

Idaho Immunization Assessment Board
Board Meeting Minutes
Monday, February 9, 2015
Department of Health & Welfare, Pete Cenarrusa Bldg, Conf Rm 7A, Boise, ID

Board Members Present:

- Jack Myers – Blue Cross of Idaho – Chair
- Tom Donovan, Acting 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)
- Jeff Thompson, Representative - Idaho of Representatives
- Tim Callender – AmeriBen/IEC House Group (via phone)

Board Members Absent:

- Ted Epperly, M.D. - Family Practice Residency – Vice Chair
- Christine Hahn , M.D. – Department of Health & Welfare
- Fred Martin, Senator - Idaho Senate

Others Present:

- Mitch Scoggins – Department of Health & Welfare (Proxy for Dr. Christine Hahn)
- Tamarie Olsen – Department of Health & Welfare
- Gina McBride – Department of Insurance

Call to Order: Chairman Myers called the meeting to order at 3:07 PM MST.

Approval of Minutes from December 18, 2014 meeting

Dr. Rainey: We should say “At the time of the vote, a quorum was present and each motion passed unanimously.”
Dr. Richard Rainey made the motion to accept the minutes from 12/18/14 board meeting; Representative Jeff Thompson seconded the motion. Motion passed.

Financial Report:

Elaine Diner gave the financial report overview (see financial report and adjustment report included in minutes). Since the last meeting we have had 2 refunds approved by the board and paid in December: Aetna Health Management for \$13,114 and WebTPA Employer Services for \$6,636. Both were due to adjustments to the surveys.

The 3 companies on quarterly payments all paid in December. The only outstanding payments are the remaining the quarterlies due in March totaling \$2,203,389.

Total of Assessments Collected YTD from Carriers is \$15,974,704 (line 28) and Vaccine Expenditures YTD total \$13,795,621 (line 39).

Jack Myers asked Mitch from DHW if this sums collected, including the quarterlies to be collected in March will be adequate to cover the remainder of the vaccine purchases?
Mitch replied, “Yes, this is adequate.”

Also note that the IIAB matching of collections and expenditures operates on an “assessment year” – which is not the same as the fiscal year. Most of the assessments are paid in May & June of one fiscal year and the remaining amounts due (e.g. for quarterly payments) are collected in the following fiscal year; July one being the start of the fiscal year.

Mitch Scoggins asked why line #29 – “Assessments Remaining to be Collected” does not match the remaining amounts of the 3 quarterly payments due. Elaine Diner responded that Line #29 includes “Assessments Collected YTD from Carriers” line #28 (which includes “Unanticipated Collections” – line #15). Line # 29 is the amount needed to get to the operating budget; not the amount actually remaining to be collected.

Dr. Rainey said that we should we rename line #29: “Amount to be collected to achieve operation budget” And keep the amount of actual collections due showing separately and in red, so we know what the future collections will be.

Status Report on Legislation:

Legislation to extend sunset clause from 2015 to 2017

Chairman Jack Myers asked Acting Director Tom Donovan to give an update on the legislation (Section 1, Chapter 283, Laws of 2013) The bill will be presented as extending the sunset to July 1, 2017. There will be no subsections to specifically address the cost of administrative services for the board. Those costs will continue to be paid by the Department of Insurance, as has been done in the past. The bill is scheduled to be presented tomorrow to the House Health & Welfare Committee Hearing by Representative Rusche.

Old Business:

1. Educational Materials to send with assessment

Jack Myers asked Mitch Scoggins to update the Educational information that was sent with last year’s assessment bill. The update should include a brief explanation of the change in assessment for this year. The board will review this information at the next meeting so it will be available to send with the assessment billing and post to the Department of Insurance website under the Immunization Program.

2. TRICARE payment options

Mitch Scoggins reported that the Governor put in a request for funding for TRICARE into the budget for the next fiscal year. That request is with JFAC now.

On the DHW side: we entered into a contract with an organization called “KidsVax.” They administer the immunization assessment programs in Washington, New Hampshire and Maine. They are the ones who advocated with The Department of Defense on behalf of the state of Washington, so that now Washington is billing, with some success, United Health Care for the vaccines given under TRICARE. Washington’s system bills after the fact and on a per-child basis.

Fred Potter, the executive director of KidsVax, is in contact with the Paul Hutter, General Counsel for the Defense Health Agency (DHA) which is the new name for TRICARE. Paul Hutter has said he is committed to looking at the Idaho situation also. He wants to get to one solution for all the assessment states – even though the various state programs are run differently (per-child vs. per-capita).

On April 22 there will be a meeting in New Orleans of the various assessment states. At that meeting the state immunization programs will strategize on how to work with TRICARE. KidsVax has said that they will bring us ideas on how to make it easier for TRICARE to work with us.

