

Immunize NY!

Bureau of Immunization

Welcome to *Immunize* NY! Vaccines for Children Edition

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Frequently Used Abbreviations:

- ✓ **AAP:** American Academy of Pediatrics
- ✓ **ACIP:** Advisory Committee on Immunization Practices
- ✓ **CDC:** Centers for Disease Control and Prevention
- ✓ **CHPlus:** Child Health Plus
- ✓ **IAC:** Immunization Action Coalition
- ✓ **NYS:** New York State
- ✓ **NYSDOH:** New York State Department of Health
- ✓ **NYSIIS:** New York State Immunization Information System
- ✓ **VFC:** Vaccines for Children
- ✓ **VIS:** Vaccine Information Statement

Welcome to the First Newsletter for Our Vaccines for Children Providers

We are very excited to publish our first Vaccine Program edition of *Immunize NY!* for our VFC providers. The success of the VFC Program is due in large part to the participation of private providers. It is our intention to use this newsletter to promote collaboration between VFC providers and the NYSDOH Bureau of Immunization.

The VFC Program was created to increase access to immunizations outside of public health department clinics. This enables eligible children to remain in their medical homes for immunizations. The VFC Program provides publically funded vaccines at no cost to providers.

If you are not a VFC provider, but would like more information, visit our web site at: http://www.health.ny.gov/prevention/immunization/vaccines_for_children.htm, or call the VFC Hotline 1-800- KIDSHOT (1-800-543-7468).

We welcome feedback! If you have comments about the newsletter, or ideas for future issues, contact us at: nyvfc@health.state.ny.us.

Vaccine Program Updates

Vaccine Ordering Process

The preferred option to order vaccine is by phone. Call the **VFC Hotline 1- 800-KIDSHOT (1-800-543-7468)**.

When you phone in orders, our call center staff will:

- provide you with updated information on vaccines that are new, suspended or in limited supply.
- answer your questions on vaccine shipments and account status.

Reminder: Place vaccine orders every 30 days.

Before calling to place your monthly vaccine order:

- Prepare and submit required VFC monthly reports (reports must be up-to-date before orders can be processed)
 - ◇ Monthly Doses Administered Report.*
 - ◇ Monthly Inventory Report – this requires a physical inspection of ALL vaccine in your stock.
 - ◇ Expired/Loss Report- this is required monthly even if no vaccine has been expired or lost. This report also includes the documentation of minimum and maximum temperatures for freezer and refrigerator units where public vaccine is stored.
- Prepare your vaccine order
 - ◇ Verify which brands of vaccines are used at your practice and order ONLY those.
 - ◇ Order enough vaccine for the next 30 days plus a safety supply for 2-3 weeks.
- Ordering by phone
 - ◇ We are in the process of transitioning to a new system called the Vaccine Ordering Management System (VOMS). During this transition, our call center staff will update your shipping contact information, as well as confirm your address and shipping hours. In the future, VOMS will give providers the capability to place orders electronically.

Here is the number to order vaccine and request reporting forms:

VFC Hotline: 1-800-KIDSHOT (1-800-543-7468) / FAX: 518-474-4222

***Attention VFC Providers**

Providers are required by Public Health Law 2168 to report all immunizations administered to persons less than 19 years of age to NYSIIS. For more information contact the NYSIIS program at 518-473-2839.

If doses administered are accurately recorded in NYSIIS, providers are NOT required to submit the Doses Administered Report.

Note: The VFC eligibility status for each child must be indicated upon reporting to NYSIIS to ensure that vaccine provided by the VFC program is accounted for. If you do not know how to record VFC

2010 2011 Flu Season

Between September and December 2010, the VFC program distributed approximately 675,100 doses of flu vaccine to NYS pediatric providers. These vaccines were administered to VFC and CHPlus eligible children. Each year there are questions as to the perceived inequity of flu vaccine distribution and supply between private and public stocks. Therefore, it is important to understand the CDC distribution process for flu vaccine purchased for VFC and CHPlus eligible children.

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2010 2011 Flu Season

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Public Sector Flu Vaccine Distribution Process

Approximately 10% of all flu vaccine doses that are manufactured are purchased using CDC vaccine contracts. These doses are distributed as part of the same centralized vaccine distribution program that is used to distribute all other childhood vaccine doses purchased on the CDC contracts. However, there are three unique aspects to flu vaccine distribution:

1. These orders are filled and shipped out on a shorter timeline than other routine vaccines in response to the limited window for flu vaccine administration.
2. Flu vaccine shipments to the CDC distribution depots come in multiple shipments over time, rather than arriving all at once. This is standard practice for most flu vaccine manufacturers in order to get vaccine to as many providers as possible early in the season.
3. As CDC receives vaccine from the manufacturers, it is allocated equitably among the states. The NYS VFC program then ships the vaccine to providers as quickly as possible.

It is important to remember that the NYSDOH Bureau of Immunization Vaccine Program attempts to do everything possible to accommodate all scheduled clinics. However, one thing we have no control over is the vaccine supply.

