Changes to the Vaccines for Children (VFC) Program

Participant Eligibility Verification and Billing

Effective October 1, 2016

Presented By:

HFS

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

HFS All Kids Program	Medicaid – Title 19
	CHIP – Title 21
	State-Funded

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

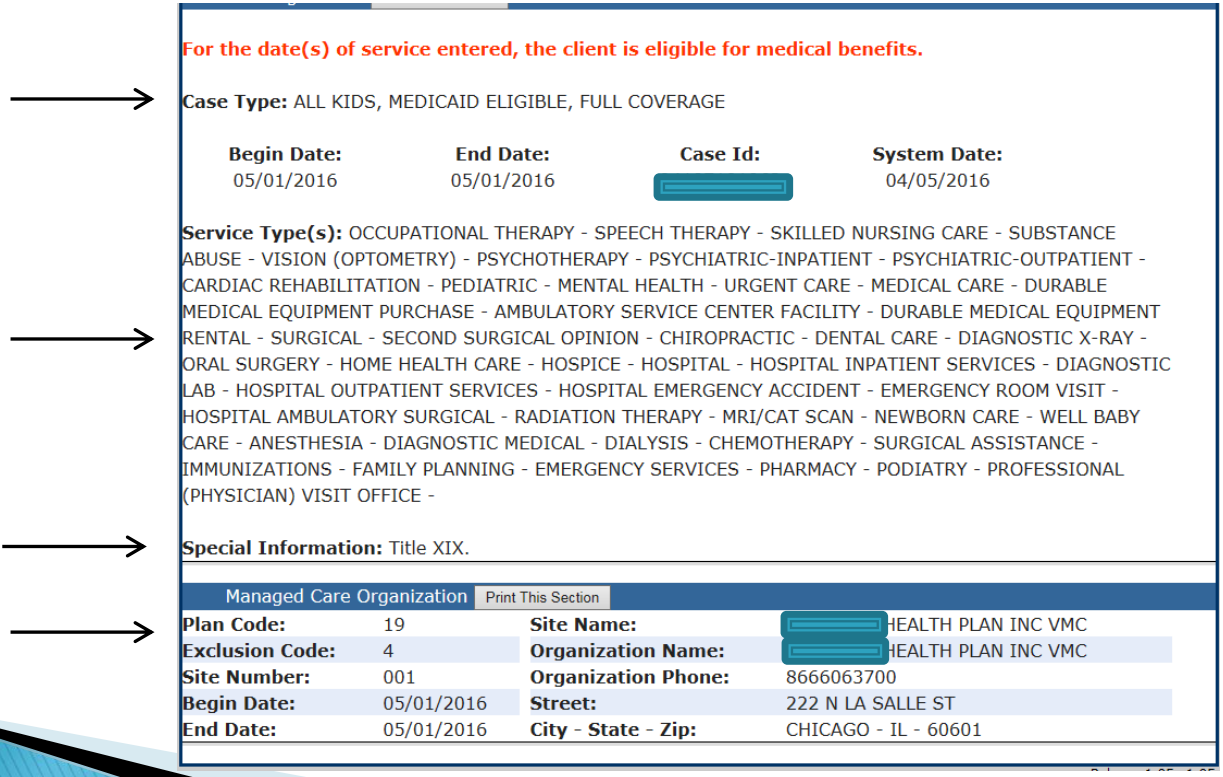
  - Provider Handbooks
  - Medicaid Reimbursements
  - Provider Notices

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
    - **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



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

Case Type: ALL KIDS, MEDICAID ELIGIBLE, FULL COVERAGE

Begin Date:	End Date:	Case Id:	System Date:
05/01/2016	05/01/2016	[redacted]	04/05/2016

