

**Health Plans and Other Payors
Stakeholder Working Group
Teleconference Meeting MINUTES
December 16, 2004
2:00 – 4:00 p.m.
DSHS, Room M-653
Austin, TX
FINAL MEETING MINUTES**

Attendees:

Present in Austin

Lydia Lozano, Valence Health-Driscoll Children's Health Plan
Jerald Zarin, Superior Health Plan
Carol Huber, Community First Health Plans
Donna Akin, Principal Life Insurance
Suzanne Feay, Superior Health Plan
Angie Miller, Firstcare
Julie Munster, Cook Children's Health Care System

Teleconference Participants:

Ava Norris, Parkland Community Health Plan
Bobbi (Last name and organization not available)
Aron Head, Amerigroup
Donna Akin, Principal Life Insurance
Helen Redfield, (EDS) ImmTrac Application Development Team

DSHS staff:

Jack C. Sims, Manager, Immunization Branch
Claude Longoria, Manager, ImmTrac Group
John Gray, Customer Support Team
Adriana Rhames, Program Coordination Team
Lola Davis, (EDS) Application Development Team

Open Meeting

Brief Participant Introductions

Claude Longoria, ImmTrac Group Manager, convened the meeting and introduced himself and other ImmTrac staff to Austin and teleconference participants. Teleconference participants also introduced themselves.

Mr. Longoria stated the purpose of the workgroup meeting as being to inform health plans and payors about new legislation and requirements; to discuss reporting, access to registry data, and the immunization history request process; and to receive input from health plans to improve ImmTrac and encourage use of the registry.

Review of Initial Working Group Teleconference Minutes

Following Mr. Longoria's comments, Adriana Rhames, ImmTrac Program Specialist, informed participants that minutes from the November 22 meeting were posted on the ImmTrac website, then proceeded to briefly review the document. Ms. Rhames asked participants to submit any comments or changes by noon, December 27, 2004 via e-mail or phone call.

HB 1921 Implementation Update

Mr. Longoria pointed out that good progress had been made on the enhancements to the ImmTrac application required by implementation of HB 1921. Mr. Longoria added that such implementation had resulted in 35 changes in 8 functional areas (including the client matching system, consent verification, and import), most of which are now ready to be implemented or in final testing. Mr. Longoria assured that major functionality would be implemented by January 1, with some items being in place prior to the January deadline, and others continuing to be implemented throughout the month of January. He also assured that steps would be taken to ensure users would not be inconvenienced while such changes took place.

Mr. Longoria also mentioned that 13 health plans had registered for ImmTrac access and would be using the registry on a single client search basis. Payor reporting would not begin until required, after January 1, 2005, due to the parental consent requirement issues; however, payors have expressed enthusiasm about the ability to access registry data. Mr. Longoria proceeded to explain the immunization history electronic request process which at the time was in final testing and could possibly be amended based on feedback from health plans.

Several questions were asked and responded to by Mr. Longoria and other ImmTrac staff:

Question: Some health plans have registered and have not received a registration ID. What is the turnaround time for receiving such identification number?

Answer: ImmTrac Customer Support Team Leader, John Gray addressed the particular representative's question. (It was later learned that the contact e-mail provided in the ImmTrac registration materials was incorrect and the matter was resolved.)

Question: How do we find out if our providers are registered with ImmTrac?

Answer: (Mr. Longoria) ImmTrac typically will not release provider information unless the provider authorizes us to do so.

(Payor Representative) We want to look at who is not registered and target them to get them registered for ImmTrac access.

(Mr. Jack Sims): When ImmTrac returns information to you, the recipient will be able to identify where the blanks are and will be able to identify to which provider a child is associated.

Question: Do all sites need to be registered?

Answer: (Mr. Longoria) Yes, we need for each site that will be reporting to ImmTrac to be registered.

Question: Will there ever be a way a health plan can request the information from the registry to be forwarded to the provider? May a health plan query information and ask that the information be sent to a provider...is that an option?

Answer: (Mr. Longoria) This is not an option that has been envisioned, but one of the reasons we are here is to get feedback from you, so we can look into this and evaluate the legal issues. The option to allow one user to request information to be sent to another user is something we would need to investigate further

Question: Regarding data quality and reporting, are payors required to have all of these pieces of information? If we don't have everything to report, would we still be in compliance?

Answer: (Mr. Longoria) We want you to send the data that you have. The more information you send the more accurate information we can report back to you. You are only required to report the data elements that you have received from providers.

Question: What if the provider put information on the bill that we don't capture? A provider might have a different name on the bill for a child, but we don't capture the last name on patients.

