

## IDAHO IMMUNIZATION ASSESSMENT BOARD PLAN OF OPERATION

WHEREAS, the Legislature of the state of Idaho enacted Chapter 60, Title 41, Idaho Code (the "Act"), establishing a mechanism to assess carriers for the costs of vaccines provided to certain children in Idaho;

WHEREAS, the Act authorizes the creation of an Idaho Immunization Assessment Board (the "Board") as a governmental entity within the meaning of Chapter 9, Title 6, Idaho Code;

WHEREAS, the Act created the Idaho immunization dedicated vaccine fund (the "Fund");

WHEREAS, the Act requires the Board to develop a Plan of Operation (the "Plan");

THEREFORE, the Board has developed the following Plan as required by the Act:

### **Article 1-Effective Date; Amendment**

This Plan and any amendments to same may be recommended from time to time by the Board and shall become effective upon written approval of the Director of the Idaho Department of Insurance (the "Insurance Director"). The Board may propose amendments at any time. Amendments may include a retroactive effective date if such date is proposed in the amendments and approved in writing by the Insurance Director.

### **Article 2 -Board of Directors**

The Board shall elect a chairperson and vice chairperson from its members and such other officers as it deems appropriate. The terms of these offices will be for one year. Upon election, the chairperson shall notify the Insurance Director of the Board's officers within thirty (30) days of said elections.

The Board shall hold meetings upon the request of the chairperson or two or more members of the Board at such times and with such frequency as it deems appropriate. These meetings may be held in person, or by telephone, provided at least one member of the Board shall be physically present at the location designated in the meeting notice per Idaho Code § 74-203(5). Notice of such meeting and its purpose will be provided to the Board at least seven days prior to the meeting unless such notice is waived by unanimous consent of the members.

All Board meetings will be held and posting of meeting notices (at least 5 days prior to regular meetings) and agenda (at least 48 hours prior to regular meetings) will be made in accordance with Idaho's open public meeting laws, Chapter 2, Title 74, Idaho Code.

The majority of the Board shall constitute a quorum for the transaction of business. The acts of the majority of the voting members of the Board present at a meeting at which a quorum is present (including any members present by proxy) shall be the acts of the Board. The votes of the Board will be on a one-person, one-vote basis, although the Director (or his designee) does not vote. Proxy voting is allowed as provided below. Members of the Board are required to disclose any potential conflict of interest prior to voting on a particular issue. The chairperson will decide whether the member with the potential conflict may vote and state the reasons therefor.

Members of the Board appearing through a proxy must advise the Board as to the reason for the use of the proxy and should advise the proxy to the extent reasonably possible how to vote on any issues that may be voted on at the meeting. The minutes should reflect the proxy's appearance and that the Board member in question was unable to

attend.

Annually, the Board will meet to determine assessments necessary for the proper administration of the Fund. In addition, the Board shall:

1. Develop an annual expense budget;
2. Provide an annual report to the Insurance Director and the Director of the Department of Health and Welfare (DHW Director);
3. Review and evaluate the performance of the Fund in support of the goals of the Act;
4. Determine whether any technical corrections or amendments to the Act shall be recommended to the Insurance Director;
5. Review this Plan and submit proposed amendments, if any, to the Insurance Director for approval;
6. Review reports, including audited financial reports, reports on outstanding contracts and obligations, and all other material matters;
7. Review reports of the committees established by the Board;
8. Consult with the Idaho department of health and welfare and other experts as the board may deem appropriate as necessary or proper to carry out the provisions and purposes of Idaho Code § 41-6005 (1).
9. Review, consider and act on any matters deemed by the Board to be necessary and proper for the administration of the Fund. The Board shall establish operation procedures for the Fund consistent with the Act and this Plan.

As required by Idaho Code § 74-205, the Board shall provide for the taking of written minutes of all meetings including at least: (a) all Board members present; (b) all motions, resolutions, orders, etc. proposed and their disposition; and (c) the results of all votes, and upon the request of a member, the vote of each member, by name. The minutes of each Board meeting shall be made and submitted to the Insurance Director within thirty (30) days after said meeting. The original of the record shall be retained by the Department. Board members will review and act upon any other matters deemed necessary.

### **Article 3 -Conformity to Act; Immunity from Liability**

The Board and committee members shall perform their functions under this Plan and have the powers and authority granted by the Act. Nothing in this Plan or the actual operation of the Board shall create any private rights of action against any member of the Board or any committee. All such persons shall at all times enjoy immunity from liability to the fullest extent afforded by any provision of any applicable law, including the Idaho Tort Claims Act, Idaho Code §§ 6-901, et seq.

