

# Plan of Operation

The Alaska Vaccine Assessment Program (**AVAP**) Plan of Operation consists of this summary page together with a series of attachments describing key components. Structuring the core of the program in these attachments allows for component updates, as appropriate from time to time, throughout the implementation process. It is anticipated that some of these components will go through several revisions to better to serve the needs of the Alaska Department of Health and Social Services (**DHSS**), its commissioner (**Commissioner**), the eligible population, health care providers, and payers.

Defined terms, denoted by bold italics, shall have the meaning ascribed to them in either Exhibit G, Definitions, or the parenthesis following their first use.

## Implementation Stages

1. The initial contracting and planning phase has been completed.
2. The website, [www.AKvaccine.org](http://www.AKvaccine.org), has been available for review since October 1, 2014. It is continuously updated.
3. A number of payers have successfully navigated the website and reported covered lives as required by November 15, 2014.
4. Using the reported covered lives and 2015 vaccine purchases, as projected by **DHSS**, Program Administrator (**Administrator**) will populate an assessment worksheet for **DHSS** review and use in assessment rate setting.
5. Based on the assessment worksheets, per child and per adult covered life monthly rates will be set for the assessments due February 15, 2015, May 15, 2015, August 15, 2015 and November 15, 2015.
6. Starting in 2015, the State Vaccine Assessment Council (**Council**) will guide further development of the assessment system, this Plan of Operation, and set the assessment rates.

Notwithstanding **DHSS's** initial approval of this Plan of Operation, **DHSS** and **Administrator** expect to continue to refine this Plan of Operation on an annual basis based on experience both in Alaska and in other states. **Administrator** will also continue to update the website and the AK self-reporting assessment system. Intermittently, the **Council** may issue program guidance, as needed.

This plan also contains a program budget and a worksheet to be used for assessment calculation. Final numbers will be developed through the implementation process based on input and advice from **DHSS** and commencing in 2015 the **Council**. Many factors such as allocation of costs, reserves, and expenses will be developed in more detail based on ongoing review of the program by **DHSS**.



The ultimate goal of this program is to facilitate universal access to vaccines for all Alaskans at no charge to the individual and to reduce the state's vaccine costs.

### **Priority of Governing Authorities**

The hierarchy of governing authorities for **AVAP** is as follows:

1. Article 1A of AS 18.09 (Chapter 30 Session Laws of Alaska 2014).
2. Regulations under Article 1A adopted by the **Commissioner**.
3. This Plan of Operation.
4. Orders or directives of the **Commissioner**.
5. Policies and Votes adopted by **Council**.
6. FAQs as approved by the **Commissioner** or the **Council** and posted to **AVAP's** website.
7. Administrative determinations made by the **Administrator** in connection with its assessment collection and other administrative functions.

In the event there is a conflict in the authorities listed, the higher-ranking authority, which Begins with number "1," shall take precedence over any lower-ranking authority. Any appeal from an **AVAP** matter shall be resolved by the **Commissioner** according to regulations adopted pursuant to AS 18.09.200(b)(8).



## Exhibits

- A. Meeting Calendar
- B. Financial Accountability Schedule
- C. Assessment Collection Schedule and Revenue Recognition
- D. Purchasing Program Fund Management
- E. Assessment Calculation Worksheet
- F. Alaska Vaccine Assessment Program Budget
- G. Definitions
- H. Scope of Program
- I. Assessed Entities
- J. Enforcement
- K. Evaluation
- L. Assessment Reporting and Payment Errors Policy
- M. Assessable Entity Opt-Out Procedures
- N. Provider Opt-In Procedures

## Forms

- A. Form: 2014-AVAP-0010v1 Payer Opt-Out Certification (including 2014-AVAP-0015v1 Exhibit A)
- B. Form: 2014-AVAP-0020v1 Client Authorization for Payer Opt-Out



**Alaska Vaccine Assessment Program Plan of Operation**  
**Exhibit A**  
**Meeting Calendar**

The meeting calendar for **AVAP** will be maintained online at [www.AKvaccine.org](http://www.AKvaccine.org). The current direct link to the calendar is:



**Alaska Vaccine Assessment Program Plan of Operation**  
**Exhibit B**  
**Financial Accountability Schedule**

Financial statements will be released on the following schedule in 2015:

- a. Monthly and Quarterly Statements: To the **Manager** and to any designated assistants fifteen (15) business days after the close of each month. These statements will consist of: (1) a financial position statement, (2) a statement of activities and change in net assets, and (3) a statement of cash flows.
  
