

VFC Program Manual for Illinois VFC Providers

What's New!

The following lists changes or additions made to the VFC Program Manual for Illinois VFC Providers.

Page 6 – VFC Eligibility Criteria (item 2 under the second bullet point):

- The definition for underinsured children includes the requirement to verify insurance coverage before the administration of vaccines.

- **Underinsured:**

1. A child who has health insurance, but the coverage does not include vaccines, or
2. A child whose insurance does not cover all Advisory Committee on Immunization Practices (ACIP)-recommended vaccines. The child would be eligible to receive those vaccines not covered by the insurance.
 - * Underinsured children are eligible to receive VFC vaccine only through a federally qualified health center (FQHC), rural health clinic (RHC), or local health department (LHD) under an approved deputized agreement.
 - * With the implementation of the Affordable Care Act (ACA), it is rare for a child to meet the underinsured eligibility criteria for the VFC program. **Therefore, unless insurance coverage for vaccines is verified by the provider prior to administration of vaccine, for the purposes of the VFC program, these children are considered insured and not eligible to receive VFC vaccines at that immunization encounter.**
 - * Children whose health insurance covers the cost of vaccinations are **not** eligible for VFC vaccines. This applies even when a claim for the cost of the vaccine and its administration would be denied for payment by the insurance carrier because the plan's deductible had not been met.

Page 8 – Additional HFS website links section:

- Additional website links for the Illinois Department of Healthcare and Family Services (HFS) have been added.

Additional HFS website links:

- Claims processing system issues:
<https://www.illinois.gov/hfs/MedicalProviders/SystemIssues/Pages/default.aspx>
- Fee schedules:
<https://www.illinois.gov/hfs/medicalproviders/MedicaidReimbursement/FeeSchedule/Pages/2016FeeSchedule.aspx>
- New releases: <https://www.illinois.gov/hfs/MedicalProviders/notices/pages/default.aspx>

Page 9 – Insurance or Health-Cost Sharing:

- This section is new and contains information about health-cost sharing plans.

INSURANCE OR HEALTH COST-SHARING PLAN

For the purpose of the VFC program, “insurance” is defined as a plan that is:

- Regulated by a State’s Insurance Commissioner and/or
- Subject to the Employee Retirement Income Security Act of 1974 (ERISA). ERISA is a federal law that sets minimum standards for most voluntarily established pension and health plans in private industry to provide protection for individuals in these plans.

The Illinois Department of Insurance regulates insurance plans in Illinois. The Illinois Insurance Code (215 ILCS 5/4) states that the insurance laws do not apply to arrangements between a religious organization and the organization’s members when twelve specific criteria are met. The criteria is listed in the insurance code 215 ILCS 5/4 at

<http://www.ilga.gov/legislation/ilcs/ilcs4.asp?DocName=021500050HArt%2E+I&ActID=1249&ChapterID=22&SeqStart=100000&SeqEnd=1000000>. If an organization meets all of the criteria listed in the code, the health plan is not a certified insurance plan in Illinois. If this is the only health coverage the child has and the child is 18 years of age or younger, the child would be uninsured and eligible for VFC vaccines.

The Illinois Department of Insurance website provides information on health insurance plans that are regulated at <http://insurance2.illinois.gov/applications/RegEntPortal/> to see if the company is a certified insurance plan. On the Illinois Department of Insurance’s website for the company profile search, select “General information” and enter the name of the company in the field provided. Tip: Enter a partial name instead of the full company name to expand your search.

- If the company IS listed, check to see if they have been issued a National Association of Insurance Commissioner’s (NAIC) number.
 - If the company has a NAIC number, check their status. If the company is active, this is a certified insurance plan in Illinois.
 - A child through age 18 would be considered as insured and **NOT** VFC eligible (unless the insurance plan does not cover any immunizations or does not cover ACIP recommended vaccines, the child would be considered “underinsured” and eligible for vaccines from a FQHC/RHC or deputized LHD).
- If the company is NOT listed or does not have a NAIC number, the company is probably NOT a regulated insurance plan in Illinois.
 - If the organization meets all of the criteria listed in the Illinois Insurance Code, the health plan is not a certified insurance plan in Illinois. If this is the only health coverage the child has and the child is 18 years of age or younger, the child would be uninsured and eligible for VFC vaccines.

For more information about specific health cost-sharing plans, contact the Department of Insurance. Their contact information is available at <http://insurance.illinois.gov/main/Contact.asp>.

Page 11 – Insured Children with Medicaid Title XIX (19) as Secondary Insurance section:

- Two vaccination options are provided for children with private insurance and Medicaid Title XIX (19) as secondary insurance.

Situations occur where children may have private health insurance and Medicaid Title XIX (19) as secondary insurance. These children will be VFC-eligible as long as they are enrolled in Medicaid Title XIX (19). However, the parent is not required to participate in the VFC program. There are options for the parent and provider. These options are described below:

- Option 1: A provider can administer VFC vaccine to these children and bill the Medicaid agency for the administration fee.
- Option 2: A provider can administer private stock vaccine and bill the primary insurance carrier for both the cost of the vaccine and the administration fee.

