

42 U.S.C. § 1396s. Program for distribution of pediatric vaccines
(parallel cite – Section 1928 of the Social Security Act)

(a) Establishment of program

(1) In general

In order to meet the requirement of [section 1396a\(a\)\(62\)](#) of this title, each State shall establish a pediatric vaccine distribution program (which may be administered by the State department of health), consistent with the requirements of this section, under which--

(A) each vaccine-eligible child (as defined in subsection (b) of this section), in receiving an immunization with a qualified pediatric vaccine (as defined in subsection (h)(8) of this section) from a program-registered provider (as defined in subsection (c) of this section) on or after October 1, 1994, is entitled to receive the immunization without charge for the cost of such vaccine; and

(B) (i) each program-registered provider who administers such a pediatric vaccine to a vaccine-eligible child on or after such date is entitled to receive such vaccine under the program without charge either for the vaccine or its delivery to the provider, and (ii) no vaccine is distributed under the program to a provider unless the provider is a program-registered provider.

(2) Delivery of sufficient quantities of pediatric vaccines to immunize federally vaccine-eligible children

(A) In general

The Secretary shall provide under subsection (d) of this section for the purchase and delivery on behalf of each State meeting the requirement of [section 1396a\(a\)\(62\)](#) of this title (or, with respect to vaccines administered by an Indian tribe or tribal organization to Indian children, directly to the tribe or organization), without charge to the State, of such quantities of qualified pediatric vaccines as may be necessary for the administration of such vaccines to all federally vaccine-eligible children in the State on or after October 1, 1994. This paragraph constitutes budget authority in advance of appropriations Acts, and represents the obligation of the Federal Government to provide for the purchase and delivery to States of the vaccines (or payment under subparagraph (C)) in accordance with this paragraph.

(B) Special rules where vaccine is unavailable

To the extent that a sufficient quantity of a vaccine is not available for purchase or delivery under subsection (d) of this section, the Secretary shall provide for the purchase and delivery of the available vaccine in accordance with priorities established by the Secretary, with priority given to federally vaccine-eligible children unless the Secretary finds there are other public health considerations.

(C) Special rules where State is a manufacturer

(i) Payments in lieu of vaccines

In the case of a State that manufactures a pediatric vaccine the Secretary, instead of providing the vaccine on behalf of a State under subparagraph (A), shall provide to the State an amount equal to the value of the quantity of such vaccine that otherwise would have been delivered on behalf of the State under such subparagraph, but only if the State agrees that such payments will only be used for purposes relating to pediatric immunizations.

(ii) Determination of value

In determining the amount to pay a State under clause (i) with respect to a pediatric vaccine, the value of the quantity of vaccine shall be determined on the basis of the price in effect for the qualified pediatric vaccine under contracts under subsection (d) of this section. If more than 1 such contract is in effect, the Secretary shall determine such value on the basis of the average of the prices under the contracts, after weighting each such price in relation to the quantity of vaccine under the contract involved.

(b) Vaccine-eligible children

For purposes of this section:

(1) In general

The term "vaccine-eligible child" means a child who is a federally vaccine-eligible child (as defined in paragraph (2)) or a State vaccine-eligible child (as defined in paragraph (3)).

(2) Federally vaccine-eligible child

(A) In general

The term "federally vaccine-eligible child" means any of the following children:

(i) A medicaid-eligible child.

(ii) A child who is not insured.

(iii) A child who (I) is administered a qualified pediatric vaccine by a federally-qualified health center (as defined in [section 1396d\(1\)\(2\)\(B\)](#) of this title) or a rural health clinic (as defined in [section 1396d\(1\)\(1\)](#) of this title), and (II) is not insured with respect to the vaccine.

(iv) A child who is an Indian (as defined in subsection (h)(3) of this section).

(B) Definitions

In subparagraph (A):

(i) The term "medicaid-eligible" means, with respect to a child, a child who is entitled to medical assistance under a state plan approved under this subchapter.

(ii) The term "insured" means, with respect to a child--

(I) for purposes of subparagraph (A)(ii), that the child is enrolled under, and entitled to benefits under, a health insurance policy or plan, including a group health plan, a prepaid health plan, or an employee welfare benefit plan under the Employee Retirement Income Security Act of 1974 [[29 U.S.C.A. § 1001](#) et seq.]; and

(II) for purposes of subparagraph (A)(iii)(II) with respect to a pediatric vaccine, that the child is entitled to benefits under such a health insurance policy or plan, but such benefits are not available with respect to the cost of the pediatric vaccine.

(3) State vaccine-eligible child

The term "State vaccine-eligible child" means, with respect to a State and a qualified pediatric vaccine, a child who is within a class of children for which the State is purchasing the vaccine pursuant to

subsection (d)(4)(B) of this section.

(c) Program-registered providers

(1) Defined

In this section, except as otherwise provided, the term "program-registered provider" means, with respect to a State, any health care provider that--

(A) is licensed or otherwise authorized for administration of pediatric vaccines under the law of the State in which the administration occurs (subject to [section 254f\(e\)](#) of this title), without regard to whether or not the provider participates in the plan under this subchapter;

(B) submits to the State an executed provider agreement described in paragraph (2); and

(C) has not been found, by the Secretary or the State, to have violated such agreement or other applicable requirements established by the Secretary or the State consistent with this section.

(2) Provider agreement

A provider agreement for a provider under this paragraph is an agreement (in such form and manner as the Secretary may require) that the provider agrees as follows:

(A)(i) Before administering a qualified pediatric vaccine to a child, the provider will ask a parent of the child such questions as are necessary to determine whether the child is a vaccine-eligible child, but the provider need not independently verify the answers to such questions.

(ii) The provider will, for a period of time specified by the Secretary, maintain records of responses made to the questions.

(iii) The provider will, upon request, make such records available to the State and to the Secretary, subject to [section 1396a\(a\)\(7\)](#) of this title.

(B)(i) Subject to clause (ii), the provider will comply with the schedule, regarding the appropriate periodicity, dosage, and contraindications applicable to pediatric vaccines, that is established and periodically reviewed and, as appropriate, revised by the advisory committee referred to in subsection (e) of this section, except in such cases as, in the provider's medical judgment subject to accepted medical practice, such compliance is medically inappropriate.

(ii) The provider will provide pediatric vaccines in compliance with applicable State law, including any such law relating to any religious or other exemption.

(C)(i) In administering a qualified pediatric vaccine to a vaccine-eligible child, the provider will not impose a charge for the cost of the vaccine. A program-registered provider is not required under this section to administer such a vaccine to each child for whom an immunization with the vaccine is sought from the provider.

(ii) The provider may impose a fee for the administration of a qualified pediatric vaccine so long as the fee in the case of a federally vaccine-eligible child does not exceed the costs of such administration (as determined by the Secretary based on actual regional costs for such administration).

