

NOTICE OF PROPOSED RULE ADOPTION

STATE OF MISSISSIPPI  
OFFICE OF THE GOVERNOR  
DIVISION OF MEDICAID

Miss. Division of Medicaid  
c/o Bob M. Dent, Staff Officer  
Robert E. Lee Building  
239 N. Lamar Street  
Suite 801  
Jackson, MS 39201-1399  
(601) 359-6120  
http://www.dom.state.ms.us

Specific Legal Authority authorizing the promulgation of  
Rule: Miss. Code Ann. §43-13-121(1972), as amended

Reference to Rules repealed, amended or suspended by the  
Proposed Rule : \_\_\_\_\_  
Provider Policy Manual Section 77.04

**Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule:**

AP 2006-59. This Provider Policy Manual update covers section 77.04 regarding Immunizations - Vaccines for Children

This rule is proposed as a  Final Rule, and/or a  Temporary Rule (Check one or both boxes as applicable.)

Persons may present their views on the proposed rule by addressing written comments to the agency at the above address. Persons making comments should include their name and address, as well as other contact information, and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

Oral Proceeding: Check one box below:

An oral proceeding is scheduled on this rule on Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Place: \_\_\_\_\_

If you wish to be heard and present evidence at the oral proceeding you must make a written request to the agency at the above address at least \_\_\_\_\_ day(s) prior to the proceeding to be placed on the agenda. The request should include your name, address, telephone number as well as other contact information; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

An oral proceeding is not scheduled on this rule. Where an oral proceeding is not scheduled, an oral proceeding will be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address and telephone number of the person(s) making the request; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

Economic Impact Statement: Check one box below:

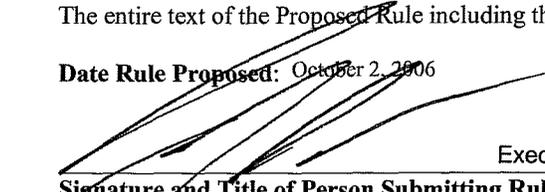
The agency has determined that an economic impact statement is not required for this rule, or

The concise summary of the economic impact statement required is attached.

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Date Rule Proposed: October 2, 2006

Proposed Effective Date of Rule: December 1, 2006

  
Executive Director  
Signature and Title of Person Submitting Rule for Filing

<b>Division of Medicaid State of Mississippi Provider Policy Manual</b>	<b>New:</b> <b>Revised: X</b> <b>Current:</b>	<b>Date:</b> <b>Date: -08/15/02</b> <b>12/01/06</b>
<b>Section: Immunization</b>	<b>Section: 77.04</b>	
<b>Subject: Vaccines for Children</b>	<b>Pages: 1</b>	
	<b>Cross Reference:</b>	

In an effort to increase the immunization levels of Mississippi's children by two (2) years of age, the Mississippi State Department of Health (MSDH) and the Mississippi Division of Medicaid (DOM) implemented the Vaccines for Children (VFC) Program on October 1, 1994.

~~VFC provides vaccines at no cost to participating health care providers. This allows children aged 18 years and under to receive free vaccines. Eligible children include children who are enrolled in Medicaid and children without health insurance. Native American and Alaskan Native children and children with health insurance that does not cover vaccines (underinsured) are also eligible. Underinsured children are eligible to receive VFC vaccines at Federally Qualified Health Centers (FQHC) or Rural Health Centers (RHC). Providers may receive VFC vaccine and administer this vaccine at no charge if they are enrolled in the program and agree to follow the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) recommended immunization schedule.~~

VFC is a nationally sponsored program that provides vaccines at no cost to participating health care providers, thus allowing for eligible children aged eighteen (18) and under to receive free vaccines. Eligible children include children who are enrolled in Medicaid, children without health insurance, and Native American and Alaskan Native children. Children who have health insurance that does not cover immunizations (underinsured) are also eligible, if they obtain the vaccines from a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC).

Providers may receive VFC vaccine and administer this vaccine at no charge if they are enrolled in the program and agree to follow the most current recommended childhood immunization schedule developed and endorsed by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

The Mississippi State Department of Health (MSDH) is the lead agency in administering the VFC Program. Enrollment and vaccine order forms are available through the MSDH Immunization Division. Questions regarding enrollment should be directed to the VFC Coordinator at the MSDH.

For children enrolled in Medicaid, the DOM covers the administration of each vaccine dose at a reimbursement fee of ~~\$10.00 per dose~~ rate set by the Division. When multiple ~~doses~~ vaccines are given on the same visit, Medicaid will reimburse for ~~each dose~~ the administration of each vaccine. When vaccines are given in conjunction with an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) screening visit or a physician office visit, ~~the administration fee of \$10.00 will also be reimbursed for beneficiaries 18 years and under, in addition to the reimbursement for the visit.~~ DOM will reimburse for the administration of the vaccine in addition to the reimbursement for the visit.

~~Providers must supply appropriate coding on the HCFA-1500 claim form in order to receive reimbursement for the administration of each immunization from the VFC stock.~~

**The Division of Medicaid reimburses for the administration of vaccines ONLY if the vaccines are obtained from the Vaccines for Children (VFC) Program through the Mississippi State Department of Health. The DOM does not pay for the administration of vaccines obtained from other sources.**

~~EPSDT VFC providers should use the most current recommended childhood immunization schedule developed and endorsed by the ACIP, the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians.~~

Claims must be submitted on the CMS-1500 claim form. Providers must use appropriate codes in order to receive reimbursement.