Page 13-14 – VFC Eligibility Decision Chart:

- The VFC eligibility decision chart was updated. This chart was originally distributed to VFC providers on March 13, 2017.

VFC ELIGIBILITY STATUS			
Insurance Type	VFC Eligibility Scenario	Insurance Status	Is Child VFC-Eligible?
Any	Patient is 19 years of age or older	Not Eligible	No, administer private vaccines (V01)
Any	American Indian/Alaskan Native UNDER 19 years of age	Eligible	Yes (V04)
Any	Cannot access health insurance due to being incarcerated and patient is UNDER 19 years of age	Uninsured	Yes (V02 or V03)
None	Patient is UNDER 19 years of age and is paying cash for health care due to not having private insurance or Medicaid	Uninsured	Yes (V03)
Insurance Type	VFC Eligibility Scenario for Children UNDER 19 Years of Age	Insurance Status	Is Child VFC-Eligible?
Private insurance only	Plan covers all ACIP recommended vaccines	Insured	No, administer private vaccines (V01)
	Plan does not include vaccine coverage	Underinsured	Yes, at FQHC, RHC or deputized LHD only (V05)
	Plan does not cover all ACIP recommended vaccines	Underinsured	Yes, at FQHC, RHC or deputized LHD only, eligible for vaccines not covered by insurance (V05)
	Plan has high deductible	Insured	No, administer private vaccines (V01)
	Has not met the plan's deductible or met copays for other services received at visit	Insured	No, administer private vaccines (V01)
	Coverage caps the number of allowable provider visits	Insured	No, administer private vaccines (V01)
	Coverage is capped at a certain dollar amount	Insured	No, administer private vaccines (V01)
	Seeking contraceptive or sexually-transmitted disease (STD) services at school-based clinic or facility whose main services are <i>primary or acute care</i> and wants to be immunized but does not want to access insurance	Insured	No, administer private vaccines (V01)
Seeking contraceptive or STD services at <i>family planning clinic or STD clinic</i> and wants to be immunized but does not want to access insurance or doesn't know status	Uninsured	Yes (V03)	
Insurance Type	VFC Eligibility Scenario for Children UNDER 19 Years of Age	Insurance Status	Is Child VFC-Eligible?
Private insurance AND Medicaid secondary	Private insurance AND Medicaid Title XIX (19) secondary	Insured	Two Options: A: Yes, Administer VFC and bill Medicaid for admin fee (V02) B: No, Administer private vaccines and bill insurance (V01)
	Private insurance AND Medicaid Title XXI (21) or State Funded secondary	Insured	No, administer private vaccines (V01)
	Private insurance with a <i>high deductible not met yet</i> AND Medicaid Title XIX (19) secondary	Medicaid Eligible	Yes, until the deductible is reached (V02)
	Private insurance with a high deductible not met yet AND Medicaid Title XXI (21) or State Funded secondary	Insured	No, administer private vaccines (V01)
Insurance Type	VFC Eligibility Scenario for Children UNDER 19 Years of Age	Insurance Status	Is Child VFC-Eligible?
Medicaid only (verified in MEDI)	Has Title XIX (19) Medicaid	Eligible	Yes (V02)
	Has Title XXI (21) or State-Funded Medicaid (CHIP)	Insured	No, administer private vaccines (V22)
Insurance Type	VFC Eligibility Scenario for Children UNDER 19 Years of Age	Insurance Status	Is Child VFC-Eligible?
Other	Has a religious-based health cost sharing plan that is not regulated or certified by the Illinois Department of Insurance	Uninsured	Yes (V03)

Page 29 – Acceptable Storage Units:

- The fourth paragraph describes bar-style refrigerators and why they cannot be used to store VFC vaccines.

Bar-style units are designed to only store beverages. Temperatures in these types of units are very unstable and difficult to maintain an average temperature of 40 F. Every time the door of a bar-style refrigerator is opened, a high percentage of the cold air in the unit is lost, which causes large fluctuations in the temperatures.

Page 33 – Temperature Monitoring and Equipment:

- The third paragraph includes the requirement to document the minimum and maximum temperatures no later than January 1, 2018.

The twice-daily checks provide an opportunity to inspect the storage unit, reorganize any misplaced vaccines, and remove any expired vaccines. The minimum and maximum temperature should also be reviewed and noted. VFC providers will be required to enter the minimum and maximum temperatures in I-CARE no later than January 1, 2018.

- The provider temperature monitoring list includes the requirement to download and review data logger data files on a weekly basis.

- Download and review data logger data files on a weekly basis.

Page 39-40 – Freezer Defrost Cycles and Temperature Excursions:

- This section is new and provides information about temperature excursions during a freezer’s defrost cycle.

FREEZER DEFROST CYCLES AND TEMPERATURE EXCURSIONS

Freezers with automatic defrost may produce temperature excursions when going through defrost cycles. Any time a vaccine storage unit has temperature excursions, a vaccine incident report must be completed to follow up on the out of range temperatures, including temperature excursions from defrost cycles. Merck has stated providers should contact them each time they have a temperature excursion with frozen vaccines – even when it is due to defrost cycles. Merck explained the stability information they provide is based upon the specific set of conditions the provider reports and should not be applied generally across the board.

