

2020 AVAP Provider Opt-In Instructions

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Alaska Immunization Program
January 2020

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Provider Opt-In

- ▶ Provider opt-in is **optional**
- ▶ Provider opt-in is to cover vaccines for **uninsured adults**
 - ▶ Note: There is no payor (i.e., healthcare/medical insurance) for uninsured adults. Providers have the option to act as a payor 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 payor

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Opt-In Eligibility

- Patients insured by a non-participating payor (i.e., Medicare, Medicaid, and insurance that does not cover vaccines) 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)

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State-supplied Vaccines for Adults

Adult Vaccines	Brand Name®	Manufacturer	NDC Code
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)
Influenza	Varies: Influenza Vaccines		
MCV4 (Meningococcal conjugate)	Menactra®	Sanofi Pasteur	49281-0589-05 (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)
PCV13 (Pneumococcal conjugate)	Prevnar 13™	Pfizer	00005-1971-02 (10 pk, syr)
PPSV23 (Pneumococcal polysaccharide)	Pneumovax®23	Merck	00006-4837-03 (1 pk, syr)
Td (Tetanus/ diphtheria)	TDVAX™	Grifols	13533-0131-01 (1 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)

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2020 Adult Assessment Rate

- ▶ Assessment Rate = \$0.52/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 \$312 ($\$0.52 * 50 \text{ uninsured adults} * 12 \text{ months} = \312)
- ▶ Billing = annual

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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

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How do I opt-in?

- ▶ Opt-in at: <https://www.surveymonkey.com/r/8333X8M>
- ▶ 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 last calendar year, regardless of if the uninsured adult 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

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Questions

- ▶ For help determining how to quantify the total number of uninsured adults in your Organization/Facility in the last calendar year, please contact the Immunization Helpline

Anchorage: 907-269-8088
Toll Free: 888-430-4321
Email: immune@alaska.gov