ULSTER COUNTY BOARD OF HEALTH

September 10, 2012

AGENDA

CALL TO ORDER

- **OLD BUSINESS**
  a. Approval of April and May 2012 minutes

- **NEW BUSINESS**

  a. Director's Report:
     - NYSDOH Notifications and Alerts

  b. Medical Examiner Report:
     - July and August Case 2012

  c. Patient Services
     - Immunization Billing at Clinics
     - Flu/Pnenu Vaccine Rates
     - OMIG- LTHHCP
     - Pharmacological Article 28 Annual Audit 8/2012

  d. Environmental Health Report:
     - Sanitary Code Vote

MEETING CONCLUSION

Ulster County Board of Health
Date: Monday, September 10 2012

Board Members		Signature
Authenrieth RN, Joan	Vice Chairman	
Delma MD, Dominique	Secretary	
Graham ESQ, Peter	Board Member	
Hildebrandt MPA, Mary Ann	Member	
Tack DO, Marc	Chairman	
Woodley MD, Walter	Board Member	Excused
Board Member	Vacant	

Department of Health		Signature
Smith, MD, MPH, Carol	Commissioner of Health	
Heller MD, Douglas	Medical Examiner	
Veytia RN, MSN, Nereida	Acting PH Director/Patient Services Director	

Guests		Signature
Qamar, Cheryl	UC Depart of MH Deputy Acting Commissioner	Excused
Cane, Lee	Mid-Hudson League of Women Voters	Lee Cane

Ulster County Board of Health
September 10, 2012

Members PRESENT: Joan Authenrieth, RN, Vice Chairman
Marc Tack DO, Chairman
Mary Ann Hildebrandt, Board Member
Dominique Delma, MD, Secretary
Graham ESQ, Peter, Board Member

UCDOH PRESENT: Carol Smith, MD, MPH, Commissioner of Health
Douglas Heller, MD, Medical Examiner
Nereida Veytia, Patient Services Director

GUESTS: Lee Cane, Mid-Hudson League of Women Voters

EXCUSED: Woodley MD, Walter, Board Member
Cheryl Qamar, UC Department of Mental Health Deputy Commissioner

I. **Approval of Minutes:** A motion was made by Dr. Tack to approve the April and May 2012 minutes. The motion was seconded by Mary Ann Hildebrandt and unanimously approved.

II. **Agency Reports:**

a. Director's Update:
Dr. Smith reported on the following:

- **NYSDOH Notifications and Alerts**: Dr. Smith informed the Board of the following alerts issued:
  a. **Bath Salts or Synthetic Drugs:** NYSDOH issued new regulations making it illegal to sell or possess bath salts or synthetic drugs (see attached). UCDOH Environmental team is working hard to notify all UC tobacco retailers of this new regulation.
  b. **Rabies Vaccinations:** Center for Disease Control released information regarding the limitations in the supply of rabies vaccines for use in humans (see attached).
  c. **Smallpox Vaccinations:** NYS Bureau of Communicable Disease released the 2012 guidelines for smallpox vaccinations and reporting criteria (see attached).

b. Medical Examiner:
Dr. Heller reported on the following:

- **Monthly Report:** A summary sheet of the July and August activity of the Medical Examiner's Office was distributed and reviewed (see attached).
- **Autopsies:**
  a. There has been a good response time for the Department receiving completed autopsies from Dr. Sikirica, contracted Forensic Pathologist.
  b. A question was raised about if the family wants an autopsy performed and it is not an ME case. Dr. Heller explained if the death occurs within the hospital,

then the hospital will pay for the service. If the death occurs outside of the hospital and is not an ME case, then the family is responsible for paying for an autopsy should it be requested.

- **Viewings at the Morgue:** Dr. Heller expressed his concerns that there are no set mechanics for families who wish to view a decedent at the morgue. Currently, there is not a procedure for hospital staff to follow. Dr. Tack recommended that the BOH send a letter to Dr. McNally at Kingston Hospital asking him to engage in a discussion in efforts to establish a procedure.

c. Patient Services:
Ms. Veytia reported on the following:

- **Immunization Billing at Clinics:** An overview of State's Strategic Plan for Immunization Billing for Local Health Departments. This plan will limit fully State and Federal funded vaccines to be billed to only those individuals who are not fully privately insured (see attached). UCDOH is working closely with the State to ensure its compliance.
- **Flu/Pnenu:**
  - Vaccine Rates: The outline of the estimated cost for UCDOH to administer the flu and pneumonia vaccinations (see attached.) A proposal was made to charge twenty ($20) dollars for the flu vaccine and sixty-five ($65) for the pneumonia vaccine. A motion was made by Dr. Tack to approve the 2012 rates; it was seconded by Dr. Delma and unanimously approved.
  - Clinic Schedule: The 2012 clinic schedule was distributed (see attached).
- **OMIG-LTHHCP:** UCDOH received a letter (see attached) from NYS Office of the Medicaid Inspector General (OMIG) regarding an audit for period 10/1/2011-3/31/2012, for dual eligible Medicaid/Medicare clients to ensure proper billing.
- **Pharmacological Article 28 Annual Audit:** The Annual Article 28 Pharmacological report was distributed (see attached). Inspection report noted that UCDOH was found to be in compliance with the medication/vaccine audit.

d. Environmental Health Report:

- **Sanitary Code Vote:** Ms. Authenrieth made a motion to adopt the May 7, 2012 version of the Ulster County Sanitary Code as the Code of the Ulster County Health District, motioned was seconded by Mr. Graham, there was no discussion, there were no abstentions, all Board members present were in favor and the adoption of the Code was unanimously approved.

