

Vaccine ordering and inventory maintenance

State-supplied vaccine screening and documentation of eligibility status

Insurance and billing for vaccine administration fee

Provider accountability responsibilities

Accessing & updating patient records in VacTrAK

Documenting administration of vaccines

VacTrAK tools & resources

GAME DAY





VACCINE ORDERING AND INVENTORY MAINTENANCE

Alicia Spillman



DIVISION OF PUBLIC HEALTH
SECTION OF EPIDEMIOLOGY



MONTHLY INVENTORY ASSESSMENT

- ▶ Providers receiving state-supplied vaccine are required to account for each vaccine dose received
- ▶ Failure to accurately assess and account for state-supplied vaccine may lead to a delay in vaccine orders being filled, disenrollment from receiving future doses, or investigation into fraud/abuse
- ▶ An inventory reconciliation must be performed in VacTrAK monthly regardless of ordering cycle
- ▶ VacTrAK will not permit a vaccine order if reconciliation has not been performed with a 14 day period prior to order submission

INVENTORY ASSESSMENT

- ▶ Follow these steps to accurately assess and reconcile your vaccine inventory in VacTrAK monthly
 - ▶ Submit all administration data to VacTrAK
 - ▶ Physically count all state-supplied vaccine doses on hand
 - ▶ Reconcile out expired or spoiled doses in the VacTrAK reconciliation page
 - ▶ Compare the physical count of doses on hand to the VacTrAK reconciliation page
 - ▶ Investigate and appropriately resolve the cause of the discrepancies
 - ▶ Reconcile doses that do not match the physical count of doses on hand

INVENTORY RECONCILIATION PAGE

▶ In VacTrAK

The screenshot displays the VAC TRAK web application interface. On the left is a navigation menu with the following items: Main, Favorites, Patient, Vaccinations, Organization (IRMS), Facilities, Physicians & Vaccinators, Lot Numbers, Reconciliation (highlighted in yellow with a red arrow pointing to it), Search/Add, Search Results, Detail, Orders/Transfers, Reports, Settings, CASA Export, Reminder/Recall, Imports, Exports, and Scheduled Reports. The main content area shows the user is logged in as ALICIA GOULD and is viewing the Organization (IRMS) for SOA EPI VACCINE DEPOT (1014). The 'Patient Search' section includes input fields for First Name or Initial, Last Name or Initial, and Birth Date, along with WIC ID, SIIS Patient ID / Bar Code, and Chart Number. Below this is the 'Family and Address Information' section with fields for Guardian First Name, Street, City, Zip Code, Country (set to United States), Mother's Maiden Name, State, and Phone Number. A note at the bottom states: 'Note: When searching by First and Last Name, you may use the wildcard character % to replace multiple characters.' There is also a checkbox labeled 'Check here if adding a new patient.'

VAC TRAK Logged in: ALICIA GOULD

Organization (IRMS): SOA EPI VACCINE DEPOT (1014)

Patient Search

| | | | |
|------------------------|----------------------|-----------------------------|----------------------|
| First Name or Initial: | <input type="text"/> | WIC ID: | <input type="text"/> |
| Last Name or Initial: | <input type="text"/> | SIIS Patient ID / Bar Code: | <input type="text"/> |
| Birth Date: | <input type="text"/> | Chart Number: | <input type="text"/> |

Family and Address Information:

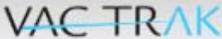
| | | | |
|----------------------|---|-----------------------|----------------------|
| Guardian First Name: | <input type="text"/> | Mother's Maiden Name: | <input type="text"/> |
| Street: | <input type="text"/> | | |
| City: | <input type="text"/> | State: | <input type="text"/> |
| Zip Code: | <input type="text"/> | Phone Number: | <input type="text"/> |
| Country: | United States <input type="button" value="x"/> <input type="button" value="v"/> | | |

Note: When searching by First and Last Name, you may use the wildcard character % to replace multiple characters.

Check here if adding a new patient.

INVENTORY RECONCILIATION PAGE

- ▶ Inventory last submitted date


Logged in: ALICIA

Date: September 24, 2015

Organization (IRMS): SOA EPI VACCINE DEPOT (1014)

Reconcile Inventory

| Vaccine ▲ | Lot Number | Exp Date ↕ | Quantity on Hand | Physical Inventory | Adjustment (+/-) | Category | Reason | Public ↕ | Inactive | Add Row |
|---------------------------|------------|------------|------------------|--------------------|------------------|------------------------|------------------------|----------|--------------------------|---------|
| DT (Pediatric) | C4509AA | 04/04/2016 | 4 | | 0.0 | --No Category Required | --No Reason Required-- | Y | <input type="checkbox"/> | + |
| DTaP (Infanrix) | GD4L2 | 10/17/2016 | 30 | | 0.0 | --No Category Required | --No Reason Required-- | Y | <input type="checkbox"/> | + |
| DTaP (Infanrix) | J7X72 | 11/04/2016 | 40 | | 0.0 | --No Category Required | --No Reason Required-- | Y | <input type="checkbox"/> | + |
| DTaP/Hep B/IPV (Pediarix) | E3R4S | 01/28/2017 | 50 | | 0.0 | --No Category Required | --No Reason Required-- | Y | <input type="checkbox"/> | + |
| DTaP/Hep B/IPV (Pediarix) | JX792 | 03/27/2017 | 90 | | 0.0 | --No Category Required | --No Reason Required-- | Y | <input type="checkbox"/> | + |
| DTaP/Hep B/IPV (Pediarix) | KG34F | 01/21/2017 | 0 | | 0.0 | --No Category Required | --No Reason Required-- | Y | <input type="checkbox"/> | + |
| DTaP/IPV (Kinrix) | 3N7Y7 | 05/27/2017 | 40 | | 0.0 | --No Category Required | --No Reason Required-- | Y | <input type="checkbox"/> | + |
| Tdap | 949LJ | 02/21/2017 | 160 | | 0.0 | --No Category Required | --No Reason Required-- | Y | <input type="checkbox"/> | + |
| Tdap | 9NA32 | 03/28/2017 | 70 | | 0.0 | --No Category Required | --No Reason Required-- | Y | <input type="checkbox"/> | + |

Print
Reset
Save

Inventory Last Submitted: 09/17/2015 

Submit Monthly Inventory

Legend

- Public Lots
- Private Lots
- Expired Vaccines
- Expires in 30 days or less

- ▶ Main
- ▶ Favorites
- ▶ Patient
- ▶ Vaccinations
- ▶ Organization (IRMS)
- ▶ Facilities
- ▶ Physicians & Vaccinators
- ▶ Lot Numbers
 - Reconciliation
 - Search/Add
 - Search Results
 - Detail
- ▶ Orders/Transfers
- ▶ Reports
- ▶ Settings
- ▶ CASA Export
- ▶ Reminder/Recall

INVENTORY RECONCILIATION PAGE

- ▶ Type in physical inventory
- ▶ Adjustment will automatically populate
- ▶ Choose appropriate Category and Reason

VAC TRAK Logged in: ALICIA

Organization (IRMS): SOA EPI VACCINE DEPOT (1014) Date: September 30, 2015

Reconcile Inventory

| Vaccine ▲ | Lot Number | Exp Date ↕ | Quantity on Hand | Physical Inventory | Adjustment (+/-) | Category | Reason | Public ↕ | Inactive | Add Row |
|----------------------------|------------|------------|------------------|----------------------|------------------|--------------------------|------------------------|----------|--------------------------|---------|
| DT (Pediatric) | C4509AA | 04/04/2016 | 4 | <input type="text"/> | 0.0 | --No Category Required-- | --No Reason Required-- | Y | <input type="checkbox"/> | + |
| DTaP (Infanrix) | GD4L2 | 10/17/2016 | 30 | <input type="text"/> | 0.0 | --No Category Required-- | --No Reason Required-- | Y | <input type="checkbox"/> | + |
| DTaP (Infanrix) | J7X72 | 11/04/2016 | 40 | <input type="text"/> | 0.0 | --No Category Required-- | --No Reason Required-- | Y | <input type="checkbox"/> | + |
| DTaP/Hep B/IPV (Pediatrix) | E3R4S | 01/28/2017 | 60 | <input type="text"/> | 0.0 | --No Category Required-- | --No Reason Required-- | Y | <input type="checkbox"/> | + |
| DTaP/Hep B/IPV (Pediatrix) | JX792 | 03/27/2017 | 90 | <input type="text"/> | 0.0 | --No Category Required-- | --No Reason Required-- | Y | <input type="checkbox"/> | + |
| DTaP/Hep B/IPV (Pediatrix) | KG34F | 01/21/2017 | 0 | <input type="text"/> | 0.0 | --No Category Required-- | --No Reason Required-- | Y | <input type="checkbox"/> | + |
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INVENTORY RECONCILIATION PAGE

- ▶ Submit Monthly Inventory


Logged in: ALICIA

Date: September 24, 2015

- ▶ Main
- ▶ Favorites
- ▶ Patient
- ▶ Vaccinations
- ▶ Organization (IRMS)
- ▶ Facilities
- ▶ Physicians & Vaccinators
- ▶ Lot Numbers
 - Reconciliation
 - Search/Add
 - Search Results
 - Detail
- ▶ Orders/Transfers
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- ▶ Settings
- CASA Export
- ▶ Reminder/Recall

Organization (IRMS): SOA EPI VACCINE DEPOT (1014)

Reconcile Inventory

| Vaccine ▲ | Lot Number | Exp Date ↕ | Quantity on Hand | Physical Inventory | Adjustment (+/-) | Category | Reason | Public | Inactive | Add Row |
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Print
Reset
Save
Submit Monthly Inventory

Inventory Last Submitted: 09/17/2015

Legend

- Public Lots
- Private Lots
- Expired Vaccines
- Expires in 30 days or less



- ▶ You prepare a vaccine for a child but, right before administration, the parent decides to postpone the vaccination until the next appointment.



Inventory Reconciliation Categories and Reasons



Categories and Reasons to **decrease** the number of doses in inventory (Negative Adjustment):

| Category | Reason | Explanation |
|-----------------------------|---|--|
| Administered | -Administered but not linked to a vaccine | <i>DO NOT USE FOR STATE-SUPPLIED VACCINE.</i> |
| | -Administered to client who chose not to be in registry | |
| | -System non-user aggregate reporting only | |
| Correction | -Correction of invalid entry | <i>DO NOT USE FOR STATE-SUPPLIED VACCINE.</i> |
| Expired | -Expired | Use for expired <u>unopened</u> multi-dose vials and all other expired vaccines. |
| | -Expired, Opened Multi Dose Vials | Use for expired <u>open</u> multi-dose vials. |
| Recall | -Vaccine Recall | |
| Spoiled | -Cold Chain not maintained during shipment | Use for frozen vaccine doses that are spoiled due to the 72 hour transport policy. |
| | -Failure to store properly upon receipt | |
| | -Natural Disaster/Power Outage | |
| | -Not properly stored | |
| | -Refrigerator/Freezer Mechanical Failure | |
| | -Refrigerator/Freezer Too Cold | |
| | -Refrigerator/Freezer Too Warm | |
| -Vaccine Spoiled in Transit | | |
| Transfer | -Restock Private Inventory from Public | <i>DO NOT USE FOR STATE-SUPPLIED VACCINE.</i> |
| | -Restock Public Inventory from Private | |
| | -Return to vendor, non VFC supplied | |
| | -Transferred to another provider | |
| Wasted | -Broken/Dropped/Spilled | |
| | -Drawn up, not used | |
| | -Lost and Unaccounted | Use for doses that are not in your physical count of doses on hand. |
| | -Vaccine Damaged in Transit | Use for doses broken/dropped/spilled during transport to another location. |

- ▶ You prepare a vaccine but, right before administration, the parent decides to postpone the vaccination until the next appointment.


