Patient Eligibility and Vaccine Administration Fee

Quick Reference Guide

VFC/WyVIP Providers receive vaccine that is designated for either VFC-eligible or WyVIP-eligible children based on the patient information reported on the Provider Profile. At this time, vaccine stocks do not need to be separated.

- Publicly-supplied vaccine can only be administered to children that meet either the VFC eligibility criteria or WyVIP eligibility criteria listed below.
  - The administration of publicly-supplied vaccine to ineligible children constitutes fraud and abuse and will result in an investigation and possible suspension from the program.
  - Providers may charge a fee for the administration of publicly-supplied vaccine, but not the vaccine itself.
  - The allowable vaccine administration fee is set by the Centers for Medicare & Medicaid Services (CMS) and can change at any time.

Vaccines for Children (VFC)

A federally funded entitlement program that provides the funding for the CDC to purchase vaccines and distribute them to states. The program provides vaccines at no cost to VFC-eligible children. The vaccines provided are recommended by the Advisory Committee on Immunization Practices (ACIP)

Eligibility Criteria

- 0-18 years of age
- Medicaid
- No insurance
- American Indian/Alaska Native
- Underinsured at FQHC, RHC, or deputized facility

Administration Fee

- Providers may charge $21.72 per dose to VFC-eligible patients.
- Example 1: The administration fee for DTaP/IPV is $21.72
- Example 2: The administration fee for DTatadP/HepB/IPV is $21.72

Wyoming Vaccinates Important People (WyVIP)

A state funded vaccine program established after the enactment of the Childhood Immunization Act (2006). This program provides vaccines for Wyoming children that are not VFC-eligible.

The following vaccines are NOT available to WyVIP eligible children:

- Hepatitis A
- HPV
- Meningococcal
- Influenza

Eligibility Criteria

- 0-18 years of age
- Wyoming resident
- Not VFC-eligible

Administration Fee

- Providers may charge $21.72 per antigen to WyVIP-eligible patients.
- Example 1: The administration fee for DTaP/IPV is $86.88
- Example 2: The administration fee for DTaP/HepB/IPV is $108.60
Eligibility Scenarios

Scenario 1: A child goes to a private provider. The patient has a private insurance as their primary insurance, but has Medicaid as their secondary insurance.

Eligibility: The patient is VFC eligible because he/she has Medicaid. The facility should administer VFC vaccine and charge the administration fee to Medicaid.

Note: Although Medicaid is considered the payer of last resort in most cases, this is not true of the VFC vaccine administration fee.

Scenario 2: An 18 year old patient goes to a Rural Health Clinic (RHC). He wants to get the Hep A and meningococcal vaccines. The patient has insurance that covers Hep A, but not meningococcal.

Eligibility: The patient is VFC eligible for meningococcal only because he is underinsured at an RHC. See Quick Reference Guide: Delegation of Authority. The patient must receive private stock Hep A as his insurance covers it and the WyVIP Program does not provide this vaccine.

Quick View of VFC and WyVIP Eligibility and Insurance Status

<table>
<thead>
<tr>
<th>VFC eligibility scenario: Child is insured and...</th>
<th>Insurance Status</th>
<th>Is child VFC or WyVIP eligible?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has not yet met plan’s deductible.</td>
<td>Insured</td>
<td>WyVIP eligible. Program does not provide Hep A, HPV, meningococcal, and influenza.</td>
</tr>
<tr>
<td>Has not yet met plan’s deductible and has Medicaid as secondary insurance.</td>
<td>Medicaid eligible</td>
<td>VFC eligible</td>
</tr>
<tr>
<td>Insurance plan covers all ACIP recommended vaccines but excludes certain products/combination vaccines.</td>
<td>Insured</td>
<td>WyVIP eligible. Program does not provide Hep A, HPV, meningococcal, and influenza.</td>
</tr>
<tr>
<td>Children enrolled in separate Children’s Health Insurance Program (S-CHIP).</td>
<td>Insured</td>
<td>WyVIP eligible. Program does not provide Hep A, HPV, meningococcal, and influenza.</td>
</tr>
<tr>
<td>Has insurance, but plan limits coverage to a specific number of provider visits annually.</td>
<td>Insured Underinsured once the limited number of allowable visits are reached during the year.</td>
<td>VFC eligible once the limited number of visits have been reached AND only if administered by a FQHC, RHC, or deputized provider. WyVIP eligible at all other provider types. WyVIP Program does not provide Hep A, HPV, meningococcal, and influenza.</td>
</tr>
<tr>
<td>Insurance plan covers only a portion of the vaccine cost and does not have Medicaid as secondary insurance.</td>
<td>Insured</td>
<td>WyVIP eligible. Program does not provide Hep A, HPV, meningococcal, and influenza.</td>
</tr>
<tr>
<td>Is American Indian or Alaska Native and has private insurance.</td>
<td>Insured</td>
<td>WyVIP eligible. Program does not provide Hep A, HPV, meningococcal, and influenza.</td>
</tr>
<tr>
<td>Insured and has Medicaid as secondary insurance.</td>
<td>Medicaid eligible</td>
<td>Option 1: Administer VFC or WyVIP vaccine and bill patient or insurance for administration fee. Option 2: Administer private stock vaccine and bill the primary insurance carrier for both the cost of the vaccine and the administration fee.</td>
</tr>
</tbody>
</table>

VFC/WyVIP Program Quick Reference Guide: Vaccine Eligibility and Administration Fee (Rev. 6/20/14)