Next Meeting: The next meeting is scheduled for October 1, 2012.

Adjournment: A motion was made to adjourn the meeting by Dr. Delma, seconded by Joan Authenrieth and unanimously approved.

Respectfully submitted by:

Katrina Kouhout

Katrina Kouhout
Secretary to the Public Health Director
On behalf of UC Board of Health

Published on *Governor Andrew M. Cuomo* (https://www.governor.ny.gov)

Governor Cuomo Announces State Makes it Illegal to Sell or Possess Bath Salts or Synthetic Drugs

[1]

(August 7, 2012)

Governor Andrew M. Cuomo today announced that the New York State Department of Health (DOH) has issued new regulations to crack down on the increasingly widespread use of bath salts and other synthetic drugs.

The new regulations, issued today by DOH and approved by the Public Health and Health Planning Council, will expand the existing list of prohibited drugs and chemicals to include dozens more substances that are now used to make synthetic drugs, better ensuring that distributors can no longer skirt the law by simply modifying the drug's ingredients. In addition, the regulations will allow for the first time an owner of an establishment and/or an employee selling synthetic drugs to be charged with possession of an illicit substance. Further, to support enforcement, the regulations will increase the criminal penalties for those who violate the rules. Violators will face fines up to $500 and potentially up to 15 days in jail.

"Bath salts and other synthetic drugs pose a direct, serious threat to public health and safety, and we must do everything we can to remove these harmful substances from sale and distribution in New York," Governor Cuomo said. "The actions we are announcing today attack the problem by helping our law enforcement officers enforce the rules, expanding the list of banned substances used to manufacture bath salts, and imposing tougher penalties so those who sell these drugs are held accountable."

Over the past year, there has been a dangerous rise in instances of New Yorkers using synthetic drugs. In 2011, there were 39 reported emergency room visits in upstate New York as a result of bath salts. Already in 2012, there have been 191 such visits with 120 occurring this past June and July. According to the New York State Poison Control Center, in 2010 there were only 20 calls concerning synthetic marijuana poisonings. There were 291 in 2011, and there were already 321 through the first six months of 2012.

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

September 7, 2012

TO: Healthcare Providers, Hospitals, Local Health Departments

FROM: NYSDOH Bureau of Communicable Disease Control

INFORMATIONAL MESSAGE: LIMITED AVAILABILITY OF HUMAN RABIES VACCINES

For healthcare facilities, please distribute immediately to the Infection Control Department, Emergency Department, Infectious Disease Department, Pharmacy, Director of Nursing, Medical Director, and all patient care areas.

Attached is a news release from the Centers for Disease Control and Prevention (CDC) regarding limitations in the supply of rabies vaccines for use in humans.

The New York State Department of Health (NYSDOH), Bureau of Communicable Disease Control (BCDC) has been made aware that several local health departments and providers have had difficulty acquiring rabies vaccine to provide rabies postexposure prophylaxis (RPEP) to persons with potential rabies exposure. According to information provided in the attached release, RabAvert rabies vaccine (Novartis) is available for RPEP. Imovax Rabies (Sanofi Pasteur) is also available for RPEP, however additional information must be provided to Sanofi Pasteur in order for the vaccine to be released.

In all cases, rabies vaccines cannot be pre-ordered to maintain a supply for future use.

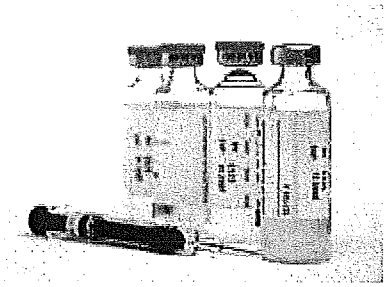
Providers or LHDs needing to order Imovax Rabies for specific patients can contact Sanofi Pasteur and complete their rabies postexposure form. A copy of the form and a letter Sanofi Pasteur has sent to providers are also included with this advisory.

As additional information regarding this vaccine shortage becomes available the NYSDOH will provide updates. If you have questions about the process for acquiring biologics, or if you are having difficulty acquiring biologics and would like assistance, please contact the BCDC at 518-473-4439, or via email at bcdc@health.state.ny.us.

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People.™

Rabies Vaccine: Current Situation

Posted: September 7, 2012



Current Situation

- Rabies vaccine for pre-exposure use is available only from wholesale distributors who have existing stocks of RabAvert vaccine from Novartis.
- At this time, there are no limitations in the supply of rabies immune globulin or vaccine for post-exposure prophylaxis (PEP).
- Sanofi Pasteur, maker of IMOVAX (Rabies Vaccine), is currently unable to directly supply rabies vaccine for pre-exposure vaccination.
- Sanofi Pasteur will continue to supply rabies vaccine for PEP to health care providers who are treating patients who have had documented rabies exposures.
- Novartis, makers of RabAvert (Rabies Vaccine), is also currently unable to directly supply rabies vaccine for pre-exposure vaccination.
- Additional lots of RabAvert and IMOVAX are expected to be released in the coming months. These lots are expected to return supplies to normal levels.
- There are ongoing discussions among federal, state, and local public health personnel to continue evaluation of the current supply of rabies biologics and review additional strategies as necessary.