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- ▶ An open multi-dose vial containing four doses of IPV expires.




Inventory Reconciliation Categories and Reasons

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| Transfer | -Restock Private Inventory from Public | <i>DO NOT USE FOR STATE-SUPPLIED VACCINE.</i> |
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- ▶ After investigating an inventory discrepancy, you are unable to determine the cause and so you need to reconcile out a vaccine dose.



Inventory Reconciliation Categories and Reasons



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| Category | Reason | Explanation |
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| | -Refrigerator/Freezer Mechanical Failure | |
| | -Refrigerator/Freezer Too Cold | |
| | -Refrigerator/Freezer Too Warm | |
| -Vaccine Spoiled in Transit | | |
| Transfer | -Restock Private Inventory from Public | <i>DO NOT USE FOR STATE-SUPPLIED VACCINE.</i> |
| | -Restock Public Inventory from Private | |
| | -Return to vendor, non VFC supplied | |
| | -Transferred to another provider | |
| Wasted | -Broken/Dropped/Spilled | |
| | -Drawn up, not used | |
| | -Lost and Unaccounted | Use for doses that are not in your physical count of doses on hand. |
| | -Vaccine Damaged in Transit | Use for doses broken/dropped/spilled during transport to another location. |

- ▶ After investigating an inventory discrepancy, you are unable to determine the cause and so you need to reconcile out a vaccine dose.

STATE OF ALASKA
Department of Health and Social Services

Inventory Reconciliation Categories and Reasons

ALASKA IMMUNIZATION PROGRAM

Categories and Reasons to **decrease** the number of doses in inventory (Negative Adjustment):

| Category | Reason | Explanation |
|-----------------------------|---|--|
| Administered | -Administered but not linked to a vaccine | <i>DO NOT USE FOR STATE-SUPPLIED VACCINE.</i> |
| | -Administered to client who chose not to be in registry | |
| | -System non-user aggregate reporting only | |
| Correction | -Correction of invalid entry | <i>DO NOT USE FOR STATE-SUPPLIED VACCINE.</i> |
| Expired | -Expired | Use for expired <u>unopened</u> multi-dose vials and all other expired vaccines. |
| | -Expired, Opened Multi Dose Vials | Use for expired <u>open</u> multi-dose vials. |
| Recall | -Vaccine Recall | |
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| | -Failure to store properly upon receipt | |
| | -Natural Disaster/Power Outage | |
| | -Not properly stored | |
| | -Refrigerator/Freezer Mechanical Failure | |
| | -Refrigerator/Freezer Too Cold | |
| | -Refrigerator/Freezer Too Warm | |
| -Vaccine Spoiled in Transit | | |
| Transfer | -Restock Private Inventory from Public | <i>DO NOT USE FOR STATE-SUPPLIED VACCINE.</i> |
| | -Restock Public Inventory from Private | |
| | -Return to vendor, non VFC supplied | |
| | -Transferred to another provider | |
| wasted | -Broken/Dropped/Spilled | |
| | -Drawn up, not used | |
| | -Lost and Unaccounted | Use for doses that are not in your physical count of doses on hand. |
| | -Vaccine Damaged in Transit | Use for doses broken/dropped/spilled during transport to another location. |

- ▶ A vaccine dose was previously reconciled out using a wasted reason, including Lost and Unaccounted

Categories and Reasons to **increase** the number of doses in inventory (Positive adjustment):

| Category | Reason | Explanation |
|-------------------------------------|--|--|
| Correction | -Correction of invalid entry | <i>DO NOT USE FOR STATE-SUPPLIED VACCINE.</i> |
| | -Correction to wasted doses (disposed) | Use for doses that were previously reconciled out using a wasted reason, including Lost and Unaccounted. |
| | -Correction to wasted doses (returned) | Use for doses that were previously reconciled out using an incorrect spoiled reason. |
| Order Received | -Dose Count Variance Multi-Dose Vial | Use if a multi-dose vial yields more or less than 10 doses. |
| | -Received directly from vendor, not VFC supplied | <i>DO NOT USE FOR STATE-SUPPLIED VACCINE.</i> |
| | -Received from CDC, not VFC supplied | |
| | -Received from VFC program | |
| Transfer | -Borrowed from Private Inventory | <i>DO NOT USE FOR STATE-SUPPLIED VACCINE.</i> |
| | -Borrowed from Public Inventory | |
| | -Received from another provider | |
| | -Vaccine Damaged in Transit | <i>DO NOT USE FOR STATE-SUPPLIED VACCINE.</i> |
| | -Restock Private Inventory from Public | |
| | -Restock Public Inventory from Private | |
| -Return to vendor, non VFC supplied | | |
| -Transferred to another provider | | |

- ▶ A vaccine dose was previously reconciled out using a wasted reason, including Lost and Unaccounted

Categories and Reasons to **increase** the number of doses in inventory (Positive adjustment):

| Category | Reason | Explanation |
|-------------------------------------|--|--|
| Correction | -Correction of invalid entry | <i>DO NOT USE FOR STATE-SUPPLIED VACCINE.</i> |
| | -Correction to wasted doses (disposed) | Use for doses that were previously reconciled out using a wasted reason, including Lost and Unaccounted. |
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| Order Received | -Dose Count Variance Multi-Dose Vial | Use if a multi-dose vial yields more or less than 10 doses. |
| | -Received directly from vendor, not VFC supplied | <i>DO NOT USE FOR STATE-SUPPLIED VACCINE.</i> |
| | -Received from CDC, not VFC supplied | |
| | -Received from VFC program | |
| Transfer | -Borrowed from Private Inventory | <i>DO NOT USE FOR STATE-SUPPLIED VACCINE.</i> |
| | -Borrowed from Public Inventory | |
| | -Received from another provider | |
| | -Vaccine Damaged in Transit | <i>DO NOT USE FOR STATE-SUPPLIED VACCINE.</i> |
| | -Restock Private Inventory from Public | |
| | -Restock Public Inventory from Private | |
| -Return to vendor, non VFC supplied | | |
| -Transferred to another provider | | |

VACCINE ORDER

VAC TRAK Logged in: ALICIA

Organization (IRMS): SOA EPI VACCINE DEPOT (1014) Date: September 30, 2015

Main
Home
Logout
Select Organization (IRMS)
Select Facility
Select VFC Pin

Favorites

Patient

Vaccinations

Organization (IRMS)

Facilities

Physicians & Vaccinators

Lot Numbers

Orders/Transfers
Alerts
Create/View Orders
Search History
Modify Order Set
Approve Orders
Approve Transfer
Approved Orders
Local Vaccine Allocations
Accountability Submission
Cold Storage
Provider Agreement

Patient Search [Click here to use the 'advanced' search](#)

| | | | |
|------------------------|----------------------|-----------------------------|----------------------|
| First Name or Initial: | <input type="text"/> | WIC ID: | <input type="text"/> |
| Last Name or Initial: | <input type="text"/> | SIIS Patient ID / Bar Code: | <input type="text"/> |
| Birth Date: | <input type="text"/> | Chart Number: | <input type="text"/> |

Family and Address Information:

| | | | |
|----------------------|--|-----------------------|--|
| Guardian First Name: | <input type="text"/> | Mother's Maiden Name: | <input type="text"/> |
| Street: | <input type="text"/> | | |
| City: | <input type="text"/> | State: | <input type="text" value="Select..."/> |
| Zip Code: | <input type="text"/> | Phone Number: | <input type="text"/> |
| Country: | <input type="text" value="United States"/> | | |

Note: When searching by First and Last Name, you may use the wildcard character % to replace multiple characters and _ to replace a single character.

Check here if adding a new patient.

VACCINE ORDER



Logged in: ALICIA

Organization (IRMS): SOA EPI VACCINE DEPOT (1014)

Date: September 30, 2015

Main

Home

Logout

Select Organization (IRMS)

Select Facility

Select VFC Pin

Favorites

Patient

Vaccinations

Organization (IRMS)

Facilities

Physicians & Vaccinators

Lot Numbers

Orders/Transfers

Alerts

Create/View Orders

Search History

Modify Order Set

Approve Orders

Approve Transfer

Approved Orders

Local Vaccine Allocations

Accountability Submission

Cold Storage

Provider Agreement

Reports

Settings

CASA Export

Reminder/Recall

Imports

Exports

Scheduled Reports

Current Order/Transfer List

Organization (IRMS): Facility: PIN:

Current Organization (IRMS)/Facility: SOA EPI VACCINE DEPOT Find

| Inbound Orders | | | | | | |
|----------------|--------------|--------|-------------|---------------|------------------------------|--|
| Select | Order Number | PIN | Submit Date | Approval Date | Status | |
| --> | 204159 | 900017 | 09/21/2015 | 09/22/2015 | Shipped or Ready for Pick Up | |
| --> | 204160 | 900017 | 09/24/2015 | 09/25/2015 | Approved | |
| --> | 204161 | 900017 | 10/02/2015 | | Pending Depot Approval | |
| --> | 196809 | 900017 | 10/02/2015 | | In Manual Review | |
| --> | 204280 | 900017 | | | Saved | |

| Backordered Orders | | | | |
|--------------------|--------------|--------|-------------|----------------|
| Select | Order Number | PIN | Submit Date | Backorder Date |
| --> | 204063 | 900017 | 09/21/2015 | 09/21/2015 |

| Denied Orders | | | | |
|---------------|--------------|--------|-------------|-------------|
| Select | Order Number | PIN | Submit Date | Denial Date |
| --> | 204063 | 900017 | 09/21/2015 | 09/21/2015 |

| Inbound Transfers | | | | |
|-------------------|-----------------|--------|-------------|--------------------------------------|
| Select | Transfer Number | PIN | Submit Date | Sending Organization (IRMS)/Facility |
| --> | 147880 | 999997 | 09/16/2015 | SOA EPI DEPOT RETURNS |

| Outbound Transfers | | | | |
|--------------------|-----------------|--------|-------------|--|
| Select | Transfer Number | PIN | Submit Date | Receiving Organization (IRMS)/Facility |
| --> | 147880 | 999997 | 09/16/2015 | SOA EPI DEPOT RETURNS |

| Rejected Transfers | | | | | | | |
|---|-----------------|-----|-------------|--|-------------|-------------|--------|
| Select | Transfer Number | PIN | Submit Date | Receiving Organization (IRMS)/Facility | Reject Date | Rejected By | Status |
| <div style="display: flex; justify-content: center; gap: 20px;"> Create Order Vaccine Return </div> | | | | | | | |

VACCINE ORDER

VAC TRAK

Logged in: ALICIA

Date: September 30, 2015

Main

- Home
- Logout
- Select Organization (IRMS)
- Select Facility
- Select VFC Pin

Favorites

Patient

Vaccinations

Organization (IRMS)

Facilities

Physicians & Vaccinators

Lot Numbers

Orders/Transfers

- Alerts
- Create/View Orders
- Search History
- Modify Order Set
- Approve Orders
- Approve Transfer
- Approved Orders
- Local Vaccine Allocations
- Accountability Submission
- Cold Storage
- Provider Agreement

Reports

Settings

CASA Export

Reminder/Recall

Imports

Exports

Scheduled Reports

Job Queue

Change Password

Organization (IRMS): SOA EPI VACCINE DEPOT (1014)

Create Order

Organization (IRMS): SOA EPI VACCINE DEPOT

Facility:

Phone Number: (907)341-2206

Phone Extension:

Email: BRANDY.POPELY@ALASKA.GOV

First Name: BRANDY

Middle Name: D

Last Name: POPELY

Address: 9210 VANGUARD DR STE102A

City: ANCHORAGE

State: AK

Zip: 99507

Monday: 09:00 12:00 13:00 17:00

Wednesday: 09:00 12:00 13:00 17:00

Friday: 09:00 12:00 13:00 17:00

Tuesday: 09:00 12:00 13:00 17:00

Thursday: 09:00 12:00 13:00 17:00

PIN: 900017

Order Date: 09/30/2015

Order Status: In Progress

Submitter: ALICIA GOULD (AGOULD)

Message to Depot:

Inventory Last Submitted: 09/17/2015

Last Order Submitted: 09/24/2015 04:50:40 PM

Order Set:

VARICELLA / Distributor

Accountability:

Refrigerator Graphs

Freezer Graphs

Annual Education Requirement

Last Date Submitted:

09/25/2015

02/28/2016

Past Due?

