



**Health Plans and Payors  
Stakeholder Working Group Teleconference  
February 15, 2005  
2:00 p.m. – 4:00 p.m.  
Texas Department of State Health Services (DSHS) Room T-407  
FINAL MEETING MINUTES**

**Attendees:**

**Teleconference Participants:**

Beverly Bratcher– Aetna  
Aron Head, **Nora?** Amerigroup  
Brian Cromwell & Rene Gonzalez, **Frank?** – Community First Health Plans  
Gary Young (was someone else from HHSC present?) - HHSC  
Nadine Hauf, Ava Norris, Chris? Brooke? – Parkland Community Health Plan  
Suzanne Feay – Superior Health Plan  
Sharon Jacobson – Texas Children’s Health Plan  
Shonnie Conley, Lydia Lozano – Driscoll Children’s Health Plan

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

**Present in Austin  
(DSHS Staff)**

Claude Longoria, Manager, ImmTrac Group  
Kevin Allen, ImmTrac Records Management Team  
Cheryl Seeman, ImmTrac Program Coordination Team  
Ryan Davis, ImmTrac Program Coordination Team  
John Gray, ImmTrac Customer Support Team  
Cynthia Pryor, ImmTrac Customer Support Team  
Lola Davis, (EDS) ImmTrac Application Development Team  
Laura Creagh, (EDS) ImmTrac Application Development Team

**Welcome**

**Staff & Facilitator Introductions:**

Claude Longoria, ImmTrac Group Manager, convened the meeting and welcomed participants. ImmTrac staff introduced themselves, then Mr. Longoria asked teleconference participants to announce their presence.

**Review of Previous Meeting**

Mr. Longoria announced that minutes from the last workgroup meeting held on December 16, 2004, were posted on the ImmTrac website, then briefly reviewed highlights from those minutes.

**HB 1921 Implementation Update**

Mr. Longoria provided an update on implementation of HB 1921 which went into effect January 1, 2005, and added that the ImmTrac Group has continued to refine its business and application processes to incorporate all changes presented by HB 1921.

Mr. Longoria briefly discussed some of the newly mandated requirements and processes including:

- The requirement to offer parents the opportunity to grant or deny consent for ImmTrac participation at the time of birth registration
- DSHS must now verify consent for registry participation. Providers can no longer directly add new clients. ImmTrac staff must create all new records in the registry.
- New Smart Search feature – expands record search capability to increase the likelihood that a user will find a client in the registry.
- Changes in the import functionality led to introduction of an enhanced interface with TWICES to allow providers to more efficiently report data to ImmTrac, and ImmTrac to communicate a child's registry ID number to TWICES.
- New HHSC interface facilitates payor reporting to ImmTrac, and ImmTrac can now receive both Medicaid and CHIP data.

Mr. Longoria concluded that the team has made good progress on all the technical enhancements and modifications, as well as on modifications to ImmTrac's business processes.

#### **Options for Payor Reporting / Access:**

- **Secure FTP**

Mr. Longoria reported that the FTP process is being developed; however, it has been more challenging than expected because DSHS recently implemented the requirement for data encryption on FTP processes. The required encryption software has been ordered and DSHS expects to fully implement the secure FTP solution by the end of March. Mr. Longoria asked if payors would be able to acquire client software that would allow them to send encrypted data via FTP. Several payor representatives indicated that they have the capability to send encrypted data, and that the requirements would not pose a problem.

Mr. Longoria also gave participants an opportunity to ask questions. There were none.

- **Web Application Import Process**

Mr. Longoria pointed out that the functionality to upload files through the web application for importing records into ImmTrac had been implemented and although the web import process was not as elegant as FTP, it is available for payors who are ready to report.

- **HHSC-ImmTrac Interface**

Mr. Longoria asked Ms. Helen Redfield, ImmTrac Application Development Team member, to provide and update on the HHSC-ImmTrac interface, following his brief discussion on the *Immunization History Request Process*.

- **Immunization History Request Process**

Mr. Longoria said that this process – which defines how Payors may submit a query file to ImmTrac for matching to registry data and respond to payor request - was discussed in detail during the December meeting, based on the draft (*ImmTrac Electronic File Standards for Immunization History Request Process*) document. He stated that the *Transfer Standards* document has been finalized with only changes to the narrative, for clarification purposes, but there were no changes made to the file structure. He added

that the document would be posted on the ImmTrac website on Thursday, February 17, 2005. (The document was added to the ImmTrac webpage on February 17, 2005.)

