



Vaccines for Adults (VFA) Program Questions and Answers September 20, 2024

VFA PROGRAM PROVIDER ENROLLMENT

Q1: Are Bridge Access Providers (BAP) automatically enrolled in VFA Program?

A: No, enrollment in the VFA Program is not automatic. Previous BAP providers must enroll in the VFA Program.

Q2: Can a local clinic enroll in VFA Program if they have the Vaccines for Children (VFC) Program Public Health designation for the county?

A: Yes, if a clinic is operating as the VFC Program entity on behalf of the local public health agency, the clinic may enroll in VFA Program. The clinic should contact the Iowa VFA Program at lowaVFA@hhs.iowa.gov for guidance.

Q3: Can a site enroll in the VFA Program even if the site does not plan to order vaccines at this time?

A: Sites may enroll even if they do not plan to order vaccines at this time. However, once sites are approved, they will be listed publicly as a VFA Program provider and should be able to provide vaccination services to adults.

Q4: Can sites begin administering VFA Program vaccines once vaccine is available?

A: Once enrollment is approved and the site receives an approval email from the Iowa HHS Immunization Program, vaccines can be provided to eligible adults through the VFA Program. If the site will use more than the minimum order quantity of a product within a year, an order for VFA Program vaccine must be placed.

VACCINE MANAGEMENT

Q5: Can VFA Program vaccines be used or borrowed for non-eligible adult patients?

A: No. VFA Program vaccine can never be used to supplement private vaccine stock for insured patients.

Q6: Can VFA Program vaccine be used for VFC-eligible children?

A: Yes, VFA and VFC Program vaccine may be stored together and when indicated, used interchangeably to serve eligible populations. Patients must be screened for eligibility at each immunization encounter, and doses administered must be entered into the Iowa Immunization Registry Information System (IRIS).

Q7: Can VFC Program vaccine be used on VFA Program-eligible adults?

A: Yes, VFC and VFA Program vaccine may be stored together and when indicated, used interchangeably to serve eligible populations. Patients must be screened for eligibility at each immunization encounter, and doses administered must be entered into IRIS. If the site will use more than the minimum order quantity of a product within a year, an order for VFA Program vaccine must be placed.

Pre-booked VFC vaccine should be prioritized for VFC-eligible children. If all pre-booked vaccine is not anticipated to be used for pediatric populations, it can be used for VFA. However, there is no way to receive additional flu vaccine for VFC Program eligible populations should a site run out of vaccine.

Q8: Can sites use VFC Program influenza vaccine for VFA Program eligible adults if they did not get the opportunity to pre-book adult influenza vaccine?

A: Pre-booked VFC vaccine should be prioritized for VFC-eligible children. If all pre-booked vaccine is not anticipated to be used for pediatric populations, it can be used for VFA. However, there is no way to receive additional flu vaccine for VFC Program eligible populations should a site run out of vaccine.

Q9: Are vaccine transfers between VFA Program sites allowed?

A: Yes, the transfer of VFA Program vaccines to other VFA Program provider sites is allowed. All instances of vaccine transfers must receive prior approval by the Iowa VFA Program and be properly documented. Contact the VFA Program (iowaVFA@hhs.iowa.gov) for approval to transfer vaccine.

Q10: If VFC and VFA Program vaccine is stored in the same freezer, is only one temperature log needed?

A: Yes, only one temperature log is needed. The VFC temperature logs may be used to document storage unit temperatures.

VACCINE ORDERING

Q11: Will Local Public Health Agencies (LPHAs) be able to order vaccine for the VFA Program as needed?

A: Yes, LPHAs can order VFA Program vaccines as needed but should try to order all necessary vaccines at the same time if possible.

Q12: What is the process to order VFA Program vaccine?

