![ImmTrac Texas Immunization Registry]

Health Plans and Payors
Stakeholder Working Group Teleconference
Tuesday, January 24, 2006
Texas Department of State Health Services (DSHS), Room T-407
FINAL MEETING MINUTES

_____

Attendees:
Teleconference Participants
Angie Miller – Firstcare
Ava Norris – Parkland Community Health Plan
Sharon Jacobson – Texas Children's Health Plan
Sandy Countryman – Superior Health Plan
Jose Gonzales – Community First Health Plan

Helen Redfield – (EDS) ImmTrac Application Development Team
Adriana Rhames – ImmTrac Program Coordination Team

Present in Austin (DSHS Staff)
Claude Longoria, Manager, ImmTrac Group
Cheryl Seeman, ImmTrac Program Coordination Team
Karen Gray, ImmTrac Program Coordination Team
Janie Delgado, ImmTrac Program Coordination Team
Cynthia Pryor, ImmTrac Records Management Team
John Gray, ImmTrac Customer Support Team
Arthur Lara, ImmTrac Records Management Team
Kevin Allen, ImmTrac Records Management Team

Welcome/Open Meeting:
Participant Introductions
Mr. Claude Longoria, ImmTrac Group Manager, convened the meeting and introduced himself and other ImmTrac staff in Austin. Mr. Longoria then asked the Working Group members to confirm their participation as he called out their names. Mr. Longoria apologized for not conduction the meeting sooner.

Review of Previous Meeting
Mr. Longoria stated that in the last meeting (April 18, 2005) he provided a Program update that included Payor reporting processes, Payors' access to registry data, and a discussion of several program initiatives. Mr. Arthur Lara and Ms. Cynthia Pryor discussed procedures and specifications for the FTP reporting process. Mr. Kevin Allen provided an update on the quality of imported data. Ms. Helen Redfield discussed ways to improve the "match rate" and gave statistics on Medicaid and Health and Human Service Commission (HHSC) imports. Ms. Adriana Rhames and Ms. Cheryl Seeman gave examples of current and future promotional and marketing activities. Mr. Longoria explained the next steps for ImmTrac included gaining experience with health payor data submittal and client immunization history requests. Mr. Longoria then added that the minutes from the April 18, 2005 Health Plan/Payor Working Group (HPPWG) meeting were available on the Department of State Health Services (DSHS) website, under the

"Payors" section of the, ImmTrac webpage (www.ImmTrac.com). Mr. Longoria asked if there were any questions regarding the review of the last meeting.

There were none.

ImmTrac Program Update:
Changes due to House Bill 1921
Mr. Longoria provided a Program update that covered ImmTrac activities during the past 6 to 8 months. Mr. Longoria discussed how implementation of House Bill (HB) 1921 has brought about new processes and enhancements to ImmTrac. This includes DSHS responsibility to verify that parental consent has been granted prior to including a child's record in ImmTrac and the Vital Statistics Units' (VSU) responsibility to offer the consent options to parents during the birth registration process via the Texas Electronic Registrar (TER)-system. Mr. Longoria explained that use of the TER system allows ImmTrac to receive data from VSU and create a newborn's record in 3 to 5 weeks, which is an improvement from the 4 months it had been taking.

Program Initiatives
Mr. Longoria reported that ImmTrac started receiving immunization data from both the health plans and through the interface with the Health and Human Services Commission (HHSC). Mr. Longoria explained the current initiative to inform, recruit, and educate providers about ImmTrac and as well as HB 1921. He stated ImmTrac is receiving assistance with this initiative through a partnership with the DSHS Health Service Regions (HSR). Mr. Longoria explained the partnership included a Promotional and Technical Workshop conducted last June in Austin for the HSR staff and that there are 2 more Workshops scheduled in April and September of 2006. He added that these efforts have made ImmTrac more visible, which has led to a large increase of online providers, schools, and a record number of immunization data in ImmTrac. Mr. Longoria reported that the increased flow of immunizations expected in 2006 would allow ImmTrac data to be used more effectively. He then gave an example of how the data will be used during National Infant Immunization Week (NIIW) to provide the regions information on which children may be missing their 4th dose of DTaP.

Question: Ms. Ava Norris asked if the initiative to provide the regions information on which children may be missing their 4th DTaP would be health plan specific or statewide.

Answer: Mr. Longoria replied that the outreach activities would be statewide.

Question: Ms. Ava Norris asked if the health plans would have to rely on local health departments and the regions to input the data.

