

Guidelines for VFC Status Screening



Washington State Childhood Vaccine Program & Vaccines for Children (VFC) Program

3.0. Provider Participation

All public and private providers participating in the Washington State's Universal Childhood Vaccine Program are required to screen their patients for insurance status and demographics (see section 3.1). Providers must begin screening their patients starting on the effective date of their new or renewal Provider Agreement. Providers may contact the immunization coordinator of their local health jurisdiction for assistance.

3.1. Patient Eligibility

All children 0 through 18 years of age may receive publicly purchased vaccine through Washington State's Universal Childhood Vaccine Program. Washington uses a combination of state and federal funds to purchase childhood vaccines. A significant portion of the vaccine funding is provided through the federal Vaccines for Children (VFC) Program. The VFC Program is a federal entitlement for children who meet one of these 4 criteria:

- Are enrolled in Medical Assistance (Medicaid).
- Have no health insurance.
- Are American Indian or Alaska Native.
- Have health insurance that does not cover immunization.

3.2. Publicly Provided Vaccine

- Publicly provided vaccine is currently supplied by the Washington State Universal Childhood Vaccine Program to providers for the purpose of immunizing all children in Washington State 0 through 18 years of age.
- All children in Washington are eligible to receive vaccine through Washington's Universal Childhood Vaccine Program; however, federal requirements include determining the VFC status of each patient.
- The vaccine is distributed at no cost to all providers enrolled in the Washington State program. A provider cannot bill any person, agency, or third party payer for that vaccine.
- Providers may bill for the office visit and administration of the vaccine. The acceptable administration fee amount is determined by the child's VFC Status (see section 3.5).

Guidelines for VFC Status Screening



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3.3. VFC Status Screening

- VFC Status Screening consists of **asking** and **documenting at every immunization visit**, whether or not a child is enrolled in Medicaid, uninsured, underinsured, or is American Indian or Alaska Native.
- The patient, parent, or legal guardian may be asked the screening questions or be asked to fill out a form to collect the information.
- The screening information should be captured in the patient's paper or electronic chart, and dated and initialed by staff or the patient, parent, or legal guardian, to indicate that screening was completed at each visit.
- It is not necessary for the provider to verify this information, but the provider must document that the status was checked at every visit.
- Screening methods must be approved by the local health jurisdiction, upon review by the State Department of Health. The provider may select a screening option based the best fit for their office.
- Provider records will be reviewed during routine quality assurance site visits to determine compliance with meeting the screening requirement.
- Each patient's VFC status screening information must be kept for at least six years from the date of the patient's last visit. Several screening methods and guidance regarding how to conduct screening are listed in 3.4

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3.4. Options for VFC Status Screening

Procedure: VFC Status Screening	
CHILD Profile Immunization Registry and Health Promotion System	<ul style="list-style-type: none">Documentation of the patient's VFC status is required. CHILD Profile offers the option of recording VFC status in the immunization registry.The patient, parent, or legal guardian may be asked the screening questions or be asked to fill out a form to collect the information, which can then be transferred to CHILD Profile for recording.The patient's VFC status may be added to or updated in the patient's demographic record in the CHILD Profile Immunization Registry.Additional documentation of the patient's VFC status is not required if, at every immunization visit, the patient's status is reviewed in CHILD Profile and updated as needed.
Using a Paper Based Record	<ul style="list-style-type: none">Documentation of the patient's VFC status is required.The patient, parent, or legal guardian may be asked the screening questions or be asked to fill out a form to collect the information.Documentation may be incorporated in the paper face sheet or patient demographic or medical history sheets generated by the practice, or a separate VFC screening form supplied by the Washington State Department of Health.The form may be kept in the patient's medical record (chart) or in a separate file.
Using an Electronic Record	<ul style="list-style-type: none">Documentation of the patient's VFC status is required.The patient, parent, or legal guardian may be asked the screening questions or be asked to fill out a form to collect the information, which can then be transferred to the EMR.Documentation may be incorporated in the patient's electronic medical record, a billing record or a separate database.The electronic record must be approved for screening by the local health department to ensure it captures all of the required elements for screening.