3. Checklist for Survey Data Received

Elaine Diner reviewed the questions to be used to check the survey data. Elaine will compare last year’s numbers with this year’s reported numbers as well as looking at the percentage of “B number” to “A number” – which is roughly 28%. Dr. Rainey pointed out that for small groups there can wide changes from year to year.

New Business:

1. Changes to Plan of Operation – Refer to “Exhibit A – Assessments” (see attached) Jack Myers said that the intent of this wording change is to incorporate the new methodology that was adopted by the board at

the last meeting. Jack suggested several changes to the 6th paragraph (starting “As noted above, entities are encouraged to further specify....”)

- (1) “The age distribution should be evaluated at least every three years”
- (2) “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 age distribution differences between VFC and program-eligible children, using methodology agreed upon by the Board and the IIP.
- (3) The last sentence of the paragraph: “The “Assessment per Child” shall be the total annual cost for program-eligible children estimate for the year divided by the estimated total statewide number of “Program-eligible Children.””

Mitch Scoggins, regarding the “at least every three years” language: The DHW takes the census from the CDC and subtracts out the federally-eligible populations (i.e. the uninsured, the Native Americans, the Alaskan natives, the Medicaid population, the under-insureds) to get the privately insured count in those age categories. That is something we CAN do every year to make sure we have the most current data, in the event we are questioned by the CDC. The DHW would support evaluating the ratio of federal to state every year.

The board voted unanimously for “evaluating at least every three years” (#1 above)

The board voted unanimously for “recognize the cost differences by age cohort” (#2 above)

The board voted unanimously for the last sentence of the paragraph (#3 above).

Noted that a quorum was present.

Gina McBride noted that the revised Plan of Operation needs Acting Director Tom Donovan’s sign-off, so the draft needs to be sent to him prior to the next board meeting..

2. **Election of new officers for IIAB:**

Jack said that we have a new board member who has been appointed: Senator Fred Martin.

Jack said that he is retiring from Blue Cross and therefore also the Chairmanship of the IIAB as of April 4th.

Both the Chairmanship and Vice-Chairmanship are up for election.

Dr. Ted Epperly was elected Chairman and Dr. Christine Pickford was elected Vice-Chair by unanimous vote; quorum was present. Since Dr. Epperly was not present, Jack Myers said he would discuss this with him before the next meeting. Tom Donovan asked that Jack continue as Chair until the next meeting.

Next meeting:

Friday, April 3, 2015 at 3rd Floor Conference Room A, Department of Insurance from 3:00 PM to 5:00 PM MDT.

Agenda Topics for next meeting:

- (1) Establish the assessment for this year
- (2) Approve Educational materials to be emailed with assessment

Adjournment:

Mitch Scoggins (proxy for Dr. Christine Hahn) made a motion to adjourn the meeting; Representative Jeff Thompson seconded the motion. Motion passed. Meeting was adjourned at 4:20 PM MST.

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

Attachments presented at meeting:

- (1) Financial Report/Adjustment Report and (2) Revised Plan of Operation – Exhibit A

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Idaho Immunization Dedicated Vaccine Fund
Funds Collected for SFY2015 (July 1, 2014 - June 30, 2015)
Financial Report as of 2/3/15

Carry Forward Balance	\$	1,645,546.61		
Assessment as Voted	\$	18,420,825.00	233,175 dependents X \$79.	
Adjustments Between Vote and Billing	\$	-		
Assessment as BILLED	\$	18,420,825.00		
Total Original Budget	\$	20,066,371.61	=C9 + C10	
Total Budget after Pre-billing Adjustments	\$	20,066,371.61	=C9 + C12	
Unanticipated Collections**	\$	327,885.00		
TOTAL ADJUSTED BUDGET	\$	20,394,256.61	=C14 + C15	

Notes

DOI Adjustments to Original Budget				
Refunds to Carriers*	\$	(19,750.00)	-0.10%	Percentage of original budget
Carrier Population Adjustments†	\$	(550,867.00)	-2.75%	Percentage of original budget
Total Adjustments	\$	(570,617.00)	= C19 + C20	Refunds + Adjustments
Actual DHW Carry Forward	\$	1,645,546.61		
Operating Budget	\$	19,495,754.61	=C12 + C22 + C24	97.16% Assessment billed + adjustments + Actual carry forward
Assessments Collected YTD from Carriers	\$	15,974,704.00		81.94% Percentage of operating budget after adjustments
Assessments Remaining to be Collected	\$	1,875,504.00	=C26 - C28 - C24	9.62% Operating budget - assessments collected - carry forward
Funds Transferred to IDHW	\$	15,974,704.00		100.00% Percentage of assessment collected
Funds Received by the IDHW	\$	15,974,703.00		
Vaccine Expenditures				
Quarter 1	\$	6,357,748.00		32.61% Percentage of budget after adjustments
Quarter 2	\$	7,388,620.00		37.90% Percentage of budget after adjustments
Quarter 3	\$	49,253.00		0.25% Percentage of budget after adjustments
Quarter 4	\$			0.00% Percentage of budget after adjustments
Total Vaccine Expenditures	\$	13,795,621.00	=SUM(C34:C37)	70.76% Percentage of budget after adjustments
Funds remaining in the Dedicated Vaccine Fund	\$	3,824,628.61	=C32 + C24 - C39	19.62% Percentage of budget after adjustments

