

**Eligibility for Publicly-Funded Vaccines Reference Guide for:**

Vaccines for Children (VFC) providers, Adult Vaccine Program (AVP) providers, and Electronic Medical Record (EMR) contacts

Patient Status (<19 years old)	Eligible for Public Vaccine	IIS Eligibility Category Selection	IIS Eligibility Code & Description	IIS Funding Source and Description	Billing
<p><b>American Indian/Alaska Native</b></p> <ul style="list-style-type: none"> <li>Child is less than 19 years old</li> <li>As defined by the <a href="#">Indian Health Care Improvement Act (25 U.S.C. 1603-13)</a></li> </ul>	<p><b>Yes</b> Federal (VFC) vaccine eligible</p>	<p><b>American Indiana/Alaskan Native</b></p>	<p><b>V04</b> VFC eligible – American Indian/ Alaska Native</p>	<p><b>VXC1-</b> Publicly funded vaccine stock</p>	<ul style="list-style-type: none"> <li>Cannot bill for cost of vaccine</li> <li>Can bill administration fee up to \$20.32 per vaccine dose</li> <li>May issue only a single bill within 90 days</li> <li>Cannot send to collections for unpaid administration fee</li> </ul>
<p><b>Uninsured</b></p> <ul style="list-style-type: none"> <li>Child is less than 19 years old</li> <li>Does not have health insurance</li> <li>Enrolled in a <b>Health Care Sharing Ministry</b> (i.e. Medi-Share, Liberty Healthshare, HealthShare Altruia, Christian Healthcare Ministries, Solidarity Healthshare )</li> </ul> 	<p><b>Yes</b> Federal (VFC) vaccine eligible</p>	<p><b>Uninsured</b></p>	<p><b>V03</b> VFC eligible – Uninsured</p>		<ul style="list-style-type: none"> <li>Cannot bill for cost of vaccine</li> <li>Can bill administration fee up to \$20.32 per vaccine dose</li> <li>May issue only a single bill within 90 days</li> <li>Cannot send to collections for unpaid administration fee</li> </ul>
<p><b>Underinsured Child</b></p> <ul style="list-style-type: none"> <li>Child is less than 19 years old</li> <li>Has insurance that does not cover vaccine</li> <li><b>Served at a Federally Qualified Health Center/Rural Health Center (FQHC/RHC) or deputized Local Health Department (LHD)</b></li> </ul>	<p><b>Yes</b> Federal (VFC) vaccine eligible</p>	<p><b>Underinsured</b></p>	<p><b>V05</b> VFC eligible – Underinsured</p>		<ul style="list-style-type: none"> <li>Cannot bill for cost of vaccine</li> <li>Can bill administration fee up to \$20.32 per vaccine dose</li> <li>May issue only a single bill within 90 days</li> <li>Cannot send to collections for unpaid administration fee</li> </ul>
<ul style="list-style-type: none"> <li>Child is less than 19 years old</li> <li>Has insurance that does not cover vaccine</li> <li><b>Served at any non-FHQC or LHD VFC provider location</b></li> </ul>	<p><b>Yes</b> State (Non-VFC) vaccine eligible</p>				<ul style="list-style-type: none"> <li>Cannot send to collections for unpaid administration fee</li> </ul>

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Indiana Family and Social Services (FSSA) offers a number of different programs and services under the Indiana Health Coverage Programs (IHCP). Each IHCP member is issued a number referred to as the Member ID assigned by FSSA Division of Family Resources (DFR). The type of card received depends on the IHCP program in which the member is enrolled. Providers are required to verify member eligibility on the date of service via the [Provider Healthcare Portal](#). Providers that fail to verify eligibility are at risk of claims being denied due to member ineligibility or coverage limitations.

**Viewing a member ID card alone does not ensure member eligibility.**

- **Hoosier Health Cards are issued by FSSA DFR.**
- **Hoosier Care Connect members receive member ID cards from their individual Managed Care Entities (MCEs): Anthem or MHS.**
- **Hoosier Healthwise members receive member ID cards from their individual MCEs: Anthem, CareSource, MHS, and MDwise.**

**Package A (Medicaid) and C (CHIP) are NOT listed on the cards and can only be determined via the Provider Healthcare Portal.**

