



FAQs from Blended Inventory Webinars

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Opting In to Provide Blended Inventory Vaccines to CHIP Patients

Our office was not previously vaccinating CHIP patients, so we have no CHIP inventory. Do we need to "opt in" or re-enroll in CHIP to start vaccinating CHIP-eligible patients now?

No. You will not need to make a special application or notify IDPH or CDPH ahead of time in order to participate in the blended inventory opportunity. It will be automatic for all Illinois and Chicago VFC providers. Vaccines that are part of a blended inventory will be available for children eligible for VFC and CHIP. Beginning on 1/14/2023, you may use your current VFC vaccine lots to also vaccinate CHIP-eligible patients. Eligibility status codes V02, V03, V04, V05, V22 will all deduct from your blended inventory in I-CARE.

We have been using our own private stock to vaccinate CHIP patients. Now that the inventory will be blended, can we now use this stock for our CHIP patients instead of using our own private inventory?

Yes. You may start to use this vaccine on CHIP patients, too, beginning on 1/14/2023. You will need to document the CHIP eligibility status code of "V22 - CHIP". This is done the same way

that you record VFC eligibility status codes of V02 – Medicaid, V03 – Uninsured, etc. Eligibility status codes V02, V03, V04, V05, V22 will all deduct from your blended inventory in I-CARE.

If we are not participating in CHIP currently, are we now required to administer CHIP vaccines in our clinic?

Every VFC provider in Chicago and the State will be eligible to offer CHIP vaccines to their patients with no additional burden to the provider. This will also significantly reduce burden to the CHIP-eligible patients and their families and improve immunization access and immunization rates.

It may be helpful to know that Illinois expanded Medicaid in July 2022, and currently only 3% of Medicaid-enrolled children with medical coverage in Illinois are CHIP-eligible. The other 97% are VFC-eligible. That means many of your patients that were previously CHIP-eligible are now VFC-eligible, with a small percentage remaining as CHIP-eligible. Between Medicaid Expansion and the new blended inventory advantage, now is the perfect time to re-evaluate the VFC and CHIP status of all your Medicaid-enrolled pediatric patients.

Does this apply to VFC providers in my City/County/Area?

This applies to all VFC providers in Illinois, both inside and outside of Chicago.

Ordering Vaccines

When I order VFC vaccines, will there still be a split between VFC and CHIP doses?

No. From the provider perspective, all doses will be ordered as VFC doses. You will not have to worry about split-fund percentages or remembering to write notes in the comments box for VFC-only or CHIP-only stock requirements. While IDPH and CDPH are still obligated to purchase some CHIP vaccines during the year, and you may see them on your packing slips, this will not require any effort from the provider, and you will still enter them into your single blended inventory upon receipt.

Receiving Vaccines

It was stated that the shipping paperwork would possibly show a CHIP balance. Should we completely disregard this and only pay attention to the VFC number or should the total number of shipped vaccines equal the number of CHIP and VFC vaccine combined listed on the slip?

You may still receive both CHIP-funded and VFC-funded vaccines. IDPH and CDPH are still obligated to purchase an amount of CHIP vaccine proportionate to our CHIP-eligible populations. However, you will only need to order them as one blended inventory, you will store them as one blended inventory, and your inventories in I-CARE and your EHRs will be one blended inventory.

When you receive your packing slip for publicly funded pediatric vaccines, add together the number that are CHIP and the number that are VFC, and that should equal the total physical stock that you have received. This will be your blended inventory.

Inventory Discrepancies

Once the change is made and if we must replace a missing dose of vaccine, will have to add the new dose as a VFC lot?

If you were to replace inventory prior to the afternoon of 1/13/2023 when the inventory changes will be blended in I-CARE, you would replace the doses according to the separate VFC or CHIP inventory as they appear in I-CARE now, and they will be blended on the afternoon of 1/13/2023.

If you replace inventory after the inventory is blended, I-CARE will show all lots as VFC. You would enter the inventory replacement to the blended inventory as a VFC lot.

Reports

Will there be any easy way to generate or see a report in which we can check/verify whether a patient was assigned and documented the correct VFC Status?

We are unable to provide a report like this because I-CARE does not query or store Medicaid eligibility data, nor would we have data on whether a patient is uninsured, underinsured, or American Indian or Alaskan Native. However, provider locations that have EHRs may be able to create reports within the EHR to do this.

There are two I-CARE reports that may be able to assist you in your efforts, but they cannot do this as a stand-alone report. First, an Immunization Activity Report may be run in I-CARE for a given pin number and time frame and this can be compared to similar data from your EHR or other logs. The Inventory Analysis Helper in I-CARE may also assist you in finding patient records with potential issues.