The CDC Storage and Handling Toolkit provides storage best practices that may help prevent temperature excursions in freezers with the automatic defrost cycles:

- The vaccines and the data logger probe should be placed in the center of unit, 2 to 3 inches away from walls, ceiling, floor, and door to allow the cold air to circulate. A data logger probe placed near the walls, floor, vent, ceiling, or door may indicate temperatures that are warmer than the actual vaccine temperature.
- Frozen water bottles in the unit will help stabilize or extend temperatures in the freezer. Place frozen water bottles against the walls, in the back, on the floor, and in the door racks. Putting frozen water bottles in the unit can help maintain stable temperatures caused by frequently opening and closing unit doors, power failures, or even the automatic defrost cycles. It can also prevent vaccines from being stored in areas where there is a greater risk of out-of-range temperatures (such as the floor and door).

For manual defrost freezers: While manually defrosting the freezer, providers should move their frozen vaccines to another freezer that is being monitoring and temperatures documented. This second freezer cannot be a household/commercial “combination” unit; it must be a stand-alone freezer. When the original freezer is once again maintaining stable temperatures, the vaccines can be returned to the original unit.

Page 55 – VFC and Multi-Dose Vials:

- The first section provides additional information about the licensing of the Polio multi-dose vial.

Additional notes about the Polio vaccine in the multi-dose vial:

- IPOL is licensed for 10 doses and should produce 10 doses.
- Some providers are reporting getting 11 doses out of the 10 dose vial.
- IPOL is not licensed for 11 doses and providers should not be attempting to get an 11th dose.
- If an attempt is made to administer an 11th dose, the patient is probably not getting the full dose and may not be fully protected.
- If a vial of IPOL does not appear full and will not provide 10 doses, contact the vaccine manufacturer to report it and request to have them replace it. If the vaccine is replaced by the manufacturer, notify IDPH of the replacement by clicking on “Contact Us” in I-CARE.

Page 56 – Vaccine Transport Procedure:

- The sixth paragraph describes the use of the vaccine transfer contact log.

If a provider cannot be located to accept transferred vaccine, document attempted contacts on the vaccine transfer contact log available in I-CARE on the home page under “Immunization Links.” If the vaccines must be wasted, email or fax the completed vaccine transfer contact log to IDPH for review and consideration in the vaccine replacement decision. It is not required to document all contacts about transferring vaccines. However, if vaccines must be reported as expired, we will consider attempts to transfer the vaccines in the vaccine replacement decision.

Page 67 – Fraud and Abuse Contacts:

- The contacts for fraud and abuse allegations have been updated.

FRAUD AND ABUSE CONTACTS

Suspected VFC fraud or abuse may be reported to any of the following Department staff.

- Linda Kasebier, VFC Administrator, is designated as the primary contact.
Linda.Kasebier@illinois.gov
- Karen Pendergrass, Immunization Coverage Level Administrator, is designated as first back-up.
Karen.Pendergrass@illinois.gov
- Gina Lathan, Immunization Section Chief, is designated as second back-up.
Gina.Lathan@illinois.gov

Page 71 – VFC Tip Sheet – Certificate of Calibration Expiration Dates:

- Item number eight was added to describe what to do if a provider’s ordering privileges were suspended.

8. If your VFC ordering privileges were suspended because of expired certificates of calibration, click on “contact Us” in I-CARE and select “VFC Illinois” to notify us after you have updated your expiration dates in I-CARE. We will discuss any documentation requirements. Be sure to include your VFC PIN on all communications.

Page 73 – VFC Tip Sheet – Transfer Contact Log:

- This tip sheet describes when to use the VFC transfer contact log and where to find the log in I-CARE.

VFC TIP SHEET – TRANSFER CONTACT LOG

Providers who have excess VFC vaccine on hand that will not be used in three to six months before expiration are encouraged to transfer the vaccines to other Illinois VFC providers to utilize, and thus avoid being charged for wasted vaccine. Providers should begin this process within three to six months of the vaccine expiring. It is the provider’s responsibility to find another provider willing to accept the vaccine and also to properly pack and ship the vaccine to that provider following standard cold-chain procedures. It is not necessary to have one provider accept all the vaccines for transfer. Refer to the Vaccine Transfer Approval Request Form for transfer guidelines.

Page 76-79 – Vaccine Information Statement Documentation:

- This tip sheet described the Federal law requiring the documentation requirements for vaccine administrator and provides examples of proper and improper documentation.

VFC TIP SHEET – TRANSFER PROVIDER REPORT

VFC providers may print a report from I-CARE listing other currently enrolled and active VFC providers to contact about vaccine transfer. This report is only valid for contacts about vaccine transfers and should not be utilized for any other purpose. Refer to the vaccine transfer approval request form for transfer guidelines.

1. This report is accessible in I-CARE by going to the “Vaccines” menu, then clicking on the “Reports” tab.
2. Under VFC Reports, click on the report for “VFC Providers.”
3. You may select the provider list by selecting just the county you are in or by county and city.
4. Click “Print This Report.”