

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Jewel Mullen, M.D., M.P.H., M.P.A.
Commissioner



Dannel P. Malloy
Governor
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Lt. Governor

Immunization Program

TO: Health Care Providers

FROM: Vincent Sacco, MS
Immunization Program Manager


Matthew Cartter, MD, MPH
State Epidemiologist

DATE: September 28, 2012

SUBJECT: Provider enrollment process for the Connecticut Vaccine Program

The primary purpose of this communication is to provide guidance to health care providers who will be enrolling in the Connecticut Vaccine Program (CVP) and receiving state supplied vaccine beginning January 1, 2013. Over the past 3 months, the Department of Public Health (DPH) has worked closely with the Connecticut State Medical Society, the Connecticut Chapter of the American Academy of Pediatrics and the Connecticut Academy of Family Physicians to address provider concerns about the implementation of the CVP. The comments that we received from these organizations on the draft of the "frequently asked questions" document and the provider agreement led to important revisions. The provider agreement and the other enrollment documents have been reviewed and approved by the federal Centers for Disease Control and Prevention (CDC).

Connecticut Vaccine Program

Revisions to CT General Statutes 19a-7f implemented during this past legislative session now require that beginning January 1, 2013 all health care providers who administer vaccines to children birth through 18 years of age obtain those vaccines through the Connecticut Vaccine Program. The funding to purchase vaccines for children in Connecticut comes from a combination of state and federal funds. The DPH receives federal funding under the "Vaccines for Children" (VFC) entitlement program that provides all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) free of charge for children enrolled in Medicaid, uninsured, underinsured children seen in Federally Qualified Health Centers, and American Indian or Alaskan natives. DPH also receives state funding from an annual insurance "health and welfare" assessment fee to purchase and distribute vaccines free of charge to health care providers for all children who are not eligible under the federal VFC entitlement program. The state vaccine funding component currently provides 13 of the 16 ACIP-recommended vaccines to children through age 18. Vaccines that are not provided at this time include human papillomavirus (HPV), rotavirus, and pneumococcal conjugate vaccines. Hepatitis A and influenza vaccines are limited to specific age cohorts. A listing of all available vaccines with corresponding age groups (eligibility criteria for state supplied vaccines) as of **January 1, 2013** is included with this communication.

Who should enroll in the program

All health care providers who administer vaccines to children birth through 18 years of age should enroll before December 1, 2012 in order to have vaccine on-hand to administer on January 1, 2013 and be in compliance with the revised statute.

Enrollment Process

Please see the enclosed enrollment packet including the *Provider Agreement* and *Provider Profile* forms that must be completed and submitted to enroll in the Connecticut Vaccine Program.

Provider Agreement

The *Provider Agreement* details the specific provisions and conditions with which provider offices must comply to receive vaccine from the Connecticut Vaccine Program. The *Provider Agreement* must be signed by an authorized owner, partner or officer of the practice. The medical director or equivalent in a group practice with multiple providers should sign the *Provider Agreement* on behalf of the entire group. All other providers within the practice must be listed on the provider profile form.

Provider Profile

The *Provider Profile* supplies the Immunization Program with shipping and contact information, which allows vaccines to be shipped directly to each provider's office, and identifies your office business hours of operation specifying the days and times the practice is open to receive vaccine shipments. The *Provider Profile* also collects information that will be used to estimate vaccine needs for a provider's patient population.

The *Provider Agreement* and *Provider Profile* must be completed, signed and returned to the Connecticut Vaccine Program. One *Provider Agreement* and *Provider Profile* should be completed for each vaccination site, office, or satellite office, even if there are multiple vaccinators at each site. Providers will be assigned a Provider ID Number (PIN) specific for each office once their completed paperwork has been received. Electronic signatures are acceptable on these agreements. Both completed forms can be faxed to the Immunization Program at (860) 509-8371.

Vaccine Ordering

Once the *Provider Agreement* and *Provider Profile* forms are received by the Immunization Program, a program representative will contact your office to review vaccine storage and handling requirements. Upon confirmation that the provider has the proper refrigeration equipment to maintain storage of vaccines they can submit a vaccine order form that is enclosed in this document.

