Enrollment packets were mailed last week and emailed out Friday, March 31st.

Due Friday, April 21st:

- The enrollment survey must be completed online. The last page should be printed and signed by the Medical Director. The original copy (not a photocopy or fax) of the signature must be returned to the Immunization Program by Friday, April 21st.
- Two individuals from each facility must complete two trainings. One about the VFC program and another about vaccine storage and handling.
- Post-tests must also be taken for each educational module on the Immunization Program webpage: [http://www.ndhealth.gov/Immunize/Providers/Education.htm](http://www.ndhealth.gov/Immunize/Providers/Education.htm)
- Vaccine orders will not be filled after Friday, April 21st if the signature has not been returned and the educational post-tests completed.
FORM UPDATES

· Vaccine Management Plan:
  A small section has been added for facilities who do not store their back-up data loggers on site to explain their protocol for getting the data logger in the event it is needed.
  Example: a large health system that keeps back-up data loggers for all locations within a single town at one physical site.

· VFC Borrow/Return Form:
  Added a “patient name” field to the borrow/return form. The old version had a patient identifier field, but has now been updated to be just patient name.
  Please record patient name and DOB, not medical record number.
  Also separated VFC/Prototype from patient identifier field.

VFC PROGRAM REQUIREMENTS

· Pre-populated provider profile mailed to each facility
  · NDISB data
  · Estimates client count based on doses administered of certain vaccines
  · Providers agree or disagree to the provider profile as part of enrollment
  · If provider disagrees, they should change the numbers on the provider profile, list their data source and send back with enrollment.
  · Provider profiles will only contain pediatric doses, so if you generally only see adult patients your profile will show 0 patients. This is expected as it is only capturing VFC eligible populations (18 years and younger).
  · If there are large changes to the population break down of a facility, clinics should contact the immunization program.
  · NDISB vaccine ordering module calculates a “provider profile” each time a clinic orders vaccines

PROVIDER PROFILE
**VFC ELIGIBLE POPULATIONS**

- 18 years and younger who are also:
  - Uninsured
  - Underinsured
  - American Indian or Alaskan Native
  - Medicaid enrolled or eligible
- Through 19th birthday
- Patients do not have to prove their race or be enrolled in an American Indian tribe.

**OTHER STATE ELIGIBLE POPULATIONS**

- All infants born in a North Dakota birthing facility receive state-supplied hepatitis B vaccine, regardless of insurance status.
- Funded by Federal 317 Program
- Local public health units are no longer universal, with the exception of influenza vaccine for the 2016-2017 influenza season (through June 30, 2017).

**ADULT ELIGIBLE POPULATIONS**

- All VFC enrolled facilities are able to give the following vaccines to any UNINSURED or UNDERINSURED adult:
  - Td
  - Tdap
  - HPV
  - Menengococcal (Menactra® or Menveo®)
  - MMR
- This program is widely underutilized, and providers should screen their adult patients for their insurance status and need for vaccine.
- Funded by Federal 317 vaccine
Immunization Program Staff

**GETTING TO KNOW YOU...**

- Immunization Program Manager – the boss lady!
- Molly has a four year old pug named Winston and loves to watch UND hockey and curls during the winter.

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**MOLLY HOWELL**

- Immunization Program Manager – the boss lady!
- Molly has a four year old pug named Winston and loves to watch UND hockey and curls during the winter.

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**FOLLOW ALL ACIP RECOMMENDATIONS**

- Providers are required to follow immunization schedules, dosage and contraindications established by the ACIP unless:
  - In the provider's medical judgement, and in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate for the child;
  - The particular requirements contradict state law, including laws pertaining to religious and other exemptions.
- VFC enrolled facilities must offer all vaccinations for patient populations that are seen at their facility. VFC is an entitlement program and those patients are entitled to receive any vaccine that is recommended by ACIP.
- Certain clinics do not have to stock all recommended vaccines if they do not see that population (i.e., Rotavirus vaccine at an adolescent clinic).
- Clinics should stock both Men B and PPSV23 for high risk VFC eligible patients. These vaccines are available for order in one dose increments. If they are not stocked, and a patient is recommended to receive either one, they must be ordered immediately and administered to the patient.
FOLLOW ALL ACIP RECOMMENDATIONS

- Determining whether or not to see patients who do not vaccinate or who choose alternative schedules is outside of the scope of the VFC program.
- Vaccinating patients following an alternative schedule requested by the parents does not violate VFC program requirements. Extensive education on the benefits of vaccinating with all recommended vaccines on time should be done.

NDIIS Manager – Does everything NDIIS related!!
Mary’s kiddos are 8, 5, and 18 months and keep her VERY busy!

All records that pertain to the VFC program must be kept on hand for at least three years. These records include, but are not limited to:
- Paper temperature logs
- Electronic data logger temperature logs
- Vaccine Packing Slips
- VFC screening and eligibility documentation
- Immunization information in a patient’s medical chart should be held at least as long as the VFC requirement (3 years), but may need to be kept longer according to the clinic’s medical record retention rules.
PATIENT ELIGIBILITY SCREENING

- Every patient must be screened at every immunization encounter.
- Patient insurance changes constantly and it is important for several reasons to make sure the clinic has the most up-to-date insurance information.
- Proof of screening will be reviewed at every VFC compliance site visit.
  - If the patient's eligibility is set to "Medicaid," the clinic will need to show proof of Medicaid number or card and that the screening information was checked on the date of the immunization encounter.

