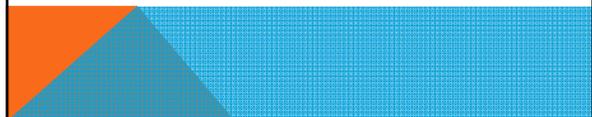


317 VACCINE PROGRAMS

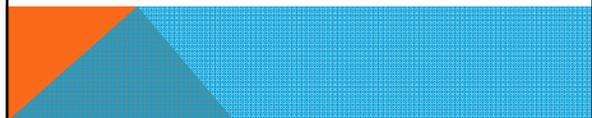
Persons who meet one or more of the following categories are considered state vaccine-eligible and are not eligible for VFC-purchased vaccine:

- underinsured children at private clinics.
- insured newborns immunized with the birth dose of hepatitis B at enrolled birthing hospitals.
- insured children at participating health units.
- uninsured and underinsured adults for Td, Tdap, HPV, PPSV23, MCV4 and MMR.



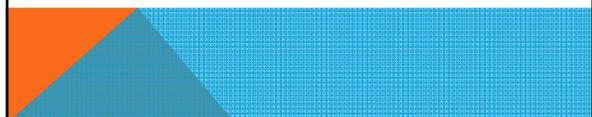
PROVIDERS AND STAFF MUST UNDERSTAND:

- The eligibility requirements for the VFC program.
- The eligibility requirements for patients who are state vaccine-eligible.
- The options for administering VFC or private vaccine for children that have Medicaid as secondary insurance.
- The VFC program does not have any authority over administration fees charge to privately insured children.
- NDDoH staff will monitor the screening for eligibility requirement during the VFC site visit by reviewing a random sample of charts for children 0 - 18 years.
- How and when to document the initial VFC screening appropriately.
- How to conduct VFC screening and document screening results at subsequent immunization visits for all children 0 - 18 years.
- How to document changes to VFC eligibility status.
- How to appropriately document VFC eligibility in the North Dakota Immunization Information System (NDIIS).



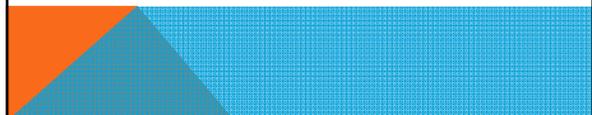
NDIIS DATA ENTRY FOR AI CHILDREN

- Enter as "American Indian" if race of the child is American Indian and is receiving state-supplied vaccine.
 - Universal local public health units must always enter "American Indian" for the VFC eligibility category.
- Enter as "Not Eligible" if patient is a privately insured American Indian child with immunization benefits.
 - Private provider offices and non-universal local public health units.
- An American Indian with Medicaid should be entered as "Medicaid" due to CDC's VFC hierarchy.



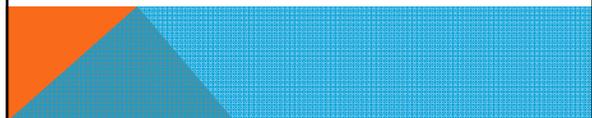
NDIIS DATA ENTRY

- Enter as "Medicaid" if enrolled in Medicaid
- Enter as "No Insurance" if child does not have health insurance
- Enter as "Underinsured" if the child has health insurance, but the coverage does not include vaccines OR the insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only)
- **ALWAYS** make sure that you are selecting the correct lot number whether it is private or state. You may receive the same lot number privately as you do from the state. If you select the wrong lot number a borrow will be done in the .net upgrade NDIIS. In current system your facility is flagged in the monthly error report.
 - In the .net upgrade private lot numbers will be highlighted in green to help distinguish between state and private lot numbers.



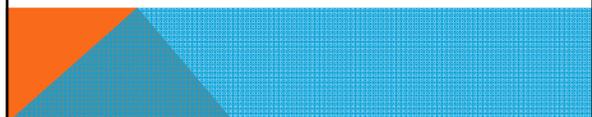
IF I HAVE AN AMERICAN INDIAN PATIENT WHO HAS PRIVATE HEALTH INSURANCE WITH FULL IMMUNIZATION BENEFITS ARE THEY STILL VFC ELIGIBLE?

