



**North Carolina Department of Health and Human Services
Division of Public Health – Women’s & Children’s Health Section**

1917 Mail Service Center • Raleigh, North Carolina 27699-1917
Tel 919-707-5550 • Fax 919-870-4824

Beverly Eaves Perdue, Governor

Lanier M. Cansler, Secretary

October 30, 2009

MEMORANDUM

TO: Local Health Departments (LHDs)

FROM: Beth Rowe-West, RN, BSN, Head *BRW*
Immunization Branch

SUBJECT: **URGENT:** Changes in the North Carolina Immunization Program (Formerly, the Universal Childhood Vaccine Distribution Program)

The purpose of this memo is to alert providers to changes to the North Carolina Immunization Program (NCIP) required by substantial reductions in state appropriations for immunizations in the budget recently passed by the North Carolina General Assembly. **More program changes are likely to be announced prior to April 1, 2010.** This memo also addresses a change in immunization law allowing LHDs to charge an administration fee under certain circumstances.

Immunization Program Changes

Effective **December 1, 2009**, the NCIP will **no longer** be able to offer the following vaccines **universally**, that is, for all children: pediatric hepatitis A vaccine; Tdap vaccine (except for the sixth grade requirement); the combination vaccine Pentacel® (DTaP-IPV-Hib) following the alleviation of the Hib shortage; the combination vaccine Pediarix® (DTaP-IPV-HepB); the combination vaccine Kinrix® (DTaP-IPV); MMRV; or the 2nd dose of varicella. **These vaccines will be available for VFC-eligible children only.** The table below indicates the universal and VFC-only vaccine availability as of December 1, 2009. We are in the process of updating the former *UCVDP Coverage Criteria* (soon to be the *NCIP Coverage Criteria*) on our web site to reflect these changes at: www.immunizenc.com. Current supplies may be used as universal until December 1.

Please *carefully* review the following (vaccines marked with an asterisk indicate those whose coverage has changed):

Vaccine	Universal	VFC only
DT pediatric	X	
DTaP	X	
*DTaP, hep B, and polio combination (Pediarix®)		X
*DTaP, polio, and Hib combination (Pentacel®) following the alleviation of the Hib shortage		X
*DTaP/IPV (Kinrix®)		X
EIPV (polio)	X	
Hep A/Hep B combination (For 18 year olds only)	X	
*Hep A pediatric		X
Hep B pediatric	X	
Hib	X	
HPV		X
Influenza (Including H1N1)	X	
Meningococcal conjugate (MCV4)		X
MMR pediatric use	X	
*MMRV		X
Pneumococcal conjugate 7-valent		X
Pneumococcal polysaccharide 23-valent (For at-risk children only)	X	
Rotavirus		X
Td pediatric use	X	
*Tdap pediatric use	For 6 th grade requirement only.	X
*Varicella	For first dose only.	X For second dose.



As a reminder, VFC-eligible children through 18 years of age who meet at least one of the following criteria are considered federally vaccine-eligible and therefore eligible to participate in the VFC program:

- **Medicaid eligible:** 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 covered by a state Medicaid program)
- **Uninsured:** A child who has no health insurance coverage
- **Indian (American Indian or Alaska Native):** As defined by the Indian Health Care Improvement Act (25 U.S.C. 1603)
- **Underinsured:** Children who have commercial (private) health insurance but the coverage does not include vaccines, children whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only), or children whose insurance caps vaccine coverage at a certain amount - once that coverage amount is reached, these children are categorized as underinsured.

Local health departments wishing to vaccinate non-VFC children with vaccines which are only covered for VFC children will need to use vaccines privately purchased by your LHD. (Non-VFC children are defined as those who are **fully insured**, that is, the family's insurance plan will cover vaccine administration after deductibles and co-payments are met.)

Providers may consider purchasing vaccines through the following manufacturers.

Merck: HepA (Vaqta®) and Varicella (Varivax®) 1-800-235-1430

Sanofi: Tdap (Adacel®) and Pentacel®: 1-800-822-2463

Glaxosmithkline: HepA (Havrix®), Tdap (Boostrix®), and Pediarix®: 1-888-825-5249

Local Health Department Administration Fee Changes

Another recent legislative change is that LHDs will now be **allowed** to charge an out-of-pocket administration fee for state-supplied vaccines when certain conditions are met. General Statute G.S. 130-153 (a) has been amended to read:

Local health departments shall administer required and state-supplied immunizations at no cost to patients who are uninsured or underinsured and have family incomes below two hundred percent (200%) of the federal poverty level.

In the past, LHDs were not permitted to charge out-of-pocket administration fees for any state-supplied products, but could bill insurance plans. With the change in the General Statute, LHDs **may** charge an out-of-pocket administration fee for state-supplied products, unless the patient/family:

- 1) is uninsured **or** underinsured, **AND**
- 2) has an income below 200% of the poverty level.

Patients who may be uninsured or underinsured but have more than 200% of poverty level income **may** be charged an out-of-pocket administration fee. The **maximum** charge is based on the state Medicaid administration fee on the date of service. This allows LHDs to set lower administration fee rates if they choose. (The current Medicaid fee schedule is sent to LHDs annually from Dennis Harrington, Deputy Division Director and Chief of the Administrative, Local and Community Support Section of the Division of Public Health.)

As is stated above, if the patient/family meets the following criteria: 1) uninsured **or** underinsured, **AND** 2) the family income falls below the 200% level, they may **not** be charged an out-of-pocket administration fee. Those patients paying out-of-pocket who do not meet these no-charge criteria **may** be charged a maximum based on the state Medicaid rate. Fully insured patients' insurance plans may be billed.

Note that this change in the law **allows** the LHD to charge an out-of-pocket administration fee if the agency chooses to do so. If the decision is made to charge an out-of-pocket fee to those who qualify, the maximum can be no greater than the state Medicaid rate. According to federal law, when vaccinating a VFC-eligible child, if a parent states an inability to pay an out of pocket administration fee, that fee must be waived.

The General Statute change involving out-of-pocket administration fees does not apply to the American Recovery and Reinvestment Act (ARRA)-funded School Site Influenza Vaccination Project 2009-2010 nor the H1N1 project.

We appreciate all that you do to ensure the health of North Carolina's children and adolescents, and regret any concern or confusion created by these changes.

For additional information, please contact the Immunization Branch at 919-707-5550.

CC:	SMT	Regional Immunization Staff	Central Office Staff	Vaccine Manufacturers
	Steve Shore	Jessica Gerdes	Joy Reed	Evelyn Foust
	Terri Pennington	Maclyn Powell	Ann Nance	Jeff Engel
	Megan Davies	Greg Griggs	Dennis Harrington	Lou Turner
				Steve Cline

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