

Idaho Immunization Assessment Board
Board Meeting Minutes
Thursday, December 18, 2014
Idaho Department of Insurance Office

Board Members Present:

- Jack Myers – Blue Cross of Idaho – Chair
- Ted Epperly, M.D. - Family Practice Residency – Vice Chair (via phone)
- Christine Hahn, M.D. – Department of Health & Welfare
- Bill Deal, Director - Department of Insurance
- Richard Rainey, M.D. – Regence BlueShield of Idaho
- Chris Pickford – Boise School District
- Mike Hodge - Albertsons LLC & New Albertsons Inc. (via phone)

Board Members Absent:

- Tim Callender – AmeriBen/IEC House Group
- Jeff Thompson, Representative - Idaho of Representatives
- Todd Lakey, Senator - Idaho Senate

Others Present:

- Renee Iverson, Chief Financial Officer – Department of Insurance
- Mitch Scoggins – Department of Health & Welfare

Call to Order: Chairman Myers called the meeting to order at 3:43 PM MST.

Approval of Minutes from December 1, 2014 meeting

Dr. Richard Rainey made the motion to accept the minutes from 12/1/14 board meeting; Dr. Christine Hahn seconded the motion. Motion passed.

Financial Report – no financial report given, since last two meetings were recent and provided updates.

Old Business:

Data from carriers/Legislation: At the last board meeting Mitch Scoggins from the Department of Health and Welfare had presented a revised methodology to take into consideration the differences in age distribution for the carriers; it resulted in a reduction in the assessment rate to approximately \$55. Before the close of the last meeting Dr. Richard Rainey raised questions about also taking into consideration differences in utilization because the proposed methodology assumed that all children of all ages had a 100% vaccination rate for all vaccines that were to be used for that age cohort.

Mitch Scoggins said that the proposed methodology was not intended to set the amount of the assessment but rather to set the ratio of Federal to State Funding. That ratio is then used in the assessment calculation.

CDC tells us what they think the amount of federally-funded vaccines will be in Idaho each year.

We do not think that the CDC methodology is as good as ours.

Mitch said that the DHW looked at how well the CDC did in their estimations of vaccines

Mitch showed a presentation. The DHW believes that there is still validity in the comparisons between what the CDC is projecting for the number of doses needed for the State and what the actual State doses have been. Private payers pay the state to purchase vaccines; the CDC provides vaccines in-kind, not cash paid to the program.

DHW puts in a ratio (based on population) to the VTrcks system, so when we need to order vaccines, we pay Pharma for a certain percentage and CDC provides us additional vaccines for the remaining percentage. Remember that we have a melded supply of Federal and privately insured vaccines. Right now that percentage is 50/50. The DWH proposal changes that ratio to take into account the age of the children. The child population is not equally distributed across all age groups. Mr. Scoggins believes recognition of the skewed distribution across age groups is a valid argument for changing the ratio and this argument should be accepted by the CDC.

Mitch handed out a document (blue bar graphs – “Vaccines for Children (VFC) Vaccine Funding”). This graph shows the overall spending targets in Idaho for Federal vaccines for Federal Fiscal Year (FFY) 2014 and 2015 and compares them to the Actual Idaho Costs for the same time period. The third bar for each year shows what would have been spent if the proposed ratio had been used. We see that the proposed cost under the new methodology would be higher than the actual cost for both years but that it did not meet or exceed the CDC targets for those years. The spending levels which recognize the higher utilization rates for uninsured children, based on age distribution, are then closer to, but do not exceed, the Federal targets. This should provide further support for CDC acceptance of the new methodology.

Mitch explained further: The 50/50 ratio came from the census of children under 19 in Idaho compared to the data from the private carriers & TPAs for covered children, without controlling for age. What the carriers have proved over the last few weeks was that the age distribution is not the same for VFC children and Private/TPA children. We also know that the younger children cost more/use more vaccines than the older children. Other research into the Medicaid and Private payers system has shown that Medicaid disproportionately covers children under 6 years old and the Private/TPA carriers are disproportionately covering ages 6 through 11.

Jack Myers summarized: The Federal portion of the vaccine costs has actually been less than what the CDC has been estimating. Under the new methodology the Federal portion would be greater, but still less than what CDC estimated. The CDC expects that the overall utilization is about 25% higher than actually charged for uninsured children. We are getting closer to their estimates by changing the percentage, so we are having the Federal government pay a higher share of the total vaccine costs which is supported by the higher utilization for younger children.

Mitch added: In my opinion, if the Feds did not overestimate, we would see on the blue bar graph nearly equal bars, i.e. total actual spending would be close to the CDC estimates. In the VTrcks system the age of the children is taken into account. We have not been taking age of children into consideration; we base the percentage we put into VTrcks on the population count (Federal population and Private/TPA population). That is one of the reasons the percentage would be different. Another reason for the difference is that the Federal system builds in a 5% vaccine waste rate; in Idaho that rate is under 2%.

Dr. Hahn then added that the CDC estimates from a time period that is farther back. In Idaho, we are able to project spending closer to actual because our own data is more current. The CDC is trying to estimate several years ahead and a bit higher because they do not want to be caught short of vaccine. They are looking farther into the future than we have to look. VFC program covers: Medicaid, uninsured, underinsured, Native Americans & Alaska Natives. The federal programs want to make sure those groups are covered and would not underestimate.

Dr. Rainey: we are all in agreement that the private sector has been paying too much, i.e. subsidizing the federally covered children. We want to come up with a more accurate way to calculate the percentage of federally funded to privately-funded and not have the CDC challenge that methodology.

Dr. Hahn: This methodology is not required to be pre-approved by CDC. We simply use it. The VTrcks “negotiation” (i.e. putting in the percentage) is done every year. Asking for pre-approval would be very unusual. Just changing the percentage, might generate a question – but we used age-adjusted data from VTrcks (the federal system). We are not using State-generated data; we are using federal data.

Jack Myers: Let's make sure the new methodology works, get the 2 year extension, then in 2 years consider asking for an elimination of the sunset clause.

Jack Myers summarized:

The new methodology brings the ratio for cost of privately insured children down to 37.1%. Also the rate for this current fiscal year which we established at \$79 would have been, under the new methodology, \$55.73.

Jack: How will this change effect the program for the 2015 fiscal year and forward?

Mitch: We are half way through this this federal fiscal year – so the vaccine ordering mechanism is shut down; If we go into VTrcks now and enter the new percentage, we would see a savings of about half the difference from the percentage we put in (52.2%) and the new percentage (37.1%). So estimating that would be about \$12 per child. We do pre-order to get a start on vaccines for the next year, so the savings might not be that much.

We are three-quarters of the way into the federal vaccine ordering year and we cannot fix anything prior to today. We are going to see if we can put in a percentage that will help adjust for the last quarter so that for the whole year it will come out to 58.41% instead of using the same ratio all year. A partial credit for excess assessments from the current year will be carried forward to reduce assessments for the next year.

Jack Myers: so we probably will have a larger carryforward; we can discuss at a future meeting how to include that in the next assessment.

Dr. Rainey: Are we anticipating any significant changes in the Immunization Schedule and costs of vaccines recommended?

Dr. Hahn: We expect the cost to increase for HPV-9; we won't know the cost until February. The infant meningococcal vaccine might get added to the schedule this year. Those are the only changes I know of.

Dr. Rainey: To present at the next meeting: At what point do we update each year? We should have an update each year and also if there are major changes to the Immunization Schedule.

Dr. Hahn: At next meeting: we need to have language in the Plan of Operation Exhibit or Appendix that addresses methodology.

Mitch: This is largely driven by the population numbers, so we should compare federally eligible numbers to the census numbers to see if there is a change in that ratio. We want the 2 populations to be fairly represented.

Dr. Hahn: If there is an expansion of Medicaid then the ratio would change.

Mitch: Since we are using federal numbers and subtracting them from census, and using that to represent the privately insured population we are pulling those numbers from federal sources now.

Jack: in the future, if there were a Medicaid expansion, we could have the large carriers run the data to see if the distribution (of ages) seem reasonable. That would not be a lot of work for the carriers.

Dr. Christine Pickford: The concern is that VFC numbers change and so do the census numbers. Also the costs change – for example, a new vaccine for 11 & 12 year olds. So VFC makes up roughly 50% of the population, but due to the age groups covered by VFC it makes up a larger share of the costs.

Jack Myers summarized: The proposal is to change the methodology for calculating the proportion of the privately-insured children to recognize that there are differences in age distribution in privately-insured children compared to the federally-insured children. That is the only change in methodology. For the 2015 year, this reduces the proportion of privately-insured children to 37.1% and results in an assessment rate of \$55.73. The proposal is to adopt that methodology change and have the DWH change the percentage in VTrcks (CDC system), trying to cover back to the third calendar quarter of 2014; and the unspent funds generated would be carried forward.