#### **HHSC-ImmTrac Interface Status:**

Ms. Helen Redfield stated she was pleased to report she had received data from ICHP (HHSC). She received 1.2 million immunization records. This represents approximately 40% or 506,000 individual children for whom ImmTrac will be importing immunizations. Ms. Redfield stated that – based on extrapolation from her first data import - she was expecting to be able to match 70% – 80% of this data to records for children already in ImmTrac, whose parents had consented for registry participation during the birth registration process. Ms. Redfield added she was hoping to import all the data by the end of the following week.

Question: Mr. Gary Young of HHSC asked Ms. Redfield if she had said she had about ½ a million children, and if those clients were unduplicated?

Answer: Ms. Redfield stated that the 1.2 million immunizations are associated with 506,000 individual children, but that she could not guarantee that the records were unduplicated because the child could have gone to multiple providers for various vaccines.

Question: Mr. Young asked Ms. Redfield what she was using to match records with current data?

Answer: Ms. Redfield pointed out that ImmTrac has a sophisticated matching algorithm that uses the child's name and date of birth, child's address, as well as child's Social Security and Medicaid numbers if available, in addition to the mother's first and maiden names.

Comments: Mr. Young commented that expectation of a 70% to 80% match was an astounding figure and that he was very impressed.

Ms. Redfield added that the figure was her estimate based on the subset of data she had analyzed in the previous night's import, which represented only a small part of the 1.2 million records to be imported; however, looking at child birth data, she expected that most would be in the registry.

Mr. Longoria added that even if the ½ million estimated number includes duplicate clients, the ImmTrac application should still be able to consolidate the incoming records into one immunization history, assuming the demographic information is the same.

Question: Mr. Longoria asked Ms. Redfield if she had encountered any file structure problems during the test runs?

Answer: Ms. Redfield said no.

Question: Mr. Young asked if the data was to be transferred on any particular day of the month?

Answer: Ms. Redfield stated that a decision had yet to be made because the FTP server was not yet set up.

Mr. Young commented that he wanted to get a sense for what additional dates to add to the calendar.

Question: Mr. Longoria asked Mr. Young if Payors reported to HHSC every 3 months or every 6 months?

Answer: Mr. Young stated that Medicaid reports are received monthly and CHIP data is received quarterly.

Mr. Longoria stated that the CHIP data, at the frequency received now, would most likely be 3 or 4 months old when imported into ImmTrac, and therefore may be of limited value to providers when evaluating infants' immunization histories. Mr. Longoria encouraged the reporting of CHIP data on a more frequent basis.

Mr. Young agreed and confirmed that HHSC is taking steps to modify agreements with CHIP plans to providers for monthly reporting.

Ms. Suzanne Feay of Superior Health Plan stated that Superior handles primarily Medicaid providers. CHIP membership for Superior is very low so perhaps it would not be much of an issue. Mr. Aron Head of Amerigroup agreed.

Mr. Young stated that he felt that experience was common and added that HHSC is moving the schedule up for the CHIP because of that problem. He also added that this change would take into consideration the time it takes providers to submit claims.

Question: Mr. Longoria inquired about the time frame within which providers must submit claims.

Answer: Mr. Young stated "45 days" but added that he was not sure. Another workgroup member said "90 days".

Mr. Longoria asked participants if there were any other questions relating to the HHSC-ImmTrac interface. There being none, Mr. Longoria proceeded to the next agenda item, *Data Import and Technical Issues*, and asked Mr. Kevin Allen of the ImmTrac Records Management Team to inform the workgroup about the import process for payors and some of the issues he had encountered.

## **Discussion**

### **Data Import/Technical Issues**

In his discussion Mr. Allen summarized the data import test process as follows: Upon receipt of the test file, Mr. Allen reviews the file format, ensures all required fields are included, there are no invalid characters, and verifies proper codes are in the corresponding required fields. In most cases he can complete this analysis and respond to the submitter (via e-mail) within 1 to 5 days of receipt of the test file. Communication with the submitting payor continues until all test file issues are resolved and a corrected test file is submitted to ImmTrac.

