

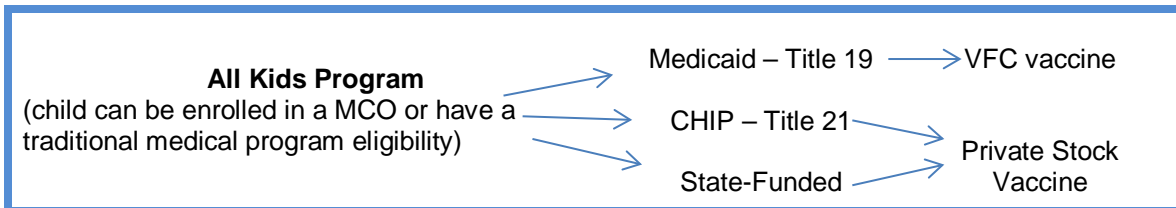
VFC Program Changes Questions & Answers

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

The screenshot shows the HFS Medical Providers Non-Institutional Providers webpage. The navigation bar includes 'MY HEALTHCARE', 'MEDICAL PROVIDERS', 'INFO CENTER', and 'ABOUT US'. The main content area is titled 'Non-Institutional Providers' and contains several sections: 'Vaccinations for Children' (with links for MEDI Registration Screens, Vaccination Billing Instructions, and VFC 9.7.16 Webinar Slides), 'Participant Liability and Co-payments' (with links for Questions and Answers and Co-payment Chart), 'Timely Filing' (with links for Timely Filing Override Submittal Instructions, HFS 1624, and Questions and Answers), 'Webinars' (listing August 18, 2016 ERC Billing Webinar, July 21, 2016 Physician Billing Webinar, and April 2, 2014 ICAAP Billing and Coding for Pediatric Obesity Prevention and Management Programs), and 'Links' (with links for Archived Presentations, Claims Processing System Issues, Fee Schedules, Medical Electronic Data Interchange, Medical Forms, Medical Forms Request, Medical Prior Approval Criteria, Provider Enrollment, Provider Handbooks, and Provider Releases). A sidebar on the right contains 'Non-Institutional Providers' and 'Need Assistance?' sections. Three blue arrows point to the 'Vaccinations for Children', 'Participant Liability and Co-payments', and 'Links' sections.

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 19, Title 21, or State-Funded.



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?

No. 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 21 to 19?

No. Eligibility is 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 19 or 21?

If a newborn is not active on a case, determine the mother's case if enrolled.

 - If a mother is eligible for Title 19, the child will be eligible for Title 19 automatically.
 - If a child is born to a mother on Title 21, the child's eligibility depends on several factors.
10. What if a patient's application is pending?

If a participant's application is pending for a HFS medical program, the patient is not considered covered through HFS. Determine if there is other insurance and if not, use VFC vaccine.

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**, then option **2**.
2. Is there increased MEDI support during this transition?

No. MEDI screen explanations and MEDI registration information is available on the [NIPs](#) provider page.
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. 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 Windows 10, web browser Microsoft Edge is not compatible with MEDI. 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.

5. Where is title eligibility found on MEDI?
Refer to the MEDI eligibility screens on the [NIPs](#) page.
6. Are all children on AllKids Title XXI (21)?
No. Children eligible in the AllKids program are eligible under all three funding sources: Title 19, Title XXI (21), or State-Funded.
7. Can a participant have more than one type of **medical** coverage?
No. 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, will 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.
8. What does **DHS Social Services** in the **Special Information** section mean?
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.
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.
11. 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](#) example on the NIPs provider page.
12. 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.

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 is found in the [Practitioner Fee Schedule](#). VFC vaccines are reimbursed the *Unit Price* column amount and other vaccines are reimbursed the *State Max* column amount (lesser of charges or the rate show). In addition, the Department will post the specific vaccine reimbursement rates on the NIPs Vaccination for Children section on the NIPs page.

- How do I bill?
Refer to the [Fee-for-Service Billing Instructions](#).
- Can Encounter Rate Clinics (ERC - Federally Qualified Health Center (FQHC), Encounter Rate Clinic (ERC), and Rural Health Clinic (RHC)) bill Fee-for-Service?
Yes. Refer to the [ERC Fee-for-Service Billing](#) Instructions on the NIPs page.
- Is Title and State Funded information required on the claim?
No. The Department identifies eligibility using the participant's identification number (RIN).
- Can a provider bill an administration fee or brief visit when administering a vaccine?
Yes, except for encounter clinics. Refer to the [Fee-for Service Billing Instructions](#) on the NIPs page.
- 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.
 - Encounter Rate Clinics billing vaccines fee-for-service for children age birth through 18 with Title XXI (21) and State-funded eligibility must bill private stock vaccines ~~on a~~ FFS on a claim separate from any encounter. The screenings must be reported on the encounter claim as detail codes when billing the encounter rate code, T015.
- 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.
- What are the rates HFS will reimburse for private stock vaccines?
Refer to the [NIPs](#) page for specific vaccine reimbursement rates.
- Will HFS pay promptly?
~~Yes.~~ The American Recovery Reinvestment Act (ARRA) requires most practitioners to be paid within 30 days.
- Will Children's Health Insurance Program (CHIP/Title 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?
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](#)
- Can we bill HFS when a nurse administers a vaccine to a Title XXI or State-Funded child?

Yes. Providers should bill the appropriate E/M procedure code based on the level of service rendered to a participant. Refer to [Fee-for-Service billing instructions](#)

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. Encounter rate clinics should append modifier GB to every private stock vaccine-specific procedure code.
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.
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 AllKids participants enrolled in MCOs, too?
Yes. AllKids participants can be enrolled in MCOs. Providers must contact the individual MCO for billing information.
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 affect Title or State Funded eligibility.

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.
2. 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.

3. If our office decides to not vaccinate Title 21 and State-funded participants, can we still render other services to the participant?

Yes.

4. 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