

# 317 Vaccine Policy Q&A Document

## 1. What, specifically, does the new CDC policy say? (Dated: 9/27/2012)

It will no longer be appropriate for Section 317 vaccine to be used for routine vaccination of children, adolescents, and adults who have public or private insurance that covers vaccination. Section 317 vaccine is a precious national resource that will continue to be used to fill critical public health needs, such as providing routine vaccination for those with no insurance and responding to outbreaks of vaccine-preventable diseases.

## 2. What is CDC's definition of under- and fully-insured? (Dated: 9/27/2012)

The terms "underinsured" and "fully insured" are defined as follows:

- **Underinsured:** A person who has health insurance, but the coverage does not include vaccines or a person whose insurance covers only selected vaccines. Or, a person whose coverage for immunizations is financially capped at a certain amount. Underinsured does NOT include people whose insurance does cover immunizations, but the copay or deductible is unaffordable.

Examples:

A sixteen year old male goes to the health department to receive Tdap. The nurse also wants to give him HPV vaccine, but his insurance policy does not cover HPV vaccine for males. This patient is fully insured for Tdap and underinsured for HPV vaccine.

A kindergartner needs his second MMR and varicella. The insurance policy does not cover vaccines after the age of two. This patient is underinsured for MMR and varicella.

At a twelve month well-child visit, you want to administer Pentacel, MMR, varicella, Hep A, and PCV13. The patient's insurance policy only pays up to \$200 for immunizations annually. Consider her fully insured for the first \$200 of immunizations. In this instance you may

choose to bill for Pentacel and PCV13, which together cost about \$200. The patient is underinsured for all other vaccines.

- **Fully Insured:** Anyone with insurance that covers the cost of vaccine, even if the insurance includes a high deductible or co-pay, or if 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 if the insurance carrier denies the payment (or pays less than 100% of the amount billed) because the clinic is not contracted to provide services.

Examples:

A family with 18 year old triplets comes in to get their meningococcal vaccine before going off to college. Their insurance policy includes a \$25 co-pay per child. The family cannot afford to pay \$75. This family is fully insured and is not eligible to receive 317-funded vaccine.

A 60 year old with asthma comes to your health department to receive PPV23. She also wants to get Tdap and flu, as her first grandchild was born last week. The insurance policy covers vaccines, but only after meeting the \$500 deductible. This patient is fully insured, regardless of whether she has met the \$500 deductible. She are not eligible to receive 317-funded vaccine.

### 3. What CAN'T Section 317 Vaccine be used for? (Dated: 9/27/2012)

317 vaccines may **not** be used to vaccinate:

- Fully insured children and adults seen in public clinics
- Fully insured children and adults seen in private provider offices
- Adults with Medicare Part B
- Adults with Medicaid coverage for vaccines
- Fully insured adults seen in STD/HIV clinics or drug treatment centers
- Fully insured parents of newborn infants participating in Tdap cocooning projects
- Fully insured adults at high risk for acquiring Hepatitis A
- Fully insured children and adults with a high co-pay or deductible
- Fully insured students receiving vaccines for college entry at Public Health Clinics or College health facilities

- Fully insured children and/or adults in low medical access areas
- Fully insured adults in LTCs/eldercare
- Fully insured children in school-based health centers or clinics
- Fully insured “high risk” occupational groups (e.g. EMS, first responders, health care workers) for hepatitis A or B or other diseases
- Fully insured adults and children receiving vaccines as part of a community wide outreach event (including mobile vans and health fairs)

#### **4. What CAN Section 317 vaccine be used for? (Dated: 9/27/2012)**

- Newborns receiving the birth dose of hepatitis B prior to hospital discharge that are covered under bundled delivery or global delivery package (no routine services can be individually billed) that does not include hepatitis B vaccine
- Fully Insured infants of hepatitis B infected women and the household or sexual contacts of hepatitis B infected individuals
- Uninsured or underinsured adults
- Fully insured individuals seeking vaccines during public health response activities including:
  - Outbreak response (regardless of insurance status)
  - Post-exposure prophylaxis
  - Disaster relief efforts
  - Mass vaccination campaigns or exercises for public health preparedness
  - Individuals in correctional facilities and jails (except as outlined in VFC Operations Guide)

#### **5. What do I do if a client who needs a state-mandated vaccine for school cannot afford their copay or deductible, or we know that the health plan will not reimburse us the full amount? (Dated: 9/27/2012)**

- Charge the client for the immunizations – perhaps via a payment agreement.

**6. Will this affect the LHD's ability to offer vaccine as prophylaxis in outbreak situations? (Dated: 9/27/2012)**

- No, the new 317 policy allows for continued use of 317-funded vaccines for use in prophylaxis during outbreaks. As always, report the outbreak using standard operating procedures and ask for vaccines as needed.

**7. If a child has insurance that does not cover immunizations, are they eligible for 317 vaccine after the February 28, 2013 deadline? (Dated: 9/27/2012)**

- Yes, both children and adults who are underinsured are still eligible for vaccines according to the VFC and 317 Vaccine Eligibility charts.

**8. If a child or adult insurance status is unknown, are they eligible for 317 after the February 28, 2013 deadline? (Dated: 9/27/2012)**

- No, after the February 28, 2013 deadline children and adults with unknown status are not eligible for 317 vaccine.

**9. Does this also mean when we bill those kids who have insurance but the insurance doesn't cover it all, for whatever reason, we can longer re-code those kids and will have to bill the parents for the entire bill? (Dated: 9/27/2012)**

- Correct. Any amount not paid by the insurance after February 28, 2013 must be collected through other means – including from the patient or using other local (not federal) fund sources.

**10. How will we determine who had a high deductible and/or co-pay? (Dated: 9/27/2012)**

- Consider advising clients prior to their visit if you run an appointment-only immunization service. Other ideas include making announcements via your local press, social media, and public meetings. Some clinics make a phone available for walk-in clients to use to verify coverage.

- 11. If LHDs must not refuse service due to inability to pay for clients who need vaccines required by Oregon's school immunization law after the February 28, 2013 deadline, does this apply at all times of year, or only during the annual review and exclusion cycle? (Dated: 9/27/2012)**
- It applies at all times of the year.
- 12. Can LHDs and other public clinics send clients who do not pay their copay or deductible (or unpaid portion of the bill) to collections? What are the implications of this? (Dated: 9/27/2012)**
- OIP does not have any rule or regulation that dictates what a local health department can and cannot do in this area EXCEPT for 317 and VFC eligible clients. Clients who are immunized with federally-funded vaccine must not be sent to collections for unpaid vaccine administration fees.
- 13. Will this new 317 policy increase religious exemptions? (Dated: 9/27/2012)**
- We do not know for certain, but the potential exists.
- 14. With the Affordable Care Act (ACA) upheld, is this policy still moving forward? (Dated: 9/27/2012)**
- Yes. This policy goes into effect beginning October 1, 2012. The 317 vaccine funding policy is not dependent on ACA, although improvements in vaccine coverage mandated by the ACA will facilitate implementation. The policy is to ensure that we are all doing our parts to ensure responsible fiscal management of public resources.