Recommendations Unaffected By Supply Constraint

- Current supplies of RabAvert available through wholesale distributors are expected to be sufficient to meet demand for pre-exposure vaccination until additional lots are released
- Persons at increased risk for rabies exposure should take appropriate precautions to avoid exposure.
- Vaccine is available for PEP, and providers should consult with local/state public health departments to ensure appropriate use of PEP (State and local rabies consultation contacts (/rabies/resources/contacts.html)).
- To help people avoid exposures, general rabies awareness and prevention messages should be emphasized (e.g., avoid wildlife contact, vaccinate pets/livestock, capture/observe/test exposing animal, etc.).

* Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

Page last reviewed: September 7, 2012
Page last updated: September 7, 2012
Content source: Centers for Disease Control and Prevention
National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)
Division of High-Consequence Pathogens and Pathology (DHCPP)

SANOFI PASTEUR

August 2012

Dear Health Care Provider:

As a valued customer, we are notifying you that both IMOVAX® Rabies vaccine and Imogam® Rabies-HT, Rabies Immune Globulin (Human) USP, Heat Treated will be available for post-exposure use only.

The situation is due to a significant increase in demand during the summer months along with a manufacturing delay. At this point, Sanofi Pasteur expects to have additional supplies of IMOVAX Rabies vaccine available in the next several weeks. Imogam Rabies-HT immune globulin should be available more broadly later this year.

To obtain either IMOVAX Rabies vaccine or Imogam Rabies-HT immune globulin, you must complete a Rabies Post-exposure Form, which must be filled out in its entirety and faxed to Sanofi Pasteur at **1-877-287-9391**.

We look forward to continuing to serve you and your patients.

Sincerely,

William L. Averbeck
Associate Vice President, Marketing

MKT25579

SANOFI PASTEUR

Rabies Post-Exposure Form *Thank you for printing information clearly*

Currently, both IMOVAX® Rabies vaccine and Imogam® Rabies-HT, Rabies Immune Globulin (Human) USP, Heat Treated are only being shipped directly to customers as needed for use with patients that have documented exposures to rabies which require post-exposure prophylaxis. This measure is necessary to responsibly manage the limited supplies of both products. Please fill out this form in its entirety and Sanofi Pasteur will contact you within the next business day regarding shipment.

Account Name:		Sanofi Pasteur Account Number:
Street Address:		Suite/BLDG#
State and City:	ZIP Code:	
Telephone:	Fax:	
Office E-mail Address:		
ATTN Line for Shipping:		
ATTN Line for Billing:		
Delivery Hours/Days (please include if closed during lunch): Is Saturday delivery required? Yes _____ No _____ (If yes, office must be open from 8:00am until 5:00pm)		
Primary Office Contact Person (First and Last Name)	Title:	Purchase Order # (optional):
Physician's Name (Please Print):		Physician Signature: Date:

Is this request for IMOVAX Rabies vaccine or Imogam Rabies-HT RIG (please circle appropriate product)?

Number of Patients Exposed to Rabies: _____

Please provide the weight of each patient below.

_____

Total Number of Imogam Rabies-HT RIG 2mL units needed for Post-Exposure Prophylaxis: _____

Total Number of IMOVAX Rabies vaccine doses needed for Post-Exposure Prophylaxis: _____

After filling out this form in its entirety, please send to the following:

Attention: Sanofi Pasteur Customer Service Fax Number: **1-877-287-9391**

MKT25576

New York State
Bureau of Communicable Disease Control
Public Health Emergency Epidemiology Program

2012 Guidelines for Smallpox Vaccination and Adverse Event Reporting for Laboratory Response Network Laboratories and Clinical Personnel

Overview

Smallpox (variola virus) and related viruses like monkeypox, camelpox and others may remain a public health threat. While declared eradicated by the World Health Organization (WHO) in 1980, the potential use of smallpox as a biological weapon remains a concern, though the true risk is unknown. Other pox viruses (monkeypox, camelpox and batpox) have animal reservoirs and are occasionally seen in humans. As recently as 2003, an outbreak of monkeypox occurred in the United States. In addition, the military continues to vaccinate recruits and adverse events from vaccine virus is the most likely situation that will be encountered.

Currently, there is no recommendation from the Centers for Disease Control and Prevention (CDC) for pre-event smallpox vaccination for first responders, general public health workers or the general public. There are, however, revaccination recommendations for select laboratory workers and individuals tasked with administering the smallpox vaccine. All other individuals would be vaccinated "**out the door**" should the need arise. "**Out-the-door**" vaccination is defined as receiving revaccination only **after** there is a determination of a credible smallpox threat to public health and prior to engaging in activities involving a risk for exposure to the smallpox virus. http://emergency.cdc.gov/agent/smallpox/revaxmemo.asp

Smallpox Vaccination Recommendations[i]

1. **Laboratory Response Network (LRN) Laboratory Personnel:** All LRN laboratorians handling rash illness specimens and conducting variola and orthopox virus PCR (polymerase chain reaction) assays must be vaccinated against smallpox and be revaccinated **every three (3) years**. Laboratories unable to fulfill this requirement will not be able to participate in variola PCR testing.
2. **Laboratory Personnel NOT Performing PCR Testing:** Level A and B laboratory staff are not required to receive vaccination against smallpox. Generally, the amount of virus in clinical specimens is low and standard laboratory safety practices would be sufficient to protect laboratory staff from exposure. Vaccination would only be recommended after there is a determination of a credible smallpox threat to the public health and prior to engaging in activities involving a risk of smallpox virus exposure. **"Out the door"** vaccination procedures would be implemented in such a case. For more information on laboratory safety, see the "Biosafety" section of the Public Health Emergency Preparedness and Response Laboratory Information page at: http://emergency.cdc.gov/labissues/index.asp.
3. **Research Laboratory Personnel:** Laboratory workers, who directly handle cultures or animals contaminated or infected with nonhighly attenuated vaccinia virus, recombinant vaccinia viruses derived from nonhighly attenuated vaccinia strains or other orthopox viruses that infect humans (e.g., monkeypox, cowpox, batpox, vaccinia, and variola) should be vaccinated and revaccinated **every three (3) years**.

