

Q and A for Private Providers on Centralized Distribution

General questions:

- Q1: Providers who transfer, how will eligibility error messages be tracked?
A1: (Laura) It can't be at this time. The transaction could be tested. (Ian) Yes, it will show up on the wastage report if a VFC lot # was used for the wasted dose.
- Q2: How do we plan to store the birth dose hepatitis B?
A2: There can be bulk shipments to the hospitals or the amount they can have on-hand if there are storage capacity issues.
- Q3: Will providers be broken out into the actual county in which they reside?
A3: For the rest of this year, LHDs will maintain the providers they are working with. The provider pin #'s may be re-assigned to a new county using that county pin code during the next enrollment period. Next year, providers will be aligned and working with the counties in which they are located.
- Q4: Will financial amounts be reflected in the e-ordering system?
A4: Yes, in e-ordering the screen will show transaction amounts and the total for each order.
- Q5: Will the financial amounts be displayed on the End of the Month report?
A5: No.
- Q6: If a provider accidentally receives too much vaccine and calls the LHD, what is the role of the LHD at that point?
A6: The LHD should call MDCH to redistribute the vaccine. The state will manage those mis-orders with no liability on the part of the provider or LHD. However, MDCH expects that the vaccine remain viable until it is redistributed.
- Q7: Is it ok for the LHD to be a "storage site" for influenza vaccine? Can they give assistance to providers in storing it?
A7: MDCH will be giving allocations out and anticipate it coming thru in phases. The LHD can use discretion if they want to manage influenza vaccine and please consider their own storage capacity.
- Q8: How accountable should LHDs be in checking the phone/email from providers? Should there be an hourly message retrieval system?
A8: This isn't feasible for many LHD. One option would be to leave a message on the voice mail providing further direction to providers calling about compromised vaccine (particularly on delivery). You could leave a main line phone # for them to call or press 0 or however they would normally work if the immunization staff went on vacations etc.

- Q9: Will LHD be trained and then train the providers on the e-ordering system?
A9: The LHD staff will work closely with MCIR regional staff to train and schedule training for providers. Each region should be developing a joint plan of action.
- Q10: Can the provider call MDCH if the LHD is not available?
A10: No. LHD are always the primary point of contact and it may not need to escalate to the state office. Please use normal chain of communications at all times.
- Q11: During “test”, the NDC’s are not matching, and this can be a huge billing issue.
A11: MCIR will maintain updated NDC #’s and update them as necessary.
- Q12: Will LHD be able to “test” the transfer sites?
A12: Yes, Laura Korten will arrange for to Beta test sites (more to follow...)
- Q13: How will we be updated on VMBIP information?
A13: Updates will primarily come to you through your local health department Immunization Program. MDCH will be adding a VMBIP site as we move closer to the actual transition date of May 12th 2008. The CDC website is available and you can register to receive automatic updates by email at <http://www.cdc.gov/nip/vmbip/>. Information will also be posted at www.michigan.gov/vfc, the MDCH immunization website.
- Q14: If there is a customer service issue, who do we call during transition?
A14: The local health department (LHD) will facilitate resolving issues with providers in their jurisdiction.
- Q15: Who adds the VFC provider profile information to the ordering system?
A15: LHDs will provide updated profile information (change in address or provider name) to MDCH as needed. MDCH will update the system with the new information.
- Q16: At what point will CDC be considering recommending products to store vaccine (i.e. certain styles/sizes of refrigerators and freezers).
A16: MDCH has not heard anything on this, nor do we expect to hear input on this from CDC.
- Q17: How will LHD receive Vaccine Information Statements (VIS)?
A17: VIS will still be ordered through the MDCH vaccine depot as needed and for distribution out to VFC and non-VFC providers.

McKesson questions:

- Q1: If vaccine expires in June (prior to the May go-live date), will it be returned to McKesson or the MDCH depot?

