



## Determining Eligibility for Vaccines Indicated as VFC-Only

### What does VFC-only mean?

Although most state-supplied vaccines are available to children regardless of insurance status, some vaccines, as indicated on the coverage criteria document, are available only to VFC-eligible children. VFC children are birth through 18 years of age and fall into one or more of the following categories: Medicaid-eligible, uninsured, American Indian or Alaskan native, and *underinsured*. In NC, children who are underinsured may be considered VFC-eligible by any provider. Screening for VFC eligibility must occur at each encounter. According to the provider agreement, giving UCVDV vaccine to ineligible insured children may result in Financial Restitution.

### Regarding eligibility for VFC-only vaccines, who is considered *underinsured*?

Providers **must assess whether insured patients fall into the VFC category of *underinsured***, making them eligible for VFC-only vaccines.

A patient is *underinsured* when there is an insurance plan in force, **but**:

- the plan does not cover vaccines, *or*
- the plan has an annual or lifetime maximum of vaccination coverage that has already been met, *or*
- the reimbursement which would be, or has been received, from the insurance plan for purchased vaccine does not cover the provider's *cost* for the particular vaccine. (This is the *cost* of the private dose, not the *amount billed*.) In situations where the reimbursement received for a private dose is less than what the provider paid for the dose, a dose of state-supplied vaccine may be substituted for private stock. (Contact the Immunization Branch's Help Desk, 1-877-873-6247, for details on handling this substitution – including how to document it appropriately in the NCIR.) Any reimbursement received by the provider is a matter to reconcile with the insurance company according to either the policy of the company, or any agreement signed by the practice with the insurance company.

*Providers may accept a parent's statement of insurance coverage for immunization services. If providers choose to do so, the parent's response must be recorded.*

**Note:** Not having met a deductible or having to pay a co-pay does **not** make a patient underinsured.

- For vaccines which are VFC-only, determining VFC status for underinsurance status will dictate whether purchased or state-supplied vaccine(s) should be administered. When providers/parents *do not know for sure* that the insurance covers vaccines, or if they know for sure that vaccines *are* covered by the plan, **private vaccine must be given.**
- When providers/parents know that vaccines are *not* going to be covered by the insurance plan, **state-supplied vaccines may be administered.**

### Are children who are covered by Health Choice eligible for VFC-only vaccines?

Health Choice patients are considered insured, and therefore require the same tests for underinsurance status.

### Are children who have Medicaid and an additional insurance plan eligible for VFC-only vaccines?

Children from birth through 18 years who are covered by Medicaid's *Health Check* and another insurance plan simultaneously are considered Medicaid-eligible, and therefore, *are* eligible for VFC-only vaccines.

### When the provider is not an enrolled provider with the patient's insurance company, or is out of network, can the patient be automatically considered underinsured for VFC-only vaccines?

No. Because the VFC status be determined at each encounter, the provider needs to determine if vaccines are covered by the plan, in order to determine if the patient is underinsured, and is therefore eligible for VFC vaccine. If insurance will cover the full cost, then patients should be referred to providers who accept their insurance.

**For additional information, contact Janie Ward-Newton, 919-707-5578.**