VDH HIV Care Services
Virginia Medication Assistance Program (VA MAP) Procedure for Vaccine Reimbursement at Alternate Medication Access Sites

**Purpose:** To facilitate access to vaccines on the Virginia MAP Formulary at alternate medication access sites.

**Procedure:**
1. VCUHS intake staff screens client or verifies VA MAP eligibility.
2. The vaccine is administered in the Infectious Disease Clinic.
3. In order to obtain reimbursement, a monthly invoice will need to be submitted to:
   
   Diana Jordan, Director  
   Division of Disease Prevention  
   Virginia Department of Health  
   P.O. Box 2448, Room 326  
   Richmond, Virginia  23218

4. VCUHS will bill VDH for vaccines given and an administration fee of $14.71 per vaccine.
5. The invoice must include VA MAP client name, date of birth, vaccine type, and date administered, vaccine fee, and administration fee. This information is needed to verify client’s eligibility and approve reimbursement. In addition to client data, the invoice needs to include the payee’s name, address and Employer Identification Number (EIN).
6. Below you will find a list of immunizations presently on the ADAP formulary. The Virginia Department of Health Division of Disease Prevention agrees to reimburse VCUHS in the amounts specified below:

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Cost per dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A</td>
<td>$43.85 – AD</td>
</tr>
<tr>
<td></td>
<td>$27.95 – PED</td>
</tr>
<tr>
<td>Hepatitis A/B</td>
<td>$51.84</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>$47.49 – AD</td>
</tr>
<tr>
<td></td>
<td>$24.54 – PED</td>
</tr>
<tr>
<td>Human Papilloma Virus (HPV)</td>
<td>$216.88</td>
</tr>
<tr>
<td>Influenza</td>
<td>$17.98</td>
</tr>
<tr>
<td>Measles, Mumps and Rubella Virus (MMR)</td>
<td>$78.03</td>
</tr>
<tr>
<td>Meningococcal Conjugate</td>
<td>$157.10 – Hexaxero</td>
</tr>
<tr>
<td></td>
<td>$130.97 – Menvee</td>
</tr>
<tr>
<td></td>
<td>$119.71 – Meningrix</td>
</tr>
<tr>
<td></td>
<td>$129.84 – Trumensa</td>
</tr>
<tr>
<td>Shingrix</td>
<td>$149.69</td>
</tr>
<tr>
<td>Tetanus and Diphtheria (TD)</td>
<td>$35.24</td>
</tr>
</tbody>
</table>

7. The amount has to be totaled for the requested amount paid. Reimbursement must be requested within 3 months of administration.

Policy Updated: August 9, 2019, Vaccine Costs Updated: August 9, 2019