- A1: Any vaccine that expires after the May 12th is returned to McKesson, including influenza vaccine for the 2007-2008 flu season. MDCH will be issuing a new return form.
- Q2: How can I find out more about this distributor?
A2: You can find more information on McKesson Specialty Distribution by visiting www.McKesson.com.
- Q3: From where will the centralized distributor ship and will there be other central distributors that represent other regions (East, West, etc.) of the US?
A3: McKesson has been selected as the vendor for the entire U.S. McKesson is shipping from Memphis, TN and Sacramento, CA. An additional facility may be added at a later date. Michigan will be served from the Memphis distribution center.
- Q4: What is McKesson's experience with vaccine shipping?
A4: Currently, they ship 15,000 to 20,000 orders per month, so about 5,000 cold chain packages per week. As of January 2008, 37 states have transitioned to McKesson for VFC vaccine delivery. Vaccines have been part of their product mix for the last several years servicing oncology accounts and physician offices. McKesson is one of the largest distributors of vaccines in the U.S.

Ordering questions:

- Q1: How will providers submit a priority order?
A1: Providers will contact the LHD →MDCH for approval for all priority shipment orders.
- Q2: If multiple LHD staff is approving orders, will the LHD know if an order had been approved?
A2: Orders will show as "approved" and can be viewed as such by any LHD approving staff.
- Q3: Will a paper-based option be available once we go to e-ordering?
A3: No. Paper-based ordering will be eliminated once everyone is transitioned to an e-ordering system.
- Q4: When do we stop ordering through the MDCH vaccine depot?
A4: You may continue to order through the MDCH depot until May 1st although orders may continue to be filled through the depot for a few weeks after Michigan goes-live. The depot will likely have vaccine through the end of June; however, the ordering will be done through MDCH.

- Q5: What is the expected delivery timeframe of orders?
- A5: McKesson will abide by the following regulations in regards to shipment of orders:
- a) McKesson will ship orders such that the first delivery attempt will fall within the acceptable shipment times as identified by the provider.
 - b) McKesson shall process each order so that the time between order receipt and order shipment meets the following requirements:
 - a. 80% of orders shipped within three shipping days
 - b. 100% of orders shipped within five shipping days
 - c) McKesson shall choose a mode of shipment whose total in-transit time does not exceed 48 hours.
 - d) Providers should receive their vaccine orders in 10- 14 days from the time they place their orders with the LHD, however due to McKesson only shipping on Monday, Tuesday and Wednesday, orders could go into a third week.
- Q6: Will ~~VODS (Vaccine Ordering and Distribution System)~~ VTRAX be provider or state based?
- A6: A national system (formerly VODS now referred to as VTRAX) is provided to the states by CDC, and will provide a standard messaging interface to external information systems; this would include registries and other systems. MDCH will oversee orders to ensure they fall within pre-prescribed thresholds. Michigan, along with many other states, is working to utilize registries (MCIR) as a mechanism for providers to place orders. There is a technical workgroup looking at these issues and working to determine the best possible e-ordering set up for our state.
- Q7: What is the ~~VODS~~ VTRAX timeline?
- A7: No national electronic ordering mechanism will be available until after Michigan's "go-live" date of May 12, 2008. There are many states currently using or testing their registries and e-ordering system. We will continue to update LHDs with the status of e-ordering.
- Q8: How will the centralized distributor handle emergency orders/situations?
- A8: Providers may request vaccines on a priority basis if there is a serious emergency (outbreak of vaccine preventable disease or special mass clinic scheduled, or if a provider runs out of vaccine due to patient volume etc.) but the state will be charged a premium from McKesson for each shipment that contains a priority order. CDC will be monitoring MDCH to ensure that we are not abusing priority shipping for the sake of convenience. Upon receiving a priority provider order from Michigan, McKesson shall:
- a) Expedite its packing and shipment of vaccines by placing it ahead of other routine orders and by choosing a faster shipment method (i.e. overnight). Orders received shall be processed by McKesson within one business day of McKesson's receipt of the orders.

- b) Choose a shipment mode that will guarantee that the vaccine will arrive in viable condition.