** See "Unanticipated Collections Detail" report

*See "Carrier Refund Detail" report

†See "Carrier Adjustment Detail" report

Only assessments due are for quarterly payments= \$2,203,389

(Data as of 2/3/15)

2/3/2015

Adjustment Report: Adjustments to Survey, Refunds, Unanticipated Collections

		Company Name	# of Box B Dependents	Notes	Assessment \$	Assessment \$ Billed	# of Box B Dependents AFTER Revision	Assessment \$ After Revisions	Board Approval/Notified Date	Assessment \$ Rec'd	Notes
UNANTICIPATED COLLECTIONS											
added after vote	Carrier	BRIDGESPAN HEALTH CO - ID	0		\$ 79.00		27	\$ 2,133.00	notify 6/16/14	\$ 2,133.00	Added AFTER assessment vote
added after vote	Carrier	Pan-American Life Insurance	0		\$ 79.00		11	\$ 869.00	notify 6/30/14	\$ 869.00	Added AFTER assessment vote
added after vote	Carrier	Blue Cross Blue Shield of Tennessee	0		\$ 79.00		902	\$ 71,258.00	approve 7/14/14	\$ 71,258.00	Added AFTER assessment vote
added after vote	TPA	United HealthCare [2013]	0	Note: Assessment Amount was different in 2013	\$ 78.00		1,071	\$ 83,538.00	approved 9/3/14	\$ 85,456.00	Added AFTER assessment vote
added after vote	TPA	United HealthCare [2012]	0		\$ 79.00		2,153	\$ 170,087.00	approved 9/3/14	\$ 85,456.00	Added AFTER assessment vote
								4,164	\$ 327,885.00		
REFUNDS											
		Aetna Health Management LLC	12,872		\$ 79.00	\$ 1,016,888.00	12,706	\$ 1,003,774.00	approved 12/10/14	\$ (13,114.00)	
		WEBTPA EMPLOYER SERVICES, LLC	134	Refund made after 2 adjustments	\$ 79.00	\$ 10,586.00	50	\$ 3,950.00	approved 12/10/14	\$ (6,636.00)	
			13,006	Note: 250 fewer dependent lives			12,756			\$ (19,750.00)	
ADJUSTMENTS TO SURVEY/ASSESSMENT											
	TPA	WEBTPA EMPLOYER SERVICES, LLC	3784	2 revisions	\$ 79.00	\$ 298,936.00	134	\$ 10,586.00	Approve 6/27/14	\$ 10,586.00	New person doing survey; not understanding + making errors
	TPA	Association & Society Insurance Corporation	27	Sent zero survey in August: Monumental Life paid for these lives.	\$ 79.00	\$ 2,133.00	0	\$ -	Notified 8/16/14	\$ -	Paid by Monumental Life
	Carrier	BLUE SHIELD OF CALIFORNIA	854	from Anthem: On 4/8: CHANGE to 3265/751/0	\$ 79.00	\$ 67,466.00	751	\$ 59,329.00	Notify 4/15/14	\$ 59,329.00	They collected data from 2 separate systems, and it was not reconciled prior to initial submission.
	Reg Adm	Boulder Administrative Service, Inc	154	Pan American Life to pay for 11 Lives (stop loss); email of 6/12/14	\$ 79.00	\$ 12,166.00	143	\$ 11,297.00	notify 6/12/14	\$ 11,297.00	Pan-American Life said that they would report & pay for the 11 stop-loss lives.
	TPA	CATAMARAN PBM OF MARYLAND INC	332	per email 4-23-14 revise to zero; Rx only - is now on exempt list; keep here for accounting purposes	\$ 79.00	\$ 26,228.00	0	\$ -	Approve 5-5-14	\$ -	They should have indicated a "zero" response, but they mistakenly reported data based on pharmacy claims processed on behalf of our clients.
	TPA	CNIC HEALTH SOLUTIONS INC	130	per email on 5/6/14 to 382/126/0 from Vick	\$ 79.00	\$ 10,270.00	126	\$ 9,954.00	notified board 5/6/14	\$ 9,954.00	Original response was based on dependents residing in Idaho and their associated subscribers. Report should have been produced for subscribers residing in Idaho and their associated dependents.
	Reg Adm	EBSO, Inc.	76	changed to zero survey: was paid under Sheffield & Olson, now is EBSO	\$ 79.00	\$ 6,004.00	0	\$ -	Notified 8/12/14	\$ -	
	TPA	HEALTHCARE MANAGEMENT ADMINISTRATORS INC	988	revise to 987 & \$77,973.00 per email 5/5/14	\$ 79.00	\$ 78,052.00	987	\$ 77,973.00	notified 5/5/14	\$ 77,973.00	Total from employers was 987, but person filling out survey entered 988 as B-number on original survey.

