



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

Volume 9 No. 10

February 1999

TO: Physicians - For Action
Certified Nurse Practitioners/Clinical Nurse Specialists - For Action
Federally Qualified Health Centers - For Action
Independent Clinics - For Action
Health Maintenance Organizations - For Information Only

SUBJECT: New Jersey Vaccines For Children (VFC) Program

EFFECTIVE: Claims with service dates on or after dates indicated

PURPOSE:

- (1) To encourage Medicaid and NJ KidCare fee-for-service participating practitioners to enroll in the New Jersey Vaccines for Children (VFC) program;
- (2) To notify practitioners of a **future** decision by the New Jersey Division of Medical Assistance and Health Services (DMAHS) to terminate Medicaid and NJ KidCare-Plan A fee-for-service coverage for vaccines available through the VFC program; and
- (3) To notify practitioners of an enhanced fee-for-service (FFS) administration fee for vaccines available from the VFC program.

BACKGROUND: The New Jersey Department of Health and Senior Services (DHSS) recently distributed a "Dear Colleague" letter to New Jersey practitioners encouraging their participation in the New Jersey VFC Program, effective **January 1, 1999**.

The VFC program offers practitioners the opportunity to receive *free* vaccines for certain eligible children under 19 years of age. These children include those eligible for the New Jersey Medicaid and NJ KidCare program. These vaccines may be provided to any child *without* health insurance and those children who are American Indian or an Alaskan Native. This same program also extends to those children who are *underinsured* when these vaccines are received *exclusively* from *Federally Qualified Health Centers (FQHCs)*. For details concerning enrollment and participation in the VFC program, please see the VFC package which accompanied the Dear Colleague letter.

ACTION:

- (1) The New Jersey DMAHS intends to **terminate** Medicaid and NJ KidCare-Plan A fee-for-service (FFS) coverage and reimbursement for vaccines available from the VFC program (excluding the administration fee), effective for vaccine services provided on or after **April 1, 1999**. For your information, a draft copy of the "Vaccine For Children Program Vaccine Order Form" has been attached which identifies those vaccines which will no longer be eligible for Medicaid and NJ KidCare Plans A, B and C coverage and reimbursement on or after this date, whether purchased by practitioners from their suppliers or dispensed by providers of pharmaceutical services.
- (2) For vaccine services provided on or after **January 1, 1999**, practitioners will be reimbursed an enhanced FFS administration fee of \$11.50 for the administration of vaccines ordered directly from the VFC program. The administration fee may be billed under the Level III HCPCS procedure code W9356, "VFC Vaccine Administration Fee."
- (3) For vaccine services provided on or after **January 1, 1999**, VFC vaccines will also be available to Medicaid beneficiaries enrolled in the New Jersey Care 2000 and NJ KidCare Plans A, B and C managed health care programs. These vaccines must also be ordered directly from the VFC program. Fees associated with administration of these vaccines shall be determined by each Medicaid and NJ KidCare participating health maintenance organization (HMO).

We strongly encourage you to help meet our mutual goal of preventing disease by increasing childhood immunization of Medicaid and NJ KidCare Plans A, B and C eligible beneficiaries through your decision to enroll in the VFC program. You are again reminded of the importance of this decision to ensure the continued availability of VFC provided vaccines for these children.

If you have any questions concerning the VFC program, please do not hesitate to contact the New Jersey Immunization Program at (609) 588-7512, or the DMAHS Child Health Unit, Office of Health Service Administration, at (609) 588-2718.

Attachment: Vaccines for Children Program - Vaccine Order Form

**RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB
(BLUE TAB MARKED "5")**

NJVFC
VACCINE ORDER

1. Date Submitted	2. Provider ID Number (State Assigned Only)
3. Name of Facility/Physician	4. EIN Number

5. Vaccine/ Biological	6. Unit Size	7. Doses Ordered	8. VFC	9. 317	10. State	11. S-CHIP	12. Total
DTaP	Acel-Immune® (Wyeth-Lederle)	10 doses					
	Infanrix® (SKB)	10 doses					
	Tripedia® (Connaught)	15 doses					
	Certiva® (NorthAmerican)	15 doses					
DT (Pediatric)	10 doses						
DTP/Hib	10 doses						
Td (Adult)	10 doses						
Rotavirus	12 x 1 dose						
Hib	10 doses						
Hib/Hepatitis B	10 doses						
Hepatitis B Pediatric/Adolescent	Engerix B® (SKB)	1 dose vial					
	Recombivax® (Merck)	10 x 1 dose vials					
Hepatitis B (Adult)*	1 dose						
HBIG*	5 ml						
Hepatitis A (Pediatric)*	10 doses						
MMR	10 doses						
Measles*	10 doses						
Rubella*	10 doses						
OPV	10 or 50 doses						
E-IPV	10 doses						
Varicella	10 doses						
Influenza*	10 doses						
Pneumococcal	10 doses						
Other*							
Other*							

* = Vaccines not routinely provided to health care facilities; provider orders of these products are subject to Immunization Program approval.

13. If applicable, enter below the number of government purchased doses by vaccine type and lot number which were expired, mishandled, temperature compromised, or not used and discarded, or returned since last order and briefly state reason/problem:

14. Delivery Instructions: (If applicable, enter special shipping instructions: For example: Do not deliver 1/1/98 to 1/8/98 ; Deliver only M-W 8am-2pm)

Ordered by: _____ Signature: _____

FOR STATE/CONTRACTOR USE ONLY		
Date Received	Date Processed	Date Approved