(iii) The provider will not deny administration of a qualified pediatric vaccine to a vaccine-eligible child due to the inability of the child's parent to pay an administration fee.

(3) Encouraging involvement of providers

Each program under this section shall provide, in accordance with criteria established by the Secretary--

(A) for encouraging the following to become program-registered providers: private health care providers, the Indian Health Service, health care providers that receive funds under title V of the Indian Health Care Improvement Act [[25 U.S.C.A. § 1651](#) et seq.], and health programs or facilities operated by Indian tribes or tribal organizations; and

(B) for identifying, with respect to any population of vaccine-eligible children a substantial portion of whose parents have a limited ability to speak the English language, those program-registered providers who are able to communicate with the population involved in the language and cultural context that is most appropriate.

(4) State requirements

Except as the Secretary may permit in order to prevent fraud and abuse and for related purposes, a State may not impose additional qualifications or conditions, in addition to the requirements of paragraph (1), in order that a provider qualify as a program-registered provider under this section. This subsection does not limit the exercise of State authority under [section 1396n\(b\)](#) of this title.

(d) Negotiation of contracts with manufacturers

(1) In general

For the purpose of meeting obligations under this section, the Secretary shall negotiate and enter into contracts with manufacturers of pediatric vaccines consistent with the requirements of this subsection and, to the maximum extent practicable, consolidate such contracting with any other contracting activities conducted by the Secretary to purchase vaccines. The Secretary may enter into such contracts under which the Federal Government is obligated to make outlays, the budget authority for which is not provided for in advance in appropriations Acts, for the purchase and delivery of pediatric vaccines under subsection (a)(2)(A) of this section.

(2) Authority to decline contracts

The Secretary may decline to enter into such contracts and may modify or extend such contracts.

(3) Contract price

(A) In general

The Secretary, in negotiating the prices at which pediatric vaccines will be purchased and delivered from a manufacturer under this subsection, shall take into account quantities of vaccines to be purchased by States under the option under paragraph (4)(B).

(B) Negotiation of discounted price for current vaccines

With respect to contracts entered into under this subsection for a pediatric vaccine for which the Centers for Disease Control and Prevention has a contract in effect under [section 247b\(j\)\(1\)](#) of this title as of May 1, 1993, no price for the purchase of such vaccine for vaccine-eligible children shall be agreed to by the Secretary under this subsection if the price per dose of such vaccine (including delivery costs and any applicable excise tax established under [section 4131 of the Internal Revenue Code of 1986](#)) exceeds the price per dose for the vaccine in effect under such a contract as of such date increased by the percentage increase in the consumer price index for all urban consumers (all items;

United States city average) from May 1993 to the month before the month in which such contract is entered into.

(C) Negotiation of discounted price for new vaccines

With respect to contracts entered into for a pediatric vaccine not described in subparagraph (B), the price for the purchase of such vaccine shall be a discounted price negotiated by the Secretary that may be established without regard to such subparagraph.

(4) Quantities and terms of delivery

Under such contracts--

(A) the Secretary shall provide, consistent with paragraph (6), for the purchase and delivery on behalf of States (and tribes and tribal organizations) of quantities of pediatric vaccines for federally vaccine-eligible children; and

(B) each State, at the option of the State, shall be permitted to obtain additional quantities of pediatric vaccines (subject to amounts specified to the Secretary by the State in advance of negotiations) through purchasing the vaccines from the manufacturers at the applicable price negotiated by the Secretary consistent with paragraph (3), if (i) the State agrees that the vaccines will be used to provide immunizations only for children who are not federally vaccine-eligible children and (ii) the State provides to the Secretary such information (at a time and manner specified by the Secretary, including in advance of negotiations under paragraph (1)) as the Secretary determines to be necessary, to provide for quantities of pediatric vaccines for the State to purchase pursuant to this subsection and to determine annually the percentage of the vaccine market that is purchased pursuant to this section and this subparagraph.

The Secretary shall enter into the initial negotiations under the preceding sentence not later than 180 days after August 10, 1993.

(5) Charges for shipping and handling

The Secretary may enter into a contract referred to in paragraph (1) only if the manufacturer involved agrees to submit to the Secretary such reports as the Secretary determines to be appropriate to assure compliance with the contract and if, with respect to a State program under this section that does not provide for the direct delivery of qualified pediatric vaccines, the manufacturer involved agrees that the manufacturer will provide for the delivery of the vaccines on behalf of the State in accordance with such program and will not impose any charges for the costs of such delivery (except to the extent such costs are provided for in the price established under paragraph (3)).

(6) Assuring adequate supply of vaccines

The Secretary, in negotiations under paragraph (1), shall negotiate for quantities of pediatric vaccines such that an adequate supply of such vaccines will be maintained to meet unanticipated needs for the vaccines. For purposes of the preceding sentence, the Secretary shall negotiate for a 6-month supply of vaccines in addition to the quantity that the Secretary otherwise would provide for in such negotiations. In carrying out this paragraph, the Secretary shall consider the potential for outbreaks of the diseases with respect to which the vaccines have been developed.

(7) Multiple suppliers

In the case of the pediatric vaccine involved, the Secretary shall, as appropriate, enter into a contract referred to in paragraph (1) with each manufacturer of the vaccine that meets the terms and conditions of

the Secretary for an award of such a contract (including terms and conditions regarding safety and quality). With respect to multiple contracts entered into pursuant to this paragraph, the Secretary may have in effect different prices under each of such contracts and, with respect to a purchase by States pursuant to paragraph (4)(B), the Secretary shall determine which of such contracts will be applicable to the purchase.

(e) Use of pediatric vaccines list

The Secretary shall use, for the purpose of the purchase, delivery, and administration of pediatric vaccines under this section, the list established (and periodically reviewed and as appropriate revised) by the Advisory Committee on Immunization Practices (an advisory committee established by the Secretary, acting through the Director of the Centers for Disease Control and Prevention).

(f) Requirement of state maintenance of immunization laws

In the case of a State that had in effect as of May 1, 1993, a law that requires some or all health insurance policies or plans to provide some coverage with respect to a pediatric vaccine, a State program under this section does not comply with the requirements of this section unless the State certifies to the Secretary that the State has not modified or repealed such law in a manner that reduces the amount of coverage so required.

(g) Termination

This section, and the requirement of [section 1396a\(a\)\(62\)](#) of this title, shall cease to be in effect beginning on such date as may be prescribed in Federal law providing for immunization services for all children as part of a broad-based reform of the national health care system.