Service Type(s): OCCUPATIONAL THERAPY - SPEECH THERAPY - SKILLED NURSING CARE - SUBSTANCE ABUSE - VISION (OPTOMETRY) - PSYCHOTHERAPY - PSYCHIATRIC-INPATIENT - PSYCHIATRIC-OUTPATIENT - CARDIAC REHABILITATION - PEDIATRIC - MENTAL HEALTH - URGENT CARE - MEDICAL CARE - DURABLE MEDICAL EQUIPMENT PURCHASE - AMBULATORY SERVICE CENTER FACILITY - DURABLE MEDICAL EQUIPMENT RENTAL - SURGICAL - SECOND SURGICAL OPINION - CHIROPRACTIC - DENTAL CARE - DIAGNOSTIC X-RAY - ORAL SURGERY - HOME HEALTH CARE - HOSPICE - HOSPITAL - HOSPITAL INPATIENT SERVICES - DIAGNOSTIC LAB - HOSPITAL OUTPATIENT SERVICES - HOSPITAL EMERGENCY ACCIDENT - EMERGENCY ROOM VISIT - HOSPITAL AMBULATORY SURGICAL - RADIATION THERAPY - MRI/CAT SCAN - NEWBORN CARE - WELL BABY CARE - ANESTHESIA - DIAGNOSTIC MEDICAL - DIALYSIS - CHEMOTHERAPY - SURGICAL ASSISTANCE - IMMUNIZATIONS - FAMILY PLANNING - EMERGENCY SERVICES - PHARMACY - PODIATRY - PROFESSIONAL (PHYSICIAN) VISIT OFFICE -

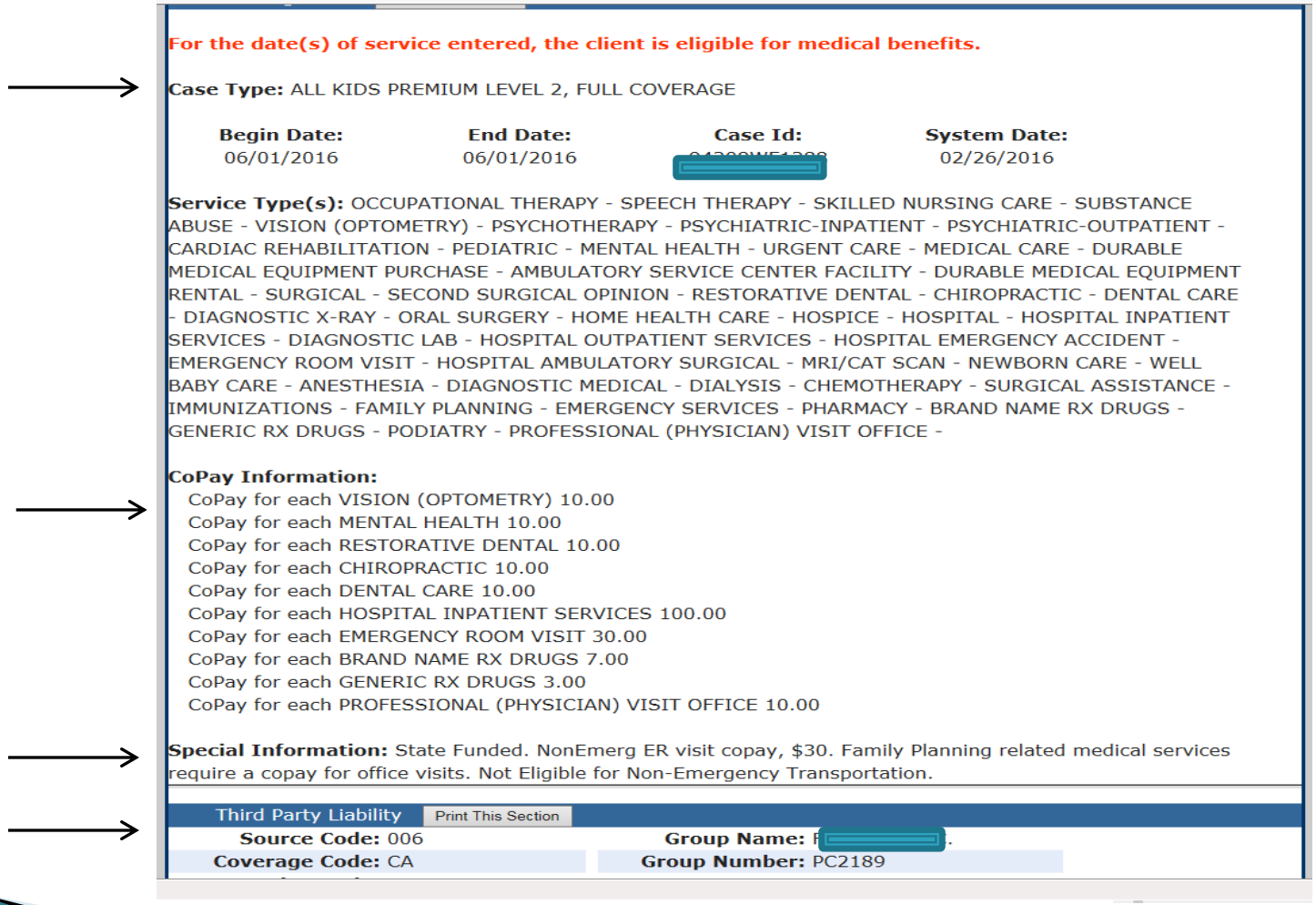
Special Information: Title XIX.

