



Department
of Health

Vaccines for Children (VFC) Program Training: VFC Provider Requirements

Division of Vaccine Excellence
Bureau of Vaccine Programs

SERIES 2



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Hello and welcome. Series 2 of this training will cover participation requirements for providers who are enrolled in the VFC program

NEW YORK STATE IMMUNIZATION INFORMATION SYSTEM (NYSIIS)

- Online immunization registry used by thousands of NYS healthcare providers
- NYS Immunization Registry Law ([NYS Public Health Law Section 2168](#)), effective 2008:
 - All healthcare providers are required to report all immunizations administered to persons less than 19 years of age, along with the person's immunization histories, to the New York State Department of Health using the New York State Immunization Information System (NYSIIS)



The New York State Immunization Information System or NYSIIS is an online immunization registry used by thousands of healthcare providers in New York State to report immunizations.

New York State legislature passed the Immunization Registry Law which, as of January 1, 2008, mandates ALL health care providers to report all immunizations administered to persons less than 19 years of age, along with the person's immunization histories, to the New York State Department of Health using NYSIIS. Although it is not required by law to report immunizations for adults ages 19 and older into NYSIIS, it is strongly encouraged and a best practice. Adults must consent once to allow their immunizations to be entered into NYSIIS. This consent may be obtained verbally.

Many other required VFC programmatic activities are

conducted in NYSIIS, including provider enrollment and annual recertification, entering administered immunization doses, vaccine inventory management, and more!

NYSIIS REPORTING AND INVENTORY REQUIREMENTS

Reporting Doses Administered

- Per [NYS Public Health Law Section 2168](#), doses administered must be entered into NYSIIS within 14 days of administration
- Upload info to NYSIIS via data transfer from your electronic Medical Record (EMR) or manually
- The New York State VFC Program requires that the patient's VFC eligibility status be recorded in NYSIIS for each dose administered



As mentioned on the previous slide, New York State Public Health Law Section 2168 requires that all doses of immunizations administered to children under 19 years old be reported in NYSIIS within 14 days of administration. Information can either be manually entered into NYSIIS or uploaded from an electronic medical record (EMR). The NYS Vaccine Program requires that the patient's VFC eligibility status be recorded in NYSIIS with each dose that is administered.

VFC providers place orders for publicly-funded vaccine and manage their public vaccine inventory through NYSIIS. Vaccine orders will not be approved unless doses administered data and eligibility information are up to date in NYSIIS.

NYSIIS REPORTING AND INVENTORY REQUIREMENTS

Vaccine Inventory Maintenance

- Order sufficient vaccine supply of all ACIP recommended vaccines for patient population
- Submit timely returns/wastage transactions
- Accept shipments in NYSIIS to populate inventory
- Inventory must be complete and current in NYSIIS prior to approval of vaccine orders

Inventory

manage inventory
inventory not deducted
inv not deducted report
check not deduct status
manage orders
manage transfers
record temp log
manage campaigns
manual orders
manage ndc
manage returns and
wastage



The NYSIIS inventory module can help providers order sufficient vaccine supply for their patient population.

The module can also be used to report and/or return expired, spoiled and wasted vaccine.

Doses administered and expired, spoiled or wasted vaccines that are correctly reported in NYSIIS will automatically decrement from the provider's inventory.

Recently received shipments of vaccines (and their corresponding lot number and expiration date information) are added to NYSIIS inventory by using the Accept Order function to populate inventory. Public vaccine inventory must be complete and up-to-date in NYSIIS before provider orders will be approved.

GAINING ACCESS TO NYSIIS

Obtain a Health Commerce System (HCS) Account

Step 1

Contact the Commerce Account Management Unit (CAMU) Help Desk at 1-866-529-1890 or camu@its.ny.gov

Register with the NYS Immunization Information System (NYSIIS)*

Step 2

Contact the NYSIIS Help Desk at 1-866-389-0371 or nysiishelpdesk@gainwelltechnologies.com



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*All applicable trainings must be complete to receive access to NYSIIS.



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To gain access to NYSIIS, you'll first need a NYS Department of Health Health Commerce System Account (HCS).

Once you have an HCS account, you can request access to the NYSIIS application via the contact information located on this

slide. It should be noted that **all applicable trainings must be complete to receive access to NYSIIS.**

VFC ELIGIBILITY SCREENING AND DOCUMENTATION

- VFC eligibility screening and documentation are required at each immunization encounter
- Providers may use their practice's paper or electronic system to document eligibility, but must also enter eligibility status for each dose administered into NYSIIS
- No patient under 19 years of age should be marked "VFC Eligibility Unknown"
- The NYS Vaccine Program provides three types of publicly-funded childhood vaccines:
 - Federal Vaccines for Children (VFC) vaccine
 - State-funded vaccine
 - State Children's Health Insurance Program (S-CHIP) vaccine/Child Health Plus (CHIP)



VFC providers are required to screen and document eligibility status for patients at each immunization encounter. Determining eligibility status can sometimes be a confusing concept to staff. The following slides may be used as resources to help clarify VFC eligibility. Please consider printing the PDF version of these slides to have on hand.