Answer: (ImmTrac IT staff member, Helen Redfield) Certain data elements are required to enable ImmTrac to find a match to an existing client. The last name is required.

Question: Do we have a list of what is required?

Answer: (ImmTrac IT staff member, Helen Redfield) The ImmTrac file transfer standards contain a listing of what is required. We match incoming data to birth records and those birth records have a child's legal first and last names. The more information you provide in your reporting, the better for matching.

Question: Will ImmTrac be getting Medicaid data from what is already sent to ICHP?

Answer: (Mr. Longoria) Yes. ImmTrac is currently working on an HHSC interface to receive data from ICHP. HHSC/ICHP will be forwarding immunization data from Medicaid and CHIP client encounter reporting to ImmTrac. Plans that already report to ICHP would not have to report separately unless they have commercial business other than Medicaid and CHIP.

Question: Is there a date by when the data must be sent??

Answer: (Mr. Longoria) Our intent is to provide the functionality for you to report to us by the January 1 deadline. We hope every health plan is working diligently to report at the earliest opportunity. This is to your advantage.

Question: Once set up is there a date for each month by when data must be reported?

Answer: (Mr. Longoria) Texas law requires that you report the data elements that you receive from a provider within 30 days of receiving the data from the provider.

Question: Are health plans required to report only immunizations that we receive after Jan. 1, 2005? What about historical data?

Answer: (Mr. Longoria) The new consent requirements state that DSHS must verify parental consent, effective Jan. 1, 2005. Consent, once granted, is valid for all past and future immunizations. We hope we will be able to obtain a child's immunization history from health plans in addition to current immunizations.

Question: Will ICHP provide historical data to ImmTrac?

Answer: (Mr. Longoria) Yes, but only as far back as October 2003. ImmTrac cannot accept "local codes" that were in use prior to that date. ImmTrac can only accept CPT codes for vaccines.

Question: Can historical converted from local codes to CPT codes be reported?

Answer: (Ms. Redfield) The data can be reported if the payor can convert to CPT codes. The registry does not currently have the ability to convert local codes used by payors to CPT codes. ImmTrac will explore this issue.

Update on HHSC-ImmTrac Interface

Mr. Longoria stated that ImmTrac has been in contact with ICHP to receive immunization data for service dates after October 2003. Medicaid and CHIP immunization data will be received thru the HHSC-ImmTrac interface. Immunization data for commercial accounts will have to be reported separately. ImmTrac will assign each registered payor an import code so the data can be recognized upon import.

Question: If a payor is administering claims from another health plan, should the information be split into separate files?

Answer: We do not need for this information to be reported in separate data files. However, if the two payors assign different provider numbers to identify providers, the appropriate payor import code should be used to allow proper cross-referencing of provider numbers upon import into ImmTrac. You may contact the ImmTrac Technical Support Team for additional information.

Question: Is CHIP data included in the extract from ICHP (HHSC)?

Answer: Yes, CHIP immunization data reported to HHSC is included in the extract for import into ImmTrac.

Question: Field number 9 is the Medicaid number. Would it be valuable to capture the CHIP ID #?

Answer: No, it will not. ImmTrac is not configured to accept the CHIP number or use the CHIP number in client matching.

Mr. Longoria asked workgroup members if there were any other numbers that would be useful to them and perhaps should be considered for capture. One suggestion was "commercial identification numbers".

Health Plan Representative COMMENT: Kids move around within commercial plans and Medicaid numbers are not consistent either if the child gets in and out of Medicaid.

Immunization History Request Process

ImmTrac technical staff member Lola Davis discussed the immunization history request process. She addressed each individual segment outlined in the *Electronic Transfer Standards for Immunization History Request Process* document, which outlines the file standards to be used by payors when requesting and immunization history. (A draft copy of this document was provided to attendees and e-mailed to all workgroup members in the meeting notice.)

Ms. Davis addressed various questions throughout her discussion, including the following:

Question: What if the address we report to you differs from one you received from the Vital Statistics Unit (formerly Bureau of Vital Statistics)?

Answer: ImmTrac will not be updating addresses during queries or report requests. (ImmTrac technical team member added that addresses would be updated during import of the latest information reported for the child.)

Question: Is the 46 character limit applicable to the complete record or to each immunization?

Answer: Each immunization is allowed 46 characters.

Question: In what format should the data be requested and to whom should it be addressed? Will the request be provided by CD or some other process?

Answer: A sample file should be sent prior to submitting request. Information about the request transmission and to whom the request should be addressed will be provided at a later date as file transfer details are finalized.

