

Creative Funding Strategies to Support IIS

December 10, 2025



Association of
Immunization
Managers

Agenda

- Introductions
- Presentations
 - Molly Howell
 - Kathryn Ahnger-Pier
 - Mary Beth Kurilo
- Q&A
- AIM and Partner Resources



Molly Howell, MPH

Section Director, Disease
Control and Forensic
Pathology

North Dakota Health and
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Associate Director
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Senior Director of Health
Informatics
American Immunization
Registry Association

North Dakota Medicaid-Match for IIS

December 10, 2025



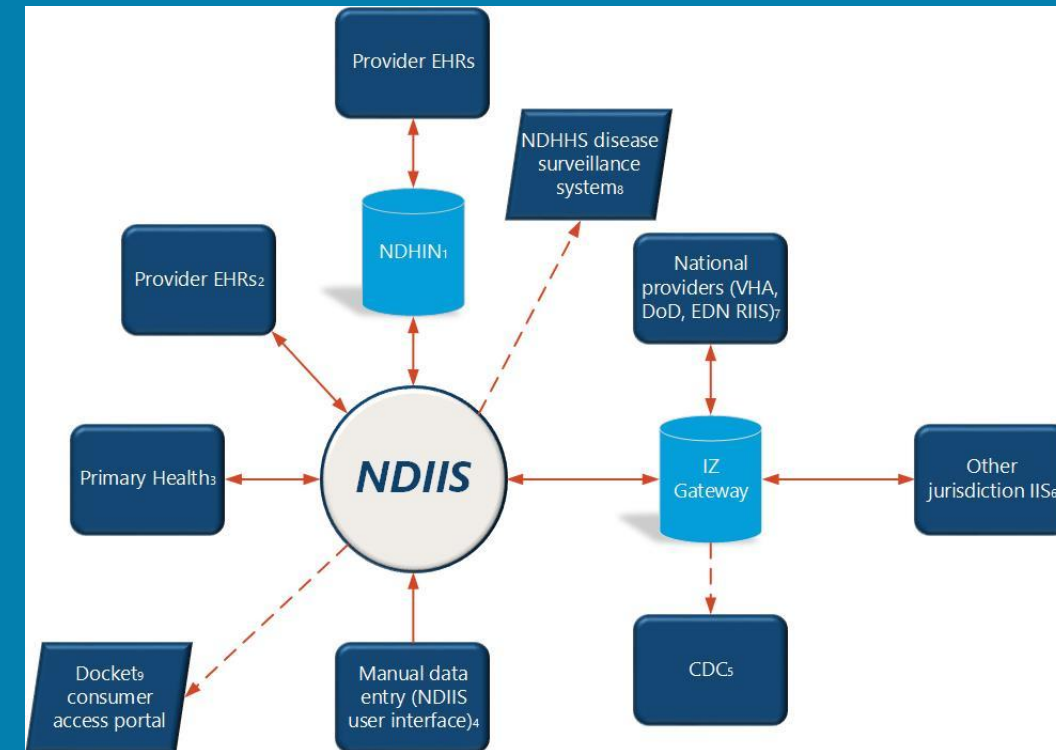
Molly Howell, MPH
Director of Disease Control and Forensic Pathology



Health & Human Services

North Dakota Immunization Information System

- The NDIIS was established in 1988 as an access database.
- The first web-based version of the NDIIS became available in 1996.
- Throughout the years, the NDIIS has added various functionality and upgrades.
- In November of 2024, a new, modernized version of the NDIIS was implemented taking the system into the future.
- Blue Cross Blue Shield of North Dakota developed and currently maintains the NDIIS.



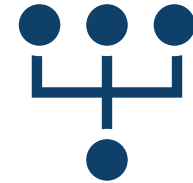
NDIIS Overview



- 1.5 million active patient records
- Lifespan system
- 100% of ND residents have a record in NDIIS