Providers may use their practice's paper or electronic system to document eligibility, but they must enter eligibility status for each dose administered into NYSIIS.

Additional guidance and tools for assessing patient eligibility for publicly-funded vaccine and trainings on the use of NYSIIS are available via the links provided on the Resources document included with these trainings.

VFC ELIGIBILITY CATEGORIES

	VFC-Funded	State-Funded	CHIP-Funded
Medicaid-Eligible	YES	NO	NO
Uninsured (No health insurance)	YES	NO	NO
American Indian/Alaskan Native	YES	NO	NO
Underinsured (Vaccines not covered or only certain vaccines covered) <small>*Does not include insured patients who are out of provider network, with high deductibles or co-pays</small>	YES, but only for the specific vaccine <u>not</u> covered by insurance and if vaccinated at a Federally Qualified Health Center (FQHC)	YES, but only for the specific vaccines <u>not</u> covered by the insurance and if vaccinated at a provider other than a FQHC	NO
State Children's Health Insurance Program (CHIP) (NOT Medicaid Managed Care)	NO	NO	YES

*Only available to children under 19 years old



This is a chart showing the types of publicly funded vaccines available through the NYS Vaccine Program. To receive publicly-funded childhood vaccines, a patient must be a child under the age of 19 who meets one or more of the eligibility criteria in the chart. To clarify, patients MAY be 18 years old to receive VFC vaccine if otherwise eligible.

These vaccines can be ordered and administered by providers enrolled in the VFC program. As you can see, funding type varies and therefore it is required that VFC providers indicate the specific VFC eligibility status (i.e., Medicaid/Medicaid Managed Care, Child Health Plus, Uninsured, Underinsured, American Indian/Alaskan Native) so that the NYS Vaccine Program can distinguish funding source.

ELIGIBILITY FOR PUBLICLY FUNDED VACCINES

- Providers must use their privately-purchased supply of vaccine for **privately insured** patients not eligible to receive a public dose
- Intentional administration of publicly-funded vaccines to non-eligible patients constitutes fraud
- On rare occasions, and **only** with prior permission from the NYS Vaccine Program, a provider may be allowed to borrow from VFC stock (and replace the doses with private stock)



Providers must use their privately-purchased supply of vaccine for patients not eligible to receive a public dose

- Intentional administration of publicly-funded vaccines to non-eligible patients constitutes fraud
- On rare occasions, and only with prior permission from the NYS Vaccine Program
a provider may be allowed to borrow from VFC stock (and replace the doses with private stock)
- We will discuss vaccine borrowing in further detail later in this training

ELIGIBILITY SCREENING AND DOCUMENTATION

- Providers **must** correctly document the specific VFC eligibility category in the electronic health record (EHR) or paper chart, AND in NYSIIS:
 - Medicaid/Medicaid Managed Care
 - Child Health Plus (CHIP)
 - Uninsured
 - Under-insured
 - American Indian/Alaskan Native
 - Not VFC Eligible (this must be selected for patients that have insurance that covers privately-purchased vaccines)
- **Medicaid and Child Health Plus (CHIP) are not the same**



Providers **must** correctly document the specific VFC eligibility category listed on this slide in the patient's EHR or paper chart, AND in NYSIIS. To clarify for providers using electronic health or medical records (EHR or EMR, you should ensure that your data is properly exchanging with NYSIIS.

Note that Medicaid and Child Health Plus are NOT the same.

ELIGIBILITY SCREENING AND DOCUMENTATION

- At **each** immunization encounter, VFC providers are required to screen patients and document eligibility status
- Insurance cards alone **do not specify** if coverage is through Medicaid Managed Care, Child Health Plus, or if patient is privately insured. To verify, you can:
 - Contact the insurance provider through phone or computer-based system
 - A toll-free number is generally noted on the back of the insurance card, along with other relevant contact information
 - Use Practice Management Systems with built-in insurance verification
- The [Managed Care Organization \(MCO\) Directory by Plan \(ny.gov\)](#) can be used as a guide, but most companies offer Medicaid, CHIP, and commercial plans



Eligibility must be verified in real time at each immunization visit. Insurance cards do not specify if coverage is through Medicaid, Child Health Plus, or if an insurance plan covers the cost of vaccines. For example, a popular misconception is that Fidelis is always a Medicaid plan, but Fidelis also has Child Health Plus Plans.

The insurance provider must be contacted for each immunization encounter, either by phone or through a computer-based system to determine specific eligibility status .

ELIGIBILITY SCREENING AND DOCUMENTATION

- A system should be in place to relay the verified specific VFC eligibility category to the vaccine administrator. This is important, so that the correct VFC eligibility option is documented in the patient's medical record and NYSIIS
 - This removes the burden from the vaccine administrator, who may not be as knowledgeable in insurance coverage as administrative staff
 - Some ways to reduce errors may include putting eligibility status in:
 - A banner/note across the top of the patient's EHR/EMR
 - Internal coding system
 - Note written on Superbill (paper records)



Once the specific eligibility status has been verified, the office should have a system in place to relay that information to the vaccine administrator or person who is entering the immunization information into the provider's electronic health record or NYSIIS. This is separate from billing. This ensures that the NYS VFC Program receives this required information with each immunization administered.

