



<b>Policy &amp; Procedure Title</b>	Adult Eligibility Statement	<b>Issuing Date</b>	07/17/2012
<b>Policy &amp; Procedure Number</b>	3	<b>Revision Date</b>	02/05/2020
<b>Policy &amp; Procedure Approval Authority</b>	<i>Dave McConnick</i>		

**Policy Statement**

Publicly funded vaccines for adults are limited to the specific vaccines and provider locations, with the following eligibility criteria. Provider locations electing to participate in the Adult Vaccine Program will be required to enroll in the Adult Vaccine Program. The first step in the process is to complete the *Adult Immunization Provider Profile & Agreement (State Form 54625 (R4 / 3-11))*.

All providers enrolled with the Indiana Adult 317 Vaccine Program must adhere to all other policies and procedures set forth by the Immunization Division, including policies and procedures pertaining to vaccine inventory management, storage and handling and full utilization of the Indiana State Immunization Information System (IIS) called CHIRP.

**Provider Locations Who May Participate in the Adult Vaccine Program**

- Primary Care Provider members in the Indiana Primary Health Care Association (IPHCA)
  - all vaccines offered through the adult program
- Local Health Departments (LHD)
  - All vaccines offered through the adult program
- STD Clinics, including STD clinics at LHD
  - All vaccines offered through the adult program
- Birthing Hospitals, Birthing Centers and Prenatal Clinics
  - Tdap only

The Immunization Division can identify and approve other locations and vaccination needs on a case by case basis.

**Adult Vaccine Program Eligibility Requirements:**

To be eligible to receive publicly funded vaccines, adults must be 19 years or older and meet one of the following criteria:

1. Uninsured – Must have no private health insurance coverage. Cannot be Medicaid-eligible, regardless of age.
  - a. If Medicaid-eligible or health program covered, use private stock and bill to appropriate source.
2. Underinsured – Must have private health insurance that does not provide coverage for a specific vaccine or all ACIP recommended vaccines. All individual vaccines should be screened separately.
  - a. High deductible plans do not qualify as underinsured. These individuals are considered fully insured.
  - b. International travelers are excluded from the underinsured category. Even if they have private insurance that will not cover the needed vaccines, he/she is not eligible for publicly funded doses.

**Special Considerations/Populations:**

- **Hep B** – Sexual/household contacts of person with chronic hepatitis B are exempt from the financial need criteria for Hep B only.
- **Hep B** – Both Engerix B® and Recombivax HB® are licensed as pediatric and adult formulations. Adults under 20 years of age should receive 3 doses of the pediatric formulation of the Hep B vaccine (.5mL). These pediatric doses to be administered to patients 19 years and older, can be ordered through the Adult Vaccine Program.
- **Tdap** – There are a few exceptions for Tdap vaccinations:

- Individuals who are eligible for Medicaid Package E (Emergency Medicaid) are exempt from the financial need criteria. These individuals can be vaccinated with a public dose of Tdap.
- Some patients over 65 years of age who only have Medicare Part A and B may not have coverage for Tdap. These patients would be considered underinsured and would be eligible to receive a public dose of Tdap. All other patients 65 and older, who are Medicare-eligible and who do have any one of the supplemental insurance coverage plans, should be screened each visit for eligibility.
- **Refugees/Immigrants** – Immigration status does not need to be factored in. Screen for financial criteria and if eligible, administer publicly funded vaccine.
- **Incarceration** - Federal, state, or local correctional facilities are not eligible to participate in the program. Enrolled adult providers **cannot** vaccinate eligible adults in these locations whether in a clinic setting or in conjunction with other medical services.
  - The one exception would be in the event of an outbreak and incarcerated individuals are determined to be in the high-risk priority group, as was the case with the 2018-2019 Hepatitis A outbreak. Only the identified vaccine can be administered to these individuals.
- **International travelers** – Individuals presenting at the clinic for vaccinations related to any international travel, whether personal or mission related, do not meet the eligibility criteria to receive publicly funded doses through the Adult Vaccine Program. **International travelers are excluded from the underinsured category.** These individuals should be referred to a travel clinic or vaccinated with privately purchased vaccines.

#### Publicly Funded Adult Vaccines Offered:

- Tdap
- Td
- HPV
- MMR\*
- PCV13\*
- PPSV23\*
- Meningococcal\* (includes Men ACYW and MenB vaccines)
- Hepatitis A
- Hepatitis B\*\*
- Varicella\*
- Influenza

\*Unless otherwise noted above, providers enrolled in the Adult 317 Vaccine Program may administer any of the ACIP recommended vaccines listed above.

\*\*Adults under 20 years of age should receive 3 doses of the pediatric formulation of the Hep B vaccine (.5mL). The pediatric formulation can be ordered under 317 funding for this population.

These vaccines should be administered in accordance to the routine recommendations of the CDC's Advisory Council on Immunization Practices (ACIP). Special consideration should be given to adults recommended for certain vaccines based on their medical and/or other risk factors. Please consult CDC's adult immunization schedule for additional information:

<http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf>

#### School-Required Vaccinations

Providers enrolled in the Adult Vaccine Program, who are able to administer all publicly funded vaccines offered, are also permitted to vaccinate eligible adults (19-21 years of age) who are enrolled and attending high school full-time. These individuals should be referred to one of these facilities for vaccination. The students must follow the same eligibility criteria as all other adults and must meet the financial criteria to receive publicly funded adult vaccine.



**Outbreaks & Mass Vaccination Campaigns**

- Publicly funded adult vaccines may be provided in the event of a specific disease outbreak or natural disaster.
- The Epidemiology Resource Center (ERC) will identify any specific disease outbreak requiring a mass vaccination campaign.
- During a state of emergency, the Immunization Division in conjunction with the Public Health & Preparedness Division will identify all necessary vaccination response.

**Adult Vaccination Program - Patient Eligibility Screening Form**

1. Initial Screening Date:       /       /              
M M D D Y Y Y Y

2. Patient's Name: \_\_\_\_\_  
Last Name First Name MI

3. Patient's Date of Birth:       /       /              
M M D D Y Y Y Y

4. Primary Provider's Name: \_\_\_\_\_  
Last Name First Name MI

5. This patient qualifies for vaccines through the Adult Vaccination Program because s/he (check only one box):
- The patient does not have insurance
  - The patient is underinsured (has health insurance that does not pay for vaccinations)

Eligibility Status				
Date	Screener initials	Is uninsured	Is underinsured	Does not meet eligibility criteria

Clinic Name: \_\_\_\_\_

Person completing this log: \_\_\_\_\_

Title of the person completing this log: \_\_\_\_\_

Log for: Month \_\_\_\_\_ Year: \_\_\_\_\_



Adult Immunization Provider Profile & Agreement (State Form 54625 (R4 / 3-11)

<http://www.vaccinateindiana.org/wp-content/uploads/2012/03/ICPR-54625-R0-3-11-Adult-Vaccine-Provider-Profile-and-Agreement.pdf>

**Revision History**

07/17/2012, Created

12/02/2013, Revised

03/01/2014, Revised

10/01/2014, Revised

11/19/2014, Revised

09/30/2015, Revised

05/02/2016, Revised

02/05/2020, Revised