

## Rationale and Talking Points for IPI Provider Questionnaire

Use these talking points on clinic visits to help explain the rationale for questions asked. They also provide guidance and resources for when a provider is out of compliance. The last two columns reference the page number in the *Policies and Procedure Manual for the MnVFC Program* (P&P) and the item number in the *Annual Provider Agreement* (PA) for the requirement.

★ Must have an action plan completed within 14 days.

! Must have an action plan completed within 30 days.

Question	Rationale	Actions for Primary Education	Resources	P&P	PA
1. What vaccine administration fee do you charge to MnVFC eligible patients? ★	The vaccine administration fee for MnVFC eligible patients cannot be more than \$14.69. This is set by federal law. DHS will reimburse for the contracted Medicaid rate with the clinic. No MnVFC – eligible patient may be denied vaccine for failure to pay the administration fee.	Provide rationale and education resources.  If the provider is not meeting this requirement after 14 days, contact the regional MnVFC Coordinator.	<i>Billing Office Tips on MnVFC</i> , <a href="http://www.health.state.mn.us/divs/idepc/immunize/mnvfc/billingtips.html">www.health.state.mn.us/divs/idepc/immunize/mnvfc/billingtips.html</a>	9-10	4-5
2. Under what circumstances do you refer a child to another facility for immunization services?	Most MnVFC eligible children can be vaccinated in their medical home. Children that are underinsured should be referred to a public clinic site. Children can also be referred if vaccine is unavailable or the parent is not able to pay the office fee. CDC requires that providers not deny administration of a MnVFC vaccine to an established patient because the child's parent/guardian is unable to pay the administration fee.	Provide rationale and education resources.  Follow-up in 30 days if the clinic is referring children that are not able to pay the administration fee. If they are not meeting the requirement after 30 days contact your MnVFC Clinical Coordinator.	<i>Billing Office Tips on MnVFC</i> , <a href="http://www.health.state.mn.us/divs/idepc/immunize/mnvfc/billingtips.html">www.health.state.mn.us/divs/idepc/immunize/mnvfc/billingtips.html</a>  MnVFC Self-Screening Form, <a href="http://www.health.state.mn.us/divs/idepc/immunize/howpay.html">www.health.state.mn.us/divs/idepc/immunize/howpay.html</a>	9-10	5
3. Which of the following vaccines does your clinic routinely administer to pediatric patients?	All of the listed vaccines should be routinely administered to pediatric patients as recommended by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians. Providers agree to follow these recommendations when they sign the MnVFC Annual Provider Agreement.	Provide rationale and resources.	Immunization Schedules AAP Immunization Recommendations: <a href="http://www2.aap.org/immunization/pediatricians/communicating.html">http://www2.aap.org/immunization/pediatricians/communicating.html</a>  CDC Immunization Recommendations: <a href="http://www.cdc.gov/vaccines/recs/default.htm">www.cdc.gov/vaccines/recs/default.htm</a>		2
4. When does your clinic provide patients with copies of the Vaccine Information Statements (VIS) to keep? !	According to the national Childhood Vaccine Injury Act, a VIS for each vaccine being administered must be given to the recipient or their parent/legal representative prior to the administration of vaccine, and it must be given out each time the vaccine is given. The patient may choose not to take the VIS, but the provider must offer them the opportunity to read and take a VIS with them.	Provide rationale and education resources.  If the provider is not meeting this requirement after 30 days contact the regional MnVFC Clinical Coordinator.	Immunization Action Coalition (IAC): <a href="http://www.immunize.org">www.immunize.org</a>  <i>Mandatory Instructions for Use of the Vaccine Information Statements</i> , <a href="http://www.cdc.gov/vaccines/pubs/vis/default.htm">www.cdc.gov/vaccines/pubs/vis/default.htm</a>	11	6

