

ADVISORY FAQs

The Alaska Vaccine Assessment Program (AVAP) operates to ensure that all Alaskans have access to Advisory Committee on Immunization Practices (ACIP) recommended vaccines. In 2014, the Alaska State Legislature established AVAP, a new statewide funding partnership. This funding partnership was authorized in Alaska Statute 18.09.200 and established a vaccine assessment account that enables the Department of Health and Social Services (DHSS) to purchase all pediatric and select adult vaccines at costs below those of private purchase alternatives.

The advisory FAQs are divided into five broad categories:

1. "A" means questions related to Assessments.
2. "C" means questions related to Covered Lives.
3. "G" means questions related to Government Programs.
4. "P" means questions related to Providers.
5. "V" means questions related to Vaccines.

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Assessments

A1. Why did the Alaska Legislature form the Alaska Vaccine Assessment Program (AVAP)?

The Alaska Legislature formed AVAP to preserve universal-select access to state-supplied vaccines for children and to provide select state-supplied vaccines for covered adults. AVAP enables the Alaska Immunization Program to purchase vaccines for the state's entire population and distribute them at no cost to health care providers.

A2. How does the program save money?

By purchasing vaccines at a bulk contract rate, Alaska qualifies for significant discounts. AVAP funds vaccine purchases with assessments collected from insurers and other payers.

A3. How does AVAP work for payers and providers?

A vaccine assessment account (Vaccine Account) has been established, and funds are used for purchasing pediatric and adult vaccines. The Vaccine Account is funded through vaccine assessments from assessable entities called "payers," which include health care insurers, health benefit plans, and third-party administrators, based on their proportionate share of the overall vaccine costs. The Immunization Program uses the funds to order vaccine at a discounted bulk rate and distribute it statewide at no cost to health care providers (e.g., doctors, hospitals, clinics, etc.). Health care providers vaccinate their patients, only billing payers for the administrative fee.

A4. Who oversees the program?

AVAP is overseen by an independent Vaccine Assessment Council (Council) appointed by the Department of Health and Social Services (DHSS) Commissioner.

A5. Are insurance carriers the only entities paying the assessment?

No. Self-insured employers, Third-party administrators (TPAs), health maintenance organizations (HMOs), and other payers are also subject to assessment. These payers fund the purchase of vaccines for all privately insured children and adults.

A6. What does "assessable entity" mean?

"Assessable entity" means any health carrier or other entity that contracts or offers to provide, deliver, arrange, pay for, or reimburse any of the costs of health services.

A7. Must both the employer and the insurer, or third-party administrators (TPA) administering the plan, pay the assessment for a given covered life?

No. AVAP avoids counting any covered life twice by holding the entity that pays for the vaccine administration cost also responsible for paying the assessment.

A8. Must Employee Retirement Income Security Act (ERISA) plans pay the assessment?

Yes. ERISA does not prevent the state from assessing payers. To the extent allowed by federal law, after the three-year phase-in period, ERISA plans will be required to participate along with all other payers. Third-party administrators (TPAs), who are often contracted to perform claims processing activities for ERISA plan trustees, will also be included in the mandatory assessment.

A9. Are publicly funded health care benefit plans mandated to participate in the program?

Yes. Publicly funded health care benefit plans (e.g., Medicare, the Veterans Administration, and TRICARE) *are* included in the bill’s definition of “health care insurer.” In 2016, they are not participating in AVAP. Medicare is exempt from mandatory participation until federal approval is obtained. DHSS is working with federal officials and others to obtain the necessary approvals.

Medicaid (adults ≤ 19 years) is not participating in AVAP during 2016; however, DHSS is covering the participation cost for Medicaid.

A10. How are an entity’s assessments determined?

The assessment is based on an online quarterly survey of assessable entities’ covered lives. Each year, AVAP via the Council sets separate assessment rates per child and adult covered life. The Council will evaluate whether the “covered lives” approach will be continued in subsequent years. For more information on reporting and assessment payments, see www.akvaccine.org.