4. **Vaccinators**: The recommendation for clinicians whose only occupational exposure to orthopox viruses is through administering smallpox vaccine to others (LRN laboratory personnel, researchers or small pox response team members) is to be revaccinated **every ten (10) years**.
5. **Collection of Smallpox Specimens**: Revaccination would only be recommended for clinicians collecting specimens after determination of a credible smallpox threat to the public health and prior to engaging in activities involving a risk of smallpox virus exposure. **"Out the door" vaccination** would be recommended at this time.
6. **Collection of Secondary Vaccinia Specimens:** Contact precautions are sufficient. Vaccination or revaccination is not required.

Vaccine Type

The new generation smallpox vaccine is ACAM2000™ (Acambis, Inc., Cambridge, Massachusetts) and has replaced Dryvax® smallpox vaccine (Wyeth Pharmaceuticals, Inc., Marietta, Pennsylvania) subsequent to the withdrawal of the Dryvax license. ACAM2000 is a live, vaccinia virus smallpox vaccine licensed for use in the United States by the Food and Drug Administration (FDA) in August 2007. The vaccine, similar to Dryvax, is administered by the percutaneous route (scarification) using a bifurcated needle. Un-reconstituted vaccine has an 18-month expiration date and reconstituted vaccine should be discarded as biohazardous waste after 30 days. For more detailed vaccine information including use, storage, reconstitution, contraindications and side effects, please refer to the U.S. Food and Drug Administration at: http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm180810.htm or the Centers for Disease Control (CDC) at: http://emergency.cdc.gov/agent/smallpox/vaccination/vaccine.asp.

Vaccine Request Procedure

The CDC distributes smallpox vaccine to physicians for immunization of laboratory personnel who require vaccination due to occupational risks. The vaccine must be administered under the supervision of a licensed physician and **all private laboratory vaccination initiatives should be communicated to the local health department (LHD)** in the jurisdiction where the vaccination occurs to support adverse event surveillance. All **public health** vaccination initiatives in New York State must be reported to the NYSDOH. Questions regarding smallpox vaccine should be directed to the Public Health Emergency Epidemiology Program at: ClinOps@health.state.ny.us or by calling (518)486-2151.

Vaccine Storage and Spills

The smallpox vaccine manufacturer Acambis, recommends storing vaccine between 2°C and 8°C only. Although reconstituted vaccine can be administered during a 6-8 hour period at room temperature, vaccine exposed to excessive temperature fluctuations, including freezing, should not be used and should be reported to the Bureau of Immunization by calling **(518) 473-4437**. Unreconstituted or reconstituted vaccine, if spilled, is potentially infectious and should be treated using Biosafety Level 2 (BSL2) precautions. More detailed information related to vaccine storage and cleanup procedures can be found at: http://emergency.cdc.gov/agent/smallpox/faq/storage.asp.

Adverse Events

Vaccinia can be transmitted from a vaccinee's unhealed vaccination site to other persons by close contact and can lead to the same adverse events as in the vaccinee. To prevent transmission of the vaccinia virus, vaccination sites should be covered with a bandage to prevent secondary exposure or close personal contact with exudates containing the virus. Good hand washing and proper disposal of contaminated dressings after changing bandages, or other contact with the vaccination site, can also prevent secondary exposure. When evaluating a rash-like illness consistent with vaccinia, clinicians should obtain a history of smallpox vaccination and/or exposure to a household member or close contact of a person who has been recently vaccinated, as part of the clinical assessment.

The majority of adverse events caused by smallpox vaccine are considered to be mild to moderate in nature and self- resolving. Serious reactions are rare, but can be fatal. Common adverse events include pain and purities at the site of inoculation, lymphadenitis, and generalized symptoms such as malaise, fatigue fever, myalgia, and headache. Further information on side effects and adverse events associated with smallpox vaccination can be referenced at: http://emergency.cdc.gov/agent/smallpox/vaccination/adverse_events.asp#references.

