

ELIGIBILITY CRITERIA FOR VFC & 317 VACCINE

Nevada State Immunization Program

Eligibility Criteria for VFC (Vaccines for Children) Vaccines

Before administering a VFC vaccine to a child, the provider will question the child's parent or guardian to determine whether the child is eligible. Children between the ages of birth through 18 years are eligible for VFC vaccines in Nevada if they meet at least one of the following criteria:

- Are enrolled or are eligible to enroll in Medicaid or Nevada Check Up,
- Have no health insurance,
- Are American Indian or Alaskan Native, or
- Are underinsured.

Underinsured Children = a child whose health insurance plan does not include vaccinations; health insurance covers only select vaccines or health insurance caps the vaccine cost at a certain limit. *These children must be seen at a Federally Qualified Health Center (FQHC), Rural Health Center (RHC) or county clinics.*

Eligibility Criteria for 317 Vaccines

The Nevada State Immunization Program uses 317-funded vaccine to expand immunization services to underserved populations and populations at greater risk for under-vaccination and disease.

317-funded vaccine can only be administered to uninsured and/or underinsured adults aged 19 years and older. Any children aged 0-18 years that meet these eligibility criteria are Vaccines for Children (VFC) eligible and should not receive 317-funded vaccine. However, 317-funded vaccine can be used to vaccinate children and adults for pandemic exercises such as Point of Dispensing (POD) events.

Underinsured Adults = individuals who are covered by commercial (private) health insurance, but the insurance does not include vaccines; the insurance covers only selected vaccines (individual is eligible for vaccines not covered); or the insurance caps vaccine coverage at a specific amount. Once that coverage amount is reached, the individual is categorized as underinsured. Verbal confirmation from the individual can be used to determine whether a patient (or close contact of the newborn) is underinsured.

2. WHEN A CHILD QUALIFIES FOR MORE THAN ONE VFC ELIGIBILITY CATEGORY

Occasionally, children may be VFC-eligible for more than one eligibility category.



Requirement:

A provider must select and document the eligibility category that will require the least amount of out-of-pocket expenses to the parent/guardian for the child to receive necessary immunizations.

Example:

For a child who is AI/AN, uninsured, underinsured (if receiving vaccine at a FQHC or RHC), or on Medicaid:

- If the child is AI/AN **and** is on Medicaid, and if the screening system will allow the provider to select multiple categories, the provider should select both AI/AN and Medicaid as the VFC eligibility categories and then bill the Medicaid agency for the administration fee.
- If the provider's screening system allows for the selection of only one eligibility category, Medicaid should be selected because the administration fee will be billed to Medicaid.

Example:

For an AI/AN child who has no insurance:

- If the screening system will allow the provider to select multiple categories, select both AI/AN and uninsured as the VFC eligibility categories.
- If the provider's screening system allows for the selection of only one eligibility category, the provider should select AI/AN because that is the more permanent VFC eligibility category.
- The parent would be responsible for the administration fee for any VFC vaccine administered to their child. The administration fee must be waived if the parent cannot afford to pay it.

Example:

For an AI/AN child who has health insurance but the insurance does not cover vaccines, limits vaccines covered, or caps vaccine coverage, and if the provider is not an FQHC/RHC:

- The screening record for the child should be documented as AI/AN since underinsured children are eligible to receive VFC vaccine only through a FQHC/RHC.
- If the provider is an FQHC/RHC and the screening system allows selection of multiple categories, select both AI/AN and underinsured as the VFC eligibility categories.
- If the provider's screening system allows for the selection of only one eligibility category, the provider should select AI/AN because that is the more permanent VFC eligibility category.
- The parent would be responsible for the administration fee for any VFC vaccine administered to their child. The administration fee must be waived if the parent cannot afford to pay it.

Example:

For children whose primary health insurance does not cover immunizations, limits the types of vaccines, or caps immunization coverage to a certain financial amount AND who have Medicaid as secondary coverage:

- All providers should select Medicaid as the VFC-eligibility category, use VFC vaccine, and bill Medicaid for the administration fee.
- Even though the child meets the VFC definition for underinsured, it should not be selected because the child would be VFC-eligible only through an FQHC/RHC, and the parent would be responsible for the VFC vaccine administration fee.
- By selecting Medicaid, the child is VFC-eligible in all VFC provider settings, and Medicaid is responsible for the reimbursement of the administration fee.
- The parent would never be billed the administration fee since the child is enrolled in Medicaid.