NYS VFC Ordering Process

In mid-August NYS VFC accepts pre-booking for flu VFC and SCHIP vaccine orders for the upcoming flu season. A new order form is compiled yearly that specifies the vaccines available to order, the recommended ages, the manufacturers and the packaging size. Providers must complete a new order sheet each flu season in order to receive vaccine. In 2010-11 one order sheet was to be used by the provider to indicate how many doses of each vaccine type a practice required over a four month timeframe. This is the first time we had required estimates broken down by month. This method enabled us to supply flu vaccine to more providers earlier in the season compared to previous years. We will be evaluating this process to determine how to best serve our providers in the future.

Change in Current Procedural Terminology (CPT) Codes

This is a clarification, as of April 13th, to the original information that was in the March 2011 newsletter.

Our March VFC Newsletter explained a change in CPT codes effective January 2011. This change applies only to non-Medicaid enrolled VFC-entitled children (i.e., uninsured, underinsured, and American Indian or Alaska Native children not enrolled in Medicaid).

The correct billing procedures are as follows:

Medicaid: When the provider bills Medicaid for the administration of vaccines administered to NYS VFC-eligible children, the provider should bill using the old procedure code that represents the immunization administered and append with the modifier-SL (which stands for State Supplied Vaccine) to receive the VFC administration fee. (Ex: the CPT or procedure code for Hepatitis A vaccine is 90633. In order to receive payment from Medicaid for the administration of this vaccine, the provider should put 90633-SL on the Medicaid claim.) Vaccine is publically funded (i.e., no cost to the provider) through the VFC program, therefore, Medicaid will only reimburse for the administration fee, not the cost of the vaccine.

Providers should **not** use the CPT codes for vaccine administration when billing Medicaid.

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Change in Current Procedural Terminology (CPT) Codes

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Non-Medicaid: Effective January 1, 2011, pediatric immunization administration codes 90465, 90466, 90467 and 90468 will be deleted from the CPT nomenclature and replaced with two new CPT codes, 90460 and 90461. The new codes are reported based on the number of vaccine components rather than the number of injections/administrations and may be used for all patients 18 years of age and younger and for all routes of vaccine administration.

In the VFC program, the regional vaccine administration fee cap rates were established on a per-vaccine basis, not a per-antigen or per-component basis. Under current interpretation of CMS policy, the administration fee for the VFC program will continue to be based on a per-vaccine basis and not on a per-antigen or per-component basis. Providers are encouraged to use the new code 90460 for the administration of a vaccine under the VFC program. If code 90461 is used for a vaccine with multiple antigens or components, it should be given a \$0 value for a child covered under the VFC program.

Children's Health Insurance Plan (CHIP): Billing procedures for Child Health Plus (CHP) carriers varies. Providers should check with the individual CHP insurance carrier to find out how to bill for the administration of vaccines.

If you have additional questions, please contact the Bureau of Immunization, Vaccines for Children Program at: 1-800-543-7468.

A list of CPT codes can be found online at:

www2a.cdc.gov/nip/IIS/IISStandards/vaccines.asp?rpt=cpt

Storage & Handling Practices

Provider Profile Update

Each year, all VFC Providers are required by federal and state policy to complete the annual *Provider Registration and Profile Form* (DOH-3836) and a *Vaccine Storage and Handling Plan*. The *Provider Registration and Profile Form* specifies the requirements each practice and associated health care provider must agree to in order to participate in the VFC program. By signing the *Provider Registration and Profile Form*, the provider agrees to comply with all program requirements.

The *Vaccine Storage and Handling Plan* is also updated by all providers annually. Vaccines should be properly stored and administered to ensure maximum efficacy and safety. Specific recommendations for proper handling and storage should be posted on, or near, each refrigerator and freezer used for vaccine storage. Updating the *Vaccine and Storage Handling Plan* provides an opportunity for everyone in the practice to review storage and handling requirements.

Test Yourself

This vaccine must be used within 30 minutes of reconstitution.

What is "DTaP"?

What is "Varicella"?

What is "PPV"?

What is "MMR"?

(The answer is on the last page.)

Provider Profile Update

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This year, providers were asked to submit a copy of the temperature log for the 30 day period immediately preceding the submission of the renewal application. VFC providers agree to take the temperature in all refrigerator and freezer units twice a day. Temperatures must be taken once in the morning and again at the end of the day. Providers are required to use logs created by the IAC. The IAC logs provide a visual representation of the recommended temperature range, making it very easy for staff to detect out of range temperatures. As a result, IAC logs enable new staff to quickly learn how to properly monitor temperatures.

These logs can be found at the IAC website:

www.immunize.org/catg.d/p3039.pdf (for Fahrenheit)

www.immunize.org/news.d/celsius.pdf (for Celsius)

Site Visits

In order to be in compliance with federal VFC policies and state requirements, the NYSDOH Bureau of Immunization will conduct periodic reviews and assessments of provider sites and patient records. The site review will include:

- an inspection of the vaccine storage and handling practices,
- a review of temperature logs and the storage units,
- a record review,
- and a review of clinic policies and practices.

