NORTH DAKOTA DEPARTMENT of HEALTH

VACCINES FOR CHILDREN (VFC) QUESTIONS AND ANSWERS

VACCINES FOR CHILDREN PROGRAM ELIGIBILITY

1. What is the VFC Program?

The VFC program is a federally-funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay. VFC was created by the Omnibus Budget Reconciliation Act of 1993 as a new entitlement program to be a required part of each state's Medicaid plan. The program was officially implemented in October 1994 as part of the President's Childhood Immunization Initiative. Funding for the VFC program is approved by the Office of Management and Budget and allocated through the Centers for Medicare & Medicaid Services (CMS) to the Centers for Disease Control and Prevention (CDC). CDC buys vaccines at a discount and distributes them to grantees—i.e., state health departments and certain local and territorial public health agencies—which in turn distribute them at no charge to those private physicians' offices and public health clinics registered as VFC providers. Children who are eligible for VFC vaccines are entitled to receive pediatric vaccines that are recommended by the Advisory Committee on Immunization Practices through passage of VFC resolutions.

2. Who is eligible for the VFC Program?

Children through 18 years of age who meet at least one of the following criteria are considered federally vaccine-eligible and therefore eligible to participate in the VFC program:

- **Medicaid eligible:** a child who is eligible for the Medicaid program. (For the purposes of the VFC program, the terms Medicaid-eligible and Medicaid-enrolled are equivalent and refer to children who have health insurance covered by a state Medicaid program.)
- **Uninsured:** a child who has no health insurance coverage.
- **Indian (American Indian or Alaska Native):** as defined by the Indian Health Care Improvement Act (25 U.S.C. 1603).
- **Underinsured:** Children who have commercial (private) health insurance but the coverage does not include vaccines, children whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only), or children whose insurance caps vaccine coverage at a certain amount – once that coverage amount is reached, these children are categorized as underinsured. Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC), unless the child's clinic has signed an agreement with a FQHC to administer vaccines to underinsured children on their behalf. Local public health units in North Dakota are delegated authority

to vaccinate underinsured children with VFC vaccine. The North Dakota Department of Health supplies federal 317 vaccine to private providers to vaccinated underinsured children.

3. Are children who are on Healthy Steps (SCHIP) VFC-eligible?

No. Children who are on Healthy Steps are considered insured. Providers should administer privately-purchased vaccine and bill the Healthy Steps program.

4. Are children who are in the Caring Program VFC-eligible?

Yes. The Caring Program no longer provides medical or dental benefits. Children who have coverage only through the Caring Program should be considered uninsured and therefore VFC-eligible.

5. If a child has health insurance that covers vaccinations but has a high deductible, is that child VFC-eligible?

No. Children who have health insurance but have high deductibles are considered insured. Once the deductible is met, insurance covers vaccinations. They should be given privately-purchased vaccine and insurance or the parent should be billed.

6. Are all children who have Medicaid as a secondary insurance covered by VFC?

Situations can occur where children have private health insurance that includes full immunization benefits and Medicaid as a secondary insurance. These children are VFC-eligible as long as they are enrolled in Medicaid. VFC is an entitlement program, and participation is not mandatory for an eligible child. **For children that have full immunization benefits through a primary private insurance, the decision to participate in the VFC program should be made based on what is financially most cost effective to the child and his/her family.** The options for providers are described below:

Option 1
Providers can administer VFC vaccine and bill insurance only for the administration fee. If this option is used, providers must not bill insurance for the cost of vaccine. Providers may choose to bill insurance at the private rate for the vaccine administration fee. If the insurance company refuses payment, Medicaid can then be charged for the administration fee. As a precaution, Medicaid may not be billed more than the VFC vaccine administration fee cap. The parent or child should never be charged more than the VFC vaccine administration fee cap.

This option is easiest for providers and best for patients, as there is no risk that the patient will be billed for any amount for which the primary insurance or Medicaid refuses payment.

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 insurance 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 insurance 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 in the NDIIS using the borrow/return functionality.

The parent/guardian of a child with Medicaid as secondary insurance must never be billed for a vaccine or an administration fee. Providers may be reimbursed a higher amount if privately purchased vaccine is administered and both the vaccine and administration fee are billed to the primary insurance.

The deciding factor on which vaccine inventory to use should be based on what will be most cost effective for the family.

7. If a child is American Indian and has health insurance, is the child eligible for VFC vaccine?

American Indian/Alaskan Native 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 insurance, the decision to participate in the VFC program should be made based on what is financially most cost advantageous to the child and family.