Dr. Richard Rainey made the motion to accept the new methodology, subject to annual update (asking for when the best time to do the update) that changes the percentage that VFC is billed for as soon as possible. We are not asking the CDC for permission, since this is outside the normal procedure. Dr. Christine Hahn seconded the motion. Other board members voting in favor of the motion were Dr. Ted Epperly, Jack Myers, Dr. Chris Pickford and Mike Hodge. At the time the vote was taken there was a quorum present and the motion passed unanimously.

Dr. Rainey made a motion: The board will ask the legislature to extend the sunset legislation for another two years. Dr. Hahn seconded the motion. Other board members voting in favor of the motion were Dr. Ted Epperly, Jack Myers, Dr. Chris Pickford and Mike Hodge. . At the time the vote was taken there was a quorum present and the motion passed unanimously.

Other topics tabled until the next meeting.

New Business:

None

Next meeting:

Monday, February 9, 2015 - Location TBD

Agenda Topics for next meeting:

Old Business:

1. Educational Materials to send with assessment
2. TRICARE payment options
3. Checklist for Survey Data Received

New Business:

1. Changes to Plan of Operation
2. Election of new officers for IIAB
3. Flu vaccine

Adjournment:

Dr. Christine Hahn made a motion to adjourn the meeting; Dr. Christine Pickford seconded the motion. Motion passed. Meeting was adjourned at 5:11 PM MST.

Minutes by Elaine Diner, Administrator for the Idaho Immunization Assessment Board.

Attachments presented at meeting:

1. Presentation: New Methodology – Dec. 18 2014
2. Vaccines for Children (VFC) Vaccine Funding
3. Draft of Exhibit A changes to Plan of Operation

Comparison of VTrckS & IIP Estimates from FY2015 (federal and state)

and including actual doses
distributed SFY2014

Caveats

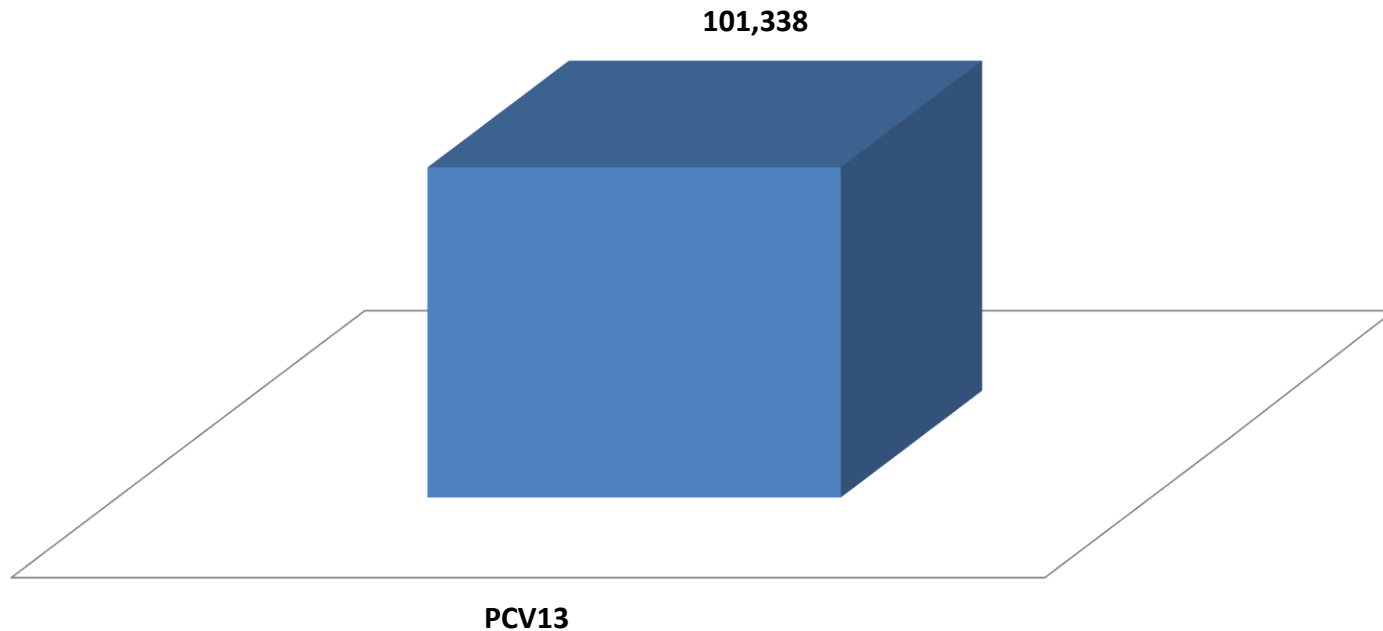
- VTrckS is on a federal fiscal year
- IIP is on a state fiscal year
- “Doses distributed” is from last year

PCV13 FFY2015 VTrckS Projection of Idaho Need for All Children

Projected Annual Vaccine Doses Needed

For All Children in Idaho 0 through 18 years of age

■ VTrckS Projection of Idaho Need FFY15*



*VTrckS Pediatric Dose Tables: Determined by CDC based on ACIP recommendations and adjusted for Idaho coverage levels from the annual NIS; projected for the federal fiscal year

**IIP Average Doses Distributed based on 24 month data, averaged for one years distribution; projected for the Assessment on a state fiscal year

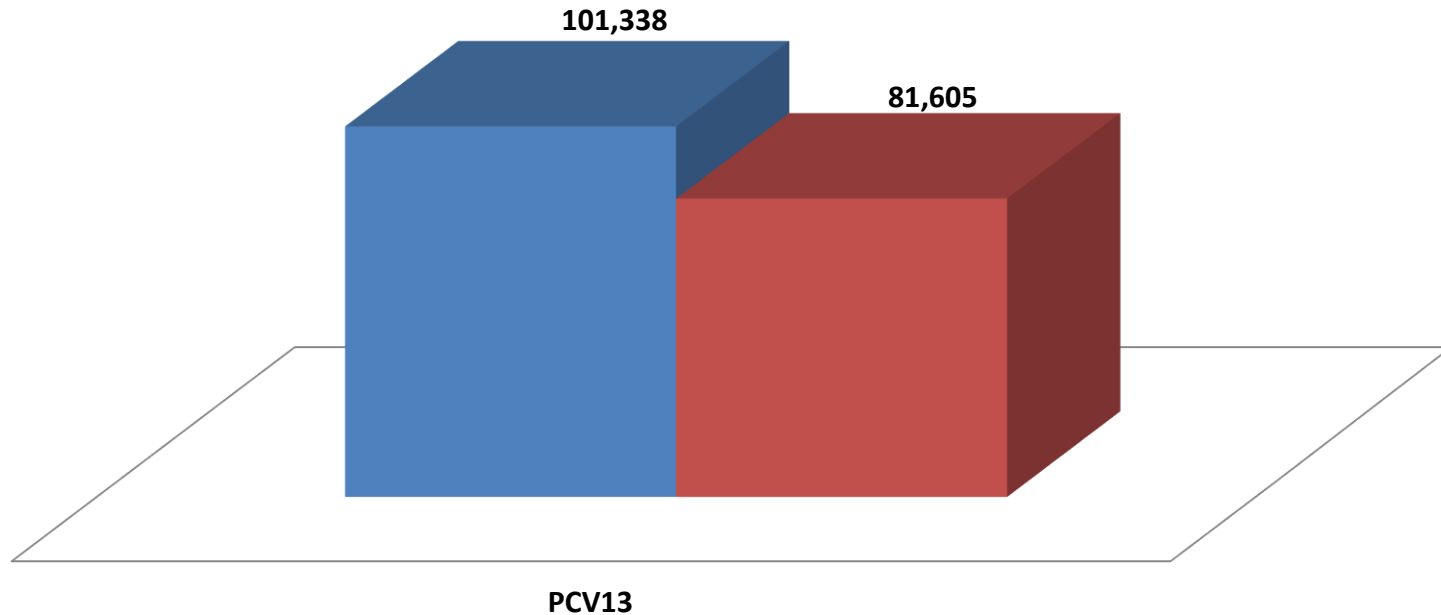
Adding the SFY15 IIP Projection of Need for All Children

Projected Annual Vaccine Doses Needed

For All Children in Idaho 0 through 18 years of age

■ VTrckS Projection of Idaho Need FFY15*

■ IIP Projection Based on Actual Use SFY15**



*VTrckS Pediatric Dose Tables: Determined by CDC based on ACIP recommendations and adjusted for Idaho coverage levels from the annual NIS; projected for the federal fiscal year

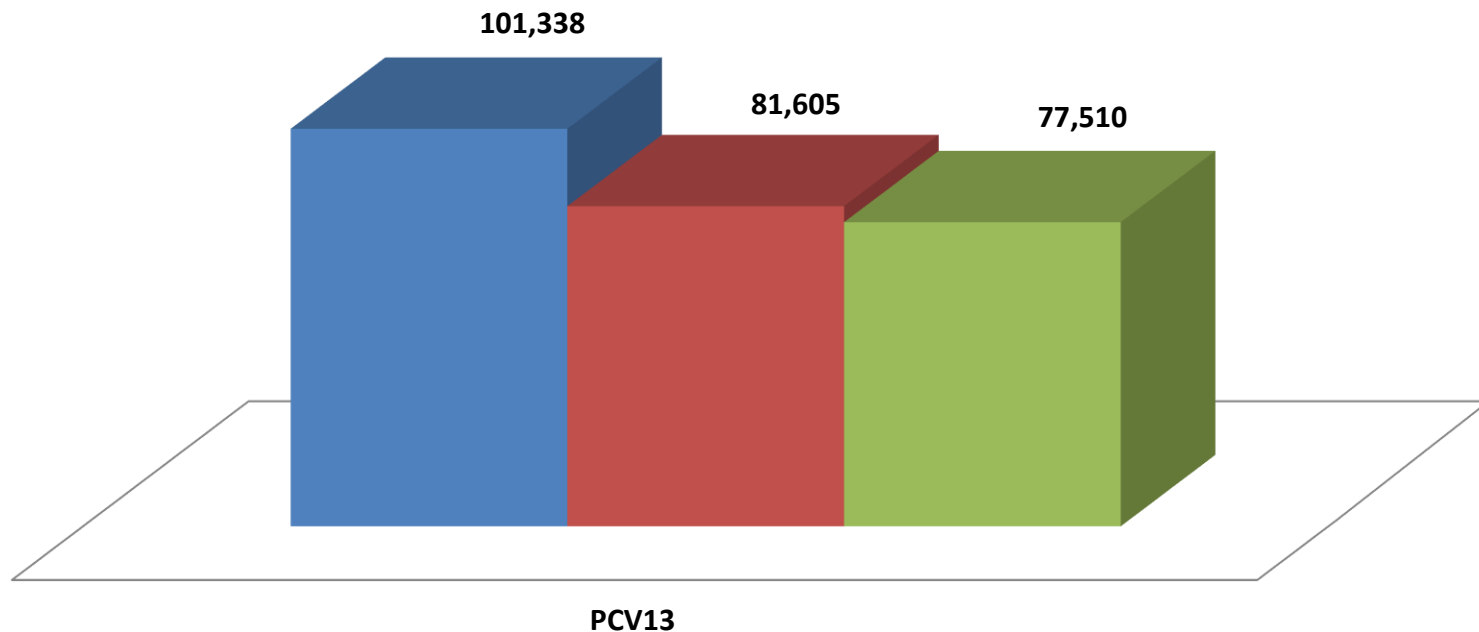
**IIP Average Doses Distributed based on 24 month data, averaged for one years distribution; projected for the Assessment on a state fiscal year

Actual Doses Distributed for SFY14

Projected Annual Vaccine Doses Needed

For All Children in Idaho 0 through 18 years of age

■ VTrckS Projection of Idaho Need FFY15* ■ IIP Projection Based on Actual Use SFY15** ■ Actual Doses Distributed SFY14



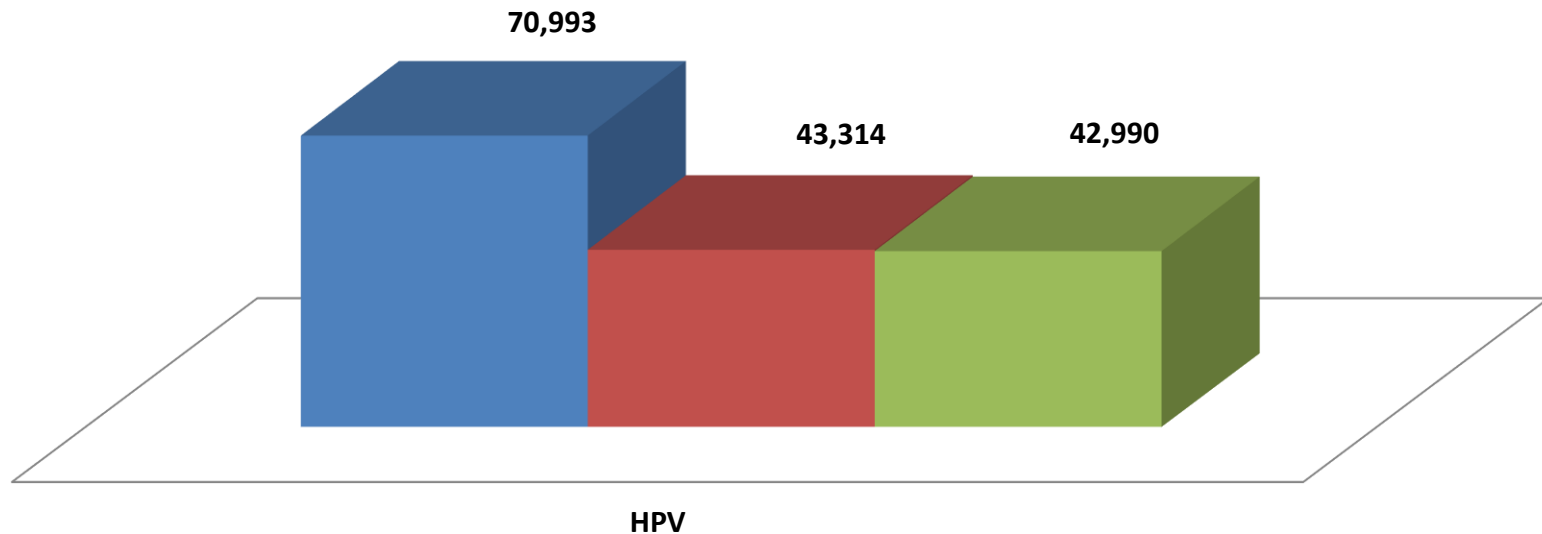
*VTrckS Pediatric Dose Tables: Determined by CDC based on ACIP recommendations and adjusted for Idaho coverage levels from the annual NIS; projected for the federal fiscal year

**IIP Average Doses Distributed based on 24 month data, averaged for one years distribution; projected for the Assessment on a state fiscal year

The Same Numbers for HPV

Projected Annual Vaccine Doses Needed For All Children in Idaho 0 through 18 years of age

■ VTrckS Projection of Idaho Need SFY15* ■ IIP Projection Based on Actual Use SFY15** ■ Actual Doses Distributed SFY14



*VTrckS Pediatric Dose Tables: Determined by CDC based on ACIP recommendations and adjusted for Idaho coverage levels from the annual NIS; projected for the federal fiscal year

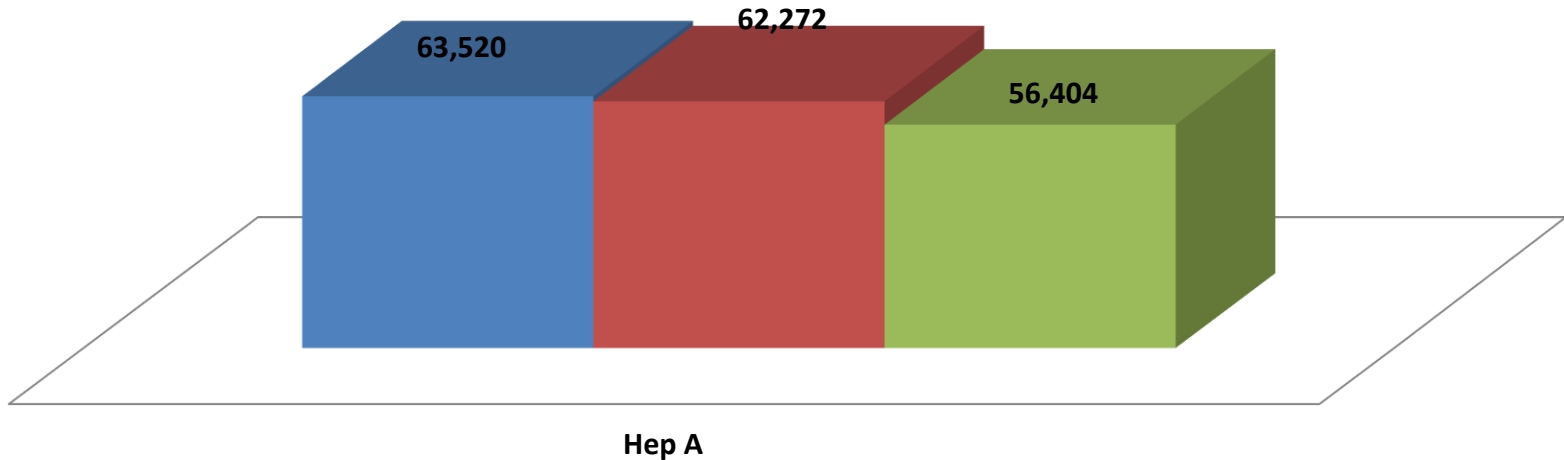
**IIP Average Doses Distributed based on 24 month data, averaged for one years distribution; projected for the Assessment on a state fiscal year

For Hepatitis A

Projected Annual Vaccine Doses Needed

For All Children in Idaho 0 through 18 years of age

■ VTrckS Projection of Idaho Need FFY15* ■ IIP Projection Based on Actual Use SFY15** ■ Actual Doses Distributed SFY14



*VTrckS Pediatric Dose Tables: Determined by CDC based on ACIP recommendations and adjusted for Idaho coverage levels from the annual NIS; projected for the federal fiscal year

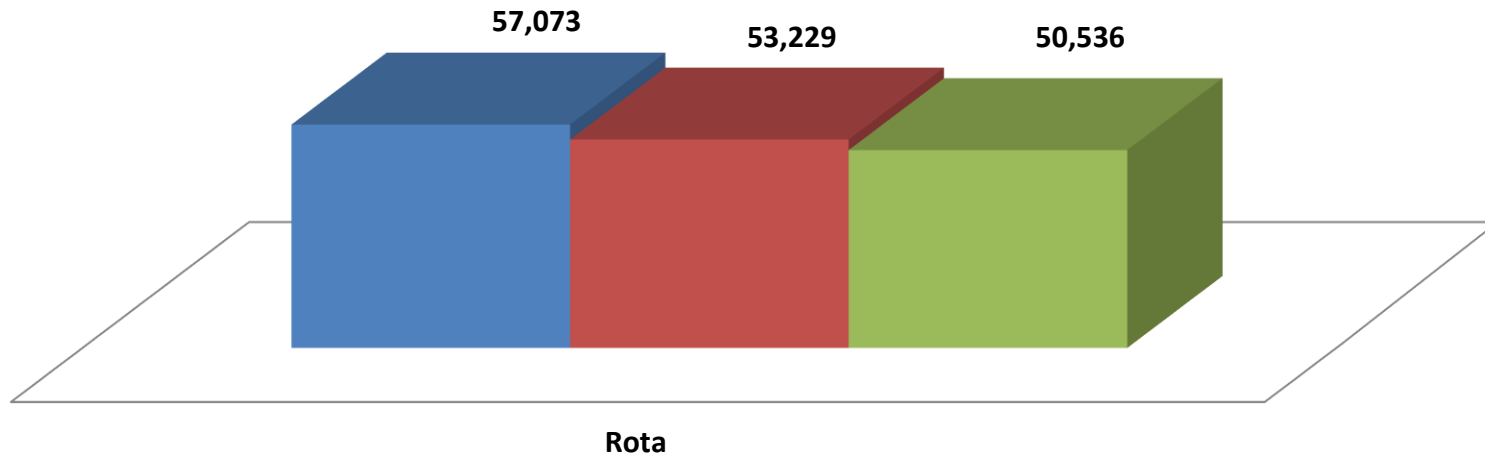
**IIP Average Doses Distributed based on 24 month data, averaged for one years distribution; projected for the Assessment on a state fiscal year

For Rotavirus

Projected Annual Vaccine Doses Needed

For All Children in Idaho 0 through 18 years of age

■ VTrckS Projection of Idaho Need SFY15* ■ IIP Projection Based on Actual Use SFY15** ■ Actual Doses Distributed SFY14



*VTrckS Pediatric Dose Tables: Determined by CDC based on ACIP recommendations and adjusted for Idaho coverage levels from the annual NIS; projected for the federal fiscal year

**IIP Average Doses Distributed based on 24 month data, averaged for one years distribution; projected for the Assessment on a state fiscal year

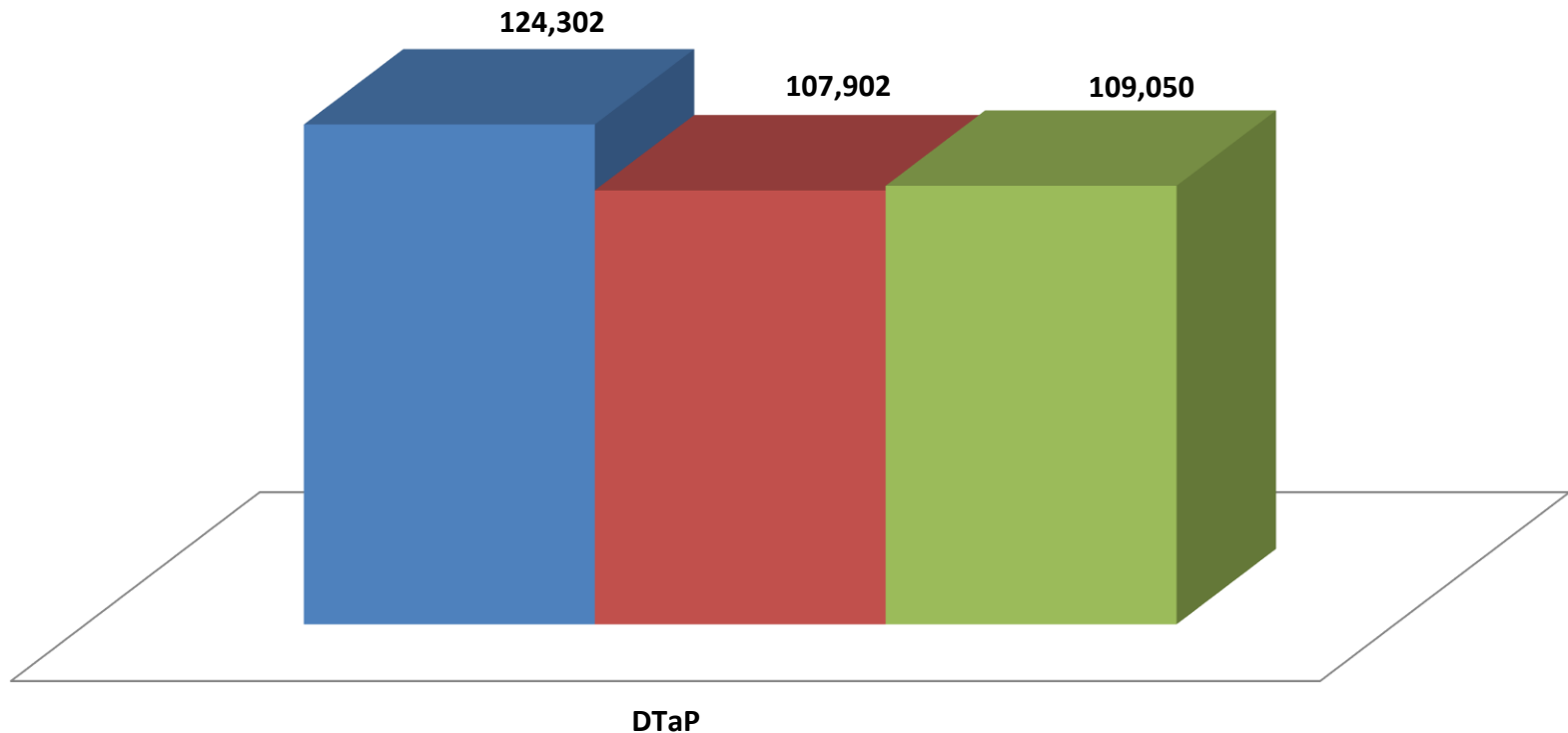
For DTaP-containing vaccines

Including Pediarix, Pentacel & Kinrix

Projected Annual Vaccine Doses Needed

For All Children in Idaho 0 through 18 years of age

■ VTrckS Projection of Idaho Need FFY15* ■ IIP Projection Based on Actual Use SFY15** ■ Actual Doses Distributed SFY14



*VTrckS Pediatric Dose Tables: Determined by CDC based on ACIP recommendations and adjusted for Idaho coverage levels from the annual NIS; projected for the federal fiscal year

**IIP Average Doses Distributed based on 24 month data, averaged for one years distribution; projected for the Assessment on a state fiscal year

