

Idaho Immunization Assessment Board
Board Meeting Minutes
April 19, 2010
Department of Insurance

Board Members Present:

- Pat Armstrong – Idaho Sand and Gravel
- Ted Epperly, M.D. – Family Practice Residency
- Andy Fujimoto – AmeriBen/IEC Group
- Christine Hahn, M.D. – Department of Health & Welfare (DHW)
- Jack Myers – Blue Cross of Idaho (BCI)
- Richard Rainey, M.D. – Regence BlueShield of Idaho (RBSI)
- Rep. Jeff Thompson – Idaho House

Board Members Not Present:

- Bill Deal – Director, DOI
- Sen. Melinda Smyser – Idaho Senate

Others Present:

- Shad Priest – DOI
- Gina McBride – DOI
- Joan Krosch – DOI
- Eileen Mundorff – DOI
- Naoko Weigelt – DOI
- Sandy Metro -- DOI

The meeting was called to order by Shad at 1:10 pm.

Motion to approve the March 30, 2010, meeting minutes was made, seconded and approved with no changes.

Shad distributed an assessment timeline for review and stated the importance for an immediate initial assessment to have funding available prior to July 1, 2010, based on DHW 2010 estimates on the number of program-eligible children, approx 176,000. Members discussed reporting of the numbers of children and the accuracy of counts. Also discussed were concerns on SCHIP children and how to cover them through the Immunization Fund if eligible for this program.

Rich requested an update from Chris on the number of children and dollar amounts needed for the Fund by the next meeting. The DHW carrier survey is out right now and it may take some time to receive those responses. Ted and Chris agreed on the importance to get the assessment out prior by May 1.

Members discussed the estimated assessment dollar amount per child. There was concern that the initial estimate of \$41 does not include administrative costs, inflation and any change in vaccines/prices listed; perhaps \$45 may be more accurate to include those costs. Ted suggested an estimate of \$44 per child for one year, or \$11 per quarter. Jack suggested carriers pay for two quarters with the initial payment since first quarter of this year is over.

Chris asked by when does the DOI need information from DHW to send initial assessments. Shad requested the numbers for the top eight on DHW's list as soon as possible for initial funding as those carriers represent 90% of the eligible children. Chris offered DHW could have those numbers by next week. Rich expressed concern about the accuracy of those carrier numbers and how adjustments would be done if those numbers are inaccurate, as the DHW survey did not ask about ID residents. Chris and Shad agreed the Board can use any determination it wants, but needs to move ahead as soon as possible. The initial assessment funds are needed by July 1. If assessments are done four times a year, those quarterly assessments will increase administration costs. Ted urged the Board to go ahead now, in a good faith effort.

Rich presented a draft of recommendations for assessment reporting parameters (see attached) for 2010 eligibility and for subsequent years. The draft recommends billing quarterly assessments, unless the assessment amounts are below a certain threshold. The Board discussed possible threshold levels. Rich and Jack offered to give 50% of their companies' annual assessments now at \$11 per quarter per eligible child while more accurate numbers are set within the next few weeks. However, Rich will not support an assessment based on current DHW numbers and expressed concern of pushbacks due to inaccuracies in assessment calculations. Rich requested updated numbers of eligible children, vaccine costs and DOI administration costs by the next meeting. The assessments allow TPAs to opt out of reporting numbers by giving a contact name and phone number for the employer not reported. However, the TPA must report total lives or eligible dependents, whichever is available. Rich suggested the DOI should send the first assessment notices by April 30 and the next before July 31. Gina and Shad explained the administrative and staffing problems for the DOI in gathering information and tracking assessments and payments, and urged the Board to contract with an administrator.

Ted made the following motions that were seconded and approved by the Board:

1. Adopt the draft "Recommendation for Idaho Immunization Assessment Reporting Parameters."
2. Request an initial assessment of \$22 per eligible child for the 6 months starting February 1, 2010 to July 31, 2010, for Blue Cross of Idaho and Regence BlueShield of Idaho based on the recommended reporting parameters for the numbers of eligible children determined by the two companies by June 1.
3. Form a subcommittee of Board member doctors to draft recommendations on flu vaccines and any other controversial vaccines and bring those recommendations to the Board.

The Board discussed timing of assessments and will discuss the payment structure at the next meeting. The DOI survey reports are due March 31, but not all carriers report on a timely basis. Future assessments should be sent out by January 1 each year and due March 31 as part of the carrier's annual

statement. The DOI would have the number of covered lives by March 31, and assessments would be sent by April 30 for payment by July 1.

The Board reviewed the DOI's draft of a Plan of Operations and suggested changes for a revised draft to be reviewed at the next meeting.