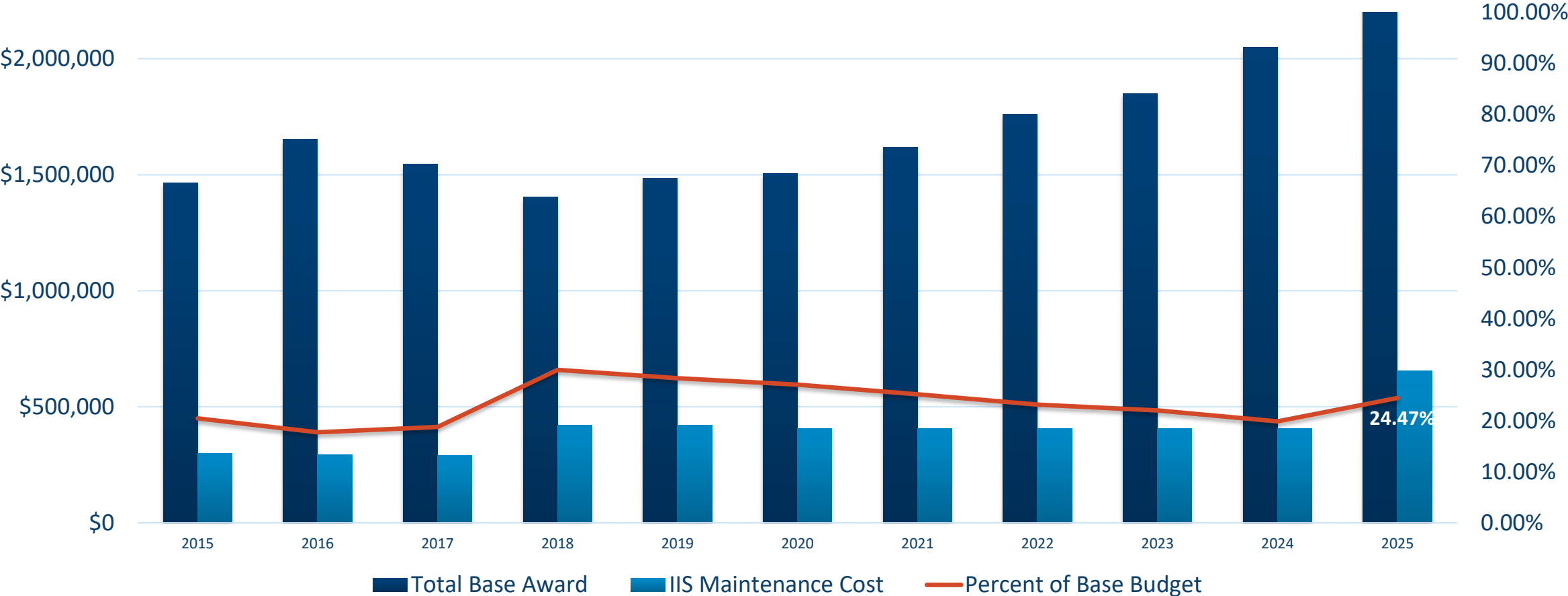
- 23 million dose records
- 93% of doses entered within 1 day
- 99% of doses entered within 30 days



- 525 individual provider sites sending data from their EHR
- Average 132,000 immunization messages per month
- Average 660,000 query messages per month

