

Idaho Immunization Assessment Board
Board Meeting Minutes
Monday, May 24, 2010
Department of Insurance

Board Members Present:

- Richard Rainey, M.D. – Regence BlueShield of Idaho -- Chair
- Jack Myers – Blue Cross of Idaho – Vice Chair
- Pat Armstrong – Idaho Sand and Gravel
- Bill Deal – Director, DOI
- Ted Epperly, M.D. – Family Practice Residency
- Christine Hahn, M.D. – Department of Health & Welfare
- Sen. Melina Smyser – Idaho Senate
- Josh Sears for Andy Fujimoto – AmeriBen/IEC Group

Board Members Not Present:

- Rep. Jeff Thompson – Idaho House

Others Present:

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

Call to Order: Rich called the meeting to order at 1:10 pm.

Approve Minutes from 4/19/10 Meeting: Rich requested a change to the 4/19 minutes, to incorporate the “Idaho Immunization Assessment Reporting Parameters” as an attachment to those minutes. Motion to approve the April 19, 2010, meeting minutes with that incorporation was made, seconded and approved.

Committee Meeting: The three physicians on the board met immediately before the board meeting. Chris summarized that meeting’s consensus that all CDC vaccines listed be included, but excluding HPV at this time, and recommending to insurers that flu vaccine be covered as well. Rich commented this is a continuation of the existing state program, not something new. It would be best not to change this year for providers as they may have ordered supplies for 2010; wait until later in 2010/early 2011 to talk to providers about any changes in the vaccine list. Tamarie Olson indicated 75% of reporting providers do purchase some vaccines through this program. Many providers have planned and pre-booked vaccine orders, so some program money has been spent on those preorders. Jack had concerns about providers ordering for children and adults and how those provider costs may be reimbursed. Chris agreed this will need to be addressed later this year with providers for 2010-2011 flu season. There were also concerns about some commercial vendors doing flu immunizations and how those are billed.

Chris made the motion to include all listed state vaccines/VFC vaccines in the program, excluding HPV, which would continue the existing program, but including flu vaccines where insurers will reimburse costs, and look at adjustments by the end of 2010 or early 2011. The motion was seconded and approved.

Review/ Approve Plan of Operation: Chris made the motion to add a Clinical Committee to the Plan of Operation, to include the three physician board members. The motion was seconded and approved. Chris will draft suggested Plan language and send it to Gina. The board discussed including additional outside members to be appointed by the chair, such as the physician board members plus one non-board member for total of four committee members. Jack requested the committee include Dr. Stephen Ryter, BCI's medical director, and Rich agreed.

Pat moved for approval of the May 18, 2010 version of the Plan of Operation with the addition of the Clinical Committee and to send the Plan to Bill for approval. Members amended the motion, adding the Assessment Reporting Parameters to Exhibit A; including the formula of dividing the program's financial need by total number of program-eligible children to Exhibit C; deleting Exhibit D; and re-lettering Exhibits E and F. The motion was seconded and approved.

Third Party Administrative Services: Bill reported the DOI's financial officer reviewed the law and stated there must be a legislative change to allow for hiring a TPA and paying for those administrative services with assessment funds. Section 41-6004(3) allows for administrative costs for developing and amending the Plan of Operation; however, Section 41-6007 only allows funds to be used solely to fund purchase of vaccines, not for costs other than to develop/amend the Plan of Operation. The law does not allow for funds to be used to hire TPA. Bill indicated the DOI will work on proposed legislation amending the law to allow funding to pay for administrative costs. Chris offered that New Hampshire appears to use interest from assessments to pay for administrative expenses, and is that an option. Shad indicated the law may still need amending to allow for using interest.

Bill asked for members' approval to contact AmeriBen for a formula for the DOI to estimate costs to handle administration. Bill will ask the Department of Financial Management for DOI funding for those costs until legislation is passed to allow hiring a TPA. TPA services would include assessment billing, collection, follow up, secretarial work for board agendas and minutes, etc., similar to what the TPA does for the High Risk Pool board, as detailed in the agreement between the HRP board and AmeriBen. Jack and Bill agreed to review that agreement and discuss pricing with AmeriBen. Motion was made, seconded and approved for Jack and Bill to research TPA services and costs; Josh abstained from voting as AmeriBen's representative.

Review of Assessment Calculation Formulas and Carrier Surveys. Chris provided a new CDC vaccine price list and updates as of May 24, 2010, posted on CDC's website, and estimated funding needed for state fiscal year 2011, as explained by Tamarie. Needed funding is now at \$8.4 million for FY2011, in comparison to the earlier \$7.2 million estimate. Members discussed the calculations involved in the DHW estimates and that those figures are a moving target. Members expressed concern how assessment amounts are reconciled against DHW actual expenses when assessments are based on estimates. DHW will provide more information for the next meeting on how DHW developed the estimated costs.

Gina provided results from surveys of the top 22 companies (based on premiums) for the DOI health surveys. Of those received, 12 responses reported actual dependent lives, totaling 132,504. On basis of

the reported dependent lives x \$44, then we should receive \$5.8 million for those 132,504. The DOI is missing information to do surveys for some companies, TPAs and self-funded employers. At least another 122 carriers, plus unauthorized insurers, are still out there to be surveyed. It appears the DOI will need to resurvey 11 carriers already surveyed (excluding BCI, who included all dependent lives, including self-funded) to obtain more accurate numbers, to include self-funded lives and subscribers under the age of 19. Members expressed concern that some carriers will be on the hook for carriers who do not report; carriers must share the burden where others do not comply. Although the board does not have the right to impose penalties, the DOI can assess penalties and interest payments as allowed by Idaho's insurance laws.

Rich asked about the timing to resurvey and clarify the numbers needed as well as send out surveys to all possible known carriers. Gina estimated at least three months for all numbers as health surveys are not due until June 1, but resurvey information might be returned by June 25. The DOI can follow up as surveys come in and send out assessment notices as soon as possible after the DOI receives the surveys. Gina will have new surveys sent by June 4, and the DOI will continue with follow up. Rich and Jack will work with the national Blues association for numbers from other Blues entities with Idaho lives. At this time, no assessment billings will go out (other than the billings sent to BCI and RBSI on May 18 totaling \$2.4 million) until the board has updated numbers to review at the next meeting. Ted suggested the board set a certain number for Idaho lives for carriers where the DOI does not assess, such as under 10 lives in Idaho. Billings will go out at a higher rate based on the increased estimate of need (approximately \$52.70), and billings will be for an entire year's assessment.

New Business – Washington State's Immunization Program: Rich provided information on Washington's program of vaccine funding. Providers must submit a separate dosage-based report form to Washington's vaccine assessment program and that program then bills the carrier. The advantage is that billing occurs on a pay-as-you-go basis. However, Rich understood DHW in ID will not permit this method for provider billing for state supplied services. Chris didn't think this was illegal in ID, especially if the provider information sent to the program is considered a "report" and not a "billing." Chris and Ted suggested this information could be collected by IRIS for childhood immunizations as a future IRIS enhancement. Ted commented this would be the best way to eliminate extra paperwork for providers so they don't have to do a separate report form to the assessment program as well as an insurance billing; IRIS reports could identify the carrier involved for billing the carrier. Pat suggested an optional method where information could be gathered through the Idaho Tax Commission for employer and individual plans where reporting would be done based on "Idaho wages".

Other Business: No other business was offered for discussion

Next Meeting: Monday, July 12, 2010 at 1:30 pm at the DOI.

Adjournment: The meeting was adjourned at 3:40 pm.

Minutes by Eileen Mundorff.

Adopted as presented on 7/12/10.