3. QUICK VIEW OF AI/AN ELIGIBILITY CATEGORIES

Population	Eligibility Status/Scenario	Select the following if provider has the ability to select multiple VFC eligibility categories	Select the following if the provider has the ability to select only one VFC eligibility category
*AI/AN	Has no insurance	AI/AN Uninsured	AI/AN
*AI/AN	Has insurance but does not cover vaccines, limits vaccines covered, or caps vaccine coverage and provider is not an FQHC/RHC	AI/AN	AI/AN
*AI/AN	Has insurance but does not cover vaccines, limits vaccines covered, or caps vaccine coverage and provider is an FQHC/RHC	AI/AN Underinsured	AI/AN
*AI/AN	Has Medicaid	Medicaid AI/AN	Medicaid
Underinsured	Has insurance but does not cover vaccines, limits vaccines covered, or caps vaccine coverage and has Medicaid as a secondary coverage.	Medicaid Underinsured	Medicaid

*Refers to child seen outside of an Indian Health Facility

4. QUICK VIEW OF VFC ELIGIBILITY AND INSURANCE STATUS

VFC eligibility scenario: Child is insured and...	Insurance Status	Is child VFC-eligible?
Has not yet met plan's deductible	Insured	No
Plan covers all ACIP-recommended vaccines but excludes certain products/combination vaccines	Insured	No
Plan covers only a portion of the vaccine cost and does not have Medicaid as secondary insurance	Insured	No
Has insurance, but plan limits coverage to a specific number of provider visits annually	Underinsured (once the limited number of allowable visits are reached during the year)	Yes, once the limited number of visits has been reached AND only administered by a FQHC, RHC or approved deputized provider
Seeking contraceptive or sexually-transmitted disease (STD) services at school-based clinic or facility whose main services are primary or acute care, and wants to be immunized but does not want to access insurance	Insured	No
Seeking contraceptive or STD services at family planning clinic or STD clinic and wants to be immunized but does not want to access insurance or doesn't know status*	Uninsured	*Yes
Has Medicaid as secondary insurance	Medicaid eligible	Yes
Plan covers only a portion of the vaccine cost and has Medicaid as secondary insurance	Medicaid eligible	Yes
Has not yet met plan's deductible and has Medicaid as secondary insurance	Medicaid eligible	Yes
Has exceeded plan's annually allowed number of provider visits	Underinsured only through FQHC/RHC	Yes
Cannot access health insurance due to being incarcerated	Uninsured	Yes
Enrolled in separate Children's Health Insurance Program (CHIP)	Insured	No
Enrolled in Medicaid-expansion Children's Health Insurance programs	Medicaid eligible	Yes

*Provision of VFC vaccine to unaccompanied minors without insurance status in family planning clinics is optional at an awardee's discretion and in compliance with the state's medical consent laws as they pertain to minors.

5. INSURED EXCEPTIONS

AI/AN with Health Insurance that Covers Immunizations:

AI/AN children are always VFC-eligible. VFC is an entitlement program and participation is not mandatory for an eligible child. For AI/AN children that have full immunization benefits through a primary private insurer, the decision to participate in the VFC program should be made based on what is most cost beneficial to the child and family.

Insured and Medicaid as Secondary Insurance:

Situations occur where children may have private health insurance and Medicaid as secondary insurance. These children will be VFC-eligible as long as they are enrolled in Medicaid. However, the parent is not required to participate in the VFC program. There are options for the parent and provider. These options are described below:

Option 1

A provider can administer VFC vaccine to these children and bill the Medicaid agency for the administration fee.

In most healthcare situations, Medicaid is considered the “payer of last resort.” This means that claims must be filed to and rejected by all other insurers before the Medicaid agency will consider payment for the service. This is not true of the VFC vaccine administration fee for Medicaid-eligible children.

The Medicaid program must pay the VFC administration fee because immunizations are a component of the Medicaid Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program. However, once the claim is submitted to Medicaid, the state Medicaid agency does have the option to seek reimbursement for the administration fee from the primary insurer.

Please note: If the state Medicaid agency rejects a claim for a vaccine administration fee for a child with Medicaid as secondary insurance, stating the claim must first be submitted to the primary insurer for payment, the provider should notify the awardee. The awardee should notify their CDC project officer so that CDC can work with CMS to educate the state Medicaid agency and correct the situation.

Considerations regarding this option:

- This is the easiest way for a provider to use VFC vaccine and bill Medicaid for the administration fee.
- There are no out-of-pocket costs to the parent or guardian for the vaccine or the administration fee.

