



Vaccines for Adults Program Eligibility Criteria

Purpose

This policy describes the eligibility criteria for adults to receive publicly purchased vaccine in New York State (NYS).

Background

In 2015, the New York State Department of Health (NYSDOH) expanded and combined the Adult Hepatitis Vaccination Program (AHVP), and the Migrant and Seasonal Farmworker Immunization Program (MSFWIP) and the Measles, Mumps and Rubella (MMR) for Adult Post-secondary Students Program into the Vaccines for Adults (VFA) Program.

Policies

- VFA vaccine may only be administered to adults (aged 19 years and older) who are **uninsured or underinsured**.
- If a patient's insurance covers all or part of the cost of the service at in-network providers, the patient is not eligible to receive that vaccine from the VFA program.
 - Exception: Insured post-secondary students of any age that require MMR vaccine to comply with Public Health Law Title VI Section 2165 may receive only the MMR vaccine through the VFA program.
- Providers must screen all adult patients for VFA vaccine eligibility, verify insurance information and document each patient's eligibility status at each immunization encounter.
- Providers cannot charge patients for VFA vaccine. Patients who are able to pay may be charged a reasonable vaccine administration fee, but may not be turned away due to an inability to pay.

Definitions

- **VFA vaccine:** Vaccines routinely provided by the NYSDOH Bureau of Immunization's VFA Program to enrolled sites for administration to adults (aged 19 years and older) at no cost to the site.
 - This policy does not include vaccine provided upon request to LHDs for outbreaks or public health emergency responses. LHDs should refer to the NYSDOH Policy on Use of Publicly Purchased Vaccines for Vaccine Preventable Disease and Public Health Emergency Response and Preparedness Activities for further guidance on use of publicly purchased vaccine for these purposes.
- **Uninsured:** An individual with no health insurance.
 - This definition includes individuals in correctional facilities or jails or who are admitted to inpatient Addiction Treatment Centers, regardless of insurance status prior to incarceration or admission.
- **Underinsured:** An individual whose health insurance does not cover the vaccine(s) to be administered, or whose insurance caps vaccine coverage at a certain amount or number of visits (eligible once that cap is exceeded).
 - **Note:** Under the Affordable Care Act, health insurance plans must cover all vaccines routinely recommended by the Advisory Committee on Immunization Practices (ACIP) at no additional charge to enrollees, and cannot apply the cost of vaccine to the deductible. However, some health insurance plans remain "grandfathered" and are not required to cover these vaccines. Not all individuals will know whether their health insurance plan is grandfathered, therefore it is critical to verify insurance information for all persons each time that services are rendered.
 - **Note:** Fully insured patients are not eligible for VFA vaccine even if their health insurance plan does not reimburse for the full cost of the vaccine, has a deductible, or does not contract with the vaccinating provider or clinic.
 - The following are examples of ineligible patients:
 - A patient must pay a co-payment or deductible to cover part or all of the cost of an immunization.
 - The provider does not have a network contract for the insurance company and would not pay for the service for that reason.
 - The following is an example of an eligible patient:
 - A patient that has already received the maximum number of allowed immunizations and therefore has no coverage of further immunizations.
- **Post-secondary student:** Students who are enrolled in or entering a post-secondary institution in NYS.

Protocols

Determining Insurance Status

The table below can be used as an aid in determining eligibility to receive VFA vaccines based on insurance status.

	Eligible	Not Eligible Provide privately purchased vaccine and bill insurance plan
Uninsured (includes persons incarcerated or who are admitted to Addiction Treatment Centers, regardless of insurance status prior to incarceration or admission)	<ul style="list-style-type: none"> • Hepatitis A • Hepatitis B • Hepatitis A/B • Influenza • Human papillomavirus (HPV) • Measles, mumps and rubella (MMR) • Meningococcal • Pneumococcal conjugate (PCV13) • Pneumococcal polysaccharide (PPSV23) • Tetanus, diphtheria, and pertussis (Tdap) • Tetanus and diphtheria toxoids (Td) • Zoster (Zostavax™, Shingrix™) 	N/A
Medicare Part B Alone	<ul style="list-style-type: none"> • Hepatitis A • Hepatitis B for persons at <i>low risk only</i> • Hepatitis A/B • MMR • Meningococcal • Tdap • Td for <i>prevention</i> • Zoster (Zostavax™, Shingrix™) 	<ul style="list-style-type: none"> • Hepatitis B for persons at <i>intermediate to high risk</i> • Influenza • PCV13 • PPSV23 • Td for <i>wound treatment</i> • HPV
Medicare Parts B and D	None*	Any ACIP recommended vaccines*
Medicaid	None*	Any ACIP recommended vaccines*
Commercial Insurance	<p>Eligible ONLY if the plan is “grandfathered” under the Affordable Care Act AND the plan does not cover the vaccine(s) to be administered*</p> <p>Verify insurance coverage with each immunization opportunity</p>	<p>Commercial insurances governed by the Affordable Care Act cover all ACIP-recommended vaccines*</p> <p>Verify insurance coverage with each immunization opportunity</p>

* Exception: Fully insured post-secondary students may receive only the MMR vaccine through the VFA program.

- Further information on Vaccine Payments under Medicare Part D is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Vaccines-Part-D-Factsheet-ICN908764.pdf>.
- The insurance verification process is specific to each insurance provider and plan and should therefore be done for each person's insurance plan before services are rendered.
- Verifying insurance information will ensure that insurance plans are effective at the time of service and that they cover the particular services.
- Article 6 of the NYS Codes, Rules and Regulations requires that LHDs make every reasonable effort to bill patients or their insurances for preventive services including immunizations. Sliding fee scales and waivers may be used to ensure these services are affordable for patients without insurance.

Assessing Vaccine Needs

VFA-enrolled providers shall assess all patients' vaccination status, vaccine indications, and contraindications and precautions to vaccination as established by the ACIP.