Question	Rationale	Actions for Primary Education	Resources	P&P	PA
5. Does your clinic staff know how to obtain foreign-language Vaccine Information Statement (VIS) for patients/families who do not understand English?	Translated VISs are available on the CDC website. A translated VIS should be provided to all patients/families who do not understand English. If the most up-to-date version of the VIS is not available in the needed language give the client the most recent version in the language they need and the most current English version.	Provide resources and how to obtain translated VISs.	CDC: <a href="http://www.cdc.gov/vaccines/pubs/vis/default.htm">www.cdc.gov/vaccines/pubs/vis/default.htm</a> IAC: <a href="http://www.immunize.org/vis/">www.immunize.org/vis/</a>		
6. How do you generate the data for your Annual Report of the Number of Patients Immunized through the MnVFC Program?	All clinics are required to submit this report to MDH. Clinics may use different ways to gather this information. No matter how they collect the data, you should be checking that they have a reliable way to gather the information for all eligible patients.	MDH staff will follow-up with clinics about reporting requirements.		33	8
7. When does your clinic screen patients for MnVFC eligibility? !	The purpose of the MnVFC program is to provide vaccines at no cost to children in their medical home, who might not otherwise be vaccinated because of inability to pay. As a result MnVFC requires that eligibility screening takes place with each immunization visit. The best way to ensure that cost is not a barrier is to inform patients (or their parents) about the eligibility categories for the MnVFC Program before giving the immunizations.	Provide education regarding the requirement. Follow-up in 30 days and consult with the regional MnVFC Clinical Coordinator if the requirement is not being met. Possible in-service on eligibility screening	MDH Eligibility screening tool	6-8	1
8. Does your clinic always promptly notify the MDH Immunization Program when MnVFC vaccine has been involved in a storage and handling mishap or has expired or been wasted? !	Clinics should notify MDH, whenever they have storage and handling mishap or vaccine that has expired. Excessive heat or cold damages vaccine resulting in a loss of vaccine viability. Manufacturers have access to internal (unpublished) vaccine viability data concerning the impact of exposures to inappropriate temperatures; do not assume that vaccine inappropriately exposed to light or to excessive temperatures is not viable.	Provide rationale and education on the importance of not assuming vaccine exposed to inappropriate temperatures are non-viable. Provide education about the cost of vaccine from the VFC Vaccine Price List. Consider an in-service on storage and handling.	VFC Vaccine Price List: <a href="http://www.cdc.gov/vaccines/programs/vfc/cdc-vac-price-list.htm">www.cdc.gov/vaccines/programs/vfc/cdc-vac-price-list.htm</a>	19-22, 34	
9. Does your clinic know how to return expired or spoiled MnVFC vaccine?	For vaccine distributed through the MDH immunization program, CDC has assumed responsibility for processing the return of nonviable vaccines for federal excise tax credit.	Provide education and rationale about the requirement. Review the procedure from the Returning Nonviable MnVFC Vaccine Record.	<i>Returning Nonviable MDH Vaccine</i> , <a href="http://www.health.state.mn.us/divs/idepc/immunize/mnvfc/forms.html">www.health.state.mn.us/divs/idepc/immunize/mnvfc/forms.html</a>	25-26	8

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10. When does your clinic prepare vaccine for administration? !	Vaccine should be prepared immediately before administration. Pre-filling syringes can lead to contamination, confusion, errors and wasted vaccine. The Advisory Committee on Immunization Practices (ACIP) discourages any pre-filling of syringes.	Provide rationale.	<i>Got Your Shots Provider's Guide</i> , page 150, <a href="http://www.health.state.mn.us/divs/idepc/immunize/hcp/provguide/index.html">www.health.state.mn.us/divs/idepc/immunize/hcp/provguide/index.html</a>		
11. Does your clinic have a written procedure for the following areas of vaccine management? !	Each office must develop and adhere to a detailed written plan that includes all aspects of routine vaccine management. A written plan will help vaccine providers stay organized and will provide quality assurance of proper vaccine management. Establishing a set of written plans for both daily and emergency situations helps assure the continued viability of vaccines. These plans should be easily assessable and near the vaccine storage units. The most current MnVFC Policy and Procedures Manual can fulfill this requirement for all procedures, except the emergency plan and the anaphylaxis protocol, if the staff has read and signed the manual.	Provide education about the requirement.  Provide a copy or show where to download the Policy and Procedure Manual from.  Advise the clinic that if any vaccine becomes non-viable due to noncompliance with this requirement, the clinic will be responsible for replacing any wasted vaccine.  If no progress is being made after 30 days, contact the regional MnVFC Clinical Coordinator.  If progress is being made in 30 days, follow-up again in 30 days. If the requirement is not met at this time, contact your regional MnVFC Clinical Coordinator.	<i>Policies and Procedures Manual for the MnVFC Program</i> , Appendix B: Worksheet for Developing an Emergency Plan for Managing Vaccine, <a href="http://www.health.state.mn.us/divs/idepc/immunize/mnvfc/basics.html">www.health.state.mn.us/divs/idepc/immunize/mnvfc/basics.html</a>	19, 24-27	8
12. Does your clinic have an anaphylaxis protocol which is clearly posted and reviewed annually?	Acute anaphylactic reactions are extremely rare, but life threatening. When they do occur immediate action is required. The situation demands trained staff and an immediate prepared response.	Provide education and resources about the requirement.  If no progress is being made after 30 days, contact the regional MnVFC Clinical Coordinator.  If progress is being made in 30 days, follow-up again in 30 days. If the requirement is not met at this time, contact your regional MnVFC Clinical Coordinator.	<i>Policies and Procedures Manual for the MnVFC Program</i> , Appendix D and E: Medical Management of Vaccine Reactions, <a href="http://www.health.state.mn.us/divs/idepc/immunize/mnvfc/basics.html">www.health.state.mn.us/divs/idepc/immunize/mnvfc/basics.html</a>	28	8
13. Does your clinic have an emergency kit in the area where immunizations are administered?	Acute anaphylactic reaction are extremely rare, but life threatening. An emergency kit needs to be immediately available in the area where immunizations are administered.	Provide rationale on anaphylaxis kit location.			
14. Please provide the VIS publication date for each vaccine your clinic administers. !	According to federal law, you must provide a current VIS statement every time a patient receives a vaccine.	Provide education about the requirement.  Provide the current VIS.  If the provider is not meeting this requirement after 30 days contact the regional MnVFC Coordinator.	Current VIS statements can be found at <a href="http://www.immunize.org">www.immunize.org</a>  You can also sign up for email notification of updates at <a href="http://www.cdc.gov/vaccines/pubs/vis/default.htm">www.cdc.gov/vaccines/pubs/vis/default.htm</a>  <i>Got Your Shots News</i> print updates on a quarterly basis: <a href="http://www.health.state.mn.us/divs/idepc/newsletters/gys/index.html">www.health.state.mn.us/divs/idepc/newsletters/gys/index.html</a>	11	6

