

# Creative Funding Strategies to Support IIS

December 11, 2025



Association of  
Immunization  
Managers

# Agenda

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



**Sarah Aho, MPH**

Program Manager  
Alaska Department  
of Health



**Jessica McClellan, MPH, MSDS**

IIS Manager  
Utah Department of Health  
and Human Services



**Rebecca Coyle, MEd**

Executive Director  
American Immunization  
Registry Association

# Funding Alaska's IIS

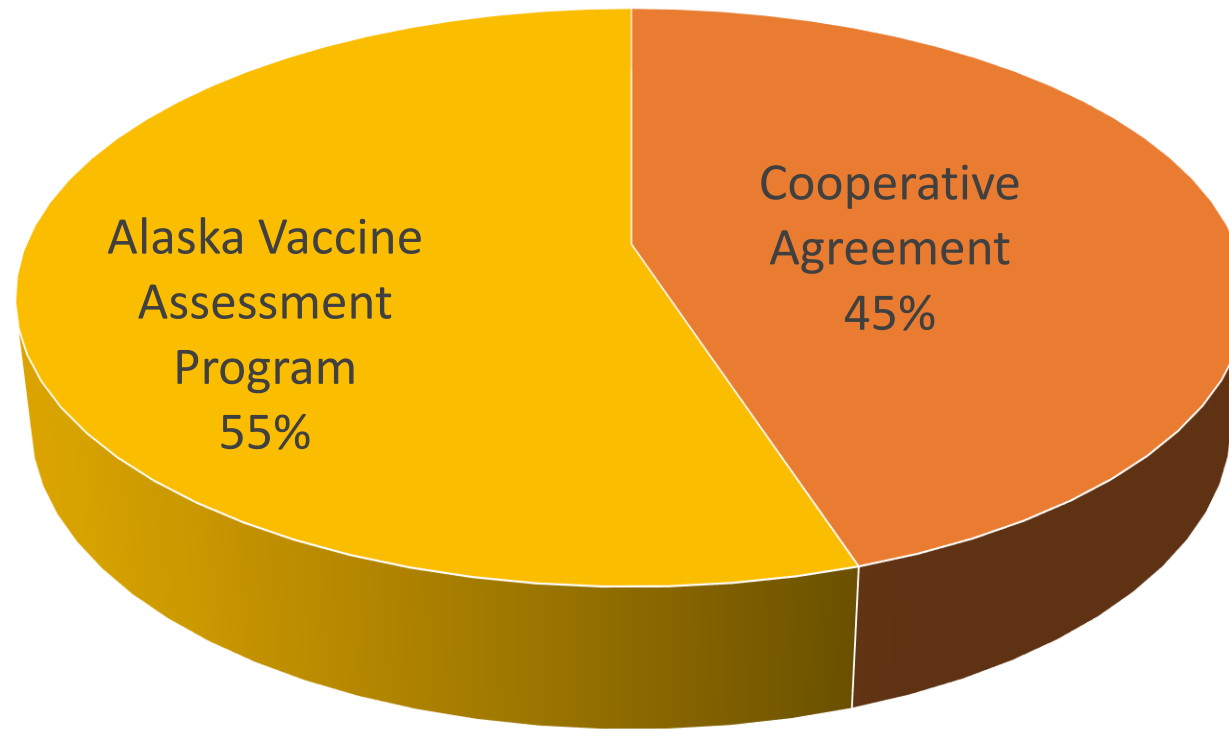
## Current and Future

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](mailto:Sarah.aho@alaska.gov)



