

Please see below for some frequently asked questions related to Provider Agreement Renewals.

Question 1: When renewing the Provider agreement, providers must indicate training for the primary and backup vaccine coordinators. One of the accepted types of training is a site visit. How recent must a site visit be to count?

Answer: A compliance site visit must have occurred in the last twelve months to count as meeting the training requirement.

Question 2: What does LHJ stand for?

Answer: LHJ stands for Local Health Jurisdiction. Washington State has 35 local health jurisdictions. Every provider is associated with an LHJ based on the clinic's geographic location. Providers in Pierce, Cowlitz and Grays Harbor counties work directly with the state.

Question 3: Do Tacoma-Pierce providers still contact their LHJ, even though there is no VFC vaccine coordinator anymore?

Answer: Providers should contact the Tacoma-Pierce Health Department for AFIX and Perinatal Hepatitis B case support. For all other functions, Tacoma-Pierce providers should contact the State Department of Health (DOH) directly.

Question 4: What is the NPI number?

Answer: The National Provider Identifier (NPI) is a unique 10-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS). The NPI has replaced the unique provider identification number (UPIN) as the required identifier for Medicare services, and is used by other payers, including commercial healthcare insurers.

The NPI is one of the steps that CMS is using to improve electronic transactions for health care. National standards for electronic health care transactions encourage electronic commerce in the health care industry and simplify the processes involved to reduce the administrative burdens on health care providers. With national standards and identifiers in place for electronic claims and other transactions, health care providers can submit transactions to any health plan in the United States. Health plans can send standard transactions such as remittance advices and referral authorizations to health care providers. These national standards make electronic data interchange a viable and preferable alternative to paper processing for health care providers and health plans alike.

Question 5: What is CHIP? Is the CHIP code the same as the Medicaid VFC status code?

Answer: The Children's Health Insurance Program (CHIP) is a state sponsored health plan that is part of Apple Health, administered by the state Health Care Authority (HCA). CHIP is not the same as Medicaid, and has a different VFC eligibility and code, since these are two separate insurance programs.

Medicaid falls under the VFC Vaccine Eligibility category and has an HL7 messaging code of V02. CHIP falls under the Non-VFC Vaccine Eligibility category and has an HL7 messaging code of V22.

Question 6: How can a provider use the IIS to run a report to complete their Provider Practice Profile?

Answer: The provider billing system may provide the best data for populating the practice profile. The IIS also has a report available called the VFC Patient Breakdown Report that may provide the data needed for the Provider Practice Profile in the VFC Agreement.

To run the report: Log into the IIS, select Reports → State Reports → VFC Patient Breakdown Report. Enter the information and then run the report. The report results may provide the data to complete the Practice Profile.

Question 7: Is there any negotiation going on about the administration fee for Medicaid enrolled children?

Answer: The Medicaid administration fee is set by the state Medicaid agency (HCA). The current rate is \$5.96. We are not aware of any negotiations on the Medicaid rate at this time. Non-Medicaid VFC eligible patients (uninsured or underinsured kids) cannot be charged more than the CMS regional cap of \$23.44.

Question 8: Do other trainings substitute for the “You Call The Shots” online training?

Answer: The “You Call The Shots” online training is one of three methods of training. The other two training options include an in-person training with the LHJ or a site visit.

Question 9: Do all providers listed on the Provider Agreement need to complete an annual training?

Answer: The primary and back-up vaccine coordinators are required to complete an annual training. We recommend that all staff and providers in the clinic who work with or manage any aspect of childhood immunizations also take the training.

Question 11: What are the required trainings? Do providers only do the trainings that have 2016 dates?

Answer: Coordinators are required to Vaccine Storage and Handling training and VFC Program training. If these trainings are being done online via the “You Call the Shots” trainings, coordinators should take the most current versions available.

Question 12: Does the 2 day pink book course count for training of the vaccine coordinators?

Answer: The 2 day Pink Book course does not count as training for vaccine coordinators.

Question 13: Can you please explain more about who can be the signatory for the Provider Agreement?

Answer: The signatory must have authority to ensure that the practice/clinic/facility and all providers listed on the agreement will adhere to the requirements of the program, must be an active provider within that facility, and must have a valid license to administer vaccines.

Question 14: Can you clarify the American Indian/Alaska Native status?

Answer: Yes, any patient who identifies as American Indian or Alaska Native should be counted towards your American Indian/Alaska Native VFC eligible population.

Question 15: Does the back-up vaccine coordinator need to be at the same site? Can they just be part of the same system?

Answer: Yes, there needs to be a back-up coordinator designated for each site that is located on-site.