

VFC Program Changes Questions & Answers – HFS only

[HFS VFC specific information](#) can be found on our Non-Institutional Providers (NIPs) webpage. This page will be referenced throughout the Questions and Answers.

HFS ▶ Medical Providers ▶

Non-Institutional Providers

Independent healthcare providers are a significant part of our health care system. Without them, many patients wouldn't receive the individual care that they need.

Welcome to the Non-Institutional Providers (NIP) Resources web page. This site is designed to assist Non-Institutional Providers with HFS billing and payment for services, as well as provide answers to frequently asked questions that may arise concerning billing and claims processing.

Please note that information posted on these links may become outdated based upon changes in policy or programs. Updated information will be posted as it becomes available.

If you have additional questions, please contact a billing consultant 1-877-782-5565.

→ **Vaccinations for Children**

- [MEDI Registration Screens \(pdf\)](#)
- [Vaccination Billing Instructions - FFS Billing to HFS \(pdf\)](#)
- [Vaccination Billing Instructions - Encounter Rate Clinics Only](#)
Not available. Continue to refer to this page for updates.
- [Pediatric Vaccine Reimbursement Rates](#)
Not available. Continue to refer to this page for updates.
- [VFC 9.19.16 Webinar Slides \(pdf\)](#)
- [VFC Provider Notice dated September 19, 2016 to Physicians; Nurses; Local Health Departments; School Based/Linked Health Center Services; Local Education Agencies](#)
- [VFC Provider Notice dated September 19, 2016 to Federally Qualified Health Centers; Encounter Rate Clinics; Rural Health Clinics](#)
- [MEDI Example Slides \(pdf\)](#)

→ **Participant Liability and Co-payments**

- [Questions and Answers \(pdf\)](#)
- [Co-payment Chart \(pdf\)](#)

Non-Institutional Providers

▶ [Non-Institutional Providers Home](#)

[Timely Filing Claim Submittal for Non-Institutional Providers](#)

[Physician Billing Webinar](#)

[Billing Webinar](#)

[Archived Presentations](#)

[Provider Blood Lead Screening Report](#)

[MEDI Home](#)

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Additional questions regarding HFS billing, reimbursement, or MEDI can be directed to an HFS Medical Assistance Consultant at 877-782-5565.

All Kids is the Department's health insurance program for children. Within the program, children are Title XIX [19], Title XXI [21], or State-Funded.

| | | |
|--|--|------------------------------|
| <p>All Kids Program (Children can be enrolled in a MCO or have a traditional medical program eligibility where a provider bills HFS directly a fee for each service, FFS)</p> | <p>Medicaid – Title XIX [19]</p> | <p>VFC vaccine</p> |
| | <p>CHIP – Title XXI [21] or State-Funded</p> | <p>Private Stock Vaccine</p> |

General Eligibility

1. What options are available to verify eligibility?
 - MEDI – single request or batch
 - A batch request will produce an X12 response. See [Chapter 300](#), Companion Guide.
 - 270/271 request through a [vendor](#)
 - Providers must work with their vendor to determine how eligibility information will be returned to them from the vendor.
2. Are there other options to obtain eligibility?

Yes. However, only MEDI and the 270/271 transaction provide Title and State-Funded information for verifying when to use VFC products.
3. Is the Department going to add additional resources to access Title and State-Funded eligibility?

Providers must use MEDI or the 270/271 transaction. The current MEDI and 270/271 transaction provide the information needed.
4. Can I use the participant's medical card to determine Title and State-Funded eligibility?

No. Eligibility information is not reported on the HFS medical cards. Medical cards only provide participant information. The Department changed the medical card format in 2013. Refer to the 1/30/2013 Provider Notice regarding the [New HFS Medical Card](#) for more information.
5. Can I use the Case ID to determine eligibility?