(h) Definitions

For purposes of this section:

- (1) The term "child" means an individual 18 years of age or younger.
- (2) The term "immunization" means an immunization against a vaccine-preventable disease.
- (3) The terms "Indian", "Indian tribe" and "tribal organization" have the meanings given such terms in section 4 of the Indian Health Care Improvement Act [\[25 U.S.C.A. § 1603\]](#).
- (4) The term "manufacturer" means any corporation, organization, or institution, whether public or private (including Federal, State, and local departments, agencies, and instrumentalities), which manufactures, imports, processes, or distributes under its label any pediatric vaccine. The term "manufacture" means to manufacture, import, process, or distribute a vaccine.
- (5) The term "parent" includes, with respect to a child, an individual who qualifies as a legal guardian under State law.
- (6) The term "pediatric vaccine" means a vaccine included on the list under subsection (e) of this section.
- (7) The term "program-registered provider" has the meaning given such term in subsection (c) of this section.
- (8) The term "qualified pediatric vaccine" means a pediatric vaccine with respect to which a contract is in effect under subsection (d) of this section.
- (9) The terms "vaccine-eligible child", "federally vaccine-eligible child", and "State vaccine-eligible

child" have the meaning given such terms in subsection (b) of this section.

CREDIT(S)

(Aug. 14, 1935, c. 531, Title XIX, § 1928, as added Aug. 10, 1993, [Pub.L. 103-66, Title XIII, § 13631\(b\)\(2\)](#), 107 Stat. 637.)

This document can be found on the CDC website at:

<http://www.cdc.gov/vaccines/programs/vfc/downloads/vfc-op-guide/17-appx-1-vfc-statute.pdf>

Comprehensive Certification Form for American Indians and Alaska Natives

This form may be substituted for individual VFC screening records when 100% of the persons to be immunized at this facility are American Indians or Alaska Natives.

Provider enrollment and Provider Profile forms for this practice must be on file with the State Health Department or public health agency of record. Certification must be re-issued annually when provider profile is submitted.

Date: _____

Facility Name: _____

Address: _____
(Street)

_____ City State Zip Code

Telephone: () _____ Fax: () _____

E-mail: _____

Authorizing Official: _____
(Please Print the Authorizing Officials Name) (Signature of Authorizing Official)

Retain a copy of this form at your facility and send the original to the State Health Department or state public health agency of record.

Comprehensive Certification Form for Children Who Are Enrolled in Medicaid

This form may be substituted for individual VFC screening records when 100% of the persons to be immunized at this facility are Medicaid enrolled.

Provider enrollment and Provider Profile forms for this practice must be on file with the State Health Department or public health agency of record. Certification must be re-issued annually when provider profile is submitted.

Date: _____

Facility Name: _____

Address: _____
(Street)

_____ City State Zip Code

Telephone:() _____ Fax:() _____

E-mail: _____

Authorizing Official: _____
(Please Print the Authorizing Officials Name) (Signature of Authorizing Official)

Retain a copy of this form at your facility and send the original to the
State Health Department or state public health agency of record.

Family Planning Clinic
Unaccompanied Minor without Insurance Information VFC Vaccine Log

Directions: This log must be completed and submitted to the state immunization program on a monthly basis. To prevent duplication of patient count, please record all vaccines administered to one patient on a single line. This report is in addition to other VFC reports required by the state immunization program. In completing this log, document only the administration of any VFC vaccine to unaccompanied minors (through 18 years of age) who present without insurance information. Please keep one copy for your clinic's records and send one to the State Immunization Program at the address below:

State Immunization Program
 Mailing Address
 City, State ZIP Code
 Attention: _____

Clinic name: _____

Person completing this log: _____

Phone number of person completing this log: _____

Log for: Month _____ Year _____

Patient	Date VFC vaccine was administered	List names (type) of VFC vaccines administered	Total number of VFC vaccines administered to this patient
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Total number of VFC vaccines, by type, administered this month:

Sample Border State Memorandum of Understanding – VFC

This agreement has been designed and ratified by the [State A] Department of Health and the [State B] Department of Health, hereafter referred to as **State A and State B**.

It is the purpose of this agreement to provide vaccines from the Vaccines for Children (VFC) program to Medicaid-enrolled and other children who are eligible for VFC vaccinations, who reside in one state but are served by private health care providers in a neighboring state.

Whereas high immunization rates are in the interest of both states and ease of access to immunizations is a key factor in maintaining high immunization rates, it is mutually agreed that **State A** will provide VFC program vaccine to enrolled health care providers with practices located in **State A** so that VFC-eligible children will have access to the vaccine, regardless of their state of residence. Likewise, it is mutually agreed that **State B** will provide VFC program vaccine to enrolled health care providers with practices located in **State B** so that VFC-eligible children will have access to the vaccine, regardless of their state of residence. *Note: It is not necessary that State A provide vaccine to providers in State B or vice-versa. The deciding factor is the practice site of the provider, not the residence of the child.*

Sources of Funds (Vaccines)

The federal VFC program shall be the source of vaccines necessary to implement this agreement. No other funding is deemed necessary for the implementation of this agreement. Each of the parties to this agreement is financially obligated for any costs incurred within its state as a result of the execution of this agreement.

Contract Management

The work described herein shall be performed under the coordination of the Program Managers of the **State A and State B** Immunization Programs, or their designees, who will provide assistance and guidance to the other party, as may be necessary for the performance of this agreement.

Amendments

The parties to this agreement must mutually agree upon all changes to this agreement in writing.

Indemnification

Each party shall defend, protect and hold harmless the other party from and against all claims, suits, and/or actions arising from any negligent or intentional act or omission of that party's employees, agents, and/or authorized subcontractor(s) while performing this contract, but does not extend to allegations of fraud, misuse of public funds or property, and defiance of federal laws, policies or statutes.

Reporting Requirements

Both parties to this agreement shall comply with all existing and subsequently levied federal VFC reporting requirements.

Savings

In the event of termination, reduction, or limitation of the Vaccines for Children program after the effective date of this agreement, either party may terminate the agreement under the "termination" clause cited below, and subject to renegotiation of new funding limitations and conditions.

Termination

Except as otherwise provided in this document, either party may terminate this agreement by submitting written notification of their intent to terminate 30 days prior to the actual dissolution. If this agreement is so terminated, the terminating party shall be liable only for performance rendered prior to the effective date of termination, and only to the extent outlined in the agreement.

In witness thereof, the signatures of these parties affirm their intent to execute this agreement.