BILLING FOR VFC OR STATE VACCINE

- Providers may never bill for the cost of VFC or state-supplied vaccine. Patients, Medicaid, and private insurance should never receive a bill for this vaccine.
  - The one exception would be if the provider were paying back a dose of their private vaccine with state stock.
  - In this case the cost of the vaccine can be billed because in the original borrow, private vaccine was given to a VFC eligible patient and they were not billed for the vaccine.
  - All clinics should ensure that their billing staff are aware of the borrow/return protocol and know how to correctly bill in this situation.

LEXIE BARBER

Immunization Surveillance Coordinator (vaccine-preventable disease epidemiologist, school and childcare immunization surveys, and perinatal hepatitis B)

Lexie can generally be found walking her four year old mixed breed dog Gracie all over Bismarck.
ADMINISTRATION FEE

- The maximum administration fee that can be billed to patients is $20.99.
- By vaccine, not antigen.
- Have not heard if this administration fee will change in the near future.
- The administration fee charged to private insurance is outside of the scope of the VFC program and should be determined by the provider.

VFC/AFIX Manager – talk to me about anything immunization related!

Has been married to Jon for two years and we have our awesome son Connor who is now 3½ months old. And not to be forgotten our six year old Border Collie Norah!

No patient can be denied the administration of a VFC or state-supplied vaccine due to the inability to pay.

The cost of the administration fee must never be sent to collections to receive payment.

The clinic must waive the cost of the administration fee if the client or family is unable to pay.

The VFC program has no control over any other charges accrued during the clinic visit and the clinic should follow their reimbursement protocol for these charges.
**VACCINE INFORMATION STATEMENTS**

- Anytime there is an update to a VIS, all clinic contacts will receive the update via the immunization program listserv.
- Periodically a list of the updated dates will also be included in the Immunization Program Newsletter.
- When in doubt consult the CDC website: [https://www.cdc.gov/vaccines/hcp/vis/current-vis.html](https://www.cdc.gov/vaccines/hcp/vis/current-vis.html)
- Providers are not required to keep large printed inventories of VISs on hand.
- A paper free option: providers can have a binder of VISs in their office for parents to review prior to vaccination.
- Parent and patient must be given the option to take home printed copies of the VISs.
- Print directly from CDC website or EMR each time VIS is needed.
- Both options save on printing and reduce wastage when updates to VISs are made.

**VAERS**

- VAERS is a database that is used to analyze vaccine adverse events.
- Anyone can report to VAERS. This includes health departments, healthcare providers, patients and vaccine manufacturers.
- This also means that the same adverse event could be reported more than once or events that most would not deem related to a vaccine (car accident following immunization) can be reported as such.

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**KELSI HOWES**

Dance drill team has been a huge part of my life; I've competed state-wide and nationally for the past 20 years. Nowadays, I enjoy spending my free time with my best friend and husband, Montana.
DATA LOGGERS

- All storage units that contain VFC or state-supplied vaccine must use a continuous recording data logger.
- Vaccine orders will not be approved without a data logger temperature chart.
  - Users that do not submit monthly data logger temperature charts will be contacted by the Immunization Program and will not be able to order until they have been submitted.

BACK-UP DATA LOGGERS

- A certified, calibrated data logger is required for all units storing VFC and state-supplied vaccines.
- Back-up data loggers should be kept on hand but not stored in storage units.
- Clinic staff should be aware of the location of the back-up data loggers in case primary data logger malfunctions or needs to be recalibrated.

TEMPERATURE CHARTS

- Paper temperature logs are still required to be used at clinics.
  - Staff should check temperatures twice daily and document date, time and staff initials on paper record.
- Paper logs should be kept at clinic and will be reviewed at VFC compliance site visits.
- Electronic data logger temperature charts should be emailed monthly (or sooner with temperature excursions) to dohtemplogs@nd.gov.
Western VFC/AFIX Coordinator also Storage and Handling Guru and Vaccine Ordering Officianado

Miranda has been married to Tate for close to 14 years and have three adorable children ages 13, 9 and 6. They live away the lake and every chance they get you find her cheering on their local sports teams or at the lake!

All vaccine returns and wastages must be entered into NDIIS and returned to McKesson within six months of becoming nonviable.

· Once the return has been submitted in the NDIIS the primary contact will receive an email 1-2 business days later letting them know that their packing slip is ready to be printed.
· The provider should go back into the submitted return and print the packing slip.
· By submitting the return in NDIIS your pre-paid shipping label has been requested from McKesson and should be received in the mail 1-3 weeks later or via email within a few business days.

