

VFC Guidance for CHIP Vaccine Ordering

Beginning July 1, 2019, Illinois Vaccines for Children (VFC) program will provide vaccines purchased by the Illinois Department of Healthcare and Family Services for use with children under the age of 19 with Children’s Health Insurance Program (CHIP) coverage. CHIP coverage includes Title XXI [21] or State Funded coverage and hereafter will be referred to as “CHIP.”

VACCINE ORDERING

The Centers of Disease Control and Prevention (CDC) requiresⁱ that all VFC programs determine individual provider populations served and associated vaccine need by fund type. Illinois is required to establish a process for collecting and validating provider populations to ensure publicly purchased vaccines are distributed in amounts representing the provider population served and to adjustments if the population served changes.

On July 1, 2019, VFC providers will be able to place orders to receive vaccines for CHIP-eligible children through the Illinois VFC program. The number of vaccines a clinic will receive for their CHIP-eligible children will be dependent on the patient population indicated in the VFC enrollment form in I-CARE. Here is an example of a patient population profile with the CHIP population from the VFC enrollment form.

Patient Population:	< 1 Year Old	1-6 Years	7-18 Years	TOTAL
Enrolled in Medicaid:	193	1,286	945	2,424
No Health Insurance:	35	85	97	217
American Indian/Alaskan Native:	0	1	2	3
Underinsured (FQHC/RHC)(Disabled for non-FQHC/RHC Facility Type):	0	1	17	18
TOTAL VFC:	228	1,373	1,061	2,662
Insured (private pay/health insurance covers vaccines):	0	0	0	0
Other Underinsured:	0	0	0	0
Children’s Health Insurance Program (CHIP):	8	112	133	253
TOTAL NON-VFC:	8	112	133	253
TOTAL PATIENTS:	236	1,485	1,194	2,915

Source of Data: Registry

In this example, the sample clinic has 253 CHIP-children receiving vaccines in the previous 12 months out of their total patient population of 2,915 patients. Approximately 9% (253 out of 2,915 children) of this sample clinic’s patient population is CHIP-eligible. Their VFC vaccine order will include approximately 9% of vaccines for the CHIP population and 91% for the VFC population.

The VFC and CHIP ordering will be combined, meaning clinics will not indicate how many doses of each will be required in each order.

VFC clinics should review their patient population in their 2019 VFC enrollment form. If a clinic feels their CHIP population in the VFC enrollment form is not accurate, the clinic may provide an updated CHIP population through an online [survey](#). Clinics will need to indicate their CHIP population over a 12-month period and specify the data source used to determine the CHIP-eligible population.

Complete this survey by **July 12, 2019** indicating whether or not your clinic needs CHIP vaccines once the new distribution method is in place and to update your CHIP patient population numbers. Your updated numbers will reflect either the children with CHIP coverage who received vaccines at your clinic during the most recent 12 months or the CHIP population you plan on serving within a 12-month period if you have not been vaccinating your CHIP covered patients.

IDPH VFC staff will review the changes submitted in the online survey and update the CHIP population in the VFC enrollment form prior to processing any orders.

VFC-enrolled clinics will enter their vaccine orders in I-CARE using the current process and procedures. If a clinic will be providing vaccines for children with CHIP coverage, the VFC coordinator should consider the CHIP vaccine needs in the vaccine order.

VFC-enrolled clinics should order enough vaccines for at least one month, but inventory should not exceed three months.

Orders for VFC and CHIP vaccines may experience delays as the vaccine manufacturers are delivering vaccines to the distributor.

317 orders will be unaffected by the change.

RECEIVING THE CHIP VACCINE ORDER

When the CHIP vaccine order arrives, VFC clinics need to identify these vaccines as for use CHIP patients only and maintain them separately from VFC vaccines. These vaccines may be stored within the same unit, but clearly identified.

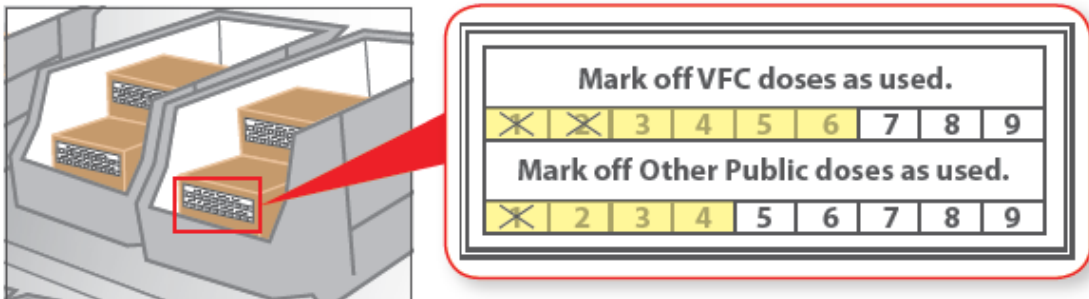
The packing list included in the vaccine order will identify the number of doses by funding type.

FOUR FUNDING TYPES AVAILABLE:

- **VFC:** Vaccines for use with VFC eligible children only.
- **State:** State purchased vaccines for use with VFC eligible children only.
- **317:** Vaccines available for local health departments for use with 317-eligible adults or for approved outbreak response.
- **CHIP:** Vaccines for use with CHIP covered children only.

