IOWA | Health and Human Services
Public Health

# Iowa Vaccines for Adults (VFA) Program
# Program Eligibility by Insurance Status

| Patient Insurance Status | VFA Program Vaccine Eligibility |
|---|---|
| **Uninsured** – Does not have private insurance, Medicare, or Medicaid | Eligible for **ALL** Available VFA Program vaccines |
| **Underinsured** – A person who has health insurance, but the insurance does not cover any vaccines; insurance covers only selected vaccines; insurance does not provide first-dollar coverage[3] | Eligible for VFA Program vaccines that are not covered by the insurance plan, when the plan cap is reached, or if they do not have first-dollar coverage for vaccines[3] |
| **Medicare Part B only**[1, 4] | Eligible for the following routine VFA Program vaccines:<br>• Hep A<br>• Hep B if **not** high or medium risk[1]<br>• HPV<br>• MMR<br>• Meningococcal<br>• Polio<br>• RSV<br>• Tdap<br>• Varicella |
| **Private insurance**[2] – Has private insurance that covers all vaccines, or has insurance and has not yet met the plan's deductible or cap | **NOT Eligible** for VFA Program vaccines |
| **Iowa Health Link** – Is a member of Iowa Health Link or is receiving Medicaid coverage through a fee-for-service model | **NOT Eligible** for VFA Program vaccines |
| **Medicare Part D** – Medicare Part D covers all adult vaccines recommended by ACIP | **NOT Eligible** for VFA Program vaccines |

[1] Medicare Part B covers COVID-19, influenza, pneumococcal, and other vaccines (i.e. Heb B and Rabies) directly related to the treatment of an injury or direct exposure to a disease or condition. Hep B vaccine is only available to low-risk patients because Medicare Part B will cover Hep B vaccine when a patient is considered high or medium risk for contracting Hepatitis B.

[2] Fully insured adults whose insurance covers the cost of vaccine(s) are not eligible for VFA Program vaccine(s). If insurance does not cover all vaccines, or has a cap on prevention services, the patient is eligible for VFA vaccine(s). Those patients are eligible for vaccines not covered, or once the cap has been met.

[3] First-dollar coverage: Any copay, co-insurance, or other cost that must be paid by the patient prior to their health insurance plan paying the remainder of the cost. *This applies only to the cost of the vaccine, not to any amin fee or office visit fee (which may have separate copay)*

[4] The VFA Program addresses Part B coverage only. Part D covers all ACIP recommended adult vaccines. For additional Medicare coverage information, please refer to the Medicare website.

Eligibility for the Iowa VFA Program includes patients who are uninsured, underinsured, or have Medicare Part B only. This includes patients whose insurance does not provide first-dollar coverage for vaccines. First-dollar coverage includes copays, coinsurance, or deductibles. *This applies only to the cost of the vaccine, not to any admin or office visit fee (which may have separate copay or coinsurance).*

## Insurance Examples

1. Adult who has private insurance that does not pay for the full cost of any ACIP-recommended vaccine, including a high-deductible plan, or does not cover the cost of vaccine for every ACIP-recommended vaccine qualify for VFA Program vaccines

   *Yes, this patient IS eligible for vaccines without first-dollar coverage*

2. Adult who has insurance covering the full cost of all ACIP-recommended vaccines if received at an in-network provider but requests to receive vaccine at an out-of-network provider

   *No, this patient is NOT eligible for VFA Program vaccine and should be seen at an in-network provider*

3. American Indian or Alaska Native adult whose only source of health care is provided by Indian Health Services, Tribal, or Urban Indian health care organization

   *Yes, this patient IS eligible for VFA Program vaccines*

4. Adult who has Medicare Part B (without Part D coverage) receiving influenza, COVID-19, Pneumococcal, or Hep B vaccines

   *No, Medicare Part B covers these vaccine groups*

5. Adult who has Medicare Part D coverage

   *No, this patient is not VFA Program eligible because Medicare Part D covers all vaccines recommended by ACIP*