Vaccine Shipment Protocol

Vaccines supplied by the Connecticut Vaccine Program are distributed by McKesson Specialty, located in Memphis, Tennessee. The Connecticut Vaccine program processes vaccine orders and electronically transmits the information to McKesson. McKesson then ships vaccines directly to the provider's office. Most providers order vaccine once a month by submitting their orders on or before the first business day of the month ("first of the month orders"). For those providers who need to order more frequently, CVP staff will work with you to custom-tailor an ordering frequency plan ("alternate frequency plan") that works for your practice. Varicella vaccine

orders are handled separately by the vaccine manufacturer (Merck) and are direct shipped to the provider from their storage facility.

Expansion of Pneumococcal Conjugate Vaccine (PCV 13)

Beginning on March 1, 2013 the Connecticut Vaccine Program will be making available PCV13 vaccine for all children 2-71 months of age regardless of insurance status. Providers should plan on using up all their private stock of PCV13 by February 28, 2013.

Please see the enclosed documents that contain information about the enrollment process, vaccine ordering, vaccine eligibility criteria, patient eligibility screening record and “Frequently Asked Questions” document that includes general information about the Connecticut Vaccine Program. All these documents and additional information about the program requirements are also available at www.ct.gov/dph/cvp.

If you have any questions, please contact Mick Bolduc, the vaccine coordinator for the Connecticut Vaccine Program, at (860) 509-7929 or at michael.bolduc@ct.gov.

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH**

**Connecticut Vaccine Program
Provider Agreement**

PIN: _____
(To be provided by CVP)

The Undersigned Provider hereby agrees to participate in the Connecticut Vaccine Program (hereafter the “program” or the “CVP”) through its below identified facility, which will receive CVP supplied vaccines, which includes Vaccines for Children(VFC) and other state supplied vaccines and agrees that he or she:

1. Shall not impose a charge for the cost of the vaccine received through this program; however may collect a reasonable administration fee per dose given. The administration fee collected for uninsured or underinsured children cannot exceed \$21 per dose; the administration fee for all Medicaid recipients shall be the fee schedule established by the Department of Social Services; and the administration fee for private insurance patients can be up to the maximum allowed per the insurance company’s policy.
2. Shall not deny administration of a CVP supplied vaccine to an established CVP eligible child due to the inability of the child’s parent, guardian or individual of record to pay an administration fee.
3. Shall not bill the client or a third party (e.g., insurance company or Medicaid) for vaccines that the provider has received from the CVP.
4. Shall provide the Department of Public Health (“DPH”) with the number of children 0-18 years of age expected to need immunizations at this facility/practice for the 12-month period beginning on January 1, 2013. This information shall be submitted to the DPH on the Provider Profile form as part of the annual CVP enrollment process.
5. Shall for each immunization encounter indicate on the most current DPH Patient Eligibility Screening Record (http://www.ct.gov/dph/lib/dph/infectious_diseases/immunization/cvp/patient_eligibility_screening_record-english.pdf) whether a patient who is 18 years old or younger is VFC eligible, non-VFC eligible or covered by S-CHIP (as defined on the most current DPH Eligibility Criteria form); and shall administer CVP provided vaccines to each patient who is eligible to receive CVP provided vaccines as determined by the most current DPH Eligibility Criteria form.
6. Shall comply with the immunization schedules, dosages and contraindications that are approved by the Advisory Committee on Immunization Practices (ACIP), unless (a) in the exercise of medical judgment, and in accordance with accepted medical practice, such compliance is deemed to be medically inappropriate; or (b) such compliance contradicts Connecticut General Statutes §§ 10-204a, 19a-7f or Regulations of Connecticut State Agencies §19a-79-6a(e) regarding immunizations, school and daycare immunization requirements and religious or medical exemptions.
7. Shall provide Vaccine Information Statements (VIS) with each vaccine administered and maintain records in accordance with the National Childhood Vaccine Injury Act (NCVIA), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS).
8. Shall report adverse vaccine reactions (i.e., reactions requiring medical attention) to DPH (by phone or fax) within 2 weeks of the adverse reaction.

