



## Vaccines for Children (VFC) Questions and Answers

### 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 your**

**clinic has signed an agreement with a FQHC to administer vaccines to underinsured children on their behalf.**

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

The Health Care Financing Administration (HCFA), now the Centers for Medicare and Medicaid Services (CMS), set the administration fee cap at \$13.90 for North Dakota. The notice also indicated that state Medicaid programs could establish lower administration fees for VFC vaccination of Medicaid children. Effective July 1, 2007, North Dakota Medicaid reimburses \$8.77 for injectable vaccines administered to North Dakota Medicaid children. Except in the case of an inability to pay, the notice further stated that VFC providers can charge non-Medicaid VFC children (i.e., uninsured, American Indian/Alaska Natives, and underinsured children) up to, but not more than, the maximum regional administration charge (if that charge reflects the provider's cost of administration) regardless of whether the state has established a lower administration fee under the Medicaid program. **This means that providers can charge an administration fee, no higher than \$13.90, for vaccines given to VFC-eligible children.**

**The regional fee cap for North Dakota is \$13.90.**

The VFC program does not have any authority over administration fees charged to privately-insured children. Providers may bill insurance for what it costs to administer vaccinations.

**4. If a parent of a VFC 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 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. 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.

**7. 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, if once the deductible is met, insurance would cover vaccinations. They should be given privately-purchased vaccine and insurance or the parent should be billed.

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

Children with Medicaid as a secondary insurance are VFC-eligible. VFC vaccine should be given to children with Medicaid as a secondary insurance and providers should bill insurance for the vaccine administration fee (maximum of \$13.90).

**9. If a child is Native American and has health insurance, is the child eligible for VFC vaccine?**

Yes. Any Native American child is eligible to receive VFC vaccine, regardless of their health insurance status. Providers should bill insurance for the vaccine administration fee (maximum \$13.90).

**10. 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. Please complete a transfer form and send it to the NDDoH Immunization Program so the dose can be transferred in the North Dakota Immunization Information System (NDIIS).

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

A child's VFC status should be checked every time the child comes to a clinic for vaccination. The VFC status should be entered into the NDIIS.

**12. 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?**

In **emergency situations** (i.e., vaccine shortages, outbreaks, etc.) a provider may borrow VFC vaccine and then pay that back later when private vaccine is available. This should occur on rare circumstances and should be documented in the NDIIS.

**13. If my clinic does not have any VFC vaccine, can I borrow from my private stock and then pay that back later when I receive additional VFC vaccine?**

Yes. You can borrow private vaccine and replace the private doses with VFC doses when you receive VFC vaccine. This also needs to be documented in the NDIIS.

**14. If a VFC 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. Adolescents 19 and older must receive privately-purchased vaccine.

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

Yes, unless the provider makes a medical judgment that a specific VFC child should not receive a certain vaccination.

**16. 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 include inpatient settings such as birthing hospitals, juvenile detention centers, or juvenile inpatient treatment facilities.

**17. 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 should enroll in the VFC program.

**18. 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.

Most BCBSND plans cover immunizations at any provider, regardless of PPO or EPO.

**19. 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.

No BCBSND plans currently have a cap for immunizations.

**20. 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.

**21. Can a child that 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.