VACCINE RETURNS AND WASTAGES

- Vaccine Return: Vaccine that will physically be RETURNED to McKesson.
  - Almost every dose of non-viable vaccine will fall into this category.
- Vaccine Wastage: Vaccine that CANNOT be returned to McKesson and should be disposed of at your facility according to your facility’s policies.
  - Open multi-dose vials, broken vials or syringes, vaccine that has been drawn up but not administered in time.
  - Vaccine wastages will not generate a packing slip or request a shipping label so it is very important that the correct online form is completed.

VACCINE RETURNS AND WASTAGES, ETC.
NDIIS Coordinator – can take reports of any NDIIS questions or comments. Also does reminder/recall, error reports, lots of outreach visits and NDIIS education.

Fraud: is an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state law.

Abuse: provider practices that are inconsistent with sound fiscal, business, or medical practices and result in an unnecessary cost to the Medicaid program, (and/or including actions that result in an unnecessary cost to the immunization program, a health insurance company, or a patient); or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program.
**FRAUD AND ABUSE INVESTIGATION**

- Fraud and abuse can be discovered in many ways:
  - Monthly error reports in NDIIS
  - VFC compliance site visits
  - Provider report
  - Patient or member of public report
  - Medicaid office

- Fraud and abuse allegations are taken very seriously and will be investigated and reported to officials swiftly if ever discovered.

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**VFC SITE VISITS**

- All providers are required to have a VFC compliance site visit at least every other year.
  - Many large providers or those with more severe corrective actions will receive visits each year.

- NDDoH will be conducting 10 unannounced storage and handling visits this year.
  - Providers who receive these types of visits are based on previous storage and handling visits along with provider or patient report of issues.
UNDERINSURED CLIENTS

- Underinsured clients should be vaccinated at all enrolled facilities and their VFC eligibility status in NDIIS should always be “Underinsured”.
- At LPHUs, FQHCs and RHCs clients who are considered underinsured receive VFC vaccine.
- At private provider offices, clients who are considered underinsured receive 317 vaccine.
- No different protocols or documentation is needed depending on the facility type.

SHERRIE MEIXNER
Eastern VFC/AFIX Coordinator. Pocahontas, VFC and AFIX must be the entire Eastern side of the state.
For 10 cars that are 1931 or older, and they can be driven.

NDIIS ELIGIBILITY DATA ENTRY

- American Indian: Race of the child is American Indian and this child is receiving state-supplied vaccine. Privately insured American Indian children should be entered as “not eligible” at private provider offices. Universal local public health units must always enter “American Indian” for the VFC eligibility category for these children.
- Medicaid: Medicaid enrolled or Medicaid-Eligible.
- No Insurance: Child does not have health insurance.
- Underinsured: A child who has health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only).
NDIS DATA ENTRY CONT.,

- **Not Eligible:** Privately insured children receiving privately purchased immunizations. This status would also apply to privately insured adults or uninsured adults receiving privately purchased vaccines not included in the 317 program.

- **Other State Eligible:**
  1. Privately insured children receiving influenza vaccinations at participating local public health units for the 2016 – 2017 influenza season.
  2. Privately insured infants receiving the birth dose of hepatitis B vaccine at enrolled birthing hospitals.
  3. Uninsured or underinsured adults receiving vaccines through the 317 program (Td, Tdap, HPV, MCV4 and MMR).

- For further questions about VFC eligibility please consult the VFC Questions and Answers section or [http://www.ndhealth.gov/Immunize/Providers/Forms.htm](http://www.ndhealth.gov/Immunize/Providers/Forms.htm).

**COMMON CORRECTIVE ACTIONS**

- Borrowing!!!
  - If borrowing has occurred the dose has to be documented (and the return) and repaid according to NDIS.
  - Borrowing more than 10 times for either private or VFC stock.
  - Borrowing because you are out of private supply.

- Missing signs on the circuit break or plug-in.

- Inadequate VFC documentation including missing eligibility, VIS dates and/or no proof of eligibility.

- Not knowing all the VFC eligibilities: (18 years and younger, Un/Underinsured, American Indian/Alaskan Native and Medicaid).
The CDC will begin requiring once daily documented minimum/maximum on temperature logs.

Many providers already do this so just continue as usual.

If you are not checking or not documenting minimum/maximum at the beginning of clinic day please do so.

Only needs to be done once daily, preferably at the beginning of clinic day.

More details to follow this summer...

After the presentation, questions may be sent to:

- Holly Howell: howellh@nd.gov
- Abbi Berg: abberg@nd.gov
- Louis Berber: laberber@nd.gov
- Mary Weisner: mweisner@nd.gov
- Miranda Berganger: mbberganger@nd.gov
- Dominick Fitzsimmons: dfitzsimmons@nd.gov
- Andy Noble: anoble@nd.gov
- Sherrie Meixner: smeixner@nd.gov

Immunization Program:
701.328.3386 or toll-free 800.472.2180
POST-TEST

- Post-test
  - Successfully complete the five-question post-test to receive your certificate
  - Credit for this session available until May 9, 2017
- This presentation will be posted to our website: [www.ndhealth.gov/immunize](http://www.ndhealth.gov/immunize)