

VFC Program Quick View of Eligibility and Insurance Coverage Situations

	Child's insurance Status	VFC Eligibility Category	VFC	Private
Medicaid	Enrolled in Medicaid	Medicaid	✓	
	Primary insurance plan with Medicaid as secondary insurance	Medicaid ¹	✓	✓
	Enrolled in Medicaid and is American Indian/Alaska Native (AI/AN)	Medicaid or AI/AN	✓	
AI/AN	AI/AN	AI/AN	✓	
	AI/AN with no health insurance coverage	AI/AN or Uninsured ²	✓	
Un-insured	No health insurance coverage	Uninsured ²	✓	
	Enrolled in a Healthcare Sharing Ministry	Uninsured ²	✓	
Birthing Hospital	All insurance statuses	Birth Dose Hepatitis B is available for the whole birth cohort at enrolled facilities regardless of eligibility	✓	
Underinsured	Health insurance, but plan does not cover any vaccines	Underinsured ^{2,3,4}	✓	
	Insurance does not provide first-dollar coverage	Underinsured ^{2,3,4,5}	✓	
	Health insurance plan does not cover all ACIP-recommended vaccines	Underinsured ^{2,3,4}	✓	
	Health insurance plan covers all vaccines, but has a fixed dollar limit or cap on amount of coverage	Underinsured after fixed dollar limit is met ^{2,3,4}	✓	
		Insured until fixed dollar limit is met		✓
	Health insurance covers all vaccines but has not yet met plan's deductible (high-deductible plans)	Underinsured if the visit is for immunizations-only and deductible has not been met ^{2,3,4,5,6}	✓	
		Insured if visit is not for Immunizations-only, or deductible has been met		✓
Not VFC-Eligible	Enrolled in the Healthy and Well Kids in Iowa (Hawki) Program	Insured – Not VFC Eligible		✓
	Health insurance covers all vaccines	Insured – Not VFC Eligible		✓

1. Providers have two options but must choose the option that results in the least out-of-pocket expense for the patient.
 - a. Option 1: Administer VFC Program vaccines and bill Medicaid for the administration fee.
 - Medicaid must pay the VFC Program provider for the administration fee. Medicaid may then seek reimbursement from the primary insurer.
 - Providers should notify the VFC Program if Medicaid rejects a claim for vaccine administration fee or requires the provider to submit the claim to primary insurance first.
 - b. Option 2: Administer Private vaccine and bill primary insurance for the cost of vaccine and administration fee.
 - Primary insurance may reimburse less than Medicaid for the administration fee. In this case, the provider may bill Medicaid for the balance up to the amount that Medicaid pays for the administration fee.
 - If primary insurance denies payment of a vaccine and administration fee, the provider may replace the private dose with a VFC Program dose and bill Medicaid for the administration fee. This must be documented on a Vaccine Borrowing Report.
2. Provider may charge an administration fee per vaccine at the time of service.
3. Before administering a vaccine, providers must verify if the child's health insurance plan covers ACIP-recommended vaccines. If the provider cannot verify vaccination coverage, the child is considered insured and not eligible to receive VFC Program vaccines at the immunization encounter.
4. Eligible to receive vaccines only if they are served by a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC) or Local Public Health Agency (LPHA).
5. 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 admin fee or office visit fee (which may have separate copay.)*
6. Patients with a high-deductible plan are VFC-eligible if the visit is for immunizations-only and the deductible has not yet been met. These patients are considered underinsured and must be served by an FQHC, RHC, or LPHA. *If insurance is billed for other services received during the visit, or the deductible has been met, patients are not VFC-eligible.*