When we run the Inventory Analysis Helper report, will vaccines show as all VFC or as separate VFC and CHIP?

All I-CARE modules and reports will show the VFC and CHIP as one blended inventory beginning on 1/14/2023.

Blended Inventory in I-CARE

Will there be any downtime during this transition or merging of CHIP & VFC inventory?

No. This will be done while I-CARE is live, and it should take a very short time. You will see changes on Friday, 1/13/2023 in the afternoon.

Will you automatically merge our CHIP inventory to our VFC inventory on 1/13/2023?

Yes. Inventory will be merged the afternoon of January 13th, and this will not require input from staff at individual provider locations. However, please verify that your physical inventory matches your I-CARE inventory after the merge has occurred.

What time on Friday 1/13/2023 will you start blending all the inventory?

This will start in the early afternoon on Friday 1/13/2023.

What will show under “Transactions”, VFC or CHIP?

Beginning 1/14/2023, the VFC and CHIP blended inventory will show as VFC on all pages and reports in I-CARE. If you notice any discrepancies, please notify dph.vaccines@illinois.gov or chicagoVFC@cityofchicago.org, depending on which jurisdiction you are located in.

If a patient chart shows that the patient is CHIP-eligible, can we use the VFC stock? What would show in the I-CARE inventory?

If the patient is CHIP-eligible, you will report their CHIP-eligibility as V22 CHIP and use the VFC blended inventory to vaccinate them. In I-CARE, this dose will deduct from your blended inventory which will show as "VFC".

Can you provide an example of how inventory changes will apply in ICARE?

All CHIP doses will be added to the number of VFC doses if the same lot number exists for both inventories. If the same lot number does not exist for VFC, then a new VFC lot will be created. Once the CHIP lots are transferred to the VFC lot, the CHIP lots will be zeroed out and marked as out-of-stock.

Example 1: CHIP lot number ABC has 5 doses and VFC lot ABC has 5 doses; the CHIP doses will be transferred to the VFC lot. I-CARE inventory will show 10 doses of VFC lot ABC after the inventory is blended. If that VFC lot had been out of stock, it will be moved back into stock.

Example 2: CHIP lot number DEF has 5 doses; there is no equivalent VFC lot number. A new VFC lot DEF will be created, and the CHIP doses will be transferred to it. I-CARE inventory will show 10 doses in VFC lot DEF.

Will flu vaccines also be combined?

Yes, all VFC and CHIP vaccines will be merged into one inventory. Any doses with a CHIP lot number that match a VFC lot number will be added to the VFC lot, and the CHIP lot will be marked out-of-stock. If the same lot number does not exist for VFC, then a new VFC lot will be created.

When we look in our clinic inventory, will we only see VFC vaccines? Will CHIP no longer be visible?

That is correct. You should only see the VFC vaccine. However, there is a small chance you will still see some CHIP lots if you have some inventory to clean-up. If this happens and you need assistance resolving it, please reach out to dph.vaccines@illinois.gov or ChicagoVFC@cityofchicago.org depending on which jurisdiction you are in.

Electronic Health Record Issues

When selecting the CHIP eligibility code in our EHR, it does not deduct from our VFC stock. What should we do?

Vaccines that are part of a blended inventory will be available for children eligible for either VFC or CHIP eligibility status codes V02, V03, V04, V05, V22. All doses administered with these eligibility codes will deduct from your blended inventory in ICARE. If you have questions about how inventory will deduct from your EHR, please contact your EHR administrator.

When entering inventory into our EHR we identify vaccines received as CHIP or VFC. Do we still need to do this, or should we identify both inventories as VFC in the EHR upon receipt?

When entering *inventory* into your EHR, you may enter them as one blended inventory so that it matches the one blended inventory in your refrigerators and freezers and the one blended inventory in I-CARE. For simplicity, we are referring to the blended inventory as VFC.

When entering *patient eligibility* in the patient record in your EHR, you must continue to enter the correct VFC or CHIP eligibility status codes. Both VFC and CHIP eligibility codes will deduct in I-CARE from the one blended inventory beginning on 1/14/2023.

If the vaccines are listed as CHIP in our EMR, should we rename them or keep them listed as CHIP until we use up those doses?

Beginning 1/14/2023, inventory in your EHR should be entered as one blended inventory so that it matches the one blended inventory in your refrigerators and freezers and the one blended inventory in I-CARE.

If we have CHIP vaccines in our inventory, do we just need to deplete those in our system and move them to VFC stock?