Local health departments can work with MDCH VFC staff to arrange for receipt of the shipment on a Friday or Saturday if desired and if the provider will be available to receive the shipment.

Q9: How will the centralized distributor monitor and manage the thresholds on the quantity of vaccines states or providers can order?

A9: McKesson will be given the total amount Michigan is allowed to order. How the vaccine is allocated among the individual providers is determined by MDCH. We expect that LHD will approve orders that fall outside the profile range, based on criteria provided by MDCH and with MDCH approval.

MDCH will use a spend plan in monitoring the vaccines that are in shortage. MDCH will be monitored (by CDC) against what is stated in the spend plan and the actual orders that are distributed to each provider.

Q10: What will happen if that ordering threshold is approached or breached, or if there is a vaccine shortage?

A10: Michigan will be notified of our vaccine allocation regularly by CDC. States will receive month-to-date reports that are detailed to the antigen level from CDC. This will provide weekly information on each antigen. As stated above, it is up to the states to manage a shortage vaccine at the provider level. McKesson will also be given this vaccine allocation. Once the vaccine allocation has been distributed, there may be a short or long term delay for additional fulfillment of provider orders depending on the severity of the vaccine shortage.

Q11: How will the influenza vaccine supply / distribution be implemented?

A11: Michigan will continue to order VFC influenza vaccine as it is currently ordered. The VFC flu vaccine for the 08-09 season has been pre-ordered thru CDC. We anticipate receipt and distribution through McKesson. Flu vaccine that expires after May 12, 2008 should be returned to McKesson once the loss/wastage forms are sent to MDCH.

Q12: Can we place an order for just flu vaccine?

A12: Yes.

Q13: Will we be able to break packages (smaller than 10 doses)?

A13: McKesson will break packages for smaller orders based on presentation of product. MDCH will allow LHDs to order for quantities and distribute single doses out as needed. Orders that need to be broken down will flag the system for LHDs to verify the order with the provider. Example: provider requesting one or two doses of DT. As you are aware, varicella orders must be in quantities of 20 through Merck.

- Q14: Will brand and presentation choice be available, or will providers be expected to take whatever they are given?
- A14: Brand choice is available currently as storage allows at the LHD level. Once we move to centralized distribution, brand choice and presentation will be expanded. A survey will be sent via MCIR for providers to indicate their choices. McKesson will need to know what to stock for Michigan providers.
- Q15: Are there assurances of not receiving short-dated vaccine?
- A15: McKesson typically doesn't send anything short-dated. We don't anticipate that this will change.
- Q16: Will we require temperature logs at the time of the order?
- A16: Because during redistribution instances it will be required, LHDs will collect monthly temp logs when orders are placed or as instructed by your LHD.
- Q17: Can we order more than 2x per month if we do not have enough storage space for more?
- A17: Early messages on transitioning dictated 2-3 month supplies as storage capacity allowed. Recently, all LHD have been notified and given guidance using a tiered ordering frequency formula prescribed by MDCH and CDC.

Shipping questions:

- Q1: Since there will be several shipping companies delivering the vaccine; can the LHD or provider use any company to return the boxes?
- A1: No. UPS will pick up the boxes per their contract with McKesson regardless of the delivering company.
- Q2: Are there any particular dates or months when the centralized distributor will not be able to ship vaccines (i.e. the week of Thanksgiving, month of December)?
- A2: McKesson will be open all year around except for these national holidays:
- Washington's Birthday
 - Memorial Day
 - Independence Day
 - Labor Day
 - Veterans' Day
 - Thanksgiving Day
 - Christmas Day
 - New Year's Day
 - Columbus Day
 - Martin Luther King Day
 - Any other day designated by Federal Statute
 - Any other day designated by Executive Order
 - Any other day designated by Presidential proclamation

Unscheduled Facility Closures: In the event the Government facilities are closed due to inclement weather, potentially hazardous conditions, and other special circumstances, contractor personnel assigned to work within those facilities are automatically dismissed. In each instance, McKesson agrees to continue to provide sufficient personnel to perform round-the-clock requirements of critical tasks already in operation or scheduled, and shall be guided by the instructions issued by the Contracting Officer or his duly appointed representative.

