

IIS Collaboration with VFC and Grantee Immunization Programs

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The federal government developed the Vaccines for Children (VFC) program in 1994 to ensure all children receive vaccinations recommended by the Advisory Committee on Immunization Practices (ACIP) and to eliminate barriers to vaccinating children. The VFC program provides vaccines free of charge to children 18 years of age or younger who are Medicaid eligible, uninsured, underinsured, and/or American Indian or Alaska Native (AI/AN).

The Centers for Disease Control and Prevention (CDC) purchases vaccine using VFC program funds. CDC then distributes these VFC vaccines through CDC grantee immunization programs at states, cities, and territories to VFC-enrolled health care providers. VFC provider organizations are typically private physician offices, federally qualified health centers (FQHCs), community health centers, rural health centers (RHCs) and public health clinics. These organizations use the vaccine to immunize children who meet the eligibility requirements for the VFC program. In addition, grantees may supplement VFC vaccine purchases with vaccines purchased using state or local funds to expand vaccine eligibility.

VFC provider organizations are required to screen patients for VFC eligibility and to report certain eligibility-related information. If a CDC grantee supplements VFC vaccines with grantee-funded vaccines, the grantee requires provider organizations to screen patients for eligibility for the grantee immunization program.

Immunization information systems (IIS) are well positioned to support the VFC and grantee programs requirements for screening of patients for eligibility, validate recorded information, provide aggregated reports, perform other VFC-related activities, and assist with inventory management. However, grantees that use an IIS to support VFC and grantee immunization programs differ in how they resolve and track patient eligibility status and how they collect and report the data.

In light of the role an IIS plays in VFC and grantee immunization programs, the Modeling of Immunization Registry Operations Workgroup of the American Immunization Registry Association (MIROW of AIRA) determined a need to develop consensus-based best practice recommendations for IIS to support operations of the VFC program, grantee immunization programs, and provider organizations, with a focus on resolving and tracking VFC and grantee eligibility status for patients.

This mini-guide summarizes the best practice guidelines developed by MIROW and describes actions that IIS, grantee immunization programs, and provider organizations can take to ensure a consistent, repeatable approach for resolving and tracking eligibility status.

Benefits of the Recommendations

- Define standard practices for capturing VFC and grantee immunization program eligibility status for a patient
- Ensure consistent, standardized eligibility status data across all grantee immunization programs and provider organizations
- Reduce the reporting burden on provider organizations
- Improve data quality for the VFC and grantee immunization programs



The Major Components of the Eligibility Screening and Reporting Process

The following two components make up the eligibility screening and reporting process:

1. A provider screens a patient for VFC and grantee immunization program eligibilities and private coverage, selecting between available choices or their valid combinations. The provider records the eligibility information in an IIS or reports this eligibility information to the IIS via a third party application, such as an electronic medical record or electronic health record (EMR/EHR) system.
2. The IIS aggregates patient eligibility information and supports generation of the Provider Organization Profile Report and other reports.

STEPS OF THE ELIGIBILITY SCREENING PROCESS

- STEP 1 Provider screens patient for VFC and grantee vaccine program eligibilities
- STEP 2 Provider determines vaccination event eligibility status
- STEP 3 Provider administers vaccine
- STEP 4 Provider records vaccination event information
- STEP 5 Provider validates vaccine event information
- STEP 6 IIS validates eligibility data
- STEP 7 As needed, provider organization obtains reports
- STEP 8 As needed, the vaccine program obtains reports

Highlighted Business Rules

A panel of experts developed numerous business rules to help resolve and track patient eligibility status. The following four business rules represent highlights of this work.

BR607: HIERARCHY OF CHOICES FOR PATIENT ELIGIBILITY AND COVERAGE

BR607 describes the hierarchy of choices for patient VFC eligibility, grantee immunization program eligibility and private insurance coverage. In general, the choices for a patient less than 19 years of age old should be:

- Private insurance coverage
- VFC eligibility
- Grantee immunization program eligibility

In general, if the patient has private insurance coverage it should be selected over VFC program eligibility and grantee program eligibility. If the patient has VFC program eligibility, it should be selected over grantee program eligibility. The best financial interest of a patient should be taken into consideration when making these selections.

BR613: HOW OFTEN TO REPORT PATIENT ELIGIBILITY

BR613 specifies that a provider organization should report patient eligibility to the IIS for every vaccination event—that is, for each dose of vaccine administered. This business rule helps provide the most complete and detailed eligibility information because it addresses situations where during a single visit on the same date, the patient may be eligible for one VFC or grantee program vaccine, but not another.

BR614: WHAT INFORMATION TO REPORT (MINIMUM SET – GOOD PRACTICE)

BR614 describes the minimum set of patient eligibility data that a provider organization should report to the IIS. This set would include just one of the following data elements:

- Medicaid
- American Indian or Alaska Native (AI/AN)
- Uninsured
- Underinsured (FQHC/RHC/Provider organizations with delegated authority only)
- Grantee eligible (granularity level specific to grantee)
- Private coverage (private insurance or out-of-pocket pay) equals VFC ineligible

BR615: WHAT INFORMATION TO REPORT (EXPANDED SET – BEST PRACTICE)

BR615 describes a set of patient eligibility data that a provider organization should report to the IIS as a best practice, which includes applicable valid combinations of data elements shown in the BR614 above. For example, Medicaid and American Indian or Alaska Native is a valid combination, and should be interpreted as VFC eligible.

In contrast, Medicaid and Uninsured are not valid combinations, and neither are Medicaid and Underinsured. These combinations should not be reported.

Business Rules (BR) for Patient Eligibility Screening

The following business rules are intended to support a process that grantee immunization programs can use when resolving and tracking patient eligibility status.

BR601	Age criteria
BR602	What information is needed for patient eligibility screening
BR603	How often to screen
BR604	Patient eligibility screening sequence
BR605	Underinsured vs. Medicaid and provider organization type
BR606	Uninsured vs. Medicaid
BR607	Hierarchy of choices for patient eligibility/coverage
BR608	Single eligibility/coverage status
BR609	How to deal with dual-coverage
BR610	Private insurance - dealing with unknown
BR611	What format to use
BR612	When to record
BR613	How often to report patient eligibility
BR614	What information to report (minimum set)
BR615	What information to report (expanded set)
BR616	How to count VFC eligible patients for a single vaccination encounter
BR617	How to count VFC eligible patients for a year



General Recommendations for IIS Functionality and Operations

The following are general recommendations for IIS functionality, as well as for operational aspects of the IIS collaboration with a grantee immunization program.

GR601	Record eligibility information in IIS
GR602	Validate data at the time of recording and periodically
GR603	Validate individual and aggregated data
GR604	Establish QA process for data from non-IIS systems
GR605	Use IIS reports to analyze provider practices
GR606	Generate aggregated reports from IIS
GR607	Inform underinsured patient that VFC vaccine is available at qualified provider
GR608	Vaccine borrowing
GR609	Access to reports

Eligibility Screening Scenarios

The full version of the best practices recommendations, which may be downloaded from <http://www.immregistries.org/pubs/mirow.html>, includes scenarios for eligibility screening, along with logic to apply to each scenario. The logic can be used to support a variety of eligibility screening processes. Following are representative scenarios.

SCENARIO 1

A patient is not American Indian or Alaska Native and does not have Medicaid. The patient has private insurance for a vaccine, but has already reached the vaccine cap allowed by the insurance. The patient is at a private provider that is not a qualifying provider organization—in other words, not a FQHC, a RHC or delegated authority provider organization. Therefore, the patient is not VFC eligible. The patient is in a state with a VFC only purchase policy, and is therefore also ineligible for a grantee immunization program.

SCENARIO 2

A patient has both Medicaid and private insurance coverage. The private insurance has reached its vaccine cap, but the patient is not at a FQHC, RHC, or delegated authority provider organization. Therefore, the patient's eligibility for VFC is due to Medicaid. In this case, the VFC program should pay for the vaccination and Medicaid should pay for the administration fee.

SCENARIO 3

In this scenario, a patient's private insurance does not cover a vaccine and the patient is not at a qualifying provider organization. Therefore the patient is not eligible for VFC for the vaccine. The patient is in a state that has a vaccine purchase policy in addition to VFC. The patient meets grantee immunization program eligibility criteria, so the grantee immunization program covers the vaccine.

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Implementation Considerations

The best practices recommendations document also includes implementation considerations. These include ensuring accuracy of data, development of a user interface that enables consistent data entry and supports interoperability with third party systems, and back-end database considerations for storing eligibility information.

A Solid Foundation for IIS to Collaborate with Grantee Immunization Programs

The best practices recommendations developed by MIROW provide a sound base from which IIS and grantee immunization programs can work together on eligibility-related activities that benefit all parties involved. Additionally, the recommendations can be used in developing IIS and EMR/EHR requirements specifications.

The recommendations ensure capture of consistent, standardized eligibility status data across all grantee and provider organizations to simplify and streamline data management and reporting. They also significantly reduce the reporting burden for provider organizations. Finally, the recommendations help improve the accuracy and completeness of the data upon which VFC and grantee immunization programs rely.

Learn More About the IIS Collaboration with VFC and Grantee Immunization Program Recommendations

This mini-guide provides practical explanations and information related to the collaboration between IIS and grantee immunization programs around patient eligibility status. For more in-depth, technical information about the recommendations, download the original best practices guidelines, *IIS Collaboration with VFC Program and Grantee Immunization Programs*, from the AIRA web site:
<http://www.immregistries.org/pubs/mirow.html>

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