



Guide to Filing A Covered Lives Report using the  
AVAP Assessment Self-Reporting System at  
[www.AKVaccine.org](http://www.AKVaccine.org).

# STEP ONE



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## Welcome to the Alaska Vaccine Assessment Program

AVAP is a state program that funds vaccine purchases for Alaskans. AVAP's goal is to make vaccines available for residents of all ages, free of charge.<sup>1</sup> By collecting payments from health plans, insurers, and other responsible entities and remitting those funds to the state, we ensure:

- Alaskans gain improved access to vaccines;
- Healthcare providers receive state-supplied vaccines at no charge;
- Payers benefit from cost savings through the state's bulk vaccine purchase and distribution.

<sup>1</sup>The Alaskan Department of Health and Social Services may implement the program in phases.

### News & Notices

**New Immunization Funding Statute is effective 01/01/2015**  
First Covered Lives Report is due 11/15/2014  
First Assessment Payment is due 02/15/2015

**NEED HELP?**  
AVAP is administered by:  
**KidsVax.org**  
www.KidsVax.org

**Call Us**  
1.855.KidsVax (543.7829)

**Fax Us**  
1.855.KidsFax (543.7329)

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Navigate to: [www.AKVaccine.org](http://www.AKVaccine.org)

Select the "For Payers" Tab

## STEP TWO



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**[Assessment Self-Reporting System](#)**

### For Payers

[Data is expected to be posted here by 10/15/2014.]

The Assessment Reporting System is available [here](#).

For detailed information on how the assessment rate will be determined for 2015 see the "REFERENCE" page.

#### What This Means for Payers

- Participation in one of the most efficient and cost-effective systems in the country for purchasing and distributing childhood vaccines.
- Vaccine costs that are below those of private purchase alternatives, as documented by the Centers for Disease Control (CDC).

#### [FAQs on Covered Lives](#)

Answers to Frequently Asked Questions about Covered Lives.

#### [Self-Assessment System Web Training Registration](#)

Information and instructions on how to register for training of the self-assessment system.

#### NEED HELP?

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Click on the "Assessment Self-Reporting System" link.

## STEP THREE

### Alaska Vaccine Assessment Program Online Assessment Tool

#### New Users

If you are new user of the assessment system, please [click here](#).

#### Registered Users

Please enter your federal EIN and password for already-existing accounts.

Federal EIN:  (format xx-xxxxxxx)

Password:



Forgot password?

Please email [help@AKvaccine.org](mailto:help@AKvaccine.org) to have your password reset. Kindly include your Federal EIN in the email.

Log into the AVAP system using your FEIN number & entering your password.

If you have not already registered, use the New Users box.\*

\* A PowerPoint guide to registering is posted on the website under the “For Payers” tab.

# STEP FOUR

Logout

## AVAP Assessment Tool

Welcome to the Alaska Vaccine Assessment Program (AVAP) Online Assessment tool. Please note the following information, before completing the covered lives report.

### Covered Lives:

1. Both child and adult covered lives are reported.

- A "child" for AVAP purposes is any individual under age 19 who resides in the State of Alaska.
- An "adult" for AVAP purposes is any Alaskan resident, 19 years old, or older.

2. More types of entities are subject to the AVAP assessment.

- All carriers, self-insured employers and third-party administrators (TPAs), along with certain other entities (collectively "Payers"), who insure or administer or provide benefits to children or adult residents in Alaska are subject to the assessment.

### Assessment Calendar:

- AVAP operates on a calendar year beginning each January 1. Assessments are due quarterly and begin after the first quarter of the calendar year.
- Each assessment is due to AVAP 45 days after the end of each quarter.
- Reports and assessments for the quarters ending March 31, June 30, September 30, and December 31 are due May 15 August 15, November 15, and February 15 respectively.
- The first assessment payments are due to AVAP on or before February 15 based upon the months of October, November, and December 2014.

### Who Must File:

- All Payers are required to file a report by November 15, 2014, whether or not they have any covered lives.
- A Payer that has no covered lives in the 1st quarter and continues to have no covered lives throughout the calendar year, need not file again prior to the following May due date.
- All other Payers are required to report child and adult covered lives, by month, each quarter and remit the required assessment on or before the quarterly report due date.
- For more details on the AVAP and related requirements, see the AVAP website: [www.AKvaccine.org](http://www.AKvaccine.org). For more information on covered lives reporting, click here.

Completion of the assessment reporting steps on this website satisfies assessment filing requirements for AVAP when accompanied by the required payment. Payments should be made by the mailing of a check. The assessment is considered paid as of the postmark date on an envelope with the proper address.

### What to File:

There are three types of filings: *Quarterly, Zero Covered Yearly, and Zero Covered Permanent.* You will be asked to choose a filing type later on in the assessment.

**Quarterly** - This filing is the most common. It is a quarterly filing that defines the number of covered lives in the past quarter. If you have any covered lives, you must use this filing.

**Zero Covered Yearly** - This filing is normally filed at the beginning of the calendar year, if YOU (the payer) know you will not have any covered lives for the rest of the calendar year.

