Vaccines For Children (VFC) Program Changes for CHIP

Linda Kasebier, MPH, MSHS

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IDPH Overview

MISSION

– Protect the health and wellness of the people in Illinois through the prevention, health promotion, regulation, and the control of disease and injury.
Purpose

- Collaborative response by:
  - Chicago Department of Public Health
  - Department of Healthcare and Family Services
  - Illinois Department of Public Health

- Objectives:
  - Review the “VFC Program Changes to CHIP” memo dated August 22, 2016
  - Presentation on CHIP reimbursement and MEDI
  - Next steps
Effective October 1, 2016

• The Illinois and Chicago VFC programs will no longer provide vaccines for children who have the state’s Child Health Insurance Program (CHIP) coverage (referred to as Title XXI [21] or “State Funded”).

• Children through age 18 with Medicaid coverage (referred to as Title XIX [19]) are still VFC eligible and may continue to receive vaccines through the VFC program.
The Change

- CDC recommended that IDPH discontinue purchasing and providing vaccines for CHIP children.
- This decision was made by the Director of IDPH and the Director of HFS after months of discussions.
- The VFC program is not required by CDC to provide vaccines for children with CHIP insurance coverage.
- The VFC program eligibility has NOT changed.
What is CHIP?

• State’s Children’s Health Insurance Program (CHIP)
• CHIP provides insurance to children in families with incomes that are above Medicaid eligibility but without access to private insurance.
• Children with CHIP insurance are NOT VFC-eligible because they are insured, just as other children with private insurance.
• A child will not have both Medicaid (Title 19) and CHIP (Title 21) on the date of service. A child will have either one or the other.
Screening

• All VFC providers are required to screen children for VFC eligibility at each immunization encounter.
  – Medicaid and CHIP are different and should be marked accordingly on the VFC screening form.

• HFS requires providers to check the eligibility status in MEDI before administering vaccines or other services or risk non-payment.
## VFC and HFS Eligibility

*CHIP Changes Effective October 1, 2016*

<table>
<thead>
<tr>
<th>If the patient has:</th>
<th>VFC Eligible for VFC vaccines Bill HFS for Admin Fee</th>
<th>PRIVATELY PURCHASED Administer privately purchased vaccines Bill HFS or plan for vaccine(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title XIX (19) – Medicaid and the patient is 18 years or younger (until their 19th birthday)</strong></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Title XIX (19) – Medicaid and the patient is 19 years or older</strong></td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Title XXI (21) – CHIP</strong></td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>State-Funded – CHIP</strong></td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Q: How can we run a report in I-CARE to show the number of CHIP children we have served?

A: If your clinic has been using the “VFC Status” of V06 (S-CHIP Plan) for your CHIP patients prior to October 1, 2016, your enrollment form’s “Patient Population” section will show the number of CHIP children you have entered in I-CARE.

- Children with CHIP should have their eligibility in I-CARE documented as “V22 CHIP.”
- V06 will no longer appear in I-CARE after 9/8/16 after 4:30. CDC is replacing the code with V22.
## Example of Enrollment Patient Population

<table>
<thead>
<tr>
<th>Patient Population</th>
<th>&lt; 1 Year Old</th>
<th>1-6 Years</th>
<th>7-18 Years</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrolled in Medicaid:</td>
<td>55</td>
<td>157</td>
<td>84</td>
<td>296</td>
</tr>
<tr>
<td>No Health Insurance:</td>
<td>5</td>
<td>21</td>
<td>29</td>
<td>55</td>
</tr>
<tr>
<td>American Indian/Alaskan Native:</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Underinsured (FQHC/RHC):</td>
<td>0</td>
<td>3</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>TOTAL VFC:</td>
<td>98</td>
<td>381</td>
<td>261</td>
<td>740</td>
</tr>
<tr>
<td>Insured (private pay/health insurance covers vaccines):</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other Underinsured:</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Children’s Health Insurance Program (CHIP):</td>
<td>38</td>
<td>200</td>
<td>141</td>
<td>379</td>
</tr>
<tr>
<td>TOTAL NON-VFC:</td>
<td>38</td>
<td>200</td>
<td>141</td>
<td>379</td>
</tr>
<tr>
<td>TOTAL PATIENTS:</td>
<td>136</td>
<td>581</td>
<td>402</td>
<td>1119</td>
</tr>
</tbody>
</table>
Questions and Answers

Q: If a provider is not able to purchase or has not received privately purchase vaccines for CHIP children by October 1, 2016, can they use VFC vaccines and repay VFC later?

