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# VFA Program Updates and Year 4 Program Requirements

CDPH Immunization Branch  
November 13, 2019

# Agenda

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- Program Overview
- Summary of Quality Assurance (QA) Visits
- Updates to ACIP Recommendations
- Year 4 Program Requirements
  - Updated Provider Agreement
  - Immunization Information System (CAIR/Healthy Futures/SDIR) Enrollment Requirements
- Recertification
- Reminders

# VFA Provider Eligibility

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Federally Qualified Health Centers (FQHCs), FQHC Look-Alikes, and Rural Health Centers that can demonstrate:

- Participation in the CA Vaccines for Children Program (VFC);
- Experience providing a safety net for uninsured and underinsured adults;
- Participation in an Immunization Information System (e.g., California Immunization Registry - CAIR) or use of an Electronic Health Record (EHR) system

Resource: [VFA Program Overview](#)

# VFA Patient Eligibility

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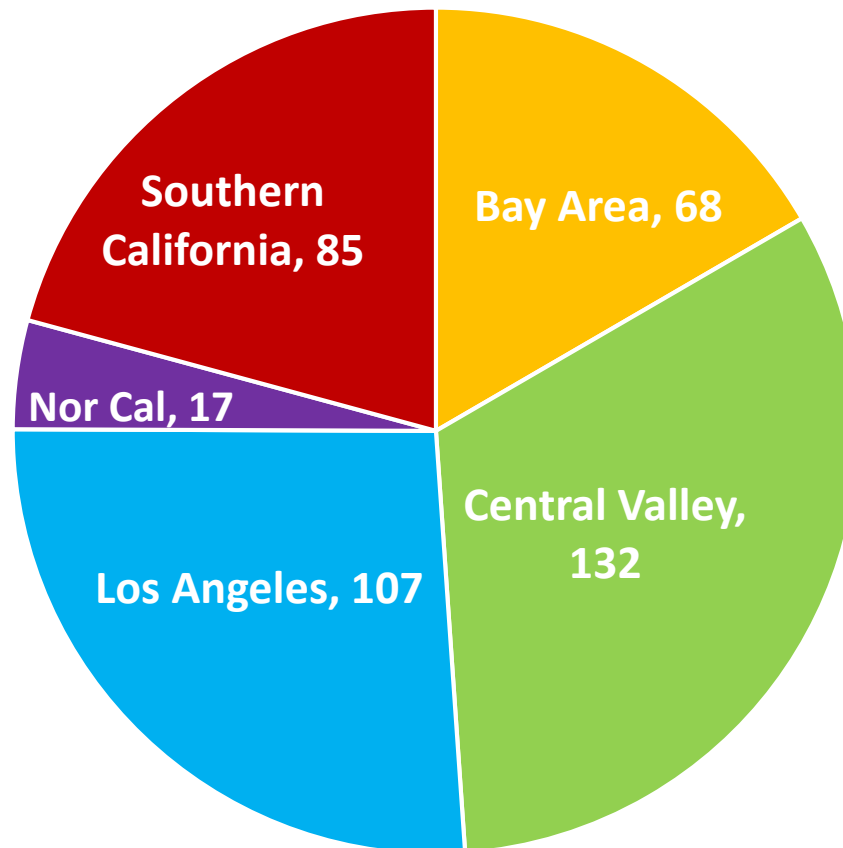
**Uninsured and underinsured adults, 19 years of age and older, served by the clinic.**

- **Uninsured**: A person without any health insurance coverage (public or private coverage).
- **Underinsured**: A person who has health insurance, but the coverage does not include vaccines or a person whose insurance covers only selected vaccines.

