

**Title 23: Division of Medicaid**

**Part 224: Immunizations**

**Part 224 Chapter 1: General**

*Rule 1.3: Vaccines for Beneficiaries Eligible for the Vaccine for Children (VFC) Program*

A. The Division of Medicaid defines:

1. 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.
2. The Advisory Committee for Immunization Practices (ACIP) as the governing body that sets the schedule regarding the appropriate periodicity, dosage, and contraindications applicable to pediatric vaccines.

B. The Division of Medicaid covers the administration of VFC and non-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) only when administered by Mississippi Medicaid enrolled providers registered as a VFC provider with the MSDH.

C. For vaccines available through the VFC program the Division of Medicaid:

1. Reimburses an administration fee for each single or combination VFC vaccine at a rate set by the Division of Medicaid.
2. Does not reimburse for:
  - a) The cost of the vaccine, or
  - b) Multiple payments for each component of a combination vaccine. Providers must administer combination vaccines if recommended by ACIP.

D. For vaccines not available through the VFC program the Division of Medicaid reimburses for:

1. An administration fee for each single vaccine,
2. Multiple payments for combination vaccines, and
3. A fee for the cost of the vaccines as listed on the vaccine fee-for-service fee schedule.

E. The Division of Medicaid reimburses for the administration of vaccines:

1. 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.
  2. As part of the encounter rate for a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC) or the MSDH clinic.
- F. For vaccines in long-term care facilities for residents whose only payment source is Medicaid, the Division of Medicaid:
1. Reimburses:
    - a) An administration fee and the cost of the vaccine(s) reported on the cost report, as part of the facility's per diem, or
    - b) An outside provider for an administration fee and the cost of the vaccine if not available through the VFC program. The cost of a vaccine available through the VFC program is not reimbursable.
  2. Does not reimburse:
    - a) The cost of the vaccine through the pharmacy venue, or
    - b) The administration of the vaccine outside of the long-term care facility's per diem rate.
- G. Providers must bill Medicare for vaccine(s) covered by Medicare for dually-eligible beneficiaries.
- H. 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 available through the VFC program.
- I. 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.

History: Revised to correspond with SPA 20-0013 (eff. 09/01/2020) eff. 12/01/2020, Revised eff. 01/01/2016.

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

- A. The Division of Medicaid covers all vaccines according to the indications and guidelines of the Centers for Disease Control and Prevention (CDC).
- 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 cost of vaccine(s) and vaccine administration.
  3. A long-term care facility for Medicaid only residents:
    - a) On the cost report for the cost 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. An RHC, FQHC or MSDH clinics an encounter rate solely for the administration of the vaccine(s),
2. A long-term care facility for costs on the cost report:
  - a) Associated with the cost 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 to correspond with SPA 20-0013 (eff. 09/01/2020) eff. 12/01/2020, Revised eff. 01/01/2016.

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

*Rule 1.6: Vaccines for Pregnant and Postpartum Beneficiaries*

A. The Division of Medicaid covers the tetanus-diphtheria-acellular pertussis (Tdap) vaccine for pregnant and postpartum beneficiaries that is Food and Drug Administration (FDA) approved or that follows medically accepted indications and dosing limits supported by one (1) or more of the official compendia as designated by the Centers for Medicare and Medicaid (CMS) when:

1. Administered to pregnant beneficiaries, during each pregnancy, twenty-seven (27) to thirty-six (36) weeks of the treating physician's expected date of delivery, or
2. Administered to a postpartum beneficiary immediately after delivery only if the beneficiary:
  - a) Did not get a dose of a Tdap vaccine during her pregnancy, and

- b) Has never received a Tdap vaccine.
- B. The Division of Medicaid reimburses for the cost of the Tdap vaccine when purchased by an OB/GYN who is not a VFC registered provider and administered to pregnant and postpartum beneficiaries eighteen (18) years of age and younger.

Source: Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised to correspond with SPA 20-0013 (eff. 09/01/2020) eff. 12/01/2020, New Rule eff. 04/01/2015.

*Rule 1.7: Vaccines Available Through the Pharmacy Venue*

- A. The Division of Medicaid covers all 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:
- B. The Division of Medicaid covers all vaccines according to the indications and guidelines of the Centers for Disease Control and Prevention (CDC) for beneficiaries ten (10) to eighteen (18) years of age through the pharmacy program only if the pharmacy is a Vaccine for Children (VFC) provider.
- C. The Division of Medicaid reimburses the actual acquisition cost (AAC), defined as the wholesale acquisition cost (WAC) plus 0%, for vaccinations administered in the pharmacy venue.
- D. The Division of Medicaid reimburses a pharmacy provider, for vaccine administration by a pharmacist, the same fee as a primary care physician.
- 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. §§ 43-13-117, 43-13-121.

