

Section 7 – Vaccine Funding

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Vaccine Funding

It is important for LHDs to be prepared to maximize all potential funding sources. LHDs that intend to serve all members of their populations will need to find seed money to purchase private vaccine supplies and enter into contracts with payers, public and private, so they can be reimbursed for those supplies.

Key Concepts:

- Funding sources
 - Purchasing groups
 - Manufacturer Assistance Programs
- Applying for Grants
 - Composition
- Tips for writing proposals
 - Online statistical data sources
- Grant Sources
 - Foundations
 - Focused organizations
 - Governmental

Funding Sources

Purchasing Groups

Joining purchasing group organizations (PGO) can assist in reducing the cost of your supply, and there are many of these PGO in the market place.

The American Academy of Pediatrics suggests the following questions should be used to assess which program is right for you.

- Which manufacturer(s) are included in the program?
- Under what circumstances can I purchase outside the plan?
- What are the purchasing compliance requirements?
- Based on this contract, how will my usual vaccine regimen be affected?
- Would I need to start administering different vaccines? How will this affect office education or nurses' time?
- If I have to change the type of vaccine I order, is the change worth it?
- Is there another option with similar pricing that would allow me to order what I currently use?
- Is there a cost to participate?
- What is the length of my contract commitment?
- Does this plan provide rebates to its participants?
- Is pricing tied to volume?
- Do all participants have the same terms?
- Does placing large- or small-volume orders allow me to receive the optimal discount?
- How do your discounts compare with my current pricing?

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- Can I take advantage of additional manufacturer discounts through this program?
- How frequently am I allowed to order?
- What is the process to order vaccines?
- Is a code needed to order online?
- Is there an administrator to call?
- Can the practice order whenever it wants?
- Is there a limit to how many orders can be placed in a given time?
- What is the process for ordering (e.g., phone, online)?
- Can I reduce my practice's time and resources spent on ordering vaccines so that maximum discounts are still achieved?
- Does the program eliminate the need to order strategically to achieve best pricing?
- What customer-service resources are in place to answer our questions and provide supply assistance?
- How long has the plan been in business and how many doctors does it work with? (You can also ask your manufacturer representatives for their views of the program.)
- Are there geographic limitations to participation?
- What value-added services (e.g., payment support, office supplies) does the plan provide?

Minnesota Multistate Contracting Alliance for Pharmacy (MMCAP)

MMCAP is probably the best known purchasing group organization (www.mmcap.org) and is operated by Minnesota's Department of Administration for government healthcare facilities for the purpose of volume contracting for eligible government entities. It has been in operation for 28 years and is currently made up of 46 states and the cities of Chicago and Los Angeles.

The following are an example of their contracts:

Influenza vaccine

ASD Healthcare
FFF Enterprises
GSK
MedImmune
Henry Schein
Merck Vaccines
Novartis Vaccines
Vaccine Shoppe

Other vaccines

Crucell
GlaxoSmithKline Vaccines
MedImmune
Merck Vaccine Division
Novartis
Sanofi Pasteur

Each state has a purchasing and a pharmacy contact.

WI Purchasing Contact

Barth Becker, Procurement Specialist
101 East Wilson Street, 6th Floor
Madison, WI 53707
Phone: 608-266-0817
Fax: 608-267-0600
Email: barth.becker@wisconsin.gov

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WI Pharmacy Contact

Eric Knox, Phar.D., Acting Pharmacy Director
BHS Central Pharmacy
WI Department of Corrections
208 S. West Street
Waupun, WI 53963
Phone: 920.324.1600
Fax: 920.324.1590
Email: eric.knox@wisconsin.gov

Enrollment in MMCAP is done through the WI Procurement office using the following steps:

1. Access the State's Vendor net system at: <http://vendornet.state.wi.us/vendornet/> (**Figure 1**) and click on **General Procurement Information**:

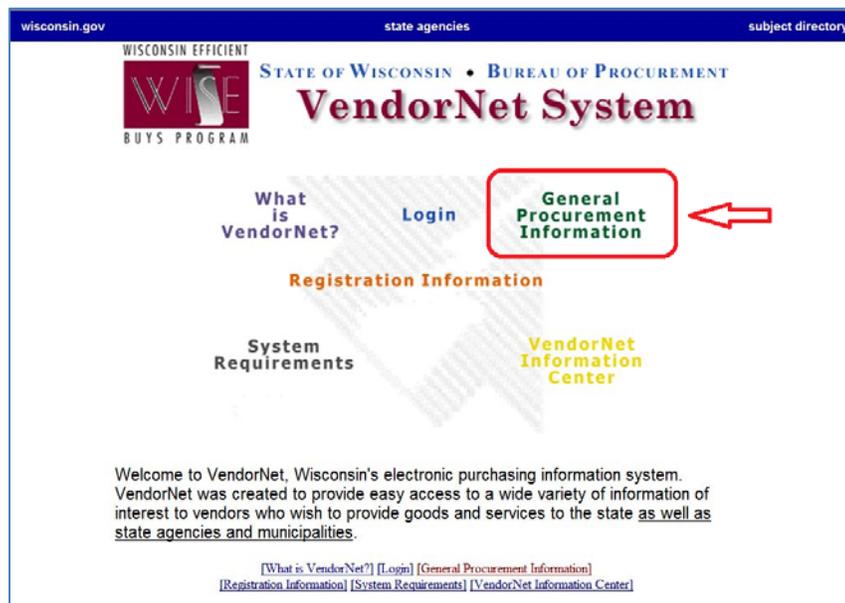


Figure 1 - WI VendorNet System Homepage

2. From the General Procurement Information page, click on the **Procurement Contracts** hyperlink (**Figure 2**).

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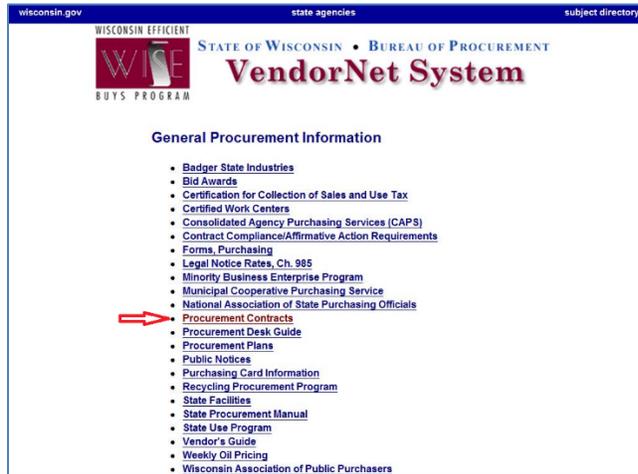


Figure 2 - Procurement Contracts hyperlink

3. This will take you to the State of Wisconsin Procurement Contracts page. You can either scroll down the page, or enter “pha” in the Find box on the page and it will take you to the only contract that currently exists in this section. Click on the **15-26998-901** hyperlink (Figure 3).



Figure 3 - Contract 15-26998-901 hyperlink

4. The new page will be the information page for the MMCAP contract. Scroll down to the Scope portion of the page and you will see the following instruction:
 - a. To obtain an MMCAP member number, complete all four pages and sign the **Membership Application** found under "Attachments" below. Forward the application via e-mail to the Contract Manager, Brad Bauman, at brad.bauman@wisconsin.gov. You may call him for more information or with questions at (608) 267-6922.
 - b. The membership application (see also **Appendix 31**) is noted in **Figure 4** below. You can also download the actual contract for review, as well as the User Guide (see also **Appendix 32**).

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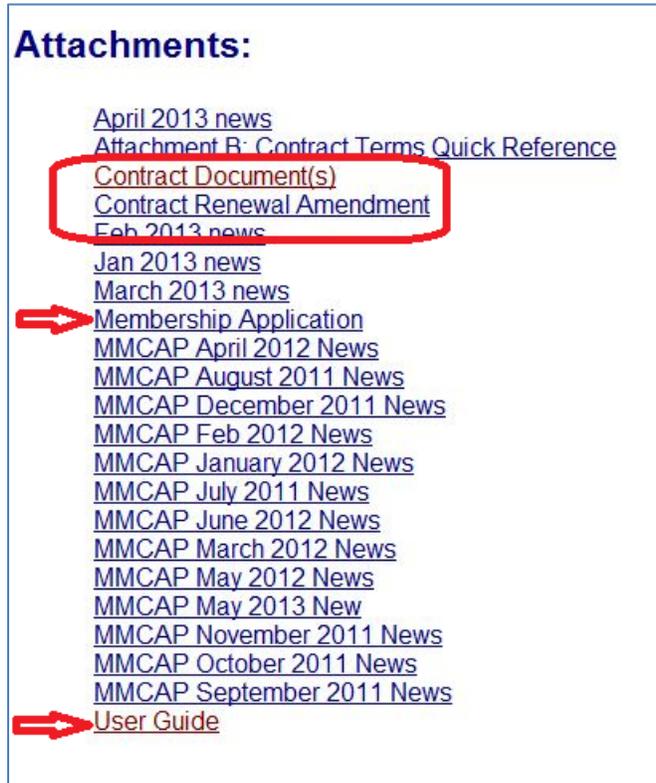


