



DEPARTMENT OF HEALTH & HUMAN SERVICES
Health Care Financing Administration

Center for Medicaid and State Operations
7500 Security Boulevard
Baltimore, MD 21244-1850

July 6, 2000

Dear State Medicaid Director:

This letter provides guidance on the development of immunization registries as a component of the Medicaid Management Information System (MMIS) to ensure all children receive their immunizations on time to live happy, healthy lives. HCFA strongly supports State efforts to ensure that children and adults are immunized based on the standards and recommendations of the Advisory Committee on Immunization Practices. Immunization registries can be a valuable tool in tracking immunization rates.

Under certain conditions, enhanced Federal financial participation (FFP) is available at 90 percent for the design, development, and installation, and 75 percent FFP for the operation of State MMIS systems. These enhanced rates are available for immunization registries that are components of the State MMIS to the extent that the registry serves Medicaid program beneficiaries and meets the specifications set forth in the attachments to this letter. In States where the Immunization Registry is developed, owned, and operated by a public health or other non-Medicaid agency, FFP is available at 50 percent for State's costs associated with Medicaid eligible children.

BACKGROUND

In response to a request by the U.S. Senate Appropriations Committee in 1998, the Institute of Medicine of the National Academy of Sciences recently completed a study, "Calling the Shots: Immunization Finance Policies and Practices". The Study Committee cited much progress with immunization efforts and describes the overall approach as being highly decentralized and shaped by local circumstances, resources, and needs as well as by national goals and policies.

In spite of record levels of immunization achieved across the country since 1993, certain problems have persisted with the immunization delivery system:

- The need to sustain and document high levels of immunization coverage for a growing number of vaccines delivered within multiple health settings;

- Persistent racial and ethnic disparities in childhood levels of immunization coverage;
- Mortality and morbidity from preventable infectious diseases; and
- Gaps and inconsistencies from State to State in the coordination, support, and documentation of immunization efforts.

In recent years, the country has seen immunization rates increase as more and more children are receiving their scheduled immunizations on time. This news is encouraging, but low immunization rates, particularly among Medicaid-eligible children, remain. Over 60 percent of all children who do not receive timely and complete immunizations come from poor areas, and many of them are Medicaid beneficiaries. Most health providers have difficulty tracking the immunization history of children for a variety of reasons, such as frequent moves and lack of a consistent medical home. One highly effective way to address this problem is through the development, installation, and use of immunization registries.

WHAT IS AN IMMUNIZATION REGISTRY?

An immunization registry is a confidential, population-based, computerized information system that contains information about immunizations and children. Information in the registry can be used to determine individual vaccine needs and remind parents when their child is due for a vaccine. Providers can access the registry to determine which vaccines their patients need and bring them back to the clinic or office when immunizations are due.

Because confidentiality of Medicaid data is an important issue, we would like to remind you of discussion on this topic contained in our October 22, 1998, State Medicaid Director letter, "Facilitating Collaborations for Data Sharing between State Medicaid and Health Agencies". In the Model Medicaid Data Sharing Agreement attached to that letter and co-signed by the Administrators of HCFA and HRSA, as well as the Director of the Centers for Disease Control and Prevention, we reference Section 1902 (a)(7) of the Social Security Act (as amended) which provides for safeguards in this area. In addition, regulations at 42 CFR 431.302 are also cited and specify the purposes directly related to State plan administration.

MEDICAID'S ROLE

In recent months, we have been working closely with the Centers for Disease Control and Prevention, as well as the Health Resources and Services Administration, to develop an initiative

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to promote State use of the Medicaid MMIS to support immunization reporting efforts. We believe it should be an integral part of the Medicaid program.

Enclosed is a template for a Planning Advance Planning Document (APD) designed to expedite Federal approval for FFP to support immunization registries. We have also enclosed an APD Guidance Document (which provides detail on the Registry APD process as well as the functional requirements), and a matrix highlighting the mandatory functional requirements required for registries to receive Medicaid funds. States are required to allocate costs among Federal and State programs according to the principles contained in OMB Circular A-87 in accordance with relative benefits received.

If your staff has any questions regarding the enclosed documentation, please have them contact your MMIS representative in your Regional Office, or Jason Goldwater on my staff at (410) 786-0476.

By supporting immunization registries, whether within the MMIS, or developed and maintained by other State agencies (for which 50 percent FFP is available to the extent that the activity can be allocated to the Medicaid program), we can make great strides in improving the health status of our beneficiaries.

I am sure you will agree with me that immunization registries warrant serious attention and your support. I look forward to working with you on this endeavor.

Sincerely,

Timothy M. Westmoreland
Director

Enclosures

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cc:

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All HCFA Associate Regional Administrators
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