The Board discussed the officer positions needed for the Board. Motion was made and seconded to elect the following officers:

- Chair –Richard Rainey of Regence BlueShield of Idaho
- Vice-chair – Jack Myers of Blue Cross of Idaho

The Board set the next meeting for Monday, May 24, 2010 at 1pm at the Department of Insurance.

The Board voted to adjourn at 4:15 pm.

Recommendation for Idaho Immunization Assessment Reporting Parameters

Carriers providing and/or administering health insurance or health benefit coverage in Idaho are required to report numbers of all covered individuals for the purpose of evaluating the number of program-eligible children in Idaho. A carrier administering health insurance or health benefit coverage for another entity, such as a self-funded plan, may omit reporting numbers of individuals covered by that entity **ONLY** if the carrier reports the name and current, complete contact information for the entity for which it is not reporting numbers of covered lives.

For this purpose, health insurance or health benefit coverage includes all health coverage except for the following limited coverage:

- coverage limited to a specific disease
- hospital confinement indemnity
- accident only
- credit
- dental
- vision
- Medicare supplement
- long term care
- disability income insurance
- student health benefits only coverage issued as a supplement to liability insurance
- worker's compensation
- automobile medical payment insurance
- nonrenewable short term coverage issued for a period of twelve (12) months or less

Entities are required to report covered lives as specified below. Entities are encouraged to further specify the numbers of these identified subscribers and dependents having and not having coverage for childhood vaccines. Assessments will be based on identified subscribers and dependents having coverage for childhood vaccines if that number is provided. If an entity does not provide the numbers having coverage for childhood vaccines, that entity will be assessed on all covered lives as specified below.

For 2010. Entities are required to report the number of all subscribers and dependents:

- who have health coverage (whether primary or non-primary) as of February 28, 2010, **AND**
- with the subscriber having a mailing address within the State of Idaho (the subscriber's mailing address applies to the subscriber and all of his or her dependents), **AND**
- with a date of birth after (less than) December 31, 1991

As noted above, entities are encouraged to further specify the numbers of these identified subscribers and dependents having and not having coverage for childhood vaccines.

For 2011 and subsequent years. Entities are required to report the number of all subscribers and dependents:

- who have health coverage (whether primary or non-primary) as of December 31 of the year prior to the assessment year, AND
- with the subscriber having a mailing address within the State of Idaho (the subscriber's mailing address applies to the subscriber and all of his or her dependents), AND
- who are under nineteen (19) years of age. Individuals who have a date of birth after (less than) December 31 of the year 19 years prior to the assessment year are considered to be under nineteen (19) years of age. Examples:
 - date of birth after (less than) December 31, 1992 for assessment year 2011
 - date of birth after (less than) December 31, 1993 for assessment year 2012

As noted above, entities are encouraged to further specify the numbers of these identified subscribers and dependents having and not having coverage for childhood vaccines.

The Assessment Board will bill all assessments at or above a \$20,000 annual threshold in quarterly installments. Assessments below this threshold of \$20,000 will be billed annually. Per 41-6006 (4), assessments are due 60 days after notice of the assessment. Assessment billing schedule:

- Annual assessments and first quarterly installments: April 30
- Subsequent quarterly installments: July 31, October 31, and January 31

Notes:

- Specification of numbers of subscribers and dependents both with and without childhood vaccine coverage is requested in order to provide more accurate numbers of children who are insured, but do not have vaccine coverage. Insured children without vaccine coverage are NOT "program-eligible" children, but are eligible for federally-funded VFC vaccines. Accurate reporting of these children is necessary to support the extent of need for VFC federal funds in Idaho.
- A single annual "snapshot" of the number of members covered rather than a historical average is used because it provides a more accurate picture of a carrier's current and future population of program-eligible children. An average, such as a 12 month rolling average, would be a historical perspective that would not necessarily project an accurate picture of future program-eligible children, and potentially would require more reporting than a snapshot.
- After 2010, the initial "start up" year, reporting membership as of December 31 will allow coordination with existing annual reporting due each March 31 required for the high risk pool.
- The 2010 reporting cycle will be prolonged due to implementation of the new law signed by the governor on March 4, 2010. Initial 2010 assessments will need to be based on estimates with subsequent adjustments to reflect actual 2010 reporting.
- In billing 2010 assessments, it will be practically difficult to have the initial assessment notices sent by April 30, but they should be sent as soon as possible. First and second installment assessment notices for the largest carriers will be combined and sent earlier than July 31 to obtain sufficient initial funds for the program. Although all assessed entities will not be identified until after April 30, each assessed entity will be billed for its full 2010

assessment. After the entire pool of assessed entities is accounted for, adjustments to the initial 2010 assessments will be necessary.