VFC ELIGIBILITY CATEGORIES

Child Health Plus (CHIP)

- **Not** the same thing as Medicaid (or Medicaid Managed Care)
- Purchased with funds from the NYS CHIP Program
- Child Health Plus provides free or low-cost health insurance to children under the age of 19 who do not qualify for Medicaid and do not have other health insurance coverage
- Providers are required to select Child Health Plus as the VFC eligibility category so that the appropriate funding source (CHIP versus VFC) is charged



2. I will screen patients and document eligibility status at each immunization encounter for VFC eligibility (i.e., federally or state vaccine-eligible) and administer VFC-purchased vaccine by such category only to children who are 18 years of age or younger who meet one or more of the following categories:

A. Federally Vaccine-eligible Children (VFC eligible)

- 1) Are an American Indian or Alaska Native; or
- 2) Are enrolled in Medicaid; or
- 3) Have no health insurance; or
- 4) Are 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). Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC), or Rural Health Clinic (RHC) or under an approved depulization agreement.

B. State Vaccine-eligible Children

In addition, to the extent that my state designates additional categories of children as "state vaccine-eligible", I will screen for such eligibility as listed in the addendum to this agreement and will administer state-funded doses (including 317 funded doses) to such children:

- 1) 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). Underinsured children seen at providers where they are not eligible to receive federal VFC vaccine are eligible to receive state-funded vaccine.

- 2) Children enrolled in the state Children's Health Insurance Program (CHIP) are eligible for vaccine purchased with funds from the New York State CHIP Program.

Children aged 0 through 18 years that do not meet one or more of the eligibility federal vaccine categories (VFC eligible), are **not** eligible to receive VFC-purchased vaccine.



The term "VFC" does not apply only to those with Medicaid or Medicaid Managed Care coverage . There are several eligibility categories, which we will discuss in the next few slides.

For starters, Child Health Plus or CHIP is not the same as Medicaid. Child Health Plus vaccines are available through the NYS Vaccine Program but are purchased with funds from the NYS CHIP program. Providers are **REQUIRED** to indicate Child Health Plus as eligibility status for these patients, as indicated in your provider agreement.

VFC ELIGIBILITY CATEGORIES

Underinsured

- Underinsured children have health insurance, but the insurance policy:
 - Does not cover **any** ACIP-recommended vaccines
 - Does not cover **all** ACIP-recommended vaccines (underinsured for vaccines not covered)
 - Does cover ACIP-recommended vaccines but has a fixed dollar limit or cap for vaccines (child is considered underinsured once fixed dollar amount is reached)
- Providers must verify whether a child's insurance plan covers ACIP-recommended vaccines before vaccine administration
 - If provider cannot verify vaccination coverage, the child is considered **insured** and **not eligible** to receive VFC vaccine at that encounter
- Note: As required by the Affordable Care Act (ACA), insurance plans through the [Health Insurance Marketplace](#) are required to cover all ACIP-recommended vaccines without charging a deductible, copayment, or billing coinsurance



Underinsured means the patient has health insurance, but the policy either:

- Doesn't cover any ACIP-recommended vaccines
- Doesn't cover all ACIP-recommended vaccines (underinsured for vaccines not covered)
- Does cover ACIP-recommended vaccines, but has a fixed dollar limit or cap for vaccines (Child is considered underinsured once fixed dollar amount is reached.)
- Providers must verify whether a child's insurance plan covers ACIP-recommended vaccines before vaccine administration. **If provider cannot verify vaccination coverage, the child is considered insured and not eligible to receive VFC vaccine at that encounter.**
- Note: As required by the Affordable Care Act (ACA), insurance plans offered through the Health Insurance Marketplace are required to cover all ACIP-recommended vaccines without charging a deductible, copayment, or billing coinsurance. For this reason, there are VERY few underinsured patients.

VFC ELIGIBILITY CATEGORIES

American Indian or Alaska Native (AI/AN)

- Population defined by the [Indian Health Care Improvement Act \[25 U.S.C. 1603\]](#)
- AI/AN children are VFC-eligible under any circumstance
- If an AI/AN child fits a secondary VFC eligibility category, the provider should choose the category that will cost less for the family.
- If a child has private insurance (non-exempted under the ACA) or is enrolled in the Children's Health Insurance Program (CHIP), vaccination through these programs may have fewer out-of-pocket costs.
- If AI/AN child is also Medicaid-eligible, Medicaid should be used for administration fee



The American Indian/Alaskan Native status should not be selected based solely on race information collected by the provider. In most circumstances, if AI/AN is selected as the VFC eligibility, the patient will likely have supplied supplemental identification.

AI/AN children are VFC-eligible under any circumstance

If an AI/AN child fits a secondary VFC eligibility category, the provider should choose the category that will cost less for the family.

- If a child has private insurance (non-exempted under the Affordable Care Act(ACA)) or is enrolled in the Children's Health Insurance Program (CHIP), vaccination through these programs may have fewer out-of-pocket costs.

- If AI/AN child is also Medicaid-eligible, Medicaid should be used for administration fee.