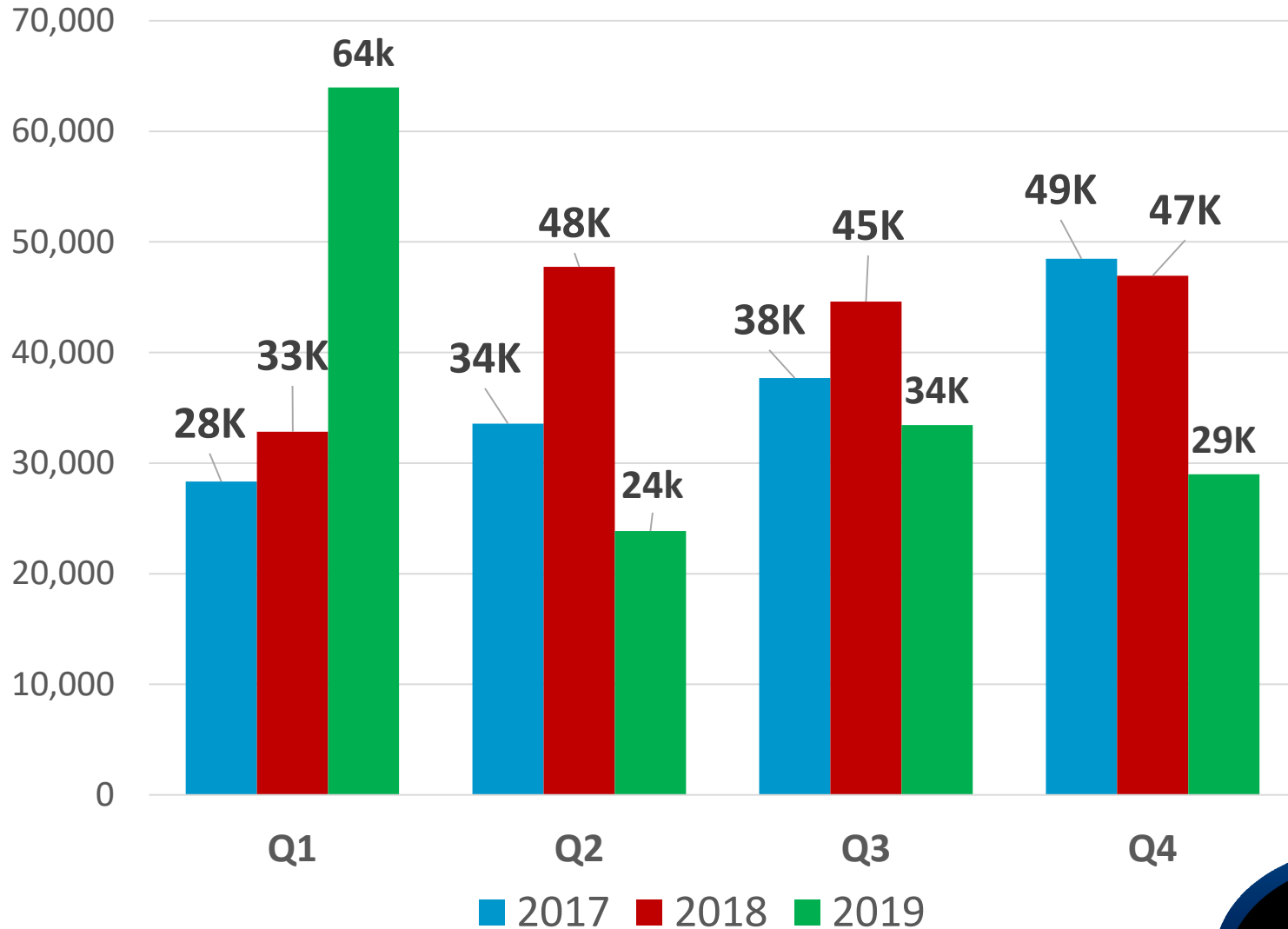
Resource: [VFA FAQs](#)

