STEP 7A:

Financial Considerations

IMPORTANT NOTE: In 2010, the Affordable Care Act (ACA) established measures to improve payment coverage for the provision of vaccinations for adults. The ACA mandated that all ACIP-recommended vaccines be provided at no cost to insured patients, with some exceptions under Medicare. Therefore, many of the financial barriers that might have kept many adults from seeking and receiving vaccines were significantly reduced or removed.

At the time of this *Guide*'s publication, the ACA is still in effect in the United States. However, its continuation has been the subject of debate in the U.S. Congress, which eventually could result in many provisions of the ACA being discontinued or altered significantly in the future. Although the general principles about vaccine financing discussed in this chapter were accurate at the time of publication, **users of this *Guide* are advised to consult current vaccine financing resources for up-to-date information**.

While the out-of-pocket costs for patients receiving recommended vaccines have been mostly eliminated thanks to the ACA, the cost to the provider for delivery of vaccines is not likely to vanish. Even though insurance coverage of ACIP-recommended vaccines reduces the uncertainty surrounding vaccination coverage for many patients, providers will continue to wrestle with the challenges of receiving adequate payment. And as the ACA and other funding programs continue to be implemented and/or altered, providers will continue to face additional challenges in trying to understand remaining issues, such as the difference between "traditional" and "expanded" coverage of Medicaid patients, and how to verify insurance status, or lack thereof, for many adults who remain uninsured or whose insurance status is unknown. Under the ACA, even "grandfathered" plans (those that existed before enactment of ACA and that have changed very little since that time) eventually were expected to disappear. But for now, those plans that do not provide vaccination coverage for patients will continue to be a challenge for providers seeking remuneration for vaccination services.

Obviously, you want to ensure that your healthcare setting's adult vaccination program stays in the black. One way to accomplish this is to identify free or low-cost resources to help guide you in billing effectively for services you provide to your patients. This chapter offers suggestions that may help in recovering some or all of your costs.

STEP-BY-STEP: FINANCIAL CONSIDERATIONS

- *Standards for Adult Immunization Practice*: How it should work
- Finding free or discounted vaccines
  - Vaccines For Children (VFC) program
  - Health departments
  - Other organizations
  - Bulk purchasing
- Investigating possible third-party coverage for the cost of vaccines and/or vaccine administration
  - Private insurance
  - Medicare (Part B and Part D)
  - Medicaid
- Finding your way through the billing maze
  - Coding your work for billing purposes
  - More resources

Standards for Adult Immunization Practice: How it should work

In the *Standards for Adult Immunization Practice* ("*Standards*"), available at www.cdc.gov/vaccines/hcp/adults/for-practice/standards/index.html, all providers of health care to adults are urged to assess for, and strongly recommend, appropriate vaccines. The *Standards* guidance also urges providers to administer the recommended vaccines. However, if your primary work with patients does not include administering vaccinations, the *Standards* emphasize that you should counsel patients on the importance of vaccines, refer them to an immunization provider, and follow up to be sure they received appropriate vaccines.

This chapter offers suggestions about how to cover the costs of implementing vaccination services.

Providing vaccination services may require resources beyond your current capabilities. Hopefully, you can use your existing human resources to develop an adult immunization program. However, you probably will need additional financial resources to acquire vaccines and other supplies. This chapter offers suggestions about how to cover the costs of implementing vaccination services.

Finding free or discounted vaccines

Vaccines For Children (VFC) program (for children and teens through age 18 years)

Vaccines For Children (VFC) is a federal entitlement program that provides free vaccines for all persons from birth through 18 years of age who are either uninsured, Native American or Alaska Native, or enrolled in Medicaid. In addition, VFC currently covers persons who are "underinsured," i.e., those with health insurance that doesn't cover the costs of vaccination. The number of existing grandfathered plans has dropped significantly, reducing the number of children eligible for VFC because they are underinsured. If you have patients younger than age 19 who meet the VFC eligibility criteria, contact the VFC coordinator at your state, territory, or city health department for additional information. The website for each health department is available at www.cdc.gov/vaccines/imz-managers/awardee-imz-websites.html.