	TPA	HEALTHSCOPE BENEFITS INC	702	On 4-23-14 email came with revised survey - revise B num to 372.	\$ 79.00	\$ 55,458.00	372	\$ 29,388.00	approved 5-5-14	\$ 29,388.00	Person doing survey picked up the wrong column of numbers from internal report when transposing the numbers onto the survey form.
	TPA	Meritain Health, Inc.	1771		\$ 79.00	\$ 139,909.00	1757	\$ 138,803.00	notified 6/12/2014	\$ 138,803.00	Calculation error date range on original survey; revised report uses correct date of January 31, 2014. This is why there is a slight difference in the lives that were reported in section A and section B.
	81264	NIPPON LIFE INSURANCE COMPANY OF AMERICA	37		\$ 79.00	\$ 2,923.00	29	\$ 2,291.00	notified 5/2/14	\$ 2,291.00	Original survey erroneously included 8 dep who were over 19 yr old
	Carrier	PREMERA BLUE CROSS	4651	Includes Lifewise Health Plan of Oregon	\$ 79.00	\$ 367,429.00	4646	\$ 367,034.00	notified 5/28/14	\$ 367,034.00	On the original survey, 5 dep WITHOUT immun cov were included in the B-number.
	Carrier	QBE INSURANCE CORPORATION	1276	5/7/14 email from John Svoboda to change to zero survey	\$ 79.00	\$ 100,804.00	0	\$ -	Approve 5-8-14	\$ -	Changed survey due to dep lives being reported by MS Admin, Employee Benefit Mgt, Boulder Admin & Meritain
	Carrier	REGENCE BLUESHIELD (WASHINGTON) (Cambia)	644	"A" number changed to 3507 per email 5/5/14; no change to "B" number	\$ 79.00	\$ 50,876.00	644	\$ 50,876.00	notify 5/9/14	\$ 50,876.00	"A" number changed to 3507 per email 5/5/14; no change to "B" number
Q	Carrier	REGENCE BLUESHIELD OF IDAHO, INC. (Cambia)	25980	changed to 112651/25953/33 per email 5/5/14	\$ 79.00	\$ 2,052,420.00	25953	\$ 2,050,287.00	notify 5/9/14	quarterly	They discovered that the BridgeSpan immunization data was reported, however it was mistakenly embedded within the Regence data. Data difference is rather small, and impacted only two of Regence plans; Regence BlueShield of Idaho (RBSI), and Regence BlueShield (RBS), the Washington affiliate.
	TPA	TALL TREE ADMINISTRATORS, LLC	627	Revised survey for 8 additional lives	\$ 79.00	\$ 49,533.00	635	\$ 50,165.00	notify 6/16/14	\$ 50,165.00	Found 8 additional lives after survey first submitted; changed number on bill; asked for new survey
	Reg Adm	Trusteed Plans	393	email was sent to verify the 1384 number; one dependent child was found to be covered by both parents who work for the same company.	\$ 79.00	\$ 31,047.00	392	\$ 30,968.00	notify 6/6/2014	\$ 30,968.00	They discovered a dependent child that was covered by two employees within the same company. The name and date of birth were a little bit different so it was not detected in the original pass of looking for duplicate dependents but in review it was discovered that this was indeed the same dependent child and they have since changed the information in their software system for future reference.
	TPA	UNITED HEALTHCARE	11684	change in assessment after payment made; other adjustments for UHC other years made at same time	\$ 79.00	\$ 923,036.00	10637	\$ 840,323.00	Approve 9/3/14	\$ 923,036.00	Total amount paid by UHC include this transaction and additional payment for years 2012 & 2013 (see add'l collections section)
	Reg Adm	US Dairy Systems DBA Automated Dairy Systems	69	Paid thru UMR	\$ 79.00	\$ 5,451.00	0	\$ -	Notify 6/17/14	\$ -	was reported & paid by UMR
			54,179				47,206				
					\$ 4,280,141.00			\$ 3,729,274.00			
					Number of Dependents - adjustments	(6,973)		Adjustments	\$ (550,867.00)		
					Number of Dependents - additional	4,164		Additional	\$ 327,885.00		
					Number of Dependents - refunds	-250		Refunds	-19,750		
					Total:	(3,059)		Total:	\$ (242,732.00)		

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 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 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.