- American Indian patients are ALWAYS VFC eligible, however, that does not mean you have to use VFC vaccine.
- In a situation with an AI child who has full immunization benefits, private vaccine can be used and a private administration fee can be charged.
- You may also use state-supplied vaccine, bill \$0 for the vaccine and bill the private administration fee.
 - When using this method you must always ensure that the patient is not being billed anything more than the VFC cap of \$20.99 per dose.
- Providers must always choose the option that is in the best interest of the patient.



WHAT IF I HAVE A PATIENT WHO HAS PRIVATE INSURANCE AND MEDICAID AS SECONDARY INSURANCE?

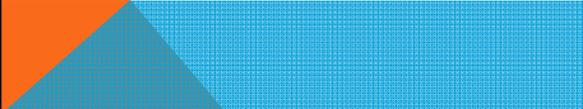
- Option #1 (must be used by universal LPHU)
- Providers can administer VFC vaccine and bill insurance only for the administration fee. If this option is used, providers must not bill insurance for the cost of vaccine. Providers may choose to bill insurance at the private rate for the administration fee. If the insurance company refuses payment, Medicaid can then be charged for the admin fee.
 - Medicaid cannot be billed more than the VFC admin fee cap.
 - This option is the easiest for providers and best for patients, as there is no risk that the patient will be billed for any amount for which the primary insurance or Medicaid refuses payment.



INSURANCE AND MEDICAID

Option #2

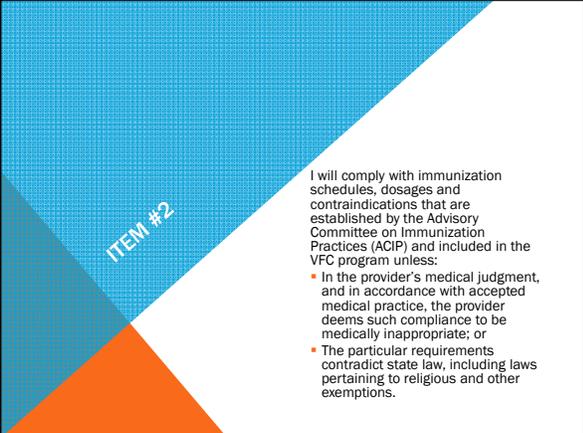
- Provider can administer private stock vaccine and bill the primary insurance carrier for both the cost of the vaccine and the administration fee, the provider can also bill Medicaid for the balance of the vaccine admin fee up to the amount Medicaid will reimburse.
- If the primary insurance denies payment of vaccine and the admin fee, the provider must replace the privately purchased vaccine with VFC vaccine and bill Medicaid the admin fee.
- The patient must never be billed for the vaccine or admin fee.



ITEM #2

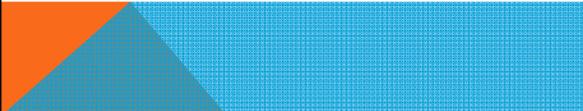
I will comply with immunization schedules, dosages and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) and included in the VFC program unless:

- In the provider's medical judgment, and in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate; or
- The particular requirements contradict state law, including laws pertaining to religious and other exemptions.



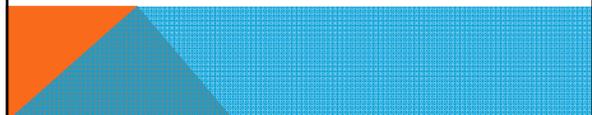
PROVIDERS AND STAFF MUST UNDERSTAND:

- The current ACIP recommendations and how to locate these recommendations and the VFC resolutions.
- The process NDDoH uses to notify VFC-enrolled providers about changes to the VFC program.
- The state laws related to vaccination requirements and acceptable vaccine exemptions.
- The true contraindications for each vaccine.



ARE ADULT MEDICAID PATIENTS ELIGIBLE?

- Medicaid is a VFC eligibility category for those under 19 years of age only.
- Adults who are on Medicaid should receive private vaccine and Medicaid should be billed.
- Two exceptions:
 - Medicaid eligible patients ages 22-26. Medicaid will not cover HPV vaccine for individuals 22-26. In this case state vaccine should be used and the VFC admin fee should be charged to Medicaid.
 - If Medicaid will not cover certain vaccines for adults, that person would be considered underinsured and would be eligible for state-supplied vaccine. Medicaid will cover MCV4 for college freshmen if appropriate documentation is provided.

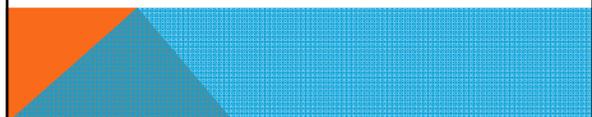


ITEM #3

I will maintain all records related to the VFC program for a minimum of three years, or longer if required by state law, and make these records available to public health officials, including the state or Department of Health and Human Services, (DHHS) upon request.

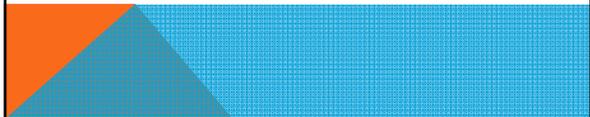
PROVIDERS AND STAFF MUST UNDERSTAND:

- All records related to the VFC program must be maintained for the required time period.
- These records include (but are not limited to) VFC screening forms, temperature logs and borrow/return reports.



IF VFC ELIGIBILITY IS ENTERED IN NDIIS DO WE STILL NEED TO KEEP THE VAR ON HAND?

- NO: If your electronic medical record (EMR) contains VFC eligibility information AND eligibility is entered based on VFC screening at every visit for every dose of vaccine then a separate screening form is not necessary.
- YES: If you do not have an EMR or your EMR does not capture VFC eligibility at every visit for each dose of vaccine.



ITEM #4

I will immunize eligible children with VFC vaccine at no charge to the patient for the vaccine.

PROVIDERS AND STAFF MUST UNDERSTAND:

- Patients, Medicaid or private insurance companies cannot be billed for the cost of VFC vaccine or other state-supplied vaccine.
- Providers must use the NDDoH [VFC Vaccine Borrow/Return Form](#) and follow NDDoH requirements related to the borrowing and returning of all state-supplied vaccine.
- NDDoH will monitor the borrowing activities of VFC-enrolled providers during VFC compliance site visits.
- Borrowing VFC vaccine to administer to a non-VFC-eligible patient may occur only in rare, unplanned situations (i.e., a delayed vaccine shipment, vaccine spoiled in-transit to the provider or new staff that calculated ordering time incorrectly).
- Providers are expected to maintain an adequate inventory of vaccine for their non-VFC-eligible patients.
- VFC vaccine cannot be used as a replacement system for a provider's privately purchased vaccine inventory.
- Borrowing VFC vaccine must not prevent a VFC-eligible child from receiving a needed vaccination because VFC vaccine was administered to a non-VFC-eligible child.
- Providers must document all borrow/return occurrences in the NDIIS.



CAN I BORROW PRIVATE FLU VACCINE TO USE FOR VFC ELIGIBLE CHILDREN UNTIL MY VFC STOCK ARRIVES?

- Yes, this is an acceptable practice. Providers may borrow from their PRIVATE stock to vaccinate VFC eligible children if their VFC flu vaccine has not arrived yet and return the doses once they are on hand.
- VFC Influenza vaccine is never allowed to be borrowed to private stock from VFC.
- A VFC eligible child should not go unvaccinated because the VFC stock is depleted vaccinating children that are not eligible.
 - This rule applies to all vaccine types.
- Because of the uncertainty of flu vaccine supply for private stock there is no way to know that the doses can be returned.

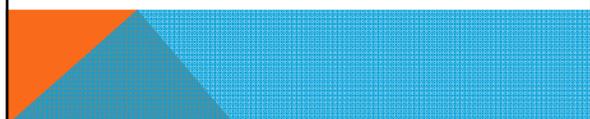


ITEM #5

I will not charge a vaccine administration fee to non-Medicaid VFC-eligible children that exceeds the administration fee cap of \$20.99 per vaccine dose. For Medicaid VFC-eligible children, I will accept the reimbursement for immunization administration set by the state Medicaid agency or the contracted Medicaid health plans.