- b. Annual Statements: **Administrator's** statements will be ready for internal review sixty (60) business days after the close of the year; full statements will be released to the public by publication to **AVAP's** website after they have been reviewed by the **Manager** and shared with the **Council**.



## **Alaska Vaccine Assessment Program Plan of Operation Exhibit C Assessment Collection Schedule and Revenue Recognition**

Forty-five (45) days after the end of each quarter, a quarterly report and payment is due from all Assessable Entities (**AEs**) having covered lives. The annual rate will be set using the assessment rate calculation worksheet, as approved by the **Commissioner**. Starting in 2015, the **Commissioner** will consider recommendations of the **Council** in setting assessment rates. (See AS 18.09.200(b)(3)).

The initial assessment rates commencing in 2015 will be set by the **Commissioner** before the end of calendar year 2014. Once the rates are set, notice of the rates will be posted to the website at [www.AKvaccine.org](http://www.AKvaccine.org). The same rates will apply to each of the four quarterly payments, unless the initial notice specifically states otherwise, or the rates are subsequently revised and notice is similarly given. Applicable rates will be applied to reported quarterly lives automatically by **AVAP's** self-reporting assessment system in a remittance form generated by that system.

The due dates for quarterly reports and payments are as follows:

1. February 15
2. May 15
3. August 15
4. November 15.

Payments will be deemed made as of the date deposited into the mail (or given to an overnight delivery service), properly addressed with the postage prepaid. Payments must be delivered to the address set forth in the remittance form generated by the assessment system once a report is submitted.

Assessments on each due date are based upon the covered lives in the preceding calendar quarter. Assessments shall be considered revenue of **AVAP** in the quarter in which the assessment is due.



## **Alaska Vaccine Assessment Program Plan of Operation Exhibit D Purchasing Program Fund Management**

### **Calculation of Insurer Assessments**

**AVAP** will use the following process to calculate the vaccine pool budget for each calendar year. The budget will be used to calculate the assessment along with the following procedures and components:

1. **DHSS** will project the estimated number of doses and the anticipated cost of the vaccines to be purchased in the next year.
2. **Administrator** will calculate the total number of child and adult covered lives based on a survey of **Health Insurers** covering Alaska residents. The survey will require **Health Insurers** to estimate the total number of pediatric and adult Alaska covered lives to be used in calculating a per covered-life per month cost. This survey will be conducted based on covered life data for the most recent calendar quarter. Commencing in 2015, the covered lives estimate used for assessment setting purposes will be based upon the most recent quarterly assessment reports filed.
3. **Administrator** will include cost allowances fee for a portion of the costs of administration of **AVAP**, as determined from time to time by **DHSS** (Agency Fee) and allowances for all direct costs to **DHSS** for **AVAP** and the **Council**, including the services provided by **Administrator**.
4. Add any reserves and additional amounts that **DHSS** and the **Council** may determine necessary to ensure that **AVAP's** is able to timely remit funds for vaccine purchases contemplated by the program. These additional line items may include amounts for Collection Losses, Leakage, Reserves, Expenses (Legal Fees, Audits, Insurance, etc.).
5. The total of non-vaccine costs will be allocated between the adult and the child covered lives, as directed by the **DHSS**. Generally, it is expected that the allocation of costs between the two programs will be proportional to the relative vaccine costs of each program. Any additional costs will be prorated between the adult and child vaccine assessment, as directed by **DHSS**.