# VFA Program-Year 4

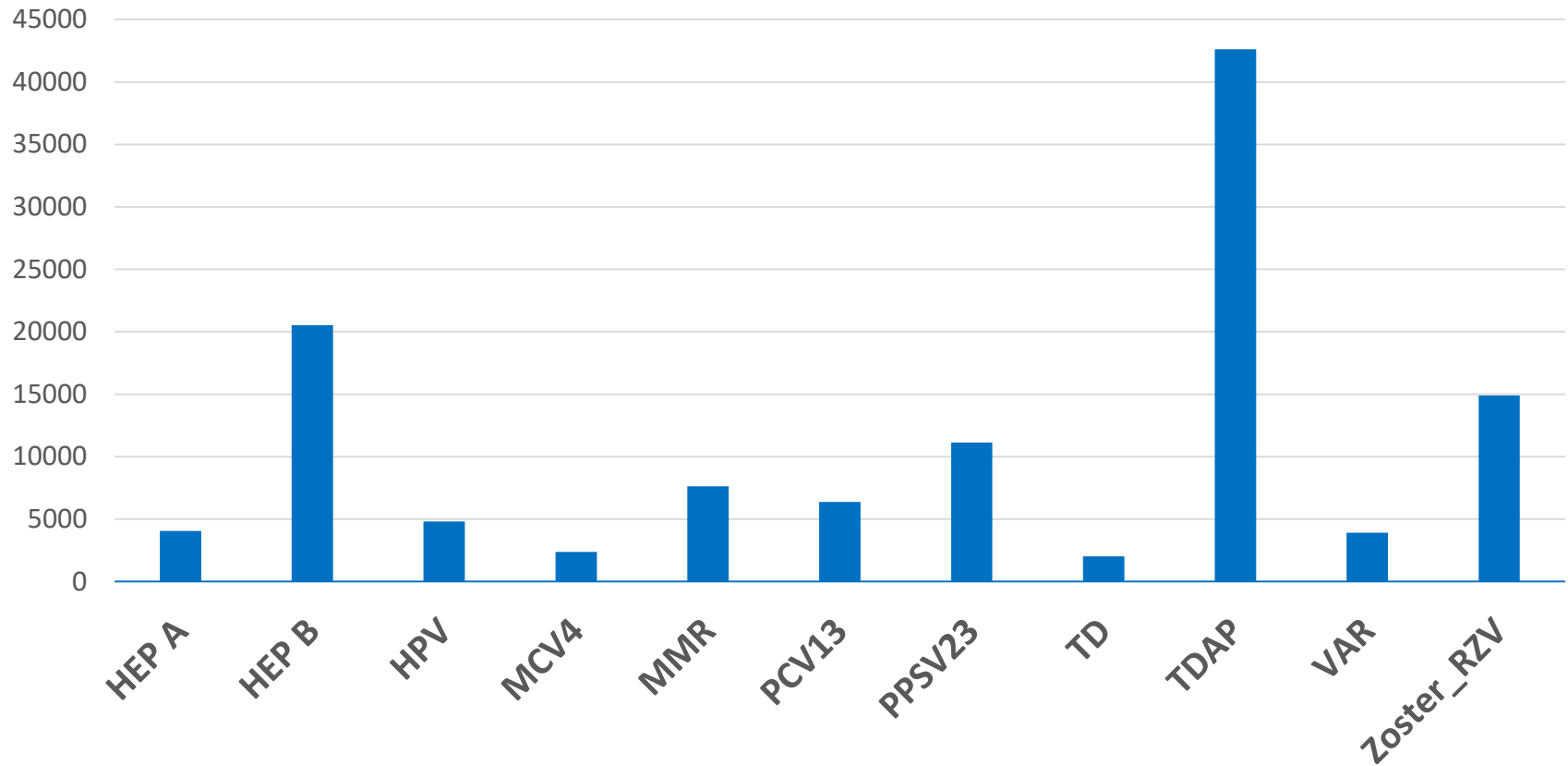
- Total of **409** providers enrolled in the program



# VFA Doses Ordered, by Quarter, 2017-2019



# VFA Doses Ordered by Vaccine, 2019



# VFA Quality Assurance Site Visits

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**Contracted with external evaluator to conduct 30 site visits**

Tulare, Kern, and Los Angeles



**Two areas of improvement:**

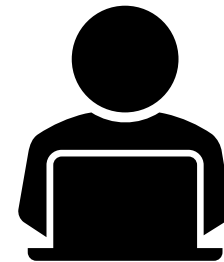
- ★ Vaccine documentation
- ★ Eligibility documentation



# Vaccine Documentation

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- 15/30 clinics missing the vaccine administrator's title and 13/30 missing the Vaccine Information Statements (VIS) info.
- Federal law (42 U.S.C. §300aa-25) requires that providers include all of the following:
  - name of the vaccine
  - date given
  - route and administration site
  - lot number and manufacturer
  - name and **title of the person who administered the vaccine**
  - practice's name and address
  - **VIS publication date and date VIS was provided**



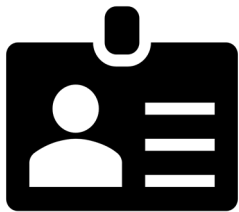
# Vaccine Documentation Recommendations



Review all required vaccine documentation elements



Add “hard stops” to your EHR/EMR (if applicable) so that staff have to fill them out before exiting the record.



Ensure that all staff, including new staff, have their credentialing added correctly to their EHR staffing profile.