# AIM high: Utah's blueprint for HEDIS success

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

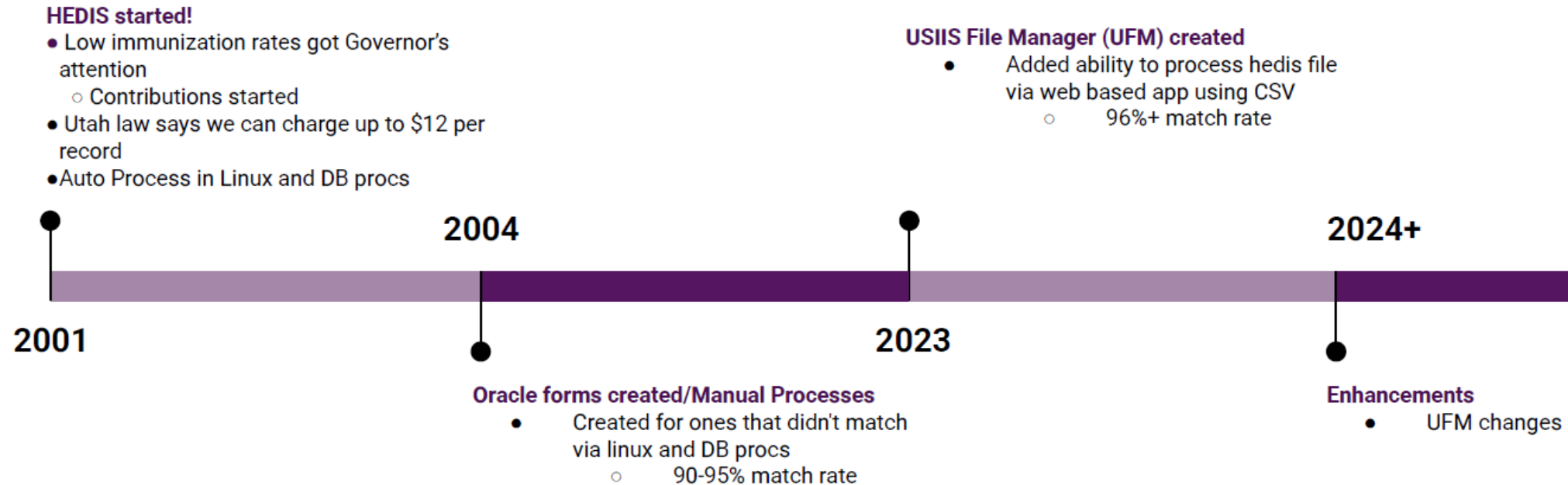
# Outline

- 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

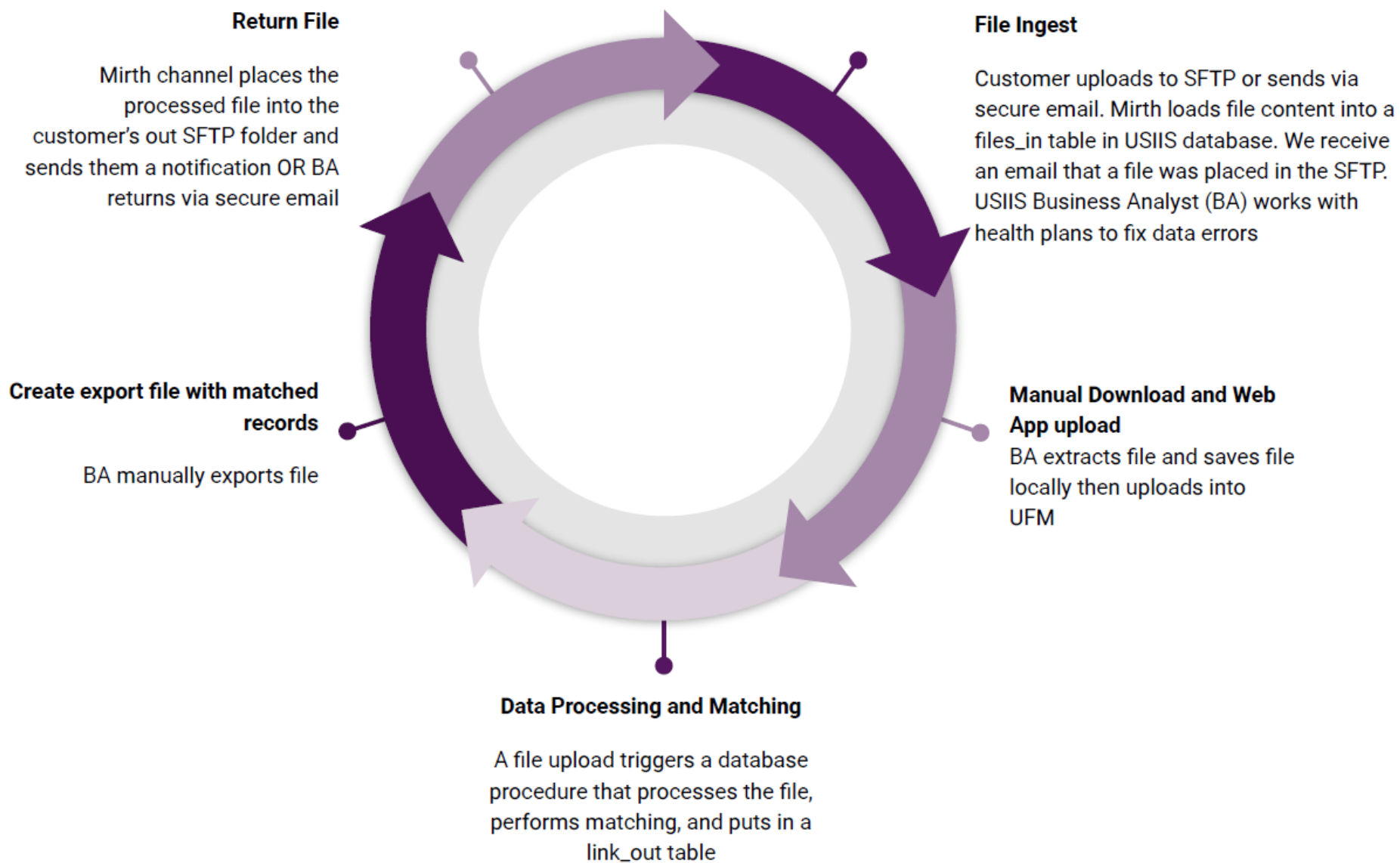




# Agreement from health plans for fiscal year 2025

- 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:

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[usiistracking@utah.gov](mailto:usiistracking@utah.gov)

Phone: 801-538-9450



**AIRA**  
AMERICAN IMMUNIZATION  
REGISTRY ASSOCIATION

# 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:

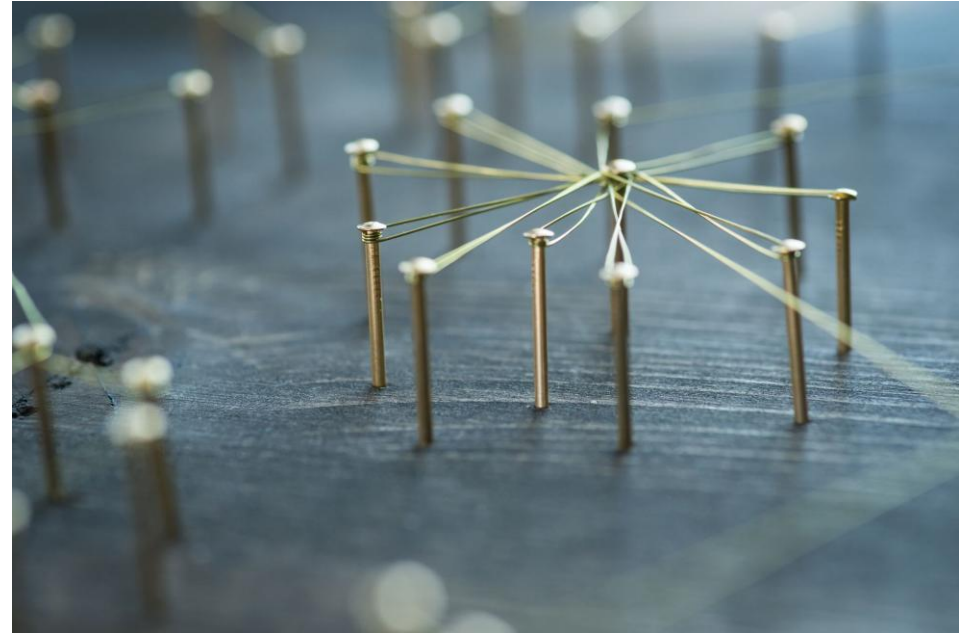
- Technology
- Volume
- Functionality
- Security

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.
  - 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.

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### 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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# Updated Strategic Plan 2025-2030

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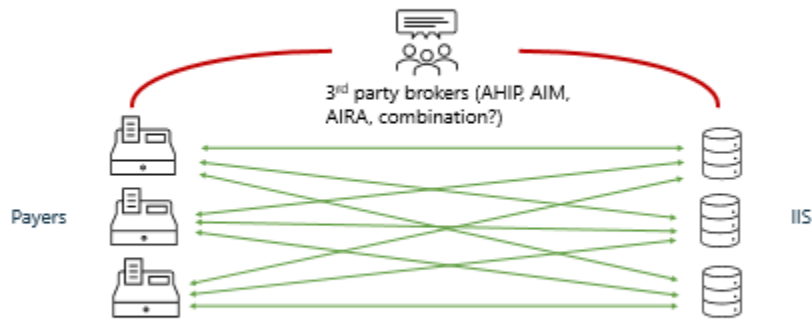
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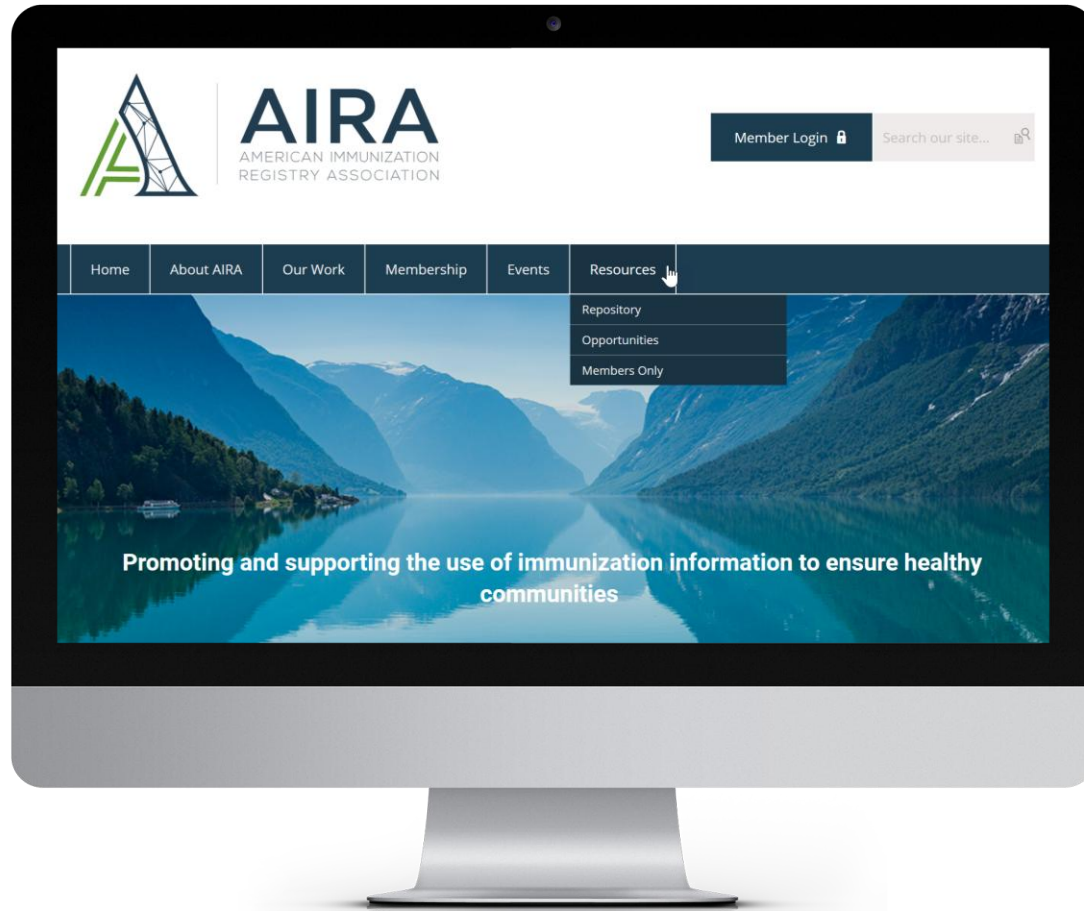
# Discussion

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



# Questions, Comments?





# Thank You!

Rebecca Coyle, MSED

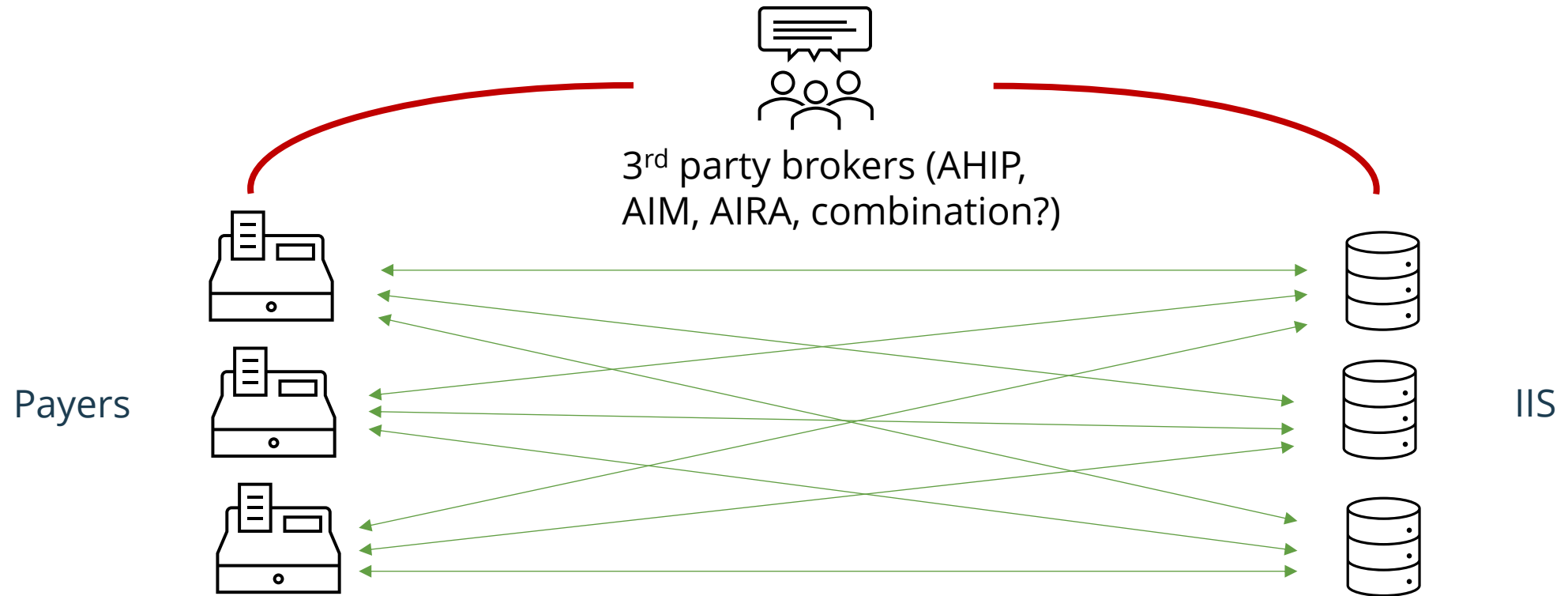
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# Q&A



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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