

Title 23: Division of Medicaid

Part 224: Immunizations

Chapter 1: General

Rule 1.1: Reserved

Rule 1.2: Refer to Part 219, Rule 1.10.

Rule 1.3: Vaccines for Children (VFC) Program

- A. The Division of Medicaid defines the Vaccines for Children (VFC) Program as a federally funded program that provides vaccines at no cost to Mississippi Medicaid providers registered as VFC providers. The Mississippi State Department of Health (MSDH) is the lead agency in administering the VFC Program and distributing the vaccines to VFC registered providers allowing for eligible children aged eighteen (18) and under to receive free vaccines.
- B. The Division of Medicaid covers the administration of VFC vaccines for beneficiaries eighteen (18) years of age and younger according to the indications and guidelines of the Centers for Disease Control and Prevention (CDC).
- C. The Division of Medicaid reimburses VFC providers an administration fee for each single or combination VFC vaccine at a rate set by the Division of Medicaid.
 - 1. The Division of Medicaid reimburses for the administration of vaccines to beneficiaries eighteen (18) years of age and younger only if the vaccines are obtained from the VFC Program through the MSDH.
 - 2. The Division of Medicaid reimburses for the administration of a VFC vaccine in addition to an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) visit or physician office visit only when a separately identifiable service is provided at the time of the vaccine administration.
 - 3. The administration of a VFC vaccine is included in a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC) or the MSDH clinic encounter rate.
- D. The Division of Medicaid reimburses for vaccines in long-term care facilities for residents whose only payment source is Medicaid:
 - 1. If the purchase and administration of the vaccine(s) is reported on the cost report, or
 - 2. If an outside VFC provider administers the vaccine(s) the Division of Medicaid reimburses the outside provider an administration fee and the long-term care facility cannot claim the cost on the Medicaid cost report.

- E. Providers must bill Medicare for vaccine(s) covered by Medicare for dually-eligible beneficiaries.
- F. The Division of Medicaid does not reimburse:
 - 1. An RHC, FQHC or MSDH clinic an encounter rate solely for the administration of vaccines, or
 - 2. For the cost of vaccines provided through the VFC program.
- G. VFC providers must comply with all federal and state laws and MSDH guidelines and requirements of the VFC program including the following required documentation:
 - 1. The date the beneficiary, or parent or legal representative if the beneficiary is a minor, received a current copy of the relevant federal Vaccine Information Statement (VIS) for each vaccine prior to the administration and confirmation the beneficiary was given an opportunity to discuss concerns,
 - 2. The date of publication of the VIS,
 - 3. The date the vaccination was given,
 - 4. The vaccine manufacturer and lot number of the vaccine administered,
 - 5. The signature and title of the individual who administered the vaccine, and
 - 6. Any adverse events that occurred after vaccination.

Source: 42 USC §§ 1396s, 300aa-26; Miss. Code Ann. §§ 41-23-37, 43-13-121, 43-17-5.

History: Revised eff. 01/01/2016.

Rule 1.4: Vaccines for Beneficiaries Nineteen (19) Years of Age and Older

- A. The Division of Medicaid covers the following vaccines according to the indications and guidelines of the Centers for Disease Control and Prevention (CDC):
 - 1. Rabies,
 - 2. Tetanus,
 - 3. Influenza,
 - 4. Pneumococcal,
 - 5. Human Papilloma Virus (HPV),

6. Hepatitis B Virus (HBV),
7. Varicella,
8. Herpes Zoster, and
9. Measles, Mumps, and Rubella (MMR).

B. The Division of Medicaid reimburses:

1. A physician's office for:
 - a) Each vaccine and its administration fee if the office visit is only for the administration of the vaccine(s), or
 - b) Each vaccine, its administration fee and an Evaluation and Management (E&M) visit only when a separately identifiable service is provided at the time of the vaccine administration.
2. A Federally Qualified Health Center (FQHC), a Rural Health Clinic (RHC), and the Mississippi State Department of Health (MSDH) clinic providers an encounter rate for a core service which includes the vaccine(s) and its administration.
3. A long-term care facility for Medicaid only residents:
 - a) On the cost report for the purchase and administration of the vaccine(s), or
 - b) If an outside provider administers the vaccine(s) the Division of Medicaid reimburses the outside provider for each vaccine and its administration fee and the long-term care facility cannot claim the cost on the Medicaid cost report.