Answer: Mr. Longoria replied yes. (Mr. Longoria's reply was in reference to the 4th dose of DTaP initiative to be conducted during NIIW. ImmTrac staff will use existing ImmTrac data to generate a list of children who may be missing their 4th dose of DTaP. The list will be provided to the local health departments and HSR staff, so that they can conduct outreach and reminder activities).

Program Challenges
Mr. Longoria then began to speak about some of the challenges ImmTrac faces as a result of HB 1921. One of those challenges involves looking at how ImmTrac could improve the consent verification process. The example Mr. Longoria gave was in regards to obtaining consent at the hospital during the birth certificate registration process. He mentioned that several hospitals have yet to implement the TER system for

obtaining newborn consent, and because of this the ImmTrac staff would be working with both the VSU and HSR staff to address this issue. Mr. Longoria reiterated the need to continue educating those who have a direct effect on ImmTrac as well as possible implementation of an incentives process.

Future Enhancements
The next topic Mr. Longoria spoke on related to future technical enhancements to the ImmTrac application. Mr. Longoria informed Working Group members that implementation of the HL7 protocol would take place within 6 months. Mr. Longoria stated that implementation of the HL7 protocol would provide ImmTrac the ability to exchange data with large numbers of entities including other registries, both in and out of the state. Mr. Longoria said ImmTrac would work with the Electronic Medical Records (EMR) software vendors to design, process, and facilitate data provided to ImmTrac.

Mr. Longoria stated this concluded his Program update.

Question: Mr. Longoria asked if there were any questions regarding his Program update.

There were none.

Program Progress
At that time Mr. Longoria began speaking to the group about the increase in performance measures and gave some examples. Mr. Longoria reported that there are now 50 million client records (immunizations) in ImmTrac. He pointed out that this is an increase of 26%, and that user sites have increased from 1300 in December 2004 to 2300 currently, a 75% increase. He stated that children under age 6 with 2 or more immunizations in ImmTrac, increased from 35% in December 2004 to 60% by December 2005. Mr. Longoria explained that these increases are largely a result of data being sent to ImmTrac from the health plans and from the providers who report their data online via the web application. He added that the data in ImmTrac becomes more valuable (for the users and the community) as it becomes a more populated and complete immunization registry.

Mr. Longoria turned the meeting over to Ms. Cynthia Pryor.

Technical/Operations Update:
Registration and Security
Ms. Pryor of the ImmTrac Records Management Team stated that all of the health plans represented on that day's conference call were registered ImmTrac users. She then explained the importance of notifying ImmTrac of staff changes at registered user sites. Ms. Pryor added that any health plans that did not initially have rights to import, could contact the ImmTrac Records Management Team and request to have their rights updated.

Ms. Pryor turned the meeting over to Mr. Arthur Lara.

Reporting using Secure (encrypted) FTP Process/Web Application Import
Mr. Arthur Lara of the ImmTrac Records Management Team stated that of the two data import reporting methods, the secure FTP server process is more technical than the ImmTrac web application process and he offered his assistance to help with either of these two methods. He then began explaining the technical aspects of reporting immunization data via import. Mr. Lara reminded the participants that access to the

ImmTrac web application requires that users/sites complete the ImmTrac registration form and submit it to the Customer Support Team. He then informed the participants that the import function of the ImmTrac web application limits the size of the files submitted through the web.

Regarding the secure FTP server, Mr. Lara stated it required AUTH/SSL with 128-bit encryption. He reported that most problems occur with FTP client settings and FTP client firewall(s) and that this information is included in the Electronic File Transfer Standards for Payors document. Mr. Lara added that the DSHS password guidelines and *FTP Electronic File Transfer Standards for Payors* document are distributed after verification of the user by Mr. Kevin Allen. He reminded the group the importance of reviewing the FTP settings and researching and configuring the settings prior to initial attempts to logon. Mr. Lara reported that firewall settings vary from LAN to LAN and some sites have used only part of the information without checking with the network staff to confirm their firewalls are properly configured.

Ms. Helen Redfield (EDS-ImmTrac Technical Team) suggested that payors uploading data through the web application should take a look at using the FTP protocol instead. Ms. Redfield explained that since FTP is scripted, data could be sent as often as needed as opposed to logging on to the web application.

Technical/Data Update:
Payor Data Submission
Mr. Kevin Allen of the ImmTrac Records Management Team opened up the Technical/Data Update. Mr. Allen reported that of the 35 health payors currently registered with ImmTrac, approximately 11 are actively submitting data and from them, ImmTrac has received 90,000 immunization records since January 2004 with a match rate of 66.0%. Mr. Allen added that a couple of other health payors are in the process of submitting test data. He reminded the group that data is received through the HHSC interface and it is possible several other health plans send data through such interfaces. From January 2005 through December 2005, ImmTrac received over 7 million records via HHSC import, with a 74% match rate. Mr. Allen said there are 25 health plans indirectly reporting their data to ImmTrac via the HHSC interface.