Health departments

If your clinic is new to vaccination, be sure to let staff at the state health department know that you are planning to begin providing vaccines. Not only can they help you with vaccine logistics (see *Step 3: Vaccine Storage and Handling*), but they also may have programs to supply some adult vaccines purchased through non-VFC sources. For example, at the time of this publication, the ACA had authorized states to buy competitively priced adult vaccines with state funds through federally negotiated

contracts. But vaccines purchased through these contracts cannot be resold, nor can the patient be charged for the cost of the vaccine or its administration. (Some states have established special programs to supply adult vaccines to providers and allow them to charge a state-established administration fee for giving these vaccines.) In addition, the federal Section 317 grant program is one of the primary funding sources for immunization programs in all territories, state health departments, and some major city health departments. Under the ACA, funding from the 317 program that previously was used to cover uninsured/underinsured children may now be available to fund vaccines for other populations, including adults.

Bottom line: Vaccine availability for adults varies greatly from state to state.

Bottom line: Vaccine availability for adults varies greatly from state to state. Be sure to check with your state immunization program (listing available at www.immunize.org/coordinators) to determine the options available for you.

Other organizations

Local civic organizations, foundations, or service organizations (e.g., Rotary, Lions, Eagles, etc.) may be able to give support for a one-time vaccination effort, such as a special Tdap booster dose clinic. Reaching out also provides an opportunity to develop an ongoing relationship with these community groups. It never hurts to ask.

One good option for securing bulk discounts is to look for and join a group purchasing organization or physician buying group.

Bulk purchasing

Bulk purchasing of vaccines will usually lower the per-unit cost. If your clinic is part of a government entity (e.g., county jail, public school, etc.), check to see if there is a government contract in your state through which you can purchase vaccines. If you are in the private sector, one good option for securing bulk discounts is to look for and join a group purchasing organization or physician buying group. Or you might consider forming a coalition of agencies or practices in your area to explore your purchasing options. Some commercial vendors (e.g., TransActRx) are available to assist providers with bulk purchasing.

Investigating possible third-party coverage for the cost of vaccines and/or vaccine administration

Private insurance

Under the ACA, all persons enrolled in third-party insurance (including self-insured or self-funded Employee Retirement Income Security Act of 1974 [ERISA] plans) or in a health plan obtained through federal- or state-run exchanges are required to have access to all ACIP-recommended vaccines at no charge. (As noted previously, this provision is subject to change if the ACA is revised or repealed.) However, if you are not an in-network provider for the patient's health plan (for example, many pharmacists are not considered in-network), the ACA mandate does not apply, and a co-payment probably will be required of the patient. Additionally, until all health plans lose their "grandfathered" status under the ACA, some patients will remain in grandfathered plans that still require a co-payment. **Be sure to check for these exceptions when providing vaccinations for your patients.**

Medicare

Medicare Part B

Medicare Part B (medical insurance) statutorily covers four recommended vaccines for Medicare beneficiaries, i.e., influenza, pneumococcal (both PPSV23 and PCV13), and hepatitis B (for patients at high or intermediate risk). *Medicare Part B does not cover other vaccinations* (e.g., Tdap and zoster) unless they are directly related to the **treatment** of an injury or direct **exposure** to a disease, such as anti-rabies treatment or tetanus prevention due to an injury. In the absence of injury or direct exposure, *preventive* immunization against diseases such as tetanus, pertussis, or diphtheria is not covered by Part B.

Medicare Part B statutorily covers four recommended vaccines for Medicare beneficiaries, i.e., influenza, pneumococcal (both PPSV23 and PCV13), and hepatitis B (for patients at high or intermediate risk).

If you plan to provide influenza or pneumococcal vaccines to patients who are enrolled in Medicare Part B, the cost of the vaccines and their administration is reimbursable without any co-pay or deductible to the beneficiary. Under Part B, providers administer these vaccines and submit a claim to their Medicare Administrative Contractor (MAC) for both the vaccine and its administration. For patients enrolled in Medicare Advantage (MA) plans (Medicare Part C), in-network physicians submit claims to the patient's MA plan.

If you're not already a Medicare provider, it's easy to enroll.

If you're not already a Medicare provider, it's easy to enroll. Contact the Medicare Part B contractor in your state or the Regional Office of the Centers for Medicare and Medicaid Services (CMS) serving your area to ask about becoming a Medicare provider.

(See contact information below.) CMS encourages providers wishing to enroll to use its Internet-based Provider Enrollment, Chain, and Ownership System (PECOS).