# Eligibility Documentation

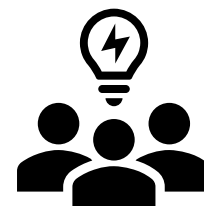
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- 19/30 clinics did not document specific eligibility category
  - Reliance on clinic staff to remember eligibility status based on patient health plan
  - Underinsured patients not always identified
  
- At each IZ visit, providers are required to screen for and document, in the EHR or registry, the
  - screening date,
  - VFA eligibility (Y/N). If yes, list eligibility criteria:
    - **date of birth [to verify age 19+] AND**
    - **uninsured OR underinsured**

# Eligibility Documentation Recommendations

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Meet to determine the best method of capturing eligibility screening elements:



- **Strongly Recommended:** Modify (VFC Eligibility section in) your EHR to include fields that capture VFA eligibility
- Systematically note eligibility elements in the EHR comments/notes
- Scan completed 317 Eligibility Screening form into the patient's EHR record

# Updates to ACIP Recommendations (2019)

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- **HPV**

- Expanded recommendation to include males and females through age 26 yrs
  - Shared clinical decision making can be considered for adults aged 27-45
- The VFA Program requests that participating sites target vaccine supply on increasing IZ rates in males and females through age 26 years.

- **PCV13**

- PCV13 can be considered for adults aged 65 years or older by using shared clinical decision making.

The VFA Program will release a policy letter once the ACIP recommendation is published.

- **Hep A**

- People experiencing homelessness
- People with HIV

The VFA Program will release a policy letter once the ACIP recommendation is published.

# Frequently Asked Question Re: HPV

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**Question:** Can I order HPV vaccine for my patients older than 26?

**Answer:** If after the process of shared clinical decision-making, you feel the patient would benefit from vaccination, then yes, you can offer HPV to a VFA-eligible patient. However, keep in mind that you are working with a limited supply of vaccine available through VFA (there are caps in place for HPV ordering).

# Year 4 Program Requirements

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- Provider agreement made available during recertification
- Immunization Information System (CAIR/SDIR/Healthy Futures) enrollment
- Exploring Immunization Information System utilization for 2021
- Site visits for some VFA sites (to be determined in upcoming months)

# Recertification

- Anticipated launch: mid to late Dec 2019
- Updates to the Recertification Form:
  - Identify whether vaccine storage units are storing VFC, 317/VFA, or both
  - Provide specific adult patient estimates by age and VFA eligibility

Category	19-26	27-49	50-64	≥ 65
317/VFA Eligible				
Non-317/VFA Eligible (Medi-Cal/privately-insured adults)				

- Review VFA Provider Agreement



# Recertification Form

Vaccine Storage Units (used to store VFC/317 vaccines)

INDICATE YOUR REFRIGERATOR STORAGE UNIT TYPE(S) BELOW:

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1) REFRIGERATOR TYPE: \*  
Stand-Alone

UNIT USE: \*  
Primary

UNIT GRADE: \*  
Household

UNIT LOCATION/ID: \*  
lab

BRAND, MODEL: \*  
FRIGIDAIRE

THERMOMETER TYPE: \*  
Data Logger

CAPACITY IN CUBIC FEET: \*  
16.7

CALIBRATION EXPIRATION DATE \*  
03/27/2019 [Clear](#)

THERMOMETER MODEL \*  
THERMCO

THERMOMETER SERIAL NUMBER \*  
33818

VACCINES STORED: \*  
Both

VACCINES STORED: \*

- VFC
- VFA/317
- Both

Estimated number of all adults 19 years of age and older (317/VFA eligible and Privately Insured), who will receive immunizations in your clinic during the upcoming 12-month period, according to the Immunization Branch Eligibility Table for the Use of State-supplied Vaccines (excluding influenza immunization). Enter patient estimates by eligibility category and by age:

Category	19-26	27-49	50-64	≥65
317 Eligible	0	0	0	0
Privately Insured	0	0	0	0

# Reminders

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- Year end evaluation: November 2019
- Recertification: December 2019
- Next ordering cycle: January 2020
- Next webinar: February-March 2020
- Site visits will be conducted throughout 2020

# Provider and Staff Resources

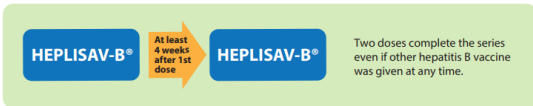
- **VFA Program Resources** - [bit.do/VFAresources](http://bit.do/VFAresources)
- **CDC:**
  - You Call the Shots
  - Current Issues in IZ NetConference

For Health Professionals

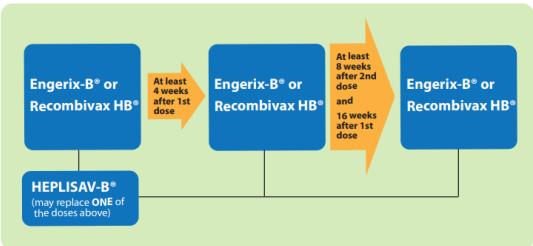
## Hepatitis B Vaccine – 2 or 3 Doses?

