Overview

VFC providers agree to screen patients for program eligibility at each immunization encounter and document their eligibility status. VFC vaccines can be administered only to children who meet the congressionally mandated eligibility requirements for the program. (For more information about VFC provider requirements, see Module 2 – Recruiting and Enrolling Providers.)

When screening patients, providers should select and document the VFC eligibility category requiring the least out-of-pocket expense to the parent.

Awardees must ensure that providers fully understand the VFC eligibility categories and are meeting this basic program requirement of documenting VFC eligibility at each immunization visit.

Program Eligibility Criteria

The VFC program provides vaccines at no cost to children 18 years of age or younger who meet at least one of the following criteria:

- American Indian/Alaska Native (AI/AN)
- Medicaid-eligible
- Uninsured
- Underinsured

VFC Eligibility Criteria for Patients

VFC-eligible children must be 18 years old or younger and meet the definition of at least one of the following criteria:

Table: VFC Eligibility Criteria for Patients

VFC Eligibility Criteria	Definition
American Indian or Alaska Native (AI/AN)	This population is defined by the Indian Health Care Improvement Act (25 U.S.C. 1603) (AI/AN children are VFC-eligible under any circumstance)
Medicaid-eligible	Children who are eligible for the Medicaid program (For the purposes of the VFC program, the terms “Medicaid-eligible” and “Medicaid-enrolled” are used interchangeably)
Uninsured	Children not covered by any health insurance plan
Underinsured	• Children who have health insurance, but coverage does not include any vaccines • Children who have health insurance, but coverage does not include all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) • Children who have health insurance, but there is a fixed dollar limit or cap for vaccines

American Indian or Alaska Native (AI/AN)

The American Indian or Alaska Native (AI/AN) population, for the purposes of the VFC program, is defined by the Indian Health Care Improvement Act [25 U.S.C. 1603].

AI/AN children are VFC-eligible under any circumstance. However, because VFC is an entitlement program, participation is voluntary.

When an AI/AN child also fits a second VFC eligibility category, the provider should always choose the category that will cost less for the family. Depending on the facility where an AI/AN parent chooses to have their child vaccinated, the parent may be responsible for the vaccine administration fee if the vaccines are delivered through the VFC program. Therefore, if the child has private insurance (non-grandfathered plan under the Affordable Care Act (ACA) of 2010) or is enrolled in the CHIP program, it may result in fewer out-of-pocket costs for the child to receive vaccinations through these programs than through VFC, as there would be no cost-sharing. Likewise, if the AI/AN child is also Medicaid-eligible, Medicaid should be used for the administration fee because it will provide the least out-of-pocket expense.

Medicaid-Eligible

Under the legislation that created the VFC program, the term “Medicaid-eligible” is defined as a child entitled to medical assistance under a Medicaid state plan.

Children enrolled in Medicaid make up the largest category of VFC eligibility.

Medicaid as Secondary Insurance

Some children may have a private primary health insurance plan with Medicaid as their secondary insurance. These children are considered VFC-eligible because of their Medicaid enrollment. However, their parents are not required to participate in the VFC program.

There are billing options for the parent and provider in this situation. The provider should choose the option that is most cost-effective for the family. The parent of a child with Medicaid as secondary insurance should never be billed for a vaccine or an administration fee.

Options include:

Option 1: The provider can administer VFC vaccines and bill Medicaid for the administration fee.

In most health care situations, Medicaid is considered the “payer of last resort.” This means that claims must be filed with and rejected by all other insurers before Medicaid will consider payment for the service.

This is not true of the vaccine administration fee for Medicaid-eligible VFC children. Medicaid must pay the VFC provider the administration fee because vaccinations are a component of the Medicaid Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program. However, once a claim is submitted to Medicaid, the state Medicaid agency has the option to seek reimbursement for the administration fee from the primary insurer.