8. If a parent is unsure if their child is underinsured, should I give VFC vaccine to that child?

No. You should request that the parent check their child's insurance coverage. If unknown, administer private vaccine and bill insurance. After insurance is billed, if it is found that the child is underinsured, VFC vaccine may be swapped for the private dose of vaccine administered. All borrow/return transactions of state-supplied vaccine must be documented on a VFC Vaccine Borrow/Return Form and in the NDIIS.

9. How often do I have to check a child's VFC status?

A child's VFC status must be checked every time the child comes to a clinic for vaccination. The VFC status must be entered into the NDIIS for every dose of vaccine administered.

10. If a child is a member of a Participating Provider Organization (PPO) or Exclusive Provider Organization (EPO) and travels "out of network" for immunizations and the immunizations are not covered "out of network," but would have been covered within the PPO or EPO, is the child VFC-eligible?

No. The child is not considered VFC-eligible, because the child's immunizations would have been covered within the PPO or EPO.

11. If a child's insurance coverage for immunizations is capped at a certain amount, is the child considered VFC-eligible once the cap is met?

Yes. Once the insurance cap is met, the insurance will no longer cover immunizations, so the child is considered underinsured and therefore VFC-eligible. For example, if an insurance company will only cover up to $500 for immunizations and that amount has been met, then the child is considered VFC-eligible.

12. Are children who have health insurance, but whose insurance covers only a percent of the cost of one or more vaccines eligible for the VFC program? For example, the insurance covers 80% of the cost of MCV4.

No, these children are considered to be insured for the purposes of the VFC program and are not eligible to receive VFC vaccine.

13. **Can a child who has insurance that limits the coverage to a specific number of provider visits annually be considered underinsured for the purposes of the VFC program once the number of covered visits is reached?**

If the child's insurance will not cover the cost of the vaccine after the child has exceeded the number of covered provider visits, the child can be considered underinsured for the purposes of the VFC program.

14. **Is it acceptable for a VFC-enrolled provider to turn away a VFC-eligible child because his/her parent didn't want all the vaccines that a child was eligible to receive administered at one clinical encounter?**

    This question is outside the scope of the VFC program.

15. **Is it acceptable for a VFC-enrolled provider to ask that parents who do not wish to have their child vaccinated to find a new medical home?**

    This question is outside the scope of the VFC program.

ADMINISTRATION FEES

1. **What is the maximum vaccine administration fee I can charge for the VFC Program?**

Starting January 1, 2013, the Centers for Medicare and Medicaid Services (CMS) set the vaccine administration fee cap at **$20.99** for North Dakota. This means that enrolled providers can charge an administration fee, no higher than $20.99, for vaccines given to VFC-eligible children.

2. **How much does ND Medicaid reimburse for the vaccine administration fee?**

Providers may bill ND Medicaid up to $20.99. ND Medicaid may not reimburse at that amount. Providers are required to accept ND Medicaid's reimbursement.

3. **If a child is American Indian and has insurance, what is the maximum vaccine administration fee I can charge for the VFC Program?**

If using VFC vaccine for an American Indian child who has insurance, the provider may bill insurance $0 for the cost of vaccine and the private rate for the vaccine administration fee. However, if insurance does not fully cover the private vaccine administration fee, the provider cannot charge the patient or their parent more than the VFC vaccine administration fee cap.

4. **If a parent of a VFC-eligible child is unable to pay the vaccine administration fee, can I refuse to vaccinate that child?**

No. A provider cannot refuse to vaccinate a VFC-eligible child if the parent is unable to pay the vaccine administration fee.

5. **What are the administration fee requirements for insured children who have private health insurance benefits that include immunization coverage (non-VFC-eligible children)?**

The VFC administration fee caps only apply to VFC-eligible children and do not apply to privately-insured children.

6. **Can providers send a bill in order to collect the vaccine administration fee after the date of service (for vaccines provided to non-Medicaid VFC-eligible children)?**

There are no restrictions against sending a bill for the vaccine administration fee after the point of service. However, the provider cannot send the bill for the vaccine administration fee to collections if the parent cannot afford to pay (i.e., if the parent does not pay the bill). The provider can send the office visit fee or any other visit fee (i.e., labs) to collections if unpaid, but not the vaccine administration fee. The federal requirement restricts the provider from seeking payment if the parent cannot afford it.