Figure 4 - VendorNet MMCAP attachment hyperlinks

- Once complete, submit it to Barth Becker at the State of Wisconsin (see contact information above). He will handle the rest of the submission process, which includes verifying to MMCAP that your LHD is an acceptable entity. You will be sent a member ID from MMCAP once you are accepted.

Manufacturers' Vaccine Assistance Programs

The following is provided for informational purposes only and is not an endorsement of any certain vaccine brand or manufacturer. For more complete details, contact the manufacturer listed below:

Sanofi Pasteur – offers a Patient Assistant Program (PAP) for persons 19 years and older who are uninsured.

The program includes the following vaccines: Adacel® (Tdap), Decavac® (Td), Menactra® (MCV4), Imovax® (Rabies) Imogam® (Rabies Immune Globulin) and Menomune® (MPSV4).

For more information, visit: https://www.pparx.org/en/prescription_assistance_programs.

Merck – offers a Vaccine Patient Assistance Program for uninsured adults 19 years and older.

The program includes these vaccines: Gardasil® (HPV4), MMR®, Varivax® (Var), Zostavax® (Zoster).

For more information, call 1-800-293-3881 8:00 a.m. - 8:00 p.m. EST, Mon – Fri or visit: <http://www.merck.com/merckhelps/patientassistance/>.

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GlaxoSmithKline (GSK) – offers a Vaccines Access Program which provides adult GSK vaccines to eligible low income patients who do not have third party coverage for vaccines.

The program includes five adult vaccines: Cervarix® (HPV2), Twinrix® (HepA/HepB), Boostrix® (Tdap), Havrix® (Hep A), and Engerix B® (Hep B).

For more information, call 1-877-VAC-2911 (1-877-822-2911) or visit: <http://www.gsk-vap.com/index.html>.

Other Programs:

There may be additional vaccine financing programs available through other manufacturers. Contact the manufacturer directly to inquire about further programs.

Applying for Grants

Obtaining a grant could be a method to secure start-up or seed funds to buy the first private vaccine supply. **Appendix 33** is an example of a simple grant proposal.

Grant Composition

Most grant applications are a package of information submitted to the organization that has established the grant funding. The components of a grant application vary, but most are made up of the following:

- 1) Cover letter, title page, and abstract
- 2) Statement of the Problem / Needs Statement
- 3) Project Description (goals and objectives and methods / activities)
- 4) Evaluation Plan
- 5) Budget Request and Budget Justification
- 6) Applicant Qualifications
- 7) Future Funding Plans / Plans for Sustainability
- 8) Appendices

See **Appendix 34** for a Grants Glossary.

Cover Letter

The cover letter (**Appendix 35**) – usually limited to one page – should:

- Describe the agency's interest and capacity to successfully implement the proposed project;
- Have an upbeat tone that makes it stand out in a positive way;
- Summarize the project; and
- Designate a contact person for any questions about the project.

Typical title page contents include:

- Project title;
- Name of the agency submitting the grant;
- Agency address;
- Name of the prospective funder;
- Beginning and ending project dates; and
- The total amount requested.

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Proposal

Refer to **Appendix 33** for a proposal template.

Budget

The budget is made up of two documents, the budget and the narrative. See **Appendix 36** for a Sample Budget. The following are examples of items that might be in a budget *narrative*:

Personnel

This narrative can define not only a salary calculation, but how the person will spend their time. This is where you may also distinguish between an employee versus a contingent worker hired only for the project.

Project Director: \$35,000/year @ 100% = \$35,000. The Project Director currently oversees the program and will spend 100% of her time hiring, training, and supervising staff. This individual's annual salary will be covered by grant funds for the 12 months of the contract.

Travel

If travel is involved, that should be included in the narrative, especially if it isn't a normal part of the LHD operation. Include the approved per diem and reimbursement rates for travel by automobile, defined based on policy or IRS rate for the current year (**Figure 5**).