For Adults 18+ Years:

**HEPLISAV-B®** 2 DOSES



**Engerix-B® or Recombivax HB®** 3 DOSES



## Hep B Vaccine Timing Guide

## Vaccine Eligibility Guidelines

**VACCINE ELIGIBILITY GUIDELINES**  
For FQHCs, FQHC Look-Alikes and Rural Health Centers (RHC) enrolled in the California Vaccines for Adults (VFA) and Vaccines for Children (VFC) Programs



	Vaccines for Children (VFC) Funded Vaccine	California Vaccines for Adults (VFA) 317-Funded Vaccine
<b>Age</b>	Children birth through 18 years of age meeting any of these eligibility criteria:	Adults 19 years of age and older meeting one of the following eligibility criteria:
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>• Medi-Cal/CHDP eligible</li> <li>• Uninsured (no health insurance)</li> <li>• Underinsured (health insurance does not cover vaccines or only covers select vaccines (only eligible at FQHCs and RHCs).</li> <li>• American Indian &amp; Alaskan Native</li> </ul>	<ul style="list-style-type: none"> <li>• Uninsured (no health insurance)</li> <li>• Underinsured (Eligible only if listed vaccines are not covered by insurance)</li> </ul> <p>Note: Fully insured adults are not eligible to receive VFA vaccines (adults enrolled in Medi-Cal/Medi-Cal managed care plans are considered fully insured).</p>
<b>Vaccine</b>	<ul style="list-style-type: none"> <li>✓ DTaP</li> <li>✓ Hepatitis A</li> <li>✓ Hepatitis B</li> <li>✓ Hib</li> <li>✓ HPV</li> <li>✓ Influenza</li> <li>✓ Meningococcal Conjugate (MCV4)</li> <li>✓ Meningococcal B (MenB)</li> <li>✓ MMR</li> <li>✓ Pneumococcal Conjugate (PCV13)</li> <li>✓ Pneumococcal Polysaccharide (PPSV23)</li> <li>✓ Polio (IPV)</li> <li>✓ Rotavirus</li> <li>✓ Td</li> <li>✓ Tdap</li> <li>✓ Varicella</li> </ul>	<ul style="list-style-type: none"> <li>✓ Hepatitis A</li> <li>✓ Hepatitis B<sup>1</sup></li> <li>✓ HPV<sup>2</sup></li> <li>✓ Meningococcal Conjugate (MCV4)</li> <li>✓ MMR</li> <li>✓ Pneumococcal Conjugate (PCV13)<sup>3</sup></li> <li>✓ Pneumococcal Polysaccharide (PPSV23)</li> <li>✓ Tdap</li> <li>✓ Td ONLY when Tdap is not indicated<sup>4</sup></li> <li>✓ Varicella</li> <li>✓ Zoster</li> </ul>

CA Vaccines for Adults (VFA) Program  
Eligibility Based on Insurance Status



Patient Health Insurance Status	VFA (317 – Funded Vaccine) Eligibility
<b>Uninsured/No Insurance</b> (includes those who receive primary care through county safety net programs; these are <b>NOT</b> considered health insurance)	Eligible for <b>ALL</b> VFA vaccines
<b>Medi-Cal Fee-For-Service/ Medi-Cal Managed Care</b> <a href="http://bit.do/healthplandirectory">bit.do/healthplandirectory</a>	<b>NOT</b> Eligible for VFA vaccines <sup>1</sup>
<b>Medicare Part B (medical benefit)<sup>2</sup> AND Part D (prescription drug benefit)</b>	<b>NOT</b> Eligible for VFA vaccines
<b>Medicare Part B Alone<sup>3</sup></b>	Eligible for these routine VFA vaccines: • Zoster • Tdap • Td if patient does <b>NOT</b> have a wound • Hep B if patient <b>NOT</b> high or intermediate risk
<b>Medicare Part D Alone<sup>3</sup></b>	Eligible for these routine VFA vaccines: • PPSV23 • PCV13 • Hep B
<b>Insurance NOT through Medi-Cal or Medicare</b>	Only eligible for VFA vaccines that are <b>NOT</b> covered by patient's private insurance plan <sup>4</sup>

<sup>1</sup>Full scope Medi-Cal covers all ACIP-recommended vaccines.