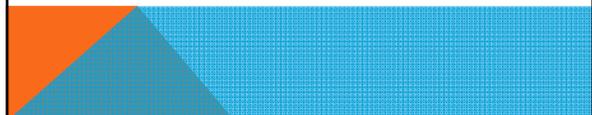
PROVIDERS AND STAFF MUST UNDERSTAND:

- The maximum amount that can be charged to VFC-eligible children.
- The administration fee is per vaccine and not per antigen in the vaccine.
- Medicaid may not reimburse the total administration fee charged to Medicaid.



WHEN CAN I BEGIN TO CHARGE \$20.99?

- Once your facility has signed the 2013 Annual Enrollment and returned to NDDoH your facility may begin to charge \$20.99 per dose.
- \$20.99 can be charged for EACH dose 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.
- Medicaid may decide to increase admin fee reimbursement so providers should charge Medicaid \$20.99 even though that may not be the amount you are reimbursed.

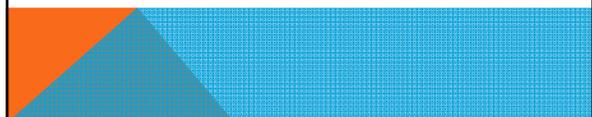


ITEM #6

I will not deny administration of a federally purchased vaccine to an established patient because the child's parent/guardian/individual of record is unable to pay the administration fee.

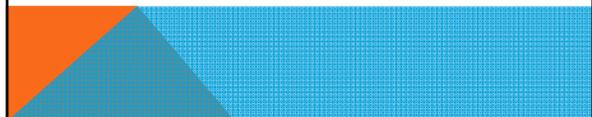
PROVIDERS AND STAFF MUST UNDERSTAND:

- The only fee that must be waived is the administration fee; other visit or office fees may be charged as applicable and are beyond the scope of the VFC program.



CAN I DENY VACCINE TO AN UNINSURED ADULT WHO CAN'T AFFORD THE ADMIN FEE?

- No one can be denied administration of state-supplied vaccines due to inability to pay the administration fee. This applies to VFC and 317 vaccines.

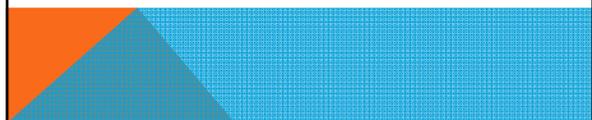


ITEM #7

I will distribute the most current Vaccine Information Statement (VIS) each time a vaccine is administered and maintain records in accordance with the National Childhood Vaccine Injury Compensation Act (NCVIA), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS).

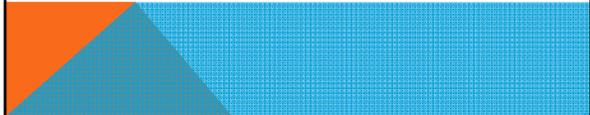
PROVIDERS AND STAFF MUST UNDERSTAND:

- How to obtain the most current VIS forms.
- The use of VIS forms applies to all vaccines included in the NCVIA or purchased through federal contracts.
- How to report adverse events to VAERS.



WHAT ARE THE RULES FOR HAVING LAMINATED VIS INSTEAD OF PRINTING?

- Some providers prefer to keep laminated copies to give to parents to read during the visit.
- This is completely acceptable however, parents need to be offered paper copies of the most current VIS to take home with them if they wish.
- This practice can save paper and printing costs.
- As of right now, it is not acceptable to only have VISs available on a website as this might make it difficult for parents with no internet access to access them.
- All laminated VISs used in waiting rooms and doctor's offices should be disinfected after each use.

