

North Carolina Immunization Program (NCIP)
VACCINES FOR CHILDREN PROGRAM (VFC)
Determining VFC Eligibility & Billing Guidance 02/17/2020

Who is eligible for Vaccines for Children (VFC) vaccines?

A child is eligible for the VFC Program from birth through 18 years of age (under 19) and is one of the following:

- Medicaid-eligible (the VFC program uses the terms “Medicaid-eligible” and “Medicaid-enrolled” interchangeably)
- Uninsured: a child that has NO health insurance coverage
- Underinsured [1]
- American Indian or Alaska Native

[1] *Underinsured is defined as:

Underinsured means the child has health insurance, but it

- Doesn't cover vaccines, or
- Doesn't cover certain vaccines, or
- Covers vaccines but has a fixed dollar limit or cap for vaccines. Once that fixed dollar amount is reached, a child is then eligible.

*Not having met a deductible or having to pay a co-payment does **not** make a patient underinsured for VFC purposes. If these conditions were met, and their insurance covers vaccines, they would be considered insured, and therefore, not VFC eligible.

With the implementation of the Affordable Care Act (ACA) it is rare that children fall under this category. Providers should follow the below guidance for vaccinating underinsured children.

Note: Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC), or Rural Health Clinic (RHC), or Local Health Department in North Carolina. (LHD) under an approved deputization agreement.

For underinsured children, whose medical home is not with a FQHC, RHC, or LHD, the provider should notify the parent /guardian that the patient is VFC eligible and could receive VFC vaccines at one of these designated provider types.

If the parent/guardian chooses to receive vaccines for their child at their non-deputized medical home, the patient would receive private purchased vaccine, and would be financially responsible for the cost of the purchased vaccine and the associated administration fees.

Are children whose families participate in a Health Care Sharing Ministries (HCSMs), such as Medi-Share, eligible for VFC vaccines?

HCSMs are nonprofit alternatives to purchasing health insurance from private, for-profit insurers. VFC eligibility depends primarily on recognition of the plan as insurance by the state. A child with this type of plan should be considered:

- Uninsured if the plan is not recognized as insurance by the North Carolina Department of Insurance (NCDOI)
- Insured if the plan is recognized by the NCDOI and covers all ACIP-recommended vaccines
- Underinsured if the plan is recognized by the NCDOI and does not cover all ACIP-recommended vaccines
Providers are responsible for verifying the insurance plan prior to administration of VFC vaccine.

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When do we screen for VFC eligibility?

The CDC Provider agreement states that providers will screen patients and document eligibility status **at each** immunization encounter for VFC eligibility. Eligibility screening and documentation must take place at each immunization visit prior to immunization administration. Providers that administer VFC vaccines to ineligible children will be required to replace the doses with private vaccine.

Are children who are covered by North Carolina Health Choice (NCHC) eligible for VFC vaccines?

No- for VFC purposes, the CDC considers patients **insured** who are covered by a state's Children's Health Insurance Program (CHIP). In North Carolina, the CHIP is known as NCHC.

Are there any special considerations for children that are American Indian or Alaska Native (AI/AN)?

Yes- AI/AN children are always VFC-eligible. However, VFC is an entitlement program and participation is not mandatory for an eligible child. For AI/AN patients who are Medicaid eligible, either eligibility may be documented but Medicaid should be billed the administration fee as it is the least costly out of pocket expense. Providers should also consider the least costly out of pocket expense for AI/AN patients enrolled in NC Health Choice or other private insurance plans.

What if a child presents and has Insurance and Medicaid as Secondary Coverage?

Children from birth through 18 years who are covered by both Medicaid's Health Check and another insurance plan (for example, BC/BS, Prudential, etc.) simultaneously (on the same date of service) are considered Medicaid-eligible, and therefore, are eligible for VFC vaccines. The CDC says that providers must offer the family a choice of what is the most cost effective for them: either 1) provide VFC vaccine and bill Medicaid (admin fee only), or 2) provide purchased vaccine and bill the insurance plan (for both the vaccine and the admin fee). The provider should honor the family's request.

What about 19 & 20-year-old patients that are on Medicaid (NC Health Check)

Individuals of this age on Medicaid are **NOT** eligible for VFC vaccines. Because these two age groups are not eligible for VFC vaccine, Medicaid will cover the cost of the vaccine and the vaccine administration fee. Per the 2018 Health Check Billing Guide providers must use privately purchased vaccines and bill Medicaid for the cost of the vaccine and the vaccine administration fee. Once the individual turns 21 years of age they fall under Adult Medicaid. Please contact the CSRA Call Center at 800-688-6696 if you have any questions.

