
H1N1 Vaccine Finance Q&A Clarification

October 6, 2009

Background

CDC has received many questions about whether providers who receive federal implementation funds can also bill insurance to administer the H1N1 vaccine.

Key Points

Therefore, the following are key points to help clarify the questions regarding H1N1 Vaccine billing.

- Receipt of PHER funding does not necessarily prevent a provider from billing insurance.
- What is **not** permitted is a situation in which duplicate payments are made for the same service provided to the same beneficiary. So, for example, a commercial community vaccinator (CCV) may get federal funds through a contract with public health to conduct a vaccination clinic. If these funds are intended to cover the cost of vaccine administration for all persons at the clinic, the community vaccinator **cannot** bill public or private payers.
- If the CCV receives federal dollars to cover administration of vaccine to the uninsured, they could bill private insurance, Medicare, Medicaid, or another payer, because the CCV has not received payment for the insured patients.
- In either case, if the CCV is vaccinating on behalf of a public health jurisdiction, no patient may be refused vaccination or charged an out of pocket fee.
- It is important for public health jurisdictions to ensure that PHER funds are not used for duplicate payments to providers, as HHS may conduct an assessment of their use in the future.

Additional Point

There are no federal requirements for how state and local health jurisdictions should contract for H1N1 vaccine administration services.

However, public health departments who intend to contract with CCV (commercial community vaccinators) for H1N1 vaccine administration should verify how the CCV usually covers vaccine administration costs in their clinics to ensure that contracts only pay for vaccine administration once, whether it is through hourly staffing rates, per-head administration, or allowing CCV to bill insurance as appropriate.

**Additional
'Q&A'**

Another 'Q&A' is being developed to address issues related to use of PHER funds. This Q&A will build upon the document that was distributed on September 16, 2009. ("H1N1 Vaccine Administration Billing Q & As")

Note

The 'Q&As' in the attachment are not included in the "H1N1 Vaccine Administration Billing Q & As" because it was already in clearance when the policies were finalized. We did not want to further impede that clearance process.

Clarification

The following is the clarification to Question 3 in the "H1N1 Vaccine Administration Billing Q&As":

CURRENT:

"What is the definition of a 'public health clinic'?"

A 'public health clinic' is defined as a clinic that is conducted by, or on behalf of, a state or local health jurisdiction and receives Public Health Emergency Response (PHER) implementation funds to administer H1N1 flu vaccine. For example, this may include a commercial community vaccinator (CCV) or other private provider that has a service contract or similar agreement with the public health entity. Vaccine administration could occur in any setting. "

ADDED:

"The provider agreement that each H1N1 provider must sign in order to receive an allocation of H1N1 vaccine does not constitute an agreement for the provider to administer H1N1 vaccine on behalf of the public health department. Only providers who have entered into a specific agreement with legal force (contract, MOU, etc.), which states that the provider will give H1N1 vaccine on behalf of the state or local public health jurisdiction, and will be paid in whole or in part using PHER funds, are considered to be conducting "public health clinics".