## Reconciliation

1. The Vaccine Account (see AS 18.09.230) will be reconciled annually.
2. **DHSS** will provide the annual estimated and actual vaccine costs; **AVAP**, acting by and through **Administrator**, shall report its costs and reserves and the net amount remitted from payer assessments.
3. Any overpayments from assessable entities will be applied as follows:
  - a. To repay any advance made to support or finance the system; then
  - b. To reduce the assessments for the following year.
4. Any underpayment will ordinarily be recovered through an increased assessment in the following year. In certain circumstances, such as a public health emergency, it could be necessary to collect a special or interim assessment.
5. Based on the budget to be prepared in consultation with **DHSS** and the covered lives data obtained through payer reporting, **Administrator** will prepare the proposed total assessment to cover all costs in both the adult and child vaccines.
6. The assessment rate actually implemented will be set by the **Commissioner** using the **Administrator** prepared tool after considering information supplied by **Administrator** and the recommendation from the **Council**.





## **Alaska Vaccine Assessment Program Plan of Operation Exhibit E Assessment Calculation Worksheet**

The assessment calculation worksheet can be found on **AVAP's** website at [www.AKvaccine.org](http://www.AKvaccine.org). This worksheet is part of the Plan of Operation, but it is maintained and updated by KidsVax.org® under the direction of the **Commissioner** and the **Council** to meet their needs in setting assessment rates, from time to time. A .pdf version of the worksheet will be available for public review on **AVAP's** website and may be revised. The final version of any worksheet supporting the assessment determination shall be posted to the website prior to the effective date of any new assessment rate.



**Alaska Vaccine Assessment Program Plan of Operation**  
**Exhibit F**  
**2015 Alaska Vaccine Assessment Program Budget**  
**(Updated November 10, 2014)**

The **AVAP** budget used in setting assessment rates will be maintained on the “Budget” tab of the assessment calculation worksheet.



## **Alaska Vaccine Assessment Program Plan of Operation**

### **Exhibit G**

### **Definitions**

- I. “ACIP” means the Advisory Committee on Immunization Practices for the CDC and is composed of experts in fields associated with immunization. The ACIP develops written recommendations for the routine administration of vaccines to the pediatric and adult populations, along with schedules regarding the appropriate periodicity, dosage, and contraindications applicable to Included Vaccines.
- II. “Administrator” means that person or entity appointed by **DHSS** to provide executive director and administrative services to administer **AVAP** and support the work of the Council.<sup>1</sup>
- III. “Adult” means all Alaska residents who are age 19 or older.
- IV. “Adult covered lives” means all individuals 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. (AS 18.09.990 as amended by Sen Bill 169 § 2(6)).
- V. “Agency Fee” means a fee paid to **DHSS** to cover their reasonable cost allocation to their program of certain expenses related to maintaining supplies of vaccines for the insured population.
- VI. “Alaskan resident” means any person physically present in the state of Alaska.
- VII. “Antigen” means the substance that evokes an immune response to a specific disease.
- VIII. “Assessable Entity” means:
  - (a) a health care insurer as defined in AS 21.54.500;
  - (b) an entity that provides the state health care plan described in AS 39.30.090 and 39.30.091;

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<sup>1</sup> In September 2014, DHSS retained KidsVax, LLC, a New Hampshire domiciled company doing business as KidsVax.org® or KidsVax®. KidsVax® provides administrative services to DHSS and also administers similar vaccine programs in New Hampshire, Maine, Washington, and Vermont. More information on KidsVax® is available at [www.KidsVax.org](http://www.KidsVax.org). DHSS retains the authority to designate an alternative or successor Administrator at any time.



