

2014 VFC Enrollment

What has stayed the same and what has changed?

2014 Enrollment

- To go out February 18th, due by March 14th.
- Providers will not be able to order vaccine after due date if:
 - Original, signed copies of enrollment not returned.
 - Two contacts from each facility have not taken 2013 Storage and Handling **AND** VFC training.

2014 Enrollment

- Provider Enrollment has changed slightly.
 - New data fields include:
 - Employer Identification Number (EIN): Federal tax identification number.
 - Completed Annual Training: Have the primary and secondary vaccine coordinators completed both the 2013 Storage and Handling AND VFC Training?
 - Type of Training Received: List both if applicable.

2014 Holding Steady

Reimbursement and Admin Fees

- Starting with the 2013 enrollment providers could begin charging \$20.99 per dose of VFC or state-supplied vaccine administered.
- Providers are not required to charge a lesser amount for additional vaccines. NDDoH encourages charging \$20.99 for each dose so that the highest reimbursement is obtained.
- Providers must also NEVER charge for the cost of the vaccine.
- Providers are required to accept the reimbursement for immunization administration set by the state Medicaid Agency.

Medicaid Physician Reimbursement

- Medicaid will reimburse providers up-front at a lower rate ~\$14.50.
- Physician's offices that specialize in internal medicine, family medicine or pediatrics and self-attest to their eligibility are able to receive a quarterly lump sum payment to bring reimbursement up to \$20.99 per dose.
- The self-attestation form is located at <http://www.ndhealth.gov/Immunize/Providers/Forms.htm>.
- At this time pharmacies and local public health units are not eligible for the quarterly payment.

VFC Eligibility

- Patients are eligible to receive VFC vaccine if they are 18 years or younger AND:
 - Medicaid enrolled or eligible.
 - American Indian
 - Uninsured
 - Underinsured
 - Private insurance does not cover immunizations or only covers certain immunizations. VFC eligible for non-covered immunizations only.
- Providers may need to be able to recite this at compliance site visits.



317 Vaccine Programs

- Persons who meet one or more of the following categories are considered state vaccine-eligible and are not eligible for VFC-purchased vaccine:
 - underinsured children at private clinics.
 - Entered as “underinsured” in NDIIS.
 - insured newborns immunized with the birth dose of hepatitis B at enrolled birthing hospitals.
 - Entered as “other state eligible” in NDIIS or EMR.
 - insured children at participating health units.
 - Entered as “other state eligible” in NDIIS or EMR.
 - uninsured and underinsured adults for Td, Tdap, HPV, PPSV23, MCV4 and MMR.
 - Entered as “other state eligible” in NDIIS or EMR.

Annual Education Requirement

- Just as in 2013 providers will be required to view two educational trainings on the VFC program and storage and handling.
- Will again be required in late 2014.
- Must complete trainings prior to enrolling in 2015.
- NDDoH is working on producing ND-specific modules.

Borrow and Returns

- The CDC is currently developing a work group to determine how to handle borrowing and returning in the future.
 - Expect future policy changes such as no borrowing allowed.
 - Far too much borrowing of public vaccine in ND.
- Borrowing should only occur in RARE circumstances such as:
 - Vaccine-preventable disease outbreaks.
 - Vaccine supply delays or non-viable vaccine deliveries.

Dormitory-Style Refrigerators

- Dormitory-style refrigerators are NEVER to be used for vaccine storage, regardless of duration.

2014 Changes

Additional Corrective Actions Based on CDC Recommendations

- Site visit follow-up will look and feel a little different in 2014.
- Starting in January providers will receive corrective actions for both required and recommended follow-up.
- Providers will also receive a 6-month reminder of their previous corrective actions to ensure necessary steps are being taken.



Recommended vs. Required



Yield = Recommended. Not yet required but very likely in the future. Providers will still receive corrective actions for any recommendations that are not being met as these are deemed best practices.



Stop = Required. Everything marked with a required sign must be done by providers. Corrective actions will be issued for non compliance and if this is continued could lead to termination in the VFC program.

Reporting Key Changes in Staff

- All changes to key staff are required to be reported to the Immunization Program.
 - Either primary or secondary contact changes.
 - Will receive corrective actions at site visits if change is staff has occurred but was not reported.
- The Immunization Program has always asked for this information but this is the first year where corrective actions will be delivered.