PRIVATE AND VFC INVENTORIES

1. **If my clinic does not have any private vaccine for insured children, can I borrow VFC vaccine and then pay that back later when I receive additional private vaccine?**

Providers that care for VFC-eligible and privately insured children in North Dakota must maintain two separate inventories of vaccines: privately purchased vaccine for the privately insured children and state-supplied vaccine for those who are eligible. Borrowing between the two inventories of vaccines may occur, but must be a rare occurrence (i.e., delayed vaccine shipment, outbreak). VFC vaccine cannot be used as a replacement program for a provider's privately purchased vaccine inventory. All borrow/return activity must be documented in the NDIIS and on the VFC Vaccine Borrow/Return Report. The VFC Vaccine Borrow/Return Report must be kept on hand for three years. **Please note: for seasonal influenza vaccine, providers may use private stock seasonal influenza vaccine to vaccinate VFC eligible children if VFC seasonal influenza stock is not yet available. Those private stock doses used on VFC eligible children can later be replaced when VFC stock becomes available. As a caution, due to the nature of influenza vaccine supply, providers may borrow private vaccine to VFC stock at their own risk, as replacement VFC doses are not guaranteed. Providers must never borrow VFC influenza vaccine to vaccinate privately insured children.**

2. **If a VFC-eligible child starts a series at age 18, can the series be completed using VFC vaccine after the child turns 19?**

No. Once a child turns 19, the child is no longer VFC-eligible. Adults 19 and older must receive privately-purchased vaccine.

3. **As a VFC provider, do I have to order or offer all VFC vaccines available from the state health department?**

Yes. A provider may make a medical judgment that a specific VFC-eligible child should not receive a certain vaccination, but the vaccine must be stocked so it is available to all other VFC-eligible children.

4. **Must specialty providers offer all age-appropriate VFC vaccines to their VFC-eligible patients in order to enroll in the VFC program?**

Specialty providers, at the discretion of the NDDoH, may limit their VFC practice to particular relevant vaccines. Specialty providers may include inpatient settings such as birthing hospitals, pharmacies, juvenile detention centers and family planning clinics.

5. **Does a Medicaid-enrolled provider have to offer VFC vaccines?**

A Medicaid-enrolled provider has to offer all services to Medicaid children that they offer to insured children. Therefore, if a provider is offering vaccines to insured children, then they have to offer vaccines to Medicaid children. Medicaid will not cover the costs of privately-purchased vaccines, which is why providers are highly encouraged to enroll in the VFC program.

VACCINE STORAGE AND HANDLING

1. Where can I get more information on vaccine storage and handling?

CDC's Vaccine Storage and Handling Toolkit is available online and a previous version was mailed out to providers in 2013.. Providers may also visit the ND Immunization Program website at www.ndhealth.gov/immunize for more information on storage and handling.

2. What is the impact of a power outage on vaccine and what should be done with vaccine?

General procedures for power outages are described in the Vaccine Storage and Handling Toolkit.

All providers should have an Emergency Vaccine Retrieval and Storage Plan Worksheet prepared in advance to guide them in the event of a power outage or other emergency. This should include plans for alternative storage and transport of vaccines.

Note: The following key messages for immunization providers:

In any type of power outage:

- Do not open freezers and refrigerators until power is restored, except to transport vaccine to an alternative storage location.
- Monitor temperatures and duration of power outage; don't discard vaccine; don't administer affected vaccines until you have discussed with public health authorities.

3. Are "Dorm Style" refrigerators acceptable storage units for VFC vaccines?

Dorm style refrigerators may never be used to store VFC vaccines. These types of refrigerators may not be used for even temporary storage.

4. Some of our providers have small compact storage units that were designed to hold medical biologicals. Are these storage units acceptable for permanent storage of VFC vaccine?

Yes, these types of vaccine storage units are acceptable if they meet the following conditions:

a) The refrigerator and freezer compartments each have a separate external door, or
b) Units are stand-alone refrigerators and freezers

Refrigerators or freezers used for vaccine storage must comply with the following requirements:

- Be able to maintain required vaccine storage temperatures year-round;
- Be large enough to hold the year's largest inventory;
- At a minimum, have a working calibrated data logger inside each storage compartment;
- Be dedicated to the storage of vaccines. (Food and beverages must not be stored in a vaccine storage unit because this practice results in frequent opening of the door and destabilization of the temperature.)

5. **Some of our providers have been removing VFC vaccine that comes in manufacturer prefilled syringes from the original packaging to store in plastic containers if storage space is a concern. What is CDC's position on this?**

CDC's position is to have providers store vaccine in their original containers to help protect the vaccine from damage due to storage errors, as well as, to decrease the possibility of administration errors from inadvertently confusing similarly packaged vaccines.