

Frequently Asked Questions

Do VFC providers have any federal requirement to stock and offer ACIP-recommended vaccines?

Immunization clinics that receive VFC vaccines are required to stock and offer all ACIP-recommended vaccines for which there are VFC resolutions and for which federal contracts have been established to purchase these vaccines. A VFC provider must offer all ACIP-recommended vaccines specific to the patient base seen within their practice.

How long should VFC records be retained by a provider?

At minimum, the VFC Program provider records must be kept for a period of three (3) years after service to the patient has been completed.

Who should pay the vaccine administration fee for Medicaid-eligible children?

The state Medicaid agency should be billed for the administration fee for Medicaid-eligible VFC children immunized by a Medicaid-enrolled VFC provider. State Medicaid agencies establish their own policies and administration fees that may be lower than Michigan's regional maximum charge of \$23.03. For Medicaid VFC-eligible children, the state Medicaid agency determines and CMS approves the reimbursable amount for their fee-for-service and managed care enrolled recipients. If the provider bills Medicaid the regional maximum charge instead of the Medicaid agency's allowable rate, the provider will be reimbursed only the allowable rate and not the amount billed. The difference between the allowable rate and the amount billed cannot be collected from the parents or guardian of the child.

How does a VFC-enrolled provider who is not already a Medicaid provider file for Medicaid reimbursement for vaccine administration?

It is necessary to be a Medicaid provider in order to receive payment from Medicaid for vaccine administration services provided to Medicaid-eligible children. Providers should consult the Michigan Medicaid agency about the procedures necessary to become a Medicaid provider. This agency can be reached by phone at 800-292-2550 or by e-mail at providersupport@michigan.gov.

Can a private provider refuse to administer VFC vaccine to VFC-eligible child?

Section 1928 (c)(2)(C)(iii) of the Social Security Act states, "The provider will not deny administration of a qualified pediatric vaccine to a vaccine-eligible child due to the inability of the child's parents to pay an administration fee." The statute further notes at Section 1928(c)(2)(C)(i) that "A program-registered provider is not required under this section to administer such a vaccine to each child for whom an immunization with the vaccine is sought from the provider." This means that private VFC providers do not have to honor vaccine requests by VFC-eligible children who "walk in" for immunizations only and are not established patients in the practice. For established VFC-eligible patients and other VFC-eligible patients that the provider chooses to immunize, VFC immunization cannot be denied due to the inability to pay an administration fee.

If a family is part of a health cost sharing ministry, such as Christian Healthcare Ministries, are they considered VFC eligible?

A health cost sharing ministry is not considered health insurance so any age-eligible (0-18 years of age) child would be eligible for VFC vaccines.

If a child presents for vaccines and does not have health insurance but the parent plans to insure the child, would this child be eligible for VFC vaccine?

If the child has no health insurance on the day he/she presents at the office for immunizations, the child would be VFC-eligible because he/she is uninsured. VFC eligibility screening must take place with each visit even though the patient screening form needs to be updated only when the eligibility status of the child changes.

Are all children enrolled in Medicaid programs automatically VFC-eligible?

Yes, all children from birth through 18 years of age who are covered by Medicaid are considered VFC-eligible because of their Medicaid status.

Are all children who have Medicaid as a secondary insurance covered by VFC?

Yes, all children who have Medicaid as a secondary insurance are covered by VFC. The state Medicaid agency will pay the claim for the administration fee and seek reimbursement from the primary insurance.

If a VFC-eligible child starts a vaccine series (such as hepatitis B) at age 18, can the series be completed using VFC vaccine after the child turns 19?

No. Children are eligible to participate in the VFC Program only through age 18 years regardless of the child's immunization status (series completed or not completed) when they age out of VFC.

If an American Indian/Alaska Native has insurance that covers vaccines (full or partial) is the child still eligible for VFC vaccine?

Yes, American Indian/Alaska Native are eligible to participate in the VFC program regardless of insurance coverage and should be given VFC vaccine, regardless of their insurance status.

Are children who have health insurance but whose insurance covers only a percent of the cost of one or more vaccines eligible for the VFC Program? For example, the insurance covers 80% of the cost of MCV4.

No, these children are considered to be insured for the purposes of the VFC Program and are not eligible to receive VFC vaccine.

Can all children who receive immunizations in a school-based clinic be considered VFC-eligible because of the health care setting where they are obtaining care?

No, all children must be screened for VFC-eligibility prior to each immunization encounter. Since the parents/guardians are not present during the immunization encounter, verbal screening is not possible. In a school-based clinic, the screening process can be incorporated into the immunization consent process. The consent form

can incorporate the appropriate screening question; when consent is provided for the immunization, there is documentation of VFC or state-purchased vaccine eligibility status and the appropriate vaccine stock (public or private) can be used to vaccinate the child. School-based clinics must work closely with the state's VFC Program to develop an acceptable process to screen for VFC eligibility and, as applicable, state eligibility that meets the federal requirements.

Some providers have been removing VFC vaccine that comes in manufacturer prefilled syringes from the original packaging to store in plastic containers if storage space is a concern. Is this okay?

Providers must store vaccine in their original containers to help protect the vaccine from damage due to storage errors, as well as to decrease the possibility of administration errors from inadvertently confusing similarly packaged vaccines.

When enrolling inpatient facilities such as birthing hospitals or juvenile inpatient treatment facilities in the VFC program, is it necessary to list all providers (e.g., residents, interns) authorized to administer vaccines under the supervision of the VFC provider who signs the enrollment form?

No. Due to the potentially large number of individuals that would be listed on the form and the difficulty in maintaining the accuracy of the list, it is not necessary to list these individuals on the enrollment form for birthing hospitals.