### **Article 4 -Committees of the Board**

The Board may appoint its members and others to any appropriate committee as necessary to provide technical assistance in the operation of the Plan and the Fund or other functions within the authority of the Board. A written record of each committee meeting must be kept by a secretary appointed from the membership of the committee.

### **Article 5 -Administration of the Act and the Plan**

To the extent allowed by the Idaho Code, the Board may contract with one or more third parties to provide administrative services needed to implement the requirements of the Act and the Plan. The Board shall select any such administrator in accordance with the procedures established and administered by the State of Idaho Division of Purchasing as may be required. The administrator may be responsible, along with the Board, for the fair, equitable and reasonable administration of the Act and the Plan.

The administrator shall perform the following functions as directed by the Board:

1. Prepare and submit monthly reports, meeting minutes and an annual report to the Board, including assessments to carriers and all assessment changes.
2. Establish procedures and install the systems needed to properly administer the operations of the Fund in accordance with the Idaho Insurance Code and this Plan.
3. Keep all accounting, administrative and financial records of the Fund in accordance with this Plan and work in conjunction with the DOI and DHW in light of their record keeping functions.
4. Serve as a communications resource for carriers subject to the Act.
5. Notify carriers of assessment amounts due and reconcile collection of appropriate amounts due with the DOI.
6. Prepare an annual estimate of operating costs for the administration of Fund operations.
7. Perform other functions as agreed to by the Board and the administrator.

The administrator shall maintain all financial records for each fiscal year for a period of three years following the end of such fiscal year, plus the current fiscal year. The administrator shall be reimbursed for its reasonable costs of administration in accordance with a written agreement approved by the Board.

The administrator will subcontract for services only with the prior approval of the Board. The administrator shall retain the confidentiality of all information pertaining to persons insured and the carriers in accordance with all applicable statutes, regulations and principles of common law pertaining to confidentiality and trade secrets. Such information shall be used only for the purposes necessary for the operation of the Fund and shall be strictly segregated from other records, data or operations of the administrator. Unless specifically required hereunder or by the Act, no information relating to the Act shall be retained or used by the administrator or disclosed to any third party, which information identifies a specific insured or carrier.

#### **Article 6 -Examination; Fiscal Year**

The Fund shall be subject to examination by the Insurance Director and the DHW Director and Legislative Services Office. The fiscal year shall be the 12 months ending June 30.

#### **Article 7 -Assessment Collections**

Assessments shall be billed in accordance with the schedule in *Exhibit A*. Financial reports shall be compiled as scheduled in *Exhibit B*. The Board may allow assessment payments in installments in accordance with *Exhibit A*.

Covered lives determinations shall be made each year by April 15 based upon numbers reported by carriers to the Idaho Department of Insurance on or before March 15 each year.

Assessment payments will be due as stated in the notices mailed to the carriers. Interest payments or other penalties may be imposed as allowed by the Act for late or nonpayment of assessments by a carrier. Any late or nonpayment of assessments will be addressed in accordance with the protocol in *Exhibit C*.

#### **Article 8 -Penalties; Adjustments; Dispute Resolution**

##### **A. Penalties; Adjustments**

1. **Background.** Given numerous factual determinations to be made and tasks to be performed by carriers relative to their calculations of covered lives, all carriers shall exercise the highest degree of good faith and due diligence in all aspects of their relationship with the Board and its administrator should an error occur. The carrier shall notify the Insurance Director as soon as practicable explaining such error and the Insurance Director shall take appropriate action.

2. **Errors Related to Assessments.** All carrier errors related to assessments shall require the immediate payment of additional amounts due plus interest calculated from the date such sum should have been paid and any other penalties per Idaho Code § 41-6006(3).

3. **Violations.** If the Board determines that a particular carrier has violated Title 41, Idaho Code, the Board shall refer its findings to the Insurance Director for appropriate action.

**B. Time Considerations with Respect to Assessment Payment Adjustments**

Once assessment rates are set by the Board in any year, any adjustment for carrier over reporting of covered lives or overpayments may be considered first by the Board in connection with the assessment determination for the current or following year and may, depending on the cash flow needs of the Fund, be provided as a reduction in the next year's assessments, or be spread over multiple years. No request for reconsideration of any assessment or refund of payment made shall be considered by the Board with respect to any request that is not filed with the Board in writing on or before the date that is six (6) months after the first due date for the corresponding assessment year. Carrier requests to reduce their numbers of reported eligible children by 250 eligible children or fewer which are submitted with satisfactory documentation may be approved by the Department of Insurance or appointed administrator. The Board must be notified of all such approvals of survey changes at least five (5) business days in advance of the revised billing. No adjustments to carrier assessments over 250 children will be made without approval of the Board.