No

Yes

No

Doses Administered Report | Inventory Transaction Report | Lot Number Summary | Edit Temperature

Order Frequency: Order Timing:

Order Schedule:

Order Details

| Vaccine | Description | Dose Used Last Month | Physical Inventory | Order Quantity | Urgent | Priority Reason | Comments |
|-----------|------------------------------|----------------------|--------------------|----------------------|--------------------------|-----------------|----------|
| Varicella | VARIVAX - 10 PK 1 DOSE VIALS | 0 | 0 | <input type="text"/> | <input type="checkbox"/> | --select-- | |

Cancel | Save Order | Submit Order
Submit and Enter Next | Skip and Enter Next

VACCINE ORDER



Logged in: ALICIA

Organization (IRMS): SOA EPI VACCINE DEPOT (1014)

Date: September 30, 2015

Main

Home

Logout

Select Organization (IRMS)

Select Facility

Select VFC Pin

Favorites

Patient

Vaccinations

Organization (IRMS)

Facilities

Physicians & Vaccinators

Lot Numbers

Orders/Transfers

Alerts

Create/View Orders

Search History

Modify Order Set

Approve Orders

Approve Transfer

Approved Orders

Local Vaccine Allocations

Accountability Submission

Cold Storage

Provider Agreement

Reports

Settings

CASA Export

Reminder/Recall

Imports

Exports

Scheduled Reports

Current Order/Transfer List

Organization (IRMS): Facility: PIN:

Current Organization (IRMS)/Facility: SOA EPI VACCINE DEPOT Find

| Inbound Orders | | | | | | |
|---------------------------------------|--------------|--------|-------------|---------------|------------------------------|--|
| Select | Order Number | PIN | Submit Date | Approval Date | Status | |
| <input type="button" value="-->"/> | 204159 | 900017 | 09/21/2015 | 09/22/2015 | Shipped or Ready for Pick Up | |
| <input type="button" value="-->"/> | 204160 | 900017 | 09/24/2015 | 09/25/2015 | Approved | |
| <input type="button" value="-->"/> | 204161 | 900017 | 10/02/2015 | | Pending Depot Approval | |
| <input type="button" value="-->"/> | 196809 | 900017 | 10/02/2015 | | In Manual Review | |
| <input type="button" value="-->"/> | 204280 | 900017 | | | Saved | |

Backordered Orders

| Select | Order Number | PIN | Submit Date | Backorder Date |
|---------------------------------------|--------------|-----|-------------|----------------|
| <input type="button" value="-->"/> | | | | |

Denied Orders

| Select | Order Number | PIN | Submit Date | Denial Date |
|---------------------------------------|--------------|--------|-------------|-------------|
| <input type="button" value="-->"/> | 204063 | 900017 | 09/21/2015 | 09/21/2015 |

Inbound Transfers

| Select | Transfer Number | PIN | Submit Date | Sending Organization (IRMS)/Facility |
|---------------------------------------|-----------------|-----|-------------|--------------------------------------|
| <input type="button" value="-->"/> | | | | |

Outbound Transfers

| Select | Transfer Number | PIN | Submit Date | Receiving Organization (IRMS)/Facility |
|---------------------------------------|-----------------|--------|-------------|--|
| <input type="button" value="-->"/> | 147880 | 999997 | 09/16/2015 | SOA EPI DEPOT RETURNS |

Rejected Transfers

| Select | Transfer Number | PIN | Submit Date | Receiving Organization (IRMS)/Facility | Reject Date | Rejected By | Status |
|---------------------------------------|-----------------|-----|-------------|--|-------------|-------------|--------|
| <input type="button" value="-->"/> | | | | | | | |

RECEIVE IN THE VACCINE ORDER



Logged in: ALICIA

- ▶ Main
- ▶ Home
- ▶ Logout
- ▶ Select Organization (IRMS)
- ▶ Select Facility
- ▶ Select VFC Pin
- ▶ Favorites
- ▶ Patient
- ▶ Vaccinations
- ▶ Organization (IRMS)
- ▶ Facilities
- ▶ Physicians & Vaccinators
- ▶ Lot Numbers
 - Reconciliation
 - Search/Add
 - Search Results
 - Detail
- ▶ Orders/Transfers
 - Alerts
 - Create/View Orders
 - Search History
 - Modify Order Set

Date: September 30, 2015

Organization (IRMS): SOA EPI VACCINE DEPOT (1014)

Receive Order

| | |
|---|--|
| Organization (IRMS): SOA EPI VACCINE DEPOT Facility: Phone Number: (907)341-2206 Phone Extension: Email: BRANDY.POPELY@ALASKA.GOV Order Number: 204159 VFC PIN: 900017 Order Date: 09/24/2015 16:50:40 Submitter: BRANDY DAWN POPELY (BDROBERTS) Receiver: ALICIA GOULD (AGOULD) Original Order#: 204162 Message to Depot: | First Name: BRANDY Middle Name: D Last Name: POPELY Address: 9210 VANGUARD DR STE102A ANCHORAGE , AK 99507 VTrckS Shipping Instructions: M-F 0800-1500 Order Status: Approved Approver: BRANDY DAWN POPELY (BDROBERTS) |
|---|--|

Order Set / Order Type: DEPOT ORDER SET DISTRIBUTOR / Distributor

Order Details

| Shipped Quantity | Receipt Quantity | Rejected Quantity | Vaccine | Manufacturer | Lot Number | Expiration Date | Reason for rejecting |
|---|---|----------------------|---------|--------------|----------------------|---|----------------------|
| 50 | <input style="border: 2px solid red;" type="text"/> | <input type="text"/> | IPV | --select-- | <input type="text"/> | <input type="text"/> | --select-- |
| Comments <input style="width: 100%;" type="text"/> | | | | | | Tracking # <input style="width: 100%;" type="text"/> | |

VACCINE ORDER



Logged in: ALICIA

Organization (IRMS): SOA EPI VACCINE DEPOT (1014)

Date: September 30, 2015

Main

Home

Logout

Select Organization (IRMS)

Select Facility

Select VFC Pin

Favorites

Patient

Vaccinations

Organization (IRMS)

Facilities

Physicians & Vaccinators

Lot Numbers

Orders/Transfers

Alerts

Create/View Orders

Search History

Modify Order Set

Approve Orders

Approve Transfer

Approved Orders

Local Vaccine Allocations

Accountability Submission

Cold Storage

Provider Agreement

Reports

Settings

CASA Export

Reminder/Recall

Imports

Exports

Scheduled Reports

Current Order/Transfer List

Organization (IRMS): Facility: PIN:

Current Organization (IRMS)/Facility: SOA EPI VACCINE DEPOT Find

Inbound Orders

| Select | Order Number | PIN | Submit Date | Approval Date | Status |
|---------------------------------------|--------------|--------|-------------|---------------|------------------------------|
| <input type="button" value="-->"/> | 204159 | 900017 | 09/21/2015 | 09/22/2015 | Shipped or Ready for Pick Up |
| <input type="button" value="-->"/> | 204160 | 900017 | 09/24/2015 | 09/25/2015 | Approved |
| <input type="button" value="-->"/> | 204161 | 900017 | 10/02/2015 | | Pending Depot Approval |
| <input type="button" value="-->"/> | 196809 | 900017 | 10/02/2015 | | In Manual Review |
| <input type="button" value="-->"/> | 204280 | 900017 | | | Saved |

Backordered Orders

| Select | Order Number | PIN | Submit Date | Backorder Date |
|---------------------------------------|--------------|-----|-------------|----------------|
| <input type="button" value="-->"/> | | | | |

Denied Orders

| Select | Order Number | PIN | Submit Date | Denial Date |
|---------------------------------------|--------------|--------|-------------|-------------|
| <input type="button" value="-->"/> | 204063 | 900017 | 09/21/2015 | 09/21/2015 |

Inbound Transfers

| Select | Transfer Number | PIN | Submit Date | Sending Organization (IRMS)/Facility |
|---------------------------------------|-----------------|-----|-------------|--------------------------------------|
| <input type="button" value="-->"/> | | | | |

Outbound Transfers

| Select | Transfer Number | PIN | Submit Date | Receiving Organization (IRMS)/Facility |
|---------------------------------------|-----------------|--------|-------------|--|
| <input type="button" value="-->"/> | 147880 | 999997 | 09/16/2015 | SOA EPI DEPOT RETURNS |

Rejected Transfers

| Select | Transfer Number | PIN | Submit Date | Receiving Organization (IRMS)/Facility | Reject Date | Rejected By | Status |
|---------------------------------------|-----------------|-----|-------------|--|-------------|-------------|--------|
| <input type="button" value="-->"/> | | | | | | | |

VACCINE RETURNS

VAC TRAK Logged in: ALICIA

Organization (IRMS)/Facility: COMMUNITY HEALTH CENTER (1370) Date: September 30, 2015

Vaccine Return

| | |
|-------------------------------|------------------------------|
| Sending Organization (IRMS) | COMMUNITY HEALTH CENTER |
| Sending Facility | COMMUNITY HEALTH CENTER |
| Receiving Organization (IRMS) | 1043 - SOA EPI DEPOT RETURNS |

Vaccine Return

| Transfer | Quantity | Vaccine | Lot Number | Usable Quantity | Available | Wasted Quantity | Wastage Cost | Public | Expiration Date | Return Reason |
|--------------------------|----------|--------------|------------|-----------------|-----------|-----------------|--------------|--------|-----------------|---------------------|
| <input type="checkbox"/> | | Hib--PRP-OMP | K008679 | 2 | | 10 | \$123.40 | Y | 03/05/2017 | Not properly stored |

Cancel Submit and Print Vaccine Return

VOMS RESOURCES

State of Alaska H&SS Public Notice myAlaska **Health & Social Services** find

Epidemiology

Public Health > Epidemiology > Immunization



About Us

The mission of the Immunization Program is to prevent and control vaccine preventable disease in Alaska by:

- Providing vaccines to health care providers at no charge;
- Providing an immunization information system for use by health care providers and schools to maintain consolidated immunization records for Alaskans of all ages;
- Ensuring school and childcare compliance with immunization regulations;
- Providing immunization education and training for health care providers and the general public;
- Coordinating surveillance and control efforts for vaccine preventable diseases; and,
- Supporting efforts to increase vaccinations for all Alaskans