Mr. Allen also mentioned the most common test file problems he has encountered based on two payor test files: an Immunization History Request and a (vaccine) report file:

- Address information is not being provided accurately in the address fields. Apartment numbers are preceding the physical location, and extraneous information has been added in the second address line.
- Zip codes are being truncated due to preceding or trailing zeroes not being added.
- Some of the name fields have contained a first name along with a middle name, and some fields have contained a middle initial rather than a complete middle name.

Ms. Redfield commented that the more accurate and complete information provided, the easier it will be for ImmTrac's matching algorithm to match the incoming data to existing client records. She added that potential matches are found sometimes and in such cases, the ImmTrac team will notify the sender of the potential match.

Ms. Redfield encouraged payors to check the data available in their systems to see if there is a good way to identify their providers. The ImmTrac team is looking for common identifiers to identify individual providers. At this time, the ImmTrac team is struggling with problems in identifying a single provider given the varying identifiers used by different health plans.

Question: Mr. Longoria asked Mr. Allen about the variety of provider identifier codes he had seen so far.

Answer: Mr. Allen responded that the tax ID number appeared to be a common identifier.

Mr. Aron Head of Amerigroup added that Amerigroup uses three identifiers for providers: TPI number, Tax ID number, and an internal Amerigroup ID number.

Question: A workgroup member asked if CHIP providers are required to have a TPI number?

Answer: Mr. Head said he thought it is a required number.

Ms. Beverly Bratcher of Aetna added that her company uses tax ID numbers as well as an internal number.

Question: Mr. Longoria proposed sending out a questionnaire to each workgroup member for circulation within each payor team. The purpose of the questionnaire would be to find out more information on the use of provider identifiers within the various health plans.

Ms. Redfield added that because the ImmTrac team is looking for a common identifier for providers, when sending test files for approval, ImmTrac will be picky about the format, particularly the "P" Segment.

Mr. Allen stressed that the Social Security and Medicaid numbers must be validated, and the numbers submitted must be the child's rather than the parent's. Because these numbers are used for matching records, the fields should be left blank if the submitter is unsure of whether the number is that of the child's or the parent's.

Question: Ms. Redfield asked the workgroup if health plans collect parent's Social Security and Medicaid numbers? She also stated that HHSC data contains a high percentage of Social Security numbers, which simplifies special matches.

Question: Mr. Longoria asked Ms. Redfield if she was confident that the Social Security numbers received from ICHP are those of the children rather than the parent's.

Answer: Ms. Redfield stated that ICHP had confirmed that they are reporting only the child's number.

Question: Frank (last name?) of Community First Health Plans asked if any major changes had been made to the *ImmTrac Electronic Standards for Immunization History Request Process* document.

Answer: Mr. Longoria stated that the final document was to be posted on the website later that week and that no changes had been made to the file structure, only to the narrative and text for clarification purposes.

Mr. Longoria asked if there were any other questions relating to imports and there being none, asked Ms. Cynthia Pryor of the ImmTrac Customer Support Team to provide an update on the Customer Support aspect of ImmTrac's work with payors.

### **Customer Support Issues**

Ms. Pryor stated there are currently 24 health plans registered with ImmTrac and one has been given approval to import data. She added that she has been working with Mr. Allen and Ms. Redfield to get health plans set up with ImmTrac, and offered examples of the types of questions health plans could expect on the questionnaire Mr. Longoria mentioned earlier in the meeting:

- Can you handle a secure FTP to send encrypted files?
- What kind of data will you be sending; commercial, Medicaid, CHIP?
- How are providers identified?

Ms. Pryor also asked workgroup members who are part of large organizations to provide ImmTrac with a high level organizational chart for the purposes of visualizing the type of ImmTrac registration set up for that organization.

Ms. Redfield requested adding another question to the questionnaire to allow ImmTrac to capture information on which health plans are interested in reporting immunizations and which are more interested in retrieving registry data.

Mr. Allen asked workgroup members preparing to submit test files to first contact him or Ms. Pryor in order to request a payor import code. Mr. Allen stated Ms. Pryor would need to know the type of information they would be submitting.

Ms. Pryor pointed out that Medicaid claims are separated from other payor claims.