Managed Care Organization | Print This Section

Plan Code:	19	**Site Name:**	[redacted]HEALTH PLAN INC VMC
Exclusion Code:	4	**Organization Name:**	[redacted]HEALTH PLAN INC VMC
Site Number:	001	**Organization Phone:**	8666063700
Begin Date:	05/01/2016	**Street:**	222 N LA SALLE ST
End Date:	05/01/2016	**City - State - Zip:**	CHICAGO - IL - 60601

State-Funded Eligibility

- 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:	End Date:	Case Id:	System Date:
06/01/2016	06/01/2016	[redacted]	02/26/2016

Service Type(s): OCCUPATIONAL THERAPY - SPEECH THERAPY - SKILLED NURSING CARE - SUBSTANCE ABUSE - VISION (OPTOMETRY) - PSYCHOTHERAPY - PSYCHIATRIC-INPATIENT - PSYCHIATRIC-OUTPATIENT - CARDIAC REHABILITATION - PEDIATRIC - MENTAL HEALTH - URGENT CARE - MEDICAL CARE - DURABLE MEDICAL EQUIPMENT PURCHASE - AMBULATORY SERVICE CENTER FACILITY - DURABLE MEDICAL EQUIPMENT RENTAL - SURGICAL - SECOND SURGICAL OPINION - RESTORATIVE DENTAL - CHIROPRACTIC - DENTAL CARE - DIAGNOSTIC X-RAY - ORAL SURGERY - HOME HEALTH CARE - HOSPICE - HOSPITAL - HOSPITAL INPATIENT SERVICES - DIAGNOSTIC LAB - HOSPITAL OUTPATIENT SERVICES - HOSPITAL EMERGENCY ACCIDENT - EMERGENCY ROOM VISIT - HOSPITAL AMBULATORY SURGICAL - MRI/CAT SCAN - NEWBORN CARE - WELL BABY CARE - ANESTHESIA - DIAGNOSTIC MEDICAL - DIALYSIS - CHEMOTHERAPY - SURGICAL ASSISTANCE - IMMUNIZATIONS - FAMILY PLANNING - EMERGENCY SERVICES - PHARMACY - BRAND NAME RX DRUGS - GENERIC RX DRUGS - PODIATRY - PROFESSIONAL (PHYSICIAN) VISIT OFFICE -

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

Special Information: State Funded. NonEmerg ER visit copay, $30. Family Planning related medical services require a copay for office visits. Not Eligible for Non-Emergency Transportation.