A11. What is the 2016 assessment rate?

The assessment rate is published in the Assessment Workbook on www.akvaccine.org. The assessment rate for covered children <19 years is \$6.77 per child per month. The assessment rate for covered adults 19 years and older is \$0.76 per adult per month.

A12. Are the childhood and adult vaccine-eligible populations combined to form a single assessment cost per payer?

No. Childhood and adult vaccines are assessed separately since the cost-per-adult is much lower than the cost-per-child. However, a single payment may be submitted for both assessments.

A13. Are payments made by assessment payers accountable as medical expenses?

Yes. Assessment payments are properly accountable as medical expenses because they fund the cost of vaccines administered to beneficiaries. As such, assessable entities like third party administrators are anticipated to pay the assessment costs on behalf of their clients.

A14. Does the Patient Protection and Affordable Care Act (ACA) preempt any provisions of the AVAP?

No. The ACA does not preempt any provision of state law unless a state law prevents the application of an ACA requirement. AVAP supports the ACA requirement that coverage be

provided without the imposition of cost-sharing for immunizations for routine use in children and adults.

A15. Where can I find more details about AVAP assessment rate calculation?

For more information, see the Assessment Workbook on www.akvaccine.org.

A16. What is the three-year phase-in period?

Alaska Statute AS 18.09.200 includes a three-year phase-in period for payers. While the law establishes all payers (i.e., assessable entities) as participants in the program starting January 1, 2015, payers are allowed to opt out during the three-year phase-in period. Participation by all eligible payers will be mandatory by January 1, 2018.

A17. When are assessment payments due?

AVAP operates on a calendar year running from January 1 to December 31. Quarterly assessments are due 45 days after the close of each quarter, meaning reports and payments will typically be due on February 15, May 15, August 15, and November 15. Quarterly payments are based on the number of covered lives an entity reports for the three months in each preceding quarter.

A18. What if AVAP collects too little?

If AVAP's estimates produce funds that are too low to meet the needed vaccine costs, AVAP may issue a supplemental assessment. AVAP's reserve methodology has been designed so that no supplemental assessment should be needed, but that cannot be guaranteed in advance.

A19. What if AVAP collects too much?

Any excess funds collected in one year will be used to reduce the overall assessment for the following year.

A20. If I am a Payer, where do I go to complete the online assessment?

Click [here](#) for the online assessment. First-time users must register before they can log in to the assessment system. Please note that because of the system's security features, there may be a delay of up to 30 minutes before a new account can be accessed for data entry.

A21. Are there any tutorials on the use of this system?

Yes. Webinar videos and filing guides are available. Click [here](#) for more information.

A22. What if I have registered in the assessment system, but I need to change some of my information?

Please email Help@AKvaccine.org with an explanation of what adjustments you need and provide your contact information. A trained representative will follow-up on your request.

A23. If I make a mistake in my report, how can I correct it?

Please email Help@AKvaccine.org with an explanation of the mistake. AVAP will provide assistance so that you can print a corrected remittance form.

A24. I accidentally overpaid. Can I be reimbursed?

Yes. Please email Help@AKvaccine.org explaining the mistake and the amount you need for reimbursement. The AVAP Council will then determine the best way to correct the mistake.

A25. How do I submit my payment?

Your payment should be submitted via mail through USPS to the address provided on www.akvaccine.org and include a reference number. The reference number can be found on the "AVAP Remittance Form," which will appear after you submit your report, and can be printed and saved.

A26. What if I submit a late report or payment?

Please prepare your report as soon as possible. KidsVax[®] will report your late payment to the AVAP Council. The AVAP Council will take enforcement action, should that become necessary.

A27. How do I create a password for the assessment system on www.akvaccine.org?

You may create your own password by entering your Federal Employer Identification Number (EIN), your e-mail address, and a private password of your choice at this link: <http://www.akvaccine.org/assessment>.

A28. What should I do if my company has created a password for the assessment system on www.akvaccine.org, but I no longer have it?

You can have your password reset by sending an e-mail to Help@AKvaccine.org. In the e-mail, please state that you have registered on the website, but you have forgotten your password. Kindly include your Federal Employer Identification Number (EIN). We will then reset your password for you.

A29. Can payers opt out of the Alaska Vaccine Assessment Program?

Yes. As part of the transition to Alaska's improved universal-select vaccine purchasing, the Legislature allowed payers to opt out for periods prior to January 1, 2018 according to procedures set by DHSS.

A30. Is opt out advisable?

No. Vaccines recommended by medical experts have long been recognized as the second most effective public health initiative next to clean drinking water. Overall, studies have shown that direct savings in health care costs from proper vaccination exceed \$10 for every \$1 spent.

Perhaps even more substantial are the indirect costs for caregivers and those who die, become disabled, or experience other effects of vaccine-preventable illnesses.

AVAP is an important initiative by the State of Alaska to capture more of the benefits of recommended vaccines by making it easier for providers to participate in vaccination programs for their patients while also lowering the costs for payers. AVAP builds upon the proven track record of programs in other states, which have resulted in consistently lower vaccine costs, generally saving between 20-25% on vaccine costs for health benefit plans.

Plans that undermine this initiative for their own beneficiaries also diminish “herd effect” of protecting the small number of individuals for whom vaccinations are not medically advisable. Hence they expose themselves to liability risks on multiple fronts.

A31. Can individual health plans or clients opt out on their own?

No. AS 18.09.200 allows for “Assessable Entities,” defined as TPAs or health insurers, to opt out, not individual clients or health care groups. [See AS 18.09.220(e).] This statutory requirement reflects the need of providers to know which payer’s beneficiaries are covered by AVAP.

For a given payer to opt out, 100% of the plans or benefit programs it administers must authorize the payer to do so. The payer then may make its own decision about whether or not to opt out. Opting out may expose the plans and the payers to certain third party liabilities. No immunity from such liability was created by the legislature.

A32. Have the opt out procedures been established as contemplated by statute [AS.18.09.220(e)]?

Yes. Opt out procedures have been adopted by DHSS pursuant to a formal delegation of authority from the Commissioner. Those procedures are in Exhibit M of the AVAP Plan of Operation. See www.akvaccine.org for more information.

A33. Is the assessment voluntary?

No. Alaska law mandates that all assessable entities (essentially any entity which pays for any health benefits for any Alaska resident), must pay assessments set by the program. There is however a special phase in period that allows entities to opt out annually during the first three years of the program. For the reasons set forth in other FAQs, DHSS strongly recommends against payer opt out. Wholly apart from the DHSS recommendation, the vast majority of Alaska payers have confirmed that they will be participating in the program from its inception.

A34. Will participating payers save money in 2016?

Yes. 2016 rates are favorable even when viewed against similar programs in other states that are more mature and, therefore, already had paid all of their startup costs. For most payers, savings for 2016 are anticipated to run in the 20% range and to get even better in subsequent years. DHSS is committed to financial transparency in this program and so anticipates publishing a retrospective financial analysis after each program year to evaluate actual cost savings of AVAP when measured against CDC’s annual survey of private purchase vaccine costs. Other

states with universal vaccine purchase programs similar to AVAP typically have produced vaccine cost savings, on average, between 22% and 30%. Savings have been consistent year after year in those states.

Covered Lives

C1. Must entities report only child covered lives, or should adult covered lives be included as well?

Entities must report both child and adult covered lives. Individuals 0 through 18 years of age are considered children. Individuals 19 and older are considered adults.

C2. What are “adult covered lives”?

