



Getting Started

Program: Michigan

Activity: Piloting expansion of VFC enrollment to pharmacies

Overview of activity

The Michigan Department of Health and Human Services (MDHHS) Immunization Program piloted expansion of VFC enrollment for pharmacies in areas where access for adolescent vaccination was limited.

Ages targeted

All adolescents (and young adults)

Background/impetus for the activity

While considering ways to increase access to vaccines for adolescents, the Program wanted to explore the idea of pharmacists enrolling as VFC providers in areas with a limited number of vaccine providers. At the time, the Michigan Medicaid program (ie, the Medical Services Administration, or MSA) allowed reimbursement to pharmacies only for influenza vaccine administered to Medicaid-enrolled adults. The Program initiated discussions with MSA regarding expanding pharmacist administration of vaccines; this would require MSA to reimburse pharmacies for administration of adolescent vaccines and for the pharmacies to obtain vaccines through the VFC program. MSA's pharmacy provider liaison group also encouraged MSA to allow pharmacists to bill Medicaid for vaccines.

Description of activity

Effective June 1, 2015, MSA announced a Medicaid policy allowing reimbursement to pharmacies for administration of all ACIP-recommended vaccines to individuals age 19 and older, including HPV vaccine for both males and females through age 26. In addition, a provision was included for adolescents age 11 to 18, whereby pharmacy providers selected by the MDHHS could enroll in VFC to provide vaccines to Medicaid-enrolled adolescents. Per this new Medicaid policy, selection into the VFC program was to be based on location in underserved areas and ability to meet the VFC program's requirements.

To identify candidate pharmacy providers, the Immunization Program asked its local health departments (LHDs), which are responsible for VFC providers in their jurisdiction, to identify pharmacy providers in geographic areas of need with whom they had an established relationship. To reduce the burden on LHD staff for enrolling pharmacies in VFC, a state-level field representative was responsible for VFC enrollment activities for any selected pharmacies.

An initial pharmacy provider was identified and enrolled in VFC. Subsequently, once this provider started billing Medicaid for vaccines administered, the Program learned that the new Medicaid policy allowed reimbursement for vaccine administration only for Medicaid beneficiaries enrolled in fee-for-service (FFS), not those enrolled in Medicaid managed care plans. Nearly all Medicaid enrollees age 18 and under are enrolled in managed care plans, making the reach of this policy unexpectedly very limited. Once the Immunization Program learned the pharmacy policy applied only to Medicaid FFS, the Program went back to its



MSA contacts to make the case for including Medicaid managed care. These contacts then went to their administration, which rejected expansion of the policy in order to keep Medicaid managed care enrollees in their medical homes.

Role of Immunization Program and other agencies/groups involved

The Immunization Program initiated discussions with MSA about the expansion of VFC to pharmacy providers, and helped a state-assigned representative with VFC enrollment tasks. LHDs were responsible for identifying candidates for VFC enrollment among pharmacy providers in their jurisdiction.

Dissemination

The Immunization Program communicated with LHDs about the new Medicaid policy and requested they identify any potential candidate pharmacies for VFC enrollment. Enrollment activities were handled by a state-level field representative to eliminate overburdening the LHDs.

Intersection with other program activities

In January 2016, the Immunization Program created a two-page information sheet to educate pharmacists about HPV vaccination in Michigan. The Michigan Pharmacy Association (MPA) distributed the information sheet to its members via their electronic newsletter. MDHHS sent the sheet to key immunization stakeholders, presented the information at partner meetings and posted it on its website.

Funding

The Program's work on this activity was funded through its regular cooperative agreement with CDC.

Staffing

The Immunization Program Manager and Education and Outreach Section Manager were involved with this activity, such as interfacing with MSA and the LHDs. A field staff person conducted the VFC enrollment activities for the one pharmacy provider that was enrolled.

Implementation status

The Medicaid policy remains in place. Given the limitations of this policy, and lack of LHD identification of other potential pharmacy provider candidates, the Immunization Program has not pursued VFC enrollment of any additional pharmacy providers.

Successes

- The one VFC-enrolled pharmacy continues to participate in the VFC program, at its own cost, despite the major policy limitation. The pharmacy is a local, independent hometown pharmacy that was already a community vaccinator. They chose to continue their

participation in VFC and offer adolescent vaccines with the understanding that they would most likely lose money. Since enrolling in 2015, they have administered 18 doses of HPV, 14 doses of influenza, 18 doses of Tdap, 22 doses of MCV4, and six doses of hepatitis A vaccine. They even offer extended hours for parents to allow them an opportunity to have their adolescents vaccinated. The MDHHS considers them to be a great vaccination partner. The Program continues to allow them to re-enroll and has not had any VFC compliance issues with this pharmacy.

Challenges

- When the Immunization Program first began to explore the option of enrolling pharmacies in VFC, it ran into opposition from the state chapter of the AAP and the School Community Health Alliance of Michigan (SCHA-MI). Their position was that adolescent vaccination should happen in the medical home; the Program's counterargument was that sufficient vaccination was not happening in the medical home, especially in areas of geographic need, and that additional points of access could help improve adolescent vaccination rates, especially for HPV vaccine.
- Given the very low proportion of Medicaid beneficiaries enrolled in FFS in Michigan, pharmacy providers participating in VFC would be unable to bill Medicaid for vaccine administration fees for most Medicaid-enrolled adolescents.
- Before the limitations of Medicaid's policy were understood, some pharmacy representatives were advocating for very broad pharmacy enrollment in VFC (eg, all pharmacies in the state, all branches of a particular retail chain). However, the Immunization Program contracts with its LHDs to conduct VFC compliance visits and oversee VFC compliance, which would be impossible for them to manage for all of the large "big box" pharmacies. MDHHS would have to determine an alternative way to manage the influx of thousands of chain pharmacies into the VFC program.

Other lessons learned/Advice to other programs

- Other programs may have more success with enrolling pharmacies as VFC providers, if they have a much larger proportion of Medicaid beneficiaries enrolled in FFS or their Medicaid program allows reimbursement for vaccine administered to adolescents enrolled in Medicaid managed care plans.

Relevant resources

- MDHHS MSA Medicaid Policy Bulletin on expansion of coverage for pharmacy administration of vaccines (June 1, 2015): http://www.michigan.gov/documents/mdch/MSA-15-08_488415_7.pdf
- MDHHS Information Sheet - HPV Vaccination Snapshot: Pharmacies (January 2016): http://www.michigan.gov/documents/mdhhs/HPV_Snapshot_Pharmacy_512272_7.pdf

For more information

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