CHIP vaccines currently in inventory in I-CARE will be converted to VFC. You will start to see these changes in I-CARE on 1/13/2023 during the afternoon. You should also blend the inventory in your EHR and in your cold-storage units.

I was informed by my EHR administrator that I just need to change the quantities of my lot numbers in the EHR. Can I just add them together or do I have to create a new lot number?

This is a question best answered by your EHR administrator. In I-CARE, if a CHIP lot number matches a VFC lot number, then the number of doses in the CHIP lot will be added to the VFC lot. The CHIP lot will then be zero and marked out-of-stock.

Do you anticipate any issues with HL7 if it is currently working properly?

Because the eligibility status code, i.e., V02, V03, V04, V05, V22, will not change, we do not anticipate HL7 issues. However, if you do find HL7 issues, please contact your EMR and/or DPH.HL7ICARE@Illinois.gov for assistance.

Physical Inventory

If we currently have both VFC and CHIP inventories in stock, are we just combining them?

Yes, they should be combined as one blended inventory, which, for simplicity, we are calling VFC. You will need to combine them in your EHR, if applicable, too. VFC and CHIP eligibility status should still be reported accurately in the patient record.

When can we start to blend our physical inventory so that we can rotate stock to use the earliest to expire first?

Yes, you should blend and rotate your physical inventory beginning Saturday January 14th.

Should we continue to use our current CHIP inventory, or will we need to return it?

You will not need to return the CHIP doses. Your current CHIP inventory will be blended with your VFC inventory in I-CARE beginning the afternoon of 1/13/2023. You should also blend them together in your EHR, if applicable, and in your cold-storage units.

Once your current VFC and CHIP lots are blended, you should rotate your stock so that the oldest vaccines are used first. For instance, if you have two VFC lots that expire on 12/1/2023 and 2/1/2024 and a CHIP lot that expires on 4/1/2023, once all the lots are blended, you should rotate your stock so that the lot number that expires 4/1/2023 is used first.

We label CHIP and VFC vaccines separately. Should we now label our new and existing CHIP vaccines as VFC lots?

They should be labeled as one blended inventory in your EHRs and cold-storage units as one blended inventory which, for simplicity, we are calling VFC. However, VFC and CHIP eligibility status should still be reported accurately in the patient record.

Will the inventory that we currently have become blended, or will we have to keep the current doses separated until they are depleted?

You will not need to keep those inventories separated as of 1/14/2023. Your current CHIP inventory will be blended with your VFC inventory in I-CARE beginning the afternoon of 1/13/2023. You should also blend them together in your EHR, if applicable, and in your cold-storage units.

Once your current VFC and CHIP lots are blended, you should rotate your stock so that the oldest vaccines are used first. See question above for an example.

Screening for Eligibility

Will you be updating the Eligibility Form?

Yes - it has already been updated and will be posted by 1/13/2023.

Although inventory will now be blended, are we still supposed to verify whether a Medicaid patient is Title 19, Title 21 or State Funded and report this in our EHR and I-CARE?

Yes. Patient will still need to be screened for eligibility at the point of service and the correct eligibility status code will need to be reflected in your EHR and I-CARE.

When entering *inventory* into your EHR, you may enter them as one blended inventory so that it matches the one blended inventory in your refrigerators and freezers and the one blended inventory in I-CARE.

When entering *patient eligibility* in the patient record in your EHR, you must continue to enter the correct VFC or CHIP eligibility status codes. Both VFC and CHIP eligibility codes will deduct in I-CARE from the one blended inventory beginning on 1/14/2023.

Why must we check whether a Medicaid recipient is Title 19, Title 21, or State Funded if the inventory is blended?

While the *inventory* is blended in your EHR, I-CARE, and your cold-storage units, you must continue to report *patient eligibility* by reporting the correct VFC or CHIP eligibility status codes in your EHR and I-CARE. Both VFC and CHIP eligibility codes will deduct in I-CARE from the one blended inventory beginning on 1/14/2023.

Continuing to check MEDI is imperative for two reasons:

- It is necessary to verify that a patient's Medicaid plan is still active on the date of service, whether the patient is VFC or CHIP eligible.
- It is still important to verify VFC or CHIP eligibility and to record them correctly in your EHR and in I-CARE for regulatory and accounting purposes so that we are permitted to continue to offer this blended inventory approach.

Our EHR has multiple options for documenting CHIP eligibility. Which option should we use so that it will deduct correctly from inventory?

