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**Title:** Federal (Centers for Disease Control and Prevention) Policy for Provision of 317 Funded Vaccine to Uninsured and Privately Insured Patients by Local Health Departments and Health Department Authorized Sites

**Issued from:** CDPH, Immunization Branch

**Effective Date:** October 1, 2012

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## **Policy Statement**

### **Purpose of the Policy:**

The purpose of this policy is to provide direction and guidance to local health departments (LHDs) and Health Department Authorized Sites (HDAS) regarding CDC federal policies on the use of 317 funded vaccines and immunization services to clients that have private insurance (underinsured and insured), or are uninsured.

### **Background:**

Local health departments (LHDs) and HDAS are considered the safety net providers for immunization services for the underinsured and uninsured population within the jurisdiction. In the past, LHDs/HDAS were able to provide all ACIP recommended childhood vaccines and limited adult vaccines, regardless of insurance status, to increase immunization coverage rates and minimize missed opportunities to vaccinate within the jurisdiction. LHDs were able to provide this service because they received vaccines from a combination of funding sources, including State General, federal (317), and Vaccines for Children (VFC) funds. VFC vaccine was used to vaccinate VFC eligible children and 317 vaccine was used to cover those ineligible for VFC vaccine. While the eligibility criteria for VFC vaccine have not changed, those for the 317 vaccine have. As of October 1, 2012, LHDs and HDASs will be required to screen for and restrict the use of 317 vaccine only to clients that meet the revised eligibility criteria.

In recent years, LHDs have reported an increase in the number of clients with health insurance presenting at the health department for immunization service. With the implementation of the new eligibility criteria for 317 funded vaccines, privately insured clients with coverage for immunization services will no longer be able to receive 317 funded vaccine services at LHDs or HDASs. LHDs and HDASs will only be able to provide 317 funded vaccines to children and adults without insurance or those that are underinsured. The definition of underinsured includes patients with private insurance that:

- Has a limit on the amount the policy will pay for immunization services and the cap has been met, OR
- Covers some but not all ACIP recommended vaccines and the patient is seeking vaccines not covered by the policy

Privately insured patients with a deductible or copayment do not qualify as underinsured.

To encourage the provision of comprehensive primary health care, LHDs and HDASs will continue to be responsible for referring insured children and adults back to their primary care provider/medical home for immunization services and for providing resources for insured clients that do not have a primary care provider/medical home.

This policy will provide guidance for LHDs and HDASs for implementing the new 317 funded vaccine eligibility criteria.

## **POLICY**

The updated guidance regarding the use of 317 vaccine funding is authorized at the federal level by the Centers for Disease Control and Prevention (CDC).

### **Eligibility Screening for VFC and 317/State Funded Vaccines**

All LHDs and HDAS are required to conduct and document screening to determine eligibility for VFC and 317 funded vaccines. Eligibility shall be based on client report and does not require additional verification. All clients, whether receiving VFC or 317 vaccine, must have documentation of eligibility status in the medical record and this documentation shall be retained for three years following administration of the last eligible vaccine dose.

### **Eligibility Criteria for VFC and 317 Funded Vaccine**

#### **VFC Vaccine Eligibility**

To be eligible to receive VFC vaccine, the client must be 18 years of age or younger and meet one of the following criteria:

- Client is eligible for Medi-Cal and the Child Health and Disability Prevention Program (CHDP); or
- Client does not have health insurance; or
- Client is an American Indian or Native Alaskan.

#### **317 Vaccine Eligibility**

To qualify to receive 317 vaccine, the client must:

- Be 18 years of age or younger and have health insurance that does not cover some or all ACIP recommended vaccines (underinsured). This includes insurance that has a cap on the dollar amount of reimbursement for vaccine that has been exceeded **OR** the insurance plan only covers certain vaccines. This only applies to vaccines that are on the LHD Vaccine Eligibility Table.  
*or*
- Be 19 years of age or older and meet one of the following criteria:
  - Does not have health insurance
  - Has health insurance that does not cover the requested vaccine, including those insurances that have a cap on the dollar amount of reimbursement for vaccine that has been exceeded or only covers certain vaccines.

#### **Clients Ineligible for VFC and 317 Funded Vaccine**

- Children and adults with private insurance that covers immunization services, even if the plan requires a copayment or a deductible
- Children with Healthy Families insurance
- Children and adults with health savings accounts

### **Guidance for Service Delivery to Eligible Clients**

No charge may be made to the patient, parent/guardian or third party payer for the cost of the vaccine provided by the VFC or 317 program. Administration fees for immunization services provided to clients eligible for VFC and 317 vaccines at a LHD or HDAS may include the following:

- For Medi-Cal eligible clients, the provider may bill Medi-Cal for an administration fee. Medi-Cal clients may not be asked for cash to pay for services.
- For uninsured patients, providers may request an administration fee of no more than \$17.55/dose to cover the direct costs of vaccine administration. The administration fee must be waived and the vaccine provided if the client is unable to pay the fee at the time of service. A sign must be posted in a prominent location clearly stating that no patient will be denied VFC or 317/State funded vaccine because they are unable to pay the administration fee or make a donation. This sign should include information about:
  - VFC and 317 funded vaccines will not be denied for eligible clients because of the inability to pay the administration fee or make a donation.
  - Clients that do not meet the eligibility requirements cannot be immunized with VFC and 317 funded vaccines.

### **Guidance on Services for Ineligible Clients**

Depending on resources, LHDs and HDAS may have different approaches for dealing with clients that are not eligible to receive VFC or 317 funded vaccine. There are two options:

Option 1: Purchase private vaccine for administration to ineligibles and bill the client or their insurance for the vaccine, administration fee, and office visit. Fees should be consistent with other services and would be set by the facility.

Option 2 Refer the client back to their primary care provider/medical home for vaccinations. If the client does not have a primary care provider/medical home, resources for immunization services at FQHCs, RHCs, CHCs or other facilities offering low cost immunization services and primary care should be provided and encouraged.

### **Guidance for Addressing Continued Referral of VFC and 317 Ineligibles to the LHD or HDAS**

Primary Care Providers/Medical Homes will receive notification from the CDPH Immunization Branch that as of October 1, 2012, health departments and HDASs will no longer be able to utilize 317 vaccine to provide immunizations to ineligible patients. Additionally, they will be advised that referring privately insured clients for vaccines is inconsistent with immunization service best practices, creating barriers to receiving vaccines and increasing missed opportunities to vaccinate. If a provider continues to refer patients to the LHD or HDAS, the Immunization Coordinator should contact the provider and clarify LHD policy. If the referrals persist, the Health Officer should contact the provider. The Immunization Branch will provide letter templates that can be used to notify providers of the change in policy.