Programs and Activities

- » Resources for Parents and Patients
- » Resources for Health Care Providers
- » VacTrAK Immunization Information System
- » Vaccine Distribution Program
- » School and Child Care Immunization Compliance Program
- » Assessment, Feedback, Incentives, and eXchange Program (AFIX)
- » Perinatal Hepatitis B Case Management Program
- » Vaccine Preventable Disease Surveillance and Adverse Event Reporting

Spotlight

**1 - 2 - 3 PROTECT ALASKA'S KIDS
HPV CANCER PREVENTION**

Click for more information

Public notice on proposed State regulations changes related to immunizations

- » Division of Insurance: Determination of Final Payment for Covered Vaccine
- » 7 AAC 27.Preventive Medical Services
- » Transcript of the Oral Hearing 2015-05-20



- **NEW** Directory of Providers Enrolled to Receive State-supplied Vaccine
- Find out more about Alaska's New Vaccine Assessment Program at www.AKvaccine.org
- AVAP Information for Providers
- AVAP Provider Summary
- Vaccine Assessment Account FAQ
- Vaccine Assessment Program Flow Diagram
- AVAP Informational Workshop on Proposed Regulations
 - » Presentation Slides
 - » Presentation Audio

Highlights

- » Immunization Information
- » VacTrAK
- » Vaccine Distribution Program
- » School & Child Care Immunization Requirements
- » AFIX
- » Perinatal Hepatitis B

Epidemiology Programs

- » Environmental Public Health
- » Health Impact Assessment
- » HIV & Sexually Transmitted Disease
- » Immunization
- » Infectious Diseases & Tuberculosis Control
- » Injury Surveillance

Public Health

- » Public Health Home
- » Certification & Licensing
- » Chronic Disease Prevention and Health Promotion
- » Epidemiology
- » Injury Prevention & EMS
- » Laboratories
- » Public Health Nursing
- » State Medical Examiner
- » Vital Statistics
- » Women's, Children's and Family Health

VOMS RESOURCES

Epidemiology

Public Health > Epidemiology > Immunization > VacTrAK



VacTrAK

VacTrAK is a web-based immunization information system that is available from the Alaska Division of Public Health. It is a confidential, population-based, computerized system that maintains immunization information for Alaskans of all ages. VacTrAK is used to manage vaccine inventory and state supplied vaccine orders. VacTrAK helps public health agencies and health care providers to make informed decisions to improve the health of individuals and the entire community.

Effective December 29, 2013, health care providers are required to report all administered immunizations to VacTrAK, the State of Alaska Immunization Information System (IIS), within 14 days of vaccine administration (7 AAC 27.650). The new reporting requirement is applicable for any vaccine administered, including state supplied and privately purchased vaccine.

» [VacTrAK Sign-In](#)

VAC-TRAK

Policies

[VacTrAK User Roles and Responsibilities](#)

Forms

[VacTrAK Provider Application Request to Modify VacTrAK Users](#)

Quick Reference User Guides

- [Patient Search](#)
- [Vaccination View/Add/Edit](#)
- [Inventory Management \(Search/Add\)](#)
- [System Administration Permission](#)
- [Influenza Vaccines 2015-16](#)
- [Child Coverage Rate Report](#)
- [Adolescent Coverage Rate Report](#)
- [Reminder Recall – Basics](#)
- [Modifying Patient Status](#)
- [Correct Decrementing Instructions](#)

Vaccine Ordering and Management System (VOMS) Resources

- [Video 1 — VOMS Overview \(13.4 MB\)](#)
- [Instructions — VOMS Overview](#)
- [Video 2 — Reconciliation \(14.1 MB\)](#)
- [Instructions — Reconciliation](#)
- [Monthly Inventory Assessment and Reconciliation](#)
- [Video 3 — Vaccine Ordering & Receiving \(14.8 MB\)](#)
- [Instructions — Vaccine Ordering & Receiving](#)
- [Video 4 — Vaccine Returns \(9 MB\)](#)
- [Instructions — Vaccine Returns](#)

- » [Immunization Information](#)
- » [VacTrAK](#)
- » [Vaccine Distribution Program](#)
- » [School & Child Care Immunization Requirements](#)
- » [AFIX](#)
- » [Perinatal Hepatitis B](#)

Highlights

- » [Conditions Reportable](#)
- » [Epidemiology Bulletins](#)
- » [Epidemiology Publications](#)
- » [Bibliography of Published Studies](#)
- » [Links of Interest](#)
- » [Epidemiology Contact List](#)

Epidemiology Programs

- » [Environmental Public Health](#)
- » [Health Impact Assessment](#)
- » [HIV & Sexually Transmitted Disease](#)
- » [Immunization](#)
- » [Infectious Diseases & Tuberculosis Control](#)
- » [Injury Surveillance](#)

Public Health

- » [Public Health Home](#)

Assessing Patient Status

State-supplied vaccine screening and documentation of eligibility status

Insurance and billing for vaccine administration fee

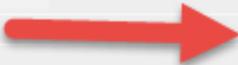
Lorraine Alfson

VFC Coordinator, School & Child Care Compliance

ASSESSING PATIENT STATUS

- ▶ Review Consolidated Patient Record in VacTrAK
 - ▶ Is record up to date?
 - ▶ Is patient due for any recommended vaccines?

| Patient | |
|---------------------------|----------------------------------|
| Name: | SIIS Patient ID: |
| Date of Birth: 02/06/2013 | Age: 138 weeks, 31 months, 2 yrs |
| Guardian: | Status: |



| Vaccination Forecast | | | | | |
|--|------|------------------|--------------------|--------------|------------|
| The forecast automatically switches to the accelerated schedule when a patient is behind schedule. | | | | | |
| Vaccine Family | Dose | Recommended Date | Minimum Valid Date | Overdue Date | Status |
| DTaP/DT/Td | 3 | Past Due | 06/25/2013 | 09/06/2013 | Past Due |
| FLU | 1 | Past Due | 08/06/2013 | 09/05/2013 | Past Due |
| HEP-B 3 DOSE | 3 | Past Due | 07/24/2013 | 09/06/2014 | Past Due |
| POLIO | 3 | Past Due | 06/25/2013 | 09/06/2014 | Past Due |
| HEP-A | 1 | Past Due | 02/06/2014 | 02/06/2015 | Past Due |
| HIB | 3 | Past Due | 02/06/2014 | 06/06/2014 | Past Due |
| MMR | 1 | Past Due | 02/06/2014 | 06/06/2014 | Past Due |
| PNEUMO (PCV) | 3 | Past Due | 02/06/2014 | 03/08/2014 | Past Due |
| VARICELLA | 1 | Past Due | 02/06/2014 | 06/06/2014 | Past Due |
| HPV | 1 | 02/06/2024 | 02/06/2022 | 02/06/2026 | Up to Date |
| MENINGOCOCCAL | 1 | 02/06/2024 | 02/06/2024 | 02/06/2026 | Up to Date |

Due Now -- As of today's date, the patient's age falls between the recommended minimum age and the recommended maximum age for this dose and the absolute minimum interval has been met since the last dose.

Past Due -- As of today's date, the recommended maximum age or the recommended maximum date for this dose has passed.

Up to Date -- As of today's date, the patient is not due or past due.

Optional -- This vaccine may be administered today. Although the usual "recommended" date has not been met, the minimum valid date for this dose has been met.

STATE-SUPPLIED VACCINE SCREENING AND DOCUMENTATION OF ELIGIBILITY STATUS

▶ Why

- ▶ State-supplied vaccine is not free
- ▶ Dose level accountability is required
- ▶ Accurate documentation of eligibility provides needed data for continued funding

The screenshot shows the Alaska Immunization Program website. At the top, there is a navigation bar with links for 'State of Alaska', 'H&SS', 'Public Notice', and 'myAlaska'. The main heading is 'Epidemiology' with a sub-heading 'Public Health > Epidemiology > Immunization > Vaccine Distribution'. Below this is the 'ALASKA IMMUNIZATION PROGRAM' logo, which features a green hand icon. The main content area is titled 'Vaccine Distribution Program' and contains the following text: 'Health care providers may enroll to receive VFC and/or state-supplied vaccine from the Alaska Immunization Program. In order to enroll, you must fill out and submit a VacTrAK Provider Application and a Vaccine Provider Agreement annually.' Below this text are three links: '» Vaccine Provider Agreement', '» Vaccine Provider Agreement Instructions', and '» Directory of Providers Enrolled to Receive State-supplied Vaccine'. At the bottom of the page, there is a section titled 'Alaska Vaccine Distribution Handbook' with three links: '» Alaska Vaccine Distribution Handbook', '» "You Call the Shots" Webinar Training Required for Certifying Providers', and '» Excerpts from CDC's Vaccines For Children Operations Guide'. Red arrows point to the first and second links in the handbook section.

STATE-SUPPLIED VACCINE SCREENING AND DOCUMENTATION OF ELIGIBILITY STATUS

How to determine and document eligibility status

The screenshot shows the Alaska Immunization Program website. At the top, there is a navigation bar with 'State of Alaska H&SS Public Notice myAlaska' and 'Health &'. Below this is a blue header with the word 'Epidemiology' in white. Underneath, a breadcrumb trail reads 'Public Health > Epidemiology > Immunization > Vaccine Distribution'. The main heading is 'ALASKA IMMUNIZATION PROGRAM' with a green hand logo. Below this is the 'Vaccine Distribution Program' section, which includes a paragraph about enrollment and a list of links: 'Vaccine Provider Agreement', 'Vaccine Provider Agreement Instructions', and 'Directory of Providers Enrolled to Receive State-supplied Vaccine'. The next section is 'Alaska Vaccine Distribution Handbook', which includes links for 'Alaska Vaccine Distribution Handbook', '"You Call the Shots" Webinar Training Required for Certifying Providers', and 'Excerpts from CDC's Vaccines For Children Operations Guide'. The final section is 'Eligibility Screening', which includes links for '2015 State-Supplied Vaccine Eligibility for Children' (dated 5/17/2015), '2015 State-Supplied Vaccine Eligibility for Adults' (Updated 9/8/2015), and 'Patient Eligibility Screening Form' (Updated 9/8/2015). Red arrows point to the handbook, webinar, CDC excerpts, and the two eligibility links.

State of Alaska H&SS Public Notice myAlaska Health &

Epidemiology

Public Health > Epidemiology > Immunization > Vaccine Distribution



ALASKA IMMUNIZATION PROGRAM

Vaccine Distribution Program

Health care providers may enroll to receive VFC and/or state-supplied vaccine from the Alaska Immunization Program. In order to enroll, you must fill out and submit a VacTrAK Provider Application and a Vaccine Provider Agreement annually.

- » Vaccine Provider Agreement
- » Vaccine Provider Agreement Instructions
- NEW** Directory of Providers Enrolled to Receive State-supplied Vaccine

Alaska Vaccine Distribution Handbook

- NEW** Alaska Vaccine Distribution Handbook
- » "You Call the Shots" Webinar Training Required for Certifying Providers
- NEW** Excerpts from CDC's Vaccines For Children Operations Guide

Eligibility Screening

- » 2015 State-Supplied Vaccine Eligibility for Children 5/17/2015
- » 2015 State-Supplied Vaccine Eligibility for Adults Updated 9/8/2015
- » Patient Eligibility Screening Form Updated 9/8/2015

STATE-SUPPLIED VACCINE SCREENING AND DOCUMENTATION OF ELIGIBILITY STATUS

- ▶ Children (Birth through age 18 years)
 - ▶ VFC = Vaccines for *Children*
 - ▶ *Never use any VFC eligibility for persons age 19 years and older*
 - ▶ *Doing so » investigation into fraud*

STATE-SUPPLIED VACCINE SCREENING AND DOCUMENTATION OF ELIGIBILITY STATUS

► Children



2015 State-supplied Vaccine Eligibility for Children 0 through 18 Years of Age



The Alaska Immunization Program uses multiple funding sources to procure childhood vaccines, which are distributed to providers enrolled in the Alaska Vaccine Distribution Program. At each immunization visit, accurate eligibility screening and documentation is required to ensure accountability and ongoing availability of each funding source.