We are not familiar with the specific EHR setups. However, if Eligible-CHIP sends the correct V22 - CHIP eligibility code to I-CARE, then that would be appropriate. Please contact your EHR administrator to discuss how to appropriately send V22 eligibility data for CHIP patients to I-CARE.

This is rare, but occasionally our EHR has flagged a 19-year-old as being VFC or CHIP eligible. What do we do then?

Only children 0 through 18 years of age are eligible for VFC and CHIP vaccines, so the 19-year-olds would be ineligible. This should be addressed with your EHR administrator.

When documenting vaccine in a patient's chart, if Medi shows that the patient is CHIP-eligible, should we still choose V22-CHIP as the eligibility reason?

Yes, correct. You will still need to select the correct eligibility status codes (V02, V03, V04, V05, and V22) for the patient in your EHRs so that it is correctly reflected in I-CARE. Even though both

VFC and CHIP eligibility reasons will deduct from the blended inventory, it is important to carefully document patient eligibility for regulatory and accounting purposes. Without proper documentation of VFC and CHIP eligibility, it may put the blended inventory opportunity at risk.

Can we pull vaccine from VFC stock for Uninsured patients, and can we charge them?

Yes. Uninsured children are VFC eligible. This is unchanged by the blending of VFC and CHIP inventories.

Administration fee billing requirements:

- Administration fees are per vaccine and not per antigen.
- Administration fees for non-Medicaid VFC-eligible children cannot exceed the regional Medicaid fee cap. In Illinois, the fee cap is \$23.87.
- Providers must waive the administration fee and cannot deny access to vaccine if the child’s parent is unable to pay the administration fee.
- If the provider bills the administration fee after the date of service, they may issue only a single bill to the patient within 90 days of vaccine administration.
- For Medicaid-enrolled eligible children, bill only Medicaid for the administration fee.

Besides children with Medicaid coverage, which other children are VFC eligible?

Below are the eligibility criteria for VFC and CHIP eligible children. Both VFC and CHIP eligible children will be able to receive the vaccine out of the blended inventory.

VFC-eligible: A child who is 18 years of age or younger and meets one or more of the following criteria:

- American Indian (AI) or Alaska Native (AN)
- Medicaid-enrolled (Title 19)
- Uninsured
- Underinsured
 - Patient has health insurance, but the coverage does not include any ACIP-recommended vaccines or includes only selected ACIP-recommended vaccines. An underinsured child is VFC-eligible only for the vaccines that are not covered.
 - Underinsured children may only be served at Federal Qualified Health Centers (FQHC), Rural Health Clinics (RHC), or Local Health Departments with an approved deputization agreement.

CHIP-eligible: A child who is 18 years of age or younger and is Medicaid-enrolled (Title 21 or State Funded)

See the Illinois VFC Eligibility Decision Tree for more information. This will be posted with other materials. Also, see the eligibility code tables in the latter half of the slide show.

How would we know if the patient identifies as American Indian or Alaskan Native? Should it be listed under demographics? Additionally, if they have private insurance, should they still receive VFC?

American Indian and Alaskan Natives (AI/AN), as defined by the Indian Health Care Improvement Act (25 U.S.C. 1603-13), are eligible for VFC regardless of insurance. See [Medicaid & CHIP for American Indians and Alaska Natives](#) for more information on this topic. Per federal rules, Medicaid and CHIP agencies may accept an individual's attestation regarding Indian status, but they are permitted to have more stringent policies. IDPH does not provide any specific guidance on this.

AI/AN children are VFC-eligible under any circumstance. However, because VFC is an entitlement program, participation is voluntary.

When an AI/AN child also fits a second VFC eligibility category, the provider should always choose the category that will cost less for the family. Depending on the facility where an AI/AN parent chooses to have their child vaccinated, the parent may be responsible for the vaccine administration fee if the vaccines are delivered through the VFC program. Therefore, if the child has private insurance (non-grandfathered plan under the Affordable Care Act (ACA) of 2010) or is enrolled in the CHIP program, it may result in fewer out-of-pocket costs for the child to receive vaccinations through these programs than through VFC, as there would be no cost-sharing. Likewise, if the AI/AN child is also Medicaid eligible, Medicaid should be used for the administration fee because it will provide the least out-of-pocket expense.

In I-CARE and in EHRs, American Indian or Alaskan Native eligibility should be documented with eligibility status code "V04" which represents "VFC eligible - American Indian/Alaskan Native" eligibility.

You should also add their American Indian or Alaskan Native race to your internal patient record and to I-CARE.

If the patient has private insurance and Medicaid (Title 19), which vaccine inventory should we use?

