

**Idaho Immunization Assessment Board  
Board Meeting Minutes – Approved 10/25/10**

Tuesday, September 14, 2010  
JRW Building, East Conference Room

**Board Members Present:**

- Richard Rainey, M.D. – Regence BlueShield of Idaho -- Chair
- Jack Myers – Blue Cross of Idaho – Vice Chair
- Bill Deal – Director, DOI
- Ted Epperly, M.D. – Family Practice Residency
- Christine Hahn, M.D. – Department of Health & Welfare
- Josh Sears – AmeriBen/IEC Group

**Board Members Not Present:**

- Sen. Melinda Smyser – Idaho Senate
- Rep. Jeff Thompson – Idaho House
- Pat Armstrong – Idaho Sand and Gravel

**Others Present:**

- Shad Priest – DOI
- Gina McBride – DOI
- Eileen Mundorff – DOI
- Naoko Weigelt – DOI
- Sandy Metro – DOI
- Gina Mulkey -- WinCo

- I. **Call to Order by Chair Rich Rainey:** Rich called the meeting to order at 1:40 pm.
- II. **Approve Minutes from 08/23/10 Meeting:** Rich made the motion to approve the minutes with two corrections: 1. The document reporting the July 29 meeting should be titled “Vaccine Assessment Board Clinical Workgroup Meeting Notes;” and 2. On page 2, 4<sup>th</sup> paragraph, the 4<sup>th</sup> bullet point reads “The Board would meet in March to set the numerator (number of eligible employees)” should be changed to “The Board would meet in March to set the assessments.”  
MOTION SECONDED AND APPROVED.
- III. **Old Business:** Rich asked to change order to address legislative issues first, changing the agenda order.

**a. Legislative Changes**

Shad reviewed the proposed changes:

- § 41-6005 to give the Board the right to determine the diseases or categories of diseases for which vaccine purchases will be funded and to consult with DHW or other experts as necessary to carry out the provisions of chapter 60; and
- § 41-6007 to allow for hiring and payment of administrative services.

Shad confirmed that the proposed changes have been reviewed by the DOI’s lead deputy attorney general (DAG) and these were also forwarded to the DAG at DHW. Chris will also

circulate proposed DOI legislative changes for DHW input. She has not had the opportunity to finalize discussions at DHW regarding whether a clinical workgroup should be a part of DHW or a part of the Board. The proposed amendments detailed above would permit a clinical workgroup of the Board. Shad will turn in these proposed changes today, and there will be an opportunity to revise before final submission to the legislature. MOTION TO SUBMIT PROPOSED CHANGES SECONDED AND APPROVED.

**b. Review Plan of Operation and Exhibit A**

Rich asked members if the 8/23/10 draft of Plan of Operation needed any further revisions other than changes needed for Exhibit A; members offered no additional revisions needed.

Rich reviewed the Exhibit A revisions in this draft that now include changes “for 2011 and subsequent years” where the bullet points at the beginning of that section have been changed to a snapshot of enrollment as of January 31 rather than December 31. After members’ discussion on the timing used to determine eligibility, members requested additional bullets as examples and agreed to change the bullets to the following format:

- “Birth year of 1992 or after for assessment year 2011”
- “Birth year of 1993 or after for assessment year 2012”
- “Birth year of 1994 or after for assessment year 2013”

Exhibit A now includes a table detailing the assessment billing schedule. Members discussed the timing of “quarterly payments” and the due dates for annual and quarterly payments. There was consensus that the annual assessment notice requires 60-day notice, allowing for payments to be made by May 31, and that all quarterly payments due after the initial due date do not require 60-day notice. The DOI plans to send only one bill with the payment due dates for those who opt to pay quarterly, which may affect only a dozen carriers. The Board agreed on the following language changes for the paragraph above the table and the language in the table: “Per 41-6006 (4) assessments are due 60 days after notice of the annual assessment. The Board will bill all assessments at or above a \$50,000 annual threshold in quarterly installments, if requested by the carrier”.

For all carriers, annual assessments or quarterly installments are due as set forth below:

	Date
Immunization Assessment Survey	Due February 28
Annual Assessment Notice	Sent March 31
Annual Assessment or First Quarterly Installment	Due May 31
Second Quarterly Installment	Due August 31
Third Quarterly Installment	Due November 30
Fourth Quarterly Installment	Due February 28

Rich reviewed the accelerated schedule dates:

- The assessment report (enrollment survey) must be sent out to carriers by January 1 to report their enrollment number “snapshot” as of January 31;
- Enrollment report results due to the DOI by February 28;

- The Board will meet in the second half of March to review survey results and set assessments to be billed by March 31

While the carriers are concerned that the 2-week window to gather data will be a challenge, it is doable. The Board agreed to set the 2011 schedule based on this table. This schedule requires a change to Article 7 on Assessment Collections in the second paragraph for covered lives determinations to be made by March 31 based on numbers reported to the DOI on or before February 28 each year. Gina discussed concerns on delinquencies and appropriate actions. Rich suggested that delinquent payment reminders note the possibility of administrative action for failure to comply, and that delinquent carrier names will be published in the next meeting minutes.

Rich noted that the paragraph directly below the assessment bill schedule should be amended to reflect that a request for reconsideration or refund must be filed within six months of May 31, in order to comply with Article 8.

The table should be changed to add when the immunization assessment survey response must be sent to the DOI, which is February 28. The bulleted points below the table must reflect the requirements for 2011 and subsequent years.

MOTION MADE, SECONDED AND APPROVED to make the changes as discussed. Gina was asked to please post the revisions as soon as possible, both mark-up and final versions.

#### c. Status of Carrier Surveys

Gina provided a written status report through September 10. If the top three carriers pay at end of this month when due, then the DOI will receive an additional \$3 million for a total of 66% of the total amount assessed. The DOI previously collected \$3 million and will send notice of further amounts due, based on the follow-up schedule in Exhibit C in the Plan of Operation. The DOI is waiting for survey results/payments from some Blue Cross affiliates and several TPAs. Ted asked about the status of any response from TriWest/Tricare or other federal programs. The DOI has met resistance with its requests to federal agencies so far.

Rich requested the DOI contact the approximately 100 largest Idaho employers for identification of their insurers or TPAs. Gina expressed concern on the DOI's authority to request that information from employers, and the difficulty in determining how the numbers the DOI has collected so far would match any information reported by the employers. Rich requested the DOI research "within reason" with a letter to ask employers to advise of all carriers administering the employers' health care plans to ensure compliance with Idaho law. Gina will review and discuss this request with Bill and Shad to in relation to the DOI's priorities.

**IV. New Business.** There was no new business to discuss.

**V. Other Business**

Jack will bring back additional information from his Blues affiliate carriers for the next meeting as old business. Chris will also provide a DHW update on DOI proposed legislative changes. Jack requested Chris also provide a DHW update on immunization spending and budgeting for the next meeting.

Gina requested that Eileen research the preventive services requirements under PPACA and the effects for vaccine funding and provide that summary for the November Board meeting. Carriers are paying an assessment, and understandably do not want to pay twice for vaccines. The assessment is not a double dip, but an opportunity for carriers to save money. Rich reported RBSI does not see any need to change Idaho's Chapter 60 for compliance with PPACA. Rich said RBSI is revising its provider contracts to address this issue.

**VI. Next Meeting:** Monday, October 25, 2010 at 1:30 pm at the DOI. Please send agenda items to Gina by October 18.

**VII. Adjournment:** The meeting adjourned at 4:15 pm.

Minutes by Eileen Mundorff, DOI.