9. Shall maintain all CVP-related records for at least three (3) years and, if requested, shall make such records available to DPH or the U.S. Department of Health and Human Services (DHHS).
10. Shall comply with CVP requirements for vaccine ordering, including, without limitation, timely and properly completing the State Vaccine Order Form, which may be periodically amended, including the information regarding the number of vaccine doses administered per age group per vaccine.
11. Shall maintain good vaccine storage and handling practices to avoid vaccine wastage, and shall promptly report to the CVP any vaccine wastage or loss. Providers shall not permanently store vaccines in a dorm style refrigeration unit. Providers are financially liable for all vaccines ordered through the CVP and will make every attempt to administer or transfer to another provider every dose ordered from the program.
12. Shall permit only appropriately licensed personnel to administer vaccines to patients.
13. Shall grant DPH access to the practice or clinic to conduct program and patient record reviews.
14. Understands that should my staff, my representative or I access VTrckS, I am bound by the Centers for Disease Control and Prevention's ("CDC") terms of use for interacting with the online ordering system. I further agree to be bound by any applicable federal laws, regulations or guidelines related to accessing a CDC system and ordering publically funded vaccines.
15. Understands that before my staff, my representative or I access VTrckS, I will identify each person who is authorized to order vaccines for me and maintain a record identifying all such authorized persons. If someone becomes authorized or is no longer authorized to order for me, I will inform the CDC of such change within twenty-four (24) hours of such change.
16. Certifies that my identification is represented correctly on this agreement and the Provider Profile.
17. Understands that either party may terminate this agreement at any time for any reason, including, without limitation, provider's failure to comply with all CVP requirements. The provider shall give thirty (30) days written notice before terminating this agreement.
18. Shall properly return any unused CVP vaccine if the provider or CVP opts to terminate this agreement.

This Agreement is effective upon execution and acceptance into the CVP until December 31, 2013 unless terminated sooner as provided herein. Except for continuing to receive publicly purchased vaccines, the foregoing provisions of this agreement shall survive its termination. This agreement supersedes any previous written or oral agreement.

This Agreement is subject to Executive Order No. 3 of Governor Thomas J. Meskill, promulgated June 16, 1971, concerning labor employment practices; Executive Order No. 17 of Governor Thomas J. Meskill, promulgated February 15, 1973, concerning the listing of employment openings; and Executive Order No. 16 of Governor John G. Rowland, promulgated August 4, 1999, concerning violence in the workplace. This Agreement may also be subject to Executive Order 7C of Governor M. Jodi Rell, promulgated July 13, 2006, concerning contracting reforms and Executive Order 14 of Governor M. Jodi Rell, promulgated April 17, 2006, concerning procurement of cleaning products and services, in accordance with their respective terms and conditions. All of these Executive orders are incorporated into CVP Provider Agreement

2013

and made a part of this Agreement as if they had been fully set forth in it. At the provider's request, the Agency shall provide a copy of these Orders to the provider.

THE UNDERSIGNED, BEING THE PROVIDER OR HAVING THE SPECIFIC AUTHORITY TO BIND THE PROVIDER TO THE TERMS OF THIS AGREEMENT, HEREBY AGREES TO ABIDE BY AND COMPLY WITH ALL OF THE STIPULATIONS, CONDITIONS AND TERMS SET FORTH HEREIN INCLUDING REPRESENTING THAT THE PROVIDER WILL COMPLY WITH THE NONDISCRIMINATION AGREEMENTS AND WARRANTIES OF CONNECTICUT GENERAL STATUTES §§ 4a-60 AND 4a-60a, AS AMENDED.

Provider Name (must be a practitioner who is authorized by state law to administer pediatric vaccines) (Print)

Facility Name (print)

Provider's Title (Must be an Authorized Officer, Owner or Partner of facility) (Print)

Signature

Date

This record is to be submitted to and kept on file at the Connecticut Vaccine Program and must be updated at least once annually. A copy of this form shall be retained at the provider's office. It shall be shared with all relevant persons at the facility/practice including persons administering vaccines, staff responsible for billing procedures and any others determined at the provider site that need to know the information herein.



