Health Plans and Payors
Stakeholder Working Group Teleconference
April 18, 2005
Texas Department of State Health Services (DSHS) Room M-101
FINAL MEETING MINUTES

Attendees:

Teleconference Participants

Amy Hammer – United Healthcare
Beverly Bratcher, RN - Aetna-Southwest Region
Nora Heatherly - Amerigroup
Carol Huber - Community First Health Plans
John Trevino - Community First Health Plans
Julie Munster - Cook Children's Health Plan
Shonnie Conley - Driscoll Children's Health Plan
Judy Kraft - Driscoll Children's Health Plan
Lydia Lozano - Driscoll Children's Health Plan/Valence Health
Paige Alvarado - Firstcare
Brooke Burnside - Parkland Community Health Plan
Donna Akin - Principal Life Insurance
Suzanne Feay - Superior Health Plan
Sharon Jacobson - Texas Children's Health Plan

Helen Redfield - (EDS) ImmTrac Application Development Team

Present in Austin (DSHS Staff)

Claude Longoria, Manager, ImmTrac Group
Adriana Rhames, ImmTrac Program Coordination Team
Cheryl Seeman, ImmTrac Program Coordination Team
Ryan Davis, ImmTrac Program Coordination Team
Janie Delgado, ImmTrac Program Coordination Team
Cynthia Pryor, ImmTrac Customer Support Team
John Gray, ImmTrac Customer Support Team
Arthur Lara, ImmTrac Records Management Team
Kevin Allen, ImmTrac Records Management Team

Welcome:

Staff & Facilitator Introductions

Mr. Claude Longoria, ImmTrac Group Manager, convened the meeting and introduced himself and other ImmTrac staff in Austin. Mr. Longoria then asked Working Group members to confirm their participation as he called out their

names. After those announcements Mr. Longoria turned the meeting over to Ms. Adriana Rhames for a review of the previous meeting.

Review of Previous Meeting

Ms. Rhames stated that in the last meeting (February 15, 2005) Mr. Kevin Allen (ImmTrac staff) discussed the ImmTrac import process and Ms. Cynthia Pryor (ImmTrac staff) gave an update on the health plans. She further reported Mr. Longoria mentioned the QA document had been updated and Ms. Cheryl Seeman spoke on provider recruitment efforts and the questionnaire. Ms. Rhames added there was an open discussion and then adjournment of the meeting. She pointed out that one comment was received on the meeting minutes and the minutes had been updated to reflect that comment.

Mr. Longoria added that all past meeting minutes are located on the Department of State Health Services (DSHS) website, under the "Payors" section of the, ImmTrac webpage (www.ImmTrac.com).

Mr. Longoria asked if Ms. Helen Redfield (EDS-ImmTrac Technical Team) had joined in on the conference call. Ms. Redfield confirmed. Mr. Longoria explained that Ms. Redfield works as a contractor for DSHS and telecommutes from out of state.

Progress Update:

Payor Reporting

Mr. Longoria began his progress update by reporting that ImmTrac has set up a secure FTP process for encrypted file transfers, which Mr. Arthur Lara (ImmTrac staff) and Ms. Redfield would be discussing. He stated that files could also be uploaded to the web application, but use of the secure FTP process when possible was preferred. Mr. Longoria added that ImmTrac had to research and comply with DSHS encryption guidelines. He went on to say that the Health and Human Services Commission (HHSC) interface to transfer client data from HHSC directly to ImmTrac was in place and, in mid-February, ImmTrac received the first file transfer consisting of 2004 HHSC data. Mr. Longoria said Ms. Redfield would relay more information about that import later in the meeting.

Access to Registry Data

Mr. Longoria reported having the History Request Process for health plans in place. He stressed preference for a return response file via a secure FTP process. He added that two requests for client histories had been processed. The requests included over 300,000 clients and ImmTrac was able to match data on 63% of those clients. ImmTrac returned over 1.8 million immunizations to the requestor and has identified ways to improve the match rate. Mr. Longoria noted that Ms. Redfield would be discussing the client matching process.

QA Processes Documentation

Mr. Longoria stated there was a Quality Assurance (QA) document posted on the ImmTrac webpage. The document addresses quality improvements, DSHS agency rules, CDC standards and requirements, data management and security, data quality, and client matching. Mr. Longoria expressed hope that such document would be useful for HEDIS reports, and suggