

Vaccines for Children Program



Nevada State Health
Division
Immunization Program

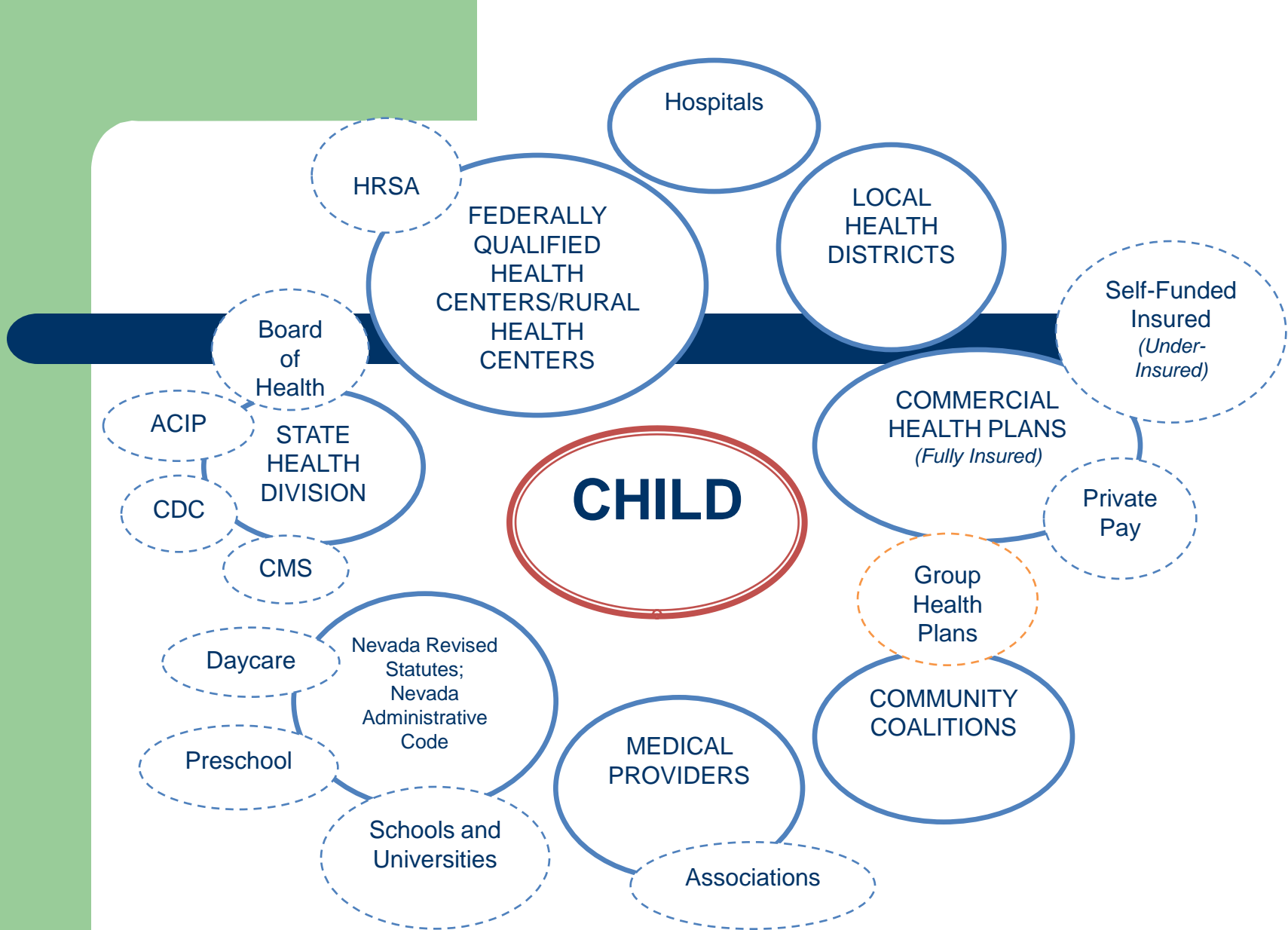
Nevada Immunization Program

Mission Statement

- To improve the capacity for a comprehensive, culturally appropriate and systematic approach that will improve immunization coverage levels in Nevada
- To limit the morbidity and mortality of vaccine-preventable diseases
- To advocate for comprehensive and effective immunization policies and resources

Nevada Immunization Program

- Since 1994 the State Immunization Program has administered the Federal Vaccines for Children Program
- Manages the purchase and distribution of federally funded vaccines
- Monitors storage and handling of the federally funded vaccines
- Provides education and training
- Provides technical support for provider quality assurance

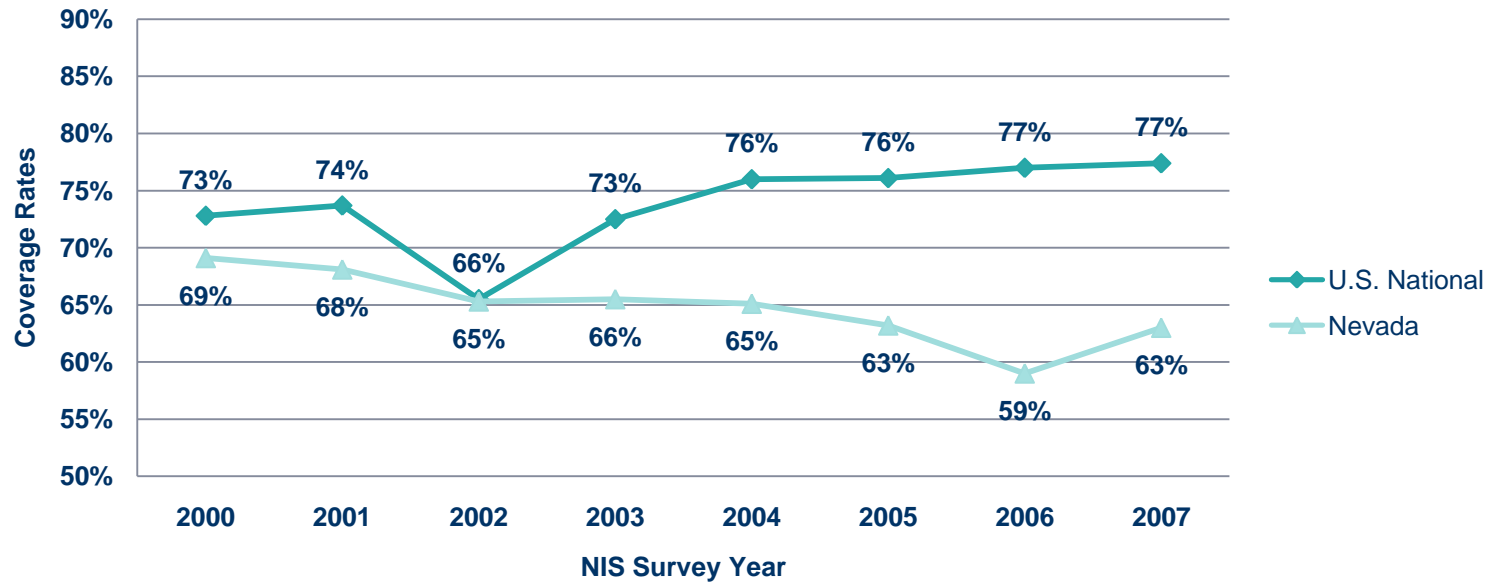


Immunization Rates

- Healthy People 2010 goal is 80% of 2 year olds properly immunized.
- How National and State coverage is determined;
 - National Immunization Survey
 - Five dose series 4:3:1:3:3
 - Six dose series 4:3:1:3:3:1

Nevada Immunization Rates

U.S. and Nevada Immunization Rates
2007 National Immunization Survey (NIS) 4:3:1:3:3:1* Series
Vaccination Coverage Among Children 19-35 Months of Age
(*4 DTAP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella)



Factors Associated with Children's Immunization Rates

- Birth Rate (higher birth rates = lower IZ rate)
- Access to health care
- State level expenditure
- Pediatrician supply
- Transient Populations
- Teen pregnancy rates

Source: State-Level Demographic, Economic, and Political Factors Associated with Children's Vaccination Rates.

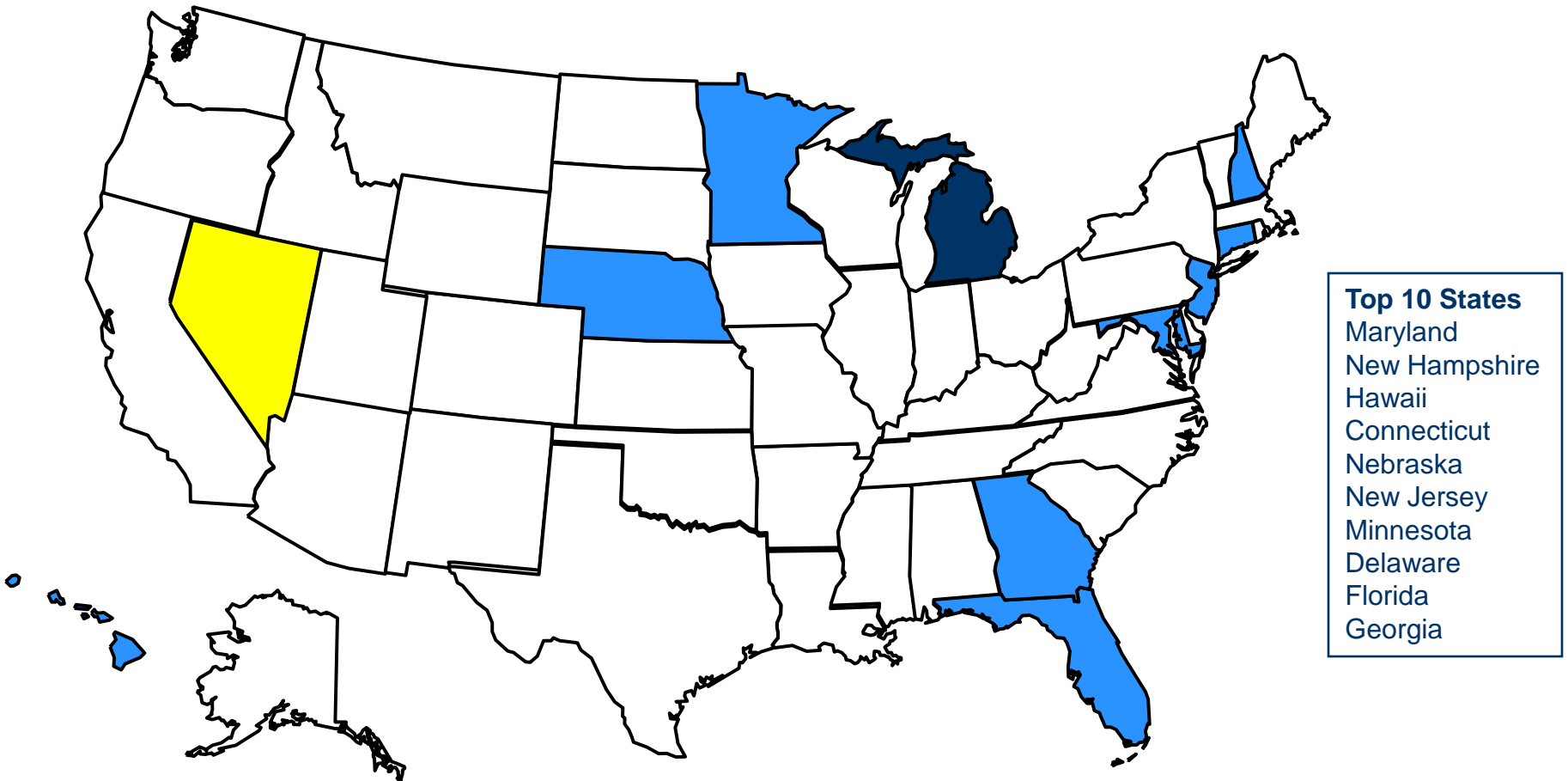
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Abstr Acad Health Serv Res Health Policy Meet. 2002; 19: 5. University of Michigan, 300 NIB, 6C23, Ann Arbor, MI 48109-0456

Best Practices to Increase Immunization Rates

- Provider reminder/recall
- Mandatory insurance first dollar coverage laws
- Immunization registry use to target interventions
- Provider assessment and feedback

Ranking of Top 10 States by Immunization Rates (2007 National Immunization Survey - 4:3:1:3:3:1)



- Top 10 States**
Maryland
New Hampshire
Hawaii
Connecticut
Nebraska
New Jersey
Minnesota
Delaware
Florida
Georgia

Vaccine Financing

- **Federal Vaccines for Children (VFC) Program**
- **Federal Section 317 Discretionary Funding**
- **Federal S-Chip**

Vaccine Funding – Primary Source

- Federal Vaccines for Children (VFC) Program
 - Federal entitlement for children meeting eligibility criteria
 - During FFY 2008, accounts for 84% of total vaccine doses purchased and distributed by the Immunization Program
 - Used to purchase all childhood vaccines offered by the Immunization Program for VFC eligible children

VFC Program Eligibility

- Federal Vaccines for Children (VFC) Program
 - Medicaid eligible
 - Uninsured
 - Native American/Alaskan Native
 - Underinsured (have health insurance that does not include vaccines and must receive VFC only vaccines at a FQHC or local health departments)

VFC Eligibility-Underinsured

- A child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only)
- A child whose insurance caps vaccine coverage at a certain amount. Once that coverage amount is reached, the child is categorized as underinsured.
- A child whose insurance does not cover any vaccines

VFC Eligibility-Underinsured

- Children whose health insurance covers vaccines but does not reimburse for the full cost of the covered vaccines is not considered underinsured

Federally Qualified Health Center

- Receives federal grant funding
- Provides care to underserved populations
- Defined by Medicare and Medicaid statutes
- Must be a public entity or private non-profit
- Provide primary care services for all age groups
- Must meet specific requirements
- Nevada Health Centers, HAWC

Rural Health Centers

- Provides primary care services for Medicaid and Medicare patients
- Serves rural communities
- Located in rural, underserved areas
- Must use midlevel practitioners
- Determination is by state agency (BLC) and CMS regional office
- Must be in shortage area

Vaccine Funding (Secondary)

- Federal Section 317 (Discretionary)
 - Federal discretionary vaccine funding determined by annual congressional appropriation
 - During FFY 2008, accounts for 11% of all the total vaccines purchased and distributed by the Immunization Program
 - Used to purchase only the “universal” vaccines offered by the Immunization Program
 - Nevada is one of the few states using 317 funding to provide universal vaccines

Vaccine Funding: State Source

- Federal S-CHIP
 - State Medicaid program requiring matching State General Funds
 - During FFY 2008, accounts for 5% of the total supply
 - Used to purchase all of the vaccines offered by the Immunization Program

Vaccine Funding for the Nevada State Immunization Program FFY 2008



Federal VFC: \$26.3 million
800,000 doses



Federal 317: \$2.14 million
106,000 doses



Federal S-CHIP: \$1.43 million
46,000 doses

Vaccines Provided to All Children Regardless of Insurance Status

- DTaP
- Hep B
- Hib
- MMR
- Polio
- Td
- Tdap

Vaccines Selected Out for VFC and Nevada Check Up

- Hep A
- HPV
- Menactra
- Pediarix
- Prevnar
- RotaTeq
- Varicella

Why the change, and why now?

- Factors of change in past 15 years
 - Increased number of vaccines and cost as recommended by ACIP
 - Decrease in available federal resources
 - Growing population
 - Lagging immunization rates

Policy Discussion – VFC Only/Nevada Check Up

- Due to these factors the State determined:
 - The current Universal – Select model is not sustainable given the reduction in federal Section 317 funding
 - The Immunization Program will continue to provide federally funded vaccines for VFC eligible and Nevada Check Up enrolled children (Federal VFC funds/Federal S-CHIP funds)

Immediate Impact

- Vaccines for VFC eligible and Nevada Check Up enrolled children age 0 – 18 years will continue to be provided
- Fully insured children will not be eligible to receive state-supplied vaccine
- Underinsured children will only be eligible to receive state-supplied vaccine from a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC)

Pros

- Less confusing program as eligibility is clearly defined
- Section 317 vaccine funds may be used to support special community immunization projects