Connecticut Vaccine Program Provider Profile

Completed forms can be FAX to: 860-509-8371 or email: DPH.IMMUNIZATIONS@ct.gov

All public and private health care providers who receive vaccine from the Connecticut Vaccine Program (CVP) must complete this form. This document provides shipping information and helps to determine the amount of vaccine to be supplied. The form is also used to compare estimated vaccine needs with actual vaccine supply. The Connecticut Vaccine Program will keep this record on file with the SIGNED "Provider Agreement". The Provider Profile form must be updated annually or if: (1) the number of children change, or (2) the address of the facility changes. **Complete one provider profile for each office/site/satellite.**

Federal Employer Tax ID: _____ - _____

Pin Number _____

Facility Shipping Information

Facility Name		Contact Name and Title	
Shipping Address (No P.O. Boxes)		Floor or Suite #	Direct Phone Number to Contact Person
City	Zip Code	Email Address	Fax Number

Office Days and Hours Staff Available to Receive Vaccine Shipments

Monday	Tuesday	Wednesday	Thursday	Friday

Include any time office doors are closed during business hours

List of Providers Who Administer Vaccines

First & Last Name	Title	CT License #	Medicaid Billing #	Group Billing #

Indicate the Type of Facility (check one)

<input type="checkbox"/> 10 Public Health Department <input type="checkbox"/> 12 Public Hospital <input type="checkbox"/> 16 Other Public, please specify	<input type="checkbox"/> 15 Federally Qualified Health Center (FQHC) or Federally Funded Rural Health Clinic <input type="checkbox"/> 20 Private Practice (Individual or Group) <input type="checkbox"/> 22 Private Hospital <input type="checkbox"/> 24 Other Private, please specify
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Patient Enrollment These numbers must be entered in order to receive vaccines. New providers should give an estimate.

Total Number of All Patients in Practice Needing State Supplied Vaccine by Age	Birth to 2 yrs.	3 to 6 yrs.	7 to 18 yrs.	Total

Breakdown how many of the children you entered above into the categories listed below: (Please do not count a child in more than one category or use percentages)

	Birth to 2 yrs.	3 to 6 yrs.	7 to 18 yrs.	Total
31 Enrolled in Medicaid (HUSKY A)				
32 Without Health Insurance				
33 American Indian or Alaskan Native				
34 S-CHIP (HUSKY B)				
44 Underinsured <i>Complete only if your facility is an FQHC, an agent of an FQHC or an RHC (see 15 above)</i>				

What data source was used to determine the numbers provided above:

Immunization Information System
 Billing System
 Electronic Health/Medical Records
 Other, specify _____

Does your facility use a single-door, dorm-style refrigerator to permanently store vaccine? YES NO

PLEASE remember to sign the accompanying "Provider Agreement".

Connecticut Vaccine Program
Eligibility Criteria for vaccines as of January 1, 2013

Vaccine	Age Group	Status of Children				CPT Code(s)
		VFC and State Supplied Vaccine				
		VFC Eligible ¹	Non-VFC Eligible Privately Insured ²	Non-VFC Eligible Under-Insured ²	S-CHIP ²	
Hepatitis B	Newborns in hospital Children 0-18 years	YES YES	YES YES	YES YES	YES YES	90744 90744
Varicella (Doses 1 & 2)	12 months-18 years ³	YES	YES	YES	YES	90716
Td	7-18 years ⁴	YES	YES	YES	YES	90714
MMR (Doses 1 & 2)	12 months-18 years College entry (any age)	YES YES	YES YES	YES YES	YES YES	90707 90707
DTaP	2 months – 6 years	YES	YES	YES	YES	90700
Hib	2-59 months	YES	YES	YES	YES	90648
IPV	2 months-18 years	YES	YES	YES	YES	90713
DTaP/IPV	4-6 years	YES	YES	YES	YES	90696
DTaP/IPV/Hep B	2-83 months	YES	YES	YES	YES	90723
DTaP/IPV/Hib	2-59 months	YES	YES	YES	YES	90698
Meningococcal Conjugate (MCV4) Dose 1 Dose 2	11-18 years 16-18 years	YES YES	YES YES	YES YES	YES YES	90734 90734
Tdap	7-18 years ⁵	YES	YES	YES	YES	90715
Influenza	6-59 months 5-18 years	YES YES	YES NO	YES YES	YES YES	90655 90656 90660
Hepatitis A	12-23 months 2-18 years	YES YES	YES NO	YES YES	YES YES	90633 90633
Pneumococcal Conjugate Vaccine (PCV 13)	2-71 months	YES	NO	YES	YES	90670
Rotavirus	6 weeks-8 months	YES	NO	YES	YES	90681
HPV (males & females)	9-18 years	YES	NO	YES	YES	90649

1 VFC eligibility is defined as follows: (a) Medicaid enrolled; (b) NO health insurance; (c) American Indian or Alaskan native; or (d) underinsured seen at a Federally Qualified Health Center (FQHC).