No. The Case ID does not determine eligibility. Providers must utilize MEDI or a 270/271 request for eligibility.
6. Can I contact the local Family Community Resource Center (FCRC, local DHS office) caseworker for information?

No. The FRC staff is not trained on funding source information and may not provide the correct funding information. Providers must utilize MEDI or a 270/271 request for eligibility.
7. Can I use the Automated Voice Response System (AVRS) for Title and State-Funded information?

No. AVRS does provide eligibility information, but it does **not** supply Title and State-Funded information. Providers must utilize MEDI or a 270/271 request for eligibility.
8. Can participants change their Title information from XXI [21] to XIX [19]?

No. The Department determines eligibility based on family size and income. Access the [All Kids Income Standards and Cost-Sharing](#) information regarding eligibility standards.
9. What about participants who are pending eligibility? Are they Title XIX [19] or XXI [21]?

If a newborn is not active on a case and the mother is eligible for Title XIX [19], the child will be eligible for Title XIX [19] automatically.

Patients, who have a pending application, are considered uninsured and are eligible to receive VFC product. If the patient is later determined Title XXI [21] or State-Funded eligible, the provider should bill the Department for the private stock and follow the instructions found in I-Care for replacing VFC vaccine from private stock.
10. How far in advance can I check eligibility?

Eligibility should be verified on the *Date of Service*. MEDI is available all days of the week. Some features are unavailable between 3:00 a.m. and 3:30 a.m. on a daily basis and between 10 p.m. to midnight on Saturdays for regular maintenance.
11. How do we know if a patient has a private insurance?

MEDI displays private insurance information in the Third Party Liability (TPL) section. A MEDI screen example of a case with TPL is provided on the NIPs page.
12. What is a traditional HFS program?

A traditional HFS program means the participant has medical coverage provided through HFS and not a Department contracted managed care plan. The provider bills the Department fee-for-service (FFS). Fee-for-service means the provider bills HFS per service and HFS pays one fee for the service to the provider.

MEDI

Examples of MEDI screens and explanations are located on the [NIPs page](#).

1. What is the number for help on MEDI questions?
MEDI Assistance: 1-217-524-3648 or 312-814-3648, press option **1**, and then option **2**.
2. What do we do if MEDI is down?
When MEDI is not available, information will appear on the [MEDI Home page](#). If a message is not displayed stating that MEDI is not available, another issue is affecting access:
 - The provider's Java system must be Java Bu101. Refer to the MEDI Home page for updated information because Java is routinely updated. HFS does not control Java updates.
 - If a password is over a year old, providers may be prompted to change passwords. For Illinois users, use the **Forgot Password** button on the MEDI login page. Out of state users should call 1-217-524-3648 or 1-312-814-3648, option 1, option 2.
 - Microsoft has introduced Windows 10 and a new web browser, Microsoft Edge. Windows 10 has worked with MEDI. The Edge browser will not work with MEDI. Internet Explorer (IE) 11 mode is required with Windows 10.
 - Windows Edge, Google Chrome, Safari, and Firefox web browsers are not supported in MEDI.

