



CDC Required VFC Program Changes Georgia Immunization Program FAQ and Definitions October 2013

Definitions

Organizations:

Advisory Committee on Immunization Practices (ACIP) is a group of medical and public health experts that develop recommendations on how to use vaccines to control diseases in the United States. The recommendations stand as public health advice that will lead to a reduction in the incidence of vaccine preventable diseases and an increase in the safe use of vaccines and related biological products.

Centers for Disease Control and Prevention (CDC) works to protect America from health, safety and security threats, both foreign and in the U.S.

Centers for Medicare & Medicaid Services (CMS) covers 100 million people through Medicare, Medicaid, the Children's Health Insurance Program and soon, through the Health Insurance Marketplace.

Georgia Care Management Organizations (CMO) includes Amerigroup Community Care, WellCare of Georgia, Inc., and Peach State Health Plan.

Programs

Children's Health Insurance Program (CHIP) provides health coverage to ~ 8 million children in families with incomes too high to qualify for Medicaid, but can't afford private coverage. CHIP is administered by the states, but is jointly funded by the federal government and states. States design their CHIP program in one of 3 ways:

1. *Medicaid Expansion* – provide the standard Medicaid benefit package, including EPSDT services, which include all medically necessary services like mental health and dental services (VFC eligibility expansion)
2. **Separate CHIP (Georgia)** – states can choose to provide coverage based one of three models. Children enrolled under this plan are considered fully insured and are not eligible for VFC funded vaccines. State CHIP programs may partner with State Immunization VFC programs to purchase vaccines at the federal contract price for their CHIP enrolled children
3. *Combination CHIP* - Combination of the two above approaches

PeachCare for Kids® is Georgia's CHIP program. Children enrolled in this program are fully insured. Georgia Department of Community Health (DCH) Care Management Organizations (CMO) and Georgia Department of Public Health (DPH) Immunization Program have a signed agreement which allow the purchase of vaccines at the federal contract price for administration to PeachCare for Kids® enrolled children between the ages of 0 through 18 years 11 months. VFC enrolled providers who serve this population receive CHIP funded vaccines to provide immunization services for these patients.

Vaccines for Children Program (VFC) is a federally funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay. CDC buys vaccines at a discount and distributes them to grantees (i.e., state health departments and certain local and territorial public health agencies) which in turn distribute them at no charge to those private physicians' offices and public health clinics enrolled as VFC providers. Children who are eligible for VFC vaccines are entitled to receive those vaccines recommended by the Advisory Committee on Immunization Practices (ACIP).

Special Clinic Categories:

Federally Qualified Health Center (FQHC) is a community based organization that provides comprehensive primary care and preventive care, including health, oral, and mental health/substance abuse services to persons of all ages, regardless of their ability to pay or health insurance status.

Rural Health Clinic (RHC) is a clinic in a rural, medically underserved area in the United States that has a separate reimbursement structure from the standard medical office under the Medicare and Medicaid programs.

VFC Deputization is the extension of authority from FQHC/RHCs to other VFC providers to vaccinate underinsured VFC-eligible children. Extension of this VFC authority is intended to provide underinsured VFC-eligible children with access to VFC vaccines that would otherwise be unavailable due to limited capacity or absence of an FQHC or RHC in a service area.

VFC Deputized Provider Office is a public or private VFC-enrolled provider who has signed a VFC Deputization Memorandum of Understanding (MOU) between their facility, a FQHC/RHC, and the Georgia DPH Immunization Program on or after April 1, 2013.

Vaccines, Funding, and Eligibility:

Georgia Public Vaccines include all vaccines provided through the Georgia DPH Immunization Program. Vaccines are funded through four funding sources: VFC, 317, State and CHIP. Vaccines are provided to eligible children and adults who meet federal and state specific eligibility criteria.

Uninsured patients have no health insurance coverage

Underinsured patients have health insurance that does not cover all or some vaccines. An underinsured child would be eligible for VFC vaccines if seen in an FQHC, RHC, or

VFC Deputized provider office. Underinsured children seen in a VFC enrolled provider office that does not fall in one of the three categories mentioned above, is eligible for public 317 funded vaccines.

VFC Vaccine Funding covers vaccines given to eligible children ages 0 through 18 years 11 months of age, seen in VFC enrolled provider offices.

VFC Vaccine Eligibility includes children who fall into one or more of the following categories:

1. Medicaid Recipient
2. American Indian or Alaskan Native (AI/AN)
3. Uninsured
4. Underinsured Children if seen in a Federally Qualified or Rural Health Clinic (FQHC/RHC) or a CDC approved VFC Deputized Provider Office

CHIP Vaccine Funding is state funding received from Georgia Medicaid contracted CMOs to purchase federal contract vaccines to vaccinate CHIP (PeachCare for Kids®) eligible children seen in VFC enrolled provider offices.

