

FAQ on Changes in the NC Immunization Program (NCIP) Information for Local Health Departments

RECENT CHANGES IN THE NCIP

1. What changes have occurred in the state program that supplies vaccine to children in North Carolina?

Several changes were made to the program. They are listed below. More detailed explanation is provided throughout this document:

Effective December 1, 2009 through March 31, 2010

- **Name Change:** The name has changed from Universal Childhood Vaccine Distribution Program (UCVDP) to the North Carolina Immunization Program (NCIP). This is because the state will no longer supply all vaccines to all children (or universally).
- **Vaccines Provided for Children birth through 18 years of age:** The NCIP will no longer be able to offer the following vaccines universally, that is, for all children: pediatric hepatitis A vaccine; Tdap (except for the sixth grade requirement and post partum women seen in local health departments); the combination vaccine Pentacel® (DTaP-IPV-Hib) following alleviation of the Hib shortage; the combination vaccine Pediarix® (DTaP-IPV-HepB); the combination vaccine Kinrix® (DTaP-IPV), MMRV; and the 2nd dose of varicella vaccine. However, all vaccines recommended by the Advisory Committee for Immunization Practices (ACIP) will continue to be provided by the state for children who qualify for the federal Vaccines for Children (VFC) program. See question 7 below for the definition of VFC eligibility.
- **Local Health Departments may charge Administration Fees:** Local health departments may charge an out-of-pocket administration fee for state-supplied vaccines unless the patient is: 1) uninsured or underinsured and has an income below 200% of the poverty level; or 2) is VFC eligible and states an inability to pay.
- **Definition of underinsured:** A clarification was made by the CDC to the definition of underinsured. The following children are considered underinsured if:
 - they have commercial (private) health insurance but the coverage does not include vaccines*,
 - their insurance covers only selected vaccines (in this scenario, only non-covered vaccines may be provided through VFC), or
 - their insurance caps vaccine coverage at a certain amount - once that coverage amount is reached, these children are categorized as underinsured.

*Note: Children whose health insurance covers vaccinations are not eligible for VFC vaccines, even when a claim for the cost of the vaccine and its administration would be denied for payment by the insurance carrier because the plan's deductible had not been met or because the insurance did not cover the total cost of the vaccine.

Effective April 1, 2010

Some changes effective April 1, 2010 will rescind changes made December 1, 2009

- **Seasonal influenza vaccine (pediatric use)** for the 2010-2011 influenza season will be available only for VFC-eligible children through 18 years of age.

- **Tdap vaccine (pediatric use)** will be available universally (that is, for all children) 10 through 18 years of age. (This rescinds the December 1, 2009 change that stated children 10 through 18 years of age can receive one dose of state-supplied Tdap ONLY to fulfill the 6th grade entry requirement.)
- **Varicella vaccine** (two doses) will be available universally (that is, for all children) 12 months through 18 years of age. (This rescinds the December 1, 2009 change that stated only VFC eligible children could receive two doses of state supplied varicella vaccine).
- **Tdap vaccine (adult use)**—a single dose will be available for two populations:
 - Any person of any age entering a North Carolina college/university (where Tdap is required by NC Immunization Law) for the first time who has never received Tdap. (This rescinds the December 1, 2009 change that stated children 10 through 18 years of age can receive one dose of state-supplied Tdap ONLY to fulfill the 6th grade entry requirement.)
 - Post partum women seen at local health departments if no documentation of Tdap vaccine exists. (This has not changed).

2. When will the changes take place?

The first round of changes took place on December 1, 2009. A second round of changes will go into effect April 1, 2010.

3. Why did these changes take place?

The NCIP received a substantial reduction in state funding appropriations for the purchase of vaccines, so it no longer has the funds needed to supply the same vaccines that were provided in the past to all children.

4. What is the impact of these changes?

Fewer vaccines will be provided by the state for all children (universally). All recommended vaccines will continue to be provided by the state for children who qualify for the federal Vaccines for Children (VFC) program.

5. Can all children still receive the required vaccines they need for school grades K-12?

Yes. Single antigen DT, DTaP, IPV, Hepatitis B, Hib, MMR and the first dose of Varicella remain available for all children.

Four combination vaccines, Pentacel, Pediarix, Kinrix and MMRV will not be available for all children. The pediatric Hepatitis A vaccine will also not be available. Pentacel protects against DTaP, polio and Hib; Pediarix protects against DTaP, Heb B, and polio, Kinrix protects against DTaP and polio, and MMRV protects against measles, mumps, rubella and varicella.

As of April 1, 2010, the second dose of varicella vaccine, which is not required for school entry but is recommended for all children, will be available for all children 12 months through 18 years of age.