Option 2

A provider can administer private stock vaccine and bill the primary insurance carrier for both the cost of the vaccine and the administration fee.

- If the primary insurer pays less than the Medicaid amount for the vaccine administration fee, the provider can bill Medicaid for the balance of the vaccine administration fee, up to the amount Medicaid pays for the administration fee.
- If the primary insurer denies payment of vaccine and the administration fee, the provider may replace the privately purchased vaccine with VFC vaccine and bill Medicaid for the administration fee. The provider must document this replacement on the VFC borrowing form (see Module 4).

Considerations regarding this option:

- The provider may be reimbursed a higher amount if privately purchased vaccine is administered and both the vaccine and the administration fee are billed to the primary insurer.
- The provider should choose from the vaccine inventory that is most cost-effective for the family.
- The parent/guardian of a child with Medicaid as secondary insurance should never be billed for a vaccine or an administration fee.

6. OTHER INSURED SITUATIONS WITH MEDICAID AS SECONDARY

A child should be screened for VFC eligibility as having Medicaid if the child is covered by a high-deductible insurance plan requiring the parent to pay out-of-pocket for vaccines until the deductible has been reached, AND the child has Medicaid as secondary insurance:

- The child should be considered VFC-eligible if the family has not reached its deductible yet. VFC vaccine should be administered, and the administration fee billed to Medicaid until the deductible is reached.

If a child has health insurance that covers only a portion of the cost of the vaccine, AND the child has Medicaid as secondary insurance:

- The child should be screened as having Medicaid and be considered VFC-eligible. VFC vaccine should be administered and the administration fee billed to Medicaid.

Please note: These children are only VFC-eligible because they have Medicaid as secondary insurance coverage. If the child was enrolled in a high-deductible insurance plan, the family had not met the deductible yet, and the child had no secondary Medicaid coverage, the child would be considered insured and not eligible for the VFC program. The same would apply to children who are covered by insurance that covers only a portion of the vaccine cost, and who have no secondary Medicaid; these children would be considered insured and not eligible for the VFC program.

7. LOCATION OF SERVICE

In general, *where* vaccine services are delivered is not a factor in determining VFC eligibility.

- **School-Based and Mass Vaccination Clinics:**

Children who receive vaccines in a school-based or mass vaccination clinic must not automatically be considered VFC-eligible; all children must be screened for eligibility, and VFC vaccine can be administered only to VFC-eligible children.

- **Sexually-Transmitted Disease (STD) Clinics, Family Planning Clinics, and Juvenile Detention Facilities:**

Guidance on children under 19 years of age presenting at family planning clinics and juvenile detention centers is provided in the table below.

STD Clinics, Family Planning Clinics, and Juvenile Detention Facilities

Population	Insurance Status	VFC Eligibility Uninsured
Minors under 19 years of age	Do not know their insurance status and who present at family planning clinics* for contraceptive services or STD treatment	Considered <i>uninsured</i> for the purposes of the VFC program
A person under 19 years of age	May have insurance, but because of the confidential circumstances of seeking services in a family planning clinic, does not have access to that insurance coverage	Considered uninsured for the purposes of the VFC program
Juveniles under the age of 19 years who are incarcerated in detention facilities	Loses access to his or her health insurance because of the incarceration	Considered uninsured and VFC-eligible

*CDC defines a family planning clinic as a clinic or provider whose purpose is to prescribe contraceptives and/or treat sexually transmitted diseases. School-based clinics or any VFC-enrolled provider whose main services are primary or acute care services do not meet CDC's definition of a family planning clinic and cannot use this VFC eligibility category.

Please note: Provision of VFC vaccine to unaccompanied minors without insurance status in family planning clinics is an awardee's choice and in compliance with the state's medical consent laws as they relate to minors.

- **Receiving Health Care in a Bordering State:**

At times VFC-eligible children may receive their healthcare in a bordering state instead of their state of residency. This usually occurs due to access to healthcare issues.

- » Awardees should have Memoranda of Understanding (MOU) in place with neighboring states to ensure VFC-eligible children have access to VFC vaccine within their medical homes.
- » If a provider administers VFC vaccine to a Medicaid VFC-eligible child from a neighboring state, the provider must be a Medicaid-enrolled provider for the state where the Medicaid VFC-eligible child resides in order to receive reimbursement for the administration fee from the neighboring state's Medicaid program.
- » A sample "border states MOU" is located at the end of this module.