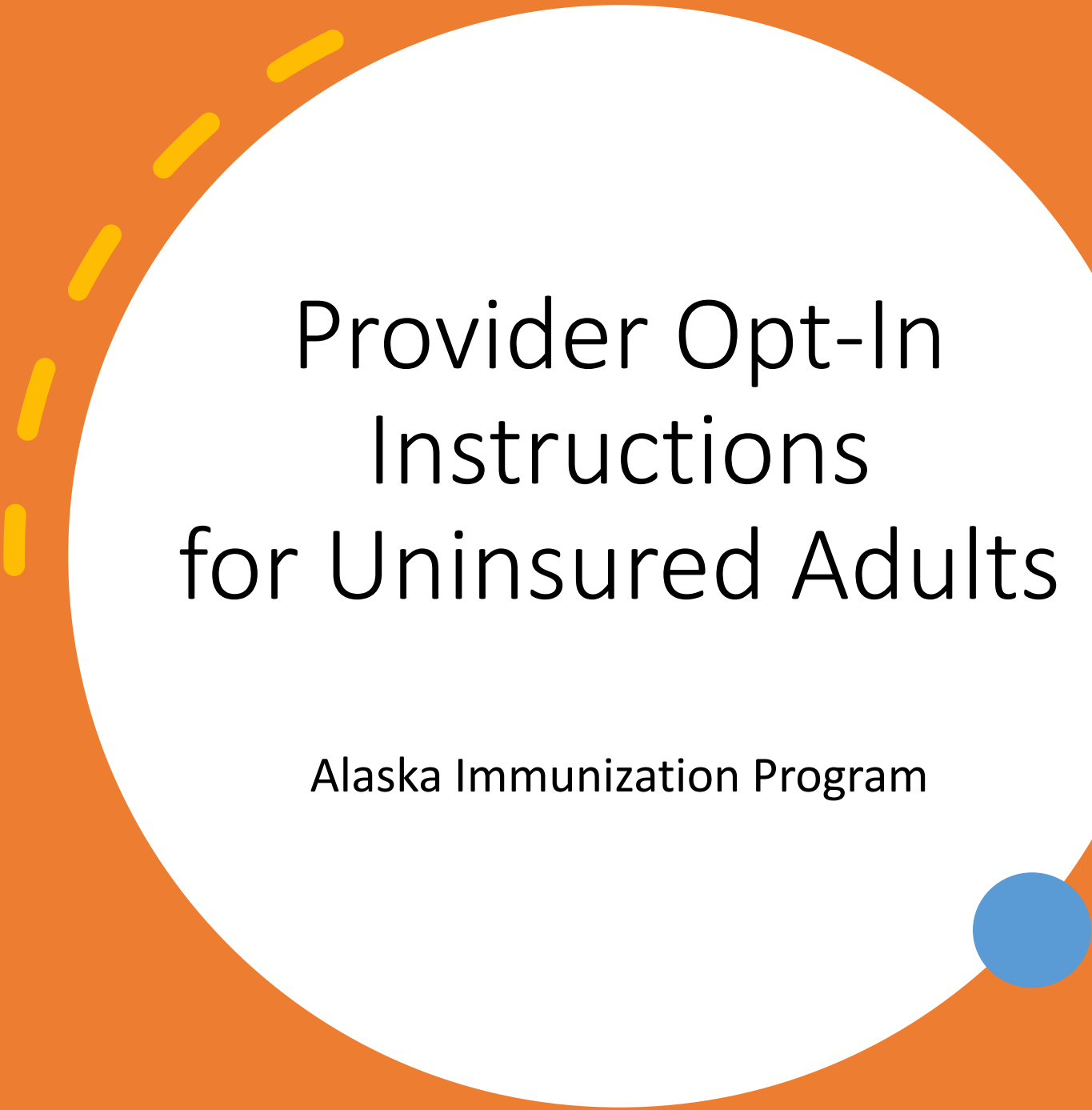




Provider Opt-In Instructions for Uninsured Adults

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., health care/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 health care/medical insurance companies are participating in AVAP
 - The only payers that are not participating include: Medicaid, Medicare, insurance that does not cover vaccines

Opt-in Eligibility

- Patients insured by a non-participating payer (i.e., Medicaid, Medicare, 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)
- The state formulary is available [here](#)

ADULT ASSESSMENT RATE

- The Adult Assessment Rate changes each year
- 2026 Assessment Rate = \$1.36/adult/month
- Providers must pay for a minimum of 50 uninsured adults
- For example, if you serve 20 adults, you will report 50 uninsured adults and be invoiced \$816 ($\$1.36 \times 50 \text{ uninsured adults} \times 12 \text{ months} = \816)
- Billed annually
- Payment in full is due on the date of the invoice

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

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QUESTIONS

For any questions, please contact the Adult Vaccine Program

Anchorage: 1-907-782-6657

Toll Free: 1-888-430-4321

Email: AVAP@alaska.gov