Re-immunization

Proper storage and handling procedures are essential for maintaining efficacious vaccine. Vaccinating patients with non-efficacious vaccine can result in expense, potential liability, and embarrassment. During a VFC site visit, a NYSDOH regional representative may identify vaccine that is being stored at temperatures that are out of the recommended range. If this should occur, the provider will be required to set aside the suspect vaccine until manufacturers have been contacted, the information is reviewed by the NYSDOH Bureau Director, or Medical Director, and a determination of efficacy is made. If children have been immunized with nonviable vaccine, the provider may be required to revaccinate the patients. The decision to revaccinate is time consuming and potentially costly for providers. Patient confidence in vaccines and in vaccine providers is diminished when repeat vaccinations are required. Remaining vigilant in regards to proper storage and handling is the best way to maintain vaccine safety and avoid the possibility of patient re-immunization.

In 2010, 105 providers were considered for possible revaccination. Out of those, 35 providers were required to revaccinate patients. To illustrate how costly re-immunization can be in terms of provider staff time in determining affected patients and potential monetary costs, consider the following example:

During a routine VFC site visit, a provider was identified as having out of recommended range temperatures in both the freezer and refrigerator over a four month span. In this instance, the person in charge of recording temperatures was repeatedly writing refrigerator temperatures at, or below, freezing, as well as refrigerator temperatures up to 7° above the recommended range. Freezer temperatures were above the recommended range 30 times in the four month period.

After review of the temperature logs and information provided by the vaccine manufacturers, it was determined that 79 patients had received non-efficacious vaccine. Many of these patients had received more than one vaccine. The total number of non-efficacious vaccines given was 185 over just a four month period. The approximate cost of replacement vaccine was \$7274. This is at the CDC contract cost. Replacement cost at the private sector cost would be much higher.

In this instance, the physician was quick to respond and realize that he needs to take a more active role in monitoring storage and handling practices.

Frequently Asked Questions

In this column we will answer several frequently asked questions that come from our providers. The questions below address refrigeration storage practices. These are important issues because incorrect storage of vaccines can lead to costly mistakes. Refrigeration problems are a major cause of millions of dollars in wasted vaccine annually in the United States.

Question: Can we use a dorm style refrigerator to store VFC vaccine?

Answer: The use of a dormitory (dorm) style refrigerator is never acceptable for storage of any VFC vaccines. A dorm style refrigerator is a small combination refrigerator/freezer unit that has one external door. It can be extremely difficult to maintain the temperatures in this style unit. Dorm-style refrigerators place vaccine at a high risk of freezing.

Question: Why is it important to take and record the temperature in the refrigerator and freezer twice daily?

Answer: All vaccines are sensitive biological products that lose potency over time. However, loss of potency can be accelerated when vaccines are exposed to extremes in temperature. Excessive heat or cold exposure damages vaccine, resulting in loss of potency. Excessive cold exposure is as bad, if not worse than, excessive heat exposure for most vaccines. Once potency is lost, it can never be restored. By taking and recording the temperature in the freezer and refrigerator at the beginning and end of the clinic day, providers are working to assure the integrity of the vaccine that is being administered.

Having reliable temperature logs can prove helpful if vaccine efficacy is in question. If there is a question about vaccine efficacy, a provider may be asked to contact the manufacturer's quality control division. Determination of efficacy depends on the vaccine and the length of time it is out of recommended range. Accurate information on storage and handling of vaccine is beneficial in making a determination of efficacy. Do not assume that vaccine inappropriately exposed to excessive temperatures cannot be salvaged. This determination can only be made by the vaccine manufacturers.

Rotavirus Vaccine VIS

A new VIS for Rotavirus vaccine was issued on 12/6/2010. You can access this at <http://www.immunize.org/vis>.

Reminder: Providers are responsible for ensuring that the most recent VIS for every vaccine is given at the time the vaccine is given, and that use of the VIS is documented in the patient's chart.

Receive automatic e-mail notification from the CDC when new, or updated, VISs are available! Subscribe to the CDC's free e-mail subscription service.

Go to: <http://www.cdc.gov/vaccines/pubs/vis/default.htm> and click on "Get e-mail updates."

Reminder

VFC providers are required to offer all ACIP recommended vaccines. Updated ACIP recommendations were published in February 2011.

For a list of ACIP recommended vaccines for 2011, go to:
<http://www.cdc.gov/vaccines/recs/schedules/default.htm>

Are You Guilty?

Vaccines should be properly stored and administered to ensure maximum efficacy and safety. On occasion, problems with storage and handling are detected during a VFC site visit. These problems include:

- thermometers are missing from 1 or more refrigerator/freezer units,
- refrigerator or freezer temperatures are out of range,
- expired vaccines are found in cold storage, but not labeled.

The IAC reference guide called “Don’t Be Guilty of These Errors in Vaccine Storage and Handling” is an important professional resource to print and display near your vaccine administration area.

Visit the IAC website to download the guide:
<http://www.immunize.org/catg.d/p3036.pdf>

Test Yourself Answer

The correct answer is #2: Varicella.

Follow the link below for the IAC handout
“Vaccines with Diluents: How to Use Them.”
www.immunize.org/catg.d/p3040.pdf