We have a family that has a new insurance company that does not allow us to be in their network of providers, but the family would like to remain with us for continuity of care. Can the child automatically be considered underinsured and receive VFC vaccines?

No- Because VFC eligibility status must be determined at each immunization encounter, the provider needs to evaluate whether vaccines are covered by the plan to determine if the patient is underinsured and is therefore eligible for VFC vaccine at a *Federally Qualified Health Center (FQHC)*, *Rural Health Clinic (RHC)*, or *Local Health Department (LHD)*.
*See page 1 for details on Underinsured patients.

If the insurance plan will cover the cost of vaccines at an in-network provider, patients should be referred to in-network providers who accept their insurance. These patients are not considered un-insured or underinsured for the VFC program.

We are aware that we may not charge for VFC vaccines, but are there any services involving VFC vaccines that we may charge for?

Yes- For VFC Eligible children on Medicaid, providers may bill Medicaid a vaccine administration fee. Providers must accept the reimbursement for immunization administration set by the state Medicaid agency. The vaccine administration fee is per vaccine, NOT per antigen.

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For **Uninsured** children, the provider may charge the child's parent/guardian the vaccine administration fee out-of-pocket but the following must be observed:

- Providers cannot charge the parent/guardian any amount that exceeds the administration fee cap per vaccine dose above the maximum medical billable rate. *See your current CDC Provider Agreement for the dollar amount.
- Providers cannot deny administration of VFC vaccines to a VFC eligible child because the parent/guardian of the VFC eligible child is unable to pay the administration fee.
- Providers must waive the administration fee if the VFC eligible child's parent/guardian of the VFC eligible child is unable to pay the administration fee.
- Providers who choose to bill for the vaccine administration fee after the date of service may issue only a single bill to the patient within 90 days of vaccine administration.
- Providers cannot send unpaid administration fees to collections.

*Note: The parent/guardian of an **Underinsured** child that receives VFC vaccine at a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC) or Local Health Department (LHD) can also be charged an out-of-pocket fee, but the same criteria above must be followed.*

Local Health Departments(LHD's)

Are there any services involving VFC vaccines that LHD's may charge for?

LHD's may charge the patient an out-of-pocket administration fee for VFC vaccines unless the patient is Uninsured or Underinsured **AND** the family income is below 200% of the federal poverty level. If these two conditions apply the patient's vaccine administration fee must be waived.

If the LHD chooses to charge an out-of-pocket vaccine administration fee the following must be observed:

- LHDs cannot charge the parent/guardian any amount that exceeds the administration fee cap per vaccine dose above the maximum medical billable rate. *See your current CDC Provider Agreement for the dollar amount.
- LHDs cannot deny administration of VFC vaccines to a VFC eligible child because the parent/guardian is unable to pay the administration fee.
- LHDs must waive the administration fee if the VFC eligible child's parent/guardian is unable to pay the administration fee.
- LHDs who choose to bill for the vaccine administration fee after the date of service may issue only a single bill to the patient within 90 days of vaccine administration.
- LHDs cannot send unpaid administration fees to collections.

Where can providers find detailed information about billing Medicaid for immunization-related services?

For complete billing guidance for Medicaid-eligible children you can refer to the most current **N.C. Health Check Program Guide** which can be found on the NC DMA web site under the Health Check Section:

https://files.nc.gov/ncdma/documents/Medicaid/EPSDT/09-20-2018_Health-Check_Program%20Guide%20Final.pdf

Details on billing procedures for all Health Check services, including details such as vaccine CPT® codes and ICD-10® (diagnosis) codes are included in the billing guide. You can also find Medicaid Bulletins and other important information on this site: <https://www2.ncdhhs.gov/DMA/healthcheck/index.htm>

Are we limited in what we may charge an insurance company for the administration of vaccine?

Questions about commercial insurance plans and administration reimbursement charges should be addressed with the insurance carrier directly.

Who can providers contact if we have questions?

The CSRA Call Center is dedicated to assisting with inquiries regarding enrollment, claim status, recipient eligibility, and other information needed by providers to support their service to NC DHHS recipients. The contact number is **800-688-6696**. For eligibility related questions, please contact the Helpdesk at 1-877-873- 6247.