### **QA Processes and Documentation**

Mr. Longoria informed the workgroup that Ms. Ann Grizzard of the ImmTrac Records Management Team was out of the office so he would present the information she had been scheduled to present. Mr. Longoria stated that payors have inquired about a QA

or QR document to be used to satisfy the HEDIS report. He added that ImmTrac staff is preparing such a document and anticipates having a draft available by the end of February for their input. The draft will contain documentation of how ImmTrac manages incoming data, including electronic imports - from providers and payors, online data entry from providers, paper reporting by providers without Internet access. The document will address the ImmTrac system's security procedures as well as DSHS security guidelines and other test and data quality measures, the Matchware process for elimination of duplicate records, and backup processes.

Mr. Longoria invited workgroup members to send comments and suggestions for use in preparing this document, including examples of the type of documentation useful for the HEDIS report. He also asked the workgroup to let ImmTrac know when they would need information from ImmTrac to complete the HEDIS report.

Ms. Bratcher of Aetna responded that information needed for HEDIS is seasonal and explained the 2004 response process that began on February 8 and will end the second week of May, with the report being due on June 15, 2005. She added that an auditor will be on site in the next two months and they look for a process to be in place.

Question: Mr. Longoria inquired about the sample population needed for the HEDIS report due in June.

Answer: Ms. Bratcher stated that it was dependent on the number of records that would need to be pulled during the onsite visit and added that the sample size for adolescents was 411.

Question: Mr. Longoria asked Ms. Bratcher if she thought the 411 sample would be requested from the registry or if she anticipated a much larger file request?

Answer: Ms. Bratcher said her company would search for the children in ImmTrac first, checking for the quality of the data because the auditors look for quality data.

Question: Mr. Longoria asked if this was a typical procedure for other health plans.

Answer: A workgroup member noted that unlike for commercial plans, HEDIS reporting is not a requirement for Medicaid and CHIP plans because it is done via ICHP.

Question: Mr. Longoria asked if ImmTrac would be looking at previous year data?

Answer: Ms. Bratcher stated they do look at the previous year's data and confirmed that 2004 data would be used for the 2005 report.

Mr. Longoria asked the workgroup to let ImmTrac know what information will be helpful for the HEDIS report. He stated that the registry was not designed to deduplicate providers, and considering there is not yet an established best way to identify providers, asked if health plans would be more interested in simply receiving responses on the immunization histories requested, rather than tracking which providers administered the vaccines.

A comment was made regarding uncertainty of the value of tracking immunizations by providers. Mr. Longoria stated that there appeared to be more interest in looking at responses (from ImmTrac) for client history requests. After one other confirmation

response, Mr. Longoria proceeded to the next item on the agenda, introducing Ms. Cheryl Seeman of the ImmTrac Program Coordination Team.

**Provider Education and Promotion:**

- **Literature & Information Available**
- **Collaboration**

Ms. Seeman opened the discussion by stating that provider recruitment for registry participation is important because this would allow health plans to fully benefit from the registry system. As a way to increase promotion of the registry, Ms. Seeman proposed the possibility of including ImmTrac's literature materials in health plans' enrollment packets for new providers, or as a mailing to current member providers.

A workgroup member asked if there is any limit to the quantities that can be requested. Ms. Seeman informed the group that there is no limit on quantities and asked workgroup members to provide ImmTrac with the number needed as well as a due date.

Ms. Seeman also stated she had visited some of the health plans' websites and proposed the idea of ImmTrac providing text for inclusion in health plans' websites. Ms. Seeman inquired about key persons ImmTrac staff might contact to possibly initiate collaborative efforts for promotion of the registry. (Ms. Pryor suggested this request for contact persons be added to the technical questionnaire to be sent out to workgroup members.) Other collaboration possibilities raised by Ms. Seeman included:

- ImmTrac articles for inclusion in health plan newsletters or publications. Ms. Seeman encouraged the sharing of ImmTrac related provider success stories.
- ImmTrac's plan to implement some type of provider recognition program. Ms. Seeman asked the workgroup if they host any type of annual event where staff or providers are recognized for exceptional job performance.

Question: Ms. Suzanne Feay stated Superior Health Plan has a provider profiling process and asked if there was any possibility they might be able to obtain provider information from ImmTrac if some tracking element was added to the registry. This, she felt would motivate providers not currently complying with the reporting requirements.