History: Revised to correspond with SPA 20-0013 (eff. 09/01/2020) eff. 12/01/2020, Revised eff. 01/01/2016.

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**Part 224 Chapter 1: General**

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A. The Division of Medicaid defines:

1. ~~¶~~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.
2. The Advisory Committee for Immunization Practices (ACIP) as the governing body that sets the schedule regarding the appropriate periodicity, dosage, and contraindications applicable to pediatric vaccines.

B. The Division of Medicaid covers the administration of VFC and non-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) only when administered by Mississippi Medicaid enrolled providers registered as a VFC provider with the MSDH.

C. ~~The Division of Medicaid reimburses VFC providers~~ For vaccines available through the VFC program the Division of Medicaid:

1. Reimburses an administration fee for each single or combination VFC vaccine at a rate set by the Division of Medicaid.
2. Does not reimburse for:
  - a) The cost of the vaccine, or
  - b) Multiple payments for each component of a combination vaccine. Providers must administer combination vaccines if recommended by ACIP.
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.~~

D. For vaccines not available through the VFC program the Division of Medicaid reimburses for:

1. An administration fee for each single vaccine,
2. Multiple payments for combination vaccines, and

3. A fee for the cost of the vaccines as listed on the vaccine fee-for-service fee schedule.

2E. The Division of Medicaid reimburses for the administration of a VFC vaccine:

1. 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.

32. The administration of a VFC vaccine is included in a As part of the encounter rate for a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC) or the MSDH clinic encounter rate.

DE. The Division of Medicaid reimburses for vaccines in long-term care facilities for residents whose only payment source is Medicaid, the Division of Medicaid:

1. Reimburses:

1.a) If the purchase and An administration fee and the cost of the vaccine(s) is reported on the cost report, as part of the facility's per diem, or

2.b) If an outside VFC provider administers the vaccine(s) the Division of Medicaid reimburses the An outside provider for an administration fee and the cost of the vaccine if not available through the VFC program. The cost of a vaccine available through the VFC program is not reimbursable. the long-term care facility cannot claim the cost on the Medicaid cost report.

2. Does not reimburse:

a) The cost of the vaccine through the pharmacy venue, or

b) The administration of the vaccine outside of the long-term care facility's per diem rate.

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

FH. 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 available through the VFC program.

GI. 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 to correspond with SPA 20-0013 (eff. 09/01/2020) eff. 12/01/2020; 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~~ all 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 cost of vaccine(s) and ~~its~~ vaccine administration.
3. A long-term care facility for Medicaid only residents:
- a) On the cost report for the ~~purchase cost~~ cost 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~~
  - ~~21. An RHC, FQHC or MSDH clinics an encounter rate solely for the administration of the vaccine(s),~~
  - ~~32. A long-term care facility for costs on the cost report:~~
    - a) Associated with the ~~purchase cost~~ cost 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 to correspond with SPA 20-0013 (eff. 09/01/2020) eff. 12/01/2020, Revised eff. 01/01/2016.

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A. The Division of Medicaid covers the tetanus-diphtheria-acellular pertussis (Tdap) vaccine for pregnant and postpartum beneficiaries that is Food and Drug Administration (FDA) approved or that follows medically accepted indications and dosing limits supported by one (1) or more of the official compendia as designated by the Centers for Medicare and Medicaid (CMS) when:

1. Administered to pregnant beneficiaries, during each pregnancy, twenty-seven (27) to thirty-six (36) weeks of the treating physician's expected date of delivery, or
2. Administered to a postpartum beneficiary immediately after delivery only if the beneficiary:
  - a) Did not get a dose of a Tdap vaccine during her pregnancy, and
  - b) Has never received a Tdap vaccine.

B. The Division of Medicaid reimburses for the cost of the Tdap vaccine when purchased by an OB/GYN who is not a VFC registered provider and administered to pregnant and postpartum beneficiaries eighteen (18) years of age and younger.

~~B. The Division of Medicaid does not reimburse a Tdap vaccine administration fee.~~

Source: Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised to correspond with SPA 20-0013 (eff. 09/01/2020) eff. 12/01/2020, New Rule eff. 04/01/2015.

*Rule 1.7: Vaccines Available Through the Pharmacy Venue*

A. The Division of Medicaid covers ~~the following~~ all 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. The Division of Medicaid covers the following all vaccines according to the indications and guidelines of the Centers for Disease Control and Prevention (CDC) for beneficiaries ten (10) to eighteen (18) years of age through the pharmacy program only if the pharmacy is a Vaccine for Children (VFC) provider.

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

C. The Division of Medicaid reimburses the actual acquisition cost (AAC), defined as the wholesale acquisition cost (WAC) plus 0%, 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 pharmacy provider, for vaccine administration by a pharmacist, the same fee as a primary care physician. 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. §§ 43-13-117, 43-13-121.

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