For Tdap

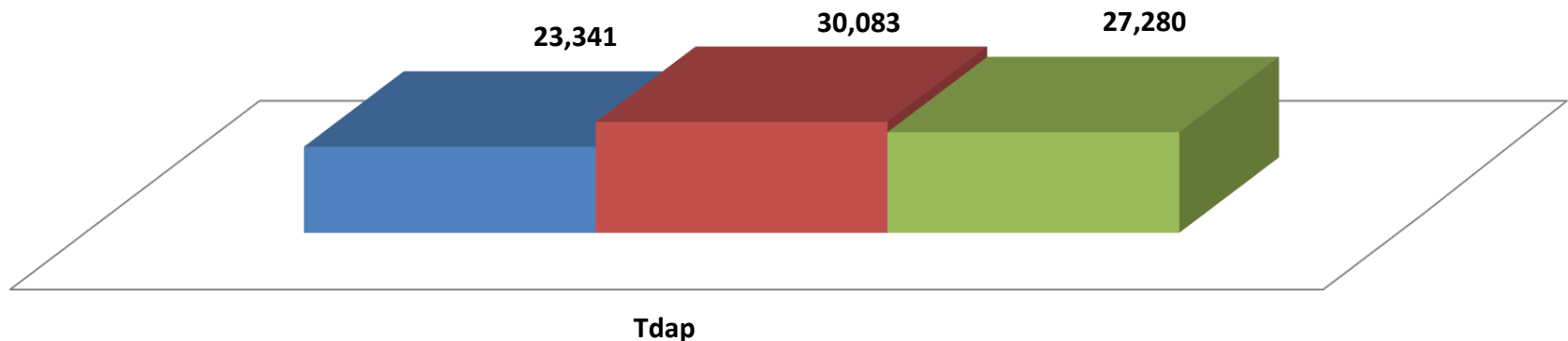
Projected Annual Vaccine Doses Needed

For All Children in Idaho 0 through 18 years of age

■ VTrckS Projection of Idaho Need FFY15*

■ IIP Projection Based on Actual Use SFY15**

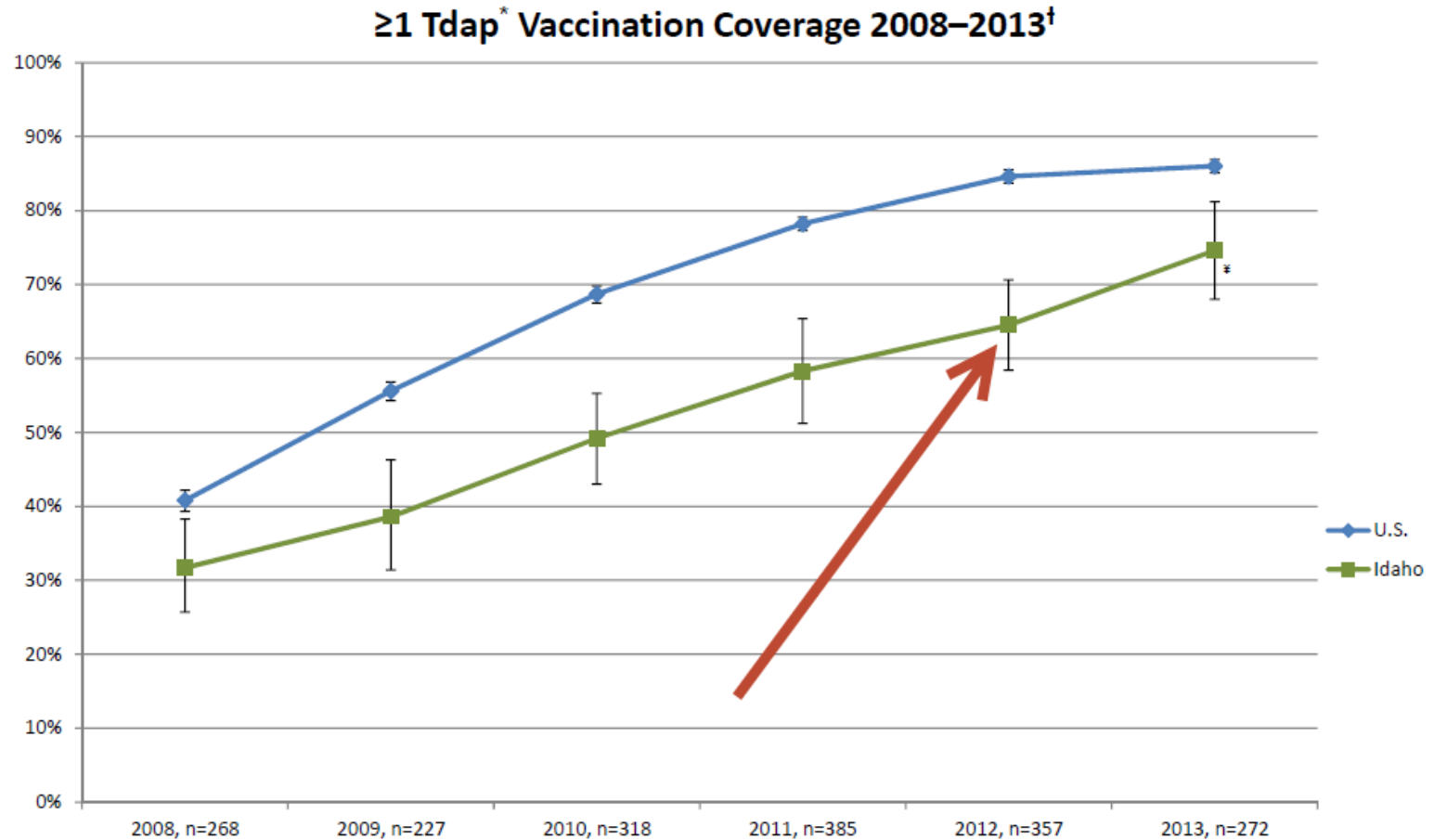
■ Actual Doses Distributed SFY14



*VTrckS Pediatric Dose Tables: Determined by CDC based on ACIP recommendations and adjusted for Idaho coverage levels from the annual NIS; projected for the federal fiscal year

**IIP Average Doses Distributed based on 24 month data, averaged for one years distribution; projected for the Assessment on a state fiscal year

National Immunization Survey Data



* Refers to ≥1 dose of tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) since the age of ten years

† From the National Immunization Survey (NIS)-Teen, adolescents aged 13 through 17 years

* Refers to a statistically significant change compared to the previous year, $p=0.05$

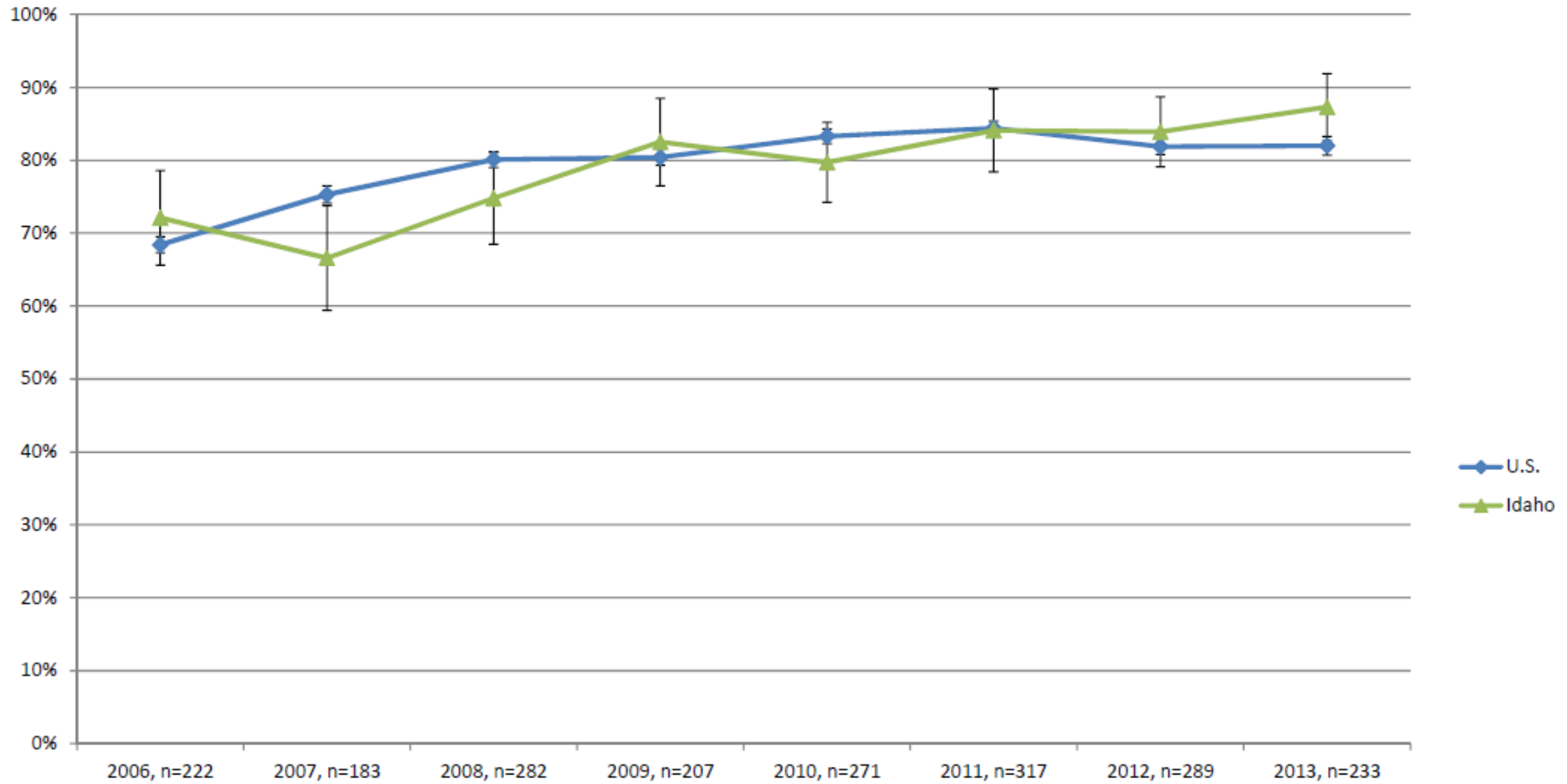
n = number of adolescents sampled for each survey year in Idaho

