

Update on VFC inventory and borrowing policies

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As you know, recently the CDC sent out a letter in September requiring more accountability of the VFC Program. They emphasized that the inventories for Title 21 (Medicaid) and Title 19 (CHIP) must be kept separate and the programs would not be allowed to “borrow” from each other. This came about because of problems that occurred with the unaccountability of large sums of money in the two programs. While these requirements are not new they have not been enforced in the past.

The notification from the CDC came just as the Federal Government went into shutdown which prevented state officials and providers from initially getting any information on just what exactly this new communication meant.

The problems from the change are many.

- 1) Costs to providers are increased with the increase administrative load. Immunizations are a marginal financial effort anyway and this just cuts the margin even more
- 2) It can be difficult in finding the correct eligibility information on a child
- 3) There have been missed opportunities for immunizations as supplies in one group may be zero.
- 4) This also makes it difficult when one child in a family is Title 21 and the other is Title 19. If the supply of one group of vaccine is zero but there is enough in the other, one child gets immunized and the other child doesn't. (This happened in our office recently)
- 5) Disincentive to join or continue in the program. According to a recent study by the IKK providers in Kansas listed VFC administration burden and separate vaccine inventories as the two most common reasons to not participate in VFC. This just makes the problems worse.

Since the shutdown has ended, officials from the Kansas state immunization program have been in contact with federal representatives to try and sort out the changes. They understanding the burden this has put on the providers across the state and have been working to help providers during this process including training sessions for setting up separate inventories.

This problem was discussed last week at the KAAP Kansas Maternal Child Health Council. KDHE related that for 2014 the CDC would not enforce the borrowing practice guidelines. However, the CDC indicated that by January 1 of 2015 they would. As far as I can tell they did not indicate how they intend to enforce this updated policy. There is no current written penalty for enforcement that I know of. Still KDHE has felt that providers should use 2014 to learn and develop systems to be able to follow the rules by 2015. They have indicated that if a specific vaccine is mistakenly used for a child that was not eligible to document it on the borrowing form and submit it to KDHE for reporting. They are NOT going to penalize providers for mistakes such as these. Some states have submitted plans to the CDC for allowing combined inventories. As of last

week 2 states (Utah and Delaware) have submitted successful plans according to the AAP's Department of State Government Affairs. Kansas is considering this and is looking at those states plans.

The Chapter has been working with KDHE to help providers with this process. We have been in contact with the AAPs Department of State Government Affairs and also the Department of Federal Government Affairs. We will continue to monitor this issue.