“Adult covered lives” are Alaska residents who are 19 years and older who are:

- (a) Covered under an individual health insurance policy;
- (b) Covered under a group health insurance policy;
- (c) Protected, in part, by a group excess loss insurance policy; or
- (d) Protected, in part, by an employee benefit plan of a self-insured entity or any government plan for any employer or government entity.

C3. What are “child covered lives”?

“Child covered lives” are Alaska residents who are 0 through 18 years who are:

- (a) Covered under an individual health insurance policy;
- (b) Covered under a group health insurance policy;
- (c) Protect, in part, by a group excess loss insurance policy; or
- (d) Protected, in part, by an employee benefit plan of a self-insured entity or any government plan for any employer or government entity.

C4. Must an entity file reports even if it does not provide medical benefits and therefore has zero covered lives?

Yes. However, the entity may be eligible to file an Annual or Permanent Zero Covered Lives Report instead of the typical quarterly reports. Please note that if an entity has zero covered lives for *one quarter only*, then it should file a normal quarterly report with “0” values.

If, however, an entity does not administer medical benefits and therefore has zero covered lives, it should file one of two types of Zero Covered Lives Reports. For example, this type of report would be appropriate for entities such as those administering eye care or dental benefit only plans. If the entity has zero covered lives and will continue to have zero covered lives for the balance of the year, then it should file an Annual Zero Covered Lives Report during the first quarter of the calendar year. No other report will be due until the first quarter of the following calendar year. If the entity has zero covered lives and expects to never have covered lives, it should file a Permanent Zero Covered Lives Report to eliminate the need for further compliance follow up. A guide to Zero Covered Lives Reports is available [here](#).

C5. If an entity files a Permanent Zero Covered Lives Report, but it later has covered lives, what should it do?

Contact Help@AKvaccine.org so the entity's status can be changed so they can start reporting regularly, beginning with the first quarter in which it has covered lives.

C6. If my company has filed an Annual Zero Covered Lives Report, when should we file our next report?

An Annual Zero Covered Lives Report covers one calendar year. You should plan to file your report again by February 15th of each calendar year.

C7. Must Payers who opt out still report their covered lives using the AVAP online self-reporting assessment system?

Yes. Accurate reports on covered lives are needed both (a) to aid in precision of universal-select supply budgeting and ordering and (b) to help DHSS monitor the public health risk to Alaskans from payer opt out elections.

To report covered lives, but not generate an assessment billing, Payers should timely complete a covered lives report each quarter using the self-reporting assessment system, but enter "zeros" for child and adult covered lives for each month. Such an entry will generate a zero dollar assessment billing and also contribute to accurate totals of the covered lives able to access the state's universal supply.

Then, in response to the interrogatory number 2: "Have you reported all Alaska resident child and adult covered lives for which your company is responsible?" answer "No." In the explanation box supply data using the following format:

"Our company has made an opt out election this year and therefore reported zero lives for assessment billing purposes. The average monthly covered lives this quarter our company which would have been reported, absent our opt out election were:

Children _____ [enter number per each month on average]

Adults _____." [enter number per each month on average]

Government Programs

G1. Has AVAP changed anything for the federally funded Vaccines for Children Program (VFC) or state-sponsored medical plans?

No. AVAP is a financing mechanism for a portion of Alaska's universal-select vaccine purchasing system for children and adults. The federally funded Vaccines for Children Program is not affected by AVAP. All providers receiving state-supplied vaccine must enroll annually in the state's Vaccine Distribution Program and adhere to all program requirements.

G2. Do providers still need to screen for VFC eligibility?

Yes. Eligibility status screening is a federal/state requirement for every visit and has not changed.

Providers

P1. Does this program affect how providers receive vaccine?

No. Providers must complete the annual Vaccine Distribution Program renewal/enrollment process to receive state-supplied vaccine. Providers will receive all children's vaccine and select adult vaccines from the Alaska Immunization Program directly instead of purchasing them privately. Further details are explained in FAQs below and on the AVAP Provider Summary at www.akvaccine.org on the Providers tab. If you have questions, please contact the Alaska Immunization Program at immune@alaska.gov or 907-269-8000. KidsVax®, the administrator for AVAP, does not collect, store or distribute any vaccines.