Note: If the state Medicaid agency rejects a claim for a vaccine administration fee and states the claim must first be submitted to the primary insurer for payment, the provider should notify the awardee. The awardee should notify their Program Operations Branch (POB) project officer so CDC can work with CMS to educate the state Medicaid agency and correct the situation.

Considerations regarding this option:

- Easiest way for a provider to use VFC vaccines and bill Medicaid for the administration fee
- No out-of-pocket costs to the parent for the vaccine or the administration fee

Option 2: The provider can administer private stock vaccines and bill the primary insurance carrier for both the cost of the vaccine and the administration fee.

If the primary insurer reimburses less than Medicaid for the vaccine administration fee, the provider can bill Medicaid for the balance, up to the amount Medicaid pays for the administration fee.

If the primary insurer denies payment of a vaccine and the administration fee, such as in cases where a deductible must be met, the provider may replace the privately purchased vaccine with VFC vaccine and bill Medicaid for the administration fee. The provider must document this replacement on the VFC borrowing form (see Module 3 – Vaccine Management).

Considerations regarding this option:

- The provider may be reimbursed a higher dollar amount if privately purchased vaccine is administered and both the vaccine and the administration fee are billed to the primary insurer.

Medicaid as Secondary Insurance and High-Deductible Plans

If a child has Medicaid as secondary insurance and the primary insurance is a high-deductible insurance plan requiring the parent to pay out of pocket for vaccines, the child should be considered VFC-eligible if the family has not yet reached its deductible.

VFC vaccines should be administered, and the administration fee should be billed to Medicaid until the deductible is reached.

If a child does not have Medicaid as secondary insurance, the child is not VFC-eligible even if a child's family has a high-deductible plan.

Underinsured

Underinsured means the child has health insurance, but the insurance policy:

- Doesn't cover any ACIP-recommended vaccines
- Doesn't cover all ACIP-recommended vaccines (underinsured for vaccines not covered), or
- Does cover ACIP-recommended vaccines, but has a fixed dollar limit or cap for vaccines

The child is considered underinsured once the fixed dollar amount is reached.

Before administering a vaccine, providers must verify whether the child's health insurance plan covers ACIP-recommended vaccines. If the provider cannot verify vaccination coverage, for the purposes of the VFC program, the child is considered insured and not eligible to receive VFC vaccines at that immunization encounter.

Note: As required by the Affordable Care Act, insurance plans purchased through the Health Insurance Marketplace are required to cover ACIP-recommended vaccines (including seasonal flu vaccine) for children of all ages without charging a deductible, copayment, or billing coinsurance.

Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)

Underinsured children can receive VFC vaccines only at federally qualified health centers (FQHCs), rural health clinics (RHCs), or under an approved deputization agreement. FQHCs and RHCs provide health care to medically underserved areas and meet certain criteria under Medicare and Medicaid programs (see Module 6 – Program Operations).

What is an FQHC?

An FQHC is a health center designated by the Bureau of Primary Health Care (BPHC) of the Health Resources and Services Administration (HRSA) to provide health care to a medically underserved population. FQHCs include community and migrant health centers, special health facilities such as those for the homeless and persons with acquired immunodeficiency syndrome (AIDS) that receive grants under the Public Health Service (PHS) Act, and "look-alikes," which meet the qualifications but do not actually receive grant funds. They also include health centers within public housing and Indian health centers.

What is an RHC?

An RHC is a clinic located in a Health Professional Shortage Area, a Medically Underserved Area, or a Governor-Designated Shortage Area. RHCs are required to be staffed by physician assistants, nurse practitioners, or certified nurse midwives at least half of the time that the clinic is open.