Providers, who need Title or State-Funded eligibility *in the limited situations when MEDI is not available*, should contact the Provider's Automated Voice Response system at 1-800-842-1461. Providers should bypass the electronic message and wait to speak to an operator.
3. Is Java being updated on MEDI?
No. It is the provider's responsibility to update its Java version. Refer to the MEDI Registration Screens on the [NIPs](#) page for instructions on how to update Java technology.
4. Where is Title eligibility found on MEDI?
Refer to the MEDI eligibility screens on the [NIPs](#) page.
5. Are all children on All Kids Title XXI [21]?
Children eligible in the All Kids program are eligible under all three funding sources: Title XIX [19], Title XXI [21], or State-Funded.
6. Can a participant have more than one type of **medical** coverage?
A participant only has one type of **medical** coverage per day. Eligibility may change from month to month. A date range eligibility request that spans more than one month in MEDI, may display more than one **Special Information** section. HFS encourages providers to search eligibility using one day only. Participants eligible for a medical program **and** DHS Social Services will have two types of coverage. The DHS Social Services information is not medical coverage and should not be referenced for eligibility regarding vaccines. Refer to the MEDI eligibility screens on the [NIPs](#) page.
7. What does **DHS Social Services** in the **Special Information** section mean?
Is a participant eligible for **DHS Social Services** considered uninsured?
DHS SOCIAL SERVICES information is not applicable to medical coverage and should not be used to determine medical eligibility regarding vaccines. Participants may not be aware they have DHS Social Services coverage. Verify the patient does not have any other insurance and follow VFC policy.
8. If MEDI displays a participant eligible on Title XIX and State Funded, what do we do?
MEDI will only display one type of medical coverage. Refer to the MEDI examples for an example of a MEDI screen with *Two Case Types – same DOS*. Case Type: **DHS SOCIAL SERVICES** does not apply to medical coverage.
9. With the implementation of Integrated Eligibility System (IES), is the **MEDI** system changing?
Yes. The IES system is being updated; however, the changes will have **minimal** impact on **MEDI**. The changes will not affect the **Special Information** in **MEDI**.

10. Who should register for MEDI?
Any person who is going to check eligibility should register. This is a provider's choice. Refer to the [MEDI registration](#) information. An administrator grants access to users within the organization.
11. How long does it take to register on MEDI?
Registration for MEDI is almost immediate for Illinois users with a valid Illinois vehicle license. Out of State providers must download information, complete the form, have it notarized, and mail it back to Illinois state offices. The application is processed within two days of receipt. Two separate codes will be mailed back to the out of state provider. When received, the applicant will need to enter both codes into the MEDI system for registration. The process from the date of receipt can take up to 8 business days.
12. Is MEDI eligibility information reliable?
Yes. Providers and staff should be educated on how to read the MEDI screens in order to determine the accurate eligibility on the date of service. Refer to [MEDI screen](#) examples on the NIPs provider page.
13. If I use a vendor for eligibility, do I need to use MEDI, too?
No. Providers utilizing a vendor do not need to verify eligibility on MEDI, too. When determining VFC eligibility, providers should work with their vendor to determine how Title and State-Funded information will be displayed.
14. Can we have MEDI on more than one computer?
Each user may log into MEDI on one computer. A provider may authorize employees who may access MEDI from more than one location. One log in per registered user.

270 Eligibility Request /271 Eligibility Response

1. Where do I find the Title and State-Funded information on the 271, Eligibility Response?
Providers who utilize a vendor for eligibility should contact their vendor to determine how Title information will be displayed.

Vendors can refer to the [270/271 Companion Guide](#), Section 4.3, Special Messages, Loop 2110C MSG segment. A Special Message Number designates the funding source. The section contains information related to copayment information, and also lists the eligibility.

| Funding Source | Special Message Number |
|----------------|--|
| Title XIX [19] | 6,9,10,27,28,29,30,32,33,34,35,36,38 |
| Title XXI [21] | 11,13,15,17,18,21,23,39,40,41 |
| State-Funded | 2,3,5,7,8,12,14,16,19,20,22,24,25,26,31,37 |
| Not Defined | 4 |

Rates/Billing

Billing instructions are located on the [NIPs](#) page. For VFC administered vaccines, providers should bill the vaccine code and the appropriate Evaluation and Management (E/M) code based on the level of the visit. The Department does not reimburse *Immunization Administration* procedure codes. HFS considers the *Immunization Administration* reimbursement included in the E/M reimbursement. Providers will be reimbursed for the vaccine procedure code based on whether the vaccine is obtained from VFC or private stock. Reimbursement rates are found in the [Practitioner Fee Schedule](#). VFC vaccines are reimbursed the rate in the *Unit Price* column and other vaccines are reimbursed the rate in the *State Max* column or the provider charge amount if it is less than the Department's maximum allowable rate. In addition, the Department will post the specific vaccine reimbursement rates on the *Vaccination for Children* section on the NIPs page.