P2. What are the benefits for my practice in receiving state-supplied vaccine through AVAP?

AVAP is able to buy vaccines at discounted rates off a bulk contract compared to market prices. Providers can then receive state-supplied vaccines for all covered patients and avoid the financial and administrative burdens of purchasing vaccines and maintaining separate vaccine storage and tracking systems.

P3. Can providers still purchase vaccines privately?

Yes. Nothing in the statute prohibits this. However, regulation 3 AAC 26.110 allows payers to reimburse providers at the state's cost for the vaccine, instead of the provider's private purchased priced. Reimbursement rates will be set by payers, providers will need to negotiate this privately with payers.

P4. Do providers need to pay for state-supplied vaccines for children and covered adults?

No. Providers do not need to pay for state-supplied vaccines. Providers can receive state-supplied vaccines for all children vaccines and select vaccines for covered adults. With 100% participation after the three-year phase-in period, providers will receive state-supplied vaccines at no out of pocket cost for all children and for adults who are covered by participating payers. The assessment for this vaccine is paid by the assessable entities that provide health care coverage for these patients.

P5. How does this program affect patients?

Patients whose payers have opted into AVAP will not be charged for the cost of the vaccine; however, some patients may still be charged an immunization administration fee by their provider.

P6. Are health care providers who care for uninsured adults required to participate in the assessment?

No. However, providers are able to voluntarily opt into the assessment throughout the life of the program to receive vaccines at a discounted (bulk) rate for uninsured adults.

Advantage of provider opt in for uninsured adults, include:

- Opt in providers can use AVAP vaccine for all adults, including those with non-participating payers (e.g., TRICARE, Medicare, etc.).

Providers who decide not to opt in to the vaccine assessment will continue to privately purchase vaccine from the marketplace for their uncovered clients.

To receive information about how to opt in, please contact immune@alaska.gov.

P7. Could providers get vaccine for uninsured adults, funded by surplus funds, even if they don't opt in?

No. State funds are not sufficient to cover adults who are uninsured or not covered by an assessed payer. Providers who don't opt in for uninsured adults can receive state-supplied vaccine only for covered adults with participating payers or Medicaid, but will need to use privately purchased vaccine for uninsured adults and adults with non-participating payers (e.g., TRICARE, Medicare). A list of non-participating payers is posted [here](#).

P8. Will providers incur a higher assessment cost for adult vaccines than they are currently paying?

Not likely. Because vaccines will be purchased in bulk at discounted rates, providers are expected to pay about the same amounts for adult vaccines by opting into the assessment program. Further, the administrative work associated with AVAP should be less when providers opt in because they do not need to separate public and private vaccines in their vaccine storage unit. The provider's share of the total assessment is based on their number of uninsured adults.

P9. How will providers be compensated for the administration of vaccines?

Since the assessment only covers the cost of the vaccine, providers will bill either the payers or the patients directly for vaccine administration fees, as their current practice.

P10. Are pharmacists able to participate in the program?

Yes. Pharmacists may also enroll in the Vaccine Distribution Program to receive state-supplied vaccine for all children and for adults who are covered by participating payers.

P11. Should providers bill \$0.00 or \$0.01 for state-supplied vaccines?

No. Providers should not include any code in their billing for the state-supplied vaccines. They should only bill for administrative costs.

P12. How do providers enroll to receive state-supplied vaccine?

Providers who currently receive state-supplied vaccine will enroll for the statewide program during their annual Vaccine Distribution Program re-enrollment period. New providers will need to initiate enrollment through the Alaska Immunization Program. Providers can order state-supplied vaccine as soon as they complete this enrollment.

P14. How can I get updated information on AVAP?