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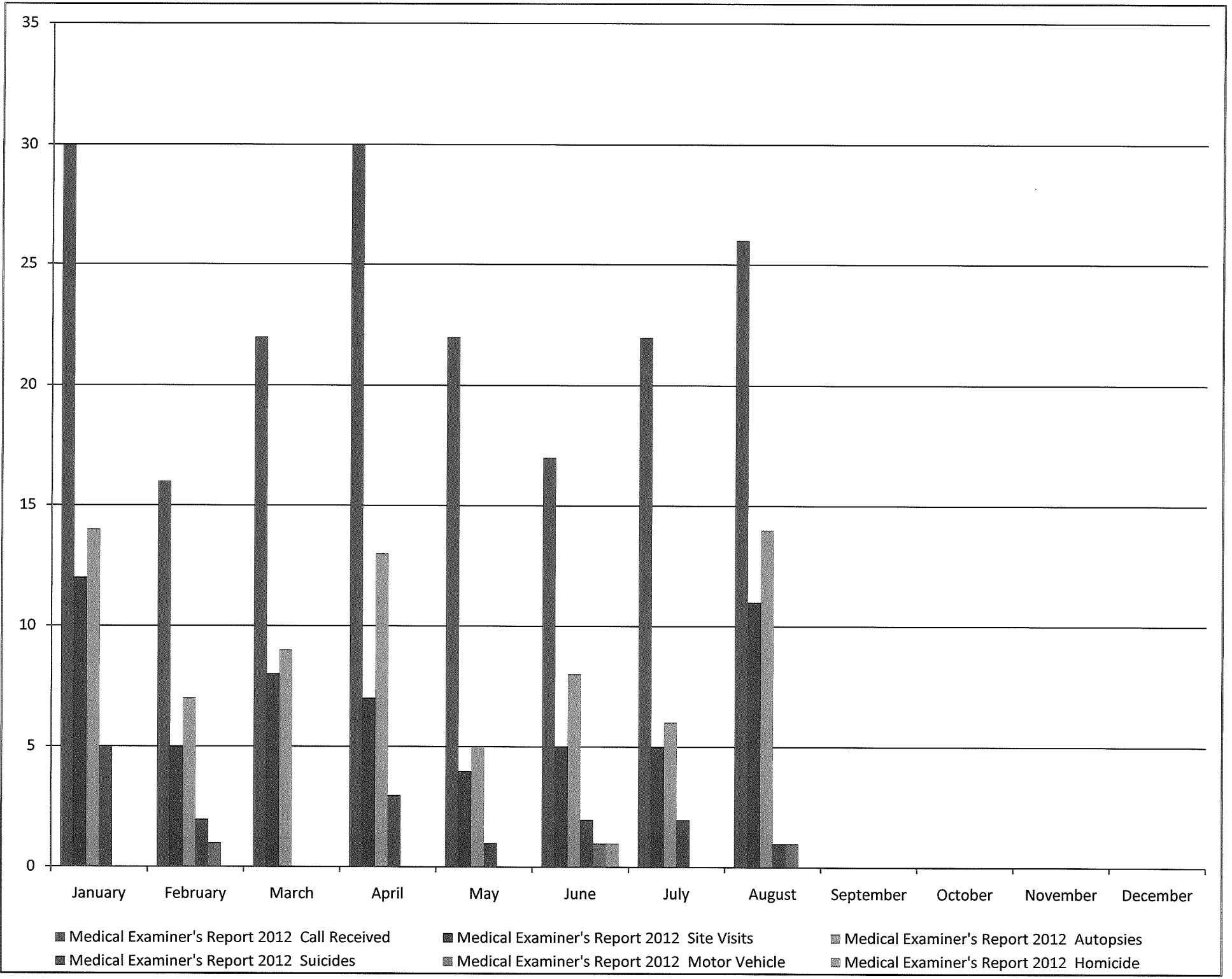
[i] Centers for Disease Control and Prevention. *CDC Interim Guidance for Revaccination of Eligible Persons who Participated in the US Civilian Smallpox Preparedness and Response Program.* October 2008. Web. <http://www.emergency.cdc.gov/agent/smallpox/revaxmemo.asp>.

Medical Examiner Report 2012						
	Call Received	Site Visits	Autopsies	Suicides	Motor Vehicle	Homicides
January	30	12	14	5	0	0
February	16	5	7	2	1	0
March	22	8	9	0	0	0
April	30	7	13	3	0	0
May	22	4	5	1	0	0
June	17	5	8	2	1	1
July	22	5	6	2	0	0
August	26	11	14	1	1	0
September						
October						
November						
December						
Total	185	57	76	16	3	1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Medical Examiner's Report 2012 Call Received
Medical Examiner's Report 2012 Site Visits
Medical Examiner's Report 2012 Autopsies
Medical Examiner's Report 2012 Suicides
Medical Examiner's Report 2012 Motor Vehicle
Medical Examiner's Report 2012 Homicide

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

August 2012

Dear Commissioner:

Beginning October 1, 2012, **publicly funded vaccine, either state or federally funded, may not be used for routine vaccination of any fully privately insured individual**. This New York State (NYS) Vaccine Program policy mirrors national Vaccines for Children Program policy requiring that no federally funded vaccine be administered to fully privately insured persons beginning October 1, 2012. The NYS Vaccine Program defines fully privately insured as:

- Anyone with commercial health insurance that covers the cost of vaccine, even if the insurance includes a high deductible or co-pay, or if a claim for the cost of the vaccine and its administration would be denied for payment by the insurance carrier because the plan's deductible had not been met.

Publicly funded vaccines are a critical resource for filling gaps in the nation's immunization coverage. In order to assure that publicly funded vaccine remains available for those who truly have no other option, it is important that all fully privately insured children are vaccinated with vaccines purchased through their insurance. The NYS Vaccine Program will continue to serve eligible children and adolescents (uninsured, under-insured, enrolled in Medicaid, Medicaid Managed Care or Child Health Plus, American Indians or Alaska Natives), and publicly funded vaccine will continue to be available for vaccine-preventable disease outbreak response regardless of insurance status.