Providers **must** submit all vaccine administration data to VacTrAK within **14 days** per Alaska Administration Code 7 AAC 27.650 (a).

The table below includes the Vaccines for Children (VFC) Program and the Alaska Vaccine Assessment Program (AVAP) eligibility categories, definitions, and billing information. If a child meets more than one eligibility category (i.e., Alaska Native and insured), providers must refer to excerpts from CDC's *The Vaccines for Children Operations Guide*, www.epi.hss.state.ak.us/id/iz/VFCOperationsGuide.pdf.

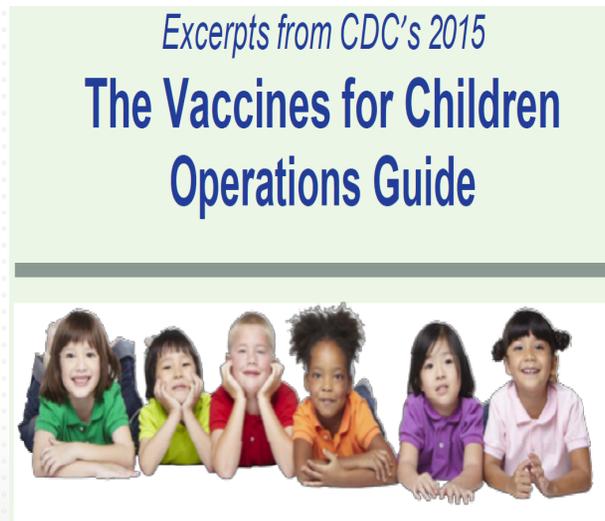
| VacTrAK Eligibility Category 0 through 18 years | Definition | HL7 Eligibility Mapping Code | Administration Fee Bill To | Vaccine Administration Fee Cap | Vaccine Cost Bill To |
|--|---|---------------------------------------|-------------------------------|--|-------------------------------------|
| VFC Medicaid Eligible | <ul style="list-style-type: none"> A child who is either Medicaid eligible OR Medicaid enrolled A child who is insured and Medicaid enrolled If an AI/AN child is Medicaid eligible, select "VFC Medicaid Eligible" | V02 | Medicaid | Determined by Medicaid * | Do not bill (State-supplied) |
| VFC Uninsured | <ul style="list-style-type: none"> A child who has no health insurance | V03 | Patient† | \$27.44 | Do not bill (State-supplied) |
| VFC American Indian/Alaska Native (AI/AN) | <ul style="list-style-type: none"> A child who is AI/AN If an AI/AN child is Medicaid eligible, select "VFC Medicaid Eligible" | V04 | Patient† | \$27.44 | Do not bill (State-supplied) |
| VFC Underinsured (FQHC) This category may be used only by a Federally Qualified Health Center (FQHC) or a deputized provider. Other types of providers may use the "State Vaccine (AVAP)" eligibility category below or refer patients to an FQHC or deputized provider. | <ul style="list-style-type: none"> A child who has health insurance, but the coverage does not include vaccines; OR A child whose insurance does not cover all Advisory Committee on Immunization Practices (ACIP)-recommended vaccines. The child would be eligible to receive those vaccines not covered by the insurance; OR A child whose insurance caps the cost for vaccine coverage is eligible to receive VFC vaccines only after the insurance cap has been reached | V05 | Patient† | \$27.44 | Do not bill (State-supplied) |
| State Vaccine (AVAP) May appear as "state-specific" or "local-specific" eligibility in Electronic Health Records. | <ul style="list-style-type: none"> Any child who does not meet VFC eligibility categories listed above and for whom state vaccine is used | V07 | Insurance | Determined by insurance | Do not bill (State-supplied) |
| Ineligible (Private Vaccine) | <ul style="list-style-type: none"> When privately purchased vaccine is used | V01 | Insurance | Determined by insurance | Insurance |

*Medicaid determined Administration Fee Schedule - <http://manuals.medicaidalaska.com/medicaidalaska/providers/FeeSchedule.asp>

†Provider must not deny administration of a VFC vaccine to an established patient whose parent/guardian/individual of record is unable to pay the administration fee.

STATE-SUPPLIED VACCINE SCREENING AND DOCUMENTATION OF ELIGIBILITY STATUS

- ▶ When a child qualifies for more than one eligibility category
 - ▶ “Eligibility” chapter: examples and charts to assist with determining eligibility



Example

| Population | Eligibility Status/Scenario | Select the following if provider has the ability to select multiple VFC eligibility categories | Select the following if the provider has the ability to select only one VFC eligibility category |
|------------|-----------------------------|--|--|
| *AI/AN | Has Medicaid | Medicaid AI/AN | Medicaid |

STATE-SUPPLIED VACCINE SCREENING AND DOCUMENTATION OF ELIGIBILITY STATUS

Determining eligibility using the “2015 State-supplied Vaccine Eligibility for Children” document

- ▶ 10 year old, has insurance that does not cover vaccine, your practice is not FQHC
- ▶ 22 year old AK native
- ▶ 15 year old AK native, Medicaid eligible

STATE-SUPPLIED VACCINE SCREENING AND DOCUMENTATION OF ELIGIBILITY STATUS

- ▶ Adults (19 years and older)
 - ▶ *Never use any VFC eligibility or persons age 19 years and older*
 - ▶ *Doing so » investigation into fraud*

STATE-SUPPLIED VACCINE SCREENING AND DOCUMENTATION OF ELIGIBILITY STATUS

► Adults



2015 State-supplied Vaccine Eligibility for Adults 19+ Years of Age



The Alaska Immunization Program uses multiple funding sources to procure vaccines which are distributed to providers enrolled in the Alaska Vaccine Distribution Program. At each immunization visit, accurate eligibility screening and documentation is required to ensure accountability and ongoing availability of each funding source. Adults are eligible to receive select state-supplied vaccines with the below eligibility criteria.

The select vaccines include the following for adults 19+ years of age unless otherwise specified:

- **HPV** (females 19 through 26 years, males 19 through 21 years, and high risk* males 22 through 26 years of age)
- **Meningococcal** (19 through 20 years of age)
- **Pneumovax (PPSV23)**
- **Td/Tdap**
- **Zoster** (60 through 64 years of age)
- **Flu** (2015-16 Season)

Providers must submit all vaccine administration data to VacTRAK within **14 days** per Alaska Administration Code 7 AAC 27.650 (a).

The table below includes the Alaska Vaccine Assessment Program (AVAP) <http://www.akvaccine.org> eligibility categories, and billing information.

The following payers are not participating for 2015:

1. Medicare
2. TRICARE
3. Blue Benefit Administration of Massachusetts
4. Seafarers Health & Benefits Plan
5. State Farm Mutual Automobile Insurance Company
6. Employee Benefit Management Services, Inc. (EBMS)
7. Municipality of Anchorage Employees (Moda)

| VacTrAK Eligibility Category | Adult Insurance Status | Insurance or Provider Status with AVAP | HL7 Eligibility Mapping Code | Administration Fee Bill To | Vaccine Administration Fee Cap | Vaccine Cost Bill To |
|--|------------------------|---|------------------------------|----------------------------|--------------------------------|-------------------------------------|
| State Vaccine (AVAP) <small>May appear as "state specific" or "local specific" eligibility in electronic health records</small> | Insured | Private insurance is participating in AVAP | V07 | Insurance | Determined by insurance | Do <u>not</u> bill (State-supplied) |
| | Insured | Private insurance is <u>NOT</u> participating in AVAP, but Health Care Provider opts in to AVAP | | Insurance | Determined by insurance | Do <u>not</u> bill (State-supplied) |
| | Uninsured | Health Care Provider opts in to AVAP | | Patient | Determined by provider | Do <u>not</u> bill (State-supplied) |
| | Medicare Only | Health Care Provider opts in to AVAP | | Medicare | Determined by Medicare | Do <u>not</u> bill (State-supplied) |
| | Medicaid Only | Medicaid is participating in AVAP | | Medicaid | Determined by Medicaid** | Do <u>not</u> bill (State-supplied) |
| Ineligible (Private Vaccine) | Insured | Private insurance is <u>NOT</u> participating in AVAP and Health Care Provider does <u>NOT</u> opt in to AVAP | V01 | Insurance | Determined by insurance | Determined by insurance |
| | Uninsured | Health Care Provider does <u>NOT</u> opt in to AVAP | | Patient | Determined by provider | Determined by provider |
| | Medicare Only | Health Care Provider does <u>NOT</u> opt in to AVAP | | Medicare | Determined by Medicare | Determined by Medicare |

*High risk males include immunocompromised men and men who have sex with men (MSM)

** Medicaid determined Administration Fee Schedule - <http://manuals.medicaidalaska.com/medicaidalaska/providers/FeeSchedule.asp>

Alaska Immunization Helpline contact:
Anchorage: 907-269-8088 | Toll Free: 888-430-4321 | Email: immune@alaska.gov

STATE-SUPPLIED VACCINE SCREENING AND DOCUMENTATION OF ELIGIBILITY STATUS

Which of the following must be considered when determining adult eligibility for state-supplied vaccine

- ▶ Patient's age
- ▶ Whether a patient's insurance plan is participating
- ▶ Whether the provider has opted-in for uninsured adults
- ▶ All of the above

STATE-SUPPLIED VACCINE SCREENING AND DOCUMENTATION OF ELIGIBILITY STATUS

It is never acceptable to select a “VFC” eligibility status for patients age 19 years and older

- ▶ True
- ▶ False

INSURANCE BILLING FOR VACCINE ADMINISTRATION FEE

Matthew Bobo



FEE POLICY FOR VACCINES

- ▶ Providers **cannot** charge a patient or health plan for the cost of a vaccine received from the Alaska Immunization Program
- ▶ For non-Medicaid VFC, the administration fee cap is \$27.44
- ▶ For Medicaid patients, the cap is the State Medicaid fee cap (<http://manuals.medicaidalaska.com/medicaidalaska/providers/FeeSchedule.asp>)
- ▶ For privately insured patients, the administration fee is your contracted vaccine administration fee
- ▶ State-supplied vaccine may not be denied to a patient due to the inability of recipient to pay an administration fee

DOCUMENTING ADMINISTRATION OF VACCINE(S)

- ▶ Administration documentation must:
 - ▶ occur with each vaccine administered
 - ▶ include the following:
 - ▶ patient eligibility
 - ▶ date administered
 - ▶ vaccine name
 - ▶ publication date of vaccine information statement (VIS)
 - ▶ date VIS provided to patient
 - ▶ name of vaccine manufacturer
 - ▶ vaccine lot number
 - ▶ name and title of vaccinator
 - ▶ clinic address

DOCUMENTING ADMINISTRATION OF VACCINE(S)

- ▶ Most common noncompliant documentation issues include:
 - ▶ Administration information is not entered into VacTrAK within 14 days
 - ▶ Incorrect eligibility status is selected and documented
 - ▶ VIS publication date is not documented

DOCUMENTING ADMINISTRATION OF VACCINE(S)

Which of the following must be documented when vaccine is administered?