Test File Analysis
Mr. Allen explained the processes for correctly submitting a test file and importing data. Mr. Allen previously provided an overview of these processes during the last HPPWG meeting held on April 18, 2005. Please refer to the April 18th minutes posted on the web to for a detailed description on these processes. Mr. Allen did provide additional information in regards to submitting tests files by stating that if the test data passes the analysis, the payor will then need to indicate the frequency (weekly, bi-weekly, or monthly) in which they plan to submit their data.

Mr. Allen reminded the group of the common problems seen in the data files submitted to ImmTrac and he stressed the importance of submitting files containing accurate and complete data. Please see the April 18th HPWG minutes for a detailed description of these common problems. Mr. Allen added that leaving the address fields completely blank also creates a problem when processing imported data which causes that immunization information to be excluded from the registry. He stated that entire files are not processed due to the address field being left blank for every child listed in that file. Mr. Allen also reported that the submission of duplicate immunization data on the same child within the same imported file causes a problem when processing the data. He explained that a file containing data on an immunization that is listed more than

once within a 1 to 3 day service date will result in that entire file not being processed. Mr. Allen requested the health payors' assistance in trying to determine why their files include duplicate data and asked if they could try to eliminate this problem.

Mr. Allen concluded that these were some of the major issues currently affecting the quality of the data ImmTrac receives.

Question: Ms. Angie Miller with Firstcare asked Mr. Allen if the error report returned to the health payors identifies the lines in question.

Answer: Mr. Allen replied there is not an "error report" available. Mr. Allen explained when he detects an error with the data; he sends an e-mail to the payor identifying the line in question along with specific instructions.

Question: Ms. Angie Miller with Firstcare asked Mr. Allen how payors make adjustments to (their) immunization data that has already been imported in to ImmTrac.

Answer: Mr. Allen replied at this time there is not an automated system in place to adjust data already imported in to ImmTrac. Mr. Allen said the payor would have to make the adjustment directly in ImmTrac by going online.

Question: Ms. Angie Miller with Firstcare asked how they could make the adjustment if their rights are "read only".

Answer: Ms. Pryor stated the payors could contact her to request their "read only" rights be changed to "edit" capability.

Answer: Mr. Allen said they could contact him as well.

Immunization History Requests/HEDIS Reporting
Mr. Allen explained the process of how payors could submit an electronic query containing their clients' names and demographic information and receive immunization data for their HEDIS rates. He stated that ImmTrac processes the file and returns a file containing immunization histories of matching clients. Mr. Allen reported that ImmTrac has received and processed immunization history requests for 8 payors totaling 21 files. Mr. Allen provided additional statistics based on those information history requests:

- 683,000 records have been processed
- Match rate is 64%
- Totaling 5,470,474 immunizations added to ImmTrac

Mr. Allen stated that this is working out really well. He added that he could send out the file specifications up on request to any of the payors. He informed the payors that he would process their files within 1 to 3 days, and he requested that the data in the files be complete, accurate, and that they provide information for as many of the fields as possible.   Mr. Allen reported that the Status Notification Response File is available for downloading through the web application and on the FTP folder for those reporting via FTP. He explained the Status Notification Response File will inform the payor that file submitted was "good" by providing an ImmTrac ID# at the beginning of the file. However, that same field will be left blank as an indicator that there was not a match. Mr. Allen stated that the Immunization History Report (IHR) file is a quick way for payors to obtain an overview of the totals for the file they submitted and to contact him for this information.

Mr. Allen asked if there were any questions.

There were none.

Question: Mr. Longoria asked the Working Group members, who have submitted an immunization history query.

Answer: Mr. Jose Gonzales with Community First Health Plans stated his company submitted data through the web and that the results were available to them in 24 hours. He said everything worked out fine.

Question: Mr. Longoria asked Mr. Jose Gonzales if the data they received was useful for their HEDIS report.

Answer: Mr. Gonzales said he would need to get with their data manager to ask if the data was used.

Mr. Longoria stated he would like to know if the data the payors receive from ImmTrac is useful and if it could be adjusted to better serve the payors.

Response: Ms. Angie Miller with Firstcare stated that her group submitted data to ImmTrac that included fields missing the child's address. She stated that they only used the web last year and that for their HEIDIS report the rate increase was variable, showing a 2% rate increase on some and 35% rate increase on others. She added because HEDIS looks at 2 years of age, the data in ImmTrac will become more valuable in couple years since ImmTrac is new.