This policy clarification affects both the public and private sectors. Private physicians who have been referring their patients to local health departments (LHDs) for routine vaccination will need to consider how to meet the preventive care needs of their fully privately insured patients. Similarly, LHDs planning to continue to serve fully privately insured individuals will need to purchase their own supply of private vaccine and bill insurance companies and/or patients for the administration of vaccine to fully privately insured patients. The attached guidance document outlines the proper use of and billing for public and private vaccine in LHDs.

The Vaccine Program has contributed to one of the most successful public health interventions in history. It is essential that we collectively provide good stewardship of this precious national resource by ensuring publicly funded vaccine is directed to those most at need. We understand that these are complex issues which will require thoughtful consideration, and the NYS Vaccine Program is committed to working with you over the coming months to find solutions. For more information regarding this policy clarification, contact the NYS Vaccine Program at 1-800-KID-SHOT or at nyvfc@health.state.ny.us.

Sincerely,

Debra S. Blog, M.D., M.P.H.
Director, Bureau of Immunization

Attachment: NYS Vaccine Program Guidance on Fully Privately Insured Children Vaccinated at LHDs

cc: County Immunization Action Plan Coordinator

New York State Vaccine Program
Guidance on Fully Privately Insured Children Vaccinated at Local Health Departments

No child seeking vaccination should be turned away from a local health department (LHD) because of inability to pay for the vaccine or administration fee. The New York State Vaccines for Children (VFC) and Child Health Plus (CHPlus) programs provide a safety net for vaccination of eligible children. However, on occasion, a child who is enrolled in a commercial health insurance plan will present to a LHD for vaccination. **Effective October 1, 2012, LHDs may not administer publicly funded vaccine to fully privately insured children.**

The following New York State Department of Health (NYSDOH) Bureau of Immunization Vaccine Program guidelines outline the proper use of and billing for public and private vaccine in LHDs. LHDs are expected to perform the basic billing requirements outlined in the 2012 NYSDOH *Immunization Billing by Local Health Departments: New York State Strategic Plan.*

Definitions

- **Publicly funded vaccine:** Vaccine provided by the NYSDOH Bureau of Immunization's Vaccine Program at no cost to the LHD.

  Children less than 19 years of age are eligible for publicly funded vaccine if they:

  a. Are enrolled in Medicaid or Medicaid Managed Care,
  b. Have no insurance,
  c. Are an American Indian or Alaskan Native, regardless of insurance status,
  d. Are underinsured
     - Children who have commercial health insurance but the coverage does not include vaccines,
     - Children whose insurance covers only selected vaccines (eligible for non-covered vaccines only),
     - Children whose insurance caps vaccine coverage at a certain amount or number of visits (eligible once that cap is exceeded),

     or
  e. Are enrolled in CHPlus.

- **Fully privately insured patients:** Insured patients are <u>not eligible for publicly funded vaccine</u> if they are enrolled in a commercial health insurance plan that provides coverage for the vaccine(s) being administered. Federal VFC program requirements consider such patients fully insured even if the commercial health insurance plan does not reimburse for the full cost of the vaccine or the commercial health insurance plan has a deductible.

- **Exceptions:** The NYSDOH Bureau of Immunization and federal VFC program do have a few exceptions based on circumstance when a fully privately insured patient may be eligible for publicly funded vaccine. These circumstances are:

  a. Infants of hepatitis B infected women,

  b. Students of any age currently enrolled in or entering a post-secondary institution (e.g., community college, college, or university) who require measles, mumps and rubella (MMR) vaccination in order to be in compliance with Public Health Law §2165 (eligible for MMR vaccine only),

  c. Individuals seeking vaccines during public health response activities including
     - Vaccine-preventable disease outbreak response,
     - Post-exposure prophylaxis,
     - Disaster relief efforts,
     - Mass vaccination campaigns or exercises for public health preparedness,

  d. Individuals in correctional facilities or jails (adults 19 years and older eligible for publicly funded hepatitis A, hepatitis B, or combined hepatitis A and B vaccines only),

     and

  e. Individuals seeking care at STD clinics who may have insurance but because of the confidential circumstances for seeking services in an STD clinic do not have access to that insurance coverage (adults 19 years and older eligible for publicly funded hepatitis A, hepatitis B, or combined hepatitis A and B vaccines only).

- **Patients:** For the purposes of this guidance, the word "patient" refers to patients or their parents or guardians.

Eligibility and insurance screening

LHDs must screen all children for Vaccine Program eligibility and document each child's eligibility status at each immunization encounter.

Service fees

LHDs determine fees based on the cost of providing immunization services [10 NYCRR §40-1.62]. LHDs cannot turn patients away because of inability to pay and should ensure that walk-in patients do not miss vaccination opportunities [10 NYCRR §40-1.60]. LHDs are required to have sliding fee scales for discount of fees for patients with limited means [10 NYCRR §40-1.63]. LHDs may waive fees on a case by case basis for clients who are unable to pay.