- (c) a public or private entity that offers a publicly funded plan in the state, to the extent participation in the program is authorized by law;
  - (d) a third-party administrator as defined in AS 21.97.900.
- IX. “Assessment” means the Assessable Entity liable with respect to vaccine costs as determined by the **Commissioner** based on the recommendation of the **Council**.
- X. “Child” or “Children” means all Alaska residents who are under age 19.
- XI. “Child covered lives” means all children 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.
- XII. “Commissioner of Health and Social Services” means the **Commissioner** of the **DHSS**.
- XIII. “Covered lives” means the number of Alaska residents covered under a health insurance plan provided or administered by a health insurer.
- XIV. “Estimated adult vaccine cost” means the estimated cost to the state for the purchase and distribution of adult vaccines purchased at the federal discount rate by the Department of Health and Social Services.
- XV. “Estimated pediatric vaccine cost” means the estimated annual cost to the state for the purchase and distribution of child vaccines purchased at the federal discount rate by the Department of Health and Social Services.
- XVI. “Health care professional” means an individual, partnership, corporation, facility, or institution licensed or certified or authorized by law to provide professional health care services. (AS 18.09.240)
- XVII. “Health carrier” or “carrier” means an entity subject to the insurance laws and rules of the State, or subject to the jurisdiction of the commissioner of financial regulation, that contracts or offers to contract to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services, including an insurance company, a health maintenance organization, a health service corporation, or any other entity providing a plan of health insurance, health benefits, or health services.
- XVIII. “Health insurer” means any health insurance company, non-profit hospital and medical service corporation, managed care organizations, and, to the extent permitted under federal law, any administrator of an insured, self-insured, or publicly funded health care



benefit plan offered by public and private entities. It does not apply to insurers providing coverage only for a specific disease or other limited benefit coverage.

- XXIX. “Immunizations” means vaccines and the application of the vaccines as recommended by the practice guidelines for children and adults established by the Advisory Committee on Immunization Practices (ACIP) to the Centers for Disease Control and Prevention (CDC). (See AS 18.09.990, as amended by Sen. Bill 169 § 2(11)).
- XX. “Included Vaccine” means a vaccine recommended by ACIP and included on a list maintained by the **Commissioner** for inclusion in **AVAP**.
- XXI. “Manager” means the **AVAP** Manager of **DHSS**.
- XXII. “Medical Expense” means that, for regulation purposes, the expense is related to the treatment of a patient, rather than an administrative expense. Therefore, it is a cost that typically would be allowed for rate setting or benefit cost ratio calculation purposes.
- XXIII. “Provider” means a person licensed by this State to administer vaccines or provide health care services or a partnership or corporation or other entity made up of those persons. (AS 18.09.990 as amended by Sen. Bill 169 § 2(10)).
- XXIV. “Share-of-the-market” means the number of covered lives for each assessable entity as a percentage of the number of covered lives of all assessable entities doing business in Alaska.
- XXV. “State” means the State of Alaska.
- XXVI. “State health care programs” means any health care program providing immunizations with funds available through State or federal sources. (as described in AS 39.30.090 and 39.30.091).
- XXVII. “Total estimated vaccine cost” means the estimated cost to the state for DHSS to purchase vaccines.
- XXVIII. “Vaccine” means one or more antigens administered to produce or increase immunity to a particular disease or diseases.
- XXIX. “VacTrAK” means **DHSS** Immunization Information System. All health care providers are required to report all vaccines administered. (see 7 AAC 27.650, Effective 12/29/2013).



**Alaska Vaccine Assessment Program Plan of Operation**  
**Exhibit H**  
**Scope of Program**

**1. Participation by Assessable Entities**

- a. All Assessable Entities are required to participate except as allowed, pursuant to AS 18.09.220(e).
- b. Assessable Entities with no covered lives and who do not wish to file quarterly reports are expected to file either an annual or a permanent covered lives report.
  - i. An annual zero covered lives report is appropriate if, for the remainder of the year, the health insurer will not have any covered lives. This report would need to be filed each year that the insurer has zero covered lives.
  - ii. A permanent covered lives report may be filed by a health insurer that currently has zero covered lives and reasonably expects that it will never have a covered life. Once this report is filed under the penalty of perjury, the insurer is not required to file another report. However, if the insurer's situation changes, and it has covered lives in the future, it is required to begin filing quarterly reports.