Guidelines for VFC Status Screening



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3.5. Administration Fee

- Providers may not charge patients for the cost of vaccine received through Washington's universal childhood vaccine program.
- No patient may be denied vaccine for inability or failure to pay an administration fee. It is acceptable to bill for the administration fee, but if the non-Medicaid VFC child is unable to pay the fee it should be removed from the patient's bill.
- The maximum vaccine administration fee that can be charged to a VFC eligible child not enrolled in Medicaid is equal to the current CMS limit per dose. This allowable administration fee was determined by the federal Department of Health and Human Services (DHHS) as published in the Federal Register on October 3, 1994, as required by the federal VFC statute. (see 3.6)

3.6. Administration Fee Charges

Procedure: Administration Fee Charge

Patients Who Meet the VFC Status Criteria:

Medicaid enrolled VFC children (Medicaid enrolled/eligible) –

- Providers bill the Washington State Department of Social and Health Services (DSHS) Health and Recovery Administration (HRSA) for reimbursement for administration and office visit fees (for patients not enrolled in a Medicaid Managed Care health plan)
- For patients enrolled in a Medicaid Managed Care health plan, providers work directly with those plans.
- Parents of Medicaid enrolled children cannot be charged directly for office visit or administrative fees.

Non-Medicaid VFC children (uninsured, underinsured, American Indian or Alaska Native)

- Providers may charge up to VFC administration fee cap as an administration fee for vaccinations.
- Providers may also charge an office visit fee.

Patients With Insurance:

- Providers must be able to show documentation of VFC screening at every visit to be allowed to bill insurance companies the maximum allowable rate for vaccine administration.
- The insurance company may be charged the maximum allowable rate for vaccine administration and office visit fees according to the health plan coverage of the patient.
- If the health plan does not cover the entire amount billed for the administration fee, the child should be considered under-insured for vaccines, and the maximum the patient asked to pay is the rate of the VFC administration fee cap.

Available at <http://www.doh.wa.gov/cfh/Immunize/documents/vfcstatusscreen.pdf>

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3.7. Glossary of Terms for VFC Status Screening

- ❖ **Medicaid eligible:** A child who is eligible for the Medicaid program. (For the purposes of the VFC program, the terms "Medicaid-eligible" and "Medicaid-enrolled" are equivalent and refer to children who have health insurance covered by a state Medicaid program).
- ❖ **Uninsured:** A child who has no health insurance coverage.
- ❖ **American Indian or Alaska Native:** As defined by the Indian Health Care Improvement Act (25 U.S.C. 1603). Such terms shall mean any individual who (1), irrespective of whether he or she lives on or near a reservation, is a member of a tribe, band, or other organized group of Indians, including those tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the State in which they reside, or who is a descendant, in the first or second degree, of any such member, or (2) is an Eskimo or Aleut or other Alaska Native, or (3) is considered by the Secretary of the Interior to be an Indian for any purpose, or (4) is determined to be an Indian under regulations promulgated by the Secretary of the Interior.
- ❖ **Underinsured:** A child who has commercial (private) health insurance but the coverage does not include vaccines, a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only), or a child whose insurance caps vaccine coverage at a certain amount. Once that coverage amount is reached, the child is categorized as underinsured. Washington uses a combination of state, federal 317 and VFC funds to buy vaccine. Because Washington is universal state, underinsured children can be vaccinated in their provider's office. Elsewhere in the nation, to receive VFC funded vaccine, underinsured children would need to be vaccinated at a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC).
- ❖ **Insured:** Children whose health insurance covers the cost of vaccinations. Children are considered insured even when a claim for the cost of the vaccine and its administration would be denied for payment by the insurance carrier because the plan's deductible had not been met.

Note: Currently, all children are eligible to receive state-supplied vaccine through the Washington State childhood vaccine program, regardless of VFC status. The VFC status of a child, birth through 18 years of age, as defined by meeting one of the above criteria does not determine if a child can receive vaccine through the Washington State childhood vaccine program. VFC status is related to the federal Vaccines for Children Program, which is only one portion of the Washington State childhood vaccines program.