Certificate of Calibration

- Certificates of Calibration must meet certain criteria in order to be acceptable.
 - Reviewers in 2013 began helping providers to receive updated, acceptable certificates of calibration.
- If certificates are expired or do not meet criteria on next two slides (A or B) a corrective action will be issued.



A) ILAC - accredited laboratory

- Name of device (optional).
- Model number.
- Serial number.
- Date of calibration (report or issue date).
- Measurement results indicate unit passed test and the documented uncertainty is within suitable limits (recommended uncertainty = $\pm 1^{\circ}\text{F}$ (0.5°C)).

B) Non-ILAC accredited laboratory

- Name of device (optional).
- Model number.
- Serial number.
- Date of calibration (report or issue date).
- Measurement results indicate unit passed test and the documented uncertainty is within suitable limits (recommended uncertainty = $\pm 1^{\circ}\text{F}$ (0.5°C)).
- Measurement results for the device.
- A statement that calibration testing conforms to ISO 17025.

Data Loggers



- A data logger is a continuously recording thermometer that will record and plot temperatures which can then be downloaded.
 - Extremely helpful in the case of a temperature excursion as the provider is able to see exactly how much time the vaccine was stored at out-of-range temperatures.
- If a practice does not currently use a data logger a “recommendation” will be issued.
- Expect data loggers to be required in the future.

Thermometer Features



- In order to not receive “recommended” follow-up data loggers must have the following:
 - Alarm for out-of-range temperatures.
 - Current, minimum and maximum temperatures.
 - Reset button.
 - Low battery indicator.
 - Accuracy of +/- 1°F (0.5°C).
 - Memory that stores at least 4,000 readings, should stop recording when full not overwrite.
 - User programmable logging or reading interval.

Buffered Probe



- All thermometers are recommended to have a probe that is buffered in glycol.
- When thermometers measure the air temperature there is a much higher change of having out-of-range temperatures as air temperature changes quickly with opening and closing of the door.
- If a liquid probe is used it actually determines the temperature of the vaccine, as vaccines are liquid.

Data Logger with Buffered Probe



Purchasing Guides

- The NDDoH has created purchasing guides for thermometers, storage units and transportation equipment.
- www.ndhealth.gov/Immunize/Providers/Forms.htm
- Before clinics purchase new equipment please reference these guides or contact the immunization program.
- This list is not exhaustive and it is possible other makes and models meet recommendations.

Temperature Logs



- Requirement: Temperatures measured twice each day, one AM and one PM.
- Recommendation: Each temperature reading be accompanied by 1)time of the reading 2)name or initials of the person who read the temperature 3) document the min and max daily.
 - Remember to reset this daily!



Combination Refrigerator/Freezer

- Separate controls for refrigerator and freezer temperatures.
- If only one thermostat for both refrigerator and freezer “recommended” corrective actions will be given.
- One thermostat can be very dangerous as both storage regions are adjusted when perhaps only one needed to be adjusted.



Vaccine Storage Recommendations

- Vaccines placed in the middle of the unit.
- Space between vaccines to allow air circulation.
- Store in original packages.
- Not stored in doors or vegetable bins.
- Not stored on the floor of unit.
- Not stored under or near cooling vents.
- Food stored in the unit.
- Having no water bottles in unit.
- Vaccines that are not properly rotated.



Chart Audits



- Reviewers will still review 10 charts while on site.
 - This is not a new part of the VFC visit.
- There are a few changes to what will be assessed.
 - Names of patients being reviewed will not be sent prior to visit.
 - Reviewers will look at the last two immunization encounters (if possible) instead of most recent visit.
 - Sites with EMRs that communicate with NDIIS are NOT exempt from chart audits

Chart Audits, cont.



- Starting with 2014 clinics will have to provide evidence of VFC screening for the 10 chart audits conducted at the compliance site visit.
- Examples of proof would include a copy of a Medicaid card, private insurance card or identification of the patient as American Indian.
 - Patients with no insurance will not have proof of insurance but must have "no insurance" documented somewhere in the chart.
 - American Indians do not need to show proof of membership to a tribe.
- Corrective actions will be issued for clinics who cannot provide proof of eligibility.
- If VFC eligibility does not match between NDIIS and EMR corrective actions will also be issued.

