
H1N1 Vaccine Administration Billing Q & As

Q1: Is billing of third-party payers/insurers permissible in public health clinics or mass vaccination sites/clinics conducted on behalf of a public health jurisdiction?

A1: It is permissible to bill third-party payers/insurers in public health clinics or mass vaccinations sites/clinics conducted by or on behalf of a public health entity. Public health jurisdictions that do not currently have a robust billing system in place may not use Public Health Emergency Response funds to develop billing systems.

Q2: Is it permissible to charge patients a co-pay or any out-of-pocket charge in public health clinics or mass vaccinations sites/clinics conducted on behalf of a public health entity?

A2: It is not permissible to charge patients in public health clinics or mass vaccinations sites/clinics conducted by or on behalf of a public health entity.

Q3: What is the definition of a 'public health clinic'?

A3: 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 implementation funds to administer H1N1 vaccine in any setting. For example, this may include a commercial community vaccinator (CCV) or other private provider that has a formal agreement with the public health entity.

Q4: Is it permissible to use Public Health Emergency Response funds to offset the costs to private providers to vaccinate uninsured or underinsured persons?

A4: It is permissible to use Public Health Emergency Response funds to offset the costs to private providers to vaccinate the uninsured or underinsured population providing that the jurisdiction has systems in place to assure accountability through auditing and/or other means of accountability. Those that do not have current systems in place are encouraged not to use Public Health Emergency Response funds to develop systems of accountability.