VFC ELIGIBILITY CATEGORIES

Medicaid as Secondary Insurance

- Children who have a private primary health insurance plan with Medicaid as their secondary insurance **are** considered VFC-eligible
- There are two billing options in this situation listed on the following slide. The option most cost-effective for the family should be chosen.



Children who have a private primary health insurance plan with Medicaid as their secondary insurance are considered VFC-eligible.

There are two billing options in this situation described on the following slide. The option most cost-effective for the family should be chosen.

VFC ELIGIBILITY CATEGORIES

MEDICAID AS SECONDARY INSURANCE

Option 1: Provider administers VFC vaccines and bills Medicaid for administration fee

- No out-of-pocket costs to the parent for the vaccine or administration fee
- Note: If state Medicaid agency rejects the claim, please notify NYS VFC program

Option 2: Provider administers private stock vaccine and bills primary insurance for cost of vaccine and administration fee

- If primary insurer reimburses less than Medicaid for the vaccine administration fee, provider can bill Medicaid for the balance
- If primary insurer denies payment, provider can bill Medicaid and replace with VFC vaccine - replacement must be documented **on the VFC borrowing form**
- Consideration: Provider may be reimbursed a higher dollar amount if privately purchased vaccine is administered



This slide covers the scenario in which Medicaid as a secondary insurance is the VFC-eligibility category. There are two options to bill. The most cost-effective option for the family should be chosen.

VFC ELIGIBILITY CATEGORIES

Medicaid as Secondary Insurance and High-Deductible Plans

- A child who has Medicaid as **secondary** insurance **and** a high-deductible insurance plan as primary insurance that requires the parent to pay out of pocket for vaccines:
 - Child is considered VFC-eligible if deductible has not been reached
 - Child should receive VFC vaccine
 - Vaccine administration fee should be billed to Medicaid
- A child with a high-deductible plan who **does not** have Medicaid as secondary insurance is not VFC-eligible



A child who has Medicaid as secondary insurance and a high-deductible insurance plan as primary insurance that requires the parent to pay out of pocket for vaccines is considered VFC-eligible if deductible not reached. The vaccine administration fee should be billed to Medicaid.

A child with a high-deductible plan who does not have Medicaid as secondary insurance is not VFC-eligible.

RECORD RETENTION RULES

Keep these records for a minimum of 3 years*:

- Patient screening/eligibility verification
- Temperature logs
- Downloaded digital data logger (DDL) data
- Vaccine ordering records not in NYSIIS
- VFC training records
- Vaccine management plans
- Provider renewal/recertification records
- Medical records verifying administration of vaccine

Required vaccine documentation:

- Vaccine name
- Vaccine manufacturer and lot #
- Date vaccine administered
- Date Vaccine Information Statement (VIS) given
- VIS publication date
- Name and title of person administering vaccine
- Address where vaccine administered



*This retention policy applies even if you unenroll with the VFC program.



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VFC Providers must maintain all records related to the VFC program for a minimum of three years, even if you were to unenroll with the VFC program. Please note that these records may be retained digitally or electronically.

Examples of VFC records include:

patient screening and eligibility verification records; temperature logs that are not recorded in NYSIIS; downloaded temperature data from a digital data logger; vaccine ordering records not recorded in NYSIIS;

VFC training records, vaccine management plans, annual provider recertification forms and medical records that verify administration of vaccine.

Medical records showing verified administration of vaccine must contain all the following elements:

The name of the vaccine that was administered, including the vaccine manufacturer and Lot #

The date the vaccine was administered

The date the Vaccine Information Statement (or VIS) was given

The VIS publication date

the name and title of the person who administered the vaccine;

and the address of the clinic where the vaccine was administered.

These records should be made available upon request.

EQUIPMENT REQUIREMENTS: STORAGE UNITS

- Must be large enough to store vaccines and water bottles without overcrowding
- For pharmaceutical units: refer to product user manual regarding use of water bottles
- **Stand-alone units are required**
 - Combination units (refrigerator/freezer combo) are not permitted
 - Refrigerator ONLY, freezer ONLY
 - Providers with pharmaceutical-grade combination units should call the NYS Vaccine Program for further information: 1-800-543-7468
- **Dormitory/bar style units are not permitted!**
 - These units have a single exterior door and an evaporator/cooling coil, usually located in an icemaker/freezer compartment. These units pose a significant risk of freezing vaccines.



Temperature Range Requirements:

Refrigerated vaccine

36°F- 46°F

or

2°C to 8°C

*Frozen vaccine**

-58°F to 5°F

or

-50°C to -15°C

*Always refer to product insert for specifics, as some vaccine have more limited storage temperatures.



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The VFC program requires that vaccine storage units are large enough to store vaccines and water bottles without overcrowding. Some pharmaceutical units indicate to NOT use water bottles. Refer to the product user guide for clarification.

Only stand-alone units are allowed for vaccine storage. A stand-alone unit is a unit that is only a refrigerator or only a freezer. Combination refrigerator/freezer units and dormitory or bar style units are not allowed. Dormitory and bar style units are small, single-door combination refrigerator/freezer units. They pose a significant risk of freezing vaccines.

