



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