Signature of Contract Manager -- State A Department of Health

Date

Signature of Contract Manager -- State B Department of Health

Date

Maximum Regional Charges for Vaccine Administration By State	
State	Regional maximum charge
Alabama	\$14.26
Alaska	\$17.54
Arizona	\$15.43
Arkansas	\$13.30
California	\$17.55
Colorado	\$14.74
Connecticut	\$16.56
Delaware	\$15.13
District of Columbia	\$16.55
Florida	\$16.06
Georgia	\$14.81
Hawaii	\$15.71
Idaho	\$14.34
Illinois	\$16.79
Indiana	\$14.47
Iowa	\$14.58
Kansas	\$14.80
Kentucky	\$14.17
Louisiana	\$15.22
Maine	\$14.37
Maryland	\$15.49
Massachusetts	\$15.78
Michigan	\$16.75
Minnesota	\$14.69
Mississippi	\$13.92
Missouri	\$15.07
Montana	\$14.13
Nebraska	\$13.58
Nevada	\$16.13
New Hampshire	\$14.51
New Jersey	\$16.34
New Mexico	\$14.28
New York	\$17.85
North Carolina	\$13.71
North Dakota	\$13.90
Ohio	\$14.67
Oklahoma	\$13.89
Oregon	\$15.19
Pennsylvania	\$15.76

*** MAXIMUM REGIONAL CHARGES for VACCINE ADMINISTRATION**
Source: Federal Register / Vol 59, No. 190 / Monday, October 3, 1994 / Notices 50237

State	Regional maximum charge
Puerto Rico	\$12.24
Rhode Island	\$14.93
South Carolina	\$13.62
South Dakota	\$13.56
Tennessee	\$13.70
Texas	\$14.85
Utah	\$14.52
Vermont	\$13.86
Virginia	\$14.71
Virgin Islands	\$15.09
Washington	\$15.60
West Virginia	\$14.49
Wisconsin	\$15.02
Wyoming	\$14.31

This document can be found on the CDC website at:

<http://www.cdc.gov/vaccines/programs/vfc/downloads/vfc-op-guide/20-appx-4-max-reg-charges.pdf>

*** MAXIMUM REGIONAL CHARGES for VACCINE ADMINISTRATION**

Source: *Federal Register / Vol 59, No. 190 / Monday, October 3, 1994 / Notices 50237*

Placeholder

This document can be found on the CDC website at:

<http://www.cdc.gov/vaccines/programs/vfc/downloads/vfc-op-guide/21-appx-5-emerg-res-plan.pdf>

Protocol for Assessing VFC Eligibility Screening

1. Before beginning the assessment, each grantee should create a tally sheet for staff to use for manually calculating a provider's VFC-eligibility screening percentages. The necessary elements to collect are outlined in item #4 of this protocol. Before starting the review, the assessor should ask the provider/office staff what method they use for documenting VFC eligibility screening. It is important for the assessor to understand how VFC eligibility screening is done for both VFC eligible and ineligible patients. Remind the provider that VFC-eligibility screening should take place for every child at each immunization visit, although it is only necessary to update the original screening form if the child's status has changed unless the grantee has opted to require documentation of VFC eligibility screening at each visit.
2. Ask when the provider first began to receive VFC vaccine, and document this on the tally sheet.
3. Randomly select a sample of 30 patient records. The sample should be drawn from the entire practice, not just the subset of VFC-eligible patients. For newly enrolled providers, the sample should include only patients who made an immunization visit after the office began receiving VFC vaccine.

One of the following methods can be used to select a random sample:

- a. Use a random number table or systematic random sampling method to select the sample. Although the sample may be drawn from all children 0–18 years of age, the assessor may want to narrow the sample to the age range most likely to have received an immunization (e.g., 3–35 months of age) since the provider enrolled in the VFC program.
- b. Divide 30 by the number of shelves holding patient charts. This will determine the number of charts to pull per shelf (i.e., if there are 10 shelves, select 3 charts per shelf). Randomly select a starting point on the shelf and sequentially review each chart until you find the appropriate number of charts from each shelf.
- c. Review the appointment book. Select the first 30 children who visited the practice during the previous week. You may need to extend the time period in order to select the appropriate number of children who received immunizations.
- d. If conducting a combined VFC/AFIX visit, a subset of the sample selected for the AFIX assessment can be used to screen for VFC eligibility documentation. Randomly select 30 charts from the sample selected for the AFIX assessment (≥ 50 charts). The sample will be limited to the age group selected for the purposes of AFIX; however, since these records have already been selected for an assessment, a random numbers table or a systematic random sample can easily be used to select 30 charts from the original AFIX sample. Use these 30 charts to

determine eligibility screening using the protocol below.

4. For each patient, document the following on a tally sheet:

- Name or Chart Number
- Date of Birth (*must be between 0 and 18 years old, or in the selected age range*)
- VFC eligibility: mark appropriate category: Medicaid, Uninsured, Underinsured, Native American/Alaska Native, or Not VFC-Eligible
- Did patient visit since office began receiving VFC vaccine*
- Screening documented in chart**

**If a child has not visited since the office began receiving VFC vaccine, the child is not eligible for this assessment. Depending on the method used to obtain the sample, replace this record by selecting either the next eligible patient on the list, the shelf, or in the appointment book.*

***Use the definition from Item #1 to determine if screening was documented in the chart.*

5. Total the column titled "Screening documented in chart."

- If the column totals 30, the practice screens 100% of patients for VFC eligibility.
- If the column totals 29, there is a high probability that the practice screens at least 95% of patients for VFC eligibility.
- If the column totals 28, there is a high probability that the practice screens at least 90% of patients for VFC eligibility.
- If the column totals 27 or lower, there is a high probability that the practice screens fewer than 90% of patients for VFC eligibility.

6. When giving the results to the provider, include a list of children who were found not to have proper screening documentation.

Caution must be used when interpreting the VFC screening results. This methodology is not designed to provide exact point estimates, but instead it will help you determine if a provider is performing above or below a certain level. When you identify a provider who scores low on documenting VFC-eligibility in the chart, you may want to schedule a more in-depth assessment of the provider's screening practices.

Definitions of VFC related Site Visits and Contacts

A VFC site visit is a formal visit to a VFC-enrolled provider site for the purpose of evaluating the provider's compliance with the VFC program requirements. This evaluation relies on the completion of the most current VFC Site Visit Questionnaire. The VFC Site Visit Questionnaire requires the VFC staff to evaluate the following components of vaccine management:

1. Appropriate vaccine handling, storage and ordering procedures. This includes a physical inspection of refrigeration units, temperature measuring devices, daily temperature recording, vaccine accountability, procedures for vaccine retrieval and storage in times of emergencies, and inventory management, including stock rotation to prevent outdating.
2. Proper documentation of children's VFC eligibility status. This involves sampling patient records to ensure appropriate screening (e.g., those in the Medicaid program, uninsured, Alaska Native/American Indian, or underinsured), and the administration of VFC-purchased vaccines only to VFC-eligible children.
3. Compliance with documentation and record retention requirements. This includes distribution of current Vaccine Information Statements and maintaining records in accordance with the National Childhood Vaccine Injury Act.
4. Compliance with other program requirements. This includes not charging for the cost of the vaccine, not charging a vaccine administration fee that is higher than the maximum fee established by the state, and agreeing not to deny vaccinations because of the parent's inability to pay a vaccine administration fee.

A VFC/AFIX combined site visit is a formal visit to a VFC-enrolled provider site which integrates the completion of the site visit questionnaire and vaccine management review to ensure compliance with VFC program with an immunization record assessment and the "FIX" components of AFIX.

***Please Note:** When using CoCASA to document site visits, if the VFC/AFIX staff completes a VFC/AFIX combined site visit and all components of AFIX have been covered, select both an AFIX visit and VFC site visit in CoCASA. If a combined visit occurs but the "FIX" components are completed on a different date than the VFC and assessment components, the date of the "FIX" should be used as the date of visit with the provider because that is the date that all components of "AFIX" were completed.*

A VFC site visit follow-up is defined as any contact made with a VFC-enrolled provider to review progress towards correcting a problem identified during the most recent VFC site visit that was not significant enough to enroll the provider into secondary or tertiary education follow-up.

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Revision Date: January 2011

A VFC contact is defined as any contact with a provider between VFC site visits (but not related to the most recent VFC site visit) for VFC related issues. For example, if a provider calls because the office has run out of VISs for HPV, the visit made to the office to bring additional VIS copies would be considered a VFC contact.

An educational visit is defined as a special visit to the provider's office to perform an educational in-service (e.g., to discuss recent changes to the immunization schedule). An educational visit is separate from VFC site visits or AFIX visits, which already incorporate an educational component. Select only if educational visit purpose is not related to an identified VFC compliance issue.

A VFC enrollment visit is defined as a visit to the provider's office to enroll a provider into the VFC program.

A VFC Secondary Educational Follow-up is defined as a contact with a provider who was identified with VFC compliance issues and enrolled in Secondary Education program and this follow-up is part of the Secondary Education program. The follow-up contact may be in form of a site visit or other contact like phone, e-mail or fax.

A VFC Tertiary Educational Follow-up is defined as a contact with a provider who was identified with VFC compliance issues and enrolled in Tertiary Education program and this follow-up is part of the Tertiary Education program. The follow-up contact may be in the form of a site visit or other contacts like phone, e-mail or fax.

This document can be found on the CDC website at:

<http://www.cdc.gov/vaccines/programs/vfc/downloads/vfc-op-guide/22-appx-6-protocol-forms.pdf>

**Vaccines for Children Program
VFC/AFIX Rep Supervisory Visit Observation Tool**

Clinic Site:			
Date:			
VFC Rep Being Observed:			
Observer:			
Did the VFC Rep:	YES	NO	Comments
Setting the Climate			
Smile, greet and call the clinic staff by name			
Introduce self and observer			
Maintain privacy			
Elicit reason for visit			
The Interview Process			
Assess clinic staff knowledge of VFC Program			
Follow up on verbal/nonverbal cues			
Maintain eye contact			
Attend to the situation and make accommodations			
Maintain a non-judgmental attitude			
Ask open-ended questions			
Talk in professional terms			
Minimize distractions			
Appear organized			
Focus on what clinic staff wanted to discuss			
Get an update of past issues/problems			
Gear education/counseling to meet clinic needs			
Give correct information			
Follow program standards			
Cover required material			
Conclusion			
Praise clinic staff for desired practices			
Check for clinic staff's understanding of what was said			
Allow clinic to choose best time/day to return			
Verify clinic staff knows what to do if problems occur			
Include a friendly, personal closing			
Complete documentation before exit interview			
Provide clinic with copy of site visit reports			
Clinical Environment & Resources			
Minimize disruption to clinic operations			
Use/provide Agency approved materials			
Locate needed VFC Resources			
TOTALS	0	0	
PERCENTAGE	#REF!	#REF!	

Sample VFC Provider Feedback Survey

We'd love to hear what you think about the Vaccines for Children program. Please take a minute to complete the following survey. Your answers will help us improve the program to serve both you and our children better.

Provider/Clinic Name: _____ **Type of Practice:** *Private Solo Practice* *Private Group Practice*
 Federally Qualified Health Center/Rural Health Center
 Health Department Clinic *Other:* _____

Practice Specialty Type *Pediatrics* *Family practice* *Internal Medicine* *Multispecialty* *Health Department Clinic* *Other:* _____

Address: _____
Street City County Zip Code

Telephone Number: _____ **E-Mail:** _____

Person Completing the Survey: _____ **Title:** _____

WE WANT TO KNOW WHAT YOU THINK ABOUT THE VFC PROGRAM.
PLEASE RATE YOUR EXPERIENCE FOR QUESTIONS 1 - 9 USING THE SCALE FROM 1 TO 5.

		Very Satisfied				Very Dissatisfied	
1. The support, information and materials provided by state/local VFC program staff.	1	2	3	4	5	NA	
2. The ease of screening patients for VFC-eligibility.	1	2	3	4	5	NA	
3. The ease of VFC record keeping.	1	2	3	4	5	NA	
4. The ease of using the VFC vaccine ordering system.	1	2	3	4	5	NA	
5. The timeliness of VFC supplied vaccine delivery.	1	2	3	4	5	NA	
6. The condition of VFC supplied vaccine at delivery.	1	2	3	4	5	NA	
	Very Satisfied					Very Dissatisfied	

7. The decreased need to refer children to public clinics for immunizations. 1 2 3 4 5 NA
8. The merit of the VFC vaccine accountability system
(reporting the number of doses administered, benchmarking, etc.) 1 2 3 4 5 NA
9. Overall satisfaction with the VFC program 1 2 3 4 5 NA
10. The range of vaccine brand choice available for VFC vaccines 1 2 3 4 5 NA
11. Which vaccines are routinely recommended in this practice/clinic? (Please check all that apply)
- | | |
|--|---------------------------------------|
| <input type="checkbox"/> DTaP | <input type="checkbox"/> MMR |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Pneumococcal |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Hib | <input type="checkbox"/> Varicella |
| <input type="checkbox"/> HPV | <input type="checkbox"/> Influenza |
| <input type="checkbox"/> Meningococcal | <input type="checkbox"/> Rotavirus |
| <input type="checkbox"/> Others: _____ | |
- 12a. Does this practice/clinic have a systematic way to identify and recall children in need of vaccinations? Yes No
- 12b. If yes, what kinds of system do you use? recall system, computerized
 recall system, tickler file
 registry
 periodic chart reviews
 other: _____
- 13a. Have immunization coverage levels been assessed in your practice within the last year? Yes No
- 13b. If yes, by whom? Own practice/clinic staff State health department staff
 Local health department staff MCO staff
- 13c. If yes to 13a., what assessment tool was used? CoCASA Other: _____ Do not know
- 13d. If yes to 13a., what age & series was assessed? _____ Do not know
- 13e. If yes to 13a, what was the coverage level _____% Do not know
14. Does this practice/clinic participate in a state/local immunization registry? Yes No

15. What recommendations do you have for improving the VFC program? _____

Please fax or mail your completed form to:

Your Health Department's Name

Attn: VFC Program

Street Address

City, State, Zip

Telephone: () _____ Fax: () _____

This document can be found on the CDC website at:

<http://www.cdc.gov/vaccines/programs/vfc/downloads/vfc-op-guide/23-appx-7-prov-surv-sample.pdf>

CMS Policy Letter to State Medicaid Officials

May 11, 1998

Dear State Health Official:

The Balanced Budget Act of 1997 established the Children's Health Insurance Program (CHIP) under Title XXI of the Social Security Act (the Act). This new Title enables States to expand health insurance coverage for uninsured children through separate State health insurance program (S-CHIP), through Medicaid, or a combination of the two. Title XXI requires States to submit plans for approval by the Secretary of the Department of Health and Human Services in order to receive funds for providing health care coverage. The Department of Health and Human Services has issued several letters to provide policy and State plan guidance on the implementation of Title XXI.