Answer: Ms. Seeman stated there may be a way for ImmTrac to do that. Ms. Feay added that some provider recognition has been done based on member satisfaction and other quality criteria, in the form of a quality bonus.

Question: Ms. Seeman asked if Superior Health Plans currently held any type of recognition event.

Answer: Ms. Feay said it was in the form of a bonus.

Ms. Sharon Jacobson of Texas Children's Health Plans commented that her company has done some recognition in newsletters and it was well received, adding that doctors are interested in such recognition.

Ms. Seeman asked workgroup members to send the ImmTrac Program Coordination Team a sample of any materials sent out to newly enrolled providers in order to



determine if the current registry literature would suffice for inclusion in such packets or if new materials would need to be produced.

Question: Adriana Rhames of the ImmTrac Program Coordination Team asked if anyone knew of any recognition or award program conducted by the Texas Association of Health Plans.

Answer: Several workgroup members said no.

Mr. Longoria invited workgroup members to let ImmTrac know of any potential collaboration.

**Open Discussion of Issues/Concerns/Solutions:**

Mr. Longoria opened up the meeting for discussion of any other issues, concerns or suggested solutions.

Mr. Frank (last name?) of Community First inquired about an ImmTrac contact from whom to obtain an import code. Mr. Allen suggested he contact Ms. Pryor.

Mr. Longoria stated ImmTrac has not sent out information on some of the import issues because ImmTrac had not been ready with the secure FTP file transfer. He added that ImmTrac is currently able to receive import files through the web application but is hoping to have the FTP solution in place by late February. He recommended payors contact Ms. Pryor or ImmTrac Customer Support for an import code .

Question: Mr. \_\_\_\_\_(Frank of Community First?) asked Mr. Longoria if it was preferable that payors wait to send files for import until the FTP site is ready.

Answer: Mr. Longoria recommended Community First send the file now since a secure FTP was not required for a test file.

Question: Mr. Longoria asked workgroup participants if DSHS' encryption requirements would be causing problems for any health plans.

Answer: Several workgroup members said no and one said they would check with their IT department.

A representative from Amerigroup (Nora??) commented that their technical person (Sonia Wicks?) had indicated they were in waiting on one disk from ImmTrac.

Ms. Pryor was not sure what disk the technical person was waiting on but asked Ms. (Nora)? to have the technical person contact her on this matter. Mr. Allen said he had received an e-mail from Sonia Wicks of Amerigroup clarifying some of the test file issues.

Mr. Longoria suggested Ms. Wicks be asked to follow up with Ms. Pryor then added that one of the goals of ImmTrac was to improve the reporting processes, and again, encouraged payor input.

## **Review of Meeting**

### **Future/Next Meeting Suggestions**

Mr. Longoria asked participants for input on how to proceed on future meetings. He asked for input specifically on the frequency, format and whether or not the group found these meetings helpful. The following input was voiced:

- Three votes for teleconference format; it is easier
- Meeting every two months was suggested

### **Evaluation:**

Mr. Longoria asked participants to evaluate the day's meeting; likes, dislikes and/or recommend changes. The following comments were voiced:

- It was requested that Draft Minute Meetings be posted sooner. (Mr. Longoria apologized for the delay in posting the minutes and informed the workgroup that ImmTrac does not have administrative support within the Group. He stated he appreciated the suggestion and assured the next meeting minutes would be posted within two weeks.)
- Some participants pointed out they had had trouble printing out the agenda and minutes.
- One participant noted they had had no problems printing out the minutes. (Mr. Longoria stated that next time the agenda would be incorporated into the e-mail text in addition to including a separate attachment .
- Some participants said they felt progress was being made in the area of getting providers to participate in ImmTrac.
- Some participants said they felt ImmTrac staff was meeting everyone's needs by having these meetings.

### **Closing Comments & Adjourn:**

Mr. Longoria thanked all participants for joining in and summarized the results of this meeting:

- Assured the minutes would be out on the website within two weeks
- Encouraged everyone to review the minutes and provide input
- Encouraged all to contact Customer Support and ask for either Mr. Allen or Ms. Pryor for assistance
- Contact Ms. Seeman or Ms. Rhames to discuss provider recruitment

A next teleconference date in mid-April was agreed on and the meeting was adjourned.