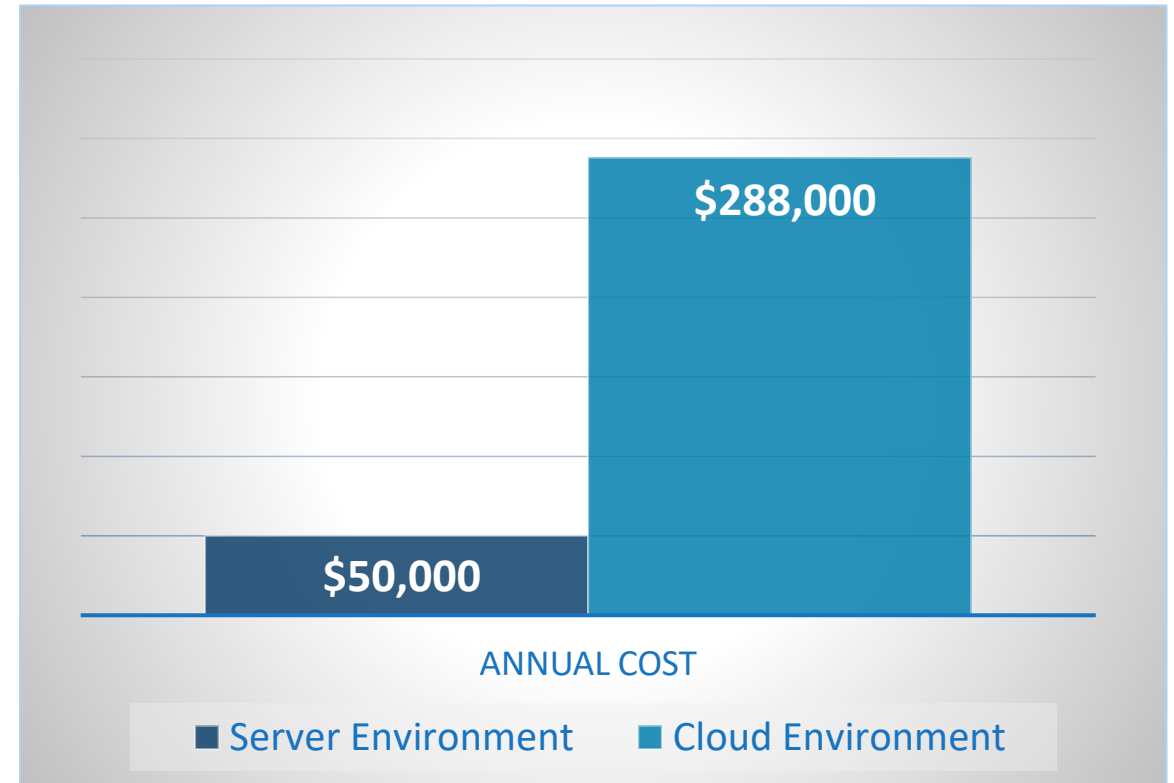
Cost of the NDIIS

Percent of Base Award for NDIIS Vendor Maintenance
(Does not include IIS staffing or enhancements)



Increased NDIIS Hosting Costs

- Significant increase in overall cost for cloud hosting vs. server hosting.
- Cloud hosting costs increase as new functionality is added.



Medicaid-Match Planning



- Immunization program manager, NDIIS manager, ND Information Technology (NDIT) project manager and Medicaid Enterprise Systems Director met to discuss needs and submission.
- ND Health Information Network (NDHIN) previously received funding, so process and cost allocation calculation well understood.
- Used NDHIN CMS submission as a starting point and modified based on NDIIS support to Medicaid and needs.
- Support from the ND Medicaid Director and Enterprise Director was critical.
- ND HHS used a contractor to write the OAPD, but this probably isn't necessary if using a template.

ND Operational Advance Planning Document



- The North Dakota State Medicaid Program (SMP) submitted a Medicaid Enterprise System (MES) Operational Advance Planning Document (OAPD) to request Federal Financial Participation (FFP) for Federal Fiscal Year (FFY) 2026.
- The requested funding will support immunization reporting activities associated with the North Dakota Immunization Information System (NDIIS).
- This submission represents the State's first request for Immunization Information System (IIS) support under the MES framework.
 - Previously received Hitech funding.
- Submitted May 12, 2025. Approved (with no changes) July 22, 2025.

Scope of OAPD Request



- This Operational Advance Planning Document (OAPD) requests funding for Federal Fiscal Year (FFY) 2026 (October – September) to support ongoing operations and modernization of the NDHHS, a critical technology solution serving Medicaid providers and beneficiaries.
- State personnel resources: NDHHS manager, NDHHS coordinators, NDHHS data quality coordinator, NDIT project manager
- Vendor costs: ongoing operations, interoperability, etc.
 - Blue Cross Blue Shield of North Dakota
 - Docket® (consumer access portal)
- Need to re-submit annually, at least 60 days before the end of the fiscal year.

NDIIS Medicaid Cost Allocation



- To determine a fair and accurate cost allocation for NDIIS, North Dakota considered the utilization of the system by Medicaid providers. A patient mix factor, based on the Medicaid population percentage, was incorporated to ensure that the allocation accurately reflects the Medicaid-specific usage, preventing an overstated cost allocation.
- North Dakota's cost allocation based first upon the percentage of NDIIS providers that are Medicaid providers.
 - Numerator: Total number of North Dakota provider sites that are enrolled in Medicaid.
 - Denominator: Total number of North Dakota provider sites using NDIIS
 - This first step estimates Medicaid share of the costs for NDIIS at 96.6%.
- The second step is to incorporate the North Dakota Medicaid member population of 26%.
- Using 26% and 97%, the average comes out to **62%** for the final cost allocation.

ND Operational Budget Request



		62%	Include in federal Co-Ag		
FFY	Total Project Costs	Costs Allocated to Medicaid	75% Federal Share	25% State Share	Costs Not Allocated to Medicaid
2026	\$ 1,434,510	\$ 889,396	\$ 667,047	\$ 222,349	\$ 545,114
Total	\$ 1,434,510	\$ 889,396	\$ 667,047	\$ 222,349	\$ 545,114

75/25 Medicaid Match

NDIIS OAPD Outcomes



Medicaid Program Goal	Outcome Statement
CMS: Care Coordination	The NDIIS consolidates immunization records from multiple healthcare providers in a centralized system for Medicaid providers. This allows for care coordination, reduction in healthcare costs, and improved immunization rates.
CMS: Quality Reporting	The NDIIS provides ND Medicaid with quality measures for Childhood immunization and adolescent immunization rates.
CMS: Public Health	The NDIIS provides ND Medicaid providers with the ability to order vaccines for Medicaid children through the Vaccines For Children (VFC) Program.
CMS: HIE Services	The NDIIS provides consumer access to immunization records for Medicaid enrollees.
CMS: Event Notifications	The NDIIS provides consumer access to immunization records for Medicaid enrollees.
CMS: Care Coordination	The NDIIS provides the ability for the ND HHS Immunization Unit to send reminder/recall notices on behalf of ND Medicaid providers to parents of pediatric Medicaid patients notifying them of immunizations that are coming due or are past due.

Operational Quarterly Reporting



- Number of VXUs transmitted to the NDIIS
- Number of QBPs transmitted to the NDIIS
- Number of Certificate of Immunization views
- Total number of ND Medicaid enrolled children up-to-date with all routinely recommended immunizations
- Total number of ND Medicaid enrolled adolescents up-to-date with all routinely recommended immunizations
- Number of VFC doses ordered by VFC enrolled ND providers
- Number of unique users accessing the consumer access portal for immunization records
- Number of AART validation measures met for basic validation.
- Number of AART validation measures met for complete validation
- Number of immunization recall letters sent to parents of infants ages 19-35 months and 12-17 years of age



Thanks.

vaccine@nd.gov

NORTH
Dakota
Be Legendary.

Health & Human Services



Using a Vaccine Purchase Fund to support program/IS operations

AIM Leadership in Action Conference,
Wednesday December 10, 2025

Kathryn Ahnger-Pier, MPH

Associate Director, MDPH Immunization Division

Background

Massachusetts has used state funds to provide universal coverage for some routine pediatric vaccines for many years.

In 2014, a Vaccine Purchase Fund was established by statute (M.G.L. c. 111, § 24N) to support a universal pediatric vaccine program.

Health plans pay a surcharge into the fund each year, assessed on acute hospital and ambulatory surgical center claims.

Use of funds

"The fund shall be expended to cover the costs to **purchase, store and distribute vaccines** for routine childhood immunizations and **to administer the fund and the immunization registry**, established pursuant to section 24M."

"...the amount to be expended for storing and distributing vaccines for routine childhood immunizations, **if such costs are not covered by federal contribution**, and for the costs of administering the immunization registry, shall not exceed **10 per cent of the total amount of the fund expended for the purchase of vaccines** needed for routine childhood immunizations for all children in the commonwealth."

M.G.L. c. 111, § 24N(b)

In practice

FY25 Vaccine Purchase Expenditures: \$135,596,548

10% of expenditures: \$13,559,655

(We have not come close to spending this much on IIS/Vaccine Management)

Our CDC Cooperative Agreement funds program staff and a very small amount for our IIS vendor, SSG. The bulk of our IIS contract (80%+) is paid from the Vaccine Purchase Trust.

CDC funding cliff

FY25 NOA:
\$9.6 million

BY1 Application:
\$7.6 million (-20.1%)

BY1 NOA:
\$6.7 million (-12.7%)

Total difference between
FY25 and BY1:
\$2.9 million, -30.3%

Sustaining services

"The fund shall be expended to cover the costs to **purchase, store and distribute vaccines** for routine childhood immunizations and **to administer the fund and the immunization registry**, established pursuant to section 24M."



Vaccine management unit staff,
provider assessment staff



MIIS HelpDesk,
MyVaxRecords, MIIS project
management, SSG

Allowed for flexibility to partially fund staff, allowing us to maintain most services.

Connect with DPH



@MassDPH



Massachusetts Department of Public Health



mass.gov/dph



AIRA
AMERICAN IMMUNIZATION
REGISTRY ASSOCIATION

Ideas for IIS Sustainability

Mary Beth Kurilo, MPH, MSW
Senior Director Health Informatics,
December 10, 2025

Bake Sale!



All proceeds support your local IIS

Cash, Grants, and In-Kind Donations Accepted!