A: VFA Program vaccine orders must be submitted in IRIS. The vaccines available to order are listed by Vaccine Group, Trade Name, Packaging, NDC Number, and Ordering Intention. VFA and VFC Program vaccines are purchased with different state and federal funding sources. The ordering intention dictates the funding source for VFC and VFA Program vaccines. It is important to select the appropriate ordering intention when ordering vaccines:

- Adult (ADU) Ordering Intention must be used when ordering VFA Program vaccine.
- Pediatric (PED) Ordering Intention must be used where ordering VFC Program vaccine.
- VFC and VFA vaccine should not be ordered at the same time using the same order
- If your site needs to order both VFC and VFA vaccine, submit two separate orders, one order using the ADU ordering intention and one order using the PED ordering intention.

Q13: Should LPHAs place an order for VFA Program vaccine and or use existing VFC Program stock?

A: If the site will use more than the minimum order quantity of a product within a year, an order for VFA Program vaccine should be placed. To minimize vaccine wastage, order the minimum quantity of products your site anticipates offering. If your site does not anticipate using the minimum quantity of product within a year, do not place a VFA Program vaccine order. VFC Program vaccine stock may be used to serve VFA Program eligible individuals.

Q14: Can single dose shipments be ordered for special situations?

A: No, unfortunately there are no instances for the VFA Program where single-dose vaccine shipments are available. Pneumococcal 23 (PPSV23) is not available through the VFA Program.

Q15: Will VFA Program vaccine orders be in standard packing amounts?

A: Vaccine presentation information and minimum order quantities are available on the ordering page in IRIS.

Q16: Will sites know if a vaccine shipment is for the VFA Program or VFC Program vaccine when the vaccines arrive at a site?

A: When vaccine orders arrive, the packing slip may include a mix of 317, state and VFC funded vaccine. Vaccine will not be labeled VFA or VFC Program and all publicly-purchased vaccine will appear as “VFC Inventory” in IRIS. All VFA orders will be automatically added to IRIS inventory, similar to other VFC shipments. Publicly-purchased vaccine may be stored together and when indicated, used interchangeably to serve eligible populations.

Q17: Why are different ordering intentions (ADU and PED) needed if VFC and VFA Program vaccine can be stored together and used interchangeably?

A: Ordering vaccine using the Adult (ADU) and Pediatric (PED) ordering intentions in IRIS based on the planned use of the vaccine helps Iowa Immunization Program staff manage vaccines funded by different sources (State, VFC and 317). The ordering intention defines which funding source is used to pay for the vaccines. Reconciliation of vaccine funding occurs at the time of ordering and during routine review of doses administered data. Patients must be screened for eligibility at each immunization encounter and doses administered must be entered into IRIS.

Q18: What vaccines are available for ordering through the VFA Program?

A: A list of vaccines and brand/formulations available through the VFA Program can be found on the [VFA Program webpage](#).

Q19: Will influenza vaccine be available to order through the VFA Program?

A: No, VFA Program providers will not be able to order influenza vaccine for the 2024-2025 season. Adult influenza vaccine is only available for providers who pre-booked vaccine last February as part of the Bridge Access Program and VFC Program. Influenza vaccines are distributed to providers based on pre-booked influenza vaccine orders and the amount of vaccine available for distribution. Influenza vaccine will be distributed in partial shipments to allow all providers to receive a portion of available vaccine.

Q20: Will high dose and/or adjuvanted influenza vaccine be available through the VFA Program?

A: This product was not part of the 2024-2025 influenza vaccine prebook, and will not be available this season.

ACCOUNTABILITY

Q21: Will VFA Program provider sites receive a compliance site visit similar to the VFC Program?

A: Currently, routine site visits for the VFA Program are not planned. However, the VFA Program Provider Agreement outlines: *I will participate in Vaccines for Adults Program compliance site visits including unannounced visits, and other educational opportunities associated with program requirements as recommended by the Iowa HHS Immunization Program.*

Q22: Are VFA Program sites required to give Vaccine Information Statement to adults prior to administering vaccine?

A: Yes. Per the VFA Program Provider Agreement: *I will distribute the current Vaccine Information Statements (VIS) each time a vaccine is administered and maintain records in accordance with the National Childhood Vaccine Injury Act (NCVIA), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS).* Please see this resource regarding [the use of VISs](#).

PATIENT ELIGIBILITY

Q23: Who is eligible for the VFA Program?

