

# *AVAP Provider Opt-In Instructions*

**Alaska Immunization Program**

# Provider opt-in

- **Provider opt-in is optional**
- **The purpose of the provider opt-in is to offer vaccine providers an opportunity to cover vaccines for uninsured adults**
  - **Note: There is no payer (i.e., healthcare/medical insurance) for uninsured adults. Providers have the option to act as a payer for their uninsured adult population**
- **If providers do not opt-in, state-supplied vaccine (i.e., AVAP vaccine) can still be used for adults with a participating payer**
  - **All major healthcare/medical insurance companies are participating in AVAP**
  - **The only payers that are not participating include: Medicaid, Medicare, insurance that does not cover vaccines, and Veterans Affairs**

# Opt-in Eligibility

- Patients insured by a non-participating payer (i.e., Medicaid, Medicare, insurance that does not cover vaccines, and Veterans Affairs) cannot receive state-supplied vaccine regardless of whether you opt-in or not
- Providers can **ONLY** opt-in for their uninsured adult population. Providers cannot opt-in for or administer to underinsured adult patients
- **7 AAC 27.140 Opt-in procedure for other program participants.**
- A provider that wants to receive a vaccine under the state immunization program for an uninsured adult may opt in to pay an assessment for the uninsured adult using a form provided by the State Vaccine Assessment Council. (Eff. 4/17/2019, Register 230)

# STATE-SUPPLIED VACCINES FOR ADULTS

Adult Vaccines	Brand Name®	Manufacturer	NDC Code
Influenza Vaccines (various brands)			
Hepatitis A Adult	Havrix®	GlaxoSmithKline	58160-0826-52 (10 pk, syr)
Hepatitis B Adult	Heplisav-B™	Dynavax	43528-0003-05 (5 pk, syr)
9vHPV (Human papillomavirus 9-valent)	Gardasil®9	Merck	00006-4121-02 (10 pk, syr)
MCV4 (Meningococcal conjugate)	Menquadfi®	Sanofi Pasteur	49281-0590-05 (5 pk, vial)
MenB (Serogroup B Meningococcal)	Bexsero®	GlaxoSmithKline	58160-0976-20 (10 pk, syr)
MMR (Measles/ Mumps/ Rubella)	M-M-R®II	Merck	00006-4681-00 (10 pk, vial)
PCV20 (Pneumococcal conjugate)	Prevnar 20™	Pfizer	00005-2000-10 (10 pk, syr)
PPSV23 (Pneumococcal polysaccharide)	Pneumovax®23	Merck	00006-4837-03 (10 pk, syr)
Td (Tetanus/ diphtheria)	TDVAX™	Grifols	13533-0131-01 (10 pk, vial)
Tdap (Tetanus/ Diphtheria/acellular Pertussis)	Boostrix®	Sanofi Pasteur	58160-0842-11 (10 pk, vial)
Varicella (Chickenpox)	Varivax®	Merck	00006-4827-00 (10 pk, vial)
Zoster (Shingles)	Shingrix®	GlaxoSmithKline	58160-0819-12 (1 pk, vial) 58160-0823-11 (10 pk, vial)

# ADULT ASSESSMENT RATE

- **The Adult Assessment Rate changes each year, please contact us for this year's assessment rate or go to [Alaska Vaccine Assessment Program website](#).**
- **2023 Assessment Rate = \$1.51/adult/month**
- **Providers must pay for a minimum of 50 uninsured adults**
- **If you serve less than 50 uninsured adults, you will report a total of 50 uninsured adults**
- **For example, if you serve 20 adults, you will report 50 uninsured adults and be invoiced \$906 ( $\$0.51 \times 50$  uninsured adults  $\times 12$  months = \$906)**
- **Billed annual**

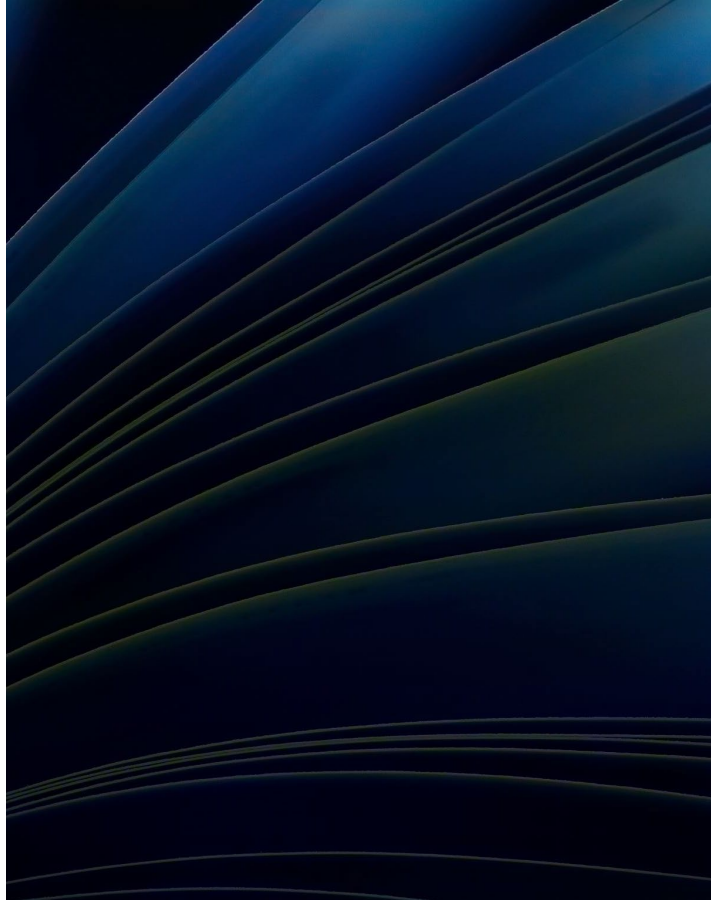
# Payment & Interest

- **Payment in full is due on the date of the invoice**
- **Interest will automatically accrue from the invoiced date at 12% annually; however, there will be a 45-day grace period. Any provider may ask that interest be waived, “for good cause shown,” by submitting a written request to the AVAP Council; the matter will be addressed at the next scheduled Council meeting**

# HOW TO OPT-IN

- **The beginning of each year there will be a new SurveyMonkey link for providers to opt-in.**
- **Required Information**
  - **Organization/Facility Name**
  - **Organization/Facility PIN**
  - **Organization/Facility Address**
  - **Data system used to determine your number of uninsured adults**
  - **Number of uninsured adults**
    - **List the number of “uninsured adults” seen in the last calendar year, regardless of if the uninsured adults has received a vaccine or not. The number should represent ALL uninsured adults seen at your organization/facility in the previous calendar year.**
- **Billing Information**

# QUESTIONS



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**For any questions, please contact the  
Alaska Immunization Helpline**

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**Anchorage: 1-907-269-8088**

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**Toll Free: 1-888-430-4321**

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**Email: [immune@alaska.gov](mailto:immune@alaska.gov)**