<sup>2</sup>Medicare Part B covers medical services including: influenza, pneumococcal (PPSV23 and PCV13), and other vaccines (such as Td, Hep B, Hep A, and Rabies vaccines) directly related to the treatment of an injury or direct exposure to a disease or condition. As such, Medicare Part B will cover Td as preventative care for tetanus when patient has a wound. Similarly, Hep B vaccine is only available to low-risk patients through VFA because Medicare Part B will cover Hep B vaccine when a patient is considered high or intermediate risk for contracting Hepatitis B.

- End Stage Renal Disease (ESRD) patients;
- Hemophiliacs who receive Factor VIII or IX concentrates;
- Clients of institutions for the mentally disabled;
- Persons who live in the same household as a Hepatitis B Virus (HBV) carrier;
- Men who have sex with men;
- Illicit injectable drug users;
- Persons diagnosed with diabetes mellitus;
- Staff in institutions for the mentally disabled; and
- Workers in health care professions who have frequent contact with blood or blood-derived body fluids during routine work.

<sup>3</sup>Except for vaccines covered under Part B, Medicare Part D covers all commercially available vaccines as long as the vaccine is reasonable and necessary to prevent illness. Contact your patient's plan to find out about coverage.

<sup>4</sup>Fully insured adults whose insurance covers the cost of the vaccine(s) are NOT eligible for VFA vaccine(s), even if the insurance includes a high deductible or co-pay, the plan's deductible has not been met, or the insurance has cost sharing.

## VFA Program Eligibility Based on Insurance Status



# Patient Education Resources

[EZIZ – Click on “Adults” tab](#)

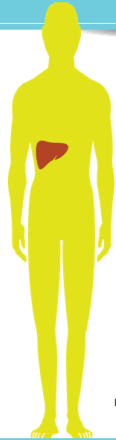
## HEPATITIS A VIRUS IS SPREADING: GET IMMUNIZED

Why should I care about Hepatitis A?

Several states have outbreaks of Hepatitis A. The disease can easily spread from person-to-person and cause serious liver disease lasting a few weeks to many months. Some people die from Hepatitis A. If you are using drugs or living on the streets and in shelters, you are at greater risk for catching Hepatitis A.

I think I may be at risk for catching Hepatitis A. What can I do?

- Get the Hepatitis A shot!
- Wash your hands with soap and water after using the bathroom and before eating or preparing food
- Avoid having sex with people with Hepatitis A
- Don't share toothbrushes, food, drinks or smokes



What are the symptoms of Hepatitis A?



If you think you have Hepatitis A, see your doctor or visit the closest Emergency Room.

For More information

- Contact [\[enter contact information for your county here\]](#)
- Dial 2-1-1 on your phone to learn where you can get the Hepatitis A vaccine

[English](#) | [Spanish](#)

### What is Shingles?

- Shingles is a painful rash that can cause long-term nerve pain.
- 1 out of 3 people in the U.S. will get shingles. Your risk goes up as you age.
- Serious complications include pain that can last for months.

### Get 2-doses of the New Shingles Vaccine (Shingrix®)

**I got another shingles vaccine before 2018. Do I need the new vaccine?**

Yes! It's over 90% effective in preventing shingles.

**I had shingles already. Do I still need this shot?**

Yes! The vaccine can prevent shingles from happening again.

**How many shots of the new vaccine do I need?**

Two. Come back for the 2nd shot 2-6 months after the first.

**Is Shingrix® covered by my health plan?**

Shingrix® is covered by most private insurance, Medicare Part D, and Medi-Cal. Call your plan to confirm coverage or fees.

**What should I expect after my shot?**

Commonly, people have a sore arm or swelling where the shot was given. Some people have fatigue, headache, stomach ache, or nausea for a few days or less.

For more information, visit [CDC.gov/vaccines/shingles](http://CDC.gov/vaccines/shingles)

**“ Jim's Story**  
We've been to multiple emergency room visits, multiple eye specialists... and it's going on four years.

