MEMORANDUM

TO: Federally Qualified Health Centers (FQHCs) and FQHC Look-Alikes, Rural Health Clinics (RHCs), and Local Health Departments (LHDs) in North Carolina

FROM: Beth Rowe-West, R.N., B.S.N., Head Immunization Branch

SUBJECT: Upcoming Changes to the North Carolina Immunization Program (NCIP)

August 21, 2012

The purpose of this memo is to provide additional information regarding significant NCIP program changes that were initially announced in a memo dated May 29, 2012. These changes are based on new federal requirements issued from the Centers for Disease Control and Prevention (CDC).

Providers Serving Underinsured Children
Effective October 1, 2012, most private providers may no longer provide Vaccines for Children (VFC) immunizations to underinsured children. After October 1, 2012, most private providers may only serve VFC children who are in one of the following categories:

- Medicaid
- American Indian/Alaska native
- Uninsured

After October 1, 2012, FQHCs, RHCs, and local health departments (LHDs) will continue to be allowed to provide VFC vaccines to underinsured children. (For assistance in determining VFC eligibility, see the document Determining Eligibility for VFC Vaccines Flow Chart at: http://www.immunize.nc.gov.) Additionally, a few select private providers approved by the CDC will be given authority to vaccinate underinsured children, based on geographic determinations, to improve access to vaccines.

An out-of-pocket administration fee may be charged to adult patients receiving NCIP products, as is the case with non-Medicaid children. Local health departments may charge uninsured or underinsured patients whose family income is greater than 200% or more of the Federal Poverty Level. The fee is limited to the current CMS regional rate (the amount paid by Medicaid). According to federal rules, when vaccinating a VFC-eligible child, if a parent states an inability to pay an out-of-pocket administration fee, VFC vaccine must be administered and the fee must be waived. For details, see the 10/30/09 memo on the Immunization Branch’s web site at: http://bit.ly/memo10302009

Upcoming Coverage Changes
In anticipation of implementation of the Affordable Care Act (ACA), which expands insurance coverage for immunization services, the CDC has eliminated federal funding for the vaccination of insured patients in most circumstances. Therefore, the NCIP will be making numerous changes to our coverage criteria effective October 1, 2012. Until October 1, providers should base their orders on vaccine usage reported in NCIR or on VAL forms.
Effective October 1, 2012, except for situations listed below, state supplied vaccines may NOT be administered to a fully insured patient of any age. Beginning October 1, all vaccines currently available for adults (persons aged 19 years and above) will be available for uninsured adults only. (Adults who are Medicaid or Medicare recipients are considered covered, or insured, for this purpose.) Details on which patients are currently covered by NCIP vaccine may be found at: http://www.immunize.nc.gov/providers/coveragecriteria.htm

Exceptions for all NCIP providers:
- The hepatitis B birth dose remains universally available (that is, available regardless of insurance status).
- Influenza vaccine for the 2012-13 influenza season may be administered according to the criteria as specified in the flu coverage criteria.
- DT will remain universal, that is, for all children 2 months through 6 years of age who have a medical contraindication to pertussis vaccine.

Additional exceptions for LHD providers only:
- Hepatitis B vaccine may be administered universally to all children 18 and under who are close contacts of a person with an acute or chronic hepatitis B infection. (For the definition of close contacts, see the NCIP Coverage Criteria document at: http://www.immunize.nc.gov/providers/coveragecriteria.htm.)
- Three doses of hepatitis B vaccine may be administered universally to adults who are close contacts of a person with an acute or chronic hepatitis B infection.
- Two doses of MMR will be available for uninsured women of childbearing age.
- One dose of hepatitis A vaccine will be available universally for post-exposure prophylaxis.

Vaccine Supplies
The changes outlined in this memo are effective for all vaccine received in provider offices after October 1, 2012. Vaccine that providers have on hand prior to October 1 may continue to be used according to the existing NCIP Coverage Criteria document (dated July 24, 2012) until that vaccine expires or until December 31, 2012, whichever comes first. After December 31, all state-supplied vaccine must be used according to the coverage criteria dated October 1 or later.

Resources for NCIP Participants
NCIP participants are encouraged to participate in one of three free webinars which will be offered next week. The webinars are expected to last about an hour, and the content will be repeated in each session. Providers should go to the website indicated below and call the phone number listed for the session they choose. No pre-registration is required. Please remember to mute your phone.

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For your convenience, a Q & A document is currently available on our website at: www.immunize.nc.gov. The NCIP Coverage Criteria document will be updated on our website by late September for the changes effective October 1.

If you have additional questions about the implementation of these changes, please contact us at:
NCIRHelp@dhhs.nc.gov.

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