

FAQs

October 1st Policy Change for Federally Purchased Vaccine

What funding sources are used to provide vaccine to providers?

Vaccine provided by the Division of Immunization (DOI) is purchased using funds from three sources: Federal Vaccines for children (VFC) funds, Federal 317 funds, and State funds.

Why is the policy change necessary?

CDC implemented a policy change effective October 1, 2012, to ensure federally purchased vaccine is used for those who are least able to pay for vaccines. The new policy restricts use of vaccines purchased with federal 317 funds. In the past, the Section 317 program was a very flexible funding source that served as a safety-net for public health. Vaccine purchased with these funds could be used for individuals who had insurance that covered immunizations. There has been a steady reduction in Section 317 funds in recent years. The October 1st policy change was implemented to ensure vaccine remains available for those who are least able to pay for vaccination, such as uninsured and underinsured individuals, and to redirect the cost of vaccines for insured individuals to third party payers.

Federal VFC funds are used to purchase vaccine for children eligible for the VFC program. **THE VFC PROGRAM IS NOT AFFECTED BY THE OCTOBER 1 POLICY CHANGE.**

Who is affected by the policy change?

Private providers are NOT affected by the policy change and should continue to vaccinate VFC-eligible children as usual.

In Virginia, this policy change affects Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs), Local Health Departments (LHDs), and participating public hospitals where insured patients were routinely eligible for certain federally purchased vaccines in the past. FQHCs, RHCs, and participating public hospitals may no longer administer vaccines provided by the health department to insured clients. School-age children needing Code-required vaccines should be referred to their primary care provider or to the LHD. Specific guidance is posted to the Division of Immunization (DOI) website (<http://www.vdh.virginia.gov/epidemiology/Immunization/VFC/vfcForms.htm>).

What about underinsured clients?

Uninsured adults and underinsured clients of any age may receive ACIP-recommended vaccines at FQHCs, RHCs, and participating public hospitals using the following definitions:

Underinsured: is defined as a person who has commercial (private) health insurance but the coverage does not include vaccines; a person whose insurance covers only selected vaccines (eligible for non-covered vaccines only); or a person whose insurance caps vaccine coverage at a certain amount. Once the coverage amount is reached, the person is considered underinsured.

Uninsured: is defined as a person who has no health insurance.

Fully Insured: is anyone with insurance that covers the cost of vaccine, even if the insurance includes a high deductible or co-pay, or if a claim for the cost of the vaccine and its administration would be denied for payment by the insurance carrier because the plan's deductible had not been met.

What can 317 vaccines be used for? What can they NOT be used for?

The clarification of the 317 vaccine policy, generally, focuses on ensuring that insured individuals receive their vaccinations through their insurance provider network, and are not subsidized through federal funding. States may not administer Section 317 vaccines to fully insured children or adults, except in limited circumstances described below. An underinsured child may receive Vaccines for Children (VFC) funded vaccine if the child is seeking vaccinations in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) or under approved deputization agreements. In circumstances other than “exceptions” specified in the policy, 317 vaccines **may not** be used to vaccinate:

- Fully insured children and adults seen in public clinics
- Fully insured children and adults seen in private provider offices
- Adults with Medicare Part B
- Adults with Medicaid coverage for vaccines
- Fully insured adults seen in STD/HIV clinics or drug treatment centers
- Fully insured parents of newborn infants participating in Tdap cocooning projects
- Fully insured adults at high risk for acquiring Hepatitis A
- Fully insured children and adults with a high co-pay or deductible
- Fully insured students receiving vaccines for college entry at Public Health Clinics or College health facilities
- Fully insured children and/ adults in low medical access areas
- Fully insured adults in LTCs/eldercare
- Fully insured children in school-based health centers or clinics
- Fully insured “high risk” occupational groups (e.g. EMS, first responders, health care workers) for hepatitis A or B or other diseases
- Fully insured adults and children receiving vaccines as part of a community wide outreach event (including mobile vans and health fairs)
- Children who are insured by SCHIP standalone programs

Exceptions: 317 vaccine funds may be used to vaccinate the following:

- Newborns receiving the birth dose of hepatitis B prior to hospital discharge that are covered under bundled delivery or global delivery package (no routine services can be individually billed) that does not include hepatitis B vaccine
- Fully Insured infants of hepatitis B infected women and the household or sexual contacts of hepatitis B infected individuals
- Uninsured or underinsured adults
- Fully insured individuals seeking vaccines during public health response activities including:
 - Outbreak response (regardless of insurance status)
 - Post-exposure prophylaxis
 - Disaster relief efforts
 - Mass vaccination campaigns or exercises for public health preparedness
 - Individuals in correctional facilities and jails (except as outlined in VFC Operations Guide)

If an adult patient has Medicare are they eligible for free vaccine supplied by the DOI?