Beginning on Jan. 1, 2013, the standard mileage rates for the use of a car (also vans, pickups or panel trucks) will be:

- 56.5 cents per mile for business miles driven.
- 24 cents per mile driven for medical or moving purposes.
- 14 cents per mile driven in service of charitable organizations.

The rate for business miles driven during 2013 increases 1 cent from the 2012 rate. The medical and moving rate is also up 1 cent per mile from the 2012 rate.

Figure 5 - 2013 Reimbursement Rate from IRS.gov website

Program Director 300 miles x 0.565 = \$169.5; Daily Subsistence \$91.75 x 5 days = \$458.75; Total 628.25.

Program Coordinator 200 miles x 0.565 = \$113; Daily Subsistence \$91.75 x 5 days = \$458.75; Total \$571.75.

Program Assistant 200 miles x 0.565 = \$113; Daily Subsistence \$91.75 x 5 days = \$458.75; Total \$571.75.

Fringe Benefits

Whether using a flat percentage (e.g. 30-35%) or actual calculations for fringe benefits, these should be noted in the narrative.

FICA will be paid for all salaries: \$54,818.00 x .0765 = \$4,194.00.

Unemployment cost is \$17,300.00 x 3 x .03 = \$2,855.00.

Retirement for full-time employees: \$48,596.00 x .06 = \$2,916.00.

Health Insurance cost for full-time employees is the following:

Director: \$357 x 12 months = \$4,284.00.

Coordinator: \$365 x 12 months = \$4,380.00.

Tips for Writing the Proposal

All grants come with specific guidelines, but the following tips apply to all applications for funds:

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- Follow the guidelines exactly or your proposal may be excluded from any consideration. The guidelines may simply ask for a proposal document. Others may require forms, such as the Public Health Service 398 form that has 121 pages of instructions.
- How you develop your metrics or performance measures may also help you develop other activities to include in the proposal.
- Be sure the critical information you need to communicate is in both the cover letter and the project summary, as those two documents are often separated from each other during the process.
- If you are including salary data in your proposal, don't forget fringe benefits, such as FICA, Worker's Compensation, and Withholding Tax. Most calculations use 30-35% of salary to project fringe benefits.
- A standard for a full-time employee is 2,080 hours worked/year (a half-time employee would be 1,040/hours/year).
- Try not to use jargon that persons outside of the immunization world wouldn't understand. Be sure to define all technical language so non-medical persons can understand the terminology.
- If there are unusual items in your budget, it is always good to add a budget narrative to the budget page(s).

Online Statistical Data Sources

If you need data to support your proposal, there are many online data sources that can assist you. Some of them are:

US Census Bureau - <http://www.census.gov/main/www/access.html>

The Census Bureau has standard reports and tools to allow you to customize the data and see where Wisconsin ranks against other states in specific measures, under the Data tab. There is also a Research tab with micro-data. These tools and data are available online for free. Some of the tools are strictly data, but others can provide graphics, such as the Census Flows Mapper in **Figure 6**.

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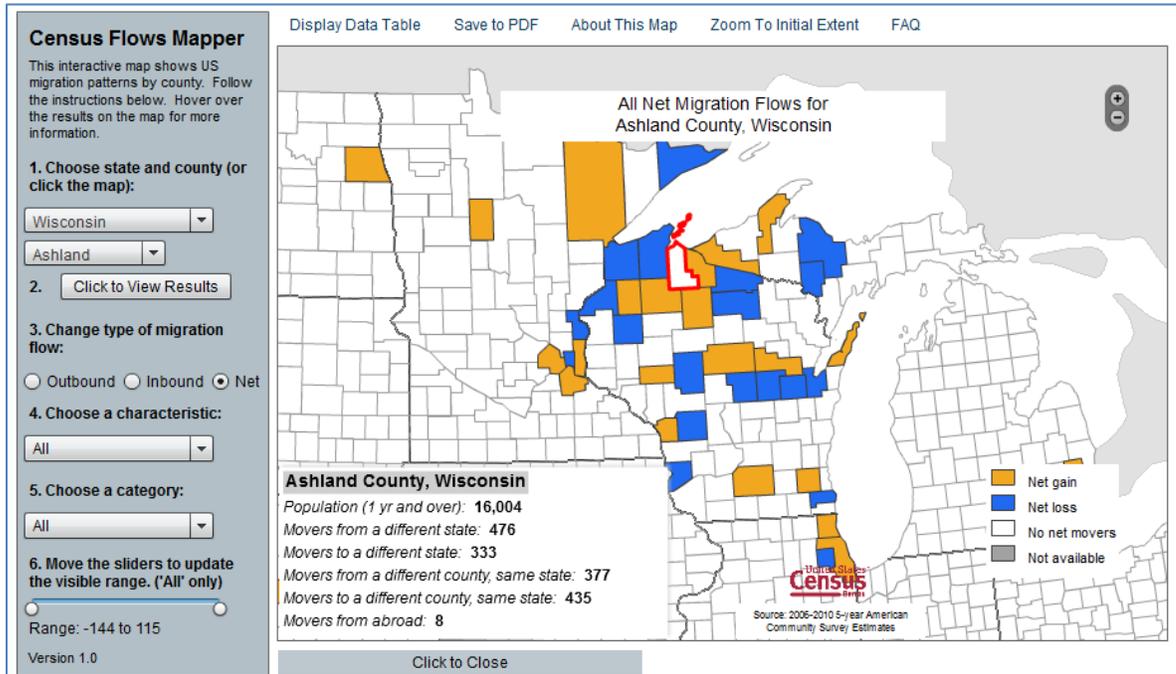


Figure 6 - Example of US Census Bureau tool

Health Indicators Warehouse - <http://healthindicators.gov/>

HIW is a collaboration of agencies and offices within the Department of Health and Human Services. Some of the data is older, but you can also link to other databases from this site. The HIW is maintained by the CDC's National Center for Health Statistics. Data, support and funding are provided by the following:

- Centers for Medicare & Medicaid Services
- Department of Health and Human Services:
 - Office of the Deputy Secretary
 - Office of Adolescent Health
 - Office of Disease Prevention and Health Promotion
 - Office of Minority Health
 - Office of the Assistant Secretary for Planning and Evaluation
- Health Resources and Services Administration

You may need to graphically display how sparse or dense the number of PCP's are in the area.

Figure 7 is an example of what is available in the HIW:

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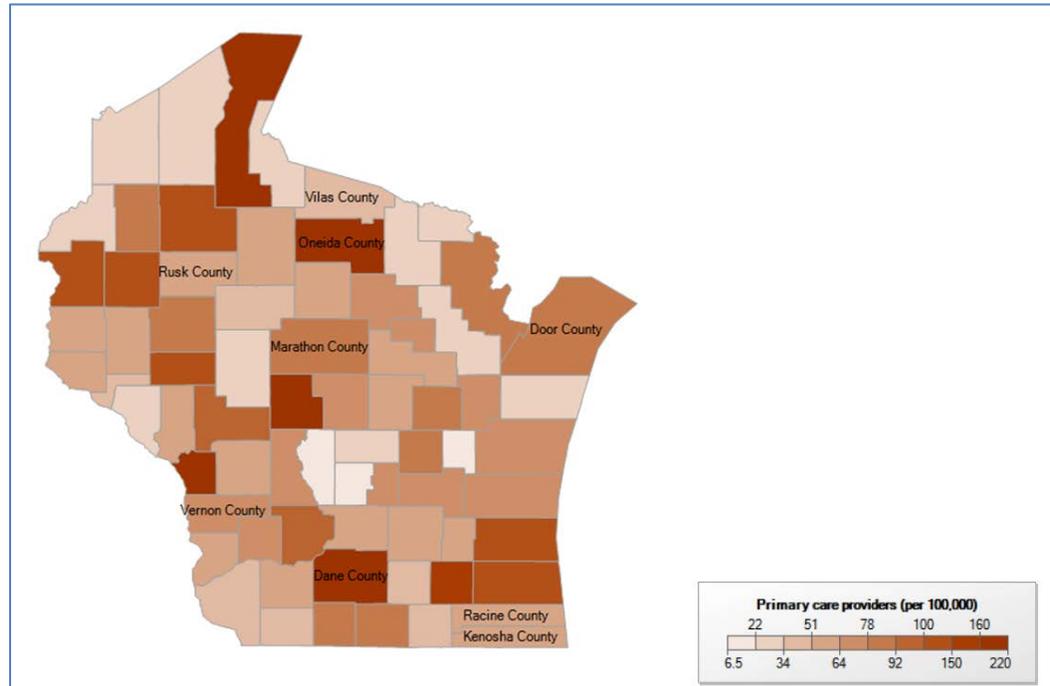


Figure 7 - Health Indicators Warehouse data example

Prevention Institute - <http://www.preventioninstitute.org>

PI provides services to support prevention initiatives throughout the country. Working with states and localities, community coalitions, and foundations, their goal is to build the capacity of organizations and individuals to plan and implement strong, effective collaborative efforts focused on policy and environmental change. They have some information on immunizations that has been gleaned from other agencies, such as this useful statistic:

For every dollar invested, the 7-vaccine routine childhood immunization schedule saves \$16.50 in direct medical costs and other costs to society.

County Health Rankings - <http://www.countyhealthrankings.org/>

This website is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, showing the rank of the health of nearly every county in the nation and illustrating the importance of other determinants of health, not directly related to healthcare. See **Figure 8** for an example of the data available on this site.

Influenza immunizations 65+ *	
Description	
% of population age 65 and older who had a flu shot in the last 12 months	
Summary Information	
Range in Wisconsin (Min-Max):	19-33%
Overall in Wisconsin:	
Years of Data Used:	2006-2008

Figure 8 - Example of County Health Rankings data

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Data 2010 - <http://wonder.cdc.gov/data2010/ABOUT.HTM>

DATA2010 is an interactive database system developed by staff of the Division of Health Promotion Statistics at the National Center for Health Statistics, and contains the most recent monitoring data for tracking Healthy People 2010 objectives. **Figure 9** is an example of a data report, by year, on Healthy People information.

Objective	Base line Year	Base line	1998	1999	2000	2001	2003	2004	2005	2006	2007	2008	2009	2010	Targ 2010
1-01 Persons with health insurance (aged under 65 years)	1997	83%	83%	84%	83%	84%	83%	84%	84%	83%	83%	83%	---	---	100%
Race and ethnicity															
American Indian or Alaska Native only	1997	1\62%	1\61%	62%	62%	67%	65%	65%	68%	62%	61%	72%	---	---	100%
Asian or Pacific Islander only	1997	1\81%	1\82%	DNC	---	---	100%								
Asian only	1997	a,1\80%	1\82%	83%	82%	83%	82%	83%	83%	85%	85%	86%	---	---	100%
Native Hawaiian or Other Pacific Islander only	1997	a,1\81%	1\87%	76%	72%	86%	88%	90%	80%	80%	69%	77%	---	---	100%
Black or African American only	1997	1\80%	1\80%	81%	80%	81%	82%	82%	82%	82%	83%	82%	---	---	100%
White only	1997	1\84%	1\85%	85%	85%	85%	84%	84%	84%	83%	84%	83%	---	---	100%
2 or more races	1997	DNC	DNC	85%	83%	83%	84%	88%	84%	82%	85%	84%	---	---	100%
American Indian or Alaska Native/ White	1997	DNC	DNC	79%	75%	77%	70%	83%	78%	72%	80%	78%	---	---	100%
Black or African American/ White	1997	DNC	DNC	88%	85%	86%	91%	89%	84%	84%	86%	83%	---	---	100%
Hispanic or Latino	1997	66%	66%	66%	64%	65%	65%	66%	67%	65%	68%	67%	---	---	100%
Cuban	1997	79%	81%	80%	75%	80%	71%	77%	77%	77%	79%	72%	---	---	100%
Mexican American	1997	61%	60%	62%	60%	61%	62%	62%	64%	61%	65%	64%	---	---	100%
Puerto Rican	1997	81%	81%	81%	84%	85%	85%	80%	84%	83%	87%	83%	---	---	100%

Figure 9 - Data2010 sample data

Chronic Disease Indicators - <http://apps.nccd.cdc.gov/cdi/Default.aspx>

The Chronic Disease Indicators (CDI) is a *cross-cutting* set of 97 indicators that were developed by consensus and that allows states, territories and large metropolitan areas to *uniformly* define, collect, and report chronic disease data that are:

- Important to public health practice
- Available for states, territories and large metropolitan areas

In addition to providing access to indicator data, the CDI Web site serves as a *gateway* to additional information and data resources. **Figure 10** is an example of immunizations in WI compared to the US as a whole.