Medicare Part B Administrative Contractors:
www.cms.gov/medicare-coverage-database/indexes/contacts-part-b-medicare-administrative-contractor-index.aspx?bc=AgAAAAAAAAAA&

CMS Regional Offices:
www.cms.gov/Medicare/Coding/ICD10/CMS-Regional-Offices.html

Medicare Provider-Supplier Enrollment:
www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index.html

Internet-Based Provider Enrollment, Chain, and Ownership System (PECOS):
www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/InternetbasedPECOS.html

Medicare Part D (outpatient prescription drug insurance) plans generally cover vaccines that Part B does not cover.

Medicare Part D

Medicare Part D (outpatient prescription drug insurance) plans generally cover vaccines that Part B does not cover (e.g., Tdap and zoster), as long as the vaccine is ACIP-recommended. Payment for Part D-covered vaccines and their administration is made solely by the participating prescription drug plan. However, you may not be able to bill some Part D plans directly, and you may need to work with your patients and their Part D plans to obtain payment. One option is to ask patients to pay up front

and then submit their claims to their Part D plans. CMS describes a variety of options to obtain reimbursement for vaccines without requiring the patient to pay the full out-of-pocket charge under Part D. Many pharmacies provide Medicare Part D vaccines to patients and already have systems in place to bill Part D plans for Medicare Part D medications, as well as vaccines. Some commercial vendors (e.g., TransActRx) are available to assist providers with Part D reimbursements.

To contact Part D plans: www.medicare.gov/find-a-plan/questions/search-by-plan-name-or-plan-ID.aspx

For CMS Part D reimbursement assistance: www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Vaccines-Part-D-Factsheet-ICN908764.pdf

Medicaid

Medicaid is the nation's largest public insurance program for low-income and medically indigent persons. It is jointly funded by federal and state governments but is administered by the states. With the implementation of the ACA, states were given the option to adopt an "expanded" Medicaid program that would substantially increase the number of people eligible for Medicaid, while also granting them the 10 essential health benefits (including vaccinations) established by the ACA. However, at the time of this publication, only 32 states and the District of Columbia opted to expand their Medicaid programs and cover vaccinations at no cost to patients. The remaining states stayed with "traditional" Medicaid, thus not providing the ACA's immunization benefits to a larger group of people. A map indicating *Where States Stand on Medicaid Expansion Decisions* is available at www.nashp.org/states-stand-medicaid-expansion-decisions. However, this information can fluctuate, so you should check with your state agency to determine if your state offers an expanded or traditional Medicaid program and how this might affect your immunization activities.

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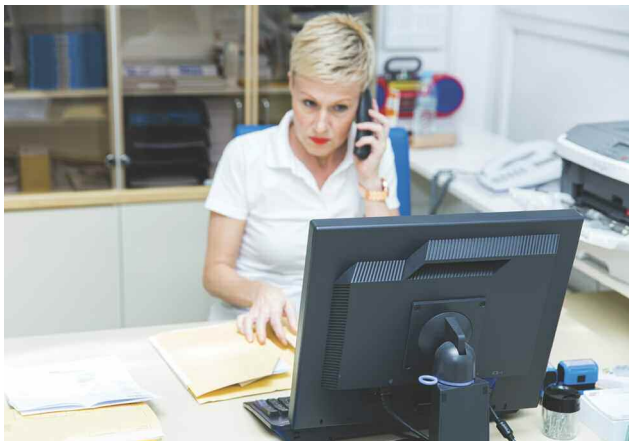


Finding your way through the billing maze

Yes, immunization financing can be a complex maze. But there's usually someone in your practice who deals with billing issues routinely and can already recite many of the Current Procedural Terminology (CPT) codes without opening the latest coding manual from the American Medical Association (AMA). To help you along, though, be sure to check *Quick Tips for Billing for Vaccines* found on page 102. A helpful guide, *How to Bill for Adult Immunizations* (located in Step 7B), was adapted from the American College of Physicians' *Billing and Coding Adult Immunizations* (updated in 2015), which is available at www.acponline.org/running_practice/payment_coding/coding/billvaccines.pdf. In addition, a concise document, *Medicare Part B Immunization Billing: Seasonal Influenza Virus, Pneumococcal, and Hepatitis B*,

Be sure to check *Quick Tips for Billing for Vaccines* found on page 102.

is available from CMS at www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/qr_immun_bill.pdf.

