Understanding VFC and 317 Program Eligibility

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Agenda

- Overview of the VFC and 317 Programs
- VFC and 317 Program Eligibility
- Screening & Documentation
- Eligibility special circumstances
- Medicare & 317
- Eligibility scenarios
The New Jersey Vaccines for Children (NJVFC) Program

- The New Jersey Vaccines for Children (NJVFC) Program is federally-funded
- NJVFC manages 2 distinct programs:
  - Vaccines for Children (VFC) Program
  - 317-Funded Adult (317) Program
- Provides vaccines at no cost to participating providers to ensure vaccination of eligible patients who might not otherwise be vaccinated because of inability to pay
- Patients who are eligible for VFC or 317 vaccines are entitled to receive any vaccines recommended by the Advisory Committee on Immunization Practices (ACIP)

The 317-Funded Adult Program

- Section 317 of the Public Health Service Act authorizes the federal purchase of vaccines
- Over its 50 year history, Section 317-purchased vaccine has been directed towards meeting the needs of priority populations; most recently this has included uninsured adults.
- 317 funding is limited and funding can change year to year
DEFINITIONS

What Does Underinsured Mean?

Underinsured means the child or adult has health insurance, but it:

* Doesn't cover ACIP recommended vaccines, or
* Doesn't cover certain ACIP recommended vaccines, or
* Covers vaccines, but has a fixed dollar limit or cap for vaccines. Once that fixed dollar amount is reached, the patient is eligible.
What are Federally Qualified Health Centers?

* Designated by the Bureau of Primary Health Care of the Health Resources and Services Administration to provide health care to a medically underserved population.

* FQHC’s include:
  * Community, family and migrant health centers
  * “Look-alikes,” which meet the qualifications, but do not receive grant funds

FQHC Information

* New Jersey’s Federally Qualified Health Centers (FQHC) offer a wide range of health care services for the entire family.
* You don’t need health insurance to get care.
* Centers serve the uninsured and underinsured, as well as patients with Medicaid, Medicare and private insurance.
* If you’re uninsured, your bill will be based on a sliding fee scale.
* FQHCs are found in all New Jersey counties.
Who Is VFC Eligible?

**On the day of vaccination:**

* Children through 18 years of age **and** meet one or more of the following:
  * Medicaid enrolled – NJ Medicaid or NJ FamilyCare Plan A
  * Uninsured
  * Underinsured
  * American Indian or Alaskan Native
**Underinsured**

Children are eligible to receive VFC funded vaccine only through a Federally Qualified Health Center (FQHC)

* Underinsurance, limited coverage, and “caps” should become rare instances with the full implementation of the Affordable Care Act (ACA).

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**Meets More than 1 VFC Eligibility Category**

* Document the eligibility category which requires the least out of pocket expense to the family

* Examples:
  * Has commercial insurance and Medicaid
  * Has commercial insurance and is an Alaskan native – Use whichever requires the least out of pocket expense to the family
  * Underinsured and has Medicaid as a secondary insurance
Insurance Status is unknown.

- Family or guardian report they don’t know if the child has Medicaid or NJ FamilyCare, Part A
- Contact Navinet (by phone 800-676-6562 or online) to determine insurance status
- Refer the family to Medicaid to determine their status
- Vaccinate the child with VFC vaccine

Who is VFC Ineligible?

- Patient who is 19 years old or older
- Patients 0-18 years old with commercial insurance which covers ACIP recommended vaccines
- Is in the middle of a vaccine series and turns 19
VFC Ineligible - Insured

- Commercial insurance covers some of the cost of vaccine
- This applies when a claim for the cost of the vaccine and its administration would be denied for payment by insurance because the plan’s deductible is not met
- This applies when co-pays have not been met
- Has Special Children’s Health Insurance
  SCHIP = NJ FamilyCare Plans B, C & D

317 ELIGIBILITY
Who is 317 Eligible in New Jersey?

On the day of vaccination:
Adults 19 years of age and older who meet at least one of the following criteria:

* **Uninsured:** An adult who has no health insurance coverage

* **Underinsured:** An adult who does not have insurance coverage for the ACIP-recommended vaccine

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317 Eligibility – Public Health Response

* Fully insured individuals seeking vaccines during public health response activities including*:
  * Outbreak response
  * Post-exposure prophylaxis
  * Disaster relief efforts
  * Mass vaccination campaigns or exercises for public health preparedness

*Pre-approval must be obtained from the NJVFC program prior to the use of 317-funded vaccine for the above activities.
Who is Ineligible?