Certain pharmaceutical grade combination units might be permitted. Please contact the NYS VFC program directly if you are unsure if your storage unit is allowed under VFC policy.

Please refer to the NYS VFC Program Stand-Alone Storage Unit Purchasing Guidance found in the Resource document included with this training.

The temperature ranges of refrigerated and frozen vaccine storage units are included in this slide as reference, but always refer to the vaccine package insert for specific vaccine storage and handling requirements.

EQUIPMENT REQUIREMENTS: TEMPERATURE MONITORING

- Use calibrated, **continuous** temperature monitoring devices called Digital Data Loggers (DDL) in storage units, with current and valid Certificates of Calibration Testing
- If using the Fridge-Tag 2L: [Quick Reference: Daily Procedure for Monitoring Temperatures using the Fridge-Tag 2L Data Logger](#)
- [NYS VFC Program Temperature Monitoring Requirements \(effective January 1, 2018\)](#)
 - Record the minimum and maximum (min/max) temperatures for each vaccine storage unit daily, preferably when the office first opens
- Maintain at least one back-up calibrated DDL on-site
 - The back-up DDL should be stored outside of the storage unit until needed.



VFC providers must have calibrated, continuous temperature monitoring devices, called digital data loggers or DDLs, in all storage units that hold publicly-funded vaccine.

VFC providers are required to document minimum and maximum temperatures once per day for all vaccine storage units housing publicly-funded vaccine. Ideally this is done when the office first opens for the day.

Providers are also required to have at least one back-up calibrated, DDL in case of equipment failure or for use during recalibration of their primary temperature monitoring devices. The back-up temperature monitoring device should be stored outside of the storage unit until needed.

Additional information on temperature monitoring equipment and calibration is in trainings 7 and 8 of this series.

REPORT AND RETURN NON-VIABLE VACCINE VIA NYSIIS

- Report all publicly-funded non-viable vaccine in NYSIIS monthly
- Return non-viable vaccine product in its original vial or prefilled syringe to McKesson Specialty
- Vaccine vials or syringes that have been damaged or opened should be reported as Wastage in NYSIIS, as they may not be returned
 - Open/punctured vials of IPOL may not be returned and must be recorded as wastage
- See training on Vaccine Returns and Wastage for more information

Inventory

manage inventory
inventory not deducted
inv not deducted report
check not deduct status
manage orders
manage transfers
record temp log
manage campaigns
manual orders
manage ndc
manage returns and
wastage



The NYS VFC program requires that providers report all non-viable publicly-funded vaccine in NYSIIS on a monthly basis.

In addition to reporting non-viable vaccine, the NYS VFC program also requires that VFC providers return spoiled or expired product that is in its original vial or prefilled syringe to the CDC's centralized distributor, McKesson Specialty.

Vaccine vials or syringes that have been damaged or opened should be reported in NYSIIS but are not eligible to be returned and should be discarded as medical waste.

Additional information on this requirement can be found in Training #13 "Managing Returns and Wastage"

TEMPERATURE EXCURSIONS

- Vaccine exposure to any out-of-range temperature is considered a temperature excursion
- **Any temperature excursion**, regardless of duration, **MUST** be reported to the NYS VFC program by submitting an excursion report **on the day it is discovered**
- [Vaccine Program Temperature Excursion Report](#)
 - Submit completed temperature excursion report to NYS Vaccine Program by email (vaccinetempexcursion@health.ny.gov) or fax (518-449-6912).
- Enter the excursion into NYSIIS Temperature Log module
- If instructed by the VFC Program, contact the manufacturer to determine viability. **Label vaccine “DO NOT USE” until viability is determined.**
- Vaccine determined to be non-viable must be reported and returned in NYSIIS under Returns/Wastage
- Excursions that occurred due to negligence and/or unreported excursions may require financial restitution



[NYS VFC Program Vaccine Restitution Policy](#)
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A temperature excursion is an event in which vaccine is exposed to out-of-range temperatures. Any out-of-range temperature, regardless of duration is considered an excursion and must be reported to the NYS VFC Program.

Examples of events that can cause temperature excursions include power outages, equipment failures and human error.

It is required that VFC providers report all vaccine temperature excursions to the NYS VFC program on the day it is discovered by completing part 1 of the vaccine temperature excursion form and submitting it, along with the data logger download report, to vaccinetempexcursion@health.ny.gov

The VFC program is often able to quickly determine if the vaccine is viable. In some cases, the provider will be directed to contact the vaccine manufacturers to determine viability. After contacting the manufacturers, the provider would then fill out part 2 and submit to the VFC program. If any vaccine is deemed non-viable, any return-eligible products should be returned to the distributor by utilizing the returns/wastage module in NYSIIS. As noted in the previous slide, broken vials/syringes, or open multidose vials of vaccine may not be returned and must be recorded as wastage.

Excursions that occur due to staff negligence and/or excursions that have gone unreported, may result in provider responsibility for restitution of nonviable vaccine.