Georgia CHIP Vaccine Eligibility includes PeachCare for Kids® enrolled children 0 through 18 years 11 months vaccinated in any VFC enrolled provider office.

Section 317 Discretionary Vaccine Funding is federal funding used to purchase vaccines to vaccinate children, adolescents, and adults. 317 funded vaccines have been directed towards meeting the needs of priority populations; most recently this has included underinsured children not eligible for VFC and uninsured adults.

317 Vaccine Eligibility includes the following populations in Georgia:

1. Underinsured children (0 through 18 years 11 months) seen in non-FQHC, non-RHC, and non-Deputized VFC enrolled provider offices
2. Eligible adults seen in VFC enrolled public health clinics; as listed on the most current "Eligibility Criteria for Vaccines Supplied by the GA Immunization Office for Children, Adolescents, and Adults seen in Georgia Public Health Clinics" – Jan 2013 (This document is being revised to reflect revised CDC VFC Program guidelines)

State Vaccine Funding is state funding used to purchase vaccines to vaccinate children, adolescents, and adults whom the state deems eligible. Currently Georgia DPH Immunization Program uses state vaccine funding to purchase influenza vaccines for state flu eligible children.

State Vaccine Eligibility includes children 6 months through 18 years 11 months vaccinated in a Georgia Local Public Health Department run School Based Flu (SBF) clinic. – This funding line will not be available until the 2014-15 Flu season.

Frequently Asked Questions and Answers

Separation of Vaccine Inventory

Q: Current VFC policy includes separation of public (VFC, 317 and State) and private vaccine inventory only (not by funding). Why are we now being asked to store VFC vaccines separate from private and other public vaccines (317, State, and newly added CHIP)?

A: Since VFC vaccine is statutorily limited to federally vaccine-eligible children, CDC now requires that VFC vaccine be stored separately from all other vaccines. The purpose of this requirement is to assure VFC vaccine is not administered to non-VFC eligible children. This has been identified on the federal level through various program integrity reviews as a critical risk. For this reason, beginning October 1, CDC must require that VFC vaccine be stored separately in providers' offices.

Q: Why is it ok for 317 (a federally funded vaccine) to be stored with CHIP (a state funded vaccine)?

A: CDC can provide some flexibility with the storage of 317 vaccines because they are purchased with discretionary funds. These vaccines may be stored together with other non-VFC, public purchased vaccines (CHIP or State) in providers' offices. Please note the 317 vaccine use policy is still in effect.

Q. How should inventory received prior to October 1, 2013 be separated?

A. At this time, providers are not required to separate current vaccine inventory (received prior to October 1, 2013). Providers should continue to store inventory received prior to October 1, 2013 as is (Public vs. Private) inventory. GA VFC has requested guidance from CDC regarding how current inventory should be handled. We will provide guidance once an answer has been received.

Q: Should I instruct my staff to begin separating vaccines according to funding source as identified on the updated packing list beginning with October's shipment or can we wait until February 1, 2014?

A: GA VFC recommends separation of public vaccine inventory by funding as listed on your October shipment packing slips. We also recommend all VFC providers keep vaccine shipment packing slips in a file or binder for future reference. Records should be maintained a minimum of three years.

Q: We are a public health clinic and our district just completely re-vamped our public vaccine inventory codes, etc. in August to combine our VFC and state supplied inventories following guidance from the GA Immunization Program. Is there anything

you can do to make this easier, please be mindful of the fact that we just made this change in the opposite direction?

A: CDC is not requiring changes be made to state, district, or provider level electronic systems at this time. CDC is only requiring separation of physical inventory in vaccine storage units by funding as outlined on vaccine shipment packing slips.

Q: How should we separate vaccines in GRITS?

A: CDC is not requiring changes be made to state, district, or provider level electronic systems at this time. CDC is only requiring separation of physical inventory in vaccine storage units by funding as outlined on vaccine shipment packing slips. All vaccines (VFC, 317, or CHIP) received from the GA VFC program should continue to be entered into GRITS inventory as public inventory.

Providers should refrain from adding any modifiers (prefixes or suffixes) to any vaccine lot numbers, unless otherwise noted via written communication from the Immunization Program Director, Deputy Director, or special project written inventory management guidelines.

Q: How will the physical separation of stock translate electronically into GRITS? Will GRITS show the split in inventory totals?