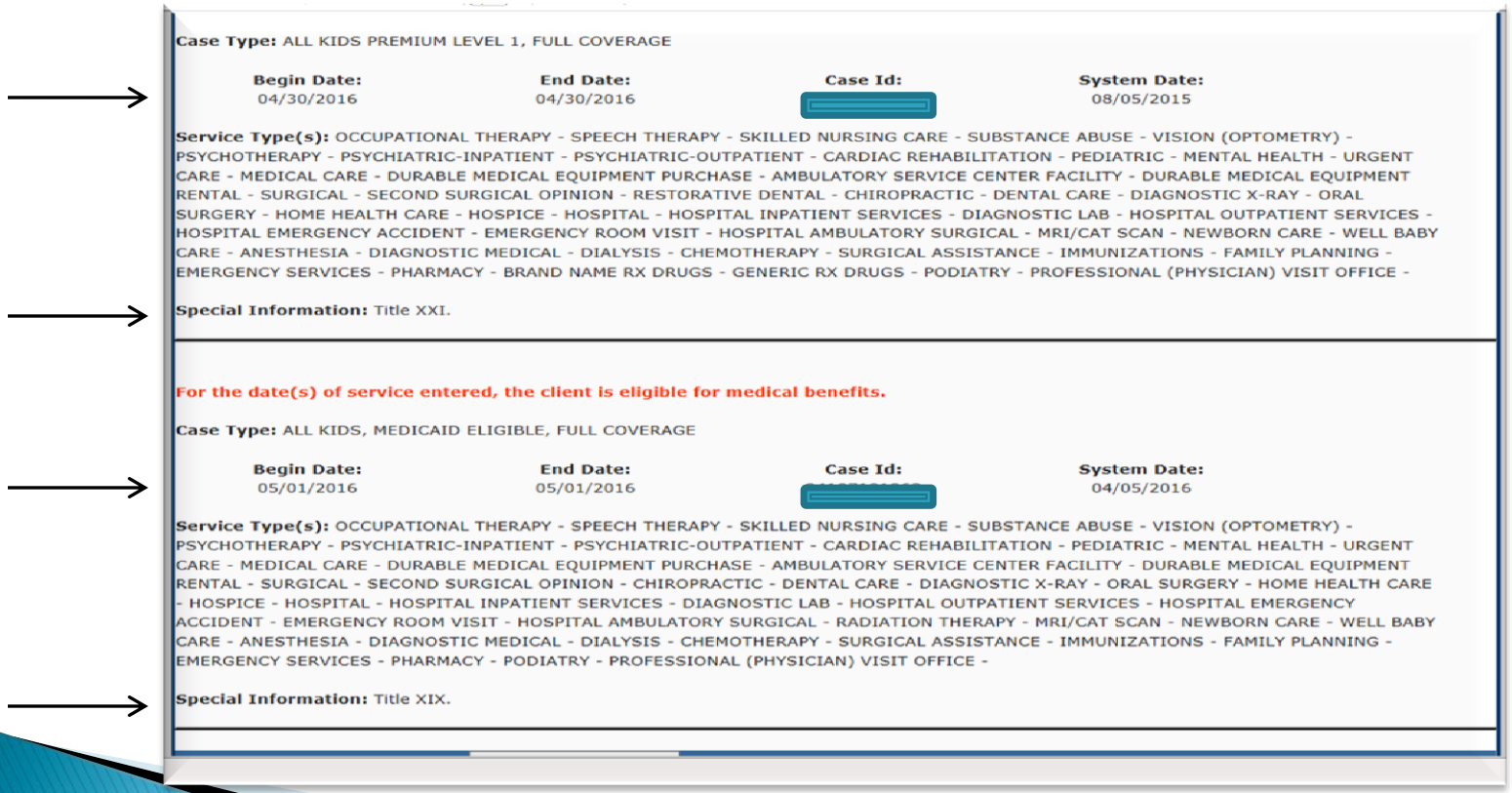
Third Party Liability | Print This Section

