Supplemental Information

Survey of Pediatricians and Family Physicians on Vaccine Financing Topics

This survey addresses vaccine financing issues. It is extremely important for the development of effective national policies about vaccine financing that we accurately represent the opinions and experiences of primary care providers. We realize that answering some of these questions may require you to consult with someone else at your setting who is more knowledgeable about financing issues. Due to the importance of the topic, we hope you will be willing to make this additional effort, if need be.

Instructions:

- Please answer the following questions with respect to your primary site of outpatient practice. If you practice at more than one outpatient site, please respond to this survey regarding the site at which you spend the most time.

- The questions in this survey pertain to the delivery of immunizations to children and adolescents only. Please exclude vaccines given to patients over age 18 when answering questions in this survey.

- The questions on this survey pertain to vaccines other than influenza vaccine. Please exclude influenza vaccine when responding to all questions in this survey.

1. Do you provide vaccines to patients 0-18 years old? (Please check the ONE best response)
   - □ Yes
   - □ No — Please skip to question 8

2. Does your practice participate in the Vaccines for Children (VFC) program? (Please check the ONE best response)
   - □ Yes
   - □ No

3. In a typical month, what percentage of parents defer or refuse a vaccination because of cost or insurance coverage? (Please check the ONE best response)
   - □ None
   - □ 1-2%
   - □ 3-5%
   - □ 6-10%
   - □ >10%
4. For each of the 4 vaccines in the columns below, did you use any of the following strategies when these vaccines FIRST became available for your patients? (Please select ‘Yes’ or ‘No’ for each cell in the table)

<table>
<thead>
<tr>
<th>Strategy</th>
<th>HPV</th>
<th>MCV4</th>
<th>Tdap</th>
<th>Rotavirus</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Delay offering the vaccine to any patients until most health plans are covering it</td>
<td>□ Yes</td>
<td>□ Yes</td>
<td>□ Yes</td>
<td>□ Yes</td>
</tr>
<tr>
<td></td>
<td>□ No</td>
<td>□ No</td>
<td>□ No</td>
<td>□ No</td>
</tr>
<tr>
<td>b. Inform patients that their health plan may not cover it, and therefore they may be billed for it</td>
<td>□ Yes</td>
<td>□ Yes</td>
<td>□ Yes</td>
<td>□ Yes</td>
</tr>
<tr>
<td></td>
<td>□ No</td>
<td>□ No</td>
<td>□ No</td>
<td>□ No</td>
</tr>
<tr>
<td>c. Ask patients to sign a statement indicating that they will pay for the vaccine if their health plan denies it</td>
<td>□ Yes</td>
<td>□ Yes</td>
<td>□ Yes</td>
<td>□ Yes</td>
</tr>
<tr>
<td></td>
<td>□ No</td>
<td>□ No</td>
<td>□ No</td>
<td>□ No</td>
</tr>
<tr>
<td>d. Check whether each patient’s health plan would cover the vaccine before offering the vaccine to the patient</td>
<td>□ Yes</td>
<td>□ Yes</td>
<td>□ Yes</td>
<td>□ Yes</td>
</tr>
<tr>
<td></td>
<td>□ No</td>
<td>□ No</td>
<td>□ No</td>
<td>□ No</td>
</tr>
<tr>
<td>e. Ask the patient to determine whether their health plan would cover the vaccine before administering the vaccine</td>
<td>□ Yes</td>
<td>□ Yes</td>
<td>□ Yes</td>
<td>□ Yes</td>
</tr>
<tr>
<td></td>
<td>□ No</td>
<td>□ No</td>
<td>□ No</td>
<td>□ No</td>
</tr>
</tbody>
</table>

5. In the past year (since 2010), to what extent has your practice seriously considered whether to stop providing ALL vaccines to privately insured patients due to vaccine cost, administration fee, and/or reimbursement issues? (Please check the ONE best response)

- □ Never considered or discussed
- □ Considered or discussed, but not seriously
- □ Seriously considered or discussed

6. Overall, how satisfied are you with the amount you are paid for VACCINE PURCHASE by each of the following types of payers? (Please check the ONE best response for each type of insurance)

<table>
<thead>
<tr>
<th>Type of Payer</th>
<th>Very satisfied</th>
<th>Mostly satisfied</th>
<th>Mostly dissatisfied</th>
<th>Very dissatisfied</th>
<th>Do not see patients in this category</th>
<th>I don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Private fee for service insurance</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>b. Private Preferred Provider Organizations (PPO)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>c. Private Managed Care Organizations (MCO), or Private Health Maintenance Organizations (HMO)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>d. Child Health Insurance Plan (CHIP)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
7. Overall, how satisfied are you with the amount you are paid for VACCINE ADMINISTRATION by each of the following types of payers? (Please check the ONE best response for each type of insurance)

<table>
<thead>
<tr>
<th>Type of Payer</th>
<th>Very satisfied</th>
<th>Mostly satisfied</th>
<th>Mostly dissatisfied</th>
<th>Very dissatisfied</th>
<th>Do not see patients in this category</th>
<th>I don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Private fee for service insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Private PPOs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>c. Private MCOs or private HMOs</td>
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<td></td>
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<tr>
<td>d. Medicaid including Medicaid managed care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>e. CHIP</td>
<td></td>
<td></td>
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</tbody>
</table>

8. In your primary outpatient practice, roughly what percentages of your patients are in the following groups? (Please approximate; groups may not sum up to 100%)

<table>
<thead>
<tr>
<th>Group</th>
<th>0%</th>
<th>1-9%</th>
<th>10-19%</th>
<th>20-29%</th>
<th>30-39%</th>
<th>40-49%</th>
<th>≥50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Infants 0-6 months old</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>b. Children &gt; 6 months-24 months</td>
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<td></td>
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<td></td>
<td></td>
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<tr>
<td>c. Children &gt; 2-10 years</td>
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<td></td>
<td></td>
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<tr>
<td>d. Adolescents 11-18 years old</td>
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<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

9. In your primary outpatient practice, roughly what percentages of your patients are in the following groups? (Please approximate; groups may not sum up to 100%)

<table>
<thead>
<tr>
<th>Type of Insurance</th>
<th>0%</th>
<th>1-9%</th>
<th>10-24%</th>
<th>25-49%</th>
<th>50-74%</th>
<th>75-100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Private Insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Medicaid</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>c. State Children’s Health Insurance Program (CHIP)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>d. Uninsured</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
10. In your primary outpatient practice, roughly what percentages of your patients are in the following racial/ethnic minority groups? (Please approximate; groups may not sum up to 100%)

<table>
<thead>
<tr>
<th></th>
<th>0%</th>
<th>1-9%</th>
<th>10-24%</th>
<th>25-49%</th>
<th>50-74%</th>
<th>75-100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Hispanic or Latino</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
</tr>
<tr>
<td>b. Black or African American</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
</tr>
<tr>
<td>c. Asian</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
</tr>
<tr>
<td>d. Other minority group (Please specify):</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
</tr>
</tbody>
</table>

Thank you for participating. Please return this survey in the enclosed stamped envelope addressed to:

Vaccine Policy Collaborative Initiative
Children’s Outcomes Research/Michaela Brtnikova
Mailstop F443
12477 E. 19th Ave.
Aurora, CO 80045-0508