**2. Participating Health Care Providers**

- a. All primary health care provider practices are encouraged to participate and offer all vaccines routinely recommended by ACIP.
- b. To participate, providers shall:
  - i. Enroll in the VacTrAK system,
  - ii. Ensure quality control,
  - iii. Complete patient education training,
  - iv. Agree that neither individual patients nor payers will be billed for vaccine antigens provided by the **DHSS**.
- c. Providers may charge a vaccine administration fee.
  - i. For non-Medicaid children receiving state-supplied vaccine this fee may not exceed the Vaccines for Children (VFC) Program Medicaid Regional administration fee cap of \$27.44 per vaccine dose.
  - ii. For Medicaid eligible children receiving state-supplied vaccine the vaccine administration fee may not exceed the fee schedule established by the State Medicaid Program.
  - iii. For adults receiving state-supplied vaccine the vaccine administration fee may not exceed.....
- d. Providers must submit claims to health insurers in accordance with Exhibit L and shall not be permitted to bill for vaccine costs for state-supplied vaccine.

**3. Vaccines Provided:**

- a. A complete list of vaccines provided can be found at: [www.AKvaccine.org](http://www.AKvaccine.org).



## **Alaska Vaccine Assessment Program Plan of Operation**

### **Exhibit I**

### **Assessable Entities**

**AVAP** will seek to identify all **AEs** so that it may equitably distribute vaccine costs among all financially responsible parties whose beneficiaries can access state supplied vaccines at no cost to the beneficiary. **DHSS** has contracted with **Administrator** for administrative assistance in identifying Assessable Entities. **Administrator** has prepared training materials related to its custom-designed webpage so that all **AEs** will easily be able to file quarterly reports. **Administrator** has also prepared enforcement guidelines (See Enforcement Exhibit J), and will follow up with any delinquent **AEs** based on these guidelines.

To implement this plan, **Administrator** must work to identify each assessed entity in the State of Alaska. It is expected that **Administrator** will continue to identify non-participating assessed entities, and to reach out to them to bring them into compliance with the program.

**Administrator** will provide reports to the **DHSS** and **Council** periodically on its progress towards identifying and collecting assessments from these **AEs**.



## **Alaska Vaccine Assessment Program Plan of Operation Exhibit J Enforcement**

If a report is late, **DHSS** has instructed **Administrator** to encourage the entity to file their report as soon as possible. **Administrator** will also report any late payment to **DHSS** and take additional follow-up actions described in this Exhibit. The **Council** will submit noncompliance reports periodically to the **Commissioner** and the Division of Insurance. **DHSS** and the Division of Insurance will take enforcement action, should it become necessary.

### **FOLLOW-UP FOR PAST DUE ASSESSMENTS**

**Protocol A:** for all carriers falling within the top 90% of assessments due

- Make a phone call one business day after receiving the payment report from **DHSS** after the due date
- Send a fax reminder five business days after the phone call
- Send a letter reminder three business days after the fax reminder with a copy to the **Manager**.

**Protocol B:** for all carriers falling within the 90% to 98% of assessments due

- Make a phone call three business days after receiving the report from **DHSS** after the due date.
- Send a fax reminder seven business days after the call.
- Send a letter reminder five business days after the fax reminder with a copy to the **Manager**.

**Protocol C:** for all carriers falling within the 98% to 100% of assessments due.

- Make a phone call five business days after receiving the report from **DHSS** after the due date.
- Send a fax reminder eight business days after the call.
- Send a letter reminder ten business days after the fax reminder and put on delinquency report to the **Manager**.

#### **Proposed Implementation Considerations:**

1. As payments are to be mailed to **Administrator**, and **Administrator** will provide **DHSS** with a report, itemizing the payers that have submitted a payment.
2. The timelines above commence upon receipt of the report from **DHSS**.
3. It is contemplated that any collection follow-up after 6 months of notification would be handled by **DHSS**.





## **Alaska Vaccine Assessment Program Plan of Operation**

### **Exhibit K**

### **Evaluation**

**DHSS** intends to periodically evaluate the **AVAP** to ensure that it is moving Alaska closer to its goal of ensuring universal access to vaccines for all Alaska residents at no charge to the individual. Additional information on these evaluations will be made available at a later date.

It is currently anticipated that these reviews will be conducted not less than every two years. It is also anticipated that input will be requested from the **Council** as part of these reviews.