- ▶ Correct eligibility status
- ▶ VIS publication date
- ▶ Name and title of vaccinator
- ▶ All of the above

DOCUMENTING ADMINISTRATION OF VACCINE(S)

Vaccine administration information must be documented in VacTrAK within 14 days.

- ▶ True
- ▶ False

Accessing & updating patient records in VacTrAK

Documenting administration of vaccines

VacTrAK tools & resources

Tricia Franklin

VacTrAK Program Manager

VACTRAK LOGIN

VAC TRAK

- Main
 - Home
 - Login
- Patient
 - Job Queue
 - Change Password
 - Answers

iWeb
Version: 5.15.5.1.1

AKIIS-Web Login

Username :
Password :
[Forgot Password](#)

AKIIS-Forgot Password

Your password will be reset, and the new one emailed to your email address on file.
Please enter either your User Name or User Name and Email.

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PATIENT SEARCH

VAC TRAK Logged in: VACTRAK TEST Date: September 11, 2015

Organization (IRMS)/Facility: VACTRAK TRAINING ORGANIZATION (1381) / VACTRAK TRAINING FACILITY

Patient Search [Click here to use the 'advanced' search](#)

| | | | |
|------------------------|----------------------|-----------------------------|----------------------|
| First Name or Initial: | <input type="text"/> | WIC ID: | <input type="text"/> |
| Last Name or Initial: | <input type="text"/> | SIIS Patient ID / Bar Code: | <input type="text"/> |
| Birth Date: | <input type="text"/> | Chart Number: | <input type="text"/> |

Family and Address Information:

| | | | |
|----------------------|--|-----------------------|--|
| Guardian First Name: | <input type="text"/> | Mother's Maiden Name: | <input type="text"/> |
| Street: | <input type="text"/> | | |
| City: | <input type="text"/> | State: | <input type="text" value="Select..."/> |
| Zip Code: | <input type="text"/> | Phone Number: | <input type="text"/> |
| Country: | <input type="text" value="United States"/> | | |

Note: When searching by First and Last Name, you may use the wildcard character % to replace multiple characters and _ to replace a single character.

Check here if adding a new patient.


iWeb
Version: 5.15.8.0

PATIENT SEARCH

| Patient Search | | Click here to use the 'advanced' search | |
|--|--|---|--|
| First Name or Initial: | <input type="text" value="a"/> | WIC ID: | <input type="text"/> |
| Last Name or Initial: | <input type="text" value="t"/> | SIIS Patient ID / Bar Code: | <input type="text"/> |
| Birth Date: | <input type="text" value="01/01/2015"/> | Chart Number: | <input type="text"/> |
| Family and Address Information: | | | |
| Guardian First Name: | <input type="text"/> | Mother's Maiden Name: | <input type="text"/> |
| Street: | <input type="text"/> | | |
| City: | <input type="text"/> | State: | <input type="text" value="Select..."/> |
| Zip Code: | <input type="text"/> | Phone Number: | <input type="text"/> |
| Country: | <input type="text" value="United States"/> | | |

Note: When searching by First and Last Name, you may use the wildcard character % to replace multiple characters and _ to replace a single character.

Check here if adding a new patient.

PATIENT SEARCH

Logged in: VACTRAK TEST

Organization (IRMS)/Facility: VACTRAK TRAINING ORGANIZATION (1381) / VACTRAK TRAINING FACILITY

Date: September 11, 2015

Patient Search

Click [here](#) to use the 'advanced' search

| | | | |
|--|--|-----------------------------|--|
| First Name or Initial: | <input type="text" value="a"/> | WIC ID: | <input type="text"/> |
| Last Name or Initial: | <input type="text" value="t"/> | SIIS Patient ID / Bar Code: | <input type="text"/> |
| Birth Date: | <input type="text" value="01/01/2015"/> | Chart Number: | <input type="text"/> |
| Family and Address Information: | | | |
| Guardian First Name: | <input type="text"/> | Mother's Maiden Name: | <input type="text"/> |
| Street: | <input type="text"/> | | |
| City: | <input type="text"/> | State: | <input type="text" value="Select..."/> |
| Zip Code: | <input type="text"/> | Phone Number: | <input type="text"/> |
| Country: | <input type="text" value="United States"/> | | |

Note: When searching by First and Last Name, you may use the wildcard character % to replace multiple characters and _ to replace a single character.

Check here if adding a new patient.

Patient Search Results

Records Found = 1

Search Criteria: First Initial / Last Initial / Birth Date

Show entries

Search:

| First Name | Middle Name | Last Name | Birth Date | City | Grd First Name | Grd Last Name |
|------------|-------------|-----------|------------|-----------|----------------|---------------|
| ALEX | | TESTING | 01/01/2015 | ANCHORAGE | MOTHER | |

Showing 1 to 1 of 1 entries

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ADDING NEW PATIENT

Logged in: VACTRAK TEST

Organization (IRMS)/Facility: VACTRAK TRAINING ORGANIZATION (1381) / VACTRAK TRAINING FACILITY

Date: September 11, 2015

| Patient Search | | Click here to use the 'advanced' search | |
|---------------------------------|--|---|-----------------------------------|
| First Name or Initial: | <input type="text" value="alex"/> | WIC ID: | <input type="text"/> |
| Last Name or Initial: | <input type="text" value="testing"/> | SIIS Patient ID / Bar Code: | <input type="text"/> |
| Birth Date: | <input type="text" value="01/01/2015"/> | Chart Number: | <input type="text"/> |
| Family and Address Information: | | | |
| Guardian First Name: | <input type="text" value="Mother"/> | Mother's Maiden Name: | <input type="text" value="Test"/> |
| Street: | <input type="text" value="123 Anywhere"/> | | |
| City: | <input type="text" value="Anchorage"/> | State: | <input type="text" value="AK"/> |
| Zip Code: | <input type="text" value="99501"/> | Phone Number: | <input type="text"/> |
| Country: | <input type="text" value="United States"/> | | |

Note: When searching by First and Last Name, you may use the wildcard character % to replace multiple characters and _ to replace a single character.

Check here if adding a new patient.

(Required fields are highlighted)

Patient Search Results

Records Found = 0

Search Criteria: Advanced Search - Add / Edit / View

Show entries

Search:

First Name ◆ Middle Name ◆ Last Name ▲ Birth Date ◆ City ◆ Grd First Name ◆ Grd Last Name ◆

No data available in table

Showing 0 to 0 of 0 entries

Before adding, check to make sure the patient you want to add is not listed above or not pending manual review.

DEMOGRAPHICS

| Patient Demographics | | | |
|---|-------------------------------------|----------------------------|--------------------------------------|
| Record Info | | | |
| SIIS Patient ID: | 4260127 | Organization (IRMS) Owner: | 1381 - VACTRAK TRAINING ORGANIZATION |
| Entry Date: | 09/11/2015 09:56:53 AM | Last Update: | 09/11/2015 09:56:53 AM |
| Patient | | | |
| First Name: | ALEX | Race: | |
| Middle Name: | | Ethnicity: | |
| Last Name: | TESTING | Language: | |
| Suffix: | | SSN: | |
| Birth Date: | 01/01/2015 | Medicaid #: | |
| Birth File #: | | Multiple Birth: | 1 of 1 |
| Age: | 36 weeks, 8 months, 0 yrs | Military: | |
| Block Recall: | | Recall Attempts: | 0 |
| Sex: | | Inactive: | |
| Mother Maiden Nm: | TEST | VFC status: | Unknown |
| | | Vaccine Supply: | PRIVATE |
| Cell Phone: | | | |
| - Addresses | | | |
| Primary: | 123 ANYWHERE ANCHORAGE, AK 99501 | Secondary: | |
| Phone Number: | | Phone Number: | |
| Email: | | | |
| Country: | United States | Borough/Census Area: | ANCHORAGE |
| - Family & Contact | | | |
| Guardian 1: | MOTHER | | |
| + Alias | | | |
| + Secondary Patient Demographics | | | |
| + School | | | |
| + Primary Insurance | | | |
| + Medical Home Facility | | | |
| + Birth & Death | | | |

Patient Demographics Edit

Patient

| | | | |
|---------------------|--------------------------|-----------------|---|
| Last Name: | TESTING | Race: | White American Indian Black or African American |
| First Name: | ALEX | Ethnicity: | --select-- |
| Middle Name: | | Language: | --select-- |
| Suffix: | --none-- | SSN: | - - - |
| Birth Date: | 01/01/2015 | Medicaid #: | |
| Birth File #: | | Multiple Birth: | --select-- of --select-- |
| Sex: | --select-- | Inactive: | --select-- |
| Inactive Other: | | | |
| Mother Maiden Name: | TEST | VFC Status: | State Vaccine (AVAP) |
| Military: | <input type="checkbox"/> | Block Recall: | <input type="checkbox"/> |
| Cell Phone: | | | |
| Comments: | | | |

- Address

| | | | |
|----------------------|---------------------------------|-----------|--------------------------|
| Address 1: | | | |
| Address 2: | | City: | |
| Country: | United States | State: | --select-- |
| Borough/Census Area: | Click to select | Zip Code: | |
| Email: | | | |
| Address Type: | --select-- | Valid? | <input type="checkbox"/> |
| | | Primary? | <input type="checkbox"/> |

| Street | City | ZIP | Phone/Ext. | Type | Valid | Primary | |
|--------------|-----------|-------|------------|------|-------|---------|---|
| 123 ANYWHERE | ANCHORAGE | 99501 | | | Y | Y | Edit Remove |

- Family & Contact

| | | | | | |
|---------------|---------------|--------------|------------|------------|--------------------------|
| First Name: | | Middle Name: | | Last Name: | |
| Contact Type: | --select-- | SSN: | | Guardian? | <input type="checkbox"/> |
| Address 1: | | | | | |
| Address 2: | | City: | | | |
| Country: | United States | State: | --select-- | Zip Code: | |
| Phone: | | Email: | | | |

| First | Last | Type | Phone | Guardian? | |
|--------|------|------|-------|-----------|---|
| MOTHER | | | | | Edit Remove |

ADD VACCINATION



Logged in: VACTRAK TRAINING

Organization (IRMS): TRISH TEST (1384)

Patient

| | | | |
|----------------|--------------|------------------|---------------------------|
| Name: | ALEX TESTING | SIIS Patient ID: | 4260127 |
| Date of Birth: | 01/01/2015 | Age: | 39 weeks, 9 months, 0 yrs |
| Guardian: | | Status: | Active |

[Print Page](#)

Vaccination Forecast

Vaccination View/Add

(* - Historicals , # - Adverse Reaction , ! - Warning , + - Entered By School Nurse , ^ - Compromised Vaccination)

Documented By: --select--

Double-click in any date field below to enter the default date: 10/03/2015

| Vaccine | 1 | 2 | 3 | 4 | 5 |
|---------------------------|------------|---|---|---|---|
| DTaP/Hep B/IPV (Pediarix) | 09/11/2015 | | | | |
| DT (Pediatric) | | | | | |
| DTaP (Infanrix) | | | | | |
| DTaP/IPV (Kinrix) | | | | | |
| HPV9 | | | | | |
| HPV, quadrivalent | | | | | |

--select--

Do not take ownership when adding vaccinations.

