



North Carolina Department of Health and Human Services  
Division of Public Health – Women’s & Children’s Health Section

1917 Mail Service Center • Raleigh, North Carolina 27699-1917

Tel 919-707-5550 • Fax 919-870-4824

Beverly Eaves Perdue, Governor

Lanier M. Cansler, Secretary

October 5, 2009

**MEMORANDUM**

**TO:** H1N1 Vaccine Providers

**FROM:** Beth Rowe-West, RN, BSN, Head  
Immunization Branch

**SUBJECT:** IMPORTANT Updates to H1N1 Information

The purpose of this memo is to provide additional and updated information to the providers in the H1N1 vaccine project. The memo includes the following: a revised version of the Weekly Aggregate H1N1 Influenza Vaccine Use Log, clarification from the Centers for Disease Control and Prevention (CDC) on billing/charging administration fees for H1N1, information about the new H1N1 Vaccine Information Statements (VISs), the process for reporting adverse events related to H1N1 vaccination, and vaccine distribution.

**Weekly Aggregate H1N1 Influenza Vaccine Use Log**

The original Weekly Aggregate Vaccine Use Log sent to providers did not include an age category for 19 through 24 year olds. A revised version includes patients in that age range. Please discard the form you received in your original package and use the attached revised form instead. Remember that these must be returned by noon every Monday to our program, either by faxing to the Branch’s Help Desk: 1-800-544-3058 or e-mailing the form to [H1N1doses@dhhs.nc.gov](mailto:H1N1doses@dhhs.nc.gov). Providers using the NCIR to report vaccine usage are not required to complete this form, but must enter all doses administered in the NCIR by the same noon deadline each Monday.

**Clarification on Billing/Charging an Administration Fee for H1N1**

Because of numerous questions from private providers regarding the charging/billing of a fee for the administration of H1N1, the CDC has recently issued the following guidance for NC’s non-local health department providers:

*The provider agreement does not prohibit providers from accepting private insurance reimbursements for H1N1 vaccine administration that are greater than the regional Medicare vaccine administration rate. The prohibition relates to providers requesting out-of-pocket vaccine administration fees from patients who do not have insurance. Therefore, no revision of the provider agreement is needed for providers to accept reimbursement from insurers who pay more than (in this case) \$19.70 for H1N1 vaccine administration.*

*Providers who bill Medicaid for H1N1 vaccine administration will be reimbursed at whatever (non-VFC) vaccine administration rate is set in the State Medicaid Plan, and cannot balance bill patients for the difference.*

*To summarize, here is what private providers can bill/accept for H1N1 vaccine administration:*

*Private insurance: whatever reimbursement insurance plan provides*

*Medicare: Medicare regional vaccine administration reimbursement*

*Medicaid: Vaccine administration reimbursement specified in state Medicaid plan*

*Uninsured: Amount not to exceed Medicare regional vaccine administration rate*

Local health departments may not charge the patient an out-of-pocket fee for H1N1 vaccine administration, but may bill the patient's insurance plan.

### **H1N1 Vaccine Information Statement (VIS)**

The H1N1 VIS English version is now available at <http://www.immunizenc.com/VISs.htm> **Immunization providers are required by the CDC to provide a copy of the VIS to the patient for any vaccine administered, including H1N1.** Foreign language VISs are expected to be available within two weeks and will be posted at <http://www.immunize.org/vis/>.

### **Vaccine Adverse Events Reporting System**

Any adverse reactions related to the H1N1 vaccine should be reported through the Vaccine Adverse Event Reporting System (VAERS). VAERS is currently used to report adverse reactions to all other vaccines. This is a voluntary reporting system that is managed jointly by the CDC and the Food and Drug Administration (FDA). VAERS reports can be filed on-line at <https://secure.vaers.org/VaersDataEntryintro.htm>, by fax to 1-877-721-0366 or by mail. A printable version of the VAERS form is available online at [http://vaers.hhs.gov/pdf/vaers\\_form.pdf](http://vaers.hhs.gov/pdf/vaers_form.pdf).

### **H1N1 Vaccine Distribution**

The first H1N1 vaccine doses (nasal spray only) allocated by CDC for North Carolina have been shipped to local health departments to ensure all geographic areas have a minimal supply of H1N1 vaccine. Vaccine distribution will broaden as more vaccine becomes available.

Thank you for your participation in the H1N1 vaccination project. Up to date information can be found at <http://www.immunizenc.com> or <http://flu.nc.gov>. If you have questions about the content of this memo or the H1N1 project, please contact your Regional Immunization Nurse or call the Immunization Branch at 919-707-5550.

### **Attachment**

Cc: SMT NC Immunization Branch Steve Shore Greg Griggs Maclyn Powell  
Joy Reed NCIB Field Services Ann Nance Vaccine Manufacturers Jessica Gerdes  
Megan Davies Lou Turner Amanda Fuller Julie Casani

Filename: H1N1 updates cover



## WEEKLY Aggregate H1N1 Influenza VACCINE USE\*

*Note: Failing to submit this form every Monday will result in suspension of your H1N1 vaccine shipments.*

REPORTING PERIOD: From Sept- -2009 to Sept- -2009

ORGANIZATION: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**Please enter the TOTAL number of vaccine doses administered, by age category and dose #, in the boxes below**  
**(do not use tic and/or hash marks):**

H1N1

H1N1 – Live Attenuated Influenza Vaccine (LAIV)

Age Category	Dose 1	Dose 2
6 – 23 months		
24 – 59 months		
5 – 18 years		
19 – 24 years		
25 – 49 years		
50 – 64 years		
65+ years		

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6 – 23 months		
24 – 59 months		
5 – 18 years		
19 – 24 years		
25 – 49 years		
50 – 64 years		
65+ years		

FAX OR EMAIL completed forms to the IMMUNIZATION BRANCH at 1-800-544-3058 or [H1N1doses@dhhs.nc.gov](mailto:H1N1doses@dhhs.nc.gov) by 12PM (noon) EVERY MONDAY. *Please do not include a cover sheet.*

If you are using the North Carolina Immunization Registry for reporting – you do NOT need to complete this form.