Disclaimers



There are no easy answers to current IIS funding challenges



There is no way to predict what may happen with future funding



What we do know is that we are stronger together...

{ Across IIS, Immunization Programs, STLTs, Associations, Industry Partners, etc. }



Topics

- Communication
- Strengthening and Cultivating New Partnerships
- Exploring Shared Services
- Considering One-Time vs. Ongoing Funding
- Leveraging Resources From Other Programs (PHIG, etc.)
- Funding, Sustainability, and AIRA's Strategic Plan
- Discussion



Communication



How you talk about your system and program needs is essential (*costs are increasing, but why...*)

Costs for IIS will increase due to:

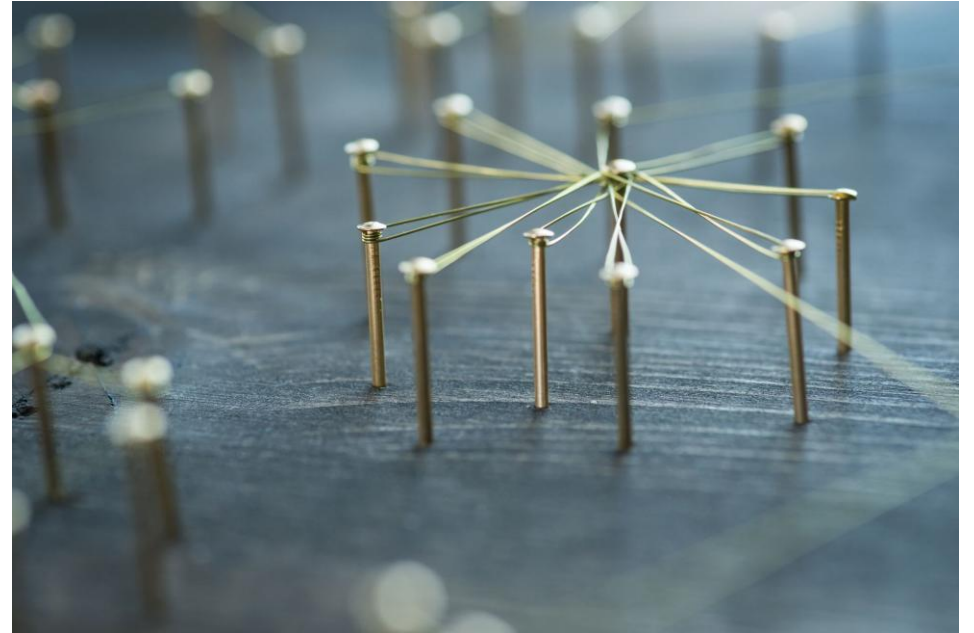
- Technology
- Volume
- Functionality
- Security

Who you talk to is also important



Strengthening & Cultivating New Partnerships

- CMS Medicaid Match Funding (**ND, VA**)
 - 90/10 – enhancements
 - 75/25 – operations
 - 50/50 – administrative match
- Grants from Health Payers (**SC**)
- Contributions from Managed Care and Others (**MA**)
- Donations and/or Payments from Health Payers and Health Systems (**LA, UT, OR**)
- State General Funds
- Philanthropies and Foundations



“Public Health-Adjacent”



Exploring Shared Services

Potential Shared Services

- Address cleansing (e.g., Smarty)
- Statewide Master Patient Indexes (MPIs)
- Open-Source Modules (e.g., ICE)



One-Time vs. Ongoing Funding



Indirect Funding



Potential Indirect Funding

Direct Vendor Contracts (DVCs) may support some IIS work

- **Funded topics:** IZ Gateway, CDC Data Submission, PPRL, VTrckS API Adoption
- **Future topics may include:** Improving DQ, Improving Interop



Leveraging Resources From Other Public Health Programs

Public Health Infrastructure Grant (PHIG)

- IIS Data Modernization Initiative (DMI) funds can be used through November 2027
- Wave 1 funds were awarded, then paused; may be made available in the future
- Wave 2 funds may still be offered

CDC Foundation's Workforce Acceleration Initiative (WAI)