Some children may have a private primary health insurance plan with Medicaid Title XIX (19) as their secondary insurance. These children are considered VFC-eligible because of their Medicaid Title XIX (19) enrollment. However, their parents are not required to participate in the VFC program. Billing options exist for the parent and provider in this situation. The provider should choose the option that is most cost-effective for the family. The parent of a child with Medicaid Title XIX (19) as secondary insurance should never be billed for a vaccine or an administration fee.

Vaccine Waste and Returns

What should we do with CHIP vaccines that are about to expire?

Once your current VFC and CHIP lots are blended, you should rotate your stock so that the oldest vaccines are used first. If they expire before you use them up, you should request a return label through I-CARE through the usual process (Expired/Spoiled (Return) transaction).

How far in advance can you waste a vaccine? For example, I have a vaccine that is expiring in 2 weeks, and I will not be able to use all the doses.

Vaccine should not be wasted until it is expired. At the end of the day that the vaccine expires, remove the vaccine from your cold-storage unit and store it somewhere else so that it is not mistakenly administered to a patient. If you will be closed on the day that the vaccine expires, remove it from your cold-storage unit on the last day that the clinic is open prior to the expiration of the vaccine.

Once the VFC and CHIP vaccine inventories are blended, you should rotate your stock so that the oldest vaccines are used first.

If the vaccine dose is a publicly funded routine vaccine, such as those from VFC, CHIP, or routine adult 317 vaccine programs, they should be returned to McKesson for excise tax credit. Providers should also attempt to transfer out vaccines if they believe that they may be unable to use them, and they should begin this process between 3 and 6 months prior to expiration.

For COVID-19 vaccines, lot extensions do occur so be sure to check if your lot number is eligible for an expiration date extension before wasting the vaccine.

Administration Fees

What is the administration fee for VFC or CHIP vaccines?

That depends on whether the patient has Medicaid or not.

Administration fee billing requirements:

- Administration fees are per vaccine and not per antigen.
- Administration fees for non-Medicaid VFC-eligible children cannot exceed the regional Medicaid fee cap. In Illinois, the fee cap is \$23.87.
- Providers must waive the administration fee and not deny access to vaccine if the VFC-eligible or state-eligible child's parent is unable to pay the administration fee.
- Providers may only bill Medicaid for the administration fee for VFC-eligible children enrolled in Medicaid. Do not bill the patient or their parents/guardians.
- If the provider bills the administration fee after the date of service, they may issue only a single bill to the patient within 90 days of vaccine administration.

Per the Practitioner Fee Schedule on the Illinois HFS website, the Administration fee for Medicaid-enrolled children is paid at a rate of \$16.71. IDPH does not have additional information about Medicaid provider rates, but you may contact the Illinois Department of Healthcare and Family Services (HFS) and the Medicaid managed care organizations (MCOs) that you participate in if you have additional questions. Federal VFC rules require that provider locations must accept the vaccine administration fee reimbursement for Medicaid-enrolled children or the contracted Medicaid health plans.

We get reimbursed at rate of \$16.71 from Medicaid. How do we get the higher rate of \$23.87?

The rate is \$16.71 for Medicaid-enrolled children, and up to \$23.87 for children who are not enrolled in Medicaid. You may not get paid the higher rate from Medicaid and you may not balance bill the family. See additional information in the FAQ above.

Vaccine Availability

We were recently told that we couldn't order certain vaccines for CHIP. Will that be covered for all children going forward?

Yes, this is open for order in I-CARE for providers in both the IDPH and CDPH jurisdictions. You will be able to use your blended inventory on your VFC-eligible and CHIP-eligible patients.

There was information on one of the sides about 317 inventories. Can you explain what that is?

The 317 vaccines fall into a couple main categories:

- 1) Adult routine vaccines - This is a totally separate program from VFC and CHIP. Section 317 adult routine vaccines are for adults 19 years of age and older who are uninsured or underinsured. Federally Qualified Health Centers, Rural Health Clinics, and Local health Departments are eligible to participate in this program. The eligibility status code is "V23 – 317"
- 2) Public health response vaccines – these are for outbreaks, disaster relief, post-exposure prophylaxis, mass vaccination campaigns, etc. They have different eligibility requirements, and the eligible vaccine recipients and vaccinators will differ based on the response. The eligibility status code is also "V23 – 317". The COVID-19 vaccines are currently purchased by the federal government and are a good example of 317-funded public health response vaccines.

If you have questions, please contact the VFC program below based on your location:

IDPH VFC Program - dph.vaccines@illinois.gov

CDPH VFC Program - chicagoVFC@cityofchicago.org