**Zero Covered Permanent** - This filing is filed when YOU (the payer) know that you will never have any covered lives.

[For more information on how to file, please watch the training videos located here.](#)

Continue to Assessment ->>

Once logged in, you will be directed to an informational page.

Scroll down to "Continue to Assessment" to file your Covered Lives Report.



# STEP FIVE

On the next three screens, verify your company's information that you input when registering.

To continue, click "next" at the bottom of each screen.

Logout

### Payer Information

Address of company.  
Please update as appropriate:

Title:

Payer Name:

Address 1:

Address 2:

City:

State:

Zip Code:

NAIC #:

Group #:

Federal EIN:   (format xx-xxxxxxx)

Note: Assessments will not be considered submitted until the Submit & Print button is clicked during the filing process.

Alaska Vaccine Assessment Program on KidsVax.org | P.O. Box 1883 | Concord, NH 03302-1883  
Tel: 1-855-643-7829 | Fax: 1-855-643-7325 | www.AVAPcon.org

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### Administrative Contact Information

Contact information for person completing this form.  
Please update as appropriate:

Title:

First Name:

Last Name:

Position:

Phone:

Fax:

E-Mail:

Logout

### Executive Contact Information

Name and address of executive primarily responsible for AVAP compliance.  
Please update as appropriate:

Title:

First Name:

Last Name:

Position:

Phone:

Fax:

E-Mail:

Company:

Address 1:

Address 2:

City:

State:

Zip Code:

## STEP SIX

Logout

### Reporting Period Summary

Zero Covered	Year	Quarter	Status
No	2000/01	Q1	* Due 05/15/2001 *
No	2014	Q3	Submitted
Yes	2014/2015	Q1-Q4	Submitted

#### Filing Guidelines:

All carriers must file the first quarter of each fiscal year (i.e. the quarter ending March 31) unless they have already filed for zero covered lives. If you reported 0 covered lives, then you need not file again. Otherwise, if you have covered lives in any quarter, you are required to file for each of the 4 quarters.

We have 0 Alaska resident child covered lives and 0 Alaska resident adult covered lives.

Submit today for: 2014 Q3 (Jul - Sep) ▼

<<- Back

Next ->>

If you have filed all due assessments, you may logout.

<<- Logout ->>

**Note. Assessments will not be considered submitted until the Submit & Print button is clicked during the filing process.**

The “Reporting Period Summary” will display all previous reports filed under your company’s FEIN.\*

\*For the first report, due November 15, 2014, you should have no report history.

To file your Covered Lives Report, select the “2014 Q3 (Jul-Sep)”\* choice.

\*You may also select “Training” from the dropdown box to practice using our system without submitting data.

Select “Next” to continue to the Assessment Worksheet page.

# STEP SEVEN

Logout

## Assessment Worksheet

Please enter the number of Alaska resident child and adult covered lives in grid below. Kindly count all children under age 19 resident in the State of Alaska in the first category and all adults in the second category. See [www.AKvaccine.org/CoveredLives](http://www.AKvaccine.org/CoveredLives).

### Please Note:

\* The category headings and explanatory comments below are for the convenience of the reporting carriers only. All assessment and reporting obligations are governed by the provisions of Alaska Law, which supersede any inconsistent headings or comments below.

Payer	FEIN	Qtr	Year	Totals
KidsVax Training	99-4201985	Q3	2014	
	Jul	Aug	Sep	Sum for Quarters
1. Number of Alaska resident child covered lives.	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
2. Number of Alaska resident adult covered lives.	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
3. Total Assessment	Row 1 x \$0 + Row 2 x \$0			\$0.00
4. Interest owing on current assessment payment	Row 3 x 0.000328767 x 0 days beyond payment due date (11/15/2014):			\$0.00
5. Total Assessment Due:	Row 3 + 4:			\$0.00
-- Update Totals --				

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Next ->>

Enter the number of "Adult" and "Child" lives your company covers for the respective months, in boxes shown.



Note: there will be no assessment associated with the November 15, 2014 Report. Thus, the Total Assessment Due will show "\$0.00."



## STEP EIGHT

Logout

### Additional Questions

Yes No N/A

1. Have you identified the correct quarter for assessment?

2. Have you reported all Alaska resident child and adult covered lives for which your company is responsible? See [www.AKvaccine.org/CoveredLives](http://www.AKvaccine.org/CoveredLives)

Kindly explain the reason(s) for any "No" answer above:

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Next ->>

Please answer the additional questions, after verifying the data you input is correct.\*

\*You may change the information you provided by clicking the "Back" button.

If you answer "No" to either of the additional questions, kindly explain in the text box provided.