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<p><b>Medicaid</b></p> <ul style="list-style-type: none"> <li>• Child is less than 19 years old</li> <li>• Enrolled in Traditional Medicaid</li> <li>• Enrolled in Hoosier CareConnect (Full Medicaid or Package A)</li> <li>• Enrolled in Hoosier Healthwise Package A</li> </ul> 	<p><b>Yes</b> Federal (VFC) vaccine eligible</p>	<p><b>Medicaid</b></p>	<p><b>V02</b> VFC eligible – Medicaid</p>	<p><b>VXC1-</b> Publicly funded vaccine stock</p>	<ul style="list-style-type: none"> <li>• Cannot bill for cost of vaccine</li> <li>• Bill according to FSSA guidelines</li> <li>• Vaccine administration fee reimbursement determined by FSSA-increased to \$15.00 as of January 1, 2020</li> </ul>
<p><b>CHIP (new as of January 1, 2020)</b></p> <ul style="list-style-type: none"> <li>• Child is less than 19 years old</li> <li>• Enrolled in Hoosier Healthwise Package C- Children Health Insurance Program (CHIP)</li> </ul> 	<p><b>Yes</b> State (Non-VFC) vaccine eligible</p>	<p><b>CHIP</b></p>	<p><b>V22</b> State vaccine eligible-CHIP</p>		<ul style="list-style-type: none"> <li>• Cannot bill for cost of vaccine</li> <li>• Bill according to FSSA guidelines</li> <li>• Vaccine administration fee reimbursement determined by FSSA-increased to \$15.00 as of January 1, 2020</li> </ul>

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<b>Private insurance</b> <ul style="list-style-type: none"> <li>Child is less than 19 years old</li> <li>Enrolled in private insurance plan</li> </ul>	No	Ineligible for VFC/Private Ins	V01 Ineligible for VFC/Private Ins	PHC70	<ul style="list-style-type: none"> <li>Bill according to plan guidelines</li> </ul>

**Other considerations for patients that are <19 years old**

Child's Insurance Status	VFC Eligible?	VFC Eligibility Category
Has private health insurance plan with Medicaid as secondary insurance	YES	Medicaid
Has health insurance covering all vaccines, but has not yet met plan's deductible or paid for other services received at visit <b>AND</b> has Medicaid as secondary insurance	YES	Medicaid
Has private health insurance that covers all vaccinations and is American Indian/Alaskan Native (AI/AN)	YES	AI/AN. However, provider should choose the eligibility category <u>most cost-effective for the child and family.</u>
Has Medicaid and is American Indian/Alaskan Native (AI/AN)	YES	Medicaid or AI/AN. Provider should use Medicaid for the administration fee because this provides the least out-of-pocket expense for the family
Has an insurance plan that does not cover all ACIP-recommended vaccines	YES	Underinsured. Child can only receive vaccines not covered by the plan.
Has health insurance covering all vaccines, but has not yet met the plan's deductible or paid for other services received at visit	NO	Insured.  This applies even when the primary insurer would deny reimbursement for the cost of the vaccine and its administration because the plan's deductible has not been met.
Has health insurance covering all vaccines, but the plan has a fixed dollar limit or cap on amount it will cover	Depends	NO- Insured until the fixed dollar limit is met YES-Underinsured after the fixed dollar limit is reached

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<b>Private or state Medicaid insurance</b> <ul style="list-style-type: none"> <li>Adult is 19 years or older</li> <li>Enrolled in private insurance plan or Indiana Healthy Indiana Plan (HIP) for adults 19-64 or other state Medicaid program</li> </ul>	No	Ineligible for VFC/Private Ins	V01 Ineligible for VFC/Private Ins	PHC70	<ul style="list-style-type: none"> <li>Bill according to plan guidelines</li> </ul>
<b>Uninsured or underinsured adult</b> <ul style="list-style-type: none"> <li>Adult is 19 years or older</li> <li>Receiving care at a facility enrolled in the Indiana Adult Vaccine Program</li> <li>Does not have insurance</li> <li>Has private or public insurance but insurance does not cover the vaccine</li> </ul>	Yes	317	V07-317 or V23- State program eligibility	VXC50	<ul style="list-style-type: none"> <li>Cannot bill for cost of vaccine</li> <li>Can bill administration fee up to \$20.32 per vaccine dose</li> <li>May issue only a single bill within 90 days</li> <li>Cannot send to collections for unpaid administration fee</li> </ul>

**Note to Electronic Medical Record (EMR) Vendors**

Currently Indiana allows sending VFC and 317 Adult Vaccine Program Eligibility at the dose level and the patient level. Dose level eligibility is specified in the OBX segment and patient level is in the PV1 segment. CHIRP will automatically decrement from inventory when this code is sent and the vaccine details (CVX, manufacturer, expiration date etc.) matches the inventory.

*Communicating at the Dose Level:* Dose-level information is recorded in individual OBX segments that have a parent RXA segment. The basic format is a question (OBX-3) and an answer (OBX-5).

Recording eligibility at the dose level

<b>Vaccine Funding Program Eligibility Category</b> —Use in OBX-3 to indicate that OBX-5 will contain the VFC eligibility category for a given immunization.	
<b>Code</b>	<b>Label</b>
64994-7	Vaccine funding program eligibility category

Accepted values for OBX-5 when OBX-3 is valued as 64994-7:

*Communicating at the Patient Level:* Patient-level information is recorded in PV1-20 segment