

General Frequently Asked Questions Vaccines For Children (VFC) Status Screening

Revised 3/13/09

The topics in this document are for providers and local health jurisdiction (LHJ) staff and cover general VFC status screening FAQs. See companion documents for status category-, LHJ- and CHILD Profile Immunization registry-specific FAQs and definitions.

Q: What are provider benefits of VFC screening?

A: Providers may bill private health plans the maximum vaccine administration fee allowed by the plan. Currently they are limited to the Centers for Medicare and Medicaid Services (CMS) cap of \$15.60 regardless of the insurance status of the child. Screening preserves the federal portion of the childhood vaccine program.

Q: What is the difference between the terms “VFC status” and “billing status”?

A: VFC status relates to the vaccine source for the child and is one of four categories (Medicaid enrolled, underinsured, uninsured, and American Indian/Alaska Native). Billing status is the determination of payment for health care services and may include a variety of health plans, Medicaid, self-pay, etc.

Q: When are providers required to start screening children for VFC status?

A: VFC Status Screening will start on the date the provider signs their 2009 Provider Agreement for the childhood vaccine program.

Q: Does VFC status need to be documented at every immunization visit?

A: Screening for VFC status must occur at every immunization visit, and should be documented, but only needs to be updated if the VFC status changes.

Q: How long does the screening documentation have to be kept on file by the provider?

A: For 6 years after the child leaves their practice, or the length of time specified by the organization if it is longer.

Q: What are the provider reporting requirements for the VFC status of their patient population?

A: In 2008, providers were asked to estimate their patient population by VFC status category. The survey, known as a Practice (Provider) Profile replaces the annual benchmarking process and will continue in following years. It will be due at the end of each year.

Q: Does VFC screening change Washington’s universal access status?

A: No. Washington’s universal status is not affected by the screening process itself.

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- Q.** If a parent or guardian refuses to answer the VFC status questions?
- A.** The provider should use the insurance status as a default. Providers are not required to verify the child's status information, but will always have information on billing.
- Q.** Does the status have to be recorded in the patient chart or can it be in a separate file?
- A.** The status documentation can be kept in the patient chart or a separate file, if the documentation is linked to the patient and is made available when requested by the LHJ.
- Q.** What if a practice cannot extract data on the number of American Indian or Alaska Native patients served in their practice for the annual Practice (Provider) Profile survey?
- A.** The provider may estimate their American Indian or Alaska Native patient population, as long as the provider can document they are screening every child at every visit for all categories.
- Q.** How can clinic staff administering vaccine know the VFC status, if a provider uses a billing system to document VFC status and this is done by staff other than the clinic staff?
- A.** In the current universal system, it is not required that clinic staff know the child's VFC status, but it is a best practice to document the VFC status on the patient's "chart" that is used during the vaccine administration. Providers should ensure the person preparing and administering the vaccine knows the child's VFC status so they can administer state supplied or privately purchased vaccine appropriately.
- Q.** What are some options for documenting VFC status for those providers who have electronic Medical Record systems (EMRs) that do not record the child's VFC screening?
- A.** They will need to choose a method that is the best fit for their practice. Options may include adjusting their EMR to capture this information, using a separate paper form (and possibly scanning this into the EMR), or use the EMR to capture the patient record and billing information and manually document the child's VFC status in CHILD Profile.