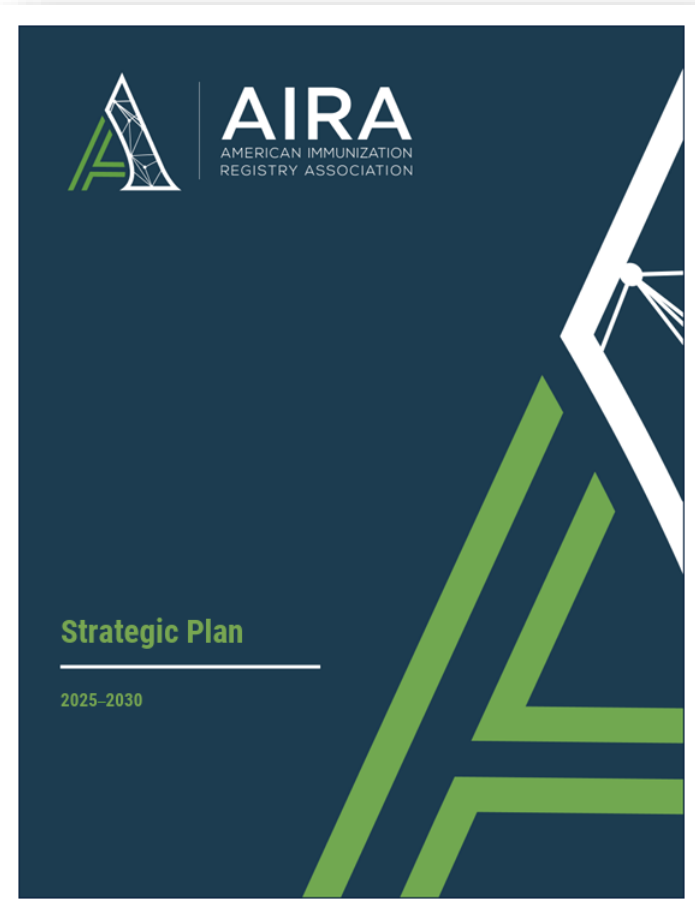
- PHAs through June 2027

Programs within Public Health

- Lead
- Newborn Screening
- Emergency Preparedness



Updated Strategic Plan 2025-2030



Priorities & Goals

Priority 1: Lead and Advocate for the IIS Community

Goals

- In collaboration with our members and partners, develop a unifying vision for the future state of IIS—clarifying its purpose, priorities, and direction—and establish short-, medium-, and long-term goals that serve as a road map for achieving that future.
- 1a. Position AIRA as a proactive leader in national immunization efforts by championing the work of members and strategically engaging in activities that advance IIS.
 - 1b. Advance jurisdictional IIS priorities through proactive advocacy, collaborative partnerships, and strategic policy influence.
 - 1c.

Priority 2: Convene AIRA's Members and Partners to Strengthen the IIS Community

Goals

- 2a. Deepen engagement across the AIRA community and enhance AIRA's role as a convener by aligning programs and offerings with member-identified priorities.
- 2b. Maintain an innovative and supportive educational environment by expanding and diversifying AIRA's educational offerings.
- 2c. Strengthen collaboration with public health stakeholders to exchange expertise, drive innovation, and advance shared priorities.

2

Priority 3: Support Continuous Modernization of Systems to Improve Data Quality, Use, and Access

Goals

- 3a. Define and make visible the landscape of modernization across IIS to ensure efficient standardization and alignment.
- 3b. Coordinate with national and international efforts for interoperability standards and code sets to better facilitate global immunization data exchange and access.
- 3c. Support the development of FHIR messaging for IIS/immunizations to align with the direction of the broader health IT ecosystem.
- 3d. Explore opportunities to engage in modernization efforts across public health.

Priority 4: Expand and Diversify AIRA's Revenue Sources and Strengthen Operational Capacity and Agility to Support a More Resilient Organization

Goals

- 4a. Increase the organization's financial resilience by reducing reliance on any single funder.
- 4b. Strengthen AIRA's operational infrastructure and business acumen to better support adaptive decision making in response to changing funding and programmatic needs.

3



Updated Strategic Plan 2025-2030

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Priority 1: Lead and Advocate for the IIS Community

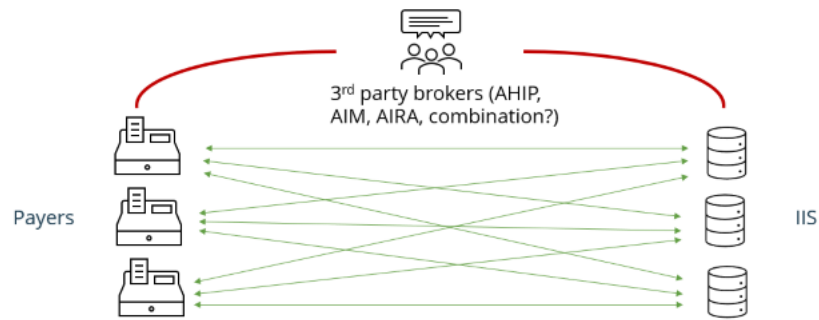
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Discussion

For exploration: Developing centralized process (bulk FHIR query?) to support (and monetize?) HEDIS Requests



Questions, Comments?