1. How do I bill?
Refer to the [Fee-for-Service Billing Instructions](#) or the [ERC Fee-for-Service Billing Instructions](#).
2. Can Encounter Rate Clinics (ERC - Federally Qualified Health Center (FQHC), Encounter Rate Clinic (ERC), and Rural Health Clinic (RHC)) bill Fee-for-Service for vaccines?
Yes. Refer to the [ERC Fee-for-Service Billing](#) instructions on the NIPs page.
3. Is Title and State-Funded information required on the claim?

No. Eligibility information in the Department's system designates whether the participant is eligible for Title XIX [19], Title XXI [21], or State-Funded. If the participant is Title XIX [19], the provider will be reimbursed the amount in the *Unit Price* column and if the participant is Title XXI [21] or State Funded, the provider will be reimbursed the provider's charge amount or the amount in the *State Max* column on the Practitioner Fee Schedule, whichever amount is less, regardless of the vaccine used.

4. Can a provider bill an administration fee or brief visit when administering a vaccine?
Refer to the [Billing Instructions](#) on the NIPs page.
5. Can we bill screenings, i.e. Ages and Stages, on the same claim as immunizations?
 - Providers (not ERCs) can bill screenings and immunizations on different service lines on one claim.
 - Refer to the [Billing Instructions](#) on the NIPs page.
6. Is a Health Department visit considered a Professional (Physician) Visit?
Yes. Enrolled health departments should bill the appropriate visit based on the level of service rendered.
7. What are the rates HFS will reimburse for private stock vaccines?
Refer to the [NIPs](#) page for specific vaccine reimbursement rates.
8. Will HFS pay promptly?
The American Recovery Reinvestment Act (ARRA) requires most practitioners to be paid within 30 days.
9. Will Children's Health Insurance Program (CHIP/Title XXI [21]) participants be responsible for paying the difference if HFS doesn't cover the full amount? Can we collect a co-payment or any fee from the participant?
No. Once a provider agrees to accept a participant as a Department program participant, the participant cannot be balanced billed for covered services. Enrolled providers agree to accept HFS payment as payment in full except for Department cost-sharing amounts. Cost sharing is determined by procedure codes. Co-payments **cannot** be collected for Well-Child, Immunizations, Preventive Services, Diagnostic Services or Family Planning. Refer to Chapter 100, General Policy and Procedures, Appendix 12, [Cost Sharing for Participants](#) or the [Questions and Answers on Participant Liability and Co-payments](#)
10. Can we bill HFS when a nurse administers a vaccine to a Title XXI or State-Funded child?
Providers should bill the appropriate E/M procedure code based on the level of service rendered to a participant. Refer to the billing instructions posted in the *Vaccinations for Children* section on the [NIPs page](#).
11. Is a certain modifier required to be used on the claim when billing to distinguish VFC and private stock?
A modifier is required **ONLY** for encounter rate clinics billing private stock vaccines FFS. Refer to the [ERC Vaccination Billing Instructions](#).
12. We have a \$25 no show fee. If MEDI is down and we have to reschedule an appointment because we can't get the information needed to move forward, who pays our office for the wasted time/missed appointment?
The Department does not reimburse providers when a service has not been rendered. Please note, the \$25 fee should only be charged to Department participants if it is your office's policy to charge all participants regardless of coverage. In addition, refer to the [Questions and Answers on Participant Liability and Co-payments](#) and refer to the MEDI section of this document for information on what to do if MEDI is not available.
13. If we provide a non-VFC vaccine, are we guaranteed payment?
No. Payment is never guaranteed. Providers are required to bill the correct entity: MCO or HFS and follow the billing policies and procedures.

Managed Care Organization (MCO)

Providers must contact the MCO for information regarding its policies and procedures.

