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 Administrative Code 7 AAC 27.650(a).

The table below includes eligibility categories, definitions, and billing information. If private vaccine stock is used, the correct eligibility category is always “Ineligible (V01)”; no further screening is required. If a child meets more than one eligibility category (i.e., Alaska Native and insured), providers must select and document the eligibility category that will require the least amount of out-of-pocket expenses for the child to receive immunizations.

<table>
<thead>
<tr>
<th>VacTrAK Eligibility Category 0 through 18 years</th>
<th>Definition</th>
<th>Administration Fee Bill To</th>
<th>Vaccine Administration Fee Cap</th>
<th>Vaccine Cost Bill To</th>
<th>HL7 Eligibility Mapping Code</th>
<th>HL7 Funding Source Code</th>
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</thead>
</table>
| VFC Medicaid Eligible                         | • A child who is either eligible or enrolled in Medicaid  
• A child who is insured and Medicaid enrolled  
• If an AI/AN child is Medicaid eligible, select "VFC Medicaid Eligible" | Medicaid | Determined by Medicaid* | Do not bill (State-supplied) | V02 | VXC 50 Public or VXC 51 Public VFC |
| VFC Uninsured                                 | • A child who has no health insurance | Patient† | $27.44 (Per Dose) | Do not bill (State-supplied) | V03 | VXC 50 or VXC 51 |
| VFC American Indian/Alaska Native (AI/AN)     | • A child who is AI/AN  
• If an AI/AN child is Medicaid eligible, select "VFC Medicaid Eligible" | Patient† | $27.44 (Per Dose) | Do not bill (State-supplied) | V04 | VXC 50 or VXC 51 |
| VFC Underinsured (FQHC)                       | This category may be used only by a Federally Qualified Health Center (FQHC) or a deputized provider.  
• A child who has health insurance, but the coverage does not include vaccines; OR  
• A child whose insurance does not cover all 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 | Patient† | $27.44 (Per Dose) | Do not bill (State-supplied) | V05 | VXC 50 or VXC 51 |
| State Vaccine                                 | May appear as “state-specific” or “local-specific” eligibility in EHR  
• Any child who does not meet VFC eligibility categories listed above and for whom state vaccine is used | Insurance | Determined by insurance | Do not bill (State-supplied) | V07 | VXC 50 or VXC 52 Public Non-VFC |
| Ineligible (Private Vaccine)                  | • When privately purchased vaccine is used | Insurance | Determined by insurance | Determined by Insurance | V01 | PHC 70 Private |

*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.
**Definitions**

- **VFC**: Vaccines for Children
- **AI/AN**: American Indian or Alaska Native, as defined by the Indian Health Care Improvement Act (25 U.S.C. 1603)
- **AVAP**: Alaska Vaccine Assessment Program
- **FQHC**: Federally Qualified Health Center
- **Medicaid eligible**: A child who is eligible for the Medicaid program. (For the purposes of the VFC program, the terms "Medicaid-eligible" and "Medicaid-enrolled" are equivalent and refer to children who have health insurance covered by a state Medicaid program).
- **Uninsured**: A child who has no health insurance coverage.
- **Underinsured**: A child who has health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines (VFC eligible for non-covered vaccines only). Underinsured children are eligible to receive VFC vaccine only through a FQHC, or Rural Health Clinic (RHC) or under an approved deputization agreement.

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**Child Eligibility**

(0 through 18 Years of Age)