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## ***PROVIDER BULLETIN***

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### **Influenza Vaccine**

As in prior years routine annual influenza vaccination is recommended for everyone six months of age and older. For the upcoming flu season, widespread flu vaccination will be critical to reduce the impact of respiratory illnesses in the population and the resulting burdens on the healthcare system during the COVID-19 pandemic. Any reduction in flu cases and their severity could make a difference for hospital capacity.



If possible, providers should offer vaccination by the end of October. Children 6 months through 8 years of age who require two doses should receive their first dose as soon as possible after vaccine becomes available to allow the second dose (which must be administered  $\geq 4$  weeks later) to be received by the end of October. Go to [www.cdc.gov/flu](http://www.cdc.gov/flu) for more information. Source: Medi-Cal Drug Use Review Program.

### **Priority Groups**

It is especially important that the following groups get vaccinated either because they are at high risk of having serious flu-related complications or because they live with or care for people at high risk for developing flu-related complications:

1. Pregnant women
2. Children, especially those younger than 2
3. People 50 years of age and older
4. People with certain chronic medical conditions, such as asthma or diabetes
5. People who live in nursing homes and other long-term care facilities
6. People who live with or care for those at high risk for complications, including:
  - a. Health care workers
  - b. Household contacts of persons at high risk for complications from the flu
  - c. Household contacts and out of home caregivers of children less than 6 months of age

If you have any questions about this information, please call Liza Johnson in the Health Education Department at 818-265-0800, x232.



**Claims-Encounter-Vaccine  
Submission Addresses**

<b>Medi-Cal Encounter Data &amp; Claims Submissions</b>		
All Health Plans	All Product Lines	All Ages
<b>Submit CMS 1500:</b> <b>Preferred IPA Claims Department</b> <b>P.O. Box 4449, Chatsworth, CA 91313</b> <b>Encounter and claim submissions are accepted through Office Ally- Payor ID: PFIPA</b>		

<b>Medi-Cal Vaccine &amp; PM160 Submissions</b>		
Health Plan	Medi-Cal Children (VFC Provides the Vaccines)	Medi-Cal Adults
<b>Anthem Blue Cross of California</b> <i>(BC will continue to collect PM160s while supplies last)</i>	<b>D.O.S 2018</b> Blue Cross pays for CHDP & Vaccine Administration Submit CMS 1500 Anthem Blue Cross of California P.O. Box 60007, Los Angeles, CA 90060-0007	Preferred IPA pays for Vaccine & Administration Submit CMS 1500 Preferred IPA Claims Department P.O. Box 4449, Chatsworth, CA 91313
<b>Blue Shield Promise Health</b> <i>(formerly Care 1st)</i>	Preferred IPA pays for Vaccine Administration Submit CMS 1500 Preferred IPA Claims Department P.O. Box 4449, Chatsworth, CA 91313	Preferred IPA pays for Vaccine & Administration Submit CMS 1500 Preferred IPA Claims Department P.O. Box 4449, Chatsworth, CA 91313
<b>Health Net</b>	Preferred IPA pays for Vaccine Administration Submit CMS 1500 Preferred IPA Claims Department P.O. Box 4449, Chatsworth, CA 91313 <i>(Must be CHDP cert. and qlfy w/H Net- 300 member threshold, additional rules apply)</i>	Preferred IPA pays for Vaccine & Administration Submit CMS 1500 Preferred IPA Claims Department P.O. Box 4449, Chatsworth, CA 91313
<b>LA Care Health Plan</b> <i>(DOS 2017-L.A.C. will continue to accept PM 160 forms through the HEDIS data collection season or through May 2018 for the DOS 2017)</i>	<b>D.O.S 2018</b> LA Care pays for CHDP & Vaccine Administration Submit CMS 1500 LA Care Claims Department P.O. Box 811580, Los Angeles, CA 90081	Preferred IPA pays for Vaccine & Administration Submit CMS 1500 Preferred IPA Claims Department P.O. Box 4449, Chatsworth, CA 91313
<b>Molina</b>	<b>D.O.S. 2018</b> Molina pays for CHDP Wellness Incentive Submit CMS 1500 Preferred IPA Claims Department P.O. Box 4449, Chatsworth, CA 91313 <i>(Must be CHDP cert. and qlfy w/Molina- 200 member threshold, additional rules apply)</i>	Preferred IPA pays for Vaccine & Administration Submit CMS 1500 Preferred IPA Claims Department P.O. Box 4449, Chatsworth, CA 91313

