Montana Public Vaccine and Eligible Populations

Private Provider without Rural Health Clinic (RHC) Designation

X indicates eligible population at your facility. ▢ indicates ineligible population or unavailable vaccine.

Vaccine Category	Vaccines/ Immunizations	Funding Source	Vaccines for Children (VFC) Categories (through 18 years)				State-Underinsured[4]	Vaccines for Adult (VFA) Categories		Fully Insured[5]
			Medicaid	American Indian/ Alaskan Native	Uninsured[2]	Underinsured[3]		Uninsured[2]	Underinsured[3]	
Pediatric	DTaP IPV HIB Hep B Hep A PCV15,20 PPSV23 MMR Rotavirus RSV Varicella Influenza Covid	VFC	X	X	X	Refer to FQHC, RHC, or Local Health				
Adolescent	MenACWY MenB Tdap HPV Covid	VFC/State	X	X	X	Refer to FQHC, RHC, or Local Health				
Adult[1]	Hep A/B Tdap/Td MMR HPV PPSV23 PCV15,20 Influenza Covid[6]	317								
imMTrax Eligibility Designation			VFC eligible-Medicaid	VFC eligible-American Indian/Alaska Native	VFC eligible-Uninsured	VFC eligible-Underinsured	State-funded Adolescent (Tdap, Men, HPV)	Adult-Uninsured or Underinsured	Adult-Uninsured or Underinsured	Not Eligible

[1] Vaccines for Adults (VFA) vaccine is only distributed to public clinics.

[2] Uninsured: A person who has no public or private health insurance.

[3] Underinsured: A person who has health insurance, but the coverage does not include vaccines, only covers select vaccines, or coverage is capped at a certain amount. They are underinsured for the non-covered vaccines and vaccines received after exceeding the cap. VFC-eligible underinsured are only eligible for VFC vaccine at FQHCs, RHCs, and LHDs with a delegation of authority agreement. VFA underinsured are eligible for VFA vaccine at any participating VFA facility.

[4] State Underinsured: A person who has health insurance that covers or partially covers vaccines, but the co-pay or deductible is considered not affordable by the patient/parent/guardian (local health departments only).

[5] Fully Insured: Anyone with insurance that covers the cost of vaccine, even if the insurance includes a high deductible or co-pay, or if a claim for the cost of the vaccine and its administration would be denied for payment by the insurance carrier because the plan's deductible had not been met.

[6] Available only in the adult Bridge Program.

Documenting Eligibility Screening

Requirements

Eligibility screening results must be:

- Documented for all eligibility categories you can serve, including privately insured (not VFC eligible) and AI/AN
- Documented at every immunization visit
- Associated with the patient and the visit date or immunization
- Documented through a process that informs clinicians what vaccine stock to use
- Documented in a way that can be tallied to obtain annual Provider Profile numbers (see below)
- Retained for three years
- Made available to Immunization Program staff on request and during compliance site visits.

Methods of Documenting Eligibility Screening

Below are typical methods used to document eligibility although any method or combination of methods that meets the criteria above is acceptable.

imMTrax

Providers who hand-key administered immunizations into imMTrax and deduct doses from their inventory document VFC eligibility as part of this process, and this can serve as eligibility documentation. If data entry is current and accurate, imMTrax automatically calculates Provider Profile numbers for annual re-enrollment. If you do not manage your private vaccine in imMTrax, you must document eligibility screening for privately insured patients outside of imMTrax. Providers on data feeds or only entering "historic" immunizations do not capture eligibility and cannot use imMTrax to document eligibility. Eligibility for patients who do not consent to be in imMTrax must also be documented outside the system.

Paper Eligibility Logs

The Immunization Program makes available paper eligibility logs that capture all required information and can be used to document eligibility, tally Provider Profile numbers, and estimate order quantities. If you use these forms as the only method of documenting eligibility, you must list *all* pediatric immunization patients including those who are privately insured. Contact the Immunization Program if you need a log sheet. They are no longer available on our website. Be sure to use the form appropriate to your facility type.

Electronic Health Records

Most electronic health records (EHRs) can capture VFC eligibility information. EHRs can be used to document eligibility as long as the information is associated with an immunization or visit date and is not solely in the demographic/personal information fields. You must be able to extract Provider Profile numbers from the system for all VFC eligibility categories for re-enrollment, including privately insured and AI/AN.

Face Sheets and Patient Check-in Questionnaires

Patient-completed face sheets and questionnaires can be used to document eligibility as long as they are completed for each immunization visit (dated), screen for all eligibility categories you serve, can be used to determined Provider Profile numbers, and are archived for three years.