This letter is intended to provide detailed guidance regarding coverage of immunization under Title XXI and the Vaccines for Children (VFC) program. Ensuring that all children receive appropriate immunizations is a priority for the President, the First Lady and Secretary Shalala. The unique nature of funding for vaccines create special challenges and options for covering vaccines for CHIP-covered children, as described below.

States must ensure coverage for childhood vaccinations under CHIP. Section 2102(a)(7) of the Children's Health Insurance Program requires States to "assure the quality and appropriateness of care, particularly with respect to ... immunizations" provided under the State child health plan. The standard for appropriate care with respect to childhood immunizations, used in the Medicaid and the VFC programs, is the schedule of immunizations recommended by the Federal Advisory Committee on Immunization Practices (ACIP). All State CHIP plans must provide coverage for all ACIP-recommended vaccines to enrollees. The Department expects that children will be immunized with vaccines purchased using funds provided through their Title XXI plans.

The VFC program was established in 1993 to serve children defined as "federally vaccine eligible" under section 1928(b)(2), which includes both "uninsured" and "Medicaid eligible" children. American Indian, Alaskan Native children and children whose insurance does not cover immunizations are also eligible for VFC. States will continue to receive federal funding for reduced-price vaccines under this program.

Children who are newly eligible for Medicaid under Title XXI are federally vaccine eligible, as are all other children eligible for Medicaid. However, because of Title XIX restrictions on eligibility for VFC, States that have designed a separate State health insurance program under CHIP (S-CHIP) may not treat children enrolled in such a program as federally vaccine eligible.

Children enrolled in a separate State insurance program are neither Medicaid eligible nor uninsured as required under Title XIX and, therefore, they are not federally vaccine eligible. However, to ensure that States choosing to expand through S-CHIP have the same opportunity for reduced-price vaccines as States expanding through Medicaid, State have two options for funding.

First, States may define these children as "State vaccine eligible" under Section 1928(b)(3) and purchase vaccine at the federal contract price for these children without these expenditures being subject to the 10 percent cap on expenditures for other child health assistance, health services initiative, outreach, and administration. To do this, States must retain responsibility for the provision of benefits to Title XXI children and sub-contract portions of the benefit package to insurers, except the purchase of vaccine. States must distribute vaccine purchased through the federal contract to their Title XXI providers so that they may administer the vaccine to children. Because the State is paying for the vaccine, contracts with insurers must not include payment for vaccine costs, although any fees or costs associated with the actual vaccination of children may be included in the sub-contract.

Second, States may choose to contract with insurers for the provision of vaccine as they do for other services. States electing this approach will have to pay private sector market prices for vaccine. Under both options, State expenditures are matched at the CHIP enhanced matching rate.

States are encouraged to work through their State Health Departments and their State Immunization Programs to determine the most effective manner in which to purchase vaccines for S-CHIP children. Also, as part of the State's program evaluation strategy, States are strongly encouraged to track the percentage of children in Title XXI who are receiving age-appropriate vaccinations and how those vaccinations are being delivered.

I hope this guidance will be helpful. If you have any questions regarding coverage of immunization under Title XXI, please contact your HCFA regional office staff.

Sincerely yours,

Sally K. Richardson
Director, Center for Medicaid and State Operations

cc: State Immunization Program Managers

This document can be found on the CDC website at:

<http://www.cdc.gov/vaccines/programs/vfc/downloads/vfc-op-guide/24-appx-8-st-med-dir-schip-ltr.pdf>

Glossary of Important VFC Terms

Advisory Committee on Immunization Practices (ACIP)

The ACIP consists of 15 experts in fields associated with immunization who have been selected by the HHS Secretary to provide advice and guidance to the Secretary, the Assistant Secretary for Health, and CDC on the control of vaccine-preventable diseases. The Committee develops written recommendations for the routine administration of vaccines to children and adults in the civilian population; recommendations include age for vaccine administration, number of doses and dosing interval, and precautions and contraindications. The ACIP is the only entity in the federal government that makes such recommendations. VFC resolutions passed by the ACIP form the basis for VFC program policies on vaccine availability and usage. They may not necessarily match the general usage recommendations of the ACIP, but rather represent the rules that providers must follow for administering each specific vaccine under the VFC program.

Centers for Medicare and Medicaid Services (CMS)

Agency that provides oversight of the Medicare and Medicaid programs. Funding for VFC program is allocated through this agency.

CHIP (Children's Health Insurance Program)

Authorized under Title XXI of the Social Security Act, jointly financed by the Federal and State governments and administered by the States. The program provides insurance to children in families with incomes that are above Medicaid eligibility but do not have access to private insurance. Within broad Federal guidelines, each State determines the design of its program, eligibility groups, benefit packages, payment levels for coverage, and administrative and operating procedures. States can implement CHIP in one of three methods.

Medicaid Expansion - A state increases the income limits so more children are eligible for Medicaid. These children (since they are enrolled in Medicaid) are VFC-eligible.

Separate CHIP - A state develops a new health insurance plan/program that may have different rules and benefits than the state Medicaid plan. Children enrolled in a separate CHIP program are NOT considered VFC-eligible because they are insured by this new plan or program.

Combination Plan - A state implements CHIP through a Medicaid expansion, where the state increases the income limits so more children are eligible for Medicaid. These children (since they are enrolled in Medicaid) are VFC-eligible. The state also develops a separate CHIP plan, which is a new health insurance plan/program that may have different rules and benefits than the state Medicaid

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plan. Children enrolled in a separate CHIP program are NOT considered VFC-eligible because they are insured by this new plan or program.

Comprehensive Clinic Assessment Software Application (CoCASA)

A tool for assessing immunization coverage levels, VFC/AFIX activities and provider compliance with high-priority VFC compliance questions within a clinic, private practice, or any other setting where immunizations are provided. This software has data entry and import capabilities and can generate a number of reports, two of which can be used to complete the VFC Management Survey.