Question: What happens to a child's information in the registry when the child reaches the age of 18 years?

Answer: As required by law, ImmTrac purges the information from the registry.

Question: What is the expected turn-around-time for an immunization history request to be processed?

Answer: All requests are expected to be processed within one week.

Provider/Client Promotion and Education

ImmTrac Program Specialist Adriana Rhames reviewed ImmTrac's upcoming promotional and educational plans and activities and opened up the discussion for possible collaboration with payors. Following are some of the ideas suggested by participants:

- Inclusion of ImmTrac information in provider newsletters
- ImmTrac literature for inclusion in new member enrollment packets
- Articles for inclusion in member newsletters
- Educational presentations to payors' "Provider Relations" staff who are required to visit providers one-on-one. (Mr. Longoria asked about the possibility of arranging for ImmTrac presentations during any "provider relations" staff training sessions that may be available, and offered possible coordination with DSHS Regional offices.)
- Educational presentations to "Obstetrics Case Managers" and "Pediatric Case Managers"
- Overall regional education for health plan "provider relations" staff

A participant asked if DSHS has any authority to enforce compliance with the new legislation. Mr. Longoria stated that DSHS does not; however, some health plans have communicated to ImmTrac they are exploring the possibilities of requiring ImmTrac participation as part of their contracts with providers.

Discussion of Issues/Concerns/Solutions

Mr. Longoria asked participants to voice any other type of information they would find helpful in dealing with their providers, or in terms of the immunization data to be reported. Some of the following items were suggested:

- It would be important for the provider to know how many of his/her child patients were vaccinated
- Tracking of whether or not the provider is accepting new enrollees and requesting data on new enrollees
- Find out if TXCASA is still being supported because this is a good way for providers to capture their own immunization data

Question: If a health plan sends in a request for immunization histories and the report indicates incomplete data on a child, can a health plan notify the child's parent and the child's doctor that the child's immunization history is incomplete?

Answer: The law provides for health plan access to registry data, but does not address how the health plan can utilize the data, other than certain restrictions relating to

inappropriate use of data to solicit clients. The health plan's legal counsel should review the statutes to determine if the expected use of registry data is appropriate.

Question: Can any doctor or health plan use the data to send reminders when clients are due for an immunization?

Answer: The law specifically provides for DSHS and providers to use registry data for reminders, but the law does not extend that authority to payors or health plans. Health plans will not have the security clearance to run reminder/recall reports from ImmTrac.

Question: Does ImmTrac get immunization data from the San Antonio registry? The Houston registry?

Answer: ImmTrac will be receiving immunization data from the San Antonio registry effective Jan. 1, 2005. ImmTrac is currently not able to receive or exchange data with the Houston registry, but we are working to resolve legal issues that prohibit data exchange. We hope to initiate a data exchange relationship with the Houston registry in 2005.

The following questions were asked by Ms. Lola Davis on behalf of the ImmTrac technical team:

- If you handle Medicaid claims, do health plans use the TPI number to identify the provider?
- Do health plans/payors typically handle various types of claims: MEDICAID, CHIP and commercial?
- Can you estimate the volume of client numbers for whom you will be requesting histories?

The following questions were asked by Mr. Longoria on behalf of the ImmTrac team:

- What information does a health plan/payor want or need to know about their Providers?
- What enhancements or modifications would be helpful or useful to consider for future improvement to the registry?

Review of the Meeting

(Mr. Longoria pointed out that the workgroup had not made any decisions but the meeting was simply an exchange of information, then proceeded to the next section on the agenda, *Next Meeting*.)

Next Meeting

Date and Format

Agenda Items

Mr. Longoria inquired about the date and format preferences for the next workgroup meeting, and possible agenda items. The following suggestion was made:

- Schedule the next workgroup meeting for mid to late January

Mr. Longoria invited all participants to contact him or Adriana Rhames to communicate any information they feel would be useful, or to discuss issues or concerns that need to be addressed.

Meeting Evaluation

- Impressed by the ability to keep to agenda
- Good discussion while sticking to agenda
- Liked the free flowing discussion format
- Two hours is appropriate duration for meeting
- It was very difficult to hear in that room (for teleconference participants)
- Prefer a morning meeting time instead of afternoon

Closing Comments & Adjourn

In his closing comments, Mr. Longoria expressed excitement to be working with payors, and stated that their interest in reporting to and working with ImmTrac was very appreciated. Mr. Longoria wished everyone happy holidays.

The meeting was adjourned.