- Q3: How does McKesson plan to incorporate each provider's operating hours/information into their order fulfillment process?
- A3: Michigan saves provider delivery instructions on the electronic Vaccine Management (VACMAN) system in a notes field. VACMAN is accessible only by MDCH VFC staff. The standard adoption will require MDCH staff to manually update individual provider shipping information in VACMAN and include provider open days and special shipping instructions, including emergency and back up address and hours of operation information. Once MCIR upgrade is complete, providers will update their information and it will transfer with each order to McKesson.
- Q4: What will the shipping boxes look like? Do we recycle or reuse them, or throw them away?
- A4: Vaccine packaging is recyclable. McKesson uses a Styrofoam insert in card-board boxes. The packages will come with return postage labeling so the packages can be returned via mail for re-use. They will also be marked with "Refrigerate on arrival" and "Medical Shipment" stickers. There is also an easy-to-read temperature monitor. Please see the MDCH website at www.michigan.gov/immunize for a photo.
- Q5: Since both private stock and VFC vaccine will now come via UPS or Fed Ex, what will prompt a provider office staff person that a shipment is VFC (i.e. to differentiate it from private stock), and insure that it is labeled and used for VFC only?
- A5: The invoice will indicate that the vaccine was purchased with public funds. This would indicate the delivery is VFC vaccine. Shipments may be in more than one box. Boxes from both Merck and McKesson will have a paper added that states it is publicly purchased vaccine.
- Q6: Will there be weather restrictions for delivery?
- A6: McKesson will monitor and adjust packing procedures due to extreme weather conditions or other emergencies. McKesson monitors temperatures of the destination zip codes to ensure safe delivery. In the event that a provider receives vaccine outside the appropriate temperature range, McKesson is responsible for replacing the vaccine. If there are extreme weather circumstances and roads are closed or other natural disasters, please contact your LHD to stop orders en route or prior to shipping.

- Q7: What will let a provider know the vaccine was delivered within proper temperature range?
- A7: McKesson will be using 3M MonitorMark™ Time Temperature Indicator and ColdMark™ Freeze Indicator monitoring devices in all shipments to assure that vaccines are received in manufacturer-recommended conditions. Both of these indicators have been tested by McKesson Specialty and proved to be effective in consistently and accurately assessing the exposure to temperature variants during the shipping process. Both temperature indicators will be included in all shipments. Each will be attached to a card that provides the recipient instructions as to how to read the monitor. Indicators will be placed near the vaccines to ensure proper protection while in transit and effectively monitor temperature levels. Temperatures that are too cold are of higher concern. If a provider opens the package and the range is out of limit, immediately place the vaccine in either the refrigerator or freezer as indicated by product and contact the LHD for further instructions. Do not use the vaccine until further investigation is complete. Providers must open shipment boxes immediately upon arrival and properly store all vaccine. Containers are clearly marked “perishable” in order to alert clinic staff to refrigerate contents **immediately** upon arrival. Clinic staff should remove the indicators from the shipment container and refrigerate vaccines at 36° - 46°F (2° - 8°C). The recipient will then read each of the included indicators. A delay in opening the box could compromise the viability of the vaccine. MDCH would like to contact McKesson within 2 hours of a compromised delivery.
- Q8: Will they be able to ship during extreme cold temps?
- A8: McKesson will be able to ship during extreme temperatures. MDCH is asking to be notified if any major roads are closed due to extreme weather conditions that would prohibit FedEx or UPS from delivering.
- Q9: Will vaccine delivered by McKesson be short dates?
- A9: No, McKesson states vaccine will have at least 6 months, and is in majority of the cases, much longer.