Challenges

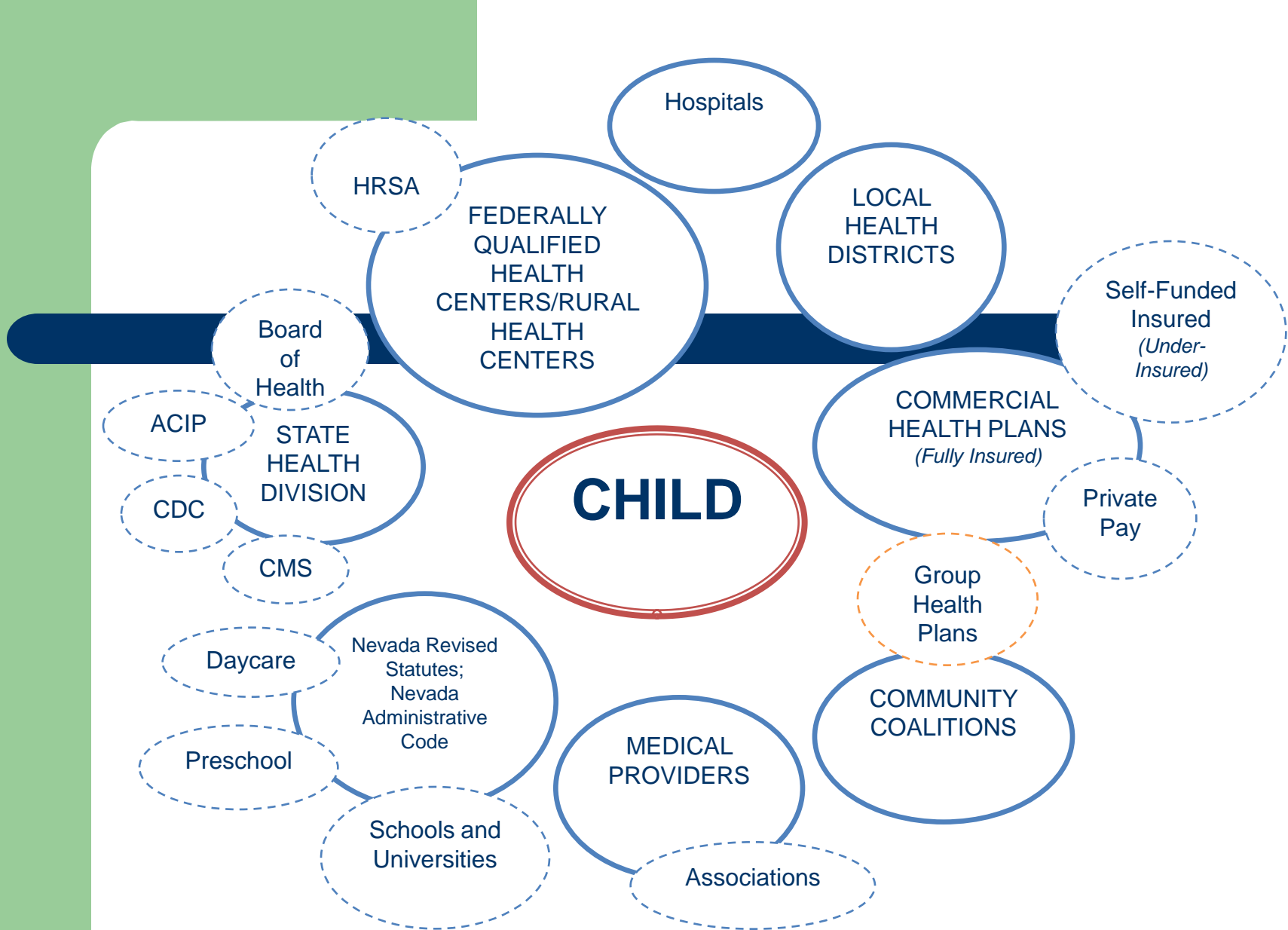
- State supplied vaccines no longer available to insured children
- Insured children will need to be covered by their health plans
- Cost to providers to purchase vaccines for insured children

Action Plan

- Weekly teleconference
- Research
- Purchasing Pools/Groups
- Legislative Advocacy by interest groups
- Delegated Authority

Partnerships to Provide Technical Assistance

- Trainings
 - Coding and billing conducted by Immunization Coalitions
 - Contract negotiations conducted by Immunization Coalitions
- WebIZ
 - Training
 - Technical assistance



Ideas and Participation

- Need to hear from stakeholders
- How to make as easy a transition as possible
- Email jmalay@health.nv.gov
- Call us

Jo Malay (775) 684-5934

Tami Chartraw (775) 684-4032

Eric Pennington (775) 684-5901