—Jim, shingles survivor.  
See full “A Shingles Story” at [ShotByShot.org](http://ShotByShot.org)

**”**

**Ask your doctor or pharmacist for the new shingles shot today!**

## HEPATITIS A AND B VACCINATION.



There's no question – it's easy prevention. Gay and bisexual men are at risk for hepatitis A and B.

**Take charge. Protect yourself. Get vaccinated.**

[www.cdc.gov/hepatitis/MSMVaccination](http://www.cdc.gov/hepatitis/MSMVaccination)

[Hep A/Hep B vaccination promotion posters \(CDC\)](#)

[English](#) | [Spanish](#)



# Print Materials: Order from your Local Health Dept.

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Local-Health-Department.aspx>

**\*Reference IMM # below when making request for copies.**



**Patient IZ Reminder  
Postcards  
(HIPAA Compliant)  
IMM-794**

## Do you smoke? Have asthma, diabetes, or a weakened immune system?

You may be at high risk for pneumonia—a serious lung infection

**Pneumonia can be life-threatening!**

- 900,000 Americans get pneumonia every year.
- Nearly half a million are hospitalized.
- About 1 in 20 dies.

If you are 19 or older with any of these conditions, ask your doctor about getting pneumonia shots (pneumococcal [NEW-moe-KOK-a]) vaccines.

- ✓ Cigarette smoker
- ✓ Asthma
- ✓ Diabetes
- ✓ Certain cancers or having chemotherapy
- ✓ Heart, kidney, and liver diseases
- ✓ Sickle cell disease
- ✓ Cerebrospinal fluid leaks
- ✓ A cochlear implant
- ✓ HIV/AIDS
- ✓ A bone marrow or organ transplant



**Get your pneumonia shots.  
They might save your life.**

Learn more at [cdc.gov](http://cdc.gov) or call 1-800-CDC-INFO.

If you smoke, call 1-800-NO-BUTTS

### Recommended Adult Immunization Schedule for ages 19 years or older

UNITED STATES  
2019

How to use the adult immunization schedule

- 1 Determine recommended vaccinations by age (Table 1)
- 2 Assess need for additional recommended vaccinations by medical condition and other indications (Table 2)
- 3 Review vaccine types, frequencies, and intervals, and considerations for special situations (Notes)

Recommended by the Advisory Committee on Immunization Practices ([www.cdc.gov/vaccines/acip](http://www.cdc.gov/vaccines/acip)) and approved by the Centers for Disease Control and Prevention ([www.cdc.gov](http://www.cdc.gov)), American College of Physicians ([www.acponline.org](http://www.acponline.org)), American Academy of Family Physicians ([www.aafp.org](http://www.aafp.org)), American College of Obstetricians and Gynecologists ([www.acog.org](http://www.acog.org)), and American College of Nurse-Midwives ([www.midwives.org](http://www.midwives.org)).

Vaccines in the Adult Immunization Schedule\*

Vaccines	Abbreviations	Trade names
Haemophilus influenzae type b vaccine	HB	ActHib Hibixen
Hepatitis A vaccine	HepA	Havrix Vofax
Hepatitis A and hepatitis B vaccine	HepA-HepB	Twinrix
Hepatitis B vaccine	HepB	Engerix-B Recombivax HB Hepatitis B
Human papillomavirus vaccine	HPV vaccine	Gardasil 9
Influenza vaccine, inactivated	IV	Many brands
Influenza vaccine, live attenuated	LAIV	FluMist Quadrivalent
Influenza vaccine, recombinant	RV	FluSilo Quadrivalent
Measles, mumps, and rubella vaccine	MMR	M-M-R II
Meningococcal serogroups A, C, W, Y vaccine	MenACWY	Menactra Menveo
Meningococcal serogroup B vaccine	MenB-4C MenB-HP	Bexsero Trumenba
Pneumococcal 13-valent conjugate vaccine	PCV13	Pneumar 13
Pneumococcal 23-valent polysaccharide vaccine	PPSV23	Pneumovax
Tetanus and diphtheria toxoids	Td	Tenivac Td vaccine
Tetanus and diphtheria toxoids and acellular pertussis vaccine	Tdap	Adacel Boostrix
Varicella vaccine	VAR	Varivax
Zoster vaccine, recombinant	RZV	Shingrix
Zoster vaccine live	ZVL	Zostavax

\*Administer recommended vaccines if vaccination history is incomplete or unknown. Do not restart or add doses to vaccine series for extended intervals between doses. The use of trade names is for identification purposes only and does not imply endorsement by the ACP or CDC.