There are several ways to remain updated:

- a. Epi Bulletins will be posted on the State of Alaska Epidemiology home page at <http://www.epi.alaska.gov>.
- c. To receive email alerts, sign up on the home page at www.akvaccine.org.
- d. You may send further questions to immune@alaska.gov.

P16. What patient eligibility (VFC) Codes should be used ?

- V02 = VFC Medicaid Eligible
- V03 = VFC uninsured
- V04 = VFC American Indian/Alaska Native
- V05 = VFC underinsured (FQHC)
- V07 = State Vaccine (AVAP)
- V01 = Ineligible (Private vaccine)

P17. Will providers have a choice of which vaccine brands to use?

No. The Alaska Immunization Program selects the vaccine formulary to be used. For a listing of the specific vaccines included in the program, please click [here](#).

Vaccines

V1. Who sets vaccine policy?

The Alaska Immunization Program provides vaccines recommended by the Advisory Committee on Immunization Practices (ACIP). KidsVax[®] takes no position for or against the administration of any particular vaccine to any specified individual.

V2. What vaccines are covered by the Alaska Immunization Program?

The DHSS commissioner will maintain a list of vaccines included in the program based on the department's review of the ACIP recommendations and the clinical and cost-benefit analysis of potential vaccines.

In 2016, the Alaska Immunization Program will provide:

- All ACIP-recommended childhood vaccines for all children who are not VFC-eligible using funds from the vaccine assessment account and residual state funds from HB 310; and

- the following adult vaccines: Tdap/Td, Pneumovax, Zostavax (adults 60–64 years), Meningococcal vaccines (adults 19–20 years), and HPV (females 19–26 years, males 19–21 years, and high risk males 22–26).

V3. Is the cost of seasonal flu vaccine included in the assessment rates?

Yes. Influenza vaccine is provided through AVAP.

V4. Does AVAP establish a vaccine mandate?

No. AVAP does not set vaccine policy or create vaccine laws. It facilitates the state's universal-select purchase of vaccines by collecting assessments from insurers, third-party administrators, and other payers.

V5. What is VacTrAK?

VacTrAK is Alaska's Immunization Information System (IIS). This web-based system provides a confidential, population-based, computerized system to maintain immunization information for Alaskans of all ages. Effective December 29, 2013, health care providers are required to report all administered immunizations to VacTrAK within 14 days of vaccine administration (7 AAC 27.650). This reporting requirement is applicable for any vaccine administered, including state supplied and privately purchased vaccine.

V6. Does AVAP impact my taxes?

No. AVAP does not impact taxes as it is not funded by taxpayers. AVAP collects the costs of vaccines and program expenses from insurers, third-party administrators, and other payers who are already obligated to pay health care costs for their beneficiaries.

V7. How does AVAP know the amount of vaccine it needs to purchase?

Alaska's Department of Health and Social Services calculated the amount of vaccine needed to be purchased based on an evaluation of vaccine usage in the State Immunization Information System (VacTrAK) and current vaccine inventory. Then, DHSS made adjustments for adult vaccines based on estimates of vaccine not documented in VacTrAK and estimates of increased usage due to increased vaccine availability. Vaccine purchases are made monthly so that the state is able to regulate its stock.

V8. Does DHSS expect vaccine uptake rates to increase once AVAP goes into effect?

Yes. DHSS expects vaccination rates for most childhood vaccines required in school to be stable or increase slightly as immunization rates in school-aged children are already over 90-95% for many vaccines. DHSS expects a gradual increase over the next few years in uptake of some childhood vaccines used in infancy, such as rotavirus and PCV13. Additionally, DHSS expects an increase in teen HPV vaccine uptake. Since AVAP will increase vaccine availability, DHSS anticipates a gradual increase in some adult vaccines such as Zoster. There are age limits (e.g., Zoster is only provided for 60-64 year olds) and other restrictions on some adult vaccines.