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15. What type of refrigeration unit does your clinic use to store vaccines, including varicella and MMR? !	Clinics must have appropriate storage units for vaccine. The MnVFC does not allow MnVFC vaccine in a unit that has a refrigerator and freezer behind one exterior door. See the Policy and Procedure Manual for more information about appropriate storage units. MDH recommends that MMR be stored in the freezer along with Varicella, although it is able to be stored in the refrigerator too.	Provide education about storage units. Establish a date that a plan for a new fridge will be developed and submitted. No longer than 2 weeks. Consider an in-service about storage and handling of vaccine. Advise the clinic that they will need to submit temperature logs to MDH until the new unit is in place and that if any vaccine becomes non-viable due to not meeting this requirement, the clinic will be responsible for replacing any wasted vaccine. If they do not have a new unit in 30 days or per their plan notify the regional MnVFC Clinical Coordinator.	Pink Book – Chapter 5: Vaccine Storage and Handling, <a href="http://www.cdc.gov/vaccines/pubs/pinkbook/vac-storage.html">www.cdc.gov/vaccines/pubs/pinkbook/vac-storage.html</a> <i>Got Your Shots Provider's Guide, Managing Vaccine</i> , <a href="http://www.health.state.mn.us/divs/idepc/immunize/hcp/provguide/index.html">www.health.state.mn.us/divs/idepc/immunize/hcp/provguide/index.html</a>	16-17	8
16. In most situations, does your clinic immunize if the patient presents with any of the following?	Immunizations are not contraindicated when a child presents with any of the described symptoms. Mild illness does not interfere with the response to vaccinations. Vaccination does not impede recovery or interfere with antibiotics. None of these symptoms are true contraindications to vaccinations. However, MDH does recognize this is a clinical decision made by the provider at the time of the visit.	Provide rationale and education materials.	<i>Guide to Contraindications and Precautions to Commonly Used Vaccines</i> , <a href="http://www.health.state.mn.us/divs/idepc/immunize/hcp/provguide/screen.html">www.health.state.mn.us/divs/idepc/immunize/hcp/provguide/screen.html</a>		
17. How do staff that administer vaccines receive ongoing education about immunizations?	Regular updates and education should be provided to all staff that are involved with immunizations.	Provide resources for education opportunities for staff.	<i>Got Your Shots News</i> : <a href="http://www.health.state.mn.us/divs/idepc/newsletters/gys/index.html">www.health.state.mn.us/divs/idepc/newsletters/gys/index.html</a> CDC education opportunities: Immunization Update and Epidemiology & Prevention of Vaccine-Preventable Disease Course: <a href="http://www.cdc.gov/vaccines/ed/default.htm">www.cdc.gov/vaccines/ed/default.htm</a> Administration Techniques DVD from IAC: <a href="http://www.immunize.org/dvd/">www.immunize.org/dvd/</a> Annual MDH Got Your Shots Immunization Conference		
18. Does your clinic ever defer immunization to avoid multiple injections?	Delaying vaccination to accommodate parent or provider concerns about too many injections increases the likelihood that a child will remain unprotected from serious disease.	Provide education.	CDC Immunization Recommendations: <a href="http://www.cdc.gov/vaccines/recs/default.htm">www.cdc.gov/vaccines/recs/default.htm</a>		