C. Providers must bill Medicare for vaccine(s) covered by Medicare for dually eligible beneficiaries.

D. The Division of Medicaid does not reimburse:

1. For the administration of the intra-nasal influenza vaccine, or
2. RHC, FQHC or MSDH clinics an encounter rate solely for the administration of the vaccine(s),
3. A long-term care facility for costs on the cost report:
 - a) Associated with the purchase or administration of vaccines if an outside provider administers the vaccine(s), or
 - b) For vaccines covered by Medicare.

E. Providers administering vaccines must document the following:

1. The edition date of the Vaccine Information Statement (VIS),
2. The date the VIS was provided,
3. The date the vaccination was given,
4. The vaccine manufacturer and lot number of the vaccine administered,
5. The signature and title of the individual who administered the vaccine, and
6. Any adverse events that occurred after vaccination.

Source: 42 USC § 300aa-26; Miss. Code Ann. 43-13-121.

History: Revised eff. 01/01/2016.

Rule 1.5: Refer to Part 224, Rules 1.3 and 1.4.

Rule 1.7: Vaccines Available Through the Pharmacy Venue

A. The Division of Medicaid covers the following vaccines according to the indications and guidelines of the Centers for Disease Control and Prevention (CDC) for beneficiaries nineteen (19) years of age and older through the pharmacy program:

1. Influenza,
2. Pneumococcal,
3. Herpes Zoster, and
4. Varicella.

B. Vaccines administered by a credentialed pharmacist count against the pharmacy limits and co-payments are applicable.

C. The Division of Medicaid reimburses for the vaccine's ingredient cost and a dispensing fee for vaccinations administered in the pharmacy venue.

D. The Division of Medicaid does not reimburse a fee for administration of vaccines in the pharmacy venue.

E. The pharmacy provider must document the following:

1. A hard copy physician's order for the vaccine,

2. The date the beneficiary received a current copy of the relevant federal Vaccine Information Statement (VIS) for each vaccine prior to the administration and confirmation the beneficiary was given an opportunity to discuss concerns,
3. The date of publication of the VIS,
4. The date the vaccination was given,
5. The vaccine manufacturer and lot number of the vaccine administered,
6. The pharmacy name, pharmacy address, and the signature and title of the individual who administered the vaccine, and
7. Any adverse events that occurred after vaccination.

Source: Miss. Code Ann. § 43-13-121.

History: Revised eff. 01/01/2016.

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- B. The Division of Medicaid covers the administration of VFC vaccines for beneficiaries eighteen (18) years of age and younger according to the indications and guidelines of the Centers for Disease Control and Prevention (CDC).
- C. The Division of Medicaid reimburses VFC providers an administration fee for each single or combination VFC vaccine at a rate set by the Division of Medicaid.
 - 1. The Division of Medicaid reimburses for the administration of vaccines to beneficiaries eighteen (18) years of age and younger only if the vaccines are obtained from the VFC Program through the MSDH.
 - 2. The Division of Medicaid reimburses for the administration of a VFC vaccine in addition to an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) visit or physician office visit only when a ~~significantly~~ separately identifiable service is provided at the time of the vaccine administration.
 - 3. The administration of a VFC vaccine is included in a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC) or the MSDH clinic encounter rate.
- D. The Division of Medicaid reimburses for vaccines in long-term care facilities for residents whose only payment source is Medicaid:
 - 1. If the purchase and administration of the vaccine(s) is reported on the cost report, or
 - 2. If an outside VFC provider administers the vaccine(s) the Division of Medicaid reimburses the outside provider an administration fee and the long-term care facility cannot claim the cost on the Medicaid cost report.