A: No, GRITS does not currently have the capability to show inventory funding splits. Electronic separation of inventory is not a CDC requirement at this time.

Q: Will providers need to show funding splits in their usage reports to VFC?

A: Providers already report doses administered data by eligibility. Eligibility determines funded inventory source. At this time, CDC is not requiring states to report provider inventory by funding source.

Q: How will VFC determine that providers are actually administering the doses appropriately according to the number of doses shipped per split?

A: VFC uses provider profile data to determine vaccine funding splits for each individual provider office. VFC will:

- 1. Randomly select a group of providers monthly to verify doses administered reports match current provider profile data. If discrepancies are identified, the provider will be asked to update their provider profile estimates and their funding splits will be adjusted accordingly in VTrckS.**
- 2. IPC staff will be asked to review provider profile data and funding split data in VTrckS prior to visiting provider offices. During each site visit, IPC staff will compare physical inventory separation with previously reviewed data.**
- 3. Providers should review vaccine packing slips to ensure they have received vaccines for each public vaccine eligible population (VFC, 317,**

CHIP) seen in their clinic or practice. They should contact VFC immediately if a discrepancy is found. The provider may be asked to update their provider profile estimates as needed.

Providers who are found using public vaccines on an ineligible population or across funding will be given 30 days (according to CDC's revised VFC program requirements) to replace these doses.

Q: How should providers separate direct ship vaccines (Varicella and ProQuad)?

A: CDC does not provide guidance as to how direct shipped vaccines should be separated. Direct shipped vaccine packing slips will not change. Therefore, funding splits will not be identified on these packing slips. Guidance on separation of these vaccines by funding will be provided, once received from CDC. Providers should continue to separate direct shipped vaccines between public and private inventories.

Q: We have just separated vaccines into breathable baskets as recommended in the new Storage and Handling guidelines. This has limited the storage space availability in our units. The additional split by funding will cause us to have inadequate storage space and our facility is unable to buy a new storage unit. We have not had enough time to save money for this, what should we do?

A: Providers have until February 1, 2014 (at the earliest) to implement the new CDC/VFC required changes. However, since the changes officially went into effect October 1, 2013; providers may be required to prove VFC funded doses received after October 1 were only given to VFC-eligible children. Providers will need to keep adequate records and implement a process to prevent VFC fraud from occurring.

Identifying Medicaid and CHIP eligibility (Medicaid vs. PeachCare)

Q: Current Medicaid and CMO identification methods limit or prevent providers from knowing if a child is Medicaid or CHIP (PeachCare) at the time of an office visit. What can be done about this to ensure we vaccinate Medicaid recipients with VFC vaccine and PeachCare recipients with CHIP vaccine?

A: Per GA Department of Community Health Medicaid officials; providers will be able to see if a child is Medicaid or PeachCare for Kids® when they check the patient's eligibility on the Portal. This is how providers know if they should assess copayments or not. The providers should be aware of this process. If they are not, they should call the HP helpdesk for assistance.

Note: In Georgia, both Medicaid and PeachCare recipients are given 45 days from their date of enrollment to choose one of the three contracted CMO's (Amerigroup, WellCare, or Peach State) to assume coverage under. During this 45 day window, these recipients are considered "Fee for Service" and DCH-Medicaid is billed for services rendered. Therefore, providers should not assume all "Fee for Service" patients are Medicaid recipients (VFC-eligible), nor should they assume all "CMO covered" patients are PeachCare for Kids® recipients (CHIP-eligible).

Eligibility for all of these children must be verified with the payer to ensure vaccines are administered from the correct inventory, and doses administered data is reported both in GRITS and on VFC Monthly Comprehensive Reports under the appropriate eligibility categories.

Q: It is difficult to predict how many CMO - PeachCare for Kids® (CHIP) children are going to present monthly. What should we do if we do not have enough vaccine in the CHIP stock when a PeachCare for Kids® child presents for immunizations if we are not allowed to borrow from VFC inventory?

A: Providers are asked to notify VFC immediately when their supply begins to run low. Providers who wait until they are completely out of stock will experience a period without inventory pending arrival of their vaccine shipment; resulting in missed opportunities. Providers have the right to use their private inventory to avoid missed opportunities, but replacement of this inventory is not guaranteed through the VFC program. Providers may not use VFC supply to vaccinate non-VFC eligible children under any circumstances. This is considered VFC fraud and must be reported according to our VFC Fraud and Abuse policy.

Borrowing

Q: Although borrowing is generally not allowed between inventories in Georgia without prior approval, it was allowable through the federal VFC program. Why is it no longer allowed?

