

LHD GUIDELINES FOR USE OF VACCINES
Purchased with Federal VFC, Federal 317, and State General Funds By the
KDHE IMMUNIZATION PROGRAM
October 2010

VFC Children/Adolescents 0-18yrs [Federal VFC Funds]	Non VFC Children/Adolescents 0-18 yrs [Federal 317 & State General Funds]
<ol style="list-style-type: none"> 1. Medicaid (Healthwave 19) 2. No Health Insurance 3. American Indian/Alaska Native 4. ^Underinsured: Insurance does not cover immunizations 	<ol style="list-style-type: none"> 1. SCHIP (Healthwave 21) 2. ^^Underserved: <u>Vaccinations required for school entry only</u>. Proof of eligibility for free or reduced-price school lunch program required
DTaP/DT	<ul style="list-style-type: none"> • 6 weeks through 6 years of age
Hep A	<ul style="list-style-type: none"> • 12 months through 18 years of age • Not for Underserved
Hep B	<ul style="list-style-type: none"> • Birth through 18 years of age • Birth dose may be given regardless of insurance status. Hospitals must be enrolled as a VFC provider.
Hib	<ul style="list-style-type: none"> • 6 weeks through 59 months of age • Not for Underserved
HPV	<ul style="list-style-type: none"> • Females 9 years through 18 years of age • Not for Underserved • Not to be used for adults 19 years of age and older*
MCV4	<ul style="list-style-type: none"> • 11 years through 18 years of age • Not for Underserved
MMR	<ul style="list-style-type: none"> • 12 months through 18 years of age • Females with a negative rubella titer or no history of disease or immunization= (1 dose only)** • Not to be used for healthcare workers without insurance for immunizations
PCV13	<ul style="list-style-type: none"> • 6 weeks through 59 months of age • Not for Underserved
Polio	<ul style="list-style-type: none"> • 6 weeks through 18 years of age
Rotavirus	<ul style="list-style-type: none"> • 6 weeks through 32 weeks • Not for Underserved
Tdap/Td	<ul style="list-style-type: none"> • 7 years through 18 years of age
Varicella	<ul style="list-style-type: none"> • 12 months through 18 years of age

All children/adolescents must be screened for VFC eligibility and insurance coverage at each immunization visit, with documentation kept on file. Insured children/adolescents should be referred to their medical home or be immunized with private stock vaccine purchased by the local health department.

*If an eligible individual begins a vaccine series with KIP vaccine while 18 years of age, program vaccine may be used to complete the series during the individual's 19th year.

** Eligible females must reside in Kansas, be of childbearing age, have no medical insurance or reimbursement for this vaccine, and be unable to pay for the vaccine.

KIP vaccines shall not be used for adults for foreign travel. Health departments providing vaccine to adults traveling overseas will need to purchase private stock vaccine and bill those clients accordingly.

^ Underinsured children qualify for VFC vaccine when immunized at public health clinics having a delegation agreement in place with a FQHC or RHC.
 ^^ Underserved children and adolescents enrolled in the federal free or reduced price lunch program who have insurance co pay or deductible costs that pose a barrier to immunizations. These children/adolescents are not considered VFC eligible or underinsured. *Vaccines are limited to those required for school entry.*

Definitions

Screening for VFC eligibility and insurance coverage - Screening to determine a child's eligibility to receive vaccines through the VFC Program must take place with each immunization visit, although the screening form need be replaced or updated only if the status of the patient changes.

Insured - Any infant/child/adolescent that is enrolled in a health care plan that provides immunization coverage. Children whose health insurance covers the cost of 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.

Underinsured – A child who has commercial (private) health insurance but the coverage does not include vaccines, a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only), or a child whose insurance caps vaccine coverage at a certain amount. Once that coverage amount is reached, the child is categorized as underinsured. **Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), or delegated Local Health Department (LHD).** All Kansas LHDs are delegated. Out-of-pocket expenses incurred as a result of deductible or co-insurance payments are not considered in the determination of whether a client is underinsured. The insured/subscriber should contact the benefits/personnel section of their employer to determine immunization coverage.

Underserved - children with *proof of enrollment* in the free or reduced-price school lunch program (*as outlined in the Federal Register/Vol, 74, No. 58/Friday, March 27, 2009:*

<http://www.fns.usda.gov/cnd/Governance/notices/iegs/IEGs10-11.htm>) are eligible for KIP vaccines required for school entry if co-pay or deductible costs are a barrier for required immunizations. *Only those immunizations required for school entry may be administered.* These children may qualify for Healthwave and the LHD is encouraged to help the parent complete the Healthwave application at the time of the visit. KIP vaccine may only be used for the underserved population through local health department immunization programs once proof of free or reduced-price lunch eligibility has been verified and kept on file.

Uninsured - A child who has no health insurance coverage.

Universal Hepatitis B Immunization of Infants – The ACIP recommended the birth dose to all infants in 1991. Kansas initiated recommendation of the birth dose in 1994. In 1997, KDHE began providing Hepatitis B vaccine to birthing hospitals for administration of the birth dose to newborns regardless of insurance status of the infant. The infant's family or insurance may not be charged for the vaccine. Hospitals must be individually enrolled as a VFC provider and have vaccine shipped to them directly by the KIP. LHDs may no longer provide Hepatitis B vaccine to hospitals for the Universal Hepatitis birth dose program.

First Dollar Coverage - K.S.A 40-2,102; Coverage for Immunizations.

This law, enacted in 1995, requires insurance companies to cover all routine and necessary immunizations for all newly born children of the insured or subscriber from birth to 72 months of age. The immunizations consist of at least 5 doses of DTaP; at least 4 doses of vaccine against polio; at least four doses of Hib; three doses of hepatitis B; two doses of MMR; one dose of varicella and such other vaccines and dosages as may be prescribed by the Secretary of Health and Environment.

ERISA (self-funded) Plans are exempt from this law because those plans are regulated by the United States Department of Labor instead of the Kansas Insurance Department. The insured/subscriber should contact their benefits or personnel section to determine if immunizations are a covered entity.

Patients receiving KIP vaccine may be charged a fee to cover the cost of administration. However, VFC eligible persons may not be denied vaccine because of inability to pay the administration fee.