1. Competing with the pharmacy schedules of PPO's and HMO's and their ability to purchase large amounts of pharmaceuticals across their entire health system makes it difficult for health departments to purchase private vaccines at their same cost. Their pharmacy schedules and buying power deflate the reimbursement levels to providers as they purchase vaccines contractually much less than the CDC 340 B pricing. Being in-Network with these entities requires an agency to accept their reimbursement off their pharmacy schedule to participate as an in-

network provider. Is anything being done to change this process.

No. Providers must negotiate rates with the MCOs and the MCO Pharmacy Benefit Plans.

2. Are All Kids participants enrolled in MCOs, too? Are they eligible to receive VFC vaccines?
Yes. All Kids participants (Title XIX [19], Title XXI [21], and State Funded) can be enrolled in MCOs and are eligible to receive all covered vaccines (VFC/Private Stock based on eligibility).
3. Is Managed Care eligibility Information found on MEDI?
Yes. Managed Care and Title information are both on MEDI. MEDI examples are found on the [Vaccinations for Children](#) section of the NIPs Provider page.
4. Do we use VFC or Private Stock vaccines for MCO participants?
Use the vaccine based on the participant's Title eligibility in the **Special Information** in MEDI. If Managed Care Organization (MCO) information is displayed, bill the MCO. If MCO information is not displayed, bill the Department.
5. What is a Plan Code 19?
Plan Code 19 identifies the participant eligible in Meridian Health, a MCO. The Plan Code is used to identify a MCO plan. It does not represent Title or State-Funded eligibility.
6. If the MCO does not pay for a vaccine, will HFS pay for the vaccine?
The Department pays the MCO a fee each month for the MCO to provide coverage for its members. Providers must work with the MCO for reimbursement. The MCOs cover vaccines.

Other

1. Is this change directly related to the State of Illinois' budget crisis?
No. This is not related to the State of Illinois' budget crisis.
2. Were participants notified of this change?
No. The program changes did not change participants' benefits. The only change that may affect a participant is if his/her current provider chooses not to administer vaccines.
3. Is there a list of providers who will render non-VFC vaccines? Where can offices refer participants for non-VFC vaccines?
No. Enrolled providers determine when to render services and accept program participants. The Illinois Health Connect Primary Care Provider (PCP) Agreement requires PCPs to provide or coordinate primary health care for participants on his/her panel. The Department encourages all providers to accept and render immunization care to its participants. Policies and procedures were made by the Department to minimize disruption of services to its participants. Private stock reimbursement rates were developed to be cost neutral for providers.
4. If our office decides to not vaccinate Title XXI [21] and State-Funded participants, can we still render other services to the participant? Can a provider make a decision to vaccinate certain patients and not others?
Yes. A provider can choose to refer a patient to another provider for vaccinations.
5. How can I receive updated information?
The Department formally notifies providers of major Department changes via a Provider Notice. Providers can subscribe to receive Email Notification of [new releases](#). On the subscribing page, select *All Medical Assistance Providers* to receive notices that affect all provider types. Select the specific Provider Type in order to receive notices that pertain to a specific Provider Type. Anyone can subscribe, and it is suggested that all provider staff members register in order to receive updated information.

The Department will also update the [Vaccinations for Children](#) section of the *Non-Institutional Providers* page regularly during the implementation of the new VFC policy effective on October 1, 2016. Providers are encouraged to visit the site for updated information.
6. Who do we contact if we have further questions?
For immediate information, refer to the [NIPs](#) page.
MEDI password assistance: 1-217-524-3648 or 1-312-814-3648, option 1, option 2.

To verify MEDI is available, access the [MEDI](#) Home page.

If MEDI is not available: 1-800-842-1461. Providers must bypass the AVRS and speak to an operator.
VFC billing and reimbursement questions: NIPs billing consultants, 1-877-782-5565