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

- VFC vaccines are limited to children, birth through age 18, who have Title 19 Medicaid eligibility

- All other participants must receive private stock vaccinations

<table>
<thead>
<tr>
<th>HFS All Kids Program</th>
<th>Medicaid – Title 19</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CHIP – Title 21</td>
</tr>
<tr>
<td></td>
<td>State–Funded</td>
</tr>
</tbody>
</table>
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
Participant Eligibility

- Providers must verify eligibility on each date of service or risk non-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).
- Children with All Kids eligibility may be Title 19, Title 21, or State-funded.
MEDI Eligibility

- Review Case Type, Special Information, and Managed Care Enrollment and Third Party Liability if applicable
- Title 19 = XIX – use VFC stock
- Title 21 = XXI – use Private Stock
State-Funded Eligibility

- Participant is in a State Funded plan - use private stock

<table>
<thead>
<tr>
<th>Case Type: ALL KIDS PREMIUM LEVEL 2, FULL COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Begin Date: 06/01/2016</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>CoPay Information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoPay for each VISION (OPTOMETRY) 10.00</td>
</tr>
<tr>
<td>CoPay for each MENTAL HEALTH 10.00</td>
</tr>
<tr>
<td>CoPay for each RESTORATIVE DENTAL 10.00</td>
</tr>
<tr>
<td>CoPay for each CHIROPRACTIC 10.00</td>
</tr>
<tr>
<td>CoPay for each DENTAL CARE 10.00</td>
</tr>
<tr>
<td>CoPay for each HOSPITAL INPATIENT SERVICES 100.00</td>
</tr>
<tr>
<td>CoPay for each EMERGENCY ROOM VISIT 30.00</td>
</tr>
<tr>
<td>CoPay for each BRAND NAME RX DRUGS 7.00</td>
</tr>
<tr>
<td>CoPay for each GENERIC RX DRUGS 3.00</td>
</tr>
<tr>
<td>CoPay for each PROFESSIONAL (PHYSICIAN) VISIT OFFICE 10.00</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Third Party Liability</th>
<th>Source Code: 006</th>
<th>Group Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print This Section</td>
<td>Coverage Code: CA</td>
<td>Group Number: PC2189</td>
</tr>
</tbody>
</table>
Date Span Covering Different Months

- Use Private Stock for date of service 4/30/16 and VFC stock for date of service 5/1/16
Two Case Types On Same Date of Service

- Participant in Title 19 - use VFC stock. DHS Social Services does not cover medical services.

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

**Case Type:** ALL KIDS, MEDICAID ELIGIBLE, FULL COVERAGE

<table>
<thead>
<tr>
<th>Begin Date</th>
<th>End Date</th>
<th>Case Id</th>
<th>System Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/20/2016</td>
<td>07/20/2016</td>
<td></td>
<td>01/13/2016</td>
</tr>
</tbody>
</table>


**Special Information:** Title XIX.

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.

**Case Type:** DHS SOCIAL SERVICES

<table>
<thead>
<tr>
<th>Begin Date</th>
<th>End Date</th>
<th>Case Id</th>
<th>System Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/20/2016</td>
<td>07/20/2016</td>
<td></td>
<td>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 Provide Medical (vaccine) Coverage

- Providers will need to investigate if the participant has other medical insurance to determine VFC eligibility.

---

**Coverage Detail**

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

**Case Type:** DHS SOCIAL SERVICES

**Begin Date:**
08/01/2016

**End Date:**
08/01/2016

**Case Id:**

**System Date:**
04/04/2016

**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
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
Billing Process – VFC Vaccines

- VFC stock vaccinations are free to providers for:
  - Children birth through 18 years of age
  - Title 19 eligible

- Bill the vaccine-specific procedure code

- Encounter rate clinics should include the vaccine-specific code as a detail code

- Title information is not required on the claim
Billing Process – Private Stock Vaccines

- 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

- Encounter rate clinics should include the vaccine-specific procedure code as a detail code

- Title information is not required on the claim
Reimbursements

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

- For private stock refer to the Practitioner Fee Schedule **State Max** column *(TBD = To Be Determined)*.

<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>(TBD)</td>
</tr>
<tr>
<td>90648</td>
<td>6.40</td>
<td>(TBD)</td>
</tr>
<tr>
<td>90649</td>
<td>6.40</td>
<td>146.26</td>
</tr>
</tbody>
</table>

- For a billable medical encounter, Clinics will only be reimbursed at their current encounter rate.
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 participant has commercial insurance primary and is Title 21 or State Funded, use private stock
- When participant has commercial insurance primary and is Title 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
  - Per ARRA (American Recovery and Reinvestment Act), section 5001(f)(2)(a)(ii) -