VACCINES FOR CHILDREN (VFC)

It is important to understand that the VFC program is a component of North Carolina's medical assistance plan and is considered a Title XIX Medicaid program. Section 1928 of the Social Security Act (42 U.S.C. §1396s) provides for purchase of vaccine for administration to VFC-eligible children using federal funds. The VFC program is a unique component of the federal Medicaid program. In addition to having different eligibility criteria, the VFC program provides services not only to Medicaid-eligible children but also to VFC-eligible children who are not

otherwise eligible for Medicaid. Similarly, the VFC program enrolls providers who are not Medicaid providers but who provide immunizations to those who qualify under certain other criteria as defined federally.

6. What is the Vaccines for Children (VFC) program?

The Vaccines for Children (VFC) program is a federally funded vaccine program for eligible children, age 18 and below. VFC is administered at the national level by the CDC which contracts with vaccine manufacturers to buy vaccines at reduced rates. The North Carolina Immunization Branch, within the North Carolina Department of Public Health, administers this program on a state level. The Branch enrolls physicians into the VFC program as part of the NCIP program. To qualify for enrollment, physicians must serve eligible patients up to and including 18 years of age and provide routine immunizations.

7. Who is eligible to receive vaccine through the VFC program?

Children through 18 years of age that meet at least one of the following criteria are eligible for VFC vaccine:

- Medicaid eligible,
- Uninsured,
- American Indian or Alaskan Native,
- Underinsured children: children who have commercial (private) health insurance but the coverage does not include the vaccines, children whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only), or children whose insurance caps coverage at a certain amount- once that coverage amount is reached, these children are categorized as underinsured*; or
- Unaccompanied minors without proof of insurance presenting to local health department Title X clinics.

*Note: Children whose health insurance covers vaccinations are not eligible for VFC vaccines, even when a claim for the cost of the vaccine and its administration would be denied for payment by the insurance carrier because the plan's deductible had not been met or because the insurance did not cover the total cost of the vaccine.

INSURANCE

8. How do you know if a patient's insurance covers vaccines?

Providers are required by their contracts to screen patients at every visit for VFC eligibility. This includes determining if the insured patients are underinsured. Underinsured patients (as defined below) may receive state-supplied vaccines.

9. What is the definition of underinsured?

The following children are considered underinsured if:

- they have commercial (private) health insurance but the coverage does not include vaccines*,
- their insurance covers only selected vaccines (in this scenario, only non-covered vaccines may be provided through VFC),
- or their insurance caps vaccine coverage at a certain amount – once that coverage amount is reached, these children are categorized as underinsured.

* Note: Children whose health insurance covers vaccinations are not eligible for VFC vaccines, even when a claim for the cost of the vaccine and its administration would be denied for payment by the insurance carrier because the plan's deductible had not been met or because the insurance did not cover the total cost of the vaccine.

10. Has the definition of underinsured changed?

According to the CDC, the definition has been clarified rather than changed. The consequences of this clarification will impact providers in the following way: Providers will no longer be allowed to consider patients underinsured when their private insurance plan does not reimburse the provider at 100% of the vaccine cost. Therefore, children who have health insurance but whose insurance covers only a percent of the cost of one or more vaccines are not eligible for the VFC program. For example, the insurance covers 80% of the cost of MCV4. This child would be considered insured for the purposes of the VFC program (and the N.C. Immunization Program), and therefore, not eligible to receive vaccine supplied only for VFC eligible patients. If a family's insurance does not cover a specific vaccine at all, the child is eligible to receive that vaccine at no cost to them through the VFC program.

11. If a patient has to pay a co-pay or meet a deductible, is this considered underinsured?
No.

12. Are children with the Health Choice plan considered VFC-eligible?

No. Health Choice is North Carolina's State Children's Health Insurance Program (SCHIP) program. Children enrolled in this program are considered insured.

13. Are all children who have Medicaid as a secondary insurance considered VFC-eligible?
Yes. All children who have Medicaid as a secondary insurance are covered by VFC.

14. If an American Indian/Alaska Native has insurance that covers vaccines (in full or partially) are they considered VFC-eligible?

Yes. American Indian/Alaska natives are eligible to participate in the VFC program regardless of their insurance coverage.

LOCAL HEALTH DEPARTMENTS (LHDs) ADMINISTRATION FEES

15. Under what conditions may a local health department charge an out-of-pocket fee for vaccine administration? Local health departments may charge an out-of-pocket administration fee for state-supplied vaccines unless the patient is: 1) uninsured or underinsured and has an income below 200% of the poverty level; or 2) is VFC eligible and states an inability to pay.

16. Are LHDs required to charge patients an administration fee?

No, LHDs are not required to charge an administration fee to patients who pay out of pocket. The new legislation simply allows them to do so if they choose. It is up to the individual LHD or district to decide if the agency will start charging an out-of-pocket fee.

17. How much may the LHD charge a patient who pays out of pocket?

The maximum an LHD may charge is based on the Medicaid reimbursement rate for vaccine administration on the date of service. Medicaid rates are issued to LHDs by the Division of Public Health annually, or more often, if the rates change during the year.