Delegated Authority

A formal agreement, generally through a Memorandum of Understanding, whereby Federally Qualified Health Centers (FQHCs) or Rural Health Clinics (RHCs) delegate their VFC authority for vaccinating underinsured children to other VFC-enrolled providers, usually public health department clinics, who then vaccinate underinsured children as agents of the FQHC/RHC.

Department of Health and Human Services, Office of Inspector General (OIG)

Office mandated to protect the integrity of Department of Health and Human Services (HHS) programs and their beneficiaries. It is generally responsible for identifying, communicating and correcting activities of waste, fraud or abuse within HHS programs.

Family Planning Clinic

Clinic or provider whose main purpose is to prescribe contraceptives. This does not include school-based clinics or any VFC-enrolled provider whose main services are primary or acute care services.

Federally Qualified Health Center (FQHC)

Health center that is designated by the Bureau of Primary Health Care (BPHC) of the Health Services and Resources Administration (HRSA) to provide health care to a medically underserved population. FQHCs include community and migrant health centers, special health facilities such as those for the homeless and persons with acquired immunodeficiency syndrome (AIDS) that receive grants under the Public Health Service (PHS) Act, as well as "look-alikes," which meet the qualifications but do not actually receive grant funds. They also include health centers within public housing and Indian Health Service centers.

Federal Register

The Federal Register is the official daily publication for rules, proposed rules, and notices of Federal agencies and organizations, as well as executive orders and other presidential documents. On October 3, 1994, the Federal Register published the notice that set forth the interim maximum amounts a participating provider may charge for administering a VFC vaccine to a VFC-eligible child. The interim amounts are still in place today.

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Federally Vaccine-eligible Child

Also known as VFC-eligible Child

Child who is eligible to receive VFC vaccine.

Fraud

An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state law.

Indian (American Indian or Alaska Native)

As defined by the Indian Health Care Improvement Act (25 U.S.C. 1603):

“Indians” or “Indian”, unless otherwise designated, means any person who is a member of an Indian tribe, as defined in subsection (d) of this section, except that, for the purpose of sections 1612 and 1613 of this title, such terms shall mean any individual who (1), irrespective of whether he or she lives on or near a reservation, is a member of a tribe, band, or other organized group of Indians, including those tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the State in which they reside, or who is a descendant, in the first or second degree, of any such member, or (2) is an Eskimo or Aleut or other Alaska Native, or (3) is considered by the Secretary of the Interior to be an Indian for any purpose, or (4) is determined to be an Indian under regulations promulgated by the Secretary.

(d) “Indian tribe” means any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or group or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688) [43 U.S.C. 1601 et seq.], which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

Insurance

For the purpose of the VFC program, “insurance” is defined as a plan that is:

- Regulated by a State’s Insurance Commissioner and/or
- Subject to the Employee Retirement Income Security Act of 1974 (ERISA). ERISA is a federal law that sets minimum standards for most voluntarily established pension and health plans in private industry to provide protection for individuals in these plans.

Maximum Regional Charge

The amount that a VFC-enrolled provider can charge a non-Medicaid VFC-eligible child for each vaccine administered (also known as the administration fee or “admin fee”). State Medicaid agencies have the authority to reimburse at a lower level. The Centers for Medicare and Medicaid Services (CMS) has the responsibility of setting and adjusting the maximum regional charges. *See Federal Register.*

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Medicaid

Federal and state partnership that creates a medical assistance plan for poor and disabled Americans. It is sometimes called Title XIX because it was authorized under Title XIX of the Social Security Act. VFC is part of the larger Medicaid program but has different eligibility criteria than the Medicaid assistance plan for both providers and participants.

Medicaid-eligible Child

A child who is eligible for the Medicaid Program. For the purposes of the VFC program, the terms “Medicaid-eligible” and “Medicaid-enrolled” are equivalent and refer to children who have health insurance coverage by a state Medicaid program.

Medicaid Fraud and Control Unit (MFCU)

Unit responsible for investigating and prosecuting (or referring for prosecution) violations of all applicable state laws pertaining to fraud in the administration of the Medicaid program, including the VFC program. In general MFCUs are located in the Office of the State Attorney General.

Office of Management & Budget (OMB)

Office that assists the President in overseeing the preparation of the federal budget and supervising its administration in Executive Branch agencies. OMB evaluates the effectiveness of agency programs, policies, and procedures.

Office of the State Attorney General (OAG)

Office that advises and represents state agencies that protect the rights of state consumers and may also represent other relevant state agencies. The Medicaid Fraud and Control Unit (MFCU) is located within this office in most states. *See Medicaid Fraud and Control Unit.*

Population Estimate Survey (PES)

Survey completed by grantees annually to determine the number of children in their jurisdictions eligible for VFC vaccine. CDC uses the survey results to formulate its request for VFC vaccine funding from OMB.

Rural Health Clinic (RHC)

An RHC is a clinic located in a Health Professional Shortage Area, a Medically Underserved Area, or a Governor-Designated Shortage Area. RHCs are required to be staffed by physician assistants, nurse practitioners, or certified nurse midwives at least half of the time that the clinic is open.

Section 317 Funds

Discretionary federal grant funds to 64 state and local grantees provided through an annual federal appropriation. Section 317 funds provide a safety net to provide vaccines to underinsured children and adolescents not served by the VFC

program, and, as funding permits, provides vaccines to uninsured and underinsured adults. Grantees prioritize their Section 317 funds to meet the needs of their priority populations using public or private vaccination settings. Under the Section 317 program, states and grantees have broad discretion as to which ages, life stages, high-risk groups, or diseases will be targeted. Although the VFC program is the primary source of federal vaccine purchase funding for pediatric and adolescent vaccines, the vast majority of operations support for state immunization programs comes from the Section 317 immunization grant program

State Funds

State-contributed funds used to purchase vaccine for children who are not VFC-eligible or support program operations.

State Vaccine-eligible Child

Child who is eligible to receive vaccine that was purchased with 317/state funds, usually off the federal CDC contract.

Underinsured Child

A child who has insurance but the coverage does not include vaccines, a child whose insurance covers only selected vaccines 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 or Rural Health Clinic.

Uninsured Child

A child who has no health insurance coverage.

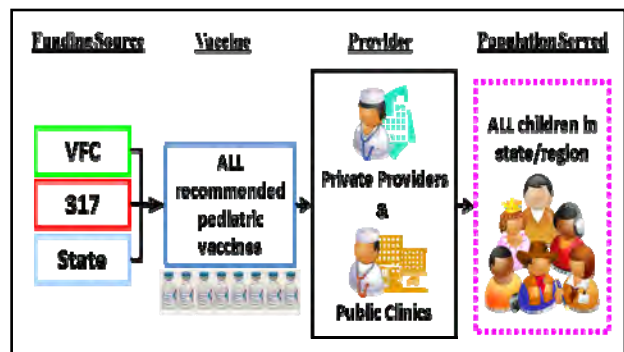
Vaccine Purchase Policy

Also known as Vaccine Supply Policy

Policy that determines what vaccines a grantee will purchase, what funding sources will be used and what populations will be eligible to receive the vaccine.

