




PACHC Memo 12-03


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Management

September 14, 2012

TO: Chief Executive Officers of Pennsylvania Community Health Centers  and Rural Health Clinics

FROM: Cheri Rinehart, President & CEO

SUBJECT: Changes to Vaccine Programs

SUMMARY: Because of policy changes to the federal Immunization Grant Program (Section 317), beginning October 1, 2012, Pennsylvania's local health departments will no longer be permitted to provide vaccinations to underinsured children and high-risk adults. They will be directing individuals impacted by this policy change to Community Health Centers  and Rural Health Clinics and/or may be seeking "deputization" from you for purposes of vaccine administration under the Vaccines for Children (VFC) program.

BACKGROUND:

The Section 317 program is a discretionary federal program to all states which provides vaccines to underinsured children and adolescents not served by the federal Vaccines for Children (VFC) entitlement program, as well as un- and underinsured adults as funding permits.

What is the Difference Between VFC and 317?

VFC is a federal entitlement program that provides all recommended childhood vaccines for federally vaccine-eligible children. Federal Section 317 funds are discretionary funding provided to each state to expand immunization services to other underserved populations. In Pennsylvania, 317 funds have been used to provide vaccines to children who are neither VFC-eligible nor fully insured, and to some uninsured adults.

Federally Vaccine-Eligible means a child who is eligible for the VFC program because they:

- (i) Are Medicaid eligible
- (ii) Are uninsured
- (iii) Are administered a qualified pediatric vaccine by a federally qualified health center (FQHC) or rural health clinic (RHC) and are not insured with respect to that vaccine.

State Vaccine-Eligible means an individual who is eligible to receive a qualified vaccine and is within a class of individuals for which Pennsylvania is purchasing the vaccine using Section 317 funding.

Uninsured means for purposes of the program, not having public or private insurance that covers vaccination. Having insurance that includes a high deductible or co-pay, or if a claim submitted on behalf of an individual for the cost of the vaccine and its administration would be denied for payment by the insurance carrier because the plan's deductible had not been met, do not qualify an individual as "uninsured."

2012 POLICY CHANGE AND IMPLICATIONS:

Because of a change in Centers for Disease Control & Prevention (CDC) policy, effective October 1, 2012, Section 317 vaccine may no longer be used for routine vaccination of children, adolescents, and adults **who have public or private insurance that covers vaccination**. This restriction applies to anyone with insurance that covers the cost of vaccine, even if the insurance includes a high deductible or co-pay, or if a claim for the cost of the vaccine and its administration would be denied for payment by the insurance carrier because the plan's deductible had not been met.

This means that local health departments in Pennsylvania will, effective October 1, 2012, only provide vaccination to federally vaccine-eligible children and the only state vaccine-eligible (Section 317 eligible) individuals will be uninsured children. Specifically, the following individuals will not qualify to receive vaccines at local health departments:

- Individuals with insurance that covers the cost of vaccine
- Individuals with insurance that includes a high deductible or co-pay
- Individuals whose claim will be denied by an insurance plan due to an unmet deductible

This change becomes even more important in light of the new Pennsylvania law that requires students who have not received the required immunizations to be prohibited from attending school. More information on the [immunization schedule and requirements](#) are available online.

The only entities eligible to provide vaccinations under the VFC program to underinsured children are FQHCs and RHCs so local health departments will be referring these children to health centers until and unless the health department has been deputized by an FQHC/RHC through a signed Memorandum of Understanding (MOU).

Guidance has been approved by the Department of Health & Human Services (DHHS), and the Centers for Disease Control & Prevention (CDC), with input from the Health Resources & Services Administration (HRSA) and the Centers for Medicare & Medicaid Services (CMS) on the use of deputization to extend Vaccine for Children (VFC) authority to vaccinate underinsured VFC-eligible children from FQHCs/RHCs to other VFC providers. Extension of this VFC authority is intended to provide underinsured VFC-eligible children with access to VFC vaccines that would otherwise be unavailable due to limited capacity or absence of an FQHC or RHC in a service area. NACHC has issued supplemental guidance on deputization to ensure health centers make an informed decision about signing an MOU to deputize their local health department.

MEMBER ACTION:

- 1- Review the attached materials on changes to the Section 317 program:
[PA DOH 317 Letter Final](#)
[PA DOH 317 Q&A](#)
[PA DOH Section 317 Flyer](#)
- 2- Review the attached materials on VFC Deputization:
[CDC Final VFC Deputization Guide](#)
[NACHC VFC Deputization Alert](#)
[FAQs About VFC Deputization Guidance](#)
[VFC Deputization MOU](#)
- 3- Make an informed decision about deputization of your local health center through a signed Memorandum of Understanding (MOU). Based on the latest information we received from NACHC, the CDC is not approving modified MOUs—that is, the CDC VFC Deputization MOU must be used as drafted should you choose to deputize your local health department. The NACHC Alert outlines potential risks to be considered in making the decision whether to engage in a deputization MOU.
- 4- Consider how you will respond to requests for vaccination from individuals who are not established patients.
- 5- Please make PACHC aware of any issues that arise or questions you have and share your decision on signing a deputization MOU with your local health department with us.

PACHC ACTION:

- 1- PACHC met with the Department of Health (DOH) on this issue on July 31 and shared with DOH the concerns raised by NACHC that were not addressed in the model deputization Memorandum of Understanding (MOU) issued by the CDC. Since there is some uncertainty regarding whether the CDC will approve MOUs modified by individual states, the PA Department of Health is evaluating amendments to the MOU based on feedback from PACHC and will seek to have them approved by the CDC.
- 2- The state also indicated a statewide press release will be issued, flyers will be posted in local health departments and mailed to Medical Assistance recipients to alert them of the changes, a screening form will be developed and local health departments that have not been deputized by an RHC or FQHC will refer patients to their medical home or to a health center for the vaccinations.
- 3- We have requested a follow up meeting to get an update on progress and issues.

FOR MORE INFORMATION: Questions may be addressed to Cheryl Bumgardner, PACHC Clinical Coordinator, at Cheryl@pachc.com or (717) 761-6443, ext. 208.