- E. Providers must bill Medicare for vaccine(s) covered by Medicare for dually-eligible beneficiaries.
- F. The Division of Medicaid does not reimburse:
 - 1. An RHC, FQHC or MSDH clinic an encounter rate solely for the administration of vaccines, or
 - 2. For the cost of vaccines provided through the VFC program.
- G. VFC providers must comply with all federal and state laws and MSDH guidelines and requirements of the VFC program including the following required documentation:
 - 1. The date the beneficiary, or parent or legal representative if the beneficiary is a minor, received a current copy of the relevant federal Vaccine Information Statement (VIS) for each vaccine prior to the administration and confirmation the beneficiary was given an opportunity to discuss concerns,
 - 2. The date of publication of the VIS,
 - 3. The date the vaccination was given,
 - 4. The vaccine manufacturer and lot number of the vaccine administered,
 - 5. The signature and title of the individual who administered the vaccine, and
 - 6. Any adverse events that occurred after vaccination.

Source: 42 USC §§ 1396s, 300aa-26; Miss. Code Ann. §§ 41-23-37, 43-13-121, 43-17-5.

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 - 3. Influenza,
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 - 5. Human Papilloma Virus (HPV),

6. Hepatitis B Virus (HBV),
7. Varicella,
8. Herpes Zoster, and
9. Measles, Mumps, and Rubella (MMR).

B. The Division of Medicaid reimburses:

1. A physician's office for:
 - a) Each vaccine and its administration fee if the office visit is only for the administration of the vaccine(s), or
 - b) Each vaccine, its administration fee and an Evaluation and Management (E&M) visit only when a significantly separately identifiable service is provided at the time of the vaccine administration.
2. A Federally Qualified Health Center (FQHC), a Rural Health Clinic (RHC), and the Mississippi State Department of Health (MSDH) clinic providers an encounter rate for a core service which includes the vaccine(s) and its administration.
3. A long-term care facility for Medicaid only residents:
 - a) On the cost report for the purchase and administration of the vaccine(s), or
 - b) If an outside provider administers the vaccine(s) the Division of Medicaid reimburses the outside provider for each vaccine and its administration fee and the long-term care facility cannot claim the cost on the Medicaid cost report.

C. Providers must bill Medicare for vaccine(s) covered by Medicare for dually eligible beneficiaries.

D. The Division of Medicaid does not reimburse:

1. For the administration of the intra-nasal influenza vaccine, or
2. RHC, FQHC or MSDH clinics an encounter rate solely for the administration of the vaccine(s),
3. A long-term care facility for costs on the cost report:
 - a) Associated with the purchase or administration of vaccines if an outside provider administers the vaccine(s), or
 - b) For vaccines covered by Medicare.

E. Providers administering vaccines must document the following:

1. The edition date of the Vaccine Information Statement (VIS),
2. The date the VIS was provided,
3. The date the vaccination was given,
4. The vaccine manufacturer and lot number of the vaccine administered,
5. The signature and title of the individual who administered the vaccine, and
6. Any adverse events that occurred after vaccination.

Source: 42 USC § 300aa-26; Miss. Code Ann. 43-13-121.

History: Revised eff. 01/01/2016.

~~Rule 1.5: *[Reserved Moved to Miss. Admin. Code Refer to Part 224, Rules 1.3- and 1.4.]*~~

Rule 1.7: Vaccines Available Through the Pharmacy Venue

A. The Division of Medicaid covers the following vaccines according to the indications and guidelines of the Centers for Disease Control and Prevention (CDC) for beneficiaries nineteen (19) years of age and older through the pharmacy program:

1. Influenza,
2. Pneumococcal,
3. Herpes Zoster, and
4. Varicella.

B. Vaccines administered by a credentialed pharmacist count against the pharmacy limits and co-payments are applicable.

C. The Division of Medicaid reimburses for the vaccine's ingredient cost and a dispensing fee for vaccinations administered in the pharmacy venue.

D. The Division of Medicaid does not reimburse a fee for administration of vaccines in the pharmacy venue.

E. The pharmacy provider must document the following:

1. A hard copy physician's order for the vaccine,

2. The date the beneficiary received a current copy of the relevant federal Vaccine Information Statement (VIS) for each vaccine prior to the administration and confirmation the beneficiary was given an opportunity to discuss concerns,
3. The date of publication of the VIS,
4. The date the vaccination was given,
5. The vaccine manufacturer and lot number of the vaccine administered,
6. The pharmacy name, pharmacy address, and the signature and title of the individual who administered the vaccine, and
7. Any adverse events that occurred after vaccination.

Source: Miss. Code Ann. § 43-13-121.

History: Revised eff. 01/01/2016.