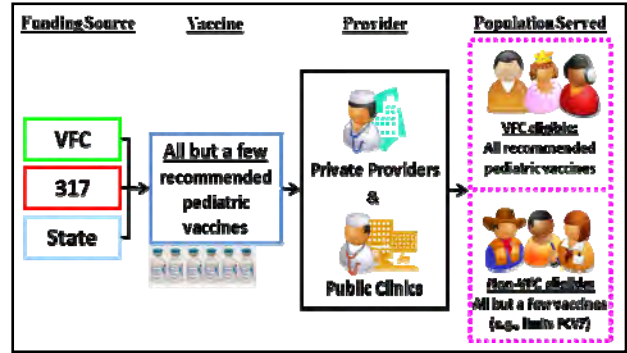
Universal

Through a combination of VFC, 317 and state funding, the immunization program supplies **all** ACIP-recommended pediatric vaccines to all public and private VFC-enrolled providers to vaccinate all children in the grantee jurisdiction.



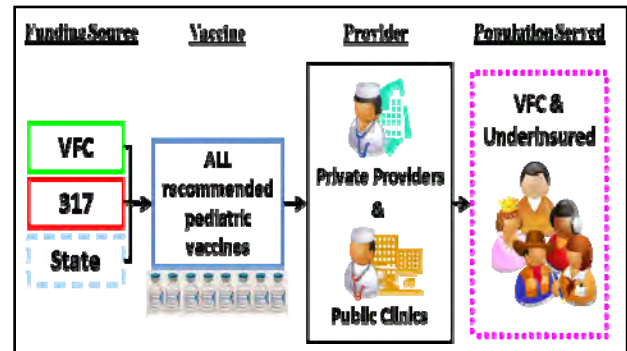
Universal Select

Through a combination of VFC, 317 and state funding, the immunization program supplies all but a few ACIP-recommended pediatric vaccines to all public and private VFC-enrolled providers to vaccinate all children in the project area.



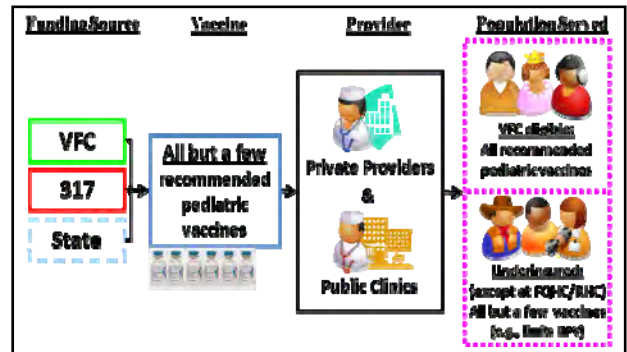
VFC and Underinsured

Through a combination of VFC, 317 and state funds (if applicable), the immunization program supplies all routinely recommended pediatric vaccines to all public and private VFC-enrolled providers to vaccinate only VFC and underinsured children. (Policy applies to both public and private providers.)



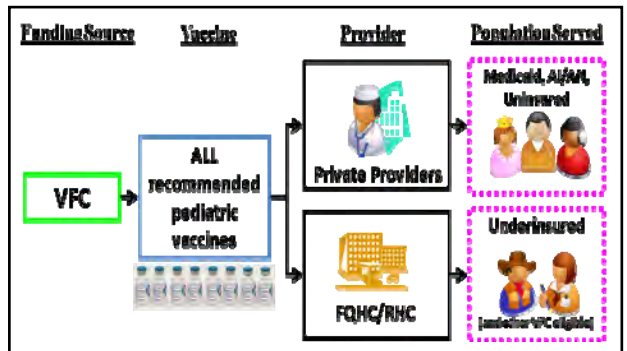
VFC and Underinsured Select

Through a combination of VFC, 317 and state funds (if applicable), the immunization program supplies all but a few routinely recommended pediatric vaccines to all public and private VFC-enrolled providers to vaccinate only VFC and underinsured children. The program limits the supply of certain vaccines such as PCV7 or MCV4 to VFC-eligible children only in both public and private settings.



VFC-only Supply

Through the use of VFC funds, the immunization program supplies all routinely recommended pediatric vaccines to private VFC-enrolled providers to vaccinate only VFC-eligible children. VFC-funded vaccine is supplied to private providers. Private providers do not receive 317 or state funded vaccine for underinsured



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children. However, the underinsured may be served via VFC, 317, and/or state/local funds in public clinics.

Other

Any purchase policy not described above, such as the combination of two or more of the above policies.

Universal-select Supply Policy

Please see Vaccine Purchase Policy

Universal Supply Policy

Please see Vaccine Purchase Policy

Vaccine Funding Source

How grantees use the three (VFC, 317, and state/local) funding sources to purchase vaccines.

- VFC funds: Federal entitlement funds used to purchase vaccines for administration to VFC-eligible children;
- 317 funds: Federal discretionary funds that can be used to purchase vaccine for non-VFC eligible populations;
- State funds: State contributed funds used to purchase vaccines for individuals who are not VFC-eligible.

Vaccine Management Software Application (VACMAN)

Database Management System (DBMS) used by immunization grantees to order, distribute, track and record information concerning publicly funded (VFC, 317 and state) vaccine purchases.

Vaccine Tracking System (VTrckS)

Online provider ordering and approval system that will replace VACMAN beginning in 2011.

VFC Abuse

Provider practices that are inconsistent with sound fiscal, business, or medical practices, and that result in an unnecessary cost to the Medicaid program, and/or including actions that result in an unnecessary cost to the immunization program, a health insurance company, or a patient; or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program.

VFC and Underinsured Select Supply Policy

Please see Vaccine Purchase Policy

VFC & Underinsured Supply Policy

Please see Vaccine Purchase Policy

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Revision Date: None

VFC-eligible Child

Also known as Federally Vaccine-eligible Child

Child who is 18 years of age or younger and meets one or more of the following categories:

- i. is an American Indian or Alaska Native; or
- ii. is eligible/enrolled in Medicaid; or
- iii. has no health insurance; or
- iv. is underinsured and receives vaccine through a FQHC or RHC

VFC Funds

The Office of Management and Budget approves funding for the VFC program. Funding is through the Centers for Medicare and Medicaid Services to the CDC with awards made to 61 eligible grantees. Funding is used to purchase vaccines only for VFC-eligible children. Grantees receive VFC funding to support VFC-related activities, such as vaccine ordering and VFC/AFIX site visits.

VFC Only Supply Policy

Please see Vaccine Purchase Policy

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This document can be found on the CDC website at:

<http://www.cdc.gov/vaccines/programs/vfc/downloads/vfc-op-guide/vfc-op-guide-glossary.pdf>