VACCINE RESTITUTION

Current wastage allowance is set a:

- 5% allowance toward wasted vaccine annually for providers with a VFC eligible patient population of > 50
- 10% allowance toward wasted vaccine annually for providers with a VFC eligible patient population of < 50

Wastage for a 12-month period =

$$\frac{\text{number of vaccine doses wasted, expired or spoiled}}{\text{number of vaccine doses ordered}}$$

- Vaccine lost due to uncontrollable circumstance (i.e. power outage) will not be counted against the wastage allowance
- [NYS VFC Program Vaccine Restitution Policy](#)



The NYS VFC program has a vaccine restitution policy that requires VFC providers to provide financial restitution in situations in which publicly funded vaccine is deemed nonviable due to provider negligence.

Standard population size VFC practices (eligible patient population > 50) will be allowed a 5% allowance toward wasted vaccine annually

Small population size VFC providers (eligible patient population < 50) will have an annual wastage threshold of 10%.

Vaccine wastage is calculated for a 12-month period as: the number of vaccine doses wasted, expired or spoiled, divided by the number of vaccine doses ordered.

Providers who lose vaccine due to uncontrollable circumstances such as power outage or unforeseen equipment failure, will not have those losses counted against their wastage allowance.

Refer to VFC trainings on Vaccine Storage and Handling in this series for best practices for decreasing vaccine wastage.

VACCINE MANAGEMENT PLANS

Routine Vaccine Storage and Handling Plan

- Includes routine tasks and standard operating procedures (SOPS)
- Reviewed and updated annually

Emergency Vaccine Storage and Handling Plan

- Includes information and instructions in the event of an emergency (e.g. equipment failures, power outages, or natural disasters)
- Reviewed and updated annually
- Keep this in a place all staff can easily find, such as inside the emergency transport cooler

Refer to training #3 Vaccine Management Plans



Each VFC provider is required to have a vaccine management plan, part of which includes a routine vaccine storage and handling plan and an emergency vaccine storage and handling plan. The routine plan should cover routine tasks associated with the storage and handling of vaccine.

The Emergency Vaccine Storage and Handling Plan should include information and instructions in the event of an emergency. These plans should be reviewed and updated annually. Additional information on vaccine management plans is covered in Training #3.

VACCINE INFORMATION STATEMENTS (VIS)

- Required to give VISs to all patients (or patient caregivers) of all ages prior to the administration of each dose of vaccine
- All available VISs can be downloaded from the [Immunization Action Coalition website](#) or from the [CDC website](#)
 - Other languages: <https://www.immunize.org/vaccines/vis-translations/spanish/>
- Must document the following in the patient's medical record:
 - Specific Vaccine VIS given (e.g., MMR, Hepatitis A, etc.)
 - VIS publication date (found on the back at the right bottom corner)
 - Date VIS was given to the patient/guardian



Vaccine Information Statements are information sheets produced by CDC that explain both the benefits and risks of a vaccine to its recipients. The National Childhood Vaccine Injury Act (NCVIA) of 1986 (Public Law 99-660) requires all healthcare providers to give patients or their legal guardians the most current Vaccine Information Statement (VIS) just prior to the administration of each dose of vaccine.

The most current VISs can be found on the Centers for Disease Control and Prevention (CDC) website at the link on this slide and on the resource document included with this training. You can also sign up for email updates on anytime there is a change or update to a VIS on the CDC website. VISs are available in 41 additional languages.

The Immunization Action Coalition also has a printable listing of the most current VIS dates. Check the dates on the VIS handout against this list and update as needed.

VFC Providers must document the following VIS information in the patient's medical record:

the specific VIS given

the VIS publication date

And, the date the VIS was given to the patient or legal guardian

DOCUMENTING VIS PUBLICATION DATES: TIPS

- Be sure you are distributing are up-to-date VISs
 - Verify the publication dates you are documenting reflect the dates on the provided VIS(s)
- DO NOT use publication dates posted on a “cheat sheet” for convenience, or assume that these are the most up-to-date
- Maintain up to date VIS dates in your electronic health record (EHR)
 - Vaccine administrators should be sure the dates they are selecting in the EHR match the publication date of the (current) VIS provided
 - Be sure that VIS dates in the EHR are updated system-wide
 - Remove outdated publication date options from EHR to minimize selection errors
 - Other tips: <https://www.immunize.org/wp-content/uploads/catg.d/p2027.pdf>



It is important that you are distributing the most up to date VIS sheets. Vaccine administrators should verify the publication dates they are documenting in the patient’s record reflect the dates on the VISs provided.

Using “cheat sheets” for convenience, can lead to outdated VISs given, and you cannot assume that these are the most up to date VIS publication dates

Be sure the VIS dates in your electronic health record match the publication date of the (current) VIS provided. Updates to VIS dates should be updated system wide, and outdated publication date should be removed as options from EHR to minimize selection errors

VACCINE ADMINISTRATION FEES

Must immunize eligible children at no charge to patient

Maximum Reimbursement by Eligibility Category: Vaccine Administration Fees	
Medicaid Fee-For-Service	\$25.10
Medicaid Managed Care	Per contractual agreement with managed care company
CHP (Child Health Plus)	Per contractual agreement with managed care company
Uninsured*	\$25.10
Underinsured*	\$25.10
American Indian/Alaskan Native*	\$25.10

* If parent/patient cannot afford to pay the administration fee, the fee must be waived



VFC providers must immunize children eligible for publicly-funded vaccine at no charge to the patient for the cost of the vaccine.