When the vaccine order is received, the VFC provider or VFC coordinator will need to identify the number of doses by fund type on the packing list. VFC clinics may see State doses identified on the packing list. These doses are for use with VFC-eligible children only and should be included with the VFC inventory.

HOW TO STORE VACCINES WITH MORE THAN ONE FUND TYPE IN A BOX



Storing the split fund boxes:

- Store these vaccines in a separate bin.
- Identify the bin as "Split" so staff will know the vaccine is split between different funding sources.

To keep track of your use:

1. Label the box of single-dose or multi-dose vaccines.
2. Highlight the number of doses from each funding type.
3. Mark off vaccines administered by funding type as it is used.

Tips:

- Do not cover important information such as vaccine name and lot number.
- Always keep vaccines in their original packaging with the lid closed to protect them from light.
- Ensure the short-dated vaccines are being used first before beginning another box.

INVENTORY

VFC clinics will see additions to the inventory types in I-CARE to designate the vaccines for the CHIP funding type and the State purchased vaccines for VFC children.

Select View: →

Filter:

SCREENING PATIENTS FOR ELIGIBILITY

At each immunization encounter, VFC clinics are required to screen patients and document eligibility status. Before administering vaccines, VFC clinic staff must check the eligibility status in the MEDI system (or an equivalent system receiving HFS 270/271 electronic transaction data).

If the MEDI system shows:

- **Title XIX (19)** coverage for the date of service, the child is eligible for VFC vaccines. The VFC eligibility must be documented as “Eligible-Medicaid/Medicaid Managed Care [V02].”
- **Title XXI (21) or State funded** coverage for the date of service, the child is **NOT** eligible for VFC vaccines and must receive CHIP vaccines. The VFC eligibility must be documented as “CHIP [V22].”

Screening to determine a child’s eligibility to receive vaccines through the VFC program must take place with each immunization visit.

PATIENT RECORDS AND ACCOUNTABILITY

Clinics transmitting patient records from an electronic medical record (EMR) via HL7 transmission to I-CARE will need to verify the following with their EMR vendor.

- The clinic’s EMR can send all VFC and CHIP (V22) shot records.
- The clinic’s EMR can send the proper VFC eligibility status codes and not just VFC yes or no.

We encourage clinics to transmit all patient immunization records to I-CARE. Clinics can add their privately purchased vaccines in I-CARE to assist in their private inventory management.

The VFC eligibility status codes are:

- V00: Eligibility not determined/unknown
- V01: Not VFC eligible
- V02: Medicaid/Medicaid Managed Care
- V03: Eligible-Uninsured
- V04: Eligible-American Indian/Alaska Native
- V05: Eligible-Federally Qualified Health Center patient (under-insured)
- V07: Local program eligibility (not used by Illinois VFC)
- V22: CHIP (the previous code was V06, but has been replaced by V22)
- V23: 317
- V24: Medicare
- V25: State program eligibility (not used by Illinois VFC)

The rules for inventory deductions starting July 1, 2019 are:

- V00 will only deduct from private inventory.
- V01 will only deduct from private inventory.
- V02 will only deduct from VFC inventory.
- V03 will only deduct from VFC inventory.
- V04 will only deduct from VFC inventory.
- V05 will only deduct from VFC inventory.
- V22 will only deduct from CHIP inventory.
- V23 will only deduct from 317 inventory.
- Any other eligibility status will deduct from private inventory.

If a clinic's EMR is unable to send the correct eligibility status codes and all VFC and CHIP patient records, the clinic may have to manually enter patient shot records into I-CARE until they can ensure their EMR is sending the correct codes.

If assistance is needed with HL7 transmissions, please contact DPH.HL7ICARE@illinois.gov.

BORROWING VACCINES

VFC-enrolled clinics are expected to maintain adequate inventories of vaccine for their privately insured, CHIP and VFC-eligible patients. Vaccines provided through the Illinois VFC program cannot be used as a replacement system for a clinic's privately-purchased vaccine inventory. The clinic must ensure their vaccine supply is adequate to meet the needs of the VFC-eligible or CHIP-eligible patients.

VFC providers may not swap doses between VFC inventory and CHIP inventory. The VFC program does not allow the borrowing of VFC or CHIP vaccines. The Illinois VFC program does not permit the borrowing of any vaccines provided through the VFC program for use with non-eligible children. Private vaccine used on VFC patients cannot be paid back using VFC vaccine. Similarly, VFC vaccines cannot be used in non-eligible children or CHIP vaccines cannot be used in non-eligible children and then paid back with other vaccine stock. If VFC vaccines or CHIP vaccines are unavailable, the clinic should reschedule the child.

BILLING THE ADMINISTRATION FEE TO MEDICAID (ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES)

The Department of Healthcare and Family Services will be issuing billing guidance in the near future and it will be posted on the [Department's website](#).

ⁱ The CDC has provided the following guidance from the 2019 Immunization Program Operations Manual.

C3a. Determine individual provider population(s) served and associated vaccine need by fund type.

- Establish an awardee process for collecting and validating provider populations served over the course of a year to ensure publicly purchased vaccines are distributed in amounts that represent the population served. Adjustments must be made if the population served changes.
- The determination of the fund type split is the responsibility of the immunization awardee, not the provider. Providers must not have the responsibility for entering or selecting the fund type split for their vaccine orders.

Note: Application of a fund split by an awardee to orders at a provider level does not replace the provider's requirement to screen and document patient eligibility.