Flu/Pneumo Charge Calculation 2012

		Flu		Pneumo	
Admin cost estimatated					
Nursing PS/FB	$	5.57	$	5.57	
Clk PS/FB	$	1.86	$	1.86	
Tot PS	**$**	**7.43**	**$**	**7.43**	
Vaccine cost	**$**	**9.19**	**$**	**55.97**	(2011 Flu 10.18 / 2011 Pneumo 48.(
Supply	**$**	**0.37**		**0.37**	
Total Est Cost per dose	**$**	**16.98**	**$**	**63.76**	

Nursing Cost			
PS calculation			
Avg time per shot		8 min	Minutes shot + med eval & ed
Avg Nursing rate		$28.13	
cost/shot PS	$	3.75	
FB @ 48.59%	$	1.82	
PS + FB	**$**	**5.57**	

Supply			
Syringe		0.36	Per 08/28/09 Last Purch PO #16176
Alcohol Prep		0.00545 1.09/200	2012 Bid Price $1.09/200
		0.37	Prior Estiimate was $1.35/200

Fee Collection & Bill Processing			
Billing hrs est		20.00	(4 minutes x 300 shots) / 60
Avg Clerk rate		$18.73	
Cost PS	$	374.60	
FB @ 48.59%	$	182.02	
PS + FB	$	556.62	
cost per shot	**$**	**1.86**	total clk PS divided by est doses administered

ULSTER COUNTY DEPARTMENT OF HEALTH
2012 FLU & PNEUMONIA CLINIC SCHEDULE

Date	Time	Location
Fri., 09/21/12	10 a.m. – 12:30 p.m.	VFW Post 8645 101 Rte. 208 New Paltz, N.Y. 12561
Fri., 09/28/12	10 a.m. – 12:30 p.m.	Hurley Reformed Church 11 Main Street Hurley, N.Y. 12443
Fri., 10/05/12	10 a.m.- 12 p.m.	Saugerties Senior Center 207 Market Street Saugerties, N.Y. 12477
Wed., 10/10/12	10 a.m. – 12:30 p.m.	UCDOH 230 Aaron Court Kingston, N.Y. 12401
Tues., 10/16/12	10 a.m. – 11:30 a.m.	Rosendale Rec. Center Rte. 32 Rosendale, N.Y. 12472
Fri., 10/26/12	10 a.m. – 11:30 a.m.	Senior Center 1 Town Hall Rd. Lake Katrine, N.Y. 12449
Tues., 10/30/12	10 a.m. – 12 p.m.	Town Hall, Port Ewen 174 Broadway Port Ewen, N.Y. 12466
Mon., 11/05/12	10:30 a.m. – 12:00 p.m.	Wallkill Fire Department 18 Park Avenue Wallkill, N.Y. 12589
Wed., 11/14/12	10 a.m. – 12:00 p.m.	Trudy Resnick Farber Bldg. 50 Center Street Ellenville, N.Y. 12428
Mon., 11/19/12	10 a.m. – 11:00 a.m.	Woodstock Rescue Squad Rte. 212 Woodstock, N.Y. 12498

STATE OF NEW YORK
OFFICE OF THE MEDICAID INSPECTOR GENERAL
800 North Pearl Street
Albany, New York 12204

ANDREW M. CUOMO
GOVERNOR

JAMES C. COX
MEDICAID INSPECTOR GENERAL

August 17, 2012

Dear Home Health Provider,

In order to ensure regulatory compliance for dual eligible Medicaid/Medicare beneficiaries, the State of New York Office of the Medicaid Inspector General (OMIG) has contracted with the University of Massachusetts Medical School (UMMS) to perform a Medicare Home Health Appeals Initiative. This process is to ensure providers seek reimbursement from Medicare and all other third parties before submitting a claim to Medicaid (Section 540.6(e) (1) of Title 18 of the Official Compilation of Codes, Rules, and Regulations).

This letter serves to notify your agency which dual eligible Medicare/Medicaid beneficiaries you are required submit to Medicare for a coverage determination. As subrogee for dually eligible beneficiaries, the OMIG is requesting that you demand bill each beneficiary for the period of time listed on the enclosed Federal Fiscal Year (FFY) 2012- Semiannual Case Selection Report. This Case Selection Report provides you with a listing of all cases that need to be submitted for the **first half of FFY 2012 only**. If your agency is selected for future semiannual initiatives you will receive a separate notification letter and Case Selection Report at that time.

Important Next Steps:

1. **Review Case Selection Report**
   Review the enclosed Case Selection Report for beneficiaries whose home health services were paid by the State of New York Medicaid Program during the first half of FFY 2012. Dates of service for this period include October 1, 2011 through March 31, 2012.

2. **Exclusions**
   If a beneficiary on your Case Selection Report is not eligible for Medicare coverage or if you have received a previous Medicare payment for the given time periods please contact UMMS customer service at the phone number listed on the following page. In order for these cases to be excluded, your agency must submit evidence showing ineligibility or proof of prior Medicare payment. You will be asked to provide screen prints from the Fiscal Intermediary Standard System (FISS) to confirm ineligibility or a final remittance advice to prove Medicare payment. This documentation is required prior to exclusion of the case from this project.

3. **Submit Demand Bills**
Prepare and submit demand bills for the beneficiaries included on the attached Case Selection Report to your Medicare Administrative Contractor (MAC). All demand bills must be submitted within one calendar year from the end date of the certification period. We request that you only bill Medicare for the period of time listed. If the certification end date extends past March 31, 2012 include all Medicaid claims billed for that beneficiary until the completion of that certification period. Please do not continue to demand bill for certification periods which **begin** after March 31, 2012.

Please note, if your agency has submitted a demand bill for the FFY 2011 initiative which includes dates on the attached Case Selection Report, please do not resubmit the claim to Medicare.

