June 27, 2012

TO: Vaccines for Children (VFC) Providers participating in CAIR

FROM: John Talarico, D.O., Chief, CDPH, Immunization Branch

SUBJECT: VFC Eligibility Screening and Documentation Requirements; CAIR enhancements for meeting VFC eligibility screening and documentation requirements

BACKGROUND

The Vaccines for Children (VFC) Program provides vaccines at no cost to over 4,000 participating health care providers in the State of California. Since its inception in 1994, the VFC program has grown tremendously, currently distributing over 10 million doses to participating providers annually. VFC’s aim is to maintain high immunization rates in California by eliminating vaccine costs as a barrier to immunizations and help protect children from vaccine-preventable diseases. Children who might not have access to vaccines can receive them at no cost from VFC providers.

All participating providers must follow federal participating requirements clearly outlined in the program’s Provider Participation Agreement. Eligibility screening and documentation are key requirements for all providers participating in the Program. This communication reviews these requirements and enhancements recently implemented in the California Immunization Registry (CAIR) system, in order to better support provider adherence to these federal requirements.

SCREENING AND DOCUMENTATION

To ensure that VFC vaccines are administered to VFC-eligible children only, providers are required to screen every child for VFC eligibility at every immunization encounter prior to administering VFC vaccines.

Providers are required to document which eligibility criteria were met. Providers may use the VFC Patient Eligibility Screening Record form provided by VFC to document eligibility or may document eligibility for the receipt of VFC-supplied vaccines through the practices HER/EMR or in CAIR. Paper-based screening forms must be completed and kept in patients’ charts. Patients should be screened at every visit, and a new form must be completed if the patient’s eligibility changes. Providers may also use a provider’s specific screening form to document patient eligibility.

A patient who self-declares as uninsured or American-Indian/Alaskan Natives requires no additional proof, and providers are not required to verify the patient’s eligibility declaration.
However, for Medi-Cal patients, a copy of the child’s Medi-Cal benefits card should be obtained and kept in their charts. For every VFC-eligible child, providers must maintain a record of the child’s proof of VFC eligibility for a period of three (3) years from the time of the last VFC vaccine administered.

**VFC ELIGIBILITY CATEGORIES**

**Eligible Children**
To be eligible, children must be under the age of 19 years and meet at least one of the following federally-defined criteria:

- Be eligible for or enrolled in MediCal; or
- Be uninsured (Have no health insurance); or
- Be of American Indian or Alaskan Native descent, as defined by the Indian Health Care Improvement Act. (25 U.S.C. 1603) (regardless of health insurance status)

VFC-supplied vaccines can be administered only to children who meet the VFC eligibility criteria. No other factors can be used for determining patient eligibility for VFC-provided vaccines, including residency status, family income, private insurance deductible rates, provider reimbursement rates from health plans, etc.

**Under-Insured Children**
Under-insured children may receive VFC vaccines ONLY at Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), or local health department clinics (with vaccines funded with section 317 funds). Under-insured children are not eligible to receive VFC vaccine at private medical provider offices.

A child is considered under-insured if the child has commercial (private) health insurance but the coverage:

- does not include vaccines, or
- covers only selected vaccines, or
- has a fixed dollar limit or cap for vaccines.

If the child’s private insurance covers only selected vaccines, the child is VFC-eligible only for the vaccines that are NOT covered by their insurance. If the child’s private insurance has a fixed dollar amount, the child is eligible for VFC vaccines only when the fixed dollar amount has been reached.

**Non-Eligible Children**
Children with private or commercial health insurance that covers the costs of vaccinations are NOT eligible to receive VFC-provided vaccines. Examples of private or commercial health insurances include Health Families, Blue Cross, Kaiser, etc.

Healthy Families is considered a part of the federal Children’s Health Insurance Program (CHIP) and provides coverage for children ages one through 19 years old with family incomes from 100 to 200% of the Federal Poverty Line (FPL), including all vaccinations. Healthy Families subscribers are not VFC-eligible unless they are American Indians or Alaskan Natives. Please refer to the addendum for additional information about Healthy Families coverage.
Children whose health insurance covers the cost of vaccinations (or a percentage of the cost), have high-deductible health plans, or are covered by medical savings or health savings accounts are not eligible to receive VFC-supplied vaccines.

In addition to receiving VFC-supplied vaccines, Local Health Department (LHD) Clinics and any specially-approved LHD authorized site, also receive Section 317 funded vaccines. Eligibility guidelines for 317 funded vaccines are outlined in the LHD Eligibility Guidelines for State Supplied Vaccines.