Vertical bars above and below each point estimate indicate the 95% confidence interval

The VTrckS Model is not a Good Example for Idaho

- Except for Tdap as shown in the last two slides, for every vaccine in FY2015, the VTrckS estimate of need is higher (often significantly so), than Idaho's projection
- Idaho's projections are based on actual utilization (using a 2-year average to control for anomalies), and then modified based on population increase and known upcoming changes such as new school requirements or ACIP adding another dose of a vaccine

4+ PCV* Vaccination Coverage, 2006–2013†



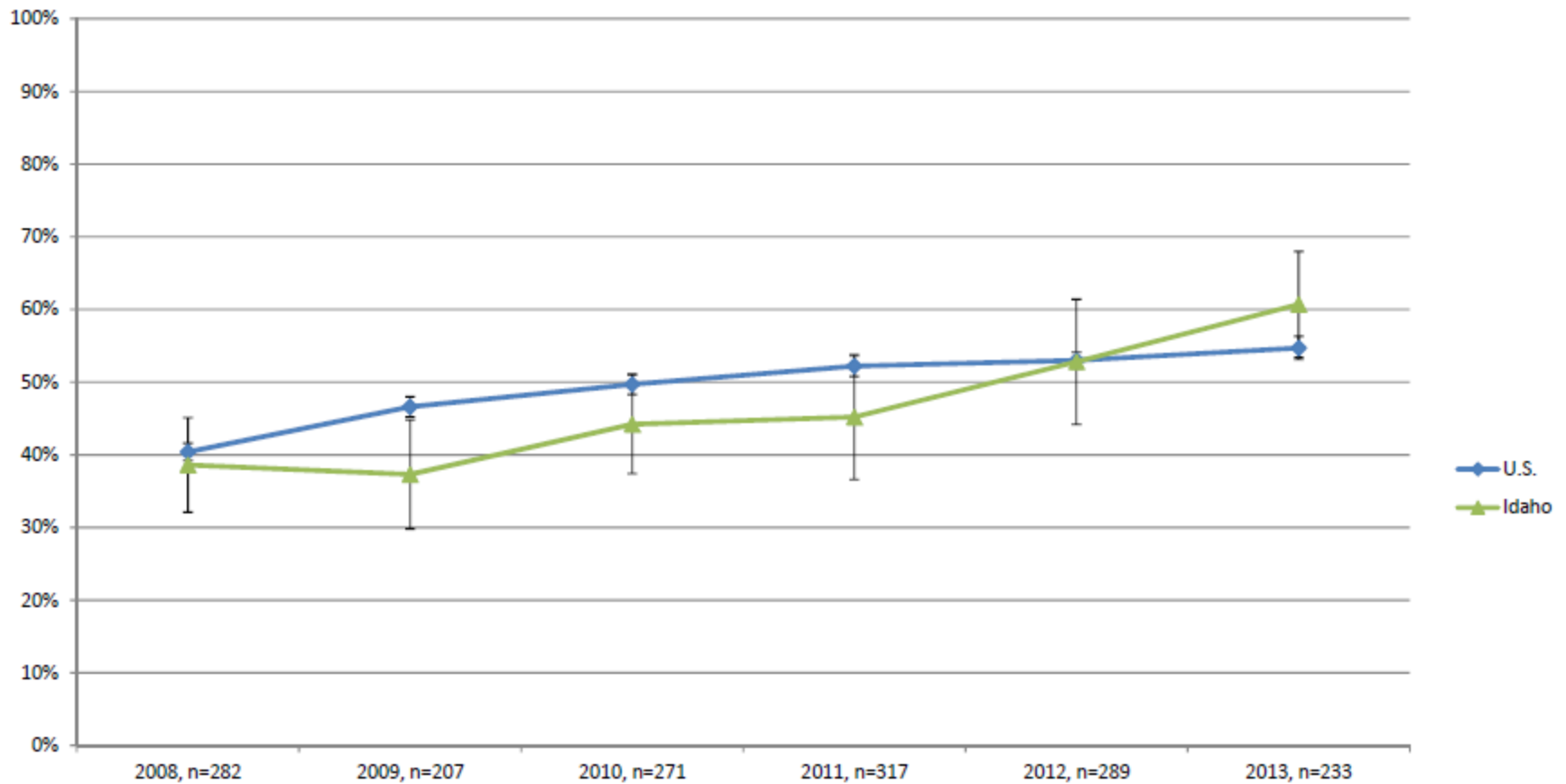
* Refers to 4 or more doses of pneumococcal conjugate vaccine (PCV)

† From the National Immunization Survey (NIS), children aged 19 through 35 months

n = number of children sampled for each survey year in Idaho

Vertical bars above and below each point estimate indicate the 95% confidence interval

2+ Hep A* Vaccination Coverage, 2008–2013^{†‡}



* Refers to 2 or more doses of hepatitis A vaccine

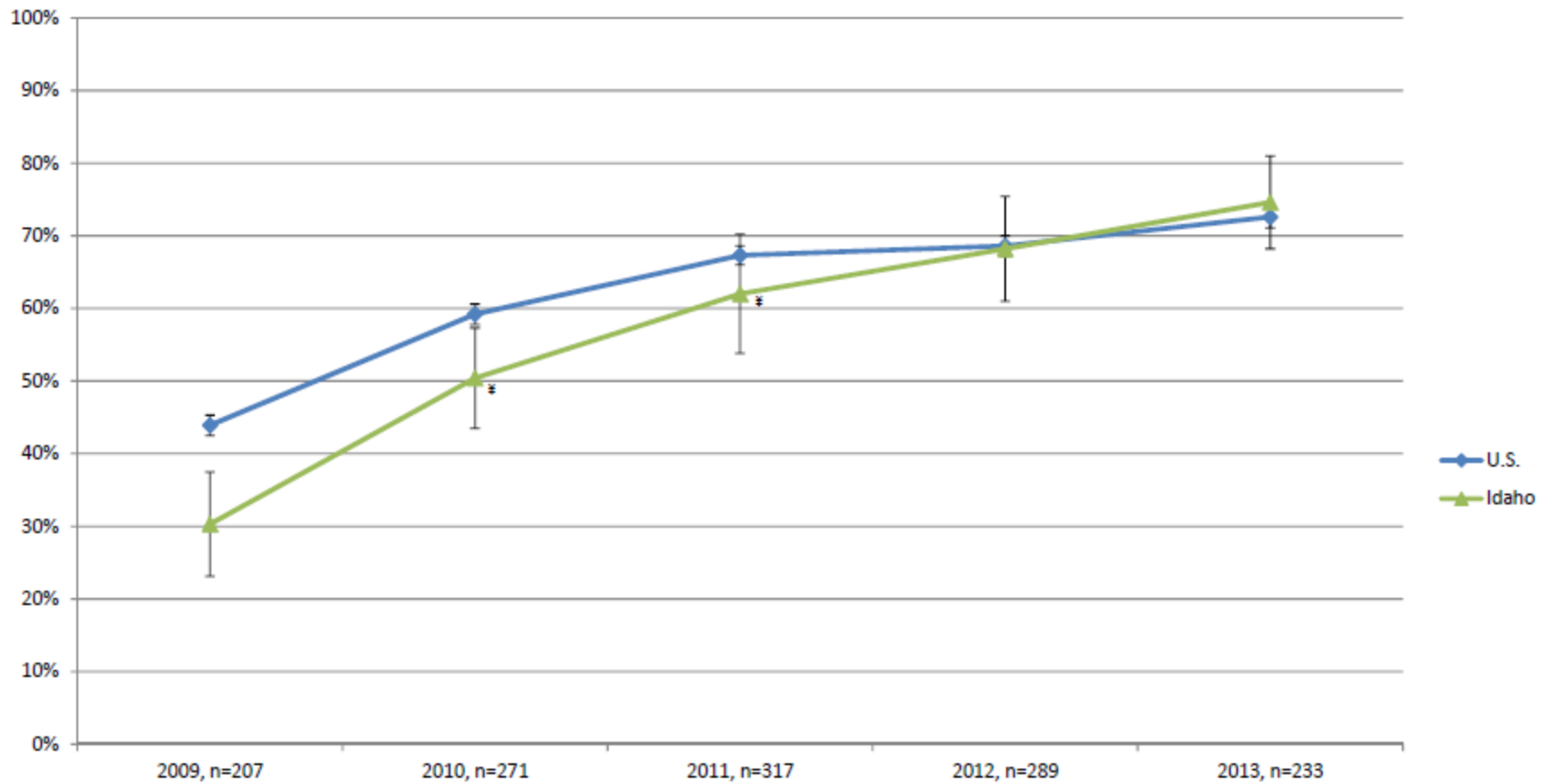
[†] From the National Immunization Survey (NIS), children aged 19 through 35 months