VFC providers may be able to receive an office visit fee and a vaccine administration fee, depending on the eligibility category through which children qualify for the program. The categories and related vaccine administration fees are displayed in a table on this slide.

VFC providers must not deny administration of publicly-funded vaccines to any eligible child due to the inability of the child's parent or guardian to pay the vaccine administration fee. If the parent or guardian cannot pay the administration fee for a publicly-purchased vaccine, the provider must waive the administration fee. Unpaid administration fees may not be sent to collections, and the provider may not refuse to vaccinate an eligible child whose parents have unpaid vaccine administration fees.

Healthcare providers must not refer Medicaid and Child Health Plus (or CHIP) members to other sites, such as public health clinics, for their vaccines. Healthcare providers who inappropriately refer patients or attempt to force collection of administration fees from patients will be prohibited from participating in the Medicaid and CHIP programs.

VACCINE BORROWING

- Allowed only when there is a lack of vaccine due to unexpected circumstances (i.e., delayed vaccine shipment or the vaccine spoiled in transit to the provider)
- Borrowing vaccine must not prevent a VFC-eligible child from receiving needed vaccination
- Must request prior approval from the NYS VFC Program to borrow any vaccine
- Call 1-800-543-7468 or email nyvfc@health.ny.gov
- A Vaccine Borrowing Report must be completed



New York State Vaccines for Children (NYS VFC) Program
Borrowing Request

Facility Name: _____ VFC PIN# _____

****Borrowing requires prior approval from the NYS VFC Program****

VFC-enrolled providers are expected to manage and maintain an adequate inventory of vaccine for both their VFC and non-VFC-eligible patients. Planned borrowing of VFC vaccine including the use of VFC vaccine as a replacement system for privately purchased vaccine inventory is **not** permissible.

All borrowing requires **"Prior Approval"** from the NYS VFC Program (1-800-543-7468).

COMPLETE THIS FORM WHEN:

- A dose of VFC vaccine is administered to a non-VFC-eligible child
- A dose of privately-purchased vaccine is administered to a VFC-eligible child

HOW TO COMPLETE THIS FORM:

- Enter information on each vaccine borrowed in a separate row in the Vaccine Borrowing Report Table.
- All columns must be completed for each vaccine borrowed
- Enter the corresponding reason code in column D of the Borrowing Report Table on page 2.
- The provider must complete/enter vaccine approval information, sign and date at the bottom of this report (page 2).

Reason for Borrowing VFC Dose	Code	Reason for Borrowing Private Dose	Code
Private vaccine shipment delay (vaccine order placed on time/delay in shipping) *INFLUENZA vaccine ONLY*	1	VFC vaccine shipment delay (order placed on time/delay in shipping)	5
Accidental use of VFC dose for a private patient	2	VFC vaccine not usable on arrival (bats broken, temperature monitor out of range)	6
Replacement of Private dose with VFC when insurance plan did not cover vaccine	3	Run-out of VFC vaccine between orders (not due to shipping delays)	7
Outbreak Control	4	Short-dated VFC dose was exchanged with private dose	8
		Accidental use of a Private dose for a VFC-eligible patient	9
		PIN held for Temperature Excursion and/or Reconstitution	10
		Outbreak Control	11



VFC providers are expected to maintain adequate inventories of vaccine to administer to all privately-insured patients and patients receiving publicly-funded vaccine. Borrowing can occur only when there is a lack of vaccine due to unexpected circumstances such as a delayed vaccine shipment or the vaccine was spoiled in-transit to the provider. Publicly-funded vaccine cannot be used as a replacement system for a provider's privately purchased inventory.

Borrowing vaccine must not prevent a VFC eligible child from receiving needed vaccination because the publicly-funded vaccine was administered to a non-eligible child.

VFC providers must request prior approval from the NYS VFC Program to borrow any vaccine, in the rare event that the need to borrow arises. To request approval, VFC providers should contact the VFC program to discuss the specific circumstances of each request.

All instances of borrowing must be properly documented, reported and have doses replaced within 30 days. A Vaccine Borrowing Report must be completed when privately purchased vaccine is administered to a child eligible for publicly-funded vaccine. This form is linked on this slide and available on the resources document included with this training.

VFC SITE VISITS

Type	Frequency	Purpose
Initial Enrollment Visit	Once	Ensure capacity to store and administer vaccine
Compliance Visits	At least every 2 years	Ensure ongoing compliance
Unannounced Visits	As needed	Follow-up on previously identified issues



VFC providers must participate in site visits conducted by NYS VFC Program staff. Site visits are conducted to assess provider compliance with the laws, policies and recommendations of the NYS VFC Program and the Advisory Committee on Immunization Practices (ACIP).

The enrollment site visit is a one-time site visit following VFC program enrollment to certify that the provider has the capacity to adequately store and administer vaccine to eligible children.