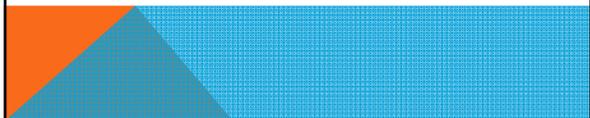


ITEM #8

I will comply with the requirements for vaccine ordering, vaccine accountability and vaccine management. Agree to operate within the VFC program in a manner intended to avoid fraud and abuse. VFC providers may not store federally purchased vaccine in dormitory style refrigerators at any time. Return all spoiled/expired public vaccines to CDC's centralized vaccine distributor within six months of spoilage/expiration.

PROVIDERS AND STAFF MUST UNDERSTAND:

- The need to comply with all requirements outlined in the NDDoH Vaccine Management Plan, NDDoH Vaccine Loss Policy and NDDoH Fraud and Abuse Policy.
- How to order vaccine using the North Dakota Immunization Information System (NDIIS) and how to submit monthly temperature logs.
- The procedure to return vaccines to the centralized distributor.



WHAT EXACTLY HAS CHANGED WITH THE PROCESS TO RETURN VACCINES?

- All returns to McKesson must now include a VTRKS-generated packing slip.
- When providers report vaccine wastage (fax in paper form or complete online) NDDoH enters into VTRKS. When this is done a packing slip is generated as well as a pre-paid shipping label is sent from McKesson.
- Vaccine should not be returned to McKesson unless the provider has both the packing slip and shipping label.
- All vaccines should be returned to McKesson within 6 months of expiration.



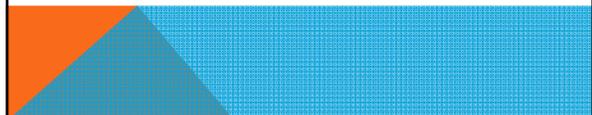
ITEM #9

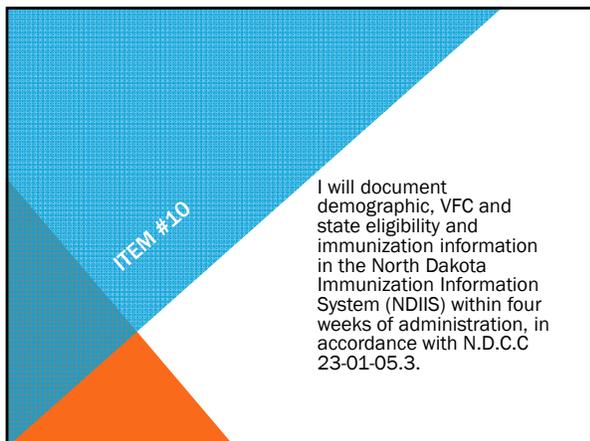
I will participate in VFC program compliance site visits, storage and handling unannounced visits, and other education opportunities associated with VFC program requirements.



WHAT HAPPENS AT UNANNOUNCED STORAGE AND HANDLING VISITS?

- A VFC/AFIX Coordinator goes to provider's offices unannounced and assesses the practice's storage and handling practices.
- Many of the questions will be the same questions as you would normally go over at a VFC compliance site visit however, the emphasis will be on storage and handling.
- NDDoH will try their best to not go to clinics during busy times and understand that when we arrive that you may be with patients.
- This is the first year that NDDoH has been required to conduct this type of visit.



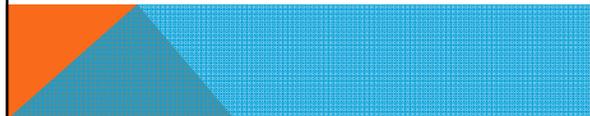


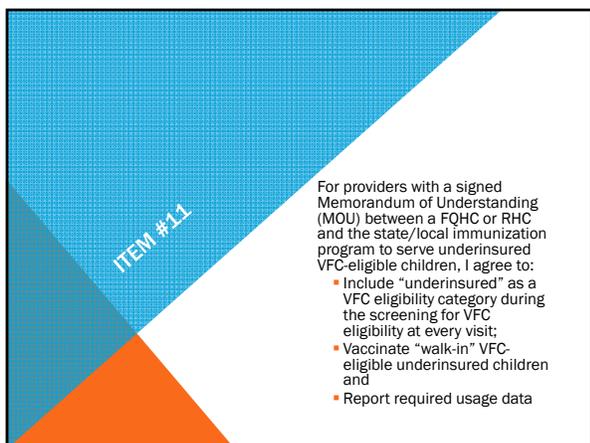
ITEM #10

I will document demographic, VFC and state eligibility and immunization information in the North Dakota Immunization Information System (NDIIS) within four weeks of administration, in accordance with N.D.C.C 23-01-05.3.