Response: Mr. Longoria agreed that the data in ImmTrac continues to grow as more providers use ImmTrac and more data is submitted to ImmTrac.

Mr. Longoria reported that ImmTrac receives data from the Texas-Wide Integrated Client Encounter System (TWICES) as well as all of Medicaid's immunization data, as a result of HB 1921. Mr. Longoria added ImmTrac has seen a 3 fold increase in the amount of data stored in the registry from the Medicaid interface.

Mr. Longoria requested feedback from the payors as they begin accessing immunization data from ImmTrac. He explained that the Health Plan/Payor Working Group had been created to ease the transition for reporting and to provide an avenue for ImmTrac to receive feedback on how to improve ImmTrac for health payors.

Request for Input:
Process Improvements and System Enhancements
Mr. Longoria opened the meeting up for feedback on ImmTrac process improvements, how ImmTrac could become more responsive; provide better support, and possible system enhancements. He then suggested a possible enhancement would be the ability to correct data through an automated system and added ImmTrac should try to address this issue. Mr. Longoria clarified that he did not know if this was feasible.

Response: Ms. Angie Miller of Firstcare agreed with Mr. Longoria, that they should have the ability to flag the data through an automated process. Ms. Miller explained that because the current process requires payors to correct the data manually, the payors put off making the adjustments. She also added this is the same situation when processing the error report.

Open Discussion of Issues/Concerns/Solutions:
Mr. Longoria asked the participants if there were any issues or concerns.

Question: Ms. Angie Miller of Firstcare asked Mr. Longoria if there is documentation available verifying how ImmTrac ensures data quality.

Answer: Mr. Longoria informed the conference participants of a document available on the web, explaining ImmTrac's quality procedures. He added this document had been reviewed by a couple of entities who found it to be satisfactory.

Mr. Arthur Lara stated that any health payors submitting data through the web application could switch to the FTP method, by contacting him.

Mr. Longoria shared future initiatives of ImmTrac with the Working Group participants. This included educating new mothers and expectant parents about the registry prior to the delivery of the child. Mr. Longoria stated ImmTrac would like to work with the payors to include registry literature in the packets they send to expectant mothers.

Question: Mr. Longoria asked if any of the payors currently have programs in place that send literature to expectant mothers.

Answer: Ms. Ava Norris with Parkland indicated they have a system in place to that sends packets to parents and information regarding immunizations is included.

Response: Mr. Longoria stated they may contact ImmTrac to request additional literature.

Question: Ms. Adriana Rhames asked Ms. Ava Norris with Parkland, if the information in their packets is about immunizations or specifically ImmTrac?

Answer: Ms. Ava Norris with Parkland stated they information it is about immunizations.

Response: Ms. Adriana Rhames reiterated how they could obtain materials on ImmTrac.

Response: Ms. Sandy Countryman with Superior Health Plan added they have programs for expectant mothers, so they will also contact ImmTrac to request registry literature for inclusion in their packets.

Question: Mr. Longoria asked if there were any other comments.

There were none.

Review of Meeting:
Future/Next Meeting Suggestions
Mr. Longoria requested input from the participants regarding the frequency of future Health Payor Working Group conference calls. He reminded the group that the last conference call took place on April 18, 2005.

Answer: Ms. Ava Norris with Parkland stated she would not be able to answer at this time. She explained that she would have to meet with her IT staff to ensure there is not an issue with test data they may be submitting.

Answer: Ms. Sandy Countryman with Superior Health Plan said keeping in mind the issue of staff turnover, she felt once or twice a year would be good.

Answer: Ms. Angie Miller with Firstcare stated that she agreed with Ms. Sandy Countryman.

Mr. Longoria suggested the next conference call should be planned for July 2006. He reiterated anyone could share their suggestions on process improvements by contacting ImmTrac.

Question: Mr. Longoria asked if there were any other comments.

There were none.

Closing Comments and Adjourn:
Mr. Longoria told the Working Group participants he appreciated their participation and adjourned the meeting.

You may contact ImmTrac staff by dialing (512) 458-7111 and the corresponding extension listed below:

Mr. Claude Longoria.... (x6454)
Ms. Adriana Rhames...(x2924)
Ms. Cynthia Pryor.......(x3011)
Mr. Arthur Lara...........(x3056)
Mr. Kevin Allen............(x6603)

ImmTrac CUSTOMER SUPPORT
Phone: (800) 348-9158
E-mail: ImmTrac@dshs.state.tx.us