2 Non-VFC children refers to patients who have private insurance that covers the cost of immunizations, patients that are under-insured for some or all vaccines seen by a private provider; and S-CHIP children- those children enrolled in HUSKY B.

3 Susceptible children who do not have a clinical history of chicken pox.

4 Td vaccine can be given to children 7-18 years of age to complete their primary series, or to those children 7-18 years of age who are in need of a Tetanus containing vaccine and cannot receive Tdap.

5 Tdap vaccine should be administered routinely to children at the 11-12 year old preventive health care visit, and to children 7-10 years old who have not been fully vaccinated against pertussis and for whom no contraindication to pertussis containing vaccine exists.

As of January 1, 2013 the only recommended childhood vaccines not available from the Connecticut Vaccine Program are: Influenza for privately insured patients 5-18 years of age; Hepatitis A for privately insured patients 2-18 years of age; PCV13 for privately insured patients 2-71 months of age; Rotavirus for privately insured patients 6 weeks-8 months of age; and HPV for privately insured patients 9-18 years of age.

Revised 9/25/2012



CONNECTICUT VACCINE PROGRAM

Patient Eligibility Screening Record

Date Screened: _____

Child's Name: _____

Date of Birth: _____

Parent/Guardian: _____

Provider: _____

This child qualifies for immunization through the Connecticut Vaccine Program since he/she (check only one box):

VFC eligible:

- (A) Is enrolled in Medicaid (HUSKY A)
- (B) Has no health insurance/self pay
- (C) Is American Indian or Alaskan Native
- (D) Is under-insured (has health insurance that does not cover vaccines or only covers select vaccines) and is a patient of a Federally Qualified Health Center (FQHC). These patients can receive all vaccines at their FQHC.

State eligible:

- (E) Is under-insured (has health insurance that does not cover vaccines or only covers select vaccines) and is a patient of a private health care provider. These patients can receive all vaccines at their private health care provider's office.
- (F) Is enrolled in S-CHIP (HUSKY B)
- (G) *Is Privately Insured

*Note private insurance patients can receive all vaccines from the Connecticut Vaccine Program except for Pneumococcal Conjugate, Rotavirus, Human Papillomavirus vaccine (HPV), Influenza for 5-18 year olds, and Hepatitis A for 2-18 year olds which are only available for patients in categories A, B, C, D, E & F.

A record must be kept in the healthcare provider's office that reflects the status of all children 18 years of age and younger who receive vaccine from the Connecticut Vaccine Program. The record may be completed by the parent, guardian, or individual of record, or by the healthcare provider. The record does not have to be updated unless the status of the child has changed. While verification of responses is not required, it is necessary to retain this or a similar record for each child receiving vaccine.

**Connecticut Vaccine Program (CVP)
Frequently Asked Questions**

General Questions

1. Q: What is the Connecticut Vaccine Program?

A: The Connecticut Vaccine Program (“CVP”) is Connecticut’s expanded pediatric vaccination program. The CVP was developed in response to the enactment of Public Act 12 – 1, which requires healthcare providers who administer pediatric vaccines to obtain the vaccines through the State in most cases. The Department of Public Health administers the CVP. Our contact information is:

**Vincent Sacco, lead contact
State of Connecticut
Department of Public Health
410 Capitol Avenue
Hartford, CT 06134**

**Telephone: (860) 509-7929
Facsimile: (860) 509-7945
Email: vincent.sacco@ct.gov**

2. Q: Is the Vaccines For Children (VFC) Program part of the CVP?

A: Yes. VFC is a component of the CVP. The CVP expands the opportunity to obtain State purchased vaccine for many pediatric vaccinations.