Add Administered
Clear
Add Historicals

VACCINATION

| Patient | | | |
|----------------|--------------|------------------|---------------------------|
| Name: | ALEX TESTING | SIIS Patient ID: | 4260127 |
| Date of Birth: | 01/01/2015 | Age: | 39 weeks, 9 months, 0 yrs |
| Guardian: | MOTHER | Status: | Active |

VFC Eligibility Update

Current VFC Status: State Vaccine (AVAP)

Update VFC Eligibility



--select--

- select--
- Ineligible (Private Vaccine)
- VFC Medicaid Eligible
- VFC American Indian/Alaska Native
- VFC Uninsured
- VFC Underinsured (FQHC)
- State Vaccine (AVAP)

Cancel Continue

ADD VACCINATION

Vaccination Detail Add

Vaccine 1: DTaP/Hep B/IPV (Pediarix)

Date Administered: 09/11/2015

Historical: YES NO

Manufacturer: [Click to select](#) 

Select Lot Number

| Select | Manufacturer | Lot Number | Facility | Pub. Supplied | Expiration Date | Doses Available | Dose Volume |
|---------------------------------------|-----------------|-------------|---------------------------|---------------|-----------------|-----------------|-------------|
| <input type="button" value="-->"/> | GLAXOSMITHKLINE | 1242315AM | VACTRAK TRAINING FACILITY | N | 05/05/2020 | 4 | |
| <input type="button" value="-->"/> | GLAXOSMITHKLINE | 156896541AM | VACTRAK TRAINING FACILITY | N | 05/05/2020 | 8 | |
| <input type="button" value="-->"/> | GLAXOSMITHKLINE | 23134313AB | VACTRAK TRAINING FACILITY | Y | 05/05/2020 | 25 | |

Date VIS Form Given: 09/11/2015

Ordering Provider: Sele... ▼

Comments:

ADD VACCINATION

| Vaccination Detail Add | |
|-------------------------|--|
| Vaccine 1: | DTaP/Hep B/IPV (Pedarix) |
| Date Administered: | 09/11/2015 |
| Historical: | <input type="radio"/> YES <input checked="" type="radio"/> NO |
| Manufacturer: | GLAXOSMITHKLINE Click to select |
| Lot Number: | 23134313AB |
| Lot Facility: | VACTRAK TRAINING FACILITY |
| Publicly Supplied: | Y |
| Facility: | VACTRAK TRAINING FACILITY |
| Vaccinator: | TEST, VACTRAK RN  |
| Anatomical Site: | Left Arm |
| Anatomical Route: | Intramuscular |
| Dose Size: | Full |
| Volume (CC): | |
| VFC Status: | State Vaccine (AVAP/Non-VFC) 'VFC Status' will be ignored if lot number is not VFC eligible. |
| Region: | 4 - Anchorage - Mat-Su |
| VIS Publications Dates: | 1. 11/01/2014 2. 06/01/2013 3. 01/01/2013 4. |
| Date VIS Form Given: | 09/11/2015 |
| Ordering Provider: | Sele...  |
| Comments: | |

VACCINATION

Logged in: VACTRAK TEST

Organization (IRMS)/Facility: VACTRAK TRAINING ORGANIZATION (1381) / VACTRAK TRAINING FACILITY

Date: September 11, 2015

Patient

| | | | |
|----------------|--------------|------------------|---------------------------|
| Name: | ALEX TESTING | SIIS Patient ID: | 4260127 |
| Date of Birth: | 01/01/2015 | Age: | 36 weeks, 8 months, 0 yrs |
| Guardian: | MOTHER | Status: | Active |

Vaccination/Medicine Detail

| | |
|----------------------------|--------------------------------------|
| Vaccine: | DTaP/Hep B/IPV (Pediarix) |
| Date Administered: | 09/11/2015 |
| Historical: | No |
| Manufacturer: | GLAXOSMITHKLINE |
| Lot Number: | 23134313AB |
| Lot Facility: | VACTRAK TRAINING FACILITY |
| Publicly Supplied: | Yes |
| Vaccinator: | TEST, VACTRAK RN |
| Organization (IRMS): | 1381 - VACTRAK TRAINING ORGANIZATION |
| Facility: | VACTRAK TRAINING FACILITY |
| Anatomical Site: | Left Arm |
| Anatomical Route: | Intramuscular |
| Dose Size: | Full |
| Volume (CC): | |
| VFC Status: | State Vaccine (AVAP/Non-VFC) |
| Revaccination Reason: | |
| Adverse Reaction: | |
| Region: | 4 - Anchorage - Mat-Su |
| Dates of VIS Publications: | 11/01/2014 06/01/2013 01/01/2013 |
| Date VIS Form Given: | 09/11/2015 |
| Ordering Provider: | |
| Comments: | |



Cancel

Edit Record

Delete Record

Add/Edit Adverse Reaction 58

EDIT VACCINATION

| Patient | | | |
|---|---|---------------------------------|---------------------------|
| Name: | ALEX TESTING | SIIS Patient ID: | 4260127 |
| Date of Birth: | 01/01/2015 | Age: | 39 weeks, 9 months, 0 yrs |
| Guardian: | MOTHER | Status: | Active |
| Vaccination Detail Edit | | | |
| Vaccine: | DTaP/Hep B/IPV (Pediarix)  | | |
| Date Administered: | 09/11/2015 | | |
| Historical: | <input type="radio"/> Yes <input checked="" type="radio"/> No | | |
| Manufacturer: | GLAXOSMITHKLINE | Click to select | |
| Lot Number: | 23134313AB | | |
| Lot Facility: | VACTRAK TRAINING FACILITY | | |
| Publicly Supplied: | Y | | |
| Facility: | VACTRAK TRAINING FACILITY x ▾ | | |
| Vaccinator: | TEST, VACTRAK RN/VACTRAK TRAINING FACILITY x ▾ | | |
| Anatomical Site: | Left Arm x ▾ | | |
| Anatomical Route: | Intramuscular x ▾ | | |
| Dose Size: | Full ▾ | | |
| Volume (CC): | <input type="text"/> | | |
| Revaccination Reason: | Select... ▾ | | |
| VFC Status: | Patient is not VFC Eligible. | | |
| Region: | Anchorage - Mat-Su 4 - Anchorage - Mat-Su | | |
| VIS Publications Dates: | 1. 11/01/2014 2. 06/01/2013 3. 01/01/2013 4. <input type="text"/> | | |
| Date VIS Form Given: | 09/11/2015 | | |
| Ordering Provider: | Sele... ▾ | | |
| Comments: | <input type="text"/> | | |
| <input type="button" value="Cancel"/> <input type="button" value="Reset Values"/> <input type="button" value="Submit Changes"/>  | | | |

PRINT PATIENT RECORD

VAC TRAK

State of Alaska Official Patient Vaccination Record

All Recorded Vaccinations

Organization (IRMS): 1157 - CHILDRENS CLINIC
Facility: CHILDRENS CLINIC #1
Date: September 21, 2015
Patient ID: 1633918
Name: ELMO TEST
Birth Date: 03/03/2003
Sex: MALE
Physician:
Medicaid No:
Guardian:

Phone:
Street:
City:
State:
Zip Code:
Country:
WIC ID:

Note: X= Invalid Dose

| Vaccine Name | Dose 1 | Dose 2 | Dose 3 | Dose 4 |
|--|--------------|--------|--------|--------|
| DTaP | 03/05/2013 | | | |
| DTaP/Hep B/IPV | X 03/21/2013 | | | |
| HPV, quadrivalent | 03/07/2013 | | | |
| Hep B Ped/Adol - Preserv Free | 09/17/2015 | | | |
| Hib-PRP-OMP | 03/21/2013 | | | |
| Influenza inj quadrivalent pres free 36+ mos | 06/30/2015 | | | |
| Pneumococcal, PCV-13 | 03/21/2013 | | | |
| Rotavirus, pentavalent RV5 | X 03/21/2013 | | | |

Compromised Vaccinations:

Influenza inj quadrivalent pres free 36+ mos
06/01/2015

Signature of physician or authorized representative of health agency:



ACIP RECOMMENDED FORECAST

VAC TRAK

Logged in: VACTRAK TRAINING

VAC TRAK

State of Alaska Official Patient Vaccination Record

Forecast

Organization (IRMS): 1381 - VACTRAK TRAINING ORGANIZATION
Facility: VACTRAK TRAINING FACILITY
Date: October 3, 2015
Patient ID: 4260127
Name: ALEX TESTING
Birth Date: 01/01/2015
Sex:
Physician:
Medicaid No:
Guardian: MOTHER

Phone:
Street:
City:
State:
Zip Code:
Country:
WIC ID:

| Vaccine Family | Dose | Scheduled Date | Minimum Valid Date |
|----------------|------|----------------|--------------------|
| HIB | 1 | 03/01/2015 | 02/12/2015 |
| PNEUMO (PCV) | 1 | 03/01/2015 | 02/12/2015 |
| FLU | 1 | 07/01/2015 | 07/01/2015 |
| DTaP/DT/Td | 2 | 10/09/2015 | 10/09/2015 |
| HEP-B 3 DOSE | 2 | 10/09/2015 | 10/09/2015 |
| POLIO | 2 | 10/09/2015 | 10/09/2015 |
| HEP-A | 1 | 01/01/2016 | 01/01/2016 |
| MMR | 1 | 01/01/2016 | 01/01/2016 |
| VARICELLA | 1 | 01/01/2016 | 01/01/2016 |
| HPV | 1 | 01/01/2026 | 01/01/2024 |
| MENINGOCOCCAL | 1 | 01/01/2026 | 01/01/2026 |

nature of physician or authorized representative of health agency:



COVERAGE RATE REPORTS

Coverage Rate Report

Report Criteria

Report Date: 09/21/2015

| | |
|--|--|
| Run By: Ownership | Age Range: 19 Months through 35 Months |
| As of Date: 09/20/2015 | Vaccine Status: Valid Vaccinations Only |
| Series: 4 DTaP/DT/Td, 3 HIB, 3 POLIO, 3 HEP-B 3 DOSE, 1 MMR, 1 VARICELLA, 4 PNEUMO (PCV) | Gender: All |
| Patient Status: Active | Patient Borough/Census Area: All |
| Patient Race: All | Zip Code: All |
| State: AK | Facility: PETERSBURG MEDICAL CENTER CLINIC |
| Region: All | |
| Organization (IRMS): PETERSBURG MEDICAL CENTER | |
| Evaluate At Age: 24 Months | |

| Aggregate (Total Only) | Total Patients | Completion By Vaccine | | | | | | PNEUMO (PCV) (≥4) | Incomplete Series | Missed Opportunities | Series Complete |
|------------------------|----------------|-----------------------|------------|----------|--------------------|----------|----------------|-------------------|-------------------|----------------------|-----------------|
| | | DTaP/DT/Td (≥4) | POLIO (≥3) | MMR (≥1) | HEP-B 3 -DOSE (≥3) | HIB (≥3) | VARICELLA (≥1) | | | | |
| TOTAL | 25 | 11 (44%) | 19 (76%) | 13 (52%) | 18 (72%) | 11 (44%) | 13 (52%) | 11 (44%) | 16 (64%) | 2 (8%) | 9 (36%) |

Quick Reference User Guides

- > Patient Search 
- > Vaccination View/Add/Edit 
- > Inventory Management (Search/Add) 
- > System Administration Permission 
- > Influenza Vaccines 2015-2016 
- > Child Coverage Rate Report 
- > Adolescent Coverage Rate Report 
- > Reminder Recall - Basics 
- > Modifying Patient Status 
- > Correct Decrementing Instructions 



REMINDER RECALL

VAC-TRAK

- Main
 - Home
 - Logout
 - Select Facility
- Favorites
- Patient
 - Search/Add
 - Demographics
- Vaccinations
 - View/Add
 - Forecast
 - Summary
- Lot Numbers
- Orders/Transfers
- Reports
 - Patient Record
 - Report Module
 - State Reports
- Settings
- Reminder/Recall
 - Reminder/Recall
 - Run Templates
- Exports
- Scheduled Reports
- Job Queue
- Change Password
- Answers



What do you want to do with your selected recall group?