**CAIR VACCINE SUPPLY ELIGIBILITY CHANGES**

The California Immunization Registry (CAIR) has implemented a number of key changes in the system in order to ensure VFC-eligibility screening is adequately recorded at each patient immunization encounter and appropriately recorded in the system. The system has also been enhanced to appropriately track vaccine administration based on vaccine supply. Recent changes include:

- **Verification of eligibility to receive State-supplied Vaccines**: Eligibility verification elements are set in the system based on whether or not the clinic participates in the VFC Program. The clinic’s designated CAIR Power User will be asked to verify participation in the VFC Program upon log-in. For clinics with inventory in the system flagged as “State Supplied Vaccine (VFC and/or 317),” the system will automatically default the clinic’s participation as participating in the VFC Program.

- **Timing of Eligibility Screening**: Documentation of a patient’s VFC eligibility status will be required prior to recording vaccine administration information in the system. Users will be asked to confirm vaccine eligibility before entering any new vaccine doses for each patient. Once the patient’s vaccine status has been determined (based on meeting VFC-eligibility criteria or for LHDs-Eligibility for 317 supplied Vaccines), options for entering a vaccine, along with all other required information will be enabled.

- **Eligibility Categories**: The source of vaccine to be used for administration to each CAIR patient will be dependent on the patient’s eligibility to receive VFC or 317-funded vaccines. In addition to the four standard VFC codes currently in the system (listed above), the following new Vaccine Eligibility codes have been added to the system:
  
  - **5 – 317 Eligible: LHD or CHC Only** - If the patient is eligible to receive 317 vaccine. Note: This code may only be used by Local Health Department clinics (LHD) and Community Health Center clinics (CHC) that receive State-supplied 317 vaccine.
  
  - **6 – Privately-purchased vaccine** - If the patient does not qualify for either VFC or 317 vaccine and therefore privately-purchased vaccine stock is being used.

  Note: “Unknown” has been removed from the VFC eligibility drop-down list, given that VFC eligibility must be documented prior to the administration of VFC-supplied vaccines. The system will automatically default to a blank designation until one is selected by the user.

- **Inventory Changes: Adding a new vaccine lot**: Upon receipt of any vaccine shipment, clinic staff should log vaccine receiving information in CAIR immediately following vaccine placement in the appropriate vaccine storage unit (refrigerator/freezer). Private
vaccine inventory should be logged as “Private” and any vaccine doses received from the California Immunization Branch/VFC Program should be logged as “State Supplied Vaccine”.

- **Inventory Changes—Vaccine Loans:** Option for loaning doses from private vaccine supply for use in VFC-eligible or vice versa has been removed. The VFC program has a “NO Borrowing” policy and only VFC supplied vaccines may be administered to VFC patients.

- **Reports:** The following reports have been added to assist you in tracking and reporting vaccine usage and inventory with each vaccine request submitted to the Vaccines for Children Program.
  
  o **State-Supplied Vaccine Report.** This report helps streamline vaccine ordering by providing both the doses administered and doses available for each vaccine in one report. Previously, this information had to be pulled from two separate reports in CAIR – the Vaccine Usage Report and Current Inventory Report.
  
  o **Dose-based Eligibility Report** - Displays the total number of vaccine doses given by your site during the date range entered, sorted by patient age and vaccine eligibility code.

For those providers that import data into CAIR, the file specifications are being revised to capture this new tracking information. The file will be posted on [www.cairweb.org](http://www.cairweb.org) shortly.

**QUESTIONS?**

If you have any questions, please call the CAIR Help Desk at (800) 578-7889 - or VFC Call Center at 1-877-243-8832.

**cc:**  
CDPH Immunization Branch Field Representatives  
Local Health Officers  
Local Health Department Immunization Coordinators  
Local Health Department CHDP Program Directors  
Tanya Homman, Acting Chief, Medi-Cal Managed Care Division, DHCS  
Robert Dimand, Acting Chief, Children Medical Services Branch, DHCS  
Sherie Smalley, M.D., Medi-Cal Policy, Medi-Cal Managed Care, DHCS  
Susan McClair, M.D., Medi-Cal Policy, Medi-Cal Managed Care, DHCS  
Shabbir Ahmad, D.V.M., M.S., Ph.D., Acting Chief, Maternal, Child and Adolescent Health Program, CDPH  
Shelley Rouillard, Deputy Director, Benefits and Quality Monitoring Division, MRMIB  
Emmee Nguyen, Benefits and Quality Monitoring Division, MRMIB  
Jill Young, Benefits and Quality Monitoring, MRMIB  
Neal Kohatsu, M.D., M.P.H., Medi-Cal Policy, Medi-Cal Benefits, Waiver Analysis, and Rates Division, DHCS  
Laura Ann Halliday, M.D., Medi-Cal Policy, Medi-Cal Benefits, Waiver Analysis, and Rates Division, DHCS  
Alan Morita, Pharm. D., Medi-Cal Pharmacy Policy Branch, DHCS and CDPH  
Jill Abramson, M.D., M.P.H., Children Medical Services Branch, DHCS