

Creative Funding Strategies to Support IIS

December 11, 2025



AIM

Association of
Immunization
Managers

Agenda

- Introduction
- Presentations
 - Sarah Aho
 - Jessica McClellan
 - Rebecca Coyle
 - Mary Beth Kurilo
- Q&A
- AIM and Partner Resources



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Program Manager
Alaska Department
of Health



Jessica McClellan, MPH, MSDS

IIS Manager
Utah Department of Health
and Human Services



Rebecca Coyle, MSEd

Executive Director
American Immunization
Registry Association

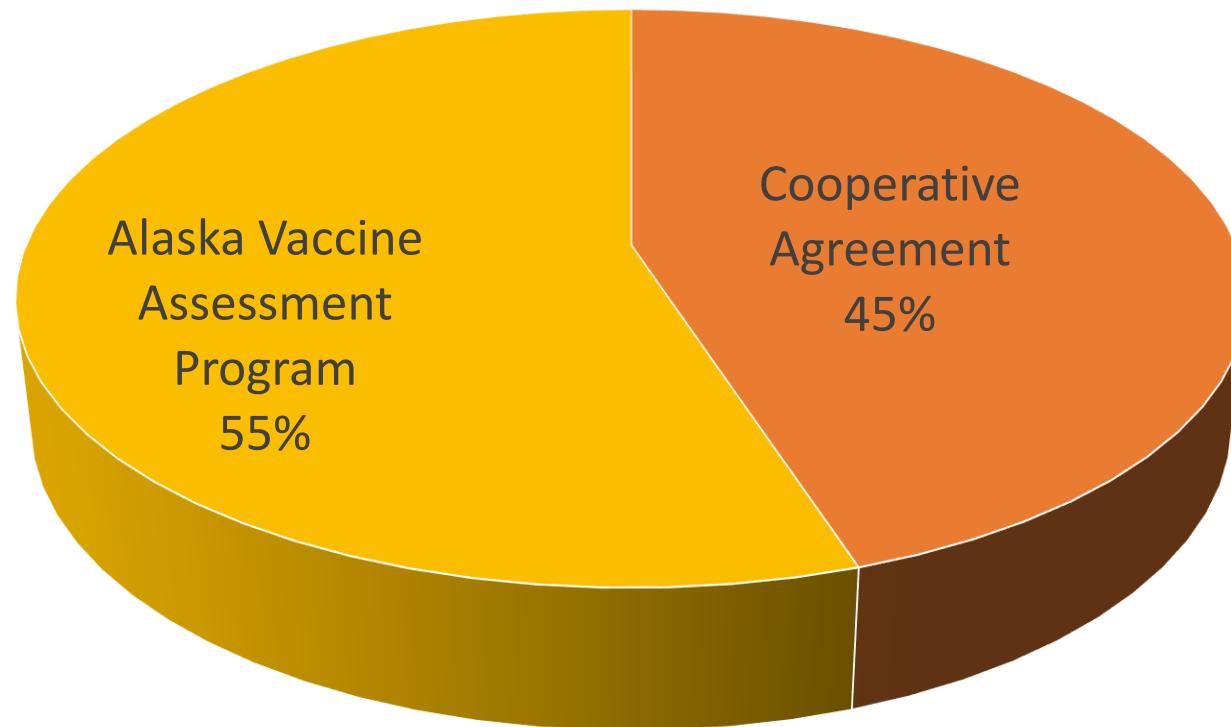
Funding Alaska's IIS

Current and Future

Sarah Aho, MPH
Immunization Program Manager



Current Funding for Alaska's IIS





- Payers report how many covered pediatric and adult lives in Alaska
- The assessment rate is determined by the Commissioner based on the recommendations of the AVAP Council per calendar year
- Assessment rate charged to payers with mandatory participation
- All payers are participating except Medicare and Medicaid
- All recommended childhood and adult vaccines are included

Alaska Vaccine Assessment Program

- The annual assessment rate includes cost of projected vaccine purchasing and an administrative fee (9%, \$1.5M)
- The administrative fee covers:
 - **IIS contract costs not covered through the CoAg**
 - Additional contracts to administer and audit AVAP
 - Contract for Alaska Immunization Coalition
- The administrative fee does NOT cover staff salaries

Future Alternate Funding Available

PHIG IIS
Modernization

HEDIS
Requests from
payers

PHIG IIS Modernization

Currently only using this grant for staff time

Currently in RFP process for IIS vendor

Planned future use of these funds for modernization

Charging for HEDIS Requests

- The AAC (7 AAC 27.655) was adopted the end of 2013
- The State charges \$10 per record request
- There are a few exceptions for requiring fees for records requests
 - The department will not charge a fee to (1) a health care provider that is an individual; (2) a clinic; (3) a hospital; (4) a school; or (5) a program under the department
- Typical income is \$200,000-\$300,000 annually
- Potential source of funding for IIS, but amount varies each year

Alaska's Health Information Exchange (HIE)

Current State

- Alaska IIS is not directly connected to the HIE
- Individual provider organizations connected to Alaska IIS through HIE
- HIE is NOT mandatory

Revenue Loss Concerns

- A large payer recently obtained their HEDIS request through the HIE
- Concerned about mechanism for payment, potential loss of income

Take Home Ideas



Consider codifying any potential sources of income



Partner within Department for grants that may support IIS



Ask me about universal purchase programs

Sarah.aho@alaska.gov



AIM high: Utah's blueprint for HEDIS success

Jessica McClellan, MPH, MSDS
Utah Department of Health and Human Services
USIIS program manager

Outline

- What is HEDIS
- History of Utah's HEDIS efforts
- Current process
- Bumps along the road
- Innovations and enhancements

What is HEDIS?

- HEDIS stands for the **H**ealthcare **E**ffectiveness **D**ata and **I**nformation **S**et
 - It's a "report card" for health plans, developed by the National Committee of Quality Assurance (NCQA)
 - Used by more than 90% of health plans to measure performance on care and service
 - It creates a standard, apples-to-apples comparison for quality
 - Health plans receive funding from Centers for Medicaid and Medicaid Services if they meet data quality standards

History of HEDIS in Utah

HEDIS started!

- Low immunization rates got Governor's attention
 - Contributions started
- Utah law says we can charge up to \$12 per record
- Auto Process in Linux and DB procs



2001

2004

Oracle forms created/Manual Processes

- Created for ones that didn't match via linux and DB procs
 - 90-95% match rate



2023

USIIS File Manager (UFM) created

- Added ability to process hedis file via web based app using CSV
 - 96%+ match rate

2024+



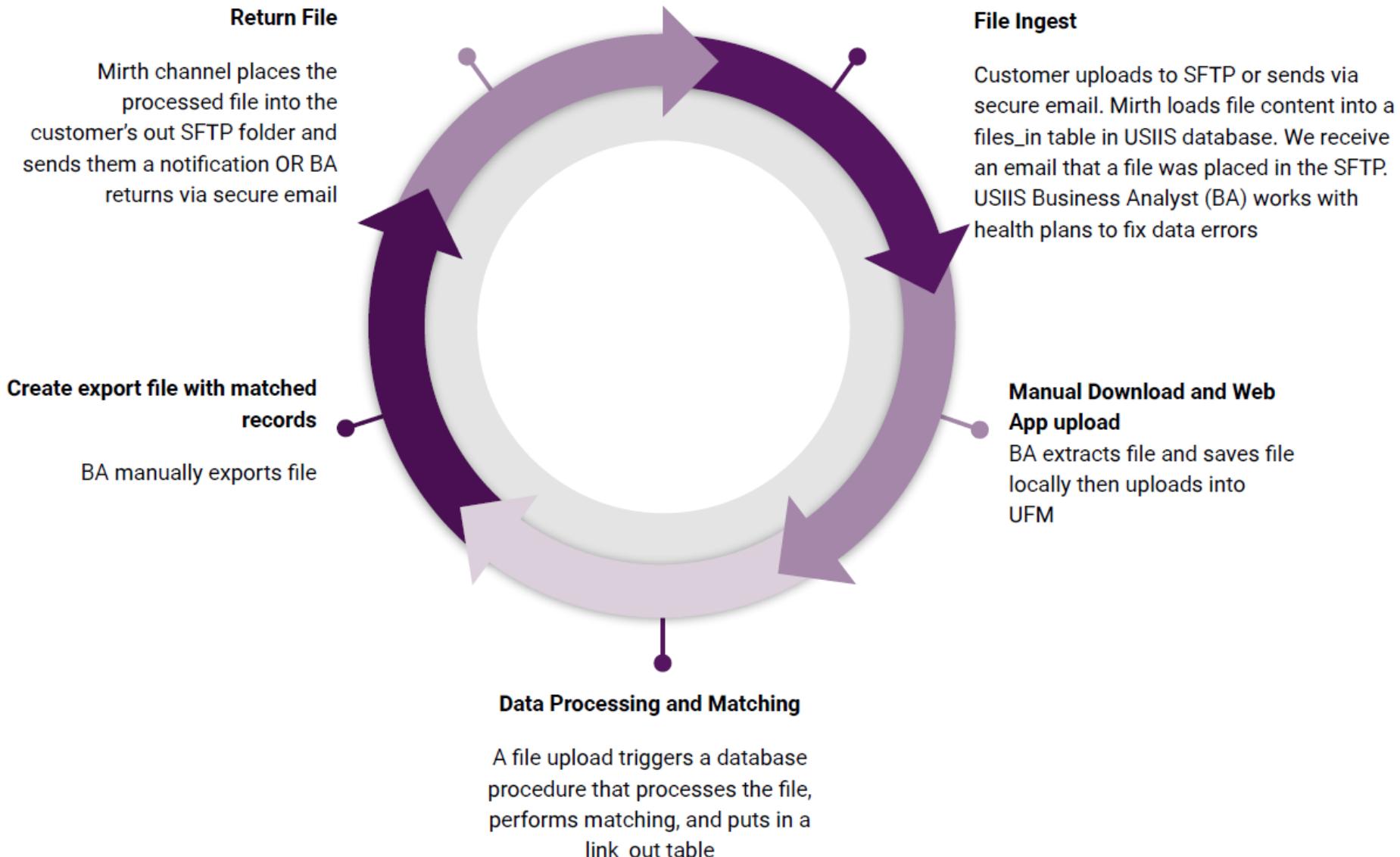
Enhancements

- UFM changes

Agreement from health plans for fiscal year 2025

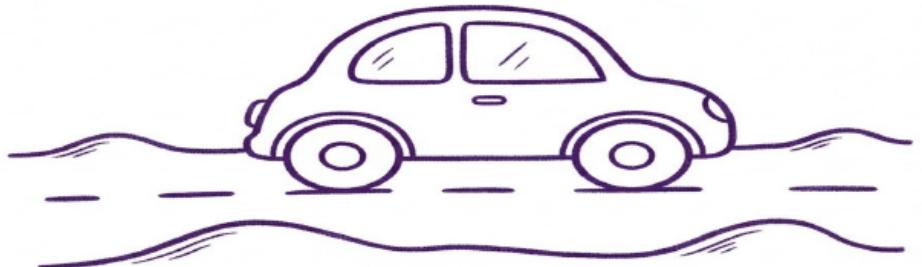
- No official agreement from health plans
 - Not necessary to do BAA
 - Send letter and invoice
- Fee schedule
 - \$12 per record
 - Can charge \$30/hour for staff time as needed
 - Can choose an annual contribution instead
 - \$10,000 for 100,000 matches
 - \$15,000 for 200,000 matches
 - \$20,000 for unlimited matches
 - \$150,000 for unlimited matches + customizations
- Fee procedures
 - Annual invoice
 - Matching limits
 - Overages charged at \$12 per record
 - Matches are forfeited if didn't hit the amount in the fiscal year

Current matching process



Bumps along the road

- Excess funds in COVID eliminated need to collect contributions during those years
- New management
- New legal team
- No prior limitations on requests
- Large file sizes



Statistics and money earned

Statistics

- 2024: 24 files ran
 - 7,510,522 records matched
- 2025 YTD: 57 files ran

Money earned

- 2024: \$25,000
- 2025: \$245,000 requested from health plans

Recent wins and next steps

Wins

- Contributions added to Utah's legal fee schedule
- Approval to raise prices
 - \$10,000 for 100,000 matches
 - \$20,000 for 200,000 matches
 - \$40,000 for unlimited matches
 - \$160,000 for unlimited + customizations
- Kept \$12 fee per record, but removed staff time fee as we never charged for it

Next steps

- Health plans have asked if they can send QBPs for HEDIS
- Limit CSV files to 100,000 records per file
- Full automation
- Health plans logging into UFM to do own matching

Questions?

Email:

jessicamcclellan@utah.gov or
usiistracking@utah.gov

Phone: 801-538-9450



Ideas for IIS Sustainability

Rebecca Coyle, MSEd
Executive Director
December 11, 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:

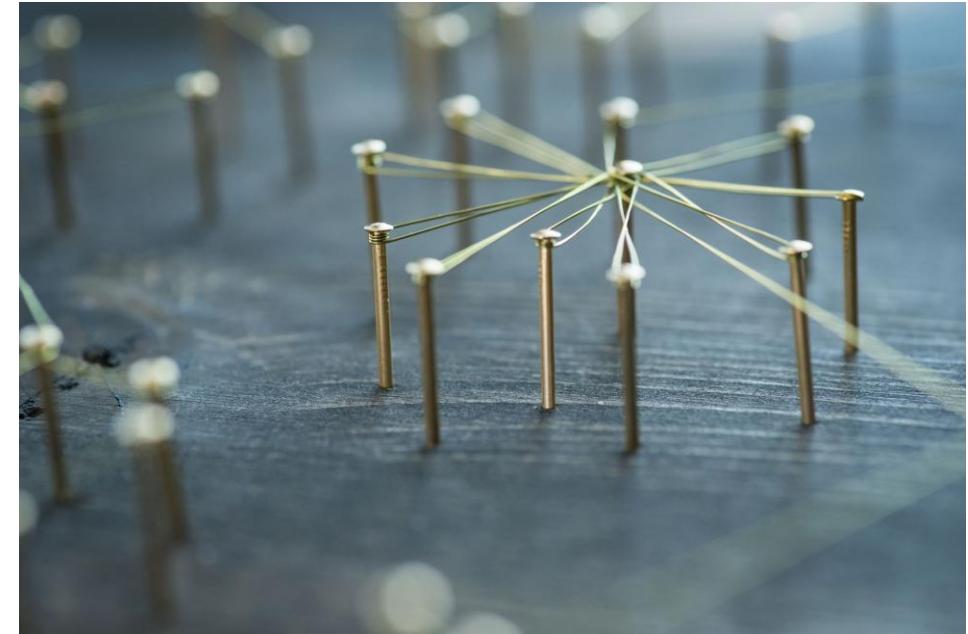
- Technology
- Volume
- Functionality
- Security

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)

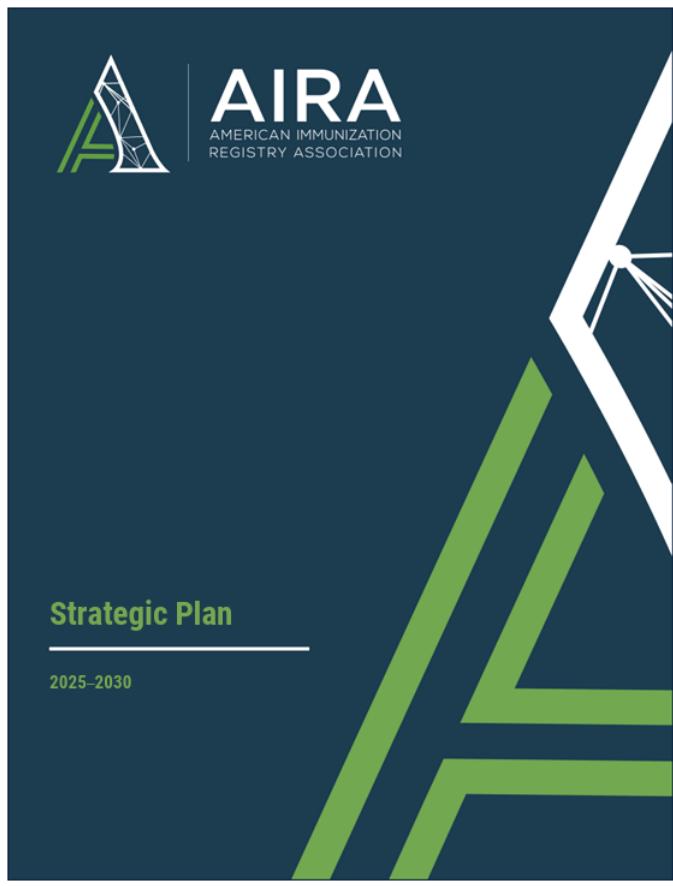
- PHAs through June 2027

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.

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.

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.

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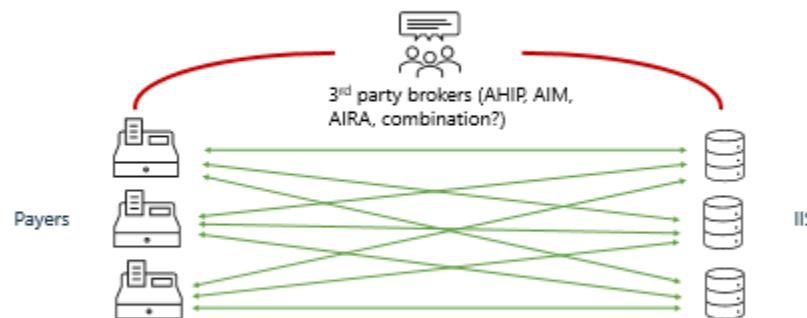
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1b. Advance jurisdictional IIS priorities through proactive advocacy, collaborative partnerships, and strategic policy influence.



Discussion

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



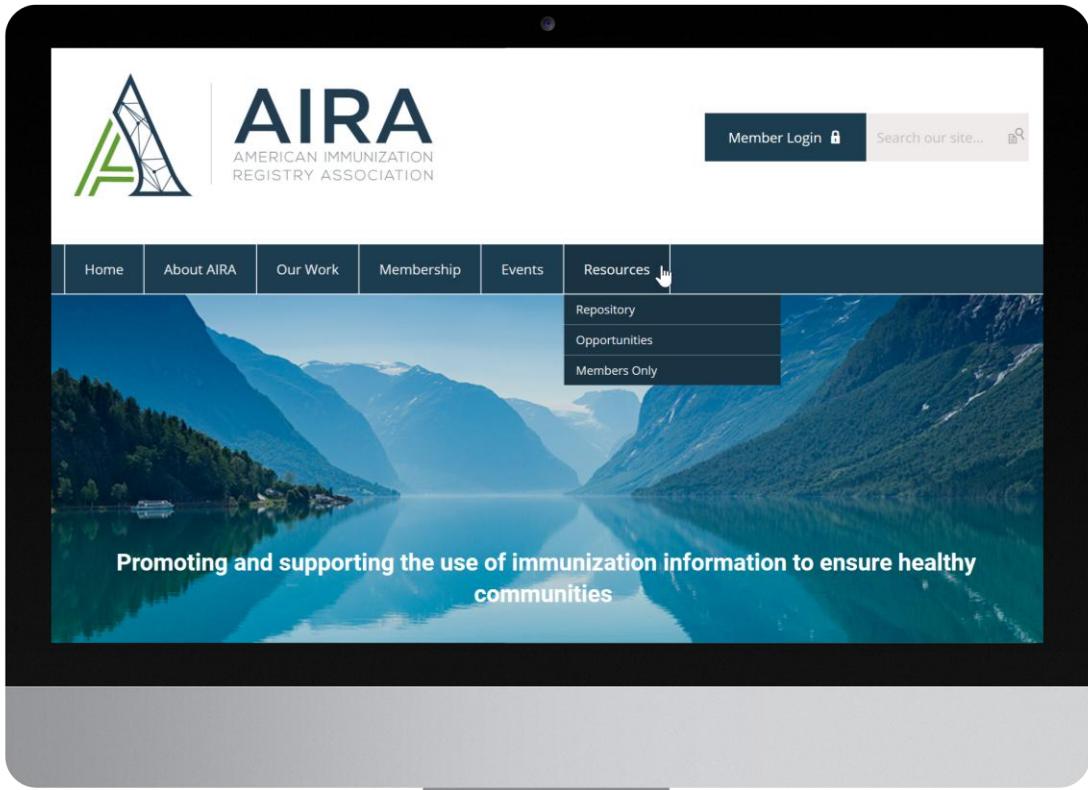
Questions, Comments?



Thank You!

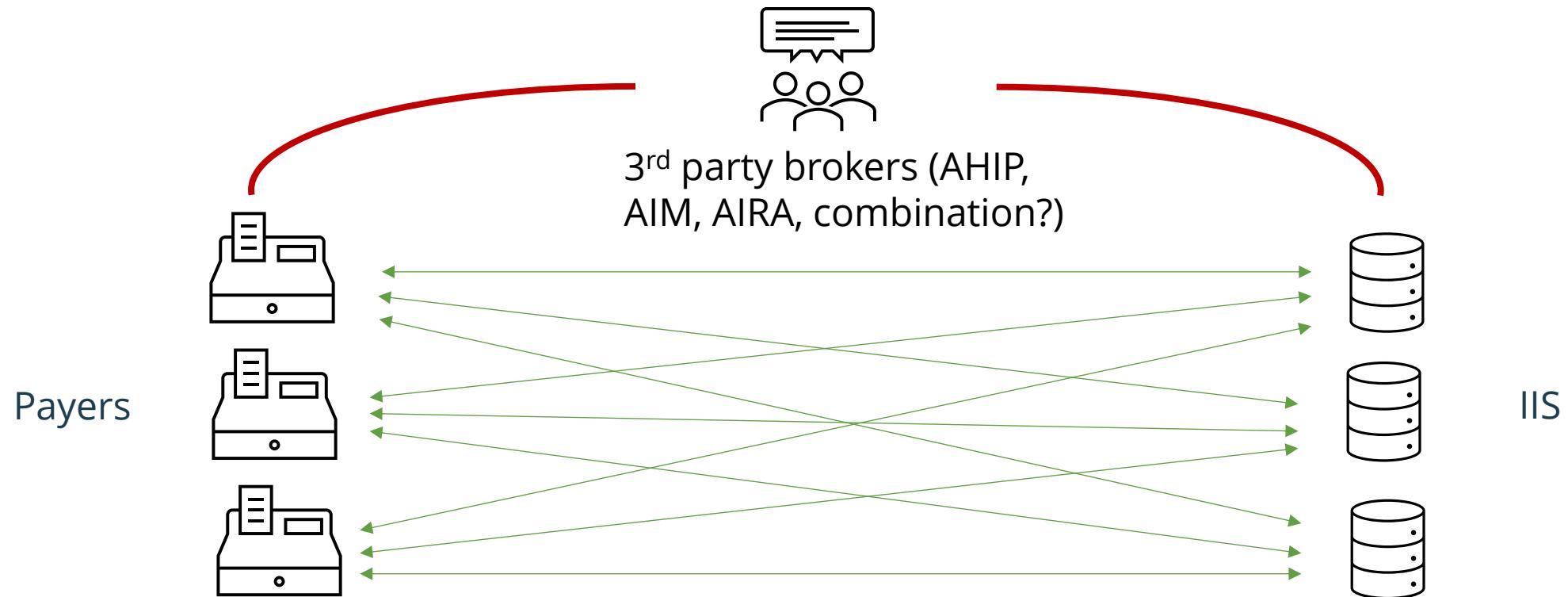
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Q&A



immunizationmanagers.org



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AIM and Partner Resources



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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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