccine for patients with these insurances.
  - b. Patients with private insurance: Verify the co-pay for the insurance.

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Influenza Vaccine – Flat Fee

REFERENCES:

See also

REQUIRED BY:

## ATTACHMENTS/ENCLOSURES:

Seasonal Influenza Vaccine Registration Consent Form Seasonal Influenza Vaccine Registration Consent Form (Spanish)

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