6. Adult with health insurance covering all ACIP-recommended vaccines but has not met the plan's deductible

   *Yes, patient is VFA-eligible*

7. Adult with health insurance covering all ACIP-recommended vaccines, but the plan has a fixed dollar limit or cap on the amount that it will cover

   *Yes, patient is VFA-eligible after cap is reached*

8. Adult with Medicaid without first-dollar coverage for all ACIP-recommended vaccines. Note: This only applies to Medicaid plans that have not fully adopted Inflation Reduction Act provisions and only for vaccines not currently covered by the plan

   *Yes, patient is VFA-eligible*

# FAQ

1. If a patient's insurance requires a copay, co-insurance, or a deductible, do they qualify for VFA Program vaccine?

   *Yes, per the CDC requirements, an adult who has a copay, co-insurance, and/or a deductible for the cost of vaccine qualifies.* **This policy does NOT apply for any co-pay, co-insurance, etc. for administration or office visit fees.**

2. Are providers able to charge an administration fee or office visit vee to eligible adults for VFA Program vaccine?

   *Yes, but it is not recommended to charge a fee as it may be a barrier for individuals to receive the recommended vaccine. Additionally, providers are not to refuse vaccination of any eligible adult due to their inability to pay a vaccine administration fee or office visit fee.*

3. If a person has an office visit copay for a visit in which they received vaccines, are they considered underinsured?

   *No, the definition only applies to the vaccine cost itself. Office visit copays are assessed separately from VFA Program vaccine eligibility. If eligible, a person may have an office visit copay but may not be charged for the cost of the vaccine visit.*

4. Are patients considered underinsured at an out-of-network provider?

   *No, provider network status is not an eligibility component. If an adult is eligible to receive vaccine at any in-network provider, they are not eligible for VFA-funded vaccine.*

5. What is the eligibility of a person enrolled in Medicare Part D coverage?

   *Due to the Inflation Reduction Act, all Medicare Part D plans must include first-dollar coverage for all ACIP-recommended vaccines. As such, Medicare Part D beneficiaries are not eligible for VFA-funded vaccine. If a beneficiary is not enrolled in a Medicare Part D plan but has Part B coverage, they are considered underinsured for all ACIP-recommended vaccines not covered under Part B (Part B covered vaccines: influenza, pneumococcal, Hep B, and COVID-19).*

# Definitions

Uninsured

A person 18 years and older who does not have coverage through private health insurance, Medicare, Medicaid, a government sponsored plan, or a military health plan.

Underinsured

A person 18 years and older who has health insurance, but the insurance does not cover any ACIP-recommended vaccines; a person whose insurance covers only select ACIP-recommended vaccines; or a person whose insurance does not provide first-dollar coverage for vaccines.

First-dollar coverage

Any copay, co-insurance, or other cost that must be paid by the patient prior to their health insurance plan paying the remainder of the vaccine cost. This applies only to the cost of the vaccine not to any admin fee or office visit fee (which may have a separate copay or co-insurance).

Medicare Part A

This part covers inpatient care (hospital care) for Medicare eligible persons (65 and older or some with certain medical conditions or disabilities). Inpatient care can occur in hospitals, skilled nursing facilities, through hospice care, and via home healthcare.

Medicare Part B

This part is considered the medical insurance for Medicare eligible persons. The type of care covered by Medical Part B can include services received from doctors or other healthcare providers, outpatient care, home health care, durable medical equipment, and preventive services.

Medicare Part D

This is an additional plan, managed by private health insurance companies, that is related to prescription drug coverage, and provides first dollar coverage of all ACIP-recommended adult vaccines.

Co-pay

Dollar amount paid for health insurance-covered services by a patient after an insurance plan's deductible.

Co-insurance

Percentage paid for a health insurance-covered service by the patient after meeting an insurance plan's deductible.