Source Code: 006 **Group Name:** [redacted]

Coverage Code: CA **Group Number:** PC2189

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



Case Type: ALL KIDS PREMIUM LEVEL 1, FULL COVERAGE

Begin Date:	End Date:	Case Id:	System Date:
04/30/2016	04/30/2016	[redacted]	08/05/2015

Service Type(s): OCCUPATIONAL THERAPY - SPEECH THERAPY - SKILLED NURSING CARE - SUBSTANCE ABUSE - VISION (OPTOMETRY) - PSYCHOTHERAPY - PSYCHIATRIC-INPATIENT - PSYCHIATRIC-OUTPATIENT - CARDIAC REHABILITATION - PEDIATRIC - MENTAL HEALTH - URGENT CARE - MEDICAL CARE - DURABLE MEDICAL EQUIPMENT PURCHASE - AMBULATORY SERVICE CENTER FACILITY - DURABLE MEDICAL EQUIPMENT RENTAL - SURGICAL - SECOND SURGICAL OPINION - RESTORATIVE DENTAL - CHIROPRACTIC - DENTAL CARE - DIAGNOSTIC X-RAY - ORAL SURGERY - HOME HEALTH CARE - HOSPICE - HOSPITAL - HOSPITAL INPATIENT SERVICES - DIAGNOSTIC LAB - HOSPITAL OUTPATIENT SERVICES - HOSPITAL EMERGENCY ACCIDENT - EMERGENCY ROOM VISIT - HOSPITAL AMBULATORY SURGICAL - MRI/CAT SCAN - NEWBORN CARE - WELL BABY CARE - ANESTHESIA - DIAGNOSTIC MEDICAL - DIALYSIS - CHEMOTHERAPY - SURGICAL ASSISTANCE - IMMUNIZATIONS - FAMILY PLANNING - EMERGENCY SERVICES - PHARMACY - BRAND NAME RX DRUGS - GENERIC RX DRUGS - PODIATRY - PROFESSIONAL (PHYSICIAN) VISIT OFFICE -

Special Information: Title XXI.