## **Alaska Vaccine Assessment Program Plan of Operation Exhibit L**

### **Assessment Reporting and Payment Errors Policy**

1. Accurate reporting is the duty of each entity subject to assessment by **AVAP**.
2. Any errors for under reporting shall be immediately corrected and remittance in full, with interest from the applicable report due date, shall be submitted no later than 5 business days after the error is identified.
3. Errors for over reporting in any quarter may be corrected by taking a deduction in the subsequent quarter provided, however, that not more than 25 percent of the amount paid may be deducted under this self-correcting mechanism.
4. In the event of an error of over reporting greater than 25 percent of the assessment amount, the payer shall report the amount to the **Administrator** who will bring a recommendation for refund procedures to the next scheduled **Council** meeting.
  - a. Recovery of over assessments generally will be allowed through deductions against subsequent assessments otherwise computed.
  - b. **AVAP** may delay the recovery start date and spread the recovery amount over a period of up to two fiscal years, having in mind the liquidity needs of **AVAP** and the reasonable needs for maintaining some stability and orderliness in the progression of assessment levels.
5. All requests that are not corrected as of the subsequent quarter must be reported, in writing to **AVAP** no later than 18 months following the date that the respective assessment filing originally was due. No claim for refund may be made after the expiration of this period.
6. Any over reporting amount not timely reported or corrected in accordance with the above provisions will be deemed waived by the payer.



**Alaska Vaccine Assessment Program Plan of Operation  
Exhibit M  
Assessable Entities Opt-Out Procedures**

**(See AS 18.09.220(e))**

This Exhibit M constitutes the approved opt-out procedures for assessable entities, as referred to in AS 18.09.220(e). The Alaska Department of Health and Social Services (**DHSS**), in approving these procedures, notes that the success of the Alaska Vaccine Assessment Program (**AVAP**) will depend on broad participation of assessable entities (i.e., payers).

**DHSS** adopts the following procedures for payer opt-out:

1. Any payer opting out shall do so by completing and timely filing Form 2014-AVAP-0010, the Payer Opt-Out Certification Form, prior to the due date for each respective year. Each opt-out filing shall be effective for one calendar year only. Payers will not be allowed to opt-out after December 31, 2017.
2. Payers opting out shall report all covered lives, child and adult, for all plans administered.
3. Each Payer Opt-Out Certification Form (i.e., Form 2014-AVAP-0010v1) shall be accompanied by a complete Exhibit A (using Form 2014-AVAP-0015 Payer Opt-Out Certification-Exhibit A) that lists all clients or plans administered by the payer.
4. For each plan or client identified, the payer shall file a completed Client Authorization Form (i.e., Form 2014-AVAP-0020).
5. All such filings shall be timely made in accordance with the following schedule:

<b>For Calendar Year</b>	<b>Due Date</b>
2015	December 22, 2014
2016	September 30, 2015
2017	September 30, 2016

Timely filing is necessary to assure that AVAP has adequate covered life counts for finalizing each year's assessments in advance of the start of each calendar year.

6. All filings made shall be filed via a single combined .pdf email attachment sent to [help@AKvaccine.org](mailto:help@AKvaccine.org). The email shall contain in the subject line the words "Assessable Entity Opt-Out Filing," followed by the name of the payer.
7. Each payer that files an opt-out shall maintain a physical separate file containing all correspondence and notes relating to any communications to or from its plans concerning the opt-out. Each payer shall make such file available to **DHSS** or the **AVAP Administrator**, upon demand, for inspection and/or copying at a reasonably convenient location in Anchorage, Alaska.



8. Any Payer that has reviewed these Opt-Out Procedures and decided to opt-out for assessment year 2015, but needs more time to complete the above documentation will receive an automatic extension to January 15, 2015 to complete its documentation upon filing form 2014-AVAP-0030 Payer 2014 Opt-Out Filing Extension Request. The extension request form must be filed prior to December 22, 2014, in accordance with the procedures in paragraph 7 above. This paragraph 8 shall have no further effect after December 22, 2014.