Other Diseases and Risk Factors			
Indicator	Measure ¹	United States ¹	Wisconsin
Asthma, mortality - 2007 view definition	Number	3,447	65
	Crude Rate (CI)	1.1 (1.1-1.2)	1.2 (0.9-1.5)
	Age-adjusted Rate (CI)	1.1 (1.1-1.1)	1.0 (0.8-1.3)
Mortality with chronic obstructive pulmonary disease among adults aged 45 years and older - 2007 view definition	Number	256,153	4,804
	Crude Rate (CI)	223.8 (222.9-224.6)	215.6 (209.5-221.7)
	Age-adjusted Rate (CI)	233.4 (232.5-234.3)	221.3 (215.0-227.5)
Influenza vaccination among adults aged >= 50 years - 2010 view definition	Prevalence (CI)	55.0%*	55.0% (52.7-57.3)
Pneumococcal vaccination among adults aged >= 65 years - 2010 view definition	Prevalence (CI)	68.8%*	73.1% (70.3-76.0)

Figure 10 - Chronic Disease Indicators example

FedStats - <http://www.fedstats.gov/>

This is an online portal to over 100 federal agency databases (**Figure 11**).

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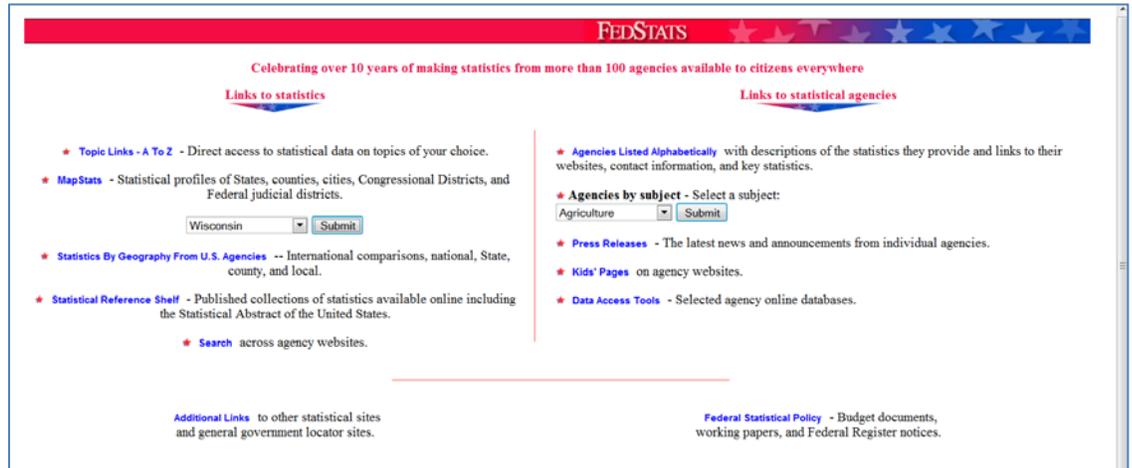


Figure 11 - FedStats.gov Home Page

Grant Sources

Finding an appropriate source for grant funding can be difficult. The table below has a list of some well-known sources for finding grant funds. Be creative in how you apply your need to the grant specifications.

Type	Sources
Foundation	<p>These foundations are often awarding grants for specific needs.</p> <p>Foundation Center Grantmakers Online (\$9.99/one month) http://www.grantmakersonline.com/index.php?module=directory&op=dirlist</p> <p>Guidestar.org http://www.guidestar.org/AdvancedSearch.aspx</p> <p>Public Health Institute http://www.phi.org/</p> <p>Robert Wood Johnson Foundation http://www.rwjf.org/en/grants.html</p> <p>ScanGrants™ http://www.scangrants.com/Search.aspx</p> <p>eCivis Grants Network (commercial search engine for governments) http://www.ecivis.com/products-services/grants-network-research.html</p>
Government	<p>All levels of government have the potential to be a funding source for LHD needs.</p> <p>HHS.gov http://www.hhs.gov/asfr/ogapa/grantinformation/grantprocess.html</p> <p>Public Health Finance & Management website http://publichealthfinance.org/search-for-funding</p> <p>Grants.gov http://grants.gov/applicants/find_grant_opportunities.jsp</p> <p>Partners in Information Access for the Public Health Workforce http://phpartners.org/grants.html</p> <p>Association of Schools of Public Health http://www.asph.org/document.cfm?page=747</p> <p>Federal Register https://www.federalregister.gov/articles/search?conditions%5Bterm%5D=grants</p>