Inventory questions:

- Q1: How do you estimate the order for the 1st order to McKesson?
- A1: A good rule of thumb is to double if they have the storage capacity.
- Q2: Varicella orders are on the order form, but will it be sent to MDCH to put into Merck database?
- A2: As a provider, e-ordering must occur first.
- Q3: (Jan Teltow) Jan has been testing the system and claims that it doesn't appear to reconcile when she places the dose back in.
- A3: We will have the ability to manually adjust and reconcile. There is a transaction that can be used for this.

- Q4: How much inventory at one given time should providers have, and how many months of inventory can providers order?
- A4: 1-2 months of inventory will be the norm, but LHD will work with providers if this is not possible due to storage capacity or need. A tiered ordering frequency has been worked out with MDCH and CDC and LHD have been notified of all provider ordering schedules.
- Q5: How will vaccine wastage be reported, by whom? (Since Michigan will dismantle our in-house shipping facility and no longer distribute vaccine, we cannot be expected to process wasted vaccine supplies.)
- A5: Providers should continue to follow the policy designated by their LHD to report compromised vaccine to LHDs (this would include vaccine loss reports and payment to LHD for lost vaccine), who will then contact MDCH field reps to approve the vaccine loss reports and the providers plan to prevent future losses. Once the paperwork is approved by the LHD and field reps, providers will be instructed on how to return all non-viable vaccine, and vaccine return slip directly to McKesson. McKesson will ship all non-viable vaccine returned to the Manufacturers for excise tax credit. Provider orders to re-stock vaccine after a loss will be approved by the LHD.
- Q6: How will redistribution be handled?
- A6: Contact your LHD if you have vaccine soon to expire (3-6 months) or have overstock or other inventory issues. LHDs and Immunization Field Reps must assist in redistribution of the short dated vaccine. It is important to note that the LHD may not be able to use all the vaccine returned by the short expiration date and the provider will be responsible for any vaccine wasted. We do not have insurance that will cover loss or wastage that involves redistribution of a vaccine; therefore accurate ordering is very important.
- Q7: What if a provider uses a private dose then finds out that the client was VFC eligible. (For example: insurance says not covered and denies claim). How will the practice be able to take a VFC dose out of inventory, without showing it went into that patient?
- A7: Now, it's physically taken from VFC inventory and put into private inventory, and the provider must go into the patients MCIR record and correct the eligibility. The opposite could also happen, using VFC stock and find out after the fact it should have been private. Providers will need to correct the eligibility in MCIR and reconcile the doses in the inventory. However, we are planning a reconciliation function to be added to the accountability system via MCIR. It should adjust your doses in inventory in MCIR automatically when the provider corrects eligibility. The physical inventory in the refrigerator and or freezer will still need to have the dose switched.

- Q8: Will clinics that transfer data have the ability to use the Vaccine Inventory Module (VIM) in MCIR?
- A8: All electronic medical record and billing vendors and clinics who transfer data were sent a letter in November notifying them of the need to enhance their transfer files to include Manufacturer, Lot Number, Dose Quantity and Eligibility. Several of the electronic medical record vendors have modified the transfers for the clinics to include these fields. Others may not be ready until January. Many billing systems will not have the ability to modify their systems to include this information. The clinics that are transferring billing data will have to begin entering data manually in MCIR in order to use the Vaccine Inventory Module (VIM) to participate in the VFC program.
- Q9: Does client name automatically load into transaction detail?
- A9: Client's name will automatically populate the transaction field for doses administered on the detailed inventory screen.
- Q10: If you use a VFC vaccine for a private stock, will that be allowed?
- A10: The use of VFC for private pay patient instead of private stock will be allowed with the new VIM. However, a warning message will appear that states you are using VFC vaccine on a non-eligible patient. This is needed because of the rare situation that the provider is temporarily out of stock of private vaccine needed to avoid a missed opportunity.
- Q11: If you pick a lot number with no inventory remaining, will MCIR VIM notify you?
- A11: MCIR VIM will not notify you of the vaccine being used up. It will still allow you to enter the dose.
- Q12: Can you enter vaccine in by CPT code?
- A12: No, the new VIM will not allow data to be entered by CPT code.

Last updated: May 5, 2008