**Alaska Vaccine Assessment Program Plan of Operation**  
**Exhibit N**  
**Provider Opt-In Procedures**  
**(See AS 18.09.225)**

These procedures will be set by regulations approved by the **Commissioner**, as required by statute. The applicable regulations will be available at [www.AKVaccine.org](http://www.AKVaccine.org) once filed by the Lieutenant Governor.

# Payer Opt-Out Certification



## CONTACT INFORMATION

First Name

Last Name

Title

Suffix

## ADDRESS

Payer Name

Street Address

City

State

Zip Code

Country

E-Mail Address

Phone Number

Payer FEIN

I am a duly-authorized representative of the above-named payer and hereby certify, under penalty of perjury, as follows:

1. Exhibit A, consisting of \_\_\_ sheets, is a complete listing of all of our clients who have adult or child covered lives in the State of Alaska.
2. Attached for each such client is a signed authorization form from a duly-authorized client representative authorizing us to opt out of the program.
3. Payer opts out of the Alaska Vaccine Assessment Program, understanding that this election has no effect after December 31, 2017.

\_\_\_\_\_  
/s/ Date: \_\_\_\_\_

### NOTARIAL CERTIFICATE

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Personally appeared the above-named individual and certified that he/she is a duly authorized representative of payer and has completed this certification as his/her free and voluntary act for the purposes therein expressed.

\_\_\_\_\_  
/s/ Date: \_\_\_\_\_

My commission expires: \_\_\_\_\_  
[Date]

**You must submit this form as a .pdf by end of day December 22, 2014 to: [Help@AKvaccine.org](mailto:Help@AKvaccine.org)**

# Payer Opt-Out Certification



## EXHIBIT A

Payer Name

Client Name & Address

Client Contact Information Covered  
Lives Child  
Adult

1.	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
2.	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
3.	_____	_____	_____
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Phone: _____	_____	_____
Email: _____	_____	_____
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Email: _____	_____	_____
Phone: _____	_____	_____
Email: _____	_____	_____
Phone: _____	_____	_____
Email: _____	_____	_____
Phone: _____	_____	_____
Email: _____	_____	_____

# Payer Opt-Out Certification

[www.AKvaccine.org](http://www.AKvaccine.org)





# Client Authorization Form



## CONTACT INFORMATION

First Name   
Title

Last Name   
Suffix

## ADDRESS

Plan/Entity Name   
Street Address   
City   
State  Zip Code  Country   
E-Mail Address  Phone Number   
Plan/Entity FEIN

The plan or entity named above hereby authorizes its Plan Administrator, TPA, or Insurer to opt out of the Alaskan Vaccine Assessment Program (AVAP) on its behalf and on behalf of its beneficiaries. In so doing, we confirm our awareness of various risks that may arise due to this authorization including:

1. Health Risks. Our beneficiaries may be subject to adverse health outcomes due to:
  - a. Potential inability to access free vaccines funded by AVAP.
  - b. Beneficiaries of this plan may face greater exposure to vaccine-preventable diseases borne by other Alaska beneficiaries of the plan who do not have immunization in part due to this authorization.
2. Financial Risks.
  - a. Our health care costs may be greater due to loss of benefit from statewide bulk purchase.
  - b. Our plans may suffer incremental costs due to treatment expenses for vaccine-preventable diseases.
3. Litigation Risks.
  - a. Our plan fiduciaries may face class action or other litigation from plan beneficiaries due to the above factors.
  - b. Our plan fiduciaries may face contractual suits from plan operators due to the above factors.

We acknowledge that under Alaska law this authorization cannot extend beyond December 31, 2017.

\_\_\_\_\_  
/s/ \_\_\_\_\_ Date: \_\_\_\_\_

### NOTARIAL CERTIFICATE

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Personally appeared the above-named individual and certified that he/she has completed the above authorization as his/her free and voluntary act for the purposes therein expressed.

\_\_\_\_\_  
/s/ \_\_\_\_\_ Date: \_\_\_\_\_

My commission expires: \_\_\_\_\_ [Date]

**You must submit this form as a .pdf by end of day December 22, 2014 to: [Help@AKvaccine.org](mailto:Help@AKvaccine.org)**