PROVIDERS AND STAFF MUST UNDERSTAND:

- All demographic, VFC and state eligibility and immunization information should also be documented on a Vaccine Administration Record (VAR), Patient Eligibility Screening Form or in the facilities Electronic Medical Record (EMR).
- This requirement is true for private and public vaccines.





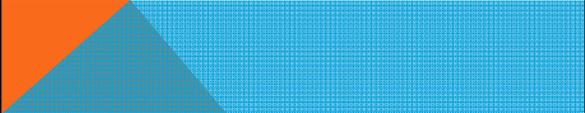
ITEM #11

For providers with a signed Memorandum of Understanding (MOU) between a FQHC or RHC and the state/local immunization program to serve underinsured VFC-eligible children, I agree to:

- Include "underinsured" as a VFC eligibility category during the screening for VFC eligibility at every visit;
- Vaccinate "walk-in" VFC-eligible underinsured children and
- Report required usage data

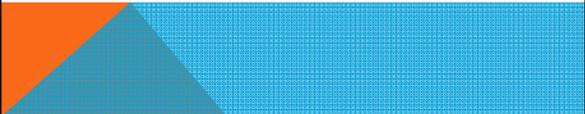
PROVIDERS AND STAFF MUST UNDERSTAND

- Definition of walk-in: refers to any underinsured child who presents requesting a vaccine; not just established patients.



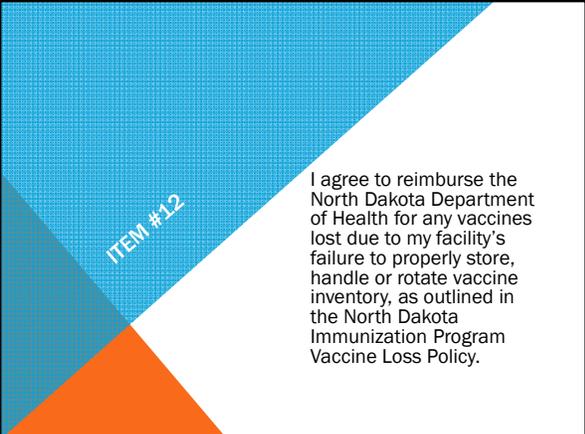
WHY DO PRIVATE PROVIDERS NO LONGER HAVE AN MOU WITH A FQHC?

- The CDC no longer allows an FQHC to deputize and allow all providers to vaccinate underinsured clients on their behalf. Therefore NDDoH had to justify who could be deputized based on distance to nearest health care provider and need. NDDoH was able to justify this for LPHUs.
- Private providers can still vaccinate underinsured clients and this vaccine is paid for with 317 funds.
- "Underinsured" should still be chosen in NDIS for any client whose private health insurance does not cover the cost of vaccine, regardless of what type of health care office they receive it in.



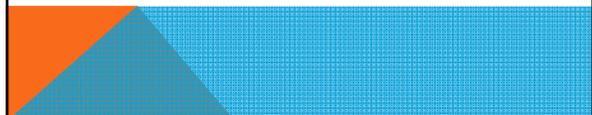
ITEM #12

I agree to reimburse the North Dakota Department of Health for any vaccines lost due to my facility's failure to properly store, handle or rotate vaccine inventory, as outlined in the North Dakota Immunization Program Vaccine Loss Policy.



WHAT ARE COMMON REASONS FOR FINANCIAL RESTITUTION OF WASTED VACCINE?