<b>Vaccine Submissions</b>		
<b>Commercial</b>		
Health Plan	LA Care Healthy Kids	Covered California
<b>LA Care Health Plan</b>	LA Care pays for Immunization & Administration Submit CMS 1500 LA Care Claims Department P.O. Box 811580, Los Angeles CA 90081	Preferred IPA pays for Vaccine & Administration Submit CMS 1500: Preferred IPA Claims Department P.O. Box 4449, Chatsworth, CA 91313
<b>Molina</b>	N/A	Preferred IPA pays for Vaccine & Administration Submit CMS 1500: Preferred IPA Claims Department P.O. Box 4449, Chatsworth, CA 91313

<b>Medicare Encounter Data &amp; Claims Submissions</b>		
<b>All Health Plans</b>	<b>All Product Lines</b>	<b>All Ages</b>
<b>Submit CMS 1500:</b> <b>Preferred IPA Claims Department</b> <b>P.O. Box 4449, Chatsworth, CA 91313</b> <b>Encounter and claim submissions are accepted through Office Ally- Payor ID: PFIPA</b>		

<b>Vaccine Submissions Medicare</b>		
<b>Health Plan</b>	<b>Medicare</b>	<b>Cal MediConnect</b>
<b>Alignment Health Plan</b>	Preferred IPA pays for Administration, Alignment pays for Vaccine Submit CMS 1500 Preferred IPA Claims Department P.O. Box 4449, Chatsworth, CA 91313	Not Applicable
<b>Blue Shield of California</b>	Preferred IPA pays for Vaccine & Administration Submit CMS 1500: Preferred IPA Claims Department P.O. Box 4449, Chatsworth, CA 91313	Not Applicable
<b>Brand New Day</b>	Preferred IPA pays for Vaccine & Administration Submit CMS 1500 Preferred IPA Claims Department P.O. Box 4449, Chatsworth, CA 91313	Not Applicable
<b>Blue Shield Promise Health</b> (formerly Care 1st)	Preferred IPA pays for Vaccine & Administration Submit CMS 1500 Preferred IPA Claims Department P.O. Box 4449, Chatsworth, CA 91313	Preferred IPA pays for Vaccine & Administration Submit CMS 1500 Preferred IPA Claims Department P.O. Box 4449, Chatsworth, CA 91313
<b>Easy Choice Healthplan</b>	Preferred IPA pays for Vaccine & Administration Submit CMS 1500 Preferred IPA Claims Department P.O. Box 4449, Chatsworth, CA 91313	Not Applicable
<b>Health Net</b>	Preferred IPA pays for Vaccine & Administration Submit CMS 1500 Preferred IPA Claims Department P.O. Box 4449, Chatsworth, CA 91313	Preferred IPA pays for Vaccine & Administration Submit CMS 1500: Preferred IPA Claims Department P.O. Box 4449, Chatsworth, CA 91313
<b>Humana</b>	Preferred IPA pays for Vaccine & Administration Submit CMS 1500 Preferred IPA Claims Department P.O. Box 4449, Chatsworth, CA 91313	Not Applicable
<b>LA Care Health Plan</b>	Not Applicable	Preferred IPA pays for Vaccine & Administration Submit CMS 1500: Preferred IPA Claims Department P.O. Box 4449, Chatsworth, CA 91313
<b>Molina</b>	Preferred IPA pays for Administration, Molina pays for Vaccine Submit CMS 1500 Preferred IPA Claims Department P.O. Box 4449, Chatsworth, CA 91313	Preferred IPA pays for Vaccine & Administration Submit CMS 1500 Preferred IPA Claims Department P.O. Box 4449, Chatsworth, CA 91313