[‡] This series was sampled beginning in 2008

n = number of children sampled for each survey year in Idaho

Vertical bars above and below each point estimate indicate the 95% confidence interval

Rotavirus* Vaccination Coverage, 2009–2013^{†§}



* Refers to ≥ 2 or ≥ 3 doses of rotavirus vaccine depending on brand received

[†] From the National Immunization Survey (NIS), children aged 19 through 35 months

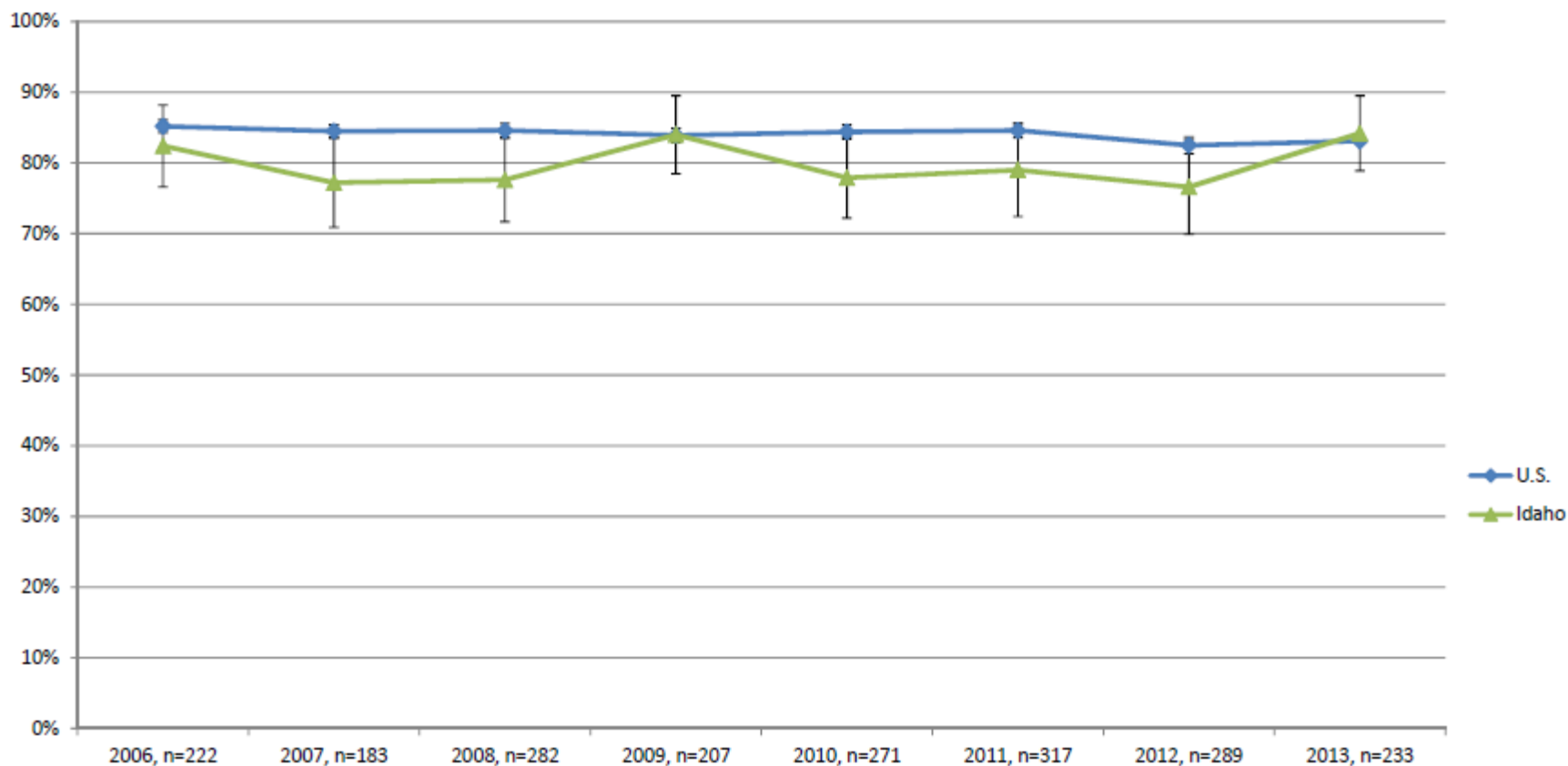
[§] This series was sampled beginning in 2009

* Refers to a statistically significant change compared to the previous year, $p=0.05$

n = number of children sampled for each survey year in Idaho

Vertical bars above and below each point estimate indicate the 95% confidence interval

4+ DTaP* Vaccination Coverage, 2006–2013†



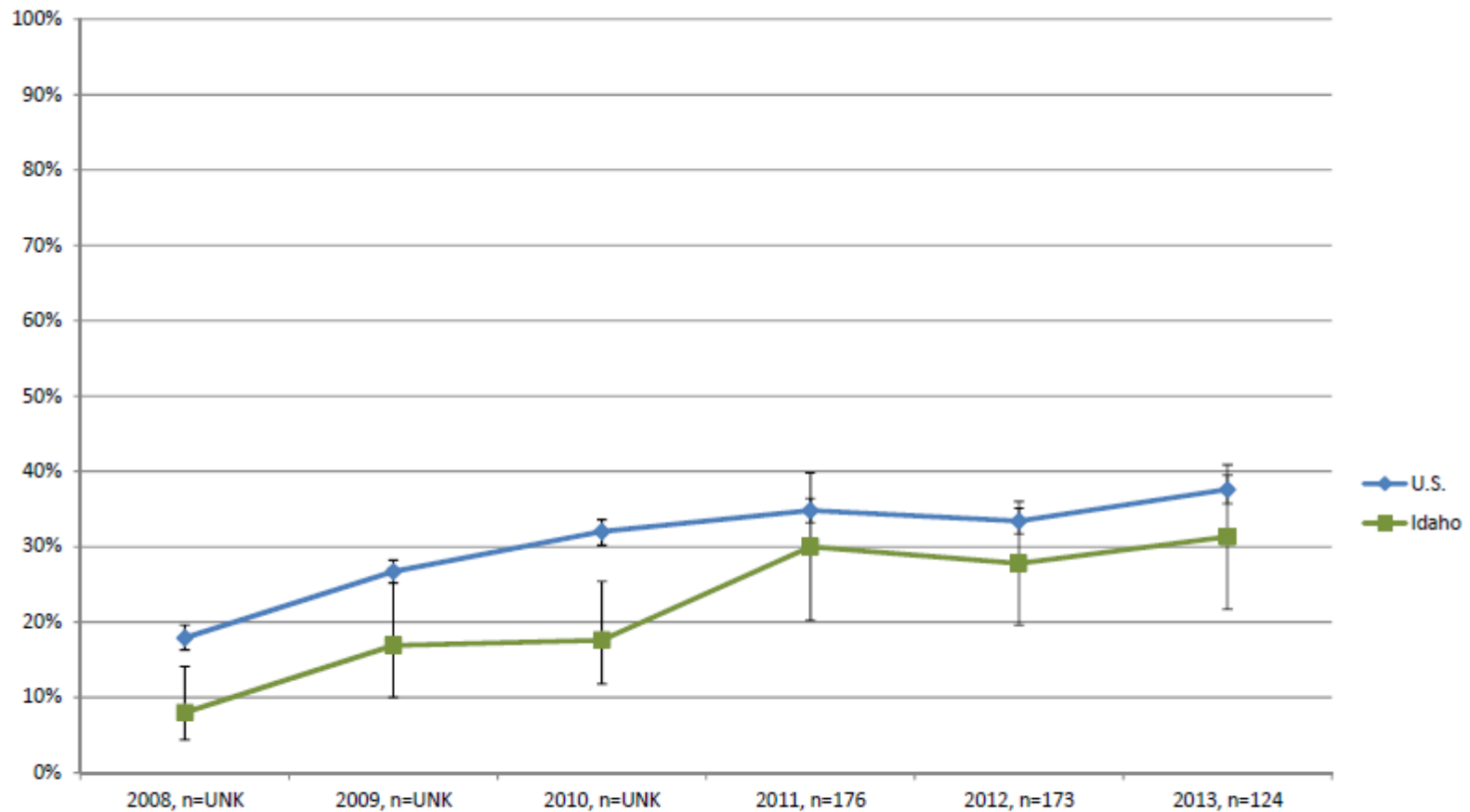
* Refers to 4 or more doses of diphtheria and tetanus toxoids and pertussis vaccine, or diphtheria and tetanus toxoids (DTP/DT/DTaP)

