

South Carolina Vaccine for Children Program Information

Dear Parents,

It is very important that you contact your insurance company and inquire about your vaccine benefits. The state of South Carolina uses a Vaccine for Children (VFC) program. Children will be eligible to receive a VFC vaccine in our office if they meet the following criteria:

- Medicaid enrolled
- American Indian or Alaskan Native
- Uninsured

Insured patients may only receive vaccine supplied by the state of South Carolina through the VFC program if they meet the following eligibility requirements:

- Insured Hardship – patient has a deductible greater than \$2,000 which has not been met and the family cannot afford to pay for privately purchased vaccines.
- A child whose insurance caps vaccine coverage at a certain amount is eligible after the coverage amount is reached. The child is then considered to be in the underinsured category.
- A child whose insurance does not include vaccinations.

Children are not eligible for the VFC program or state supplied vaccine if they have health insurance that covers vaccinations. This includes those with deductible plans that are less than \$2,000. If you feel that you meet the above eligibility requirements please make the staff aware prior to the administration of vaccines.

Please complete the two forms – Patient Insured Eligibility Form and the Patient Eligibility Screening Record Form as applicable.

Thank you for your patience and understanding.

Sincerely,

Rock Hill Pediatric Associates

South Carolina Department of Health and Environmental Control

Vaccines For Children (VFC) Program Patient Eligibility Screening Record Form

Purpose:

The purpose of this form is to provide screening and documentation of the eligibility status at each immunization encounter (visit) for the Vaccines for Children (VFC) program for children 18 years of age or younger, prior to administration of vaccine(s). In addition, screening and documenting eligibility status for the state vaccine eligible child through the South Carolina State Vaccine Program at each immunization encounter (visit) is also required. This form captures the documentation for screening all categories of VFC and non-VFC eligible children seen in the VFC provider's office during immunization encounters (visits). Screening and Documentation of eligibility statuses is a requirement for all providers enrolled in the vaccine programs.

General Instructions for Use:

The Vaccines For Children (VFC) Patient Eligibility Screening Record Form will be completed by the parent, guardian, individual of record, or healthcare provider staff **prior** to administration of vaccine(s) for every immunization encounter (visit).

Item-By-Item Instructions:

1. Complete the Child's Name, Child's Date of Birth, Parent/Guardian/ Individual of Record, and Provider's Name.
2. Assess client's eligibility for publicly funded vaccine. Record the date of the immunization encounter (visit).
3. After determination of eligibility category, mark in the appropriate column:

Eligible for VFC Vaccine

- A. Medicaid- Enrolled (VFC Stock)
- B. No Health Insurance (VFC Stock)
- C. American Indian or Alaska Native (VFC Stock)
- D. ¹Underinsured, served by FQHC, RHC or deputized provider (VFC Stock)

Not eligible for VFC Vaccine

- E. Has health insurance that covers vaccines (Private Stock)
- F. ²SC State Underinsured, served by Non-FQHC/RHC (State Stock)
- G. ³SC State Insured, Insured Hardship, Vaccine Caps (State Stock)

Office Mechanics and Filing:

Private Provider:

The completed Vaccines For Children (VFC) Patient Eligibility Screening Record Form must be kept for (3) years from most recent date of immunization visit in the providers office.

¹Underinsured includes children with health insurance that does not include vaccines or only covers specific vaccine types. Children are only eligible for vaccines that are not covered by insurance. In addition, to receive VFC vaccine, underinsured children must be vaccinated through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) or under an approved deputized provider. The deputized provider must have a written agreement with an FQHC/RHC and the state/local/territorial immunization program in order to vaccinate underinsured children.

²SC State Vaccine Program Underinsured: These children are underinsured but are not eligible to receive federal vaccine through the VFC program because the provider or facility is not an FQHC/RHC or a deputized provider. However, these children may be served with state vaccine program vaccine to cover these non-VFC eligible children. Only providers enrolled in the SC State Vaccine Program are eligible to serve this population. You must have SC State Vaccine program vaccine stock prior to seeing this patient population.

³SC State Vaccine Program - Insured Hardship and Vaccine Caps. These children are considered insured and are not eligible for vaccines through the VFC program. However, these children may be served state vaccine program vaccine to cover these non-VFC eligible children. Insured Hardship is defined as "Health Insurance deductible is greater than **\$500.00** per child or **\$1000.00** per family (Eligible for state vaccine only if the deductible has not been met and the family cannot afford to pay for vaccine)." Vaccine Caps is defined as "Insured but coverage capped at certain amount and cap has been exceeded." Only providers enrolled in the SC State Vaccine Program are eligible to serve this population. You must have SC State Vaccine program vaccine stock prior to seeing this patient population.

South Carolina State Vaccine Program: Insured Eligibility Form

Instructions for Completing

Purpose:

To provide documentation for non-DHEC healthcare providers enrolled in the South Carolina State Vaccine Program for eligibility of *non- VFC eligible children 18 years of age or younger* to receive State vaccine, prior to vaccine administration.

General Instructions for Use:

The Insured Eligibility Form is to be completed prior to administration of vaccine(s).

Item-By-Item Instructions:

1. Complete the Child's Name, Date of Birth, Insurance Company, Policy Number, and Name and Insurance ID Number of Policy Holder (*this section of form may be completed by parent/guardian/individual of record*).
2. Assess child's eligibility for State vaccine and check appropriate box(es), as applicable.
3. Parent/Guardian/Individual of Record to sign and date form affirming the information they have provided is accurate and authorizing DHEC to verify insurance information given.
4. Healthcare provider or healthcare provider staff authorized to assess eligibility for State Vaccine to sign and date form.

Office Mechanics and Filing:

The completed Insured Eligibility Form must be retained for (3) years.

Note: *Children who are eligible for the SC State Vaccine Program are only to be recorded on the Vaccine Usage Log (DHEC1232).*



South Carolina State Vaccine Program:
Insured Eligibility Form

Child's Name: _____

Date of Birth: _____

Insurance Company _____ Policy Number _____

Name and Insurance ID Number of Policy Holder _____

Insured State Vaccine Eligibility Categories

HPV vaccine is excluded from the State Vaccine Program.

Check appropriate box(es) regarding eligibility for State vaccine, as applicable:

Non FQHC/Non RHC Providers:

- Insured but coverage does not include vaccines (Underinsured);
Insured but coverage only for select vaccines (eligible for State vaccine for non-covered vaccines only) (Underinsured);

All Providers: (This section includes all providers enrolled in the State Vaccine Program)

- Health insurance deductible >= \$250.00 per child OR >= \$500.00 per family (Eligible for state vaccine only if the deductible has not been met and the family cannot afford to pay for vaccine) (Insured Hardship)
Insured but coverage capped at certain amount and cap has been exceeded (Vaccine Caps)

NOTE:

Children who are not eligible for Federal VFC or State vaccine programs must be administered privately purchased vaccine.

I hereby acknowledge that the information given herein is true and correct. I authorize DHEC to verify any information contained in this document.

Signature of Patient/Parent/Guardian

Date

Signature of Healthcare Provider/Designated Staff

Date