**Report**  
• Suspected cases of reportable vaccine-preventable diseases or outbreaks to the local or state health department  
• Clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or 800-822-7967

**Injury claims**  
All vaccines included in the adult immunization schedule except pneumococcal 23-valent polysaccharide and zoster vaccines are covered by the Vaccine Injury Compensation Program. Information on how to file a vaccine injury claim is available at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or 800-338-2382.

**Questions or comments**  
Contact [www.cdc.gov/ncidod/diseases/zoonotic/d119981.htm](http://www.cdc.gov/ncidod/diseases/zoonotic/d119981.htm) or 800-CDC-INFO (800-232-4636), in English or Spanish, 8 a.m.–8 p.m. ET, Monday through Friday, excluding holidays.

Download the CDC Vaccine Schedules App for providers at [www.cdc.gov/vaccines/schedules/hcp/schedule-app.html](http://www.cdc.gov/vaccines/schedules/hcp/schedule-app.html).

**Helpful information**  
• Complete ACP recommendations: [www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html)  
• General Best Practice Guidelines for Immunization (including contraindications and precautions): [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html)  
• Vaccine Information Statements: [www.cdc.gov/vaccines/hcp/vivis/index.html](http://www.cdc.gov/vaccines/hcp/vivis/index.html)  
• Manual for the Surveillance of Vaccine-Preventable Diseases (including case identification and outbreak response): [www.cdc.gov/vaccines/pubs/surv-manual](http://www.cdc.gov/vaccines/pubs/surv-manual)  
• Travel vaccine recommendations: [www.cdc.gov/travel](http://www.cdc.gov/travel)  
• Recommended Child and Adolescent Immunization Schedule, 1st 2019: [www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html](http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html)



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

**Adult IZ Schedule 2019  
IMM-746**



English | Spanish

**IMM-1155**

**317 sticker rolls**

**IMM-1121**



# Questions?

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THANK YOU!

[my317vaccines@cdph.ca.gov](mailto:my317vaccines@cdph.ca.gov)

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# ADDITIONAL SLIDES



# Eligibility Documentation: NextGen

The admin date will into save unless status is completed or partially completed

Vaccine Name	Status	Lot#	Admin By	Vaccine Date	VFC Reason	Funding Source	Mark As Error
Hepatitis B Vaccine							<input type="checkbox"/>

**Hepatitis B Vaccine**

Lot#   Show All Strength:  Billing units:   
 Sequence:   Booster Amount:  Billing Code:   
 Expiration date:  Units:  Admin CPT 4:   
 Manufacturer:  Route:   Counseled   
 Brand name:  Site:   
 Vaccine date:  NDC ID:

Waste Date:   
 Reason:

Consent From:   
 Immunity

**Status**  Completed  Partially Administered  Excluded  Not Administered

Not administered reason:   
 Comment / notes:   
 VIS history:

Vaccine Name	Vis Description	Vis Publish Date	Language	Given Date	Given By



# Eligibility Documentation: eClinicalWorks

**Immunization Details** X

All  My Favorites Active ▼

Find

Product X

---

**Product X**

Vaccination Given in Past  N  Y

Visit date  ▼

Dose   ▼

Dose Number  ▼

Lot Number    VFC

Location  ▼

Route  ▼

Exp. Date

VIS Given Date

Comments

Status  ▼

Reason  ...

Given By  Me ...

Given Date/Time

Manufacturer

VFC  ▼

Date on VIS

Document the dose  
 Billable  
 Counseling

# Eligibility Documentation: Epic

**Administered Immunization**

Name:	DTaP / IPV	Given:	Given
Date:		Time:	
Lot #:		Dose:	0.5 mL
Mfg:		Site:	deltoid region of upper arm
NDC:		Route:	Intramuscular
Lot #2:		External:	
Expires:		Next Due:	
Given By:			
VIS Date:	Multivaccine 9/18/2008		
Comment:			
Location:			

Is this vaccine sponsored by the state as apart of a VFC program?

Not VFC eligible       VFC eligible - Medicaid/Medicated Managed Care

VFC eligible - Uninsured       VFC eligible - American Indian/Alaskan Native

VFC eligible - Federally Qualified Health Center Patient (under-insured)

Are you sick today with an moderate to severe illness (e.g. fever)       YES       NO

Have you ever had a serious reaction       YES       NO

Accept as Incomplete      Accept      Cancel