The VFC program is limited to children who are: (1) enrolled in Medicaid; (2) without health insurance; (3) underinsured; or (4) American Indian or Alaskan Native American. The VFC program covers all recommended childhood vaccines.

The CVP expands the provision of pediatric vaccines beyond VFC eligible children for many vaccines. The non-VFC component of the CVP is funded by a “health and welfare” assessment fee on insurance companies. Presently, human papillomavirus (HPV), rotavirus and pneumococcal conjugate vaccines are not provided for privately insured patients. Also, hepatitis A and influenza are only provided for specific age cohorts.

3. Q: When can I begin obtaining CVP vaccine?

A: As soon as providers enroll in the CVP, they can begin obtaining pediatric vaccines for CVP eligible patients through the CVP.

4. Q: Do practices have to enroll separately in the CVP and VFC Programs?

A: No. Now, there is only one program. Providers will enroll in the CVP, which also covers patients who are VFC eligible.

5. Q: Who can complete the CVP paperwork?

A: CVP enrollment documents are required for each facility at which children are vaccinated with vaccines that are included in the CVP (see [Eligibility Criteria](#) form)

http://www.ct.gov/dph/lib/dph/infectious_diseases/immunization/cvp/2013_vaccine_eligibility_criteria_january_1_2013.pdf

Only a healthcare provider who is authorized under state law to administer vaccines and has authority to act as an agent for the facility can sign the CVP documents.

6. Q: Which vaccines are being supplied by the Connecticut Vaccine Program?

A: The attached document, which can be obtained through the CVP, lists the current CVP supplied vaccines:

www.ct.gov/dph/lib/dph/infectious_diseases/immunization/cvp/list_of_available_state_supplied_vaccines_as_of_1_1_2013.pdf.

7. Q: How does the Connecticut Vaccine Program communicate with healthcare providers enrolled in the program?

A: The CVP uses contact information obtained during annual enrollments to communicate via fax and email. Providers must promptly notify the CVP of contact information changes to continue to obtain information about vaccine supply shortages, programmatic changes impacting availability of vaccines supplied by CVP, vaccine policy updates, and vaccine preventable disease activity and outbreaks, among other things.

Enrollment Questions

8. Q: When can I enroll?

A: Providers can enroll immediately. For providers to have vaccine on-hand so that they can administer vaccines on January 1, 2013 and therefore in compliance with Public Act 12-1, they should enroll before December 1, 2012.

9. Q: Should I re-enroll if I participate in the VFC program?

A: Yes. Each year providers who administer pediatric vaccines must enroll in the CVP. Re-enrollment only requires completing one (1) form.

10. Q: Will the CVP contact providers about enrollment?

A: No. Since providers choose the timing of enrollment, providers must contact the CVP to enroll. After the provider contacts the CVP, a staff member will contact the practice to go over enrollment materials, program requirements and best practices. A site visit may be required. Once the enrollment paperwork has been received and approved by the CVP and a site visit conducted, if required, vaccine can be ordered.

Ordering Questions

11. Q: Can I order VFC and non-VFC vaccines at one time using one form?

A: Yes. Providers will order all CVP vaccines using a single form.

12. Q: Can I order a particular vaccine brand?

A: Yes. Beginning October 1, 2012, providers may choose any of the recommended childhood vaccine brands that are available through the CDC contract. The CDC's list is available at: <http://www.cdc.gov/vaccines/programs/vfc/awardees/vaccine-management/price-list/index.html>. Once you have selected your preferred brand from the list, just indicate it on the Vaccine Order Form.

13. Q: Will comparable vaccines be substituted for unavailable vaccines? If not, can a provider place a private purchase?

A: CVP will supply the vaccine brand that is ordered unless there is a shortage of it in which case CVP may substitute a comparable vaccine. Usually, vaccines are unavailable only during nationwide shortages. During a vaccine shortage, CVP may direct a provider to obtain vaccine from another source.