A: No. The IL and Chicago VFC programs do not allow the borrowing of VFC vaccines. Providers should ensure they have adequate privately purchased vaccine supply or reschedule the patients. If VFC vaccines are administered inappropriately on any patient not VFC eligible, including CHIP patients, the provider will be required to replace the misused VFC vaccines with privately purchased. It is very important that providers screen the child for VFC eligibility before administering vaccines.
Questions and Answers

Q: If a provider administers privately purchased vaccines on a child they believe has CHIP coverage but finds out later through billing that the child has Medicaid, can the provider replace their private vaccines with VFC vaccines?

A: No. The IL and Chicago VFC programs do not allow the borrowing of VFC vaccines to replace privately purchased stock used inappropriately on insured children, which will include CHIP on or after October 1, 2016.
Questions and Answers

Q: Are VFC providers required to serve CHIP patients?

A: No. The VFC programs do not require any VFC enrolled provider to serve fully insured patients, which would include CHIP. We do encourage providers to consider having a supply of privately purchased vaccines for these populations so the children can be appropriately immunized.
THANK YOU

Illinois VFC: DPH.Vaccines@illinois.gov

Chicago VFC: ChicagoVFC@cityofchicago.org
Changes to the Vaccines for Children (VFC) Program

Participant Eligibility Verification and Billing

Effective October 1, 2016

Presented By:
VFC Program Changes effective October 1, 2016

- Vaccines obtained through the Vaccines For Children (VFC) program are limited to children age birth through 18 who have Title XIX (19) Medicaid eligibility on the date of service.

- Children with Title XXI (21) - also referred to as CHIP - and State-Funded eligibility must receive private stock vaccines.

<table>
<thead>
<tr>
<th>Title</th>
<th>Stock Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title XIX (19)</td>
<td>VFC Stock</td>
</tr>
<tr>
<td>Title XXI (21)</td>
<td>Private Stock</td>
</tr>
<tr>
<td>State-Funded</td>
<td>Private Stock</td>
</tr>
</tbody>
</table>
Participant Eligibility

- Providers must verify eligibility *on each date of service* or risk non-payment or reduced payment.

- Providers may verify participant eligibility and obtain Title information using:
  - MEDI - [www.myhfs.illinois.gov](http://www.myhfs.illinois.gov)
    - Case Type
    - Special Information section
  - HIPAA 270/271 eligibility request/response

- Title Information is not available via the Automated Voice Response system (phone system).
Participant Eligibility (cont’d)

- Title 19 = XIX --- use VFC stock
- Title 21 = XXI --- use private stock
- State-Funded (except DHS Social Services eligibility which is not applicable to medical services/vaccines) --- use private stock

*Reminder:* Children with All Kids eligibility may be Title XIX (19), Title XXI (21), or State-funded

<table>
<thead>
<tr>
<th>HFS All Kids Eligible</th>
<th>Title XIX (19)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Title XXI (21) – also referred to as CHIP</td>
</tr>
<tr>
<td></td>
<td>State-Funded</td>
</tr>
</tbody>
</table>
MEDI Eligibility

- Review Case Type, Special Information, and Managed Care Enrollment and/or Third Party Liability if applicable. “Special Information” will provide Title or state-funded eligibility information.
- Example: participant is Title XIX (19) – use VFC stock; participant is also enrolled in managed care so the provider must bill the MCO.
MEDI Eligibility (cont’d)

- Example: participant is in a State Funded plan - use private stock

For the date(s) of service entered, the client is eligible for medical benefits.

Case Type: ALL KIDS PREMIUM LEVEL 2, FULL COVERAGE

Begin Date: 06/01/2016  
End Date: 06/01/2016  
Case Id:  
System Date: 02/26/2016


CoPay Information:
- CoPay for each VISION (OPTOMETRY) 10.00
- CoPay for each MENTAL HEALTH 10.00
- CoPay for each RESTORATIVE DENTAL 10.00
- CoPay for each CHIROPRACTIC 10.00
- CoPay for each DENTAL CARE 10.00
- CoPay for each HOSPITAL INPATIENT SERVICES 100.00
- CoPay for each EMERGENCY ROOM VISIT 30.00
- CoPay for each BRAND NAME RX DRUGS 7.00
- CoPay for each GENERIC RX DRUGS 3.00
- CoPay for each PROFESSIONAL (PHYSICIAN) VISIT OFFICE 10.00