† From the National Immunization Survey (NIS), children aged 19 through 35 months

n = number of children sampled for each survey year in Idaho

Vertical bars above and below each point estimate indicate the 95% confidence interval

≥3 HPV* Female Vaccination Coverage 2008–2013†



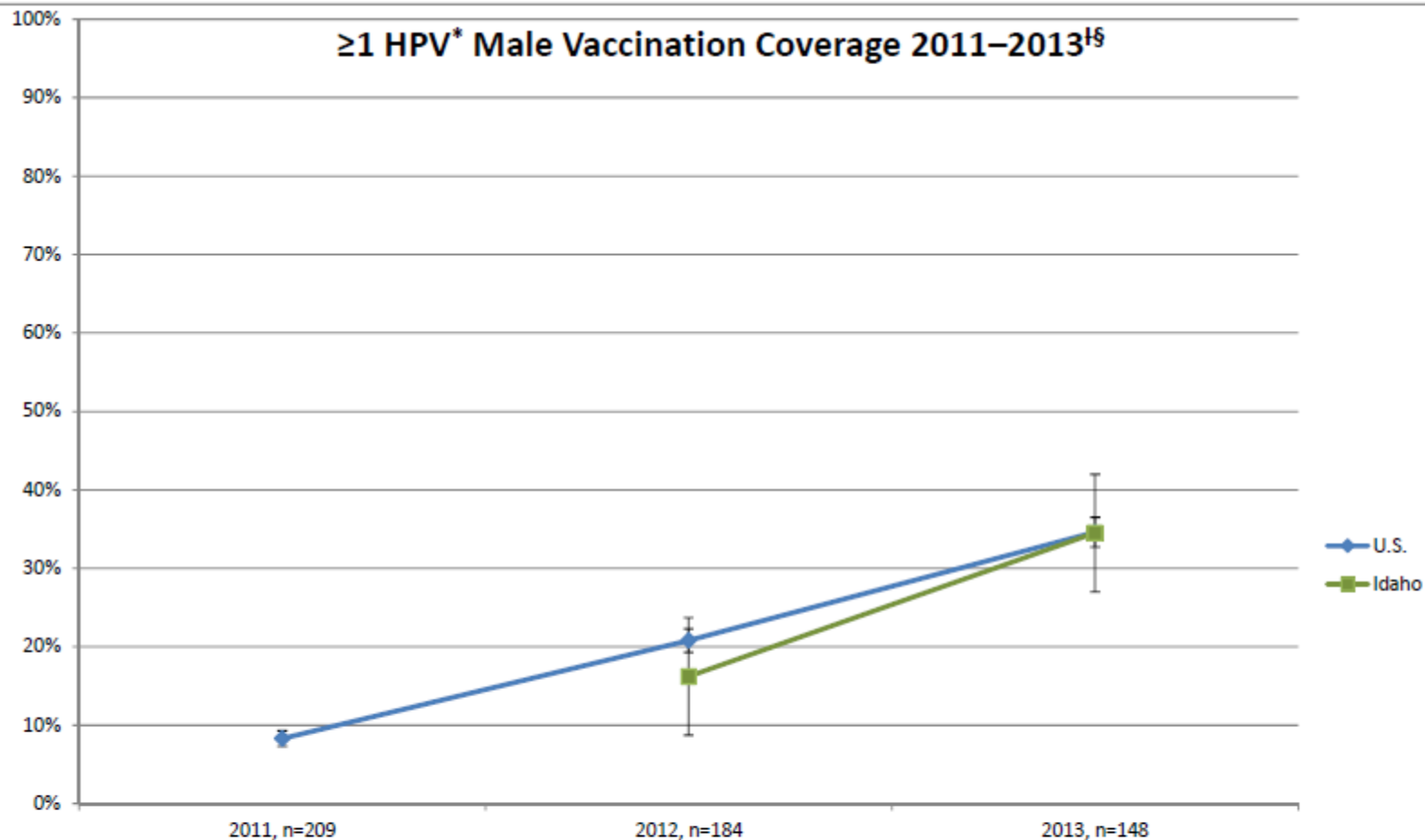
* Refers to 3 doses of human papillomavirus vaccine, either quadrivalent or bivalent, females only

† From the National Immunization Survey (NIS)-Teen, adolescents aged 13 through 17 years

n = number of adolescents sampled for each survey year in Idaho

UNK=Unknown

Vertical bars above and below each point estimate indicate the 95% confidence interval



* Refers to ≥1 dose of human papillomavirus vaccine, either quadrivalent or bivalent, males only

[†] From the National Immunization Survey (NIS)-Teen, adolescents aged 13 through 17 years

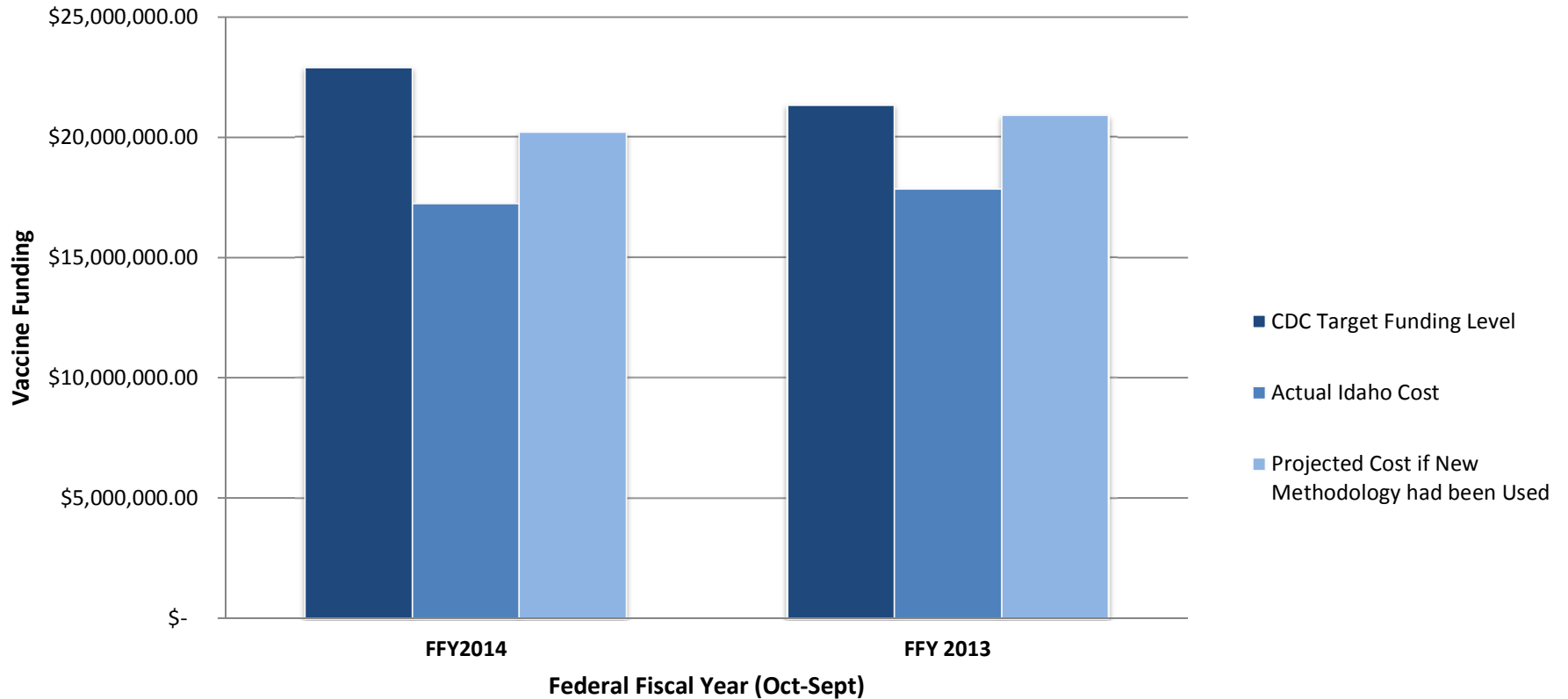
[§] This series began national sampling in 2011, data collected for Idaho was insufficient to determine point estimate prior to 2012

n = number of adolescents sampled for each survey year in Idaho

UNK=Unknown

Vertical bars above and below each point estimate indicate the 95% confidence interval

Vaccines for Children (VFC) Vaccine Funding



Note: VFC is a federal entitlement program which will be funded at the needed levels regardless of circumstances, so the CDC expresses projected budget as "targets" since additional funds can be drawn down if need is proven.

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. 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 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 be weighted by the age distribution differences between VFC and program-eligible children, using a methodology agreed upon by the Board and the IIP. The age distributions shall be evaluated 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 annual program cost 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.