14. Q: How do I order CVP vaccines?

A: Just fax, email or mail your completed Vaccine Order Form (VOF) to the CVP.

www.ct.gov/dph/lib/dph/infectious_diseases/immunization/cvp/vaccine_order_form_only_fillable_9_18_12_ef.pdf

15. Q: What does CVP do with the orders?

A: The attached Vaccine Ordering Instructions describes the ordering process.

www.ct.gov/dph/lib/dph/infectious_diseases/immunization/cvp/vaccine_order_form_instruction_sheet_9_12.pdf

The CVP staff orders all vaccines, except for varicella, from McKesson (a national distributor), which ships directly to the provider's office. The CVP staff orders varicella vaccine from Merck, which ships it to the provider.

16. Q: What if there is a vaccine backorder?

A: If there is a long backorder, the CVP staff will notify providers of the situation by fax and email (if provider has provided information for both). Also, see response to no. 13 above.

17. Q: How will I receive CVP vaccine?

A: McKesson and Merck ship vaccines to your facility during normal business hours (as reflected on the Provider Profile form). To ensure proper shipment, providers must notify the CVP staff in a timely fashion of practice closures or scheduled operations changes.

18. Q: How often can providers order vaccine?

A: Most providers order vaccine once a month by submitting their orders on or before the first business day of the month ("first of the month orders"). For those providers who need to order more frequently, CVP staff will work with you to custom-tailor an ordering frequency plan ("alternate frequency plan") that will work for your practice.

19. Q: How soon after a vaccine order is placed can providers expect delivery?

A: Receipt time varies. CVP processes first of the month orders beginning the first business day of the month. CVP begins processing all other orders as soon as they are received. CVP completes order processing within two (2) business days.

For vaccines other than varicella, McKesson ships the vaccine within three (3) business days of receiving the order from CVP. Those vaccines are typically delivered within twenty-four (24) hours after shipping. McKesson ships flu vaccine in one (1) business day during influenza season.

For varicella, vaccine is shipped within fifteen (15) days after Merck receives the order from CVP.

20. Q: If a problem with a vaccine shipment occurs, who should providers contact?

A: Providers should contact the CVP for any vaccine ordering issue.

21. Q: What is the Vaccine Tracking System (VTrckS) and how does it work?

A: VTrckS is a software application developed by the CDC that is being rolled out to states over the next 12-18 months. Connecticut is scheduled to begin using VTrckS for provider orders in November 2012. Initially, providers will continue to submit their orders to the CVP using the same process as before (mail, email or fax) and CVP staff will continue to enter orders for providers. In mid-2013, providers will be given the option of entering their vaccine orders directly into VTrckS. Using VTrckS will require training and an identity verification process.

22. Q: Will FluMist be available from the state?

A: Yes. FluMist will be available for all children 24 through 59 months of age regardless of insurance status and for all VFC-eligible children 5 through 18 years of age.

Administrative Questions

23. Q: What is VFC eligibility?

A: VFC eligibility is based upon the following criteria: children who are (a) enrolled in Medicaid (HUSKY A); (b) without health insurance; (c) underinsured; or (d) American Indian or Alaskan natives. VFC-eligible children can receive all Advisory Committee on Immunization Practices (ACIP) recommended pediatric vaccines through federal funds. A listing of all available vaccines with corresponding age groups and eligibility criteria is available at

http://www.ct.gov/dph/lib/dph/infectious_diseases/immunization/cvp/2013_vaccine_eligibility_criteria_january_1_2013.pdf

24. Q: Is there a screening process providers must conduct before administering a vaccine supplied by the CVP?

A: Yes. Providers must complete and retain a Patient Eligibility Screening Record for each patient less than nineteen (19) years of age. The screening record identifies which CVP vaccines a patient is eligible to receive. The screening record only has to be completed once unless a patient's status changes. The form is available at:

http://www.ct.gov/dph/lib/dph/infectious_diseases/immunization/cvp/patient_eligibility_screening_record-english.pdf

25. Q: What are the reporting and record keeping responsibilities of enrolled providers?

A: Each month providers must complete and submit to CVP the Vaccine Order Form. The Vaccine Order Form contains the information that needs to be reported to CVP on a monthly basis.

To comply with federal law, providers will also continue to record the date a vaccine is administered, the lot number and expiration date of the vaccine administered, the publication date of the Vaccine Information Statement (VIS), the date the VIS was given to the patient, and the name, office address and title of the person administering the vaccine in the patient's chart or the provider's permanent office log.