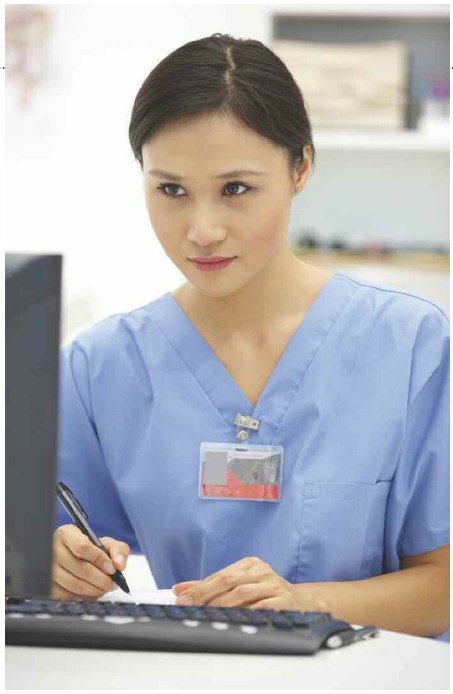
Coding your work for billing purposes

Whether you are submitting a paper or electronic claim, you will need to use codes for the specific vaccination services you provide. Appropriate Current Procedural Terminology (CPT®) and International Classification of Diseases (ICD-10) codes are required for each immunization claim. Even if immunization is considered a routine service by the insurer, appropriate coding will be required for payment.

Whether you are submitting a paper or electronic claim, you will need to use codes for the specific vaccination services you provide.

The CPT, developed in 1966 by the American Medical Association (AMA) and updated annually, is the coding system currently used to identify medical procedures. CPT codes are used to define the services provided to individual patients with specific diagnoses. Coding provides a uniform language for all medical, surgical, and diagnostic services, and thereby serves as an effective means of communication among healthcare providers, patients, and third-party payers nationwide.

Accurate coding on a standard claim form ensures that patients and third-party payers are billed for services received and that healthcare providers are paid for services rendered.



A 5-digit CPT code has been established for most medical services and procedures, and there is a corresponding financial value for almost every CPT code. All carriers use the same CPT codes for billing. Accurate coding on a standard claim form ensures that patients and third-party payers are billed for services received and that healthcare providers are paid for services rendered.

In addition to the ***procedure code* (CPT)** that describes the service performed, a ***diagnostic code* (ICD-10)** is usually required. The official system of assigning codes to diagnoses is the ICD-10-CM, or *International Classification of Diseases*, 10th Revision, Clinical Modification, which consists of a tabular listing of diseases. (Note: "ICD-10-CM" is typically shortened to "ICD-10.") ICD-10 became effective on October 1, 2015. For patient billing purposes, both a CPT code and an ICD-10 code are required. You can find a list of the CPT and ICD-10 billing codes currently used for most vaccines in *How to Bill for Adult Immunizations* (Step 7B). But remember that codes can change, and providers should stay aware of these changes. In addition, some payers also require National Drug Code (NDC) numbers when billing.

More resources

Some excellent resources are available to assist you in obtaining reimbursement for immunization against vaccine-preventable diseases. Many manufacturers have hotlines to assist providers in coding immunization services and to offer help with preparing claims and appeals, as well as information on specific vaccine coverage and reimbursement policies among various payers. Contact your vaccine sales representative to learn more about reimbursement support services.

One particularly helpful resource has been developed by the National Adult and Influenza Immunization Summit (NAIIS): "Coding and Billing for Adult Vaccinations."

One particularly helpful resource has been developed by the National Adult and Influenza Immunization Summit (NAIIS). At this organization's "Coding and Billing for Adult Vaccinations" web page (www.izsummitpartners.org/naiis-workgroups/access-provider-workgroup/coding-and-billing), you will find the top questions asked about coding and/or billing for adult vaccinations, scenarios that detail how to go about coding and billing for adult vaccines, and collected resources from the Summit's medical association, public health, and vaccine manufacturing partners.

Finally, several medical specialty organizations have developed web resources to assist with billing for adult vaccines. Be sure to check the sites shown below for additional information.

American Academy of Family Physicians: www.aafp.org/practice-management/payment/coding/admin.html

American College of Obstetricians and Gynecologists: www.immunizationforwomen.org/practice_management/coding

American College of Physicians: www.acponline.org/running_practice/payment_coding/coding/billvaccines.pdf

Quick Tips for Billing for Vaccines

(see Step 7B for more detailed information)

Select the correct CPT code for the vaccine that was administered.