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

Case Type: ALL KIDS, MEDICAID ELIGIBLE, FULL COVERAGE

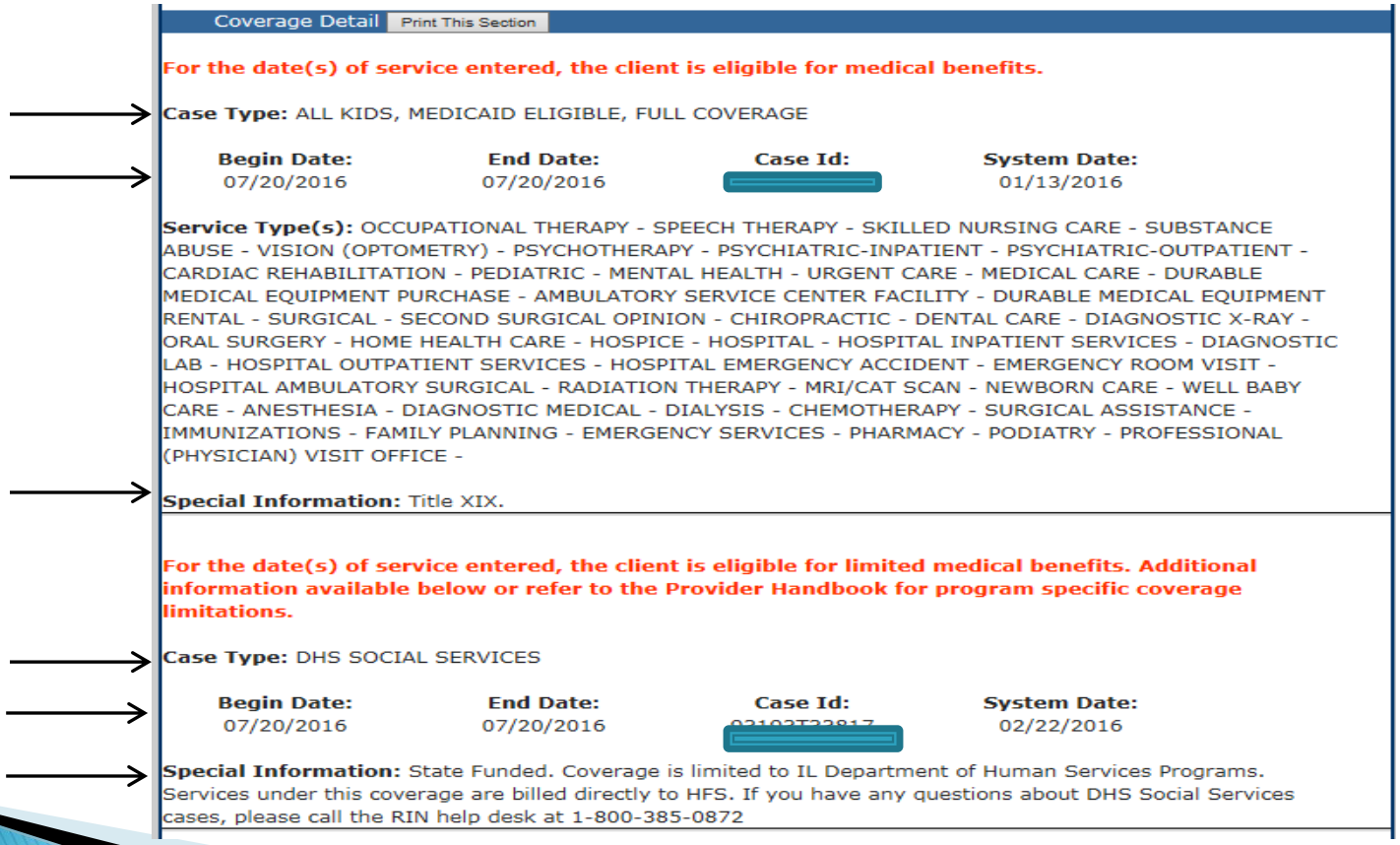
Begin Date:	End Date:	Case Id:	System Date:
05/01/2016	05/01/2016	[redacted]	04/05/2016

Service Type(s): OCCUPATIONAL THERAPY - SPEECH THERAPY - SKILLED NURSING CARE - SUBSTANCE ABUSE - VISION (OPTOMETRY) - PSYCHOTHERAPY - PSYCHIATRIC-INPATIENT - PSYCHIATRIC-OUTPATIENT - CARDIAC REHABILITATION - PEDIATRIC - MENTAL HEALTH - URGENT CARE - MEDICAL CARE - DURABLE MEDICAL EQUIPMENT PURCHASE - AMBULATORY SERVICE CENTER FACILITY - DURABLE MEDICAL EQUIPMENT RENTAL - SURGICAL - SECOND SURGICAL OPINION - CHIROPRACTIC - DENTAL CARE - DIAGNOSTIC X-RAY - ORAL SURGERY - HOME HEALTH CARE - HOSPICE - HOSPITAL - HOSPITAL INPATIENT SERVICES - DIAGNOSTIC LAB - HOSPITAL OUTPATIENT SERVICES - HOSPITAL EMERGENCY ACCIDENT - EMERGENCY ROOM VISIT - HOSPITAL AMBULATORY SURGICAL - RADIATION THERAPY - MRI/CAT SCAN - NEWBORN CARE - WELL BABY CARE - ANESTHESIA - DIAGNOSTIC MEDICAL - DIALYSIS - CHEMOTHERAPY - SURGICAL ASSISTANCE - IMMUNIZATIONS - FAMILY PLANNING - EMERGENCY SERVICES - PHARMACY - PODIATRY - PROFESSIONAL (PHYSICIAN) VISIT OFFICE -

Special Information: Title XIX.