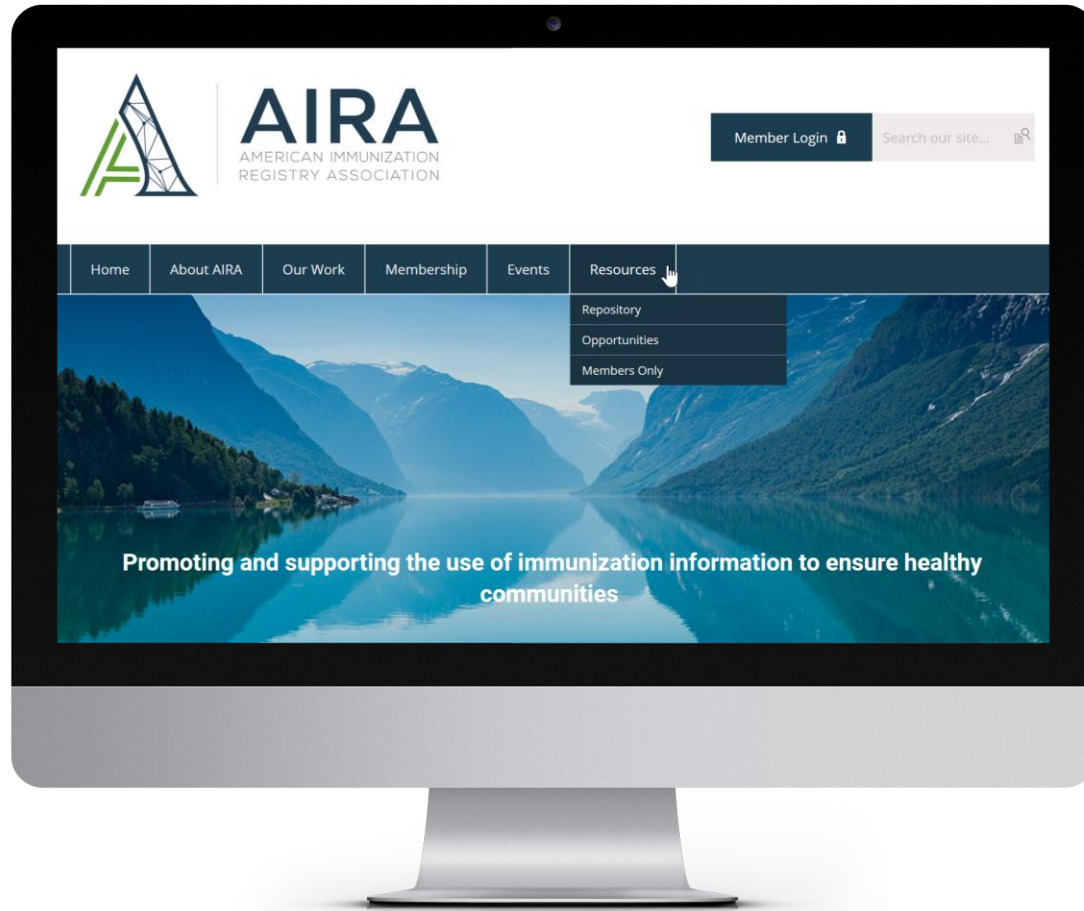
Thank You!