4. **Monitor Demand Bills**
Continue to monitor the status of your claims. Your agency is required to correct any claims that are rejected or suspended by the MAC. In addition, you will need to timely submit a complete medical record to Medicare once the Additional Development Requests (ADR) is issued.

5. **Required Project Documents**
A final remittance advice for each episode billed will be issued within sixty days of the final bill submission to Medicare. Upon receipt of the final remittance advice, you must send copies of the following documents to our contractor, UMMS **within 10 business days:**

- A copy of the original claim submitted to the MAC for each 60 day episode billed.
- A copy of the final claim remittance advice sent to you from the MAC.
- A copy of each medical record your agency submitted to the MAC upon the ADR request.

All of the above documentation must be sent to UMMS at the following address within **10 business days** of receipt of the final remittance advice from your MAC:

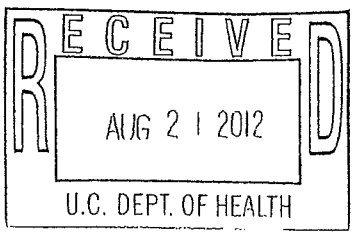
University of Massachusetts Medical School
100 Century Drive
Worcester, MA 01606
Attn: Laurie Burns – Program Manager Medicare Appeals

Please be advised that you may be held liable if you fail to respond to this letter or if you do not follow the procedures described above. Any action or inaction that results in OMIG's inability to pursue Medicare coverage for the cases included on the attached Case Selection Report for the first half of FFY 2012 may result in the recovery of the associated Medicaid payment.

Thank you for your assistance in completing the requirements of the Medicare Appeals Project. As always, your cooperation is greatly appreciated. Please feel free to contact **Laurie Burns of UMMS at (866) 626-7594** if you have any questions.

Sincerely,

Joseph J. Flora, Director
Office of the Medicaid Inspector General
Bureau of Third Party Liability



Transfer Files Electronically to UMMS

UMMS is currently accepting electronic documentation for this initiative via our secure File Transfer Protocol (FTP) software. If your agency is interested, we ask that you call the UMMS customer service number (866)626-7594 or email the following information to MedicareAppeals@umassmed.edu .

To initiate setup of our FTP solution your agency will be asked to provide the following information:

1. FTP Users Full Name
2. FTP Users Email Address
3. FTP Users Phone Number
4. Type of FTP client ports being utilized (you can select multiple if needed)
    - FTPS on Port 990
    - FTPS on Port 21
    - SFTP on Port 22

Upon receipt of this information UMMS will provide your users with their username/passwords. You will then be able to submit electronic documentation to UMMS securely. We ask that you submit all required documentation (Medicare Final Remittance Advice, medical record, and final bill) for each episode billed to Medicare to UMMS in the following format:

File Type: PDF or TIFF

File Name Format: MCD#_LastName_FirstName_EpisodeStartDate_EpisodeEndDate

Format Definitions:

- MCD# - beneficiaries Medicaid number
- Episode Start/End Date= MMDDYYYY

Please note your agency will still be required to submit all required documentation to UMMS within 10 business days. If your agency has documentation that you need to submit prior to receiving your usernames/passwords please do so through the UMMS **secure** email transmission or via secure mail (Fed Ex, UPS). If you have any questions regarding using those forms of submission please contact our customer service line (877)533-4381.

Omnicare Pharmacies
Of Upstate New York

□ QUALITY □ ECONOMY □ INNOVATION

Integrated Services
For Long-Term Care

Royal Care Pharmacy Services – Malta

Consultation Services Department: 14 Commerce Drive Ballston Spa, N. Y. 12020
Telephone 518-899-2002 / 800-543-7692 Fax 518-899-8127

Ulster Co. Department of Health Medication/Vaccine Audit

Inspected: 8/9/12
Ryan Coughlin, PharmD, RPh
Phone: 518-899-2002
Time of inspection: 205 minutes (including travel)

Flatbush Avenue site

Inspection was performed in the following areas:

1. Refrigerator/freezer unit
   a. Refrigerator/Temperature logs were complete (read and recorded twice daily) and up-to-date.
   b. All temperatures have been maintained within normal required limits (refrigerator 35-46 degrees Fahrenheit (F), freezer <5 degrees F).
      i. At the time of inspection, the refrigerator was operating at a temperature of 38 degrees F and the freezer was at -1 degree F.
   c. Temperatures of the refrigerator and freezer are currently being monitored by an Omegaphone alarm system, which appeared to be in good working condition. One of the omegaphone actually began sounding alerts while I was inspecting the contents of the refrigerator noting the temp was getting too high as it approached 41 degrees F.
   d. As a further precaution, the refrigerator/freezer unit is supplied with back-up generator power.
   e. Noted outdated vaccine stored separately.

2. Refrigerator unit
   a. Vaccines stored in freezer (including Varicella) were properly stored and in date.
   b. Vaccines stored in refrigerator were properly stored, organized and in date.
   c. Policy and procedure on storage and handling of vaccines is readily available.
   d. Flu vaccine just arrived for this upcoming flu season.

3. Medication cabinet
   a. Review of the medication cabinet yielded no abnormal findings; medications (including but not limited to Isoniazid, Rifampin and Ethambutol) were properly stored, organized, in date and safe for use.
   b. In accordance with federal law, all vaccines, medications, syringes and needles were stored in locked cabinets with keys only available to authorized personnel. Keys were secured in lock box.