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19. What size needle does your clinic use when giving intramuscular (IM) injections?	National recommendations and best practice standards state that a 1” needle should be used for IM injections in both infants and toddlers. Because of the chemical make-up of some vaccine, tissue necrosis can occur if the vaccine is not given in to the muscle. If a 5/8” needle is used the skin must be stretched tight and not bunched.	Provide education on vaccine administration.	Administration Techniques DVD from IAC: <a href="http://www.immunize.org/dvd/">www.immunize.org/dvd/</a> <i>How to Administer IM Injections</i> , <a href="http://www.health.state.mn.us/divs/idepc/immunize/hcp/provguide/vaxadmin.html">www.health.state.mn.us/divs/idepc/immunize/hcp/provguide/vaxadmin.html</a>		
20. Do staff at your clinic know how to obtain Vaccine Adverse Events Reporting System (VAERS) forms and how to report post-vaccinations adverse events as required by the National Childhood Injury Act (NCVIA)?	The National Childhood Vaccine Injury Compensation Act (NCVIA) requires that health care providers report to VAERS any conditions on the Reportable Events Table, vaccine adverse events that are listed in the manufacturer’s package insert, and clinically significant or unexpected averts following vaccination.	Provide the rationale and education regarding this requirement.	VAERS information: <a href="http://vaers.hhs.gov/index">http://vaers.hhs.gov/index</a>	12	6
21. How does the clinic/practice offer immunization services to established patients?	Offering many opportunities for patients to be vaccinated is crucial to achieving high immunization rates.	Encourage providers to provide immunizations at all visits, not just well-baby visits. A child with a mild illness can still be vaccinated and this may be the only opportunity to vaccinate them.	If a clinic is interested in improving their rates, MDH can offer assistance with Quality Improvement Activities.		
22. How does your clinic identify patients who are due/overdue for immunizations?	Having a way to identify patients that are due/overdue for immunizations is a crucial part of having and maintaining high immunization rates. Instituting a reminder/recall system is a proven measure for improving immunization rates.	Provide education.	If a clinic is interested in improving their rates, MDH can offer assistance with Quality Improvement Activities.		
23. Does your clinic participate in MIIC, the MN Immunization Information Connection?	Participation in MIIC can save a clinic valuable time retrieving immunization records from other clinics and school, generating reminder/recall letters, and tracking inventory.	If a clinic is not enrolled in MIIC, but is interested, you can refer them to their MIIC Regional Coordinator for more information.	MIIC Regions and Regional Coordinators: <a href="http://www.health.state.mn.us/divs/idepc/immunize/registry/map.html">www.health.state.mn.us/divs/idepc/immunize/registry/map.html</a>		

Question	Rationale	Actions for Primary Education	Resources	P&P	PA
24. How often is physical inventory of vaccine done?	Clinics are required to take vaccine inventory in all storage units at least once a month and before placing a vaccine order. Vaccine loss due to expiration is frequently a consequence of over ordering and/or poor inventory management. If clinic have vaccine that will be expiring in three months so that it can be moved to a higher volume clinic.	<p>Provide rationale and education about vaccine management and inventory.</p> <p>Advise the clinic that if vaccine is lost due to not meeting this requirement, the clinic will be responsible for replacing the wasted vaccine.</p> <p>Consider an in-service on vaccine storage and handling.</p> <p>Follow-up in 30 days and if no progress is being made, contact the regional MnVFC Clinical Coordinator.</p> <p>If progress is being made in 30 days, follow-up again in 30 days. If the requirement is not met at this time, contact your regional MnVFC Clinical Coordinator.</p>	<p><i>Got Your Shots Provider's Guide</i>, Managing Vaccine, <a href="http://www.health.state.mn.us/divs/idepc/immunize/hcp/provguide/index.html">www.health.state.mn.us/divs/idepc/immunize/hcp/provguide/index.html</a></p> <p>Pink Book – Chapter 5: Vaccine Storage and Handling, <a href="http://www.cdc.gov/vaccines/pubs/pinkbook/vac-storage.html">www.cdc.gov/vaccines/pubs/pinkbook/vac-storage.html</a></p> <p>CDC Vaccine Storage &amp; Handling Toolkit, <a href="http://www2a.cdc.gov/vaccines/ed/shtoolkit/">http://www2a.cdc.gov/vaccines/ed/shtoolkit/</a></p>	24-26	8
25. Does your clinic receive varicella vaccine directly for the manufacturer to your clinic site without going to a parent clinic first? !	<p>All varicella orders have to be direct shipped from the manufacturer to the clinic site. Redistribution of frozen vaccines is not permitted by the MnVFC program.</p> <p>Varicella vaccine that is removed from the freezer and goes above 5° (-15° C) is considered as having a temperature excursion and you should contact the manufacturer about use or be sure to use within 72 hours or it is considered nonviable.</p>	If a clinic is transferring frozen vaccines, consult with your MnVFC Clinical Coordinator.		19-20	



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