- Greater than 10 doses of any one vaccine expire in a 30-day period.
- Pre-drawn vaccine that is not used (aside from patient refusal after being drawn up).
- Storage and handling mishaps by staff.
- Refrigerator/freezer equipment problems where proof of repair or equipment replacement is not provided to NDDoH within 30 days.
- Vaccine that is considered spoiled due to the provider not checking and/or reviewing refrigerator and freezer temperatures twice daily.
- Discarding vaccine before the manufacturer's expiration date (includes multi-dose vials).

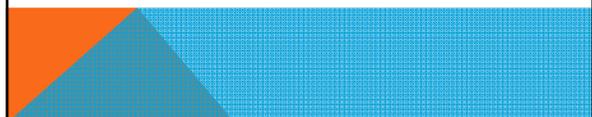


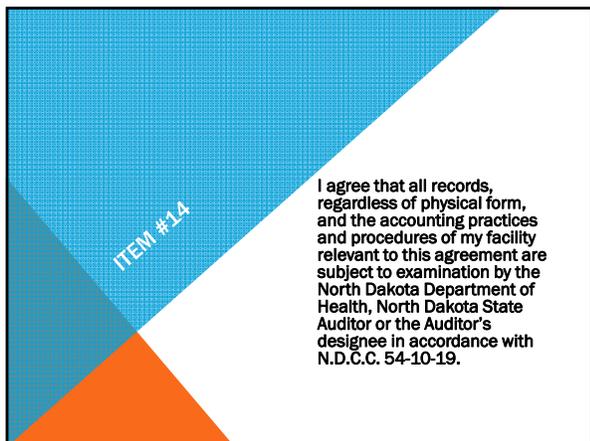
ITEM #13

For Specialty Providers (identified as pharmacies, urgent care, or school located vaccine clinics), I agree to vaccinate all "walk-in" VFC-eligible children and will not refuse to vaccinate VFC-eligible children based on a parent's inability to pay the administration fee.

WHAT AGES CAN PHARMACISTS VACCINATE?

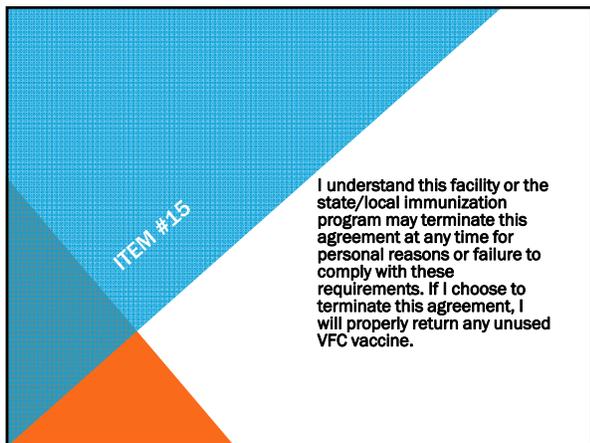
- According to ND State Law pharmacists can vaccinate:
 - 5 years and older for influenza vaccines.
 - 11 years and older for all other vaccines.
- If pharmacists do not have a medical director to sign vaccination standing orders Dr. Dwelle, NDDoH State Health Officer, will sign standing orders so pharmacists can vaccinate.





ITEM #14

I agree that all records, regardless of physical form, and the accounting practices and procedures of my facility relevant to this agreement are subject to examination by the North Dakota Department of Health, North Dakota State Auditor or the Auditor's designee in accordance with N.D.C.C. 54-10-19.



ITEM #15

I understand this facility or the state/local immunization program may terminate this agreement at any time for personal reasons or failure to comply with these requirements. If I choose to terminate this agreement, I will properly return any unused VFC vaccine.

PROVIDERS AND STAFF MUST UNDERSTAND:

- Situations that would terminate their participation in the VFC program.
- How to return unused VFC vaccine.
- If a provider terminates their VFC enrollment, they must return all unused VFC vaccine within 30 days of the termination date.
- How to discontinue enrollment from the VFC program.





QUESTIONS

Type your question into either of the chat windows at your right.

After the presentation, questions may be sent to:

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

Or call 701.328.3386 to speak to someone in the Immunization Program

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

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 is only available until 5pm on April 17, 2013