Table: Quick View of VFC Eligibility and Insurance Situations

Child's Insurance Status	VFC-Eligible?	VFC Eligibility Category
Enrolled in Medicaid	Yes	Medicaid
Has private health insurance plan with Medicaid as secondary insurance	Yes	Medicaid
Has health insurance covering all vaccines, but has not yet met plan's deductible or paid for other services received at visit	No	Insured. This applies even when the primary insurer would deny reimbursement for the cost of the vaccine and its administration because the plan's deductible has not been met.
Has health insurance covering all vaccines, but has not yet met plan's deductible or paid for other services received at visit and has Medicaid as secondary insurance	Yes	Medicaid
Has health insurance covering all vaccines, but the plan has a fixed dollar limit or cap on amount that it will cover	Yes	• Insured until the fixed dollar limit is met • Underinsured after the fixed dollar limit is reached

Has an insurance plan that does not cover all ACIP-recommended vaccines	Yes	Underinsured. Child can only receive vaccines not covered by the plan.
Has health insurance, but plan does not cover any vaccines	Yes	Underinsured. With implementation of ACA, this situation should be rare.
Enrolled in a Health Care Sharing Ministry	Depends	• Uninsured unless plan is recognized as insurance by the state insurance department, regardless of vaccine coverage provided by the plan • Insured if plan is recognized by the state insurance department and covers vaccines • Underinsured if plan is recognized by the state insurance department and does not cover all ACIP-recommended vaccines
Enrolled in a Medicaid-expansion Children's Health Insurance Program (CHIP)	Yes	Medicaid
Enrolled in a separate Children's Health Insurance Program (CHIP)	No	Insured. The state CHIP program is responsible for vaccine payment for its members.
Has no health insurance coverage	Yes	Uninsured
Has private health insurance that covers all vaccinations and is AI/AN	Yes	AI/AN. However, provider should choose the eligibility category most cost-effective for the child and family.
Has Medicaid and is AI/AN	Yes	Medicaid or AI/AN. Provider should use Medicaid for the administration fee because this provides the least out-of-pocket expense for the family.

Special Circumstances

Where vaccination services are delivered is generally not a factor in determining VFC eligibility. However, there are some locations and provider types that require additional consideration when offering VFC vaccines.

Temporary, Off-Site, or Satellite Clinics

Providers should not assume a child is VFC-eligible when vaccinating in temporary, off-site or satellite clinics. All children must be screened and their eligibility documented prior to administering VFC vaccines.

Bordering State

Some children may receive health care in a bordering state instead of their state of residency.

- Awardees should have memoranda of understanding (MOU) in place with neighboring states to ensure VFC-eligible children have access to VFC vaccines within their medical homes. (A sample MOU can be found in the VFC library of the ISD Awardees SharePoint Portal.)
- If a provider administers VFC vaccines to a Medicaid VFC-eligible child from a neighboring state, the provider must be Medicaid-enrolled for the child's state of residency in order to receive administration fee reimbursement from that Medicaid program.

Family Planning Clinics, Sexually Transmitted Disease (STD)/HIV Clinics, and Juvenile Detention Facilities

Family planning clinics, sexually transmitted disease (STD)/HIV clinics, and juvenile dentition facilities may have special VFC eligibility circumstances. A list of provider type definitions can be found under PEAR Provider Type Definitions.

Table: VFC Eligibility in Special Circumstances

Special Circumstance	Vaccination Service Location	Child's Insurance Status	VFC-Eligible?	VFC Eligibility Category
Seeking contraceptive, STD, or HIV services and wants to be vaccinated	School-located clinic, primary care provider, or urgent care center	For confidentiality reasons, does not want to use insurance	No, school-located clinics or any VFC-enrolled provider locations whose main services are primary or urgent care services are not defined as family planning clinics by CDC and cannot use the uninsured VFC eligibility category	Insured
Seeking contraceptive, STD, or HIV services and wants to be vaccinated	Family planning clinic or STD/HIV clinic	For confidentiality reasons, does not want to use insurance or insurance status is unknown	VFC-eligible at the awardee's discretion; however, eligibility must comply with the state's medical consent laws for minors	Uninsured
Incarcerated	Juvenile detention center or correctional facility	Lost access to health insurance due to incarceration	Yes	Uninsured