- Adults whose health insurance covers any portion of the cost of the ACIP recommended vaccine.
- This applies even when a claim for the cost of the vaccine and its administration would be denied for payment by insurance because the plan’s deductible or co-pay had not been met.
- Patients who have Medicaid or Medicare must check if insurance pays for the vaccine – if you have the ability to check, do so.

Where Can 317-Eligible Adults Get Vaccinated?

317-enrolled:
- New Jersey Health Departments
- FQHCs
- Not-for-profit organizations

Patients should call prior to seeking services to verify that the organization is enrolled in the 317 Program.
Screening for Eligibility

- Screen patients at each immunization visit to determine program eligibility
- Use a standardized, paper or electronic form to screen for eligibility and keep this on file for 3 years
- The patient, guardian or provider may complete the form
- The Insurance type and Current VFC or 317 Eligibility must be indicated in the patient’s record in NJIIS
- Verification of patient/guardian responses is not required
# Patient Eligibility and Vaccination Record (Child)

A record of all children 18 years of age or younger who receive immunizations must be kept in the health care provider’s office for a minimum of 3 years. The record may be completed by the parent, guardian, individual of record, or by the health care provider. VFC eligibility screening and documentation of eligibility status must take place with each immunization visit. Providers should retain this or a similar record for each child receiving vaccine. Providers using a similar form (paper-based or electronic) must capture all reporting elements in this form.

1. **Child’s Name:**
   - [Last Name] / [First Name] / [MI]
2. **Child’s Date of Birth:**
   - [Date]
3. **Parent/Guardian/Individual of Record:**
   - [Last Name] / [First Name] / [MI]
4. **Primary Provider’s Name:**
   - [Last Name] / [First Name] / [MI]

5. To determine if a child (0 through 18 years of age) is eligible to receive federal vaccine through the VFC program, at each immunization encounter/visit, enter the date and mark the appropriate eligibility category.

### Vaccines Administered

<table>
<thead>
<tr>
<th>Vaccine(s) Administered</th>
<th>Lot Number</th>
<th>Lot Number</th>
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<td>DTAP</td>
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<tr>
<td>DTAP/Hib/IPV</td>
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<tr>
<td>DTAP/HeP B/IPV</td>
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<td>Hib</td>
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<td>Hib/Haemophilus B</td>
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<tr>
<td>Hib (Booster)</td>
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<tr>
<td>Pneumococcal Conjugate PCV13</td>
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<td>Pneumococcal Conjugate MCV4</td>
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<td>IPV</td>
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<tr>
<td>DiP/IPV</td>
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<td>MMRV</td>
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*Please note: No vaccine should be administered without health insurance that covers vaccines or documentation of vaccine eligibility.

**Children recorded in separate state Children’s Health Insurance Program (CHIP). These children are considered insured and are not eligible for vaccines through the VFC program.

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# Patient Eligibility and Vaccination Record (Adult)

A record of all patients 18 years of age or older who receive immunizations must be kept in the health care provider’s office for a minimum of 3 years. The record may be completed by the patient, guardian, or by the health care provider. Adult VFC eligibility screening and documentation of eligibility status must take place with each immunization visit to ensure the patient’s eligibility status has not changed. While verification of responses is not required, it is necessary to retain this or a similar record for each adult receiving vaccine from the program. Providers using a similar form (paper-based or electronic) must capture all reporting elements in this form.

1. **Name:**
   - [Last Name] / [First Name] / [MI]
2. **Date of Birth:**
   - [Date]
3. **Guardian/Individual of Record:**
   - [Last Name] / [First Name] / [MI]
4. **Primary Provider’s Name:**
   - [Last Name] / [First Name] / [MI]

5. Determine if an adult (over 19 years of age) is eligible to receive federal vaccine through the 317/adult program (managed through the VFC Program) during an immunization encounter/visit. Enter the vaccination date and mark the appropriate eligibility category.