A: Legal concerns regarding CDC's borrowing guidance were brought to their attention during the 2012-13 flu season. VFC-funded vaccine is statutorily limited to being administered only to federally vaccine-eligible children and it has been further clarified that VFC doses cannot be used as a backstop to cover future state-funded doses. If replacement either via monetary dose-for-dose payment or physical dose-for-dose replacement failed to materialize for borrowed VFC doses, CDC would be in violation of the federal Anti-Deficiency Act, and states/providers could be at risk for fraud and abuse allegations. Therefore, the VFC program cannot support a policy that permits borrowing of VFC vaccine for use in non-eligible children.

Vaccine Administration

Q: Who is eligible to receive vaccines from the public inventory received prior to October 1, 2013?

A: Vaccine shipments received prior to October 1, 2013 may be administered to any VFC, 317, and CHIP eligible child.

Vaccine Transfers

Q: How will the new VFC requirements affect vaccine transfers between providers?

A: IPC staff will still be allowed to transfer refrigerated vaccines between VFC enrolled provider offices. However, they must ensure that vaccines are transferred from and to identical inventories. As outlined below:

- 1. VFC funded vaccines transferred from Provider A must be placed in Provider B's VFC funded inventory**
- 2. 317/CHIP funded vaccines transferred from Provider A must be placed in Provider B's 317/CHIP funded inventories**

General Questions

Q: I am not receiving enough doses for the funding splits as described on my shipping invoices. How can I modify the funding splits to ensure I receive enough VFC, 317, and CHIP doses?

A. Vaccine orders are placed based on the provider profile estimates submitted during enrollment or annual recertification. In some cases, providers have listed that they only see VFC patients; some have a split between VFC, 317, and CHIP. You may verify your profile by contacting VFC. Requests to update the profile must be submitted in writing. Forms are available by request by e-mailing VFC at gavfc@dhr.state.ga.us.

Q: Who should providers write regarding these changes and who is responsible for the change?

A: These are CDC issued programmatic changes. Providers may send their concerns to Georgia DPH Immunization Program –VFC Unit or CDC via e-mail to:

CDC: nipinfo@cdc.gov

Georgia VFC: gavfc@dhr.state.ga.us

Q: On the Public Health Clinic's "Eligibility Criteria for Vaccines Supplied by the GA Immunization Office for Children, Adolescents, and Adults seen in Georgia Public Health Clinics" – Jan 2013, the 317 funding as the underinsured and the adults that receive state supplied vaccine. On the new shipping packing slip it shows 317 and state as 2 separate stocks. Will 317 be broken down in shipments between underinsured and adults, therefore separating stock 4 ways (including private)?

A: The current "Eligibility Criteria for Vaccines Supplied by the GA Immunization Office for Children, Adolescents, and Adults seen in Georgia Public Health Clinics" – Jan 2013, uses Georgia defined funding terms. The packing slips are using CDC defined funding lines. Moving forward, Georgia will use funding terms as defined by CDC (definitions contained in the "Definition" section of this document). The Public Health eligibility table is currently undergoing revisions to reflect this change.

Q: All VFC-enrolled providers can still provide vaccines to the underinsured population until further notice?

A: Yes, VFC-enrolled providers can still provide vaccines to the underinsured population using the appropriate vaccine funding based on their facility type as outlined in the “Definition” section of this document. Georgia will continue to allow non-FQHC, non-RHC and non-deputized providers to vaccinate this population using 317 supplies as long as sufficient 317 funding remains available.

Q: Does Medicaid payment require health checks and immunization in the same visit?

A: Yes immunization services are a part of the complete health check visit. Providers must administer vaccines as due at the time of visit in accordance with the ACIP recommended schedule when there are no contraindications to receive payment for the health check visit.

Q: Are providers allowed to complete all aspects of the health check visit (excluding immunizations) and refer patients to the nearest health department for immunization services? If so, will providers receive payment for the health check visit?

A: Providers are not to refer children to the health departments for immunization services. Since immunization services are a component of the health check visit, they should be administered during the health check visit.

Helpful Websites

CMS: www.cms.gov

CDC: www.cdc.gov

CHIP: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/Childrens-Health-Insurance-Program-CHIP.html>

PeachCare for Kids®: <https://www.peachcare.org/>

CMO: <http://dch.georgia.gov/care-management-organizations-cmo>

VFC: <http://www.cdc.gov/vaccines/programs/vfc/index.html>

ACIP: <http://www.cdc.gov/vaccines/acip/about.html>

VFC Deputization: <http://www.cdc.gov/vaccines/spec-grps/prog-mgrs/317-QandA.htm>