Rebecca Coyle, MSED

coyler@immregistries.org

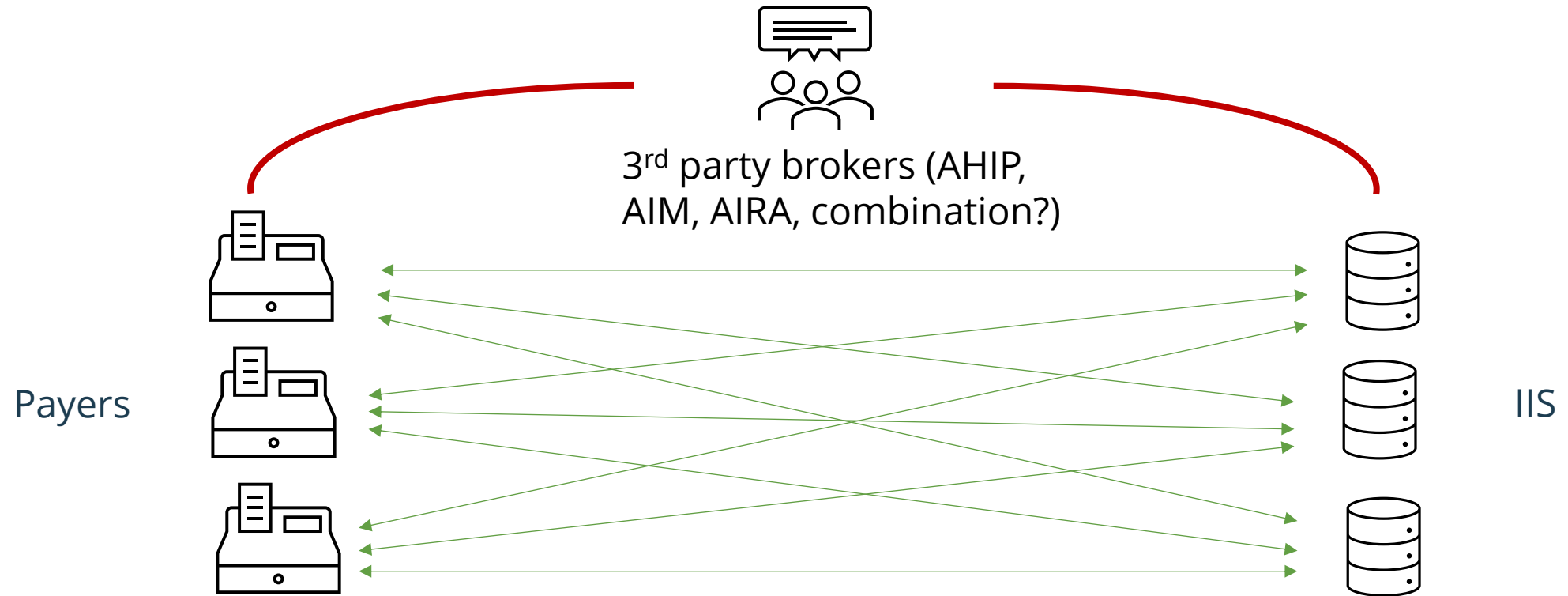
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Q&A



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AIM and Partner Resources



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Program Practice Database

IIS related practices

The Program Practice Database is a peer sharing platform that gathers innovative and successful promising practices for immunization programs to review for inspiration.

Pharmacy related practices includes:

- [Maine: Docket for Schools \(2025 Bull's Eye Award Winner!\)](#)
- [Arizona: 10-Year Journey Toward Automating Manual Deduplication](#)
- [Chicago: Using Nirsevimab Administration Data to Match Infant to Mother in Vital Records](#)
- [Indiana: Transforming Measurement & Improvement \(M&I\) Results](#)
- [Minnesota: Assisting Childcare Centers with Required Immunization Reporting](#)
- [Colorado: Public Health Detailing – An Innovative Approach to Improving Vaccination Coverage](#)



Want to share your program's best practice?
Email info@immunizationmanagers.org



Communicating the Value of IIS: A Toolkit for Program Managers

The IIS Communications Toolkit provides key resources to support immunization programs share the value of the IIS and its importance while emphasizing Medicaid partnership. Resources includes:

- Sample language
- Templates
- Slides
- Talking points for immunization program managers



[Visit AIM's IIS Communications Toolkit](#)



Planning Guidance for Preparing to Access CMS 90-10 Funding for Public Health

By Public Health Informatics Institute

This guidance is designed for those who are new to the CMS funding stream or those new to working with their jurisdiction's Medicaid program. Resources support the initial planning internal to immunization programs prior to approaching the Medicaid program.

Five modules are available; each module includes a tip sheet and worksheet.



[Access the guidance and related resources](#)



Please Complete: Evaluation

- The AIM Leadership in Action conference aims to serve our members and partners by facilitating idea sharing, leadership training, and connection.
- Please complete the session specific evaluation in the conference app now and be sure to complete the full conference survey on Thursday.
- Our goal is to make next year's conference even better. Thank you!

Complete the
evaluation for this
session in the
conference app.



Thank you!



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