### Vaccines Administered

<table>
<thead>
<tr>
<th>Vaccine(s) Administered</th>
<th>Lot Number</th>
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<tbody>
<tr>
<td>Flu</td>
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<td>FluMist</td>
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<td>Flu High Dose</td>
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<td>Hib</td>
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<td>Hib A</td>
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<tr>
<td>Hib A/B</td>
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<tr>
<td>Human Papillomavirus (HPV)</td>
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<tr>
<td>MMR</td>
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<tr>
<td>MMRV</td>
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</tbody>
</table>

*Only Medicaid and Medicare for vaccine. When Medicaid or Medicare pays for portion of the vaccine, the patient is eligible to receive 317-funded vaccine.
SPECIAL CIRCUMSTANCES

What About Out-of-State Patients?

- It is at the provider’s discretion to serve out-of-state NJVFC-eligible children and/or 317-eligible adults.
- Out of state residents who meet VFC or 317 eligibility criteria can receive federally-funded vaccines at no cost.
- To bill Medicaid for payment of the office visit and vaccine administration cost, the physician must be a Medicaid-enrolled provider in the state where the patient resides to receive reimbursement.
Eligible out-of-state patients can be billed for the office visit and other services, such as lab work or a hearing screening.

Patients can be billed the cost of vaccine administration up to $24.23 per vaccination.

If the patient cannot pay the administration fee, the fee must be waived.
Medicare Follow-up

* Medicare Part B does not cover all ACIP recommended vaccines.
* Medicare Part D covers all ACIP recommended vaccines.
* If an individual has both Medicare Part B and Part D, he/she is considered fully insured for vaccines and may not receive 317 funded vaccines.
* If the individual does not have Medicare Part D coverage, then he/she is considered underinsured for those vaccines and may receive 317 funded vaccines.

Another Way To Say It

* Can we use 317 vaccine if the vaccine is not covered by Medicare?

* YES. If Medicare does not cover an ACIP-recommended vaccine, the adult is considered underinsured for that vaccine and may receive 317-funded vaccines.
I gave a child VFC vaccine because the parent said the child was uninsured when vaccinated. On the next visit, the patient presented proof of private insurance.

What should I do?
Nothing.
Ensure that staff have a way to document attestation for no insurance if a patient claims to be uninsured. Insurance can change from visit to visit.

Eligibility Scenario

I used private stock vaccine to vaccinate a child & later found they had Medicaid or no insurance on the day of vaccination.

What should I do?
Remind staff to confirm insurance eligibility prior to the appointment or administration of vaccine.

Bill Medicaid for the vaccine administration, office visit and other services.

VFC vaccine cannot be transferred into private stock.

Medicaid will not reimburse the cost of the vaccine.

Some of our fully insured clients have very high deductibles or co-pays; can we use 317 vaccine or VFC vaccine to immunize them if they have not met their deductible or co-pay?
No. Both the VFC and 317 Programs are based on whether the patient’s insurance status and coverage of ACIP-recommended vaccines.

Eligibility Scenario

Jose is 12 years old. He has Medicaid and commercial health insurance with a very high deductible. The deductible is not yet paid. His mother mentioned Jose cannot be vaccinated today because she cannot pay the insurance deductible.

Is Jose VFC eligible?
Jose qualifies as VFC-eligible because he has Medicaid.

Use whichever insurance plan requires the least out of pocket expenses to the family.

Eligibility Scenario

Clara is 4 years old and has commercial health insurance. The co-pay for her ACIP recommended vaccine is $150. The family cannot afford to pay the co-pay.

Is Clara VFC-eligible?
No. The family must use their insurance benefits.

* Insurance covers ACIP-recommended vaccine, although there is a high co-pay.

* If the family cannot pay the co-pay, they may be referred to call a FQHC to see if they qualify for a sliding fee scale.

Eligibility Scenario

Tdap vaccine is not a covered vaccine for adults on Medicaid in my state. Can I vaccinate these adults with 317-funded Tdap?
Yes. If Medicaid or Medicare does not cover Tdap or any other ACIP-recommended vaccine for adults, the adult is considered **underinsured for that vaccine** and may receive 317-funded vaccine.

**Resources**

- **Navinet - Medicaid and Family Care Eligibility**  800-676-6562
- **WWW.MEDICARE.GOV** – Is my test, item or service covered?
- **Medicaid & FamilyCare Information for Families**  800-701-0710
- Individuals ineligible for NJ FamilyCare can find information on other insurance affordability programs at  **www.healthcare.gov**
- Call the FamilyCare health plan (Aetna, Amerigroup, Horizon, UnitedHealthCare, WellCare) for specific billing information
Questions?

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