Third Party Liability:  
Source Code: 006  
Coverage Code: CA  
Group Name:  
Group Number: PC2189
Use Private Stock for date of service 4/30/16 and VFC stock for date of service 5/1/16
MEDI Eligibility (cont’d) - Two Different Case Types On Same Date of Service

- **Review medical eligibility only**. Example: participant is Title 19 - use VFC stock.
- **DHS Social Services eligibility not applicable** - does not cover vaccines

### Coverage Detail

**For the date(s) of service entered, the client is eligible for medical benefits.**

<table>
<thead>
<tr>
<th>Case Type: ALL KIDS, MEDICAID ELIGIBLE, FULL COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Begin Date: 07/20/2016</td>
</tr>
<tr>
<td>End Date: 07/20/2016</td>
</tr>
<tr>
<td>Case Id: 01/13/2016</td>
</tr>
<tr>
<td>System Date: 01/13/2016</td>
</tr>
</tbody>
</table>


**Special Information:** Title XIX.

### Coverage Detail (cont’d)

**For the date(s) of service entered, the client is eligible for limited medical benefits. Additional information available below or refer to the Provider Handbook for program specific coverage limitations.**

<table>
<thead>
<tr>
<th>Case Type: DHS SOCIAL SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Begin Date: 07/20/2016</td>
</tr>
<tr>
<td>End Date: 07/20/2016</td>
</tr>
<tr>
<td>Case Id:</td>
</tr>
<tr>
<td>System Date: 02/22/2016</td>
</tr>
</tbody>
</table>

**Special Information:** State Funded. Coverage is limited to IL Department of Human Services Programs. Services under this coverage are billed directly to HFS. If you have any questions about DHS Social Services cases, please call the RIN help desk at 1-800-385-0872.
DHS Social Services eligibility does not apply to medical services/vaccine coverage – DO NOT use this information to determine which vaccine stock to use

If this is the only eligibility returned in MEDI, providers will need to further investigate whether the participant has other medical insurance coverage to determine whether to use VFC or private stock.
270/271 Participant Eligibility Verification

- HIPAA Eligibility Request – 270
- HIPAA Eligibility Response – 271
- Requires ASC X12 format software
- Chapter 300, 837P Companion Guide
  - Loop 2110 MSG Segment
  - Special message number
  - Section 4.3, Special Messages
VFC stock vaccinations are free to providers for:

- Children birth through 18 years of age
- Title XIX (19) eligible

Bill the vaccine-specific procedure code with **no modifier**

Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs) and Encounter Rate Clinics (ERCs) must bill VFC vaccines using the vaccine-specific procedure code, with **no modifier**, as the detail code(s) for encounter code T1015 or S5190

Title information is not required on the claim
Use private stock vaccines for:
• Children up to age 18 with Title XXI (21) eligibility
• Children up to age 18 with State-Funded eligibility
• Participants 19 years and older (regardless of Title)

Bill the vaccine-specific procedure code

Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs) and Encounter Rate Clinics (ERCs) may bill private stock vaccines fee-for-service (FFS) when the participant is age birth through 18 and has Title XXI (21) or state-funded eligibility. Detailed billing instructions on next two slides.

Title information is not required on the claim
Encounter Clinic Billing

- For VFC stock – Title XIX (19) eligibility
  - When a child presents for a visit that meets the definition of a medical encounter, bill the T1015 all-inclusive encounter visit code on the first service line and the visit and vaccine-specific CPT code(s) as detail codes on subsequent service lines.
  - When a child presents solely to receive VFC-obtained vaccine(s) and a salaried staff member administers the vaccine(s), bill the Wellness Assessment encounter code S5190 on the first service line and the vaccine-specific procedure code(s) as the detail code(s) on subsequent service line(s).
Encounter Clinic Billing (cont’d)

- **For Private Stock – Title XXI (21) or State funded eligibility**
  - Encounter clinics may bill private stock vaccines fee-for-service (FFS). For private stock vaccines billed FFS the GB modifier must be appended to each vaccine-specific procedure code.
  
  - If a child presents for a visit that meets the definition of a medical encounter, bill the T1015 all-inclusive encounter/visit code on the first service line and the appropriate visit code and any other services rendered during the visit (except private stock vaccines) as the detail code(s) on subsequent service line(s). Bill the private stock vaccine(s) FFS on a separate claim using only the vaccine-specific procedure code(s) with the GB modifier appended to each.