**C. Carrier Appeal of Disputes to Board**

Carriers may request permission to appear before the Board at any time in connection with any disputes with the Board or its administrator after which the Board may make any recommendations or referral to the Director.

**Article 9 -Termination**

The Fund shall continue in existence subject to termination in accordance with the Act, other laws of the state of Idaho or the United States of America. The Fund shall terminate and conclude its affairs in a manner to be determined by the Board with approval of the Insurance Director.

In accordance with Chapter 60, Title 41, Idaho Code, the foregoing Plan of Operation has been approved following consultation with the Director of the Idaho Department of Health and Welfare and the Insurance Director.



Dean L. Cameron, Director  
Idaho Department of Insurance

Date:

## EXHIBIT A ASSESSMENTS

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.

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 their "Covered Idaho Children," defined as 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.

**FOR 2011 AND SUBSEQUENT YEARS:** Entities are required to report in an annual assessment survey their "Covered Idaho Children," defined as the number of all subscribers and dependents:

- Who have health coverage (whether primary or non-primary) as of January 31 of the same year the survey is sent, 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 on or after January 1 of the year 19 years prior to the assessment year are considered to be under nineteen (19) years of age. Examples: Birth year of 1992 for assessment year 2011

Birth year of 1993 for assessment year 2012  
Birth year of 1994 for assessment year 2013

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. "Covered Idaho Children" who have benefits for childhood vaccines are "Program-eligible Children."

The Board shall determine the total annual program cost estimate for each year that at a minimum, is expected to be sufficient to cover the administrative costs of the board and fund the purchase of vaccines for "Program-eligible Children" that have in effect a recommendation from the advisory committee on immunization practices of the centers for disease control and prevention on the date the Board makes its assessment determination. The percentage of the total cost that is to be funded by carriers shall recognize the cost differences by age cohort and be weighted by the age distribution differences between VFC (Federal Vaccines for Children) and program-eligible children, using a methodology agreed upon by the Board and the IIP (Idaho Immunization Program). The age distributions shall be evaluated at least every three years. The Board shall further calculate the estimated total statewide number of "Program-eligible Children." This estimate shall be made by adding the numbers of "Program-eligible Children" reported by all entities reporting "Program-eligible Children" plus the numbers of "Covered Idaho Children" reported by all entities NOT reporting "Program-eligible Children." The "Assessment per Child" shall be the total cost for program-eligible children estimate for the year divided by the estimated total statewide number of "Program-eligible Children."

For an entity reporting "Program-eligible Children," the entity's assessment shall be calculated by multiplying the "Assessment per Child" by that entity's number of "Program-eligible Children." For an entity NOT reporting "Program-eligible Children," the entity's assessment shall be calculated by multiplying the "Assessment per Child" by that entity's number of "Covered Idaho Children." Per Idaho Code § 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. Assessment reporting and billing schedule:

	Date
Immunization Assessment Survey	Sent Early January
Immunization Assessment Survey	Due March 15
Annual Assessment Notice	Sent by April 15
Annual Assessment or First Quarterly Installment	Due June 15
Second Quarterly Installment	Due September 15
Third Quarterly Installment	Due December 15
Fourth Quarterly Installment	Due March 15

Each assessment year's first due date will be June 15 and consequently, any request for reconsideration or refund must be filed within six months of June 15. Any underpayment due to late payments or underreporting of covered lives shall be made by the carrier at the earliest possible date with interest and administrative charge as set forth in Article 8.

## EXHIBIT B SCHEDULE OF FINANCIAL

### STATEMENTS

Financial statements will be released on the following schedule:

1. Reconciliation of amounts due and collections during the month before the close of the state fiscal month, generally three days after calendar month end.
2. Monthly Statements: To the Board within 15 business days after the close of each month
3. Annual Statements: Management statements will be ready for internal review within 60 days after the close of the fiscal year.

## EXHIBIT C FOLLOW-UP FOR PAST DUE ASSESSMENTS

Follow up protocol:

1. Make a phone call three business days after due date
2. Send a fax reminder seven business days after due date
3. Send a letter reminder five business days after the fax reminder with a copy to the Board

In addition to the above, report to the Insurance Director any late or nonpayment of assessments by a carrier in accordance with §41-6006, Idaho Code. The Board may recommend collection or follow-up activity for any remaining delinquencies to the Insurance Director. It is contemplated that any collection follow-up after 6 months of notification would be handled by the Insurance Director pursuant to Idaho Code § 41-6006.