## STEP NINE

Logout

### Summary

**Today's Date:** 10/31/2014

**Payer Name:** kidsvax

**Federal EIN:** 99-2011941

Jul child lives: 467

Jul adult lives: 4

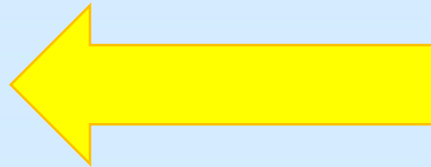
Aug child lives: 477

Aug adult lives: 6

Sep child lives: 485

Sep adult lives: 7

**Total FY 2014 Q3 lives:** 1,446



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**Total Due to the Alaska Vaccine Assessment Program (AVAP)**

**\$0.00**

Note: The AVAP taxpayer ID is 92-6001185. A W9 to the AVAP is available at [www.AKvaccine.org/W9](http://www.AKvaccine.org/W9)

Once you have verified all of your information, click "Submit & Print". Clicking on this button will submit your report. You will not be able to make any changes to this report through this website once it has been submitted. If you need to make a change after submitting a report, please send an e-mail with your request to [help@AKvaccine.org](mailto:help@AKvaccine.org), and KidsVax® will assist you.

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Submit & Print ->>

The "Summary" page allows you to double check the information you are submitting.

Click "Submit & Print" to complete and submit your Covered Lives Report.

# STEP TEN

This page may be printed and saved for your records.

Logout Combined Print Remittance Form

Alaska Vaccine Assessment Program (AVAP) Quarterly Report of Covered Lives and Assessment Payment

This filing satisfies assessment filing requirements for the Alaska Vaccine Assessment Program. However, if payment is due, mailing of a check is required.

**Payer Information**  
 Name: kidsvac  
 Address 1: 1 Dixon  
 Address 2: Suite 202  
 City: concord State: NH Zip: 03301  
 NAIC #: 00000 Group #: 0000  
 Federal EIN: 99-2011941

**Administrative Contact Information**  
 Title: Mr.  
 Name: julia walber Position: resident crazy person  
 Phone: 6032222734 Fax: 6032247854  
 Email: juliagray420@gmail.com

**Executive Contact Information**  
 Title: Mr.  
 Name: Fred Hotter Position: Managing Member  
 Phone: 6032222734 Fax: 6032247854  
 Email: fhotter@kidsvax.org  
 Company: KidsVax  
 Address 1: 14 Dixon Ave  
 Address 2: suite 202  
 City: Concord State: AL Zip: 03301

Payer	FEBIN	Qtr	Year	Totals
kidsvac	99-2011941	Q3	2014	
		Jul	Aug	Sep
1. Number of Alaska resident child covered lives.	457	477	455	1429
2. Number of Alaska resident adult covered lives.	4	5	7	17
3. Total Assessment		Row 1 x \$0 + Row 2 x \$0		\$0.00
4. Interest owing on current assessment payment		Row 3 x 0.000328767 x 0 days beyond payment due date		\$0.00
5. Total Assessment Due:		(11/15/2014): Row 3 + 4:		\$0.00

**Interpretation**  
 N/A 1. Have you identified the correct quarter for assessment?  
 N/A 2. Have you reported all Alaska resident child and adult covered lives for which your company is responsible? See [www.AKvaccine.org/CoveredLives](http://www.AKvaccine.org/CoveredLives)  
 Kindly explain the reason(s) for any "No" answer above.

**AVAP ALASKA VACCINE ASSESSMENT PROGRAM**  
 Alaska Vaccine Assessment Program c/o KidsVax.org | P.O. Box 1885 | Concord, NH 03302-1885  
 Tel: 1-855-543-7829 | Fax: 1-855-543-7829 | www.AKvaccine.org

Alaska Vaccine Assessment Program c/o KidsVax.org | P.O. Box 1885 | Concord, NH 03302-1885  
 Tel: 1-855-543-7829 | Fax: 1-855-543-7829 | www.AKvaccine.org

10/31/2014  
 Reference: AVAP43-092057

**AVAP Remittance Form**  
 Report for: Q3, 2014

Federal EIN: 99-2011941  
 Company Name: kidsvac

Total Alaska Resident Child Covered Lives Reported: 1429  
 Total Alaska Resident Adult Covered Lives Reported: 17

Total Assessment Due: \$0.00  
 Total Interest Due: \$0.00  
*(If your payment is being submitted after the due date, please add additional days of interest on the next line. Interest = 0.000328767 x (# of days past due) x (Total Assessment Due))*  
 Total Due: \$0.00

Total Submitted: \$ \_\_\_\_\_

Please make check payable to:  
**Alaska Vaccine Assessment Program**

Please mail all payments and correspondence to:  
 USPS:  
 Alaska Vaccine Assessment Program  
 KidsVax.org  
 PO Box 1885  
 Concord, NH 03302-1885  
 UPS/Fed Ex requiring a street address:  
 Alaska Vaccine Assessment Program  
 KidsVax.org  
 14 Dixon Avenue Suite 202  
 Concord, NH 03302-1885

Kindly note the Taxpayer ID for AVAP is 92-6001185.  
 A W-9 for the AVAP is available at [www.AKvaccine.org/W9](http://www.AKvaccine.org/W9).

Next ->>  
 Print Remittance Form

Congratulations! You have successfully submitted a Covered Lives Report.

The information at the bottom of the page states where to send payments, when appropriate.\*

Please include the Reference Number with your payments.  
 \*The first assessment payment is due February 15, 2015.