H1N1 Vaccine Administration Billing Q & As

Q1:	**Is billing of third party payors/insurers permissible in public health clinics or mass vaccination sites/clinics conducted by, or on behalf of a public health jurisdiction?**
A1:	It is permissible to bill third party payors/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 PHER 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 PHER 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 PHER funds to offset the costs to private providers to vaccinate uninsured or under-insured persons?**
A4:	It is permissible to use PHER funds to offset the costs to private providers to vaccinate the uninsured or under-insured 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 PHER funds to develop systems of accountability.