- Codes should accurately reflect what is documented in the patient's medical record. Vaccine product codes are listed in the Medicine section of the CPT manual and are represented by **CPT codes codes 90620 through 90756**.

Add the proper vaccine administration CPT code.

- Every vaccine administered and billed should have a related vaccine administration service code. The vaccine administration CPT codes are in the Medicine section of the CPT manual and are represented by **CPT codes 90460 through 90474**. These codes take into consideration the age of the patient, the order and route of vaccines administered, and whether face-to-face counseling was provided by the physician. (CPT codes 90460 and 90461 are exclusively for use with patients through the age of 18 years and should not be used when coding for administration of a vaccine given to someone 19 years of age or older.)
- **NOTE:** When billing Medicare Part B for influenza, pneumococcal, or hepatitis B vaccines, CMS requires you to report Healthcare Common Procedure Coding System (HCPCS) administration codes rather than CPT administration codes. These codes are: influenza – G0008, pneumococcal – G0009, and hepatitis B – G0010.

Link the appropriate diagnosis (ICD-10) code to each CPT code for the vaccine and the vaccine administration service.

- In ICD-10, **all** vaccines and vaccine services are coded as Z23. This is a significant change from ICD-9 (used prior to October 1, 2015), which required individual codes by type or disease for prophylactic vaccination encounters.

Add the CPT codes for any significant, separately identifiable evaluation and management (E&M) service or other services performed on the same date as a vaccination service.

- Be sure to include laboratory services, x-rays, etc., taking care to match the service with the appropriate ICD-10 code to describe why each service was performed.
- In some circumstances, attach the modifier "-25" for the outpatient office E&M code. If an E&M service and another separately identified service (such as vaccine administration) are performed during the patient visit, the modifier "-25" may be necessary. For example, an adult is seen for an injured ankle, and upon review of the chart the physician sees that the patient has not yet received an influenza vaccination and takes this opportunity to provide the vaccine. In a situation like this, some health plans may require the use of the modifier "-25" on the claim form to identify that the services are not related. When using the preventive medicine services codes 99381 through 99395, use of the "-25" modifier is usually not necessary.

STEP 7A: FINANCIAL CONSIDERATIONS

Materials and Resources for You to Use

Additional Provider Resources

Adult Immunization Resources for Providers (CMS)
www.cms.gov/Medicare/Prevention/Immunizations/Providerresources.html

Adult Vaccine Price List (CDC)
www.cdc.gov/vaccines/programs/vfc/awardees/vaccine-management/price-list/index.html#modalIdString_CDCTable_1

Billing and Coding Adult Immunizations (2015) (ACP)
www.acponline.org/system/files/documents/running_practice/payment_coding/coding/billvaccines.pdf

Category 1 Vaccine Codes (AMA)
www.ama-assn.org/practice-management/category-i-vaccine-codes

Coding and Billing for Adult Vaccinations (NAIIS)
www.izsummitpartners.org/naiis-workgroups/access-provider-workgroup/coding-and-billing

Coding for Vaccine Administration (AAFP)
www.aafp.org/practice-management/payment/coding/admin.html

Coding Resources (ACOG)
http://immunizationforwomen.org/providers/resources/acog-resources/coding-resources.php

Coding Web Section (ACOG)
http://immunizationforwomen.org/providers/practice-management/coding.php

Commonly Administered Pediatric Vaccines (includes information helpful for adult vaccine providers) **(AAP)**
www.aap.org/en-us/Documents/coding_vaccine_coding_table.pdf

Contacts for Part B – Medicare Administrative Contractor (MAC – Part B) Alphabetical Index (CMS)
www.cms.gov/medicare-coverage-database/indexes/contacts-part-b-medicare-administrative-contractor-index.aspx?bc=AgAAAAAAAAAA&

Immunization Coding for Obstetrician-Gynecologists, 2017 (ACOG) – http://immunizationforwomen.org/uploads/ImmunCoding_Booklet.pdf

Immunizations: How to Protect Patients and the Bottom Line (AAFP)
www.aafp.org/fpm/2015/0300/p24.pdf

Internet-Based Provider Enrollment, Chain and Ownership System (PECOS) (CMS)
www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/InternetbasedPECOS.html

Managing Costs (AAP)
www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/immunizations/Practice-Management/Pages/managing-costs.aspx

Mass Immunizers and Roster Billing: Simplified Billing for Influenza Virus and Pneumococcal Vaccinations (CMS) – www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Mass_Immunize_Roster_Bill_factsheet_ICN907275.pdf

Medicare Part B Immunization Billing: Seasonal Influenza Virus, Pneumococcal, and Hepatitis B (CMS)
www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/qr_immun_bill.pdf

Medicare Part B Vaccine Coverage (AAFP)
www.aafp.org/practice-management/payment/coding/admin/partb.html

CONTINUED ON NEXT PAGE ▶

NOTE: The publisher of each resource is shown as an acronym in the parentheses following the title. A key to these acronyms is included in *Appendix A: Acronyms and Abbreviations*.