Generate A Patient List



Print Letters



Generate Auto-Dialer Content



Generate Mail-Merge



Create Custom Post Cards



Create Avery 8387 Postcards



Print Labels



Save As a Patient Group (Cohort)



Send Email

REPORTS


Logged in: VACTRAK TRAINING
Date: October 3, 2015

Organization (IRMS): VACTRAK TRAINING ORGANIZATION (1381)

- Main**
- Home
- Logout
- Select Facility
- Favorites**
- Patient**
- Search/Add
- Demographics
- Vaccinations**
- View/Add
- Forecast
- Summary
- Lot Numbers**
- Orders/Transfers**
- Reports**
- Patient Record
- Report Module
- State Reports
- Settings**
- Reminder/Recall**
- Reminder/Recall
- Run Templates
- Exports**
- Scheduled Reports**
- Job Queue**
- Change Password**
- Answers**



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Reports

| Vaccinations | Patients |
|--|---|
| Vaccination Totals | Daily Patient Immunization List |
| Vaccinations Breakdown | Patient Detail |
| Lot Number Summary | Patient Totals |
| Lot Usage and Recall Report | Recall for Inactivation |
| Vaccine Deferrals | Clinical Notes |
| Vaccine Lots to Expire | Contraindication Report |
| Daily Inventory Report | Aggregate Contraindication report |
| Reminder/Recall Success | |
| Vaccines for Children | Site Information |
| VFC Vaccinations Breakdown | Provider Contact |
| Vaccine Administered | Physician/Vaccinator Detail |
| VFC Accountability Log | |
| VFC Profile Report | |
| Registry | Quality |
| Provider Submission Detail | Patient Data Quality Detail |
| | Vaccination Data Quality |
| | Vaccination Data Quality Detail |
| Coverage Rate Report | |
| | Pre and Post Enhancement Benchmark Report |
| Vaccine Management | |
| Inventory Transaction Report | |
| Cost Report By Lot Number | |
| Cold Chain Tolerance Exception Report | |
| | |
| Vaccine Return Adjustment Notification | |
| Aggregate Wastage Report | |
| Vaccine Dispensed Report | |



PATIENT DETAIL REPORT

Patient Detail Report

Report Criteria

Run By: By Ownership

Report Date: September 28, 2015

Organization (IRMS): 1383 - AFIX - MISTY
 Patients Status: Active patients only
 Patient VFC Eligibility: All
 Physician: All
 Health Plan: All
 Race: All
 Lot Number: All
 Region: All
 High Risk Category: All
 Publicly Supplied Vaccine: All

Facility: All
 Vaccination Date Range: All
 Vaccine VFC Eligibility: All
 Program: All
 Zip Code:
 State: All
 Patient Borough/Census Area: All
 School: All
 Sort Criteria: Last Name
 Vaccinator: All

Vaccine:
 Birth Date Range: 01/01/2013 through 01/01/2015
 VFC PIN: 12345

Total Patients Having Vaccines: 3 Total Patients With All Vaccines Deleted: Deleted vaccinations are shown with a line through them.

| Patient ID | First Name | Middle Name | Last Name | Birthdate | Guardian F.N. | Phone Number | VFC Eligible |
|------------|------------|-------------|-----------|------------|---------------|---------------|--------------|
| 1743242 | JOY | | FULL | 01/01/2013 | | (231)633-9279 | YES |

| Vaccine | Vacc. Date | Dose Size | Mfg. Code | Lot | Public Lot | VFC Eligible | Historical | Decrement | Vaccinator | Facility | Date VIS Fo Given |
|-------------------------|------------|-----------|-----------|------------|------------|--------------|------------|-----------|------------|------------------------------|-------------------|
| DTaP | 05/01/2013 | | | | N | YES | Y | N | | | |
| DTaP | 04/25/2014 | Full | SKB | AC14B153AA | Y | YES | N | Y | | ALASKA CENTER FOR PEDIATRICS | |
| DTaP/Hep B/IPV | 03/01/2013 | | | | N | YES | Y | N | | | |
| Hep A 2 dose - Ped/Adol | 01/10/2014 | Full | SKB | AHAVB552DA | Y | YES | N | Y | | ALASKA CENTER FOR PEDIATRICS | |
| Hep B - unspecified | 01/01/2013 | | | | N | YES | Y | N | | | |
| Hib--PRP-OMP | 03/01/2013 | | | | N | YES | Y | N | | | |
| Hib--PRP-OMP | 05/01/2013 | | | | N | YES | Y | N | | | |

ELECTRONIC DATA EXCHANGE

- ▶ Eliminates double-date entry
- ▶ On-boarding process
- ▶ Additional responsibilities to ensure all data is RECEIVED in VacTrAK
 - ▶ Monitor **Error Reports**
 - ▶ Process **Correct Lot Decrementing Queue**

ERROR REPORTS

Report Criteria

- Users: TEST_RPMS_HL7
- Display: Errors

| Provider | Representative Facility ID | User | Profile | # Messages | # unique MRN | # Errors | # Warnings |
|----------|-------------------------------|---------------|------------|------------|--------------|----------|------------|
| 1388 | CHEROKEE WOMEN'S WELLNESS CTR | TEST_RPMS_HL7 | 1000002242 | 2 | 1 | 2 | 0 |
| 1388 | CIHA HOSPITAL | TEST_RPMS_HL7 | 1000002242 | 89 | 26 | 36 | 53 |
| 1388 | GALLUP MED C | TEST_RPMS_HL7 | 1000002242 | 2 | 1 | 2 | 0 |
| 1388 | IHS HOSPITAL | TEST_RPMS_HL7 | 1000002242 | 16 | 11 | 16 | 0 |
| 1388 | NOOKSACK | TEST_RPMS_HL7 | 1000002242 | 2 | 1 | 2 | 0 |
| 1388 | SAUK-SUIATTLE CHS | TEST_RPMS_HL7 | 1000002242 | 2 | 1 | 2 | 0 |
| 1388 | | TEST_RPMS_HL7 | 1000002242 | 541 | 181 | 68 | 473 |

Message level issues

| Provider | Representative Facility ID | User | Profile | Import Log ID | Error / Warn | Date Sent | MRN | Issue | Issue Location | Message Control ID |
|----------|-------------------------------|---------------|------------|---------------|--------------|--------------------------|--------------|-----------------------------------|----------------|--------------------|
| 1388 | CHEROKEE WOMEN'S WELLNESS CTR | TEST_RPMS_HL7 | 1000002242 | 1001510936 | E | Apr 10, 2015 3:44:51 PM | 585101105837 | vis publication date is invalid | | IHS-736492 |
| 1388 | CHEROKEE WOMEN'S WELLNESS CTR | TEST_RPMS_HL7 | 1000002242 | 1001510969 | E | Apr 13, 2015 12:39:52 PM | 585101105837 | vis publication date is invalid | | IHS-736492 |
| 1388 | CIHA HOSPITAL | TEST_RPMS_HL7 | 1000002242 | 1001510945 | E | Apr 10, 2015 3:45:07 PM | 585101146856 | vis publication date is invalid | | IHS-736510 |
| 1388 | CIHA HOSPITAL | TEST_RPMS_HL7 | 1000002242 | 1001510965 | E | Apr 13, 2015 12:39:46 PM | 585101144295 | vis publication date is invalid | | IHS-736480 |
| 1388 | CIHA HOSPITAL | TEST_RPMS_HL7 | 1000002242 | 1001510966 | E | Apr 13, 2015 12:39:48 PM | 585101006666 | vis publication date is invalid | | IHS-736482 |
| 1388 | CIHA HOSPITAL | TEST_RPMS_HL7 | 1000002242 | 1001510966 | E | Apr 13, 2015 12:39:48 PM | 585101006666 | next of kin name first is missing | NK1-2.2 | IHS-736482 |

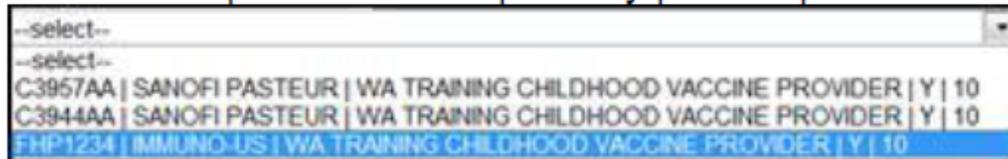
CORRECT LOT DECREMENTING

Show entries Search:

| Search Results (Available Lot Numbers Format: Lot Number Manufacturer Facility Public Doses Available) | | | | | | | | | |
|---|---------|------------------|------------|--------------|---------|-------|-------------------------|---------------|-----------------------|
| | Vaccine | Facility | Lot Number | Manufacturer | Public? | Count | Patient ID | Date Imported | Available Lot Numbers |
| <input type="checkbox"/> | MMR | CHILDRENS CLINIC | J013315 | MERCK | | 1 | 1030711 | Oct 10, 2014 | --select-- |
| <input type="checkbox"/> | MMR | CHILDRENS CLINIC | K005109 | MERCK | | 1 | --select-- | | |
| <input type="checkbox"/> | MMR | CHILDRENS CLINIC | K005109 | MERCK | | 2 | List | Oct 10, 2014 | --select-- |

Showing 1 to 3 of 3 entries

The format of the Available Lot Numbers is:
 Lot Number | Manufacturer | Facility | Public | Doses Available



If no lots are available, the word “None” will appear instead of “—Select —.”

RESOURCES



- Main
 - Home
 - Login
- Patient
 - Job Queue
 - Change Password
 - Answers



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- Documents & Po
- Quick Reference

- Alaska Immuniza

- What's New in V
- VacTrAK User A



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Alaska Department of Health and Social Services

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Health and Social Services > Public Health > Epidemiology > Immunization > VacTrAK

VacTrAK

VacTrAK is a web-based immunization information system that is available from the Alaska Division of Public Health. It is a confidential, population-based, computerized system that maintains immunization information for Alaskans of all ages. VacTrAK is used to manage vaccine inventory and state supplied vaccine orders. VacTrAK helps public health agencies and health care providers to make informed decisions to improve the health of individuals and the entire community.

Effective December 29, 2013, health care providers are required to report all administered immunizations to VacTrAK, the State of Alaska Immunization Information System (IIS), within 14 days of vaccine administration (7 AAC 27.650). The new reporting requirement is applicable for any vaccine administered, including state supplied and privately purchased vaccine.

- > VacTrAK Sign-In

Policies

- > VacTrAK User Roles and Responsibilities 

Forms

- > VacTrAK Provider Application 
- > Request to Modify VacTrAK Users 

Quick Reference User Guides

- > Patient Search 
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VACTRAK SUPPORT & TRAINING

- ▶ VacTrAK Support:
866-702-8725 (866-702-TRAK)
In Anchorage – (907) 269-0312
E-mail: vactrak@alaska.gov
- ▶ New user training available twice a week
- ▶ Special classes can be arranged