



## 2016 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. Children are eligible to receive state-supplied vaccine which includes all types routinely recommended by ACIP. Providers are required to screen patients for vaccine eligibility at each immunization visit to ensure accountability. Complete vaccine administration and eligibility data **must** be reported in VacTrAK within **14 days** per Alaska Administration Code 7 AAC 27.650 (a).

The table below includes 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*, <http://dhss.alaska.gov/dph/Epi/iz/Documents/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
<b>VFC Medicaid Eligible</b>	<ul style="list-style-type: none"> <li>A child who is either Medicaid eligible OR Medicaid enrolled</li> <li>A child who is insured and Medicaid enrolled</li> <li>If an AI/AN child is Medicaid eligible, select "VFC Medicaid Eligible"</li> </ul>	V02	Medicaid	<a href="#">Determined by Medicaid*</a>	Do <u>not</u> bill (State-supplied)
<b>VFC Uninsured</b>	<ul style="list-style-type: none"> <li>A child who has no health insurance</li> </ul>	V03	Patient <sup>†</sup>	\$27.44	Do <u>not</u> bill (State-supplied)
<b>VFC American Indian/Alaska Native (AI/AN)</b>	<ul style="list-style-type: none"> <li>A child who is AI/AN</li> <li>If an AI/AN child is Medicaid eligible, select "VFC Medicaid Eligible"</li> </ul>	V04	Patient <sup>†</sup>	\$27.44	Do <u>not</u> bill (State-supplied)
<b>VFC Underinsured (FQHC)</b> 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"> <li>A child who has health insurance, but the coverage does not include vaccines; <b>OR</b></li> <li>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; <b>OR</b></li> <li>A child whose insurance caps the cost for vaccine coverage is eligible to receive VFC vaccines only after the insurance cap has been reached</li> </ul>	V05	Patient <sup>†</sup>	\$27.44	Do <u>not</u> bill (State-supplied)
<b>State Vaccine (AVAP)</b> May appear as "state-specific" or "local-specific" eligibility in Electronic Health Records.	<ul style="list-style-type: none"> <li>Any child who does not meet VFC eligibility categories listed above and for whom state vaccine is used</li> </ul>	V07	Insurance	Determined by insurance	Do <u>not</u> bill (State-supplied)
<b>Ineligible (Private Vaccine)</b>	<ul style="list-style-type: none"> <li>When privately purchased vaccine is used</li> </ul>	V01	Insurance	Determined by insurance	Determined by Insurance

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

<sup>†</sup>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.

### Alaska Immunization Helpline Contact

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