STEP 7A: FINANCIAL CONSIDERATIONS

Materials and Resources for You to Use

CONTINUED FROM PREVIOUS PAGE

Medicare Provider-Supplier Enrollment (CMS)
www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index.html

Payment, Coding, and Billing (AAP)
www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/immunizations/Practice-Management/Pages/payment-coding-billing.aspx

Resources for Adult Vaccination Insurance and Payment (CDC)
www.cdc.gov/vaccines/hcp/patient-ed/adults/for-practice/insurance-payment.html

Seasonal Influenza Vaccines Pricing (CMS)
www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/VaccinesPricing.html

Vaccine and Vaccine Administration Payments Under Medicare Part D (CMS)
www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Vaccines-Part-D-Factsheet-ICN908764.pdf

Where States Stand on Medicaid Expansion Decisions (NASHP) – www.nashp.org/states-stand-medicaid-expansion-decisions

NOTE: The publisher of each resource is shown as an acronym in the parentheses following the title. A key to these acronyms is included in *Appendix A: Acronyms and Abbreviations*.

Information for Patients

Finding and Paying for Vaccines (CDC)
www.cdc.gov/vaccines/adults/find-pay-vaccines.html

Staying Healthy: Medicare's Preventive Services (CMS)
www.medicare.gov/Pubs/pdf/11100.pdf

Your Medicare Coverage: Flu Shots (CMS)
www.medicare.gov/coverage/flu-shots.html

Your Medicare Coverage: Hepatitis B Shots (CMS)
www.medicare.gov/coverage/hepatitis-b-shots.html

Your Medicare Coverage: Pneumococcal Shots (CMS)
www.medicare.gov/coverage/pneumococcal-shots.html

Your Medicare Coverage: Shingles Shot (CMS)
www.medicare.gov/coverage/shingles-vaccine.html

Your Medicare Coverage: Tdap Shot (CMS)
www.medicare.gov/coverage/tdap-vaccine-tetanus-diphtheria-and-pertussis-vaccine.html