18. Should the administration fee be waived if a patient or family states an inability to pay?

Yes, if the patient is VFC eligible. Local health departments cannot deny administration of a federally purchased vaccine to a patient because the child's parent, guardian or individual of record is unable to pay the administration fee.

The only fee that must be waived is the administration fee, other visit or office fees may be charged as applicable.

19. Does this change have any effect on the local health department's ability to charge Medicaid?

No. This change relates to patients who are paying out-of-pocket only. Medicaid patients' administration fees are covered by Medicaid for state-supplied products.

20. May health departments bill insurance plans for the vaccine administration of state-supplied vaccines?

Yes, LHDs may continue to bill an administration fee for administering state-supplied vaccines to patients with health insurance.

MANAGING INVENTORY

21. What do I do if I have state supplied vaccine on hand after December 1, 2009 that I do not think I will be able to use?

If your practice sees NO VFC-eligible children or sees so few VFC-eligible children that your current supplies of vaccine would expire before you can use it all, you may continue universal vaccination with state-supplied products until your state-supplied inventory is equal to a 3-month supply for VFC-eligible patients. Once the overstocked state-supplied vaccine has been used, you must purchase private supply if you wish to continue to administer the vaccine and adhere to the new coverage criteria for all vaccines.

22. If a provider doesn't have enough privately purchased vaccine to vaccinate a non-VFC eligible child, may the provider borrow from their inventory of VFC-only vaccine?

No. Providers are expected to maintain an adequate inventory of vaccine for their non-VFC-eligible patients.

If VFC-only vaccine is mistakenly administered to a non-VFC-eligible patient, the provider must complete a NCIP Vaccine Borrowing Report (found at www.immunizenc.com) and replace the VFC-only vaccine in a timely manner (within 90 days).

23. May we stop offering Hepatitis A since it is no longer provided to all children (universally)?

Local Health Departments must carry all required vaccines according to the schedule determined by the Advisory Committee for Immunization Practices (ACIP) for the populations they serve. We ask private providers to do the same. However, private providers are not required to supply vaccine for non-VFC eligible clients.

SPECIFIC VACCINES

24. Where can I find information on how these changes will impact a specific vaccine?

All the changes are detailed on the NCIP Coverage Criteria. You can find a copy of this document online at: www.immunizenc.com/coveragecriteria.htm

Tdap/Td

25. Who can receive state-supplied Tdap vaccine?

Effective December 1, 2009 through March 31, 2010: Children 10 through 18 years of age can receive one dose of state-supplied Tdap to fulfill the 6th grade entry requirement. Children needing Tdap for a reason other than entry into 6th grade must be VFC eligible to receive state-supplied Tdap. State-supplied Tdap is no longer available from the NCIP for college entry or adult use (except for post partum women seen in a local health department).

Effective April 1, 2010: Tdap will be available universally (that is, for all children) 10 through 18 years of age. Additionally, a single dose will be available for any person of any age entering a North Carolina college/university (where Tdap is required by NC Immunization Law) for the first

time who has never received Tdap and for post partum women seen at local health departments if no documentation of Tdap vaccine exists.

26. Is Tdap still required for those entering college?

Yes, the Tdap requirement for college has not changed.

Effective December 1, 2009 through March 31, 2010: Students 18 years of age and under who are VFC eligible may still receive state supplied Tdap for college. Anyone else that requires a Tdap for college must be vaccinated with privately purchased vaccine. All adults (19 years of age and older) will need to receive privately purchased Tdap (except for post partum women seen in a local health department). For those who need to complete a primary series the recommendation is also the same. Tdap as dose #1; Td 4 weeks after dose #2; and Td #3 6 months after dose # 2.

Effective April 1, 2010: Tdap will be available universally (that is, for all children) 10 through 18 years of age. Additionally, single dose will be available for any person of any age entering a North Carolina college/university (where Td is required by NC Immunization Law) for the first time who has never received Tdap and for post partum women seen at local health departments if no documentation of Tdap vaccine exists.

27. Is Td for adults still available?

Yes. The coverage criteria for this vaccine have not changed.

Hep A/Hep B combination (Twinrix®)

28. The original memo stated that the Hep A/Hep B combination (Twinrix®) is for those 18 years of age only. Is this correct?

No. This was an error. There have been no changes to the Twinrix® coverage criteria. Twinrix® is still available at Local Health Departments, Federally Qualified Health Centers, and Rural Health Centers for adults 18 years of age and older that meet the high risk category and do not already have documentation of a completed series of either Hepatitis A or Hepatitis B.

DTaP/IPV/Hib combination (Pentacel®)

29. The coverage criteria says Pentacel® may be used until the Hib shortage is over. Can you explain?

Pentacel® may continue to be used for all children (universally) until the Hib shortage is declared over by the CDC. When CDC informs the state that supplies of Hib vaccine have returned to normal, we will notify all public and private providers. At that time, state-supplied Pentacel will be available only to VFC-eligible patients.