26. Q: What is the purpose of the reporting and record keeping requirements?

A: Reporting and record keeping requirements ensure vaccine accountability and safety and state and federal law compliance.

27. Q: Can a practice transfer vaccine between offices without notifying the Connecticut Vaccine Program each time?

A: No. All providers that want to transfer vaccine from one facility to another, even those within the same group practice, must submit a vaccine transfer form to the CVP.

28. Q: Can a practice with multiple sites use the same Provider Identification Number (PIN)?

A: No. Federal law requires a unique Provider Identification Number (PIN) for each provider site.

29. Q: What is the current system for dealing with vaccines that are near the expiration date?

A: CVP staff help providers transfer vaccine that will not be administered by four (4) months before the expiration date. This transfer policy has cut the wastage rate for state-supplied vaccines to less than one percent (1%) per year.

To transfer CVP vaccine that cannot be used before the expiration date, contact the CVP at least four (4) months before the vaccine expires. CVP staff will then attempt to find another health care provider who can use the vaccine.

If the vaccine will expire in less than four (4) months (120 days), the provider must find another health care provider who can use the vaccine.

30. Q: What is the system for returning vaccines?

A: Providers can contact CVP to obtain a Vaccine Return Form (or obtain it from our website). Once CVP receives a completed Vaccine Return Form, CVP will arrange for a postage paid mailing label to be sent to the provider so that the vaccine can be returned to McKesson for proper credit.

31. Q: How do I report adverse vaccine reactions?

A: Providers should report an adverse reaction (i.e., reactions requiring medical attention) through the Vaccine Adverse Event Reporting System (VAERS). The VAERS website now accepts adverse event reports in an encrypted and secure electronic transmission format that can be accessed at www.vaers.hhs.gov.

Also, providers must notify the Department of Public Health (by phone or fax) within two (2) weeks of the adverse reaction.

32. Q: Should providers be able to account for the separate use of private and state-supplied vaccines?

A: Yes. Beginning January 1, 2013, providers should be able to account for the separate use of: (1) CVP-supplied vaccine for VFC-eligible children; (2) CVP-supplied vaccine for children with private insurance; and (3) non-CVP provided vaccine.

33. Q: Does the state pay administration fees for state insured patients?

A: The CVP does not control the administration fee for state insured patients. Providers should contact the Medicaid provider or the Department of Social Services with questions concerning the proper billing and payment of administration fees.

34. Q: Are administration fees being paid per vaccine component?

A: The CVP does not control how administration fees are paid to providers. Providers should contact the individual insurance carrier with questions on the proper billing and payment of administration fees.

35. Q: Can patients from other states (e.g. New York, Massachusetts) receive CVP-supplied vaccines?

A: Yes. Patients from other states who are seen by Connecticut providers in Connecticut can receive CVP-supplied vaccine.

36. Q: Does a provider have to administer CVP-supplied vaccine to walk-in patients?

A: Providers do not have to honor vaccine requests by CVP-eligible children, including VFC-eligible children, who “walk in” for immunizations only and are not established patients in the practice. If the provider opts to honor such a request, the provider must follow the CVP program rules. This guidance is based on the CDC’s current interpretation of the requirements under 42 U.S.C. § 1396s and may be revised if CDC’s interpretation changes.

37. How do I know which vaccines a patient can receive from the Connecticut Vaccine Program?

A: A list of available vaccines and who is eligible to receive these vaccines is available at:
http://www.ct.gov/dph/lib/dph/infectious_diseases/immunization/cvp/2013_vaccine_eligibility_criteria_january_1_2013.pdf

There are four eligibility categories: (1) VFC-eligible children; (2) Non-VFC Privately Insured children; (3) Non-VFC underinsured children and (4) S-CHIP (HUSKY B) children.

VFC-eligible children, S-CHIP children, and Non-VFC underinsured children can receive all vaccines provided by CVP.

Non-VFC Privately Insured children can receive all vaccines provided by CVP except for influenza for 5-18 year olds, Hepatitis A for 2-18 year olds, Pneumococcal Conjugate vaccine, HPV vaccine, and Rotavirus vaccine.

For those vaccines providers can purchase them privately and submit billing requests to the appropriate private insurer in accordance with normal billing procedures.

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