General Information

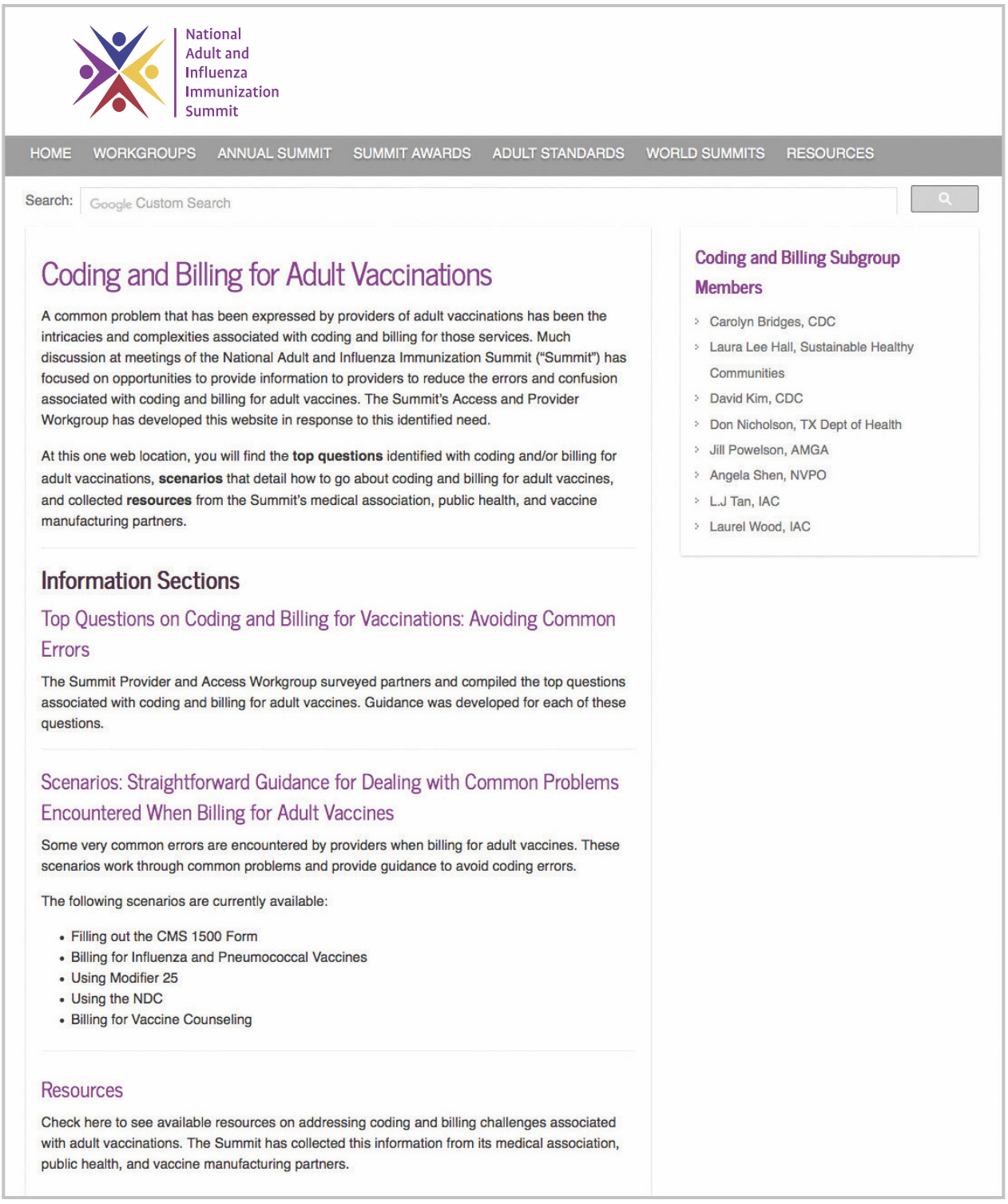
Immunization Action Coalition (IAC)
www.immunize.org

State Information: Direct Links to State Immunization Program Websites (IAC)
www.immunize.org/states

VFC State, Territory, and City Coordinators (CDC)
www.cdc.gov/vaccines/programs/vfc/contacts-state.html

To access this web page, visit

www.izsummitpartners.org/naiis-workgroups/access-provider-workgroup/coding-and-billing



National Adult and Influenza Immunization Summit

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Coding and Billing for Adult Vaccinations

A common problem that has been expressed by providers of adult vaccinations has been the intricacies and complexities associated with coding and billing for those services. Much discussion at meetings of the National Adult and Influenza Immunization Summit ("Summit") has focused on opportunities to provide information to providers to reduce the errors and confusion associated with coding and billing for adult vaccines. The Summit's Access and Provider Workgroup has developed this website in response to this identified need.

At this one web location, you will find the **top questions** identified with coding and/or billing for adult vaccinations, **scenarios** that detail how to go about coding and billing for adult vaccines, and collected **resources** from the Summit's medical association, public health, and vaccine manufacturing partners.

Information Sections

Top Questions on Coding and Billing for Vaccinations: Avoiding Common Errors

The Summit Provider and Access Workgroup surveyed partners and compiled the top questions associated with coding and billing for adult vaccines. Guidance was developed for each of these questions.

Scenarios: Straightforward Guidance for Dealing with Common Problems Encountered When Billing for Adult Vaccines

Some very common errors are encountered by providers when billing for adult vaccines. These scenarios work through common problems and provide guidance to avoid coding errors.

The following scenarios are currently available:

- Filling out the CMS 1500 Form
- Billing for Influenza and Pneumococcal Vaccines
- Using Modifier 25
- Using the NDC
- Billing for Vaccine Counseling

Resources

Check here to see available resources on addressing coding and billing challenges associated with adult vaccinations. The Summit has collected this information from its medical association, public health, and vaccine manufacturing partners.

Coding and Billing Subgroup Members

- Carolyn Bridges, CDC
- Laura Lee Hall, Sustainable Healthy Communities
- David Kim, CDC
- Don Nicholson, TX Dept of Health
- Jill Powelson, AMGA
- Angela Shen, NVPO
- L.J Tan, IAC
- Laurel Wood, IAC