All Medicare enrollees are required to have both Part B and part D coverage of some kind. Enrollees may opt to continue drug coverage under a retiree health plan from their previous employer or continue to be covered under working -spouse’s health plan in lieu of enrolling in Part D. Medicare Advantage plans are a type of HMO and should cover recommended vaccines and would not be eligible.

Medicare Part B covers influenza and pneumococcal vaccines. Part D covers other recommended vaccines, but the deductible and/or co-pay is determined by the plan selected by the recipient. These individuals do NOT meet the criteria for underinsured and are not eligible.

Are adults with Medicaid eligible for free vaccines supplied by DOI?

Most Medicaid coverage is through an HMO. Medicaid HMOs will cover recommended vaccines so clients with Medicaid HMO plans are not eligible. However, a small number of adults are enrolled in straight Medicaid which pays ONLY for influenza and pneumonia vaccines and ONLY for high risk clients, so Medicaid should cover those vaccines for this population. Other populations/vaccines not reimbursed by straight Medicaid would be considered “underinsured”.

How should we order vaccine under the new policy?

Vaccines intended for use in pediatric populations (18 and under) should be ordered using the pediatric order form available at the web site above. Additional vaccines intended for uninsured and underinsured adults should be ordered using the adult order form.

Since there will be an adult order form, do we need to keep these separate from our child VVFC stock?

You will want to keep adult and pediatric separate. If you use a pediatric dose on an adult, you will want to replace it with Adult vaccine you order from the Adult Vaccine Order Form, and document the borrowing/replacement using the Borrowing Form. This is because your pediatric vaccine is paid for with VFC funds, and your adult vaccine is paid for through a separate federal source called Section 317 funds.

We have a large population of adult patients who are not insured, is there a cap on how many we can offer these vaccines to?

There isn't a cap, but we will be monitoring orders for appropriateness. Section 317 funds are limited, and if it looks like we can't afford this policy, we will have to scale-it-back.

Do we use the same eligibility form in establishing and documenting eligibility for adults uninsured and underinsured 19 and older for these vaccines?

Yes. You will need to employ a system for eligibility screening for adults.

Does the policy in fact cover all vaccines including HPV and Tdap for uninsured and underinsured adults?

All ACIP recommended vaccines are available for uninsured and underinsured adults. Influenza, Tdap, Varicella, HPV, Zoster, MMR, and Pneumococcal vaccines are routinely recommended by ACIP for adults. Please refer to VAHBII Program regarding vaccine eligibility for Hepatitis B vaccine (<http://www.vdh.virginia.gov/epidemiology/immunization/hbii/index.htm>).

If a patient has insurance but the vaccine is not fully covered, does the client qualify for free vaccine. An example would be that a patient reports to us that his insurance will only cover 80% of the cost for the Zostavax vaccine. He is considered “underinsured” & qualifies. Is this correct?

No. The insurance is “covering the vaccine” in the example above. They are not eligible. Refer to the definition of underinsured above.

If a patient has a high deductible on their insurance that has not yet been met, is that considered under-insured since they would have to pay for the vaccine out of pocket?

That person is insured. Not eligible.

Many individuals coming to our clinics do not know if they are fully-insured for immunization. How do we handle that? It is the provider's responsibility to conduct diligent screening to ensure fully insured individuals are not receiving 317 vaccine. It is the individual's responsibility to understand their insurance status and identify in network providers.

Can we use 317 vaccine for immigrants and refugees? Many immigrants and refugees lack health insurance, making it hard for them to get the care they need. However, some refugees are eligible for SCHIP, Medicaid, or other special programs such as Refugee Medical Assistance. 317 funded vaccine may be used for those refugees not eligible for the programs mentioned and who are uninsured or underinsured,