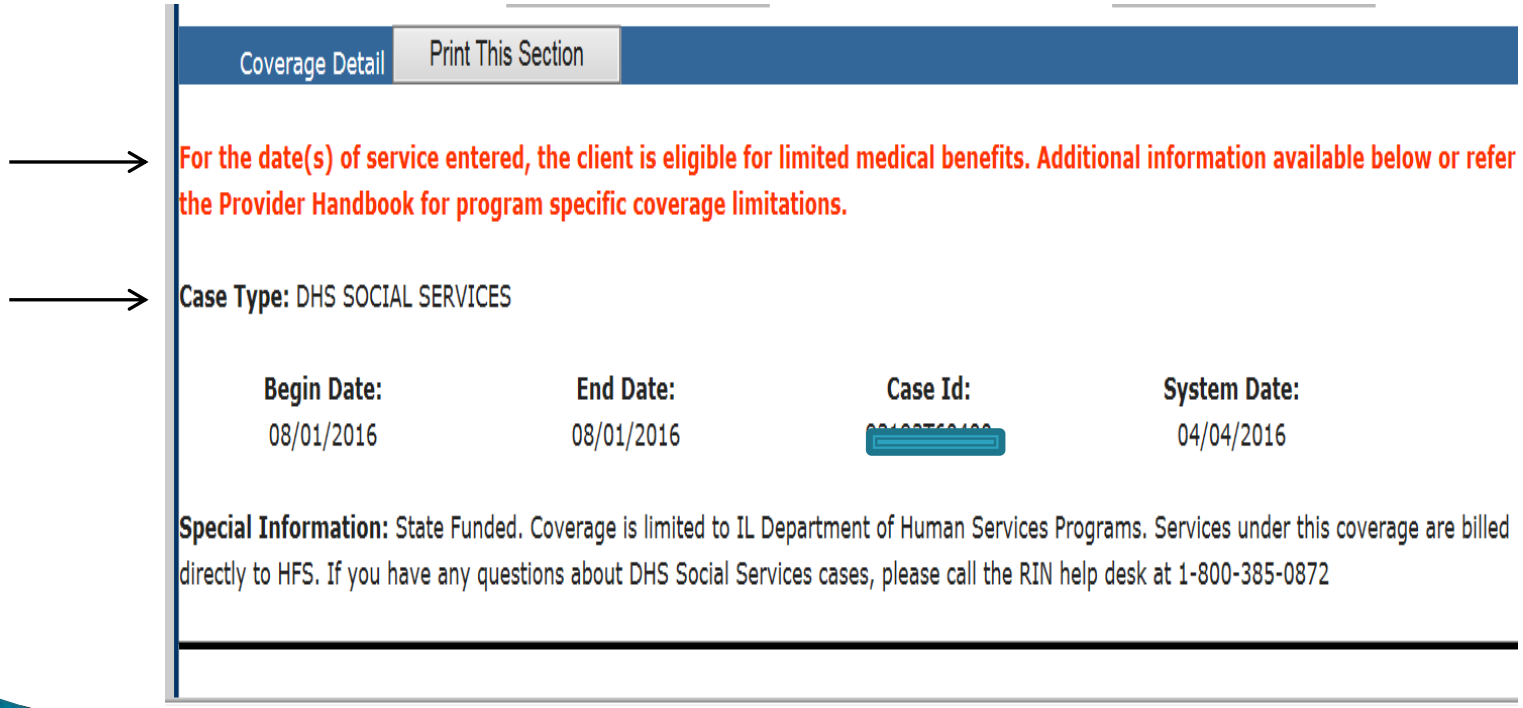
Two Case Types On Same Date of Service

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



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



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)*

Procedure Code	Unit Price	State Max
90647	6.40	(TBD)
90648	6.40	(TBD)
90649	6.40	146.26

- 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) -