State-supplied Vaccine Eligibility for Children

The Alaska Immunization Program currently receives both federal and state funds to procure childhood vaccines. These funding sources allow enrolled providers to receive state-supplied vaccine for administration to children 0 through 18 years of age. Accurate eligibility screening and documentation is required to ensure accountability and ongoing availability of each funding source (see table below). The state-supplied vaccine eligibility criteria for children are through one of the following programs:

1. **Vaccine for Children (VFC) Program:**
   - Medicaid eligible (e.g., enrolled in Denali KidCare)
   - Uninsured
   - American Indian/Alaska Native
   - Underinsured (available only at a Federally Qualified Health Center (FQHC) or deputized provider)
     - A child who has health insurance, but the coverage does not include vaccines;
     - 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.

2. **Alaska Vaccine Assessment Program (AVAP):**
   - All other children, including those with private insurance or TRICARE

**Important Notes for All State-supplied Vaccines:**
- Parents/guardians of children with health insurance should review their insurance policy prior to receiving state-supplied vaccines
- Verification of eligibility status is not required
- Patients **may not** be denied state-supplied vaccines due to inability to pay an administration fee
- Providers **must** submit all vaccine administration data to VacTrAK within 14 days, per Alaska Administration Code 7 AAC 27.650 (a).

**Table.** State-supplied Pediatric Vaccine by Eligibility Status and Facility Type

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Medicaid Eligible</th>
<th>Uninsured</th>
<th>American Indian/Alaska Native</th>
<th>Underinsured</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Provider</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>N/A</td>
<td>Yes</td>
</tr>
<tr>
<td>Tribal Health Center</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>N/A</td>
<td>Yes</td>
</tr>
<tr>
<td>Public Health Center</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>FQHC</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Deputized Facilities</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Alaska Immunization Helpline contact:
Anchorage: 907-269-8088 | Toll Free: 888-430-4321 | Email: immune@alaska.gov
Ver. 1/6/15