A VFC Compliance visit is conducted to assure that VFC providers maintain compliance with program requirements such as eligibility screening, maintaining records for eligibility, and adhering to storage and handling requirements. These are conducted within 12 months of initial enrollment and every 18 to 24 months thereafter.

VFC Unannounced Storage and Handling Site Visits are conducted, as needed, to follow-up on storage, handling or accountability issues noted during a previous visit or based on other concerns related to the provider's ability to meet program requirements. As the name suggests, providers are not notified about these visits before the visits are conducted.

FOLLOW-UP PLANS AND POST COMPLIANCE VISITS

Follow- Up Plans	Acknowledgement of Receipt	Post-Compliance Visits
<p>Includes:</p> <ul style="list-style-type: none">• Identify unmet requirements• Document recommendations, follow-up actions, and deadlines to complete these	<p>Includes:</p> <ul style="list-style-type: none">• Visit occurred• Results discussed with provider at visit• Site visit reviewer and provider understand any problems and remedying actions	<p>May be scheduled to ensure timely corrective actions are taken</p>



The VFC program reviewer will discuss visit findings with the provider staff during the site visit. Following the visit, the provider will be required to submit follow up corrective actions for any compliance issues identified. If necessary, follow-up site visits might be scheduled to ensure timely corrective actions are taken.

VFC PROGRAM FRAUD AND ABUSE

Examples of possible fraud and/or abuse*:

- Providing VFC vaccine to non-VFC-eligible children
- Selling or otherwise misdirecting VFC vaccine
- Billing a patient or third-party for VFC vaccine
- Charging more than the established maximum Federally-approved VFC administration fee
- Denying VFC vaccine to VFC-eligible children because of inability to pay for the vaccine administration fee
- Over-ordering VFC vaccine (e.g., do not match the location's Provider Profile)
- Excessive and/or avoidable wastage of VFC vaccine
- Failing to comply with any part of the Provider Agreement
- Failure to screen for and document VFC eligibility at each visit
- Failure to maintain VFC records for a minimum of 3 years
- Failure to fully account for VFC-funded vaccine
- Failure to properly store and handle VFC vaccine



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***This list provides examples only and should not be considered comprehensive.**



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The NYS VFC Program has policies in place to prevent, identify and investigate suspected cases of fraud and abuse of publicly-funded vaccine.

Some examples of potential fraud and abuse are:

Denying VFC-eligible children VFC-funded vaccine because of parents' inability to pay for the administration fee

Billing a patient or third party for VFC-funded vaccine

Failing to implement provider enrollment requirements of the VFC program


Providing VFC vaccine to non VFC-eligible children, and

Wasting publicly funded vaccine.

As covered previously, the vaccine restitution policy holds VFC providers responsible for replacing any publicly funded vaccines that are deemed non-viable because provider negligence, on a dose- for-dose basis.

VFC PROGRAM FRAUD AND ABUSE

Suspected Fraud and/or Abuse Referral Sheet

 **New York State Vaccines for Children (NYS VFC) Program Suspected Fraud and/or Abuse Referral Sheet**

To report suspected VFC fraud and/or abuse, complete this referral sheet and return it to the NYS VFC Program via mail, fax or email.

Although contact information is optional, please consider sharing your name and phone number and/or an e-mail address so that the NYS VFC program can confirm the information you report or follow up with any additional questions. All identifying information will be kept confidential.

Your Information (Optional)	
Name:	Date:
Address:	
Telephone Number:	Email Address:
Relationship to Provider:	

Person or Organization Suspected of Fraud and/or Abuse	
Name of Provider/Office/Practice/Clinic:	
Address:	
Telephone Number:	Date(s) of the Incident(s):

Which of the following best describes the type(s) of possible fraud and/or abuse? (Check one)

- Providing VFC vaccine to non-VFC-eligible children.
- Selling or otherwise misdirecting VFC vaccine.
- Billing a patient or third party for VFC vaccine.
- Charging more than the established maximum federally approved VFC administration fee.
- Not providing VFC vaccine to VFC-eligible children because of inability to pay for the vaccine administration fee.
- Not properly implementing provider enrollment requirements of the VFC Program including:
 - Failing to screen patients for VFC eligibility.
 - Failing to maintain VFC records and comply with other requirements of the VFC Program.
 - Failing to fully account for VFC vaccine.
 - Failing to properly store and handle VFC vaccine.
 - Ordering VFC vaccine in quantities or patterns that do not match provider profile or otherwise involves over-ordering of VFC doses.
- Other: _____

Return this form to the VFC Program:
Mail: NYS VFC Program, Corning Tower Room 649, Empire State Plaza, Albany, NY 12237
Fax: 518-449-6912 Email: nysvfc@health.ny.gov Phone: 800-543-7468

NYS VFC Program: Suspected Fraud and Abuse Referral Sheet April 2015 Page 1 of 1



To report suspected cases of fraud or abuse, complete and submit the NYS VFC Fraud and Abuse Referral Sheet (PDF) found on this slide to the VFC program at NYVFC@health.ny.gov. This can be also be found on the resources document included with this training.

THANK YOU!



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nyvfc@health.ny.gov