  - When a child presents solely to receive private stock vaccine(s) and a salaried staff member administers the vaccine(s), bill the vaccine-specific procedure code(s) FFS with the GB modifier appended to each. Do NOT bill the T1015 or S5190 encounter codes. Please refer to the ‘State Max’ column on the Practitioner Fee Schedule for the reimbursement rates for private stock vaccines.
Reimbursement

- For VFC stock refer to the Practitioner Fee Schedule *Unit Price* column

- For private stock refer to the Practitioner Fee Schedule *State Max* column

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Unit Price</th>
<th>State Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>90647</td>
<td>6.40</td>
<td>23.65</td>
</tr>
<tr>
<td>90648</td>
<td>6.40</td>
<td>28.82</td>
</tr>
<tr>
<td>90649</td>
<td>6.40</td>
<td>146.26</td>
</tr>
</tbody>
</table>
MCO Billing Questions

- Reimbursement must be negotiated between the Medicaid managed care plans, Pharmacy Benefit Administrators & Providers

- Contact the individual plans for information regarding vaccination reimbursement for its members
TPL Primary

- When the participant has commercial insurance primary and is Title XXI (21) or State Funded, use private stock.
- When the participant has commercial insurance primary and is Title XIX (19), the provider must choose which stock to use based on payer source:
  - If billing commercial insurance for vaccines, use private stock. *Keeping in mind if the primary denies the Department will only reimburse for the administration of the vaccine.*
  - If billing HFS as primary, use VFC stock. *Since vaccines are a preventative service, providers do not have to bill the primary insurance for reimbursement.*
Payment Cycle

- Claims must be paid within 30 DAYS of receipt for most providers
  - Per ARRA (American Recovery and Reinvestment Act), section 5001(f)(2)(a)(ii) -
Resources

❖ Refer to the HFS Non-Institutional Provider’s Resources webpage at:

http://www.illinois.gov/hfs/MedicalProviders/NonInstitutional/Pages/default.aspx

• VFC Frequently Asked Questions
• VFC Webinar slide presentation
• MEDI Instructions
• Private Stock vaccine rates
• Vaccine Billing Instructions

❖ Refer to the HFS’s Medical Provider’s Home page at:

https://www.illinois.gov/hfs/MedicalProviders/Pages/default.aspx

• Provider Handbooks
• Medicaid Reimbursements
• Provider Notices
Preparing for CHIP Changes
Next Steps

Marcia Levin, MPH
Chicago Department of Public Health
Recap

• “All Kids-CHIP-Title 21” is a health insurance program
• Children with insurance are NOT VFC eligible
• This information is challenging because, until now, we have always treated children with All Kids (Title 21) as Medicaid
• Beginning October 1, 2016, these children will not be VFC-eligible
MEDI Registration Information

• Any person who is going to check patient eligibility status should register and use MEDI for every encounter
• Each clinic can have up to two administrators who should obtain access first and can then grant MEDI access to other employees
• Administrator needs to review an employee’s role in the entity to determine what the employee should access on MEDI
  • For example: a person at the front desk who does not bill, most likely only needs access to verify eligibility
• Automated Voice Response System (AVRS) does NOT have Special Information
For Non-MEDI Users:
• Register for the MEDI System at
  www.myhfs.illinois.gov
• For help, call the MEDI Registration System Help Desk at 312-814-3648, option 1,2

For MEDI Users:
• During remainder of September, pay close attention to Special Information section at bottom of MEDI screen to see Title 19 (XIX) or Title 21 (XXI) CHIP
EMR Users: Determine how CHIP eligibility status will be reflected in your EMR/EHR

- Contact your EMR/EHR vendor to understand how this change impacts the eligibility fields
- Eligibility should include Title 21-CHIP designation, however, NOT VFC ELIGIBLE is acceptable
- Educate your staff on how CHIP eligibility should be documented in your facility
Providers who do direct data entry into I-CARE

- Pay close attention to document each child’s status correctly:
  - VFC eligibility categories: Medicaid, uninsured, American Indian/Alaskan Native
  - Title 21-Code V22 (NEW as of 9/8/16)

<table>
<thead>
<tr>
<th>V22</th>
<th>CHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Client is eligible for the CHIP program, a separate state health insurance that is NOT a Medicaid expansion program. <strong>The patient is not eligible for VFC vaccines starting October 1, 2016 or 317 funded vaccines.</strong></td>
</tr>
</tbody>
</table>

- Draw down from appropriate vaccine inventory (private vs VFC)
Inventory Management

• Assess current private (commercial) stock inventory and order appropriately
• Keep all private stock vaccine separate from VFC stock
• Label each vaccine “Private” or “VFC”
• Maintain adequate inventory of both to prevent need for borrowing (not allowed)