2014 AFIX Changes



- The AFIX visits will be separated in 2014 as the AFIX visit now has a questionnaire.
- AFIX visits will still be used to assess provider's immunization rates but will also be used to determine areas for quality improvement.
- A follow-up assessment will be done 3-6 months after initial visit to show any improvements in immunization rates.
- AFIX visits will now also assess infant and adolescent immunization rates.

Vaccine Loss Policy



- Starting on January 1, 2014 a change was made to how vaccines are repaid according to the vaccine loss policy.
- Vaccine losses that meet thresholds as defined in the 2014 Vaccine Management Policy will now require providers to purchase private vaccine to replace expired, wasted, lost or spoiled state-supplied vaccine on a dose-for-dose basis.
- Providers will receive an invoice from the NDDoH Immunization Program outlining wasted vaccine that will need to be replaced.
- The provider will then have 60 days to replace this vaccine with the same type of privately purchased vaccine.
 - Proof of purchase must be submitted to NDDoH.

2014 Clarification

- Children who participate in the Caring Program through Blue Cross Blue Shield of ND are NOT VFC eligible.
- Children should receive private vaccine and providers should bill the Caring Program for the cost of the vaccine and the administration fee.
- The VFC Q&A will be updated to reflect this.

2015 Changes to Come

Back-Up Thermometers

- A certified, calibrated back-up thermometer will be required for each provider starting January 1, 2015.
- Certificates of calibration must be kept current on all back-up thermometers.
- To be used if:
 - Primary thermometer goes bad.
 - Recalibration of primary thermometer.
 - To verify primary thermometer is accurate.

Stand Alone Refrigerators

- It is very possible that in 2015 or 2016 providers will be required to have stand alone refrigerators and freezers.
- Please plan accordingly when purchasing new equipment.
- Use NDDoH purchasing guides or contact the immunization program with questions.

Data Loggers

- As mentioned before the CDC continues to put more and more emphasis on the importance of data loggers.
- Expect a requirement in 2015 or 2016 for providers to use data loggers in EVERY storage unit that contains VFC vaccine.

Data Logger Cost

- One data logger = \$150-200
- One box of HPV vaccine off the federal contract = \$1,071.16
- Recently a provider had on and off frozen temperatures that went unnoticed.
 - This resulted in a cost to the facility of over \$42,000.
 - Cost of wasted vaccine.
 - Cost of purchasing vaccine to revaccinate patients who received nonviable vaccine.

Benefits of a Data Logger

- A data logger would have:
 - Alarmed them audibly.
 - Received notification of out-of-range temperatures in weekly upload of data.
 - Given vaccine manufacturers better information as to how long the vaccine was at freezing temperatures.

Other Immunization Updates

Storage and Handling Grant

- The North Dakota Department of Health (NDDoH) Immunization Program received a one-time grant from Centers for Disease Control and Prevention (CDC). Providers were asked to identify their need for:
 - Temperature data loggers for refrigerators and freezers.
 - Temperature data loggers for vaccine transport
 - Vaccine transport coolers/freezers.
 - Stand-alone freezers for providers who currently use a combination unit for storage of frozen vaccines.
- We hope to begin dispersing equipment in April/May.
- Vaccine transport coolers and stand-alone freezers are still being assessed are not guaranteed to providers.

2014 State Immunization Conference

- The 2014 State Immunization Conference will take place on July 15-16, 2014 (Tues and Wed).
- **Dr. Paul Offit will be giving two keynotes.**
- **Dr. Andrew Kroger, CDC will be also be speaking.**
- All staff who work with immunizations are welcome to attend.
- Nursing and Pharmacy credits will be available.
- Registration will be available soon.
- If you have any suggested topics please contact the Immunization Program.



Type your question in the chat window to the right

This presentation will be posted to our website: www.ndhealth.gov/immunize

After the presentation, questions may be sent to:

- Molly Howell mahowell@nd.gov
- Abbi Pierce apierce@nd.gov
- Mary Woinarowicz mary.woinarowicz@nd.gov
- Amy Schwartz amschwartz@nd.gov
- Stacy Lovelace slovelace@nd.gov
- Rahel Gemmeda rgemmeda@nd.gov

• **For any immunization questions, call 701-328-2378 for the Immunization Program**



Post-test

- Post-test
 - Nurses interested in continuing education credit, visit www.ndhealth.gov/immunize/posttest/
 - Successfully complete the five-question post-test to receive your certificate
 - Credit for this session will be available until Wednesday, February 26th.


