

MEDICAID POLICY INFORMATION SHEET

Policy Analyst: Vicki Goethals

Phone Number: 517-335-6611

Initial

Public Comment

Final

Brief description of policy:

The purpose of this policy is to expand vaccine administration in the pharmacy setting to mitigate the reduction in vaccine rates for children as a result of the COVID-19 pandemic. Effective May 8, 2021, pharmacies that have been approved to participate in the Vaccines For Children (VFC) program may administer all recommended vaccines to beneficiaries who are 3 through 18 years of age.

Reason for policy (problem being addressed):

This policy is being implemented to determine if expanding pharmacy administration of VFC increases the overall childhood immunization rates. This pharmacy expansion is not intended to replace well child visits. Pharmacies should encourage follow-up visits with the child's primary care provider. MDHHS will develop a brochure that participating pharmacies can provide families explaining the importance of well-child and regular preventive health care visits with their primary care provider.

Budget implication:

budget neutral

will cost MDHHS \$ _____, and (select one) budgeted in current appropriation

will save MDHHS \$ _____

Is this policy change mandated per federal requirements?

No

Does policy have operational implications on other parts of MDHHS?

No

Does policy have operational implications on other departments?

No

Summary of input:

controversial

acceptable to most/all groups

limited public interest/comment\

Supporting Documentation:

State Plan Amendment Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Public Notice Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, please provide status:	If yes,
<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied	Submission Date:
Date: _____ Approval _____ Date: _____	

DRAFT FOR PUBLIC COMMENT Michigan Department of Health and Human Services		
	Project Number: 2107-Pharmacy	Date: April 8, 2021

Comments Due: May 13, 2021
Proposed Effective Date: May 8, 2021
Direct Comments To: Vicki Goethals

Address:
E-Mail Address: goethalsv@michigan.gov

Phone: _____ **Fax:** _____

Policy Subject: Vaccines for Children (VFC) Pharmacy Expansion

Affected Programs: Medicaid, Healthy Michigan Plan, Children’s Special Health Care Services (CSHCS), Maternity Outpatient Medical Services (MOMS)

Distribution: Pharmacy Providers, Medicaid Health Plans

Summary: The purpose of this policy is to expand vaccine administration in the pharmacy setting to mitigate the reduction in vaccine rates for children as a result of the COVID-19 pandemic.

Purpose: This policy is being implemented to determine if expanding pharmacy administration of VFC increases the overall childhood immunization rates.

Cost Implications: None

Potential Hearings & Appeal Issues: None

State Plan Amendment Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Public Notice Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, date submitted:	Submitted date:

Tribal Notification: Yes No - **Date:** _____

THIS SECTION COMPLETED BY RECEIVER

<input type="checkbox"/> Approved	<input type="checkbox"/> No Comments
<input type="checkbox"/> Disapproved	<input type="checkbox"/> See Comments Below
	<input type="checkbox"/> See Comments in Text

Signature:	Phone Number

Signature Printed:

Bureau/Administration <i>(please print)</i>	Date

Bulletin Number: MSA 21-10

Distribution: Pharmacy Providers, Medicaid Health Plans

Issued: April 8, 2021

Subject: Vaccines for Children (VFC) Pharmacy Expansion

Effective: May 8, 2021

Programs Affected: Medicaid, Healthy Michigan Plan, Children's Special Health Care Services (CSHCS), Maternity Outpatient Medical Services (MOMS)

The purpose of this policy is to expand vaccine administration in the pharmacy setting to mitigate the reduction in vaccine immunization rates for children as a result of the COVID-19 pandemic. Effective May 8, 2021, pharmacies that have been approved to participate in the VFC program may administer all recommended vaccines to beneficiaries who are 3 through 18 years of age.

The Michigan Department of Health and Human Services (MDHHS) is implementing this policy to determine if expanding pharmacy administration of VFC increases the overall childhood immunization rates. This pharmacy expansion is not intended to replace well child visits. Pharmacies should encourage follow-up visits with the child's primary care provider. MDHHS will develop a brochure that participating pharmacies can provide families explaining the importance of well-child and regular preventive health care visits with their primary care provider.

Pharmacies participating in the expansion will bill VFC vaccine administration fees to Medicaid Fee-for-Service for all beneficiaries who are 3 through 18 years of age, including those who are enrolled in a Medicaid Health Plan (MHP).

Pharmacy VFC Expansion Requirements

To be considered for participation in the expanded pharmacy vaccine administration services, pharmacy providers must:

- Possess a current registration with the Michigan Care Improvement Registry (MCIR) available at www.mcir.org. This database provides a complete record of immunizations for Michigan residents.
- Be selected by MDHHS to become registered with the VFC program as a VFC provider. Information on how to become a VFC provider is available [here](#) on the MDHHS website.
- Maintain adherence to all requirements and expectations of the VFC program as outlined in the [online VFC resource guide](#).

- Perform a review of the beneficiary's immunization history in MCIR prior to administering the vaccine.
- Update MCIR within 72 hours of administering the vaccine per the [MCIR reporting rules](#). More information on MCIR is available [here](#).
- Retain compliance with State of Michigan rules and regulations, including completion of [training for vaccine administration](#).

Documentation of adherence to these requirements must be readily available onsite in the event of an audit. The pharmacy must develop an appropriate mechanism to document the identification of the administering pharmacist.

Pharmacy VFC Expansion Reimbursement

Because pharmacy providers can obtain vaccines at no cost through the VFC program, MDHHS will only reimburse the administration fee for beneficiaries who are 3 through 18 years of age. To receive reimbursement for the administration fee, pharmacies must be Medicaid-enrolled and submit claims through the MDHHS contracted Pharmacy Benefits Manager (PBM) in accordance with relevant policy and [Pharmacy Claims Processing Manual](#) instructions. Vaccines are exempt from copayments. Dispensing fees are not paid on claims for vaccines. Vaccines administered for travel to a foreign country are not a Medicaid-covered benefit. As such, an administration fee will not be allowed for VFC vaccines for travel to a foreign country. Vaccine administration rates will be in accordance with current MDHHS policies.

Public Comment

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments to Vicki Goethals via e-mail at GoethalsV@michigan.gov.

Please include "Vaccines for Children (VFC) Pharmacy Expansion" in the subject line.

Comments received will be considered for revisions to the change implemented by this bulletin.

Manual Maintenance

Retain this bulletin until the information is incorporated into the MDHHS Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit questions, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 1-800-292-2550. Atypical Providers may phone toll-free 1-800-979-4662.

An electronic copy of this document is available at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Approved

A handwritten signature in black ink, appearing to read "K. Massey", with a long horizontal flourish extending to the right.

Kate Massey, Director
Medical Services Administration