

**317 Vaccine Policy Conference Call
9/17/12**

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The Centers for Disease Control and Prevention (CDC) recently notified states of an upcoming change in federally purchased 317 vaccine policy which goes into effect October 1, 2012. The policy will affect 317 funded vaccine providers in three areas:

1. 317-funded vaccine can no longer be used for insured people even if their plan has an unaffordable deductible or co-pay.
2. 317 –funded vaccine can no longer be used for clients that have unknown insurance coverage,
3. When 317 funded vaccine providers are reimbursed less than billed by health plans, they cannot recode the doses as 317.

The Oregon Immunization Program (OIP) has funded a five month extension for policy implementation, through February 2013.

There has been some discussion that affected providers may need to document how many clients can't afford their deductible. However, what that documentation would entail is still under consideration at the CDC level. Following the meeting CDC indicated that if the Oregon uses "Other funds" to cover this five month extension that no additional documentation is required.

Discussion:

Code F is still the correct code for underinsured children in FQHC or RHC sites, and any site with approved subdesignation. So currently **all public sites** in Oregon are approved to code all underinsured clients (19 years and younger) as VFC, using the F code. That code is not going away. Underinsured refers to a health plan that doesn't cover vaccine or has dollar limit for vaccine. Once over that limit, a client falls into the underinsured category and is covered by VFC if under 19 and by 317 for clients over age 19.

The new policy applies to

1. Clients with a high deductible/co-pay,
2. Clients with with unknown insurance status, and
3. 317 funded vaccine providers not listed as in-network/preferred providers that might not be reimbursed for the full vaccine amount.

In these examples, the patients are considered insured for vaccine, and therefore not considered eligible for 317 vaccine.

OIP will use the five month extension to assist LHDs with getting credentialed as in-program or preferred providers with health plans.

OIP will release a fact sheet with definitions of all 317 categories soon.

Patients will need to know if vaccines are not covered in their health plans to meet the underinsured definition.

CDC has requested examples of reimbursement problems with health insurers.

In 2011, OIP used ~ \$400,000 to cover those with high deductible/co-pays or LHDs under-reimbursed for vaccine, out of the \$45million vaccine budget. Cost at the local level could vary.

The collections process for unpaid bills will need more investigation.

This is new territory for LHDs, as they were usually able to recode vaccine not fully reimbursed by health plans in the past.

Billing sent out with county health officer as payee (preferred provider), instead of as the county health department, has helped in getting payments. This is a best practice that all public clinics should consider.

The Affordable Care Act (ACA) requirement to cover preventive measures, which goes into full effect in 2014, should help eliminate some, but not all issues.

Susan Wickstrom is available to help public clinics with communication on this new policy.

Would like to see the OIP issue a message about changes, and make message templates available for local distribution.

317 vaccines that are available is not changing, only who is eligible.

There are some exemptions to the policy and these will be included in the fact sheet.

OIP will schedule conference calls to address issues as they arise.

School law required immunizations can't be refused for inability to pay. There will a clarification of the statute with the fact sheet. School law includes childcare and college age groups.

The end result of this policy is that there will be individuals who will not be able to afford to be vaccinated.

The policy may result in higher exemption rates.

New vaccine eligibility charts will be published as needed.

Please contact Lorraine Duncan at Lorraine.duncan@state.or.us or 971-673-0283 with questions.