A: The following individuals are eligible for the VFA Program:

- A person who does not have health insurance
- A person who has health insurance, but the insurance does not cover any vaccines; a person whose insurance covers only selected vaccines; a person whose insurance does not provide first-dollar coverage for vaccines. If an individual has insurance, coverage must be verified prior to providing vaccines. The individual would only be eligible for vaccine(s) not covered by their plan.

Q24: What is first dollar coverage?

A: First-dollar coverage indicates vaccine is available at no cost, meaning the individual is not responsible for paying a co-pay or deductible. For purposes of the VFA Program, first-dollar coverage only applies to the cost and administration of the vaccine. It does not apply to other fees, such as an office visit fee. Individuals without first dollar coverage for vaccine(s) are eligible for the VFA Program.

Q25: If an individual has insurance that provides first-dollar coverage for vaccines, but must pay a copay or deductible for the office visit or other non-vaccine costs, are they considered underinsured?

A: No, the individual has insurance that provides first-dollar coverage for vaccines, so they are insured and not eligible for the VFA Program.

Q26: Do most insurance plans cover vaccines with no cost-sharing to the patient?

A: Yes, most private health insurance, Medicare, and Medicaid plans cover vaccines without cost-sharing. Health Insurance Marketplace plans, and most other private insurance plans cover most vaccines, including all vaccines available through the Iowa VFA Program, without charging a copayment or coinsurance when provided by an in-network provider.

- This coverage is true even for patients who have not met a yearly deductible.
- Private health plans are required to cover new vaccine recommendations in the next plan year. However, some insurance plans may cover new vaccines in the current plan year.
- Only the few legacy insurance plans are exempt from these requirements and may charge a co-pay for vaccines even in-network.
- Check with the insurance provider for details on whether there is any cost for vaccines.

Q27: Is an individual with health insurance providing first-dollar coverage for vaccine considered underinsured at out-of-network providers?

A: No, since the individual has insurance that provides first-dollar coverage for vaccines, they are not underinsured for purposes of the VFA Program. Insurance providers and plans must cover vaccines and vaccine administration without cost sharing when administered by an in-network provider. An individual with insurance that provides first dollar coverage for vaccines at in-network providers is not underinsured at out-of-network providers.

Q28: Are refugees and immigrants completing immigration processes (e.g. initial refugee health assessments and adjustment of status I-693 forms) eligible for the VFA Program?

A: VFA vaccines can be used for immigration related processes, however, the vaccine recipient must be eligible for the VFA Program. Refugees, immigrants, foreign-exchange students and undocumented immigrants over age 19 must be screened for VFA Program eligibility. If the individual does not have insurance or is underinsured, the patient is considered VFA Program eligible and can receive VFA Program vaccines.

Q29: Are patients enrolled with Medicare eligible for the VFA Program?

A: This depends on the type of coverage. An individual who has both Medicare Part B and Part D is not eligible for the VFA Program. Medicare clients are only eligible for the vaccines their plan does not cover.

Q30: Are patients enrolled with Medicare Advantage plans eligible for the VFA Program vaccines?

A: Medicare Advantage plans are sold by private insurance companies as an alternative to original Medicare. Specific details of Medicare Advantage plans such as their costs (including monthly premiums, deductibles and coinsurance) and coverage limitations will vary. If an individual has Medicare Advantage, insurance must be verified prior to providing vaccines. The individual would only be eligible for vaccine(s) not covered by their plan.

Q31: If a patient has TRICARE insurance and it does not reimburse for flu vaccines, can sites use VFA Program flu for these adults and VFC Program flu for the children?

A: VFA and VFC Program vaccine cannot be used on patients that are insured, which includes TRICARE. TRICARE covers influenza vaccine at no cost sharing to the patient at in-network providers. [TRICARE also covers age-appropriate vaccines recommended by the ACIP](#) and at no cost to the patient from any TRICARE-authorized provider. This does not make an individual underinsured at an out-of-network provider. Individuals with TRICARE are not eligible for the VFA Program.

Q32: How should sites document patient eligibility for the VFA Program?

A: VFA Program providers must screen adults 19 years and older to determine eligibility for VFA Program vaccines at each immunization encounter. Patients may self-attest to having no insurance. If the patient is underinsured, coverage must be verified prior to administering vaccines.

- If Uninsured, patient should not have documentation of insurance, Medicaid or Medicare enrollment
- If Underinsured, patient should provide documentation of insurance (e.g., copy of card or name/policy #)

If a patient has insurance, providers must verify whether the patient's health insurance plan covers ACIP-recommended vaccines before administering a vaccine. If the provider cannot verify vaccination coverage, for the purposes of the VFA Program, the patient is considered insured and not eligible to receive VFA Program vaccines at that immunization encounter.

Eligibility status must be documented either on the eligibility form or in the electronic health record at each encounter and retained for a minimum of three (3) years.

Q33: Are patients enrolled in a Healthcare Sharing Ministry eligible for the VFA Program?

A: Adults enrolled in a Healthcare Sharing Ministry are uninsured. These plans are not considered health insurance and are exempt from Affordable Care Act requirements to cover vaccines without cost sharing to the patient. These patients are eligible for the VFA Program.

Q34: Do individuals need to reside in Iowa?

A: No, however if individuals have health insurance in another state, they are not eligible for the Iowa VFA Program.

Q35: If an individual has no access to a medical provider due to past money owed, are they eligible for the VFA Program?

A: No, medical debt does not qualify an individual to be eligible for the VFA Program.

Q36: How should eligibility for the VFA Program be documented in IRIS?

A: Providers should select the lot number administered from IRIS "VFC" inventory and the appropriate patient eligibility in IRIS:

- N- No Insurance
- U- Underinsured

Q37: Can VFA Program eligibility screening results be documented in IRIS to decrease paper burden?

A: Yes, screening results can be documented in IRIS or electronic health records.

BILLING AND INSURANCE VERIFICATION

Q38: Is there any assistance available for LPHAs interested in billing private insurance and have not previously?

A: The Immunization Program does not offer any assistance with billing private insurance. It is recommended to contact other LPHAs with established billing programs.

Q39: Is there a platform similar to the eligibility and Verification System (ELVS) to verify insurance eligibility for small agencies using paper documentation?

A: The Immunization Program cannot recommend platforms for insurance verification and billing. Several LPHAs utilize VaxCare for billing and eligibility verification.

Q40: Can providers enrolled in the VFA Program charge a vaccine administration fee?

A: A vaccine administration fee of up to \$19.68 per dose may be charged but must be waived if the patient is unable to pay.

Q41: Can providers enrolled in the VFA Program charge an office visit fee?

A: Yes, however, it is not recommended to charge an office visit fee as this can be a barrier for individuals to receive recommended vaccines.

Q42: If the patient has insurance that does not pay for vaccines, does the patient need to pay privately?

A: VFA Program eligible patients should never be responsible for the cost of VFA Program vaccine. Sites may charge an administration fee, but it must be waived if the individual is unable to pay. If the patient does not qualify for the VFA Program, then the VFA Program provider would need to use private vaccine and could bill as appropriate.

INTEGRATED TESTING SERVICES

Q43: Should Integrated Testing Services (ITS) sites continue to order Hepatitis A and Twinrix separately from the VFA Program?

A: ITS sites also enrolled in the VFA program may order Hepatitis A and B vaccine through the VFA Program. This vaccine may be administered to individuals who are eligible for the VFA Program and/or qualifies for vaccine due to risk factors. These providers should continue to screen for eligibility (insurance status) and indicate eligibility on the patient record and in IRIS. For purposes of the ITS Program it is acceptable if a privately insured patient, who qualifies for vaccine based on risk factors, receives VFA Program vaccine.



Q44: For the hepatitis A and B vaccines, how should sites document eligibility for the VFA Program and/or ITS Program?

A: VFA Providers should continue to screen for eligibility (insurance status) and indicate eligibility on the patient record and in IRIS. For purposes of the ITS Program, it is acceptable if a privately insured patient who qualifies for vaccine based on risk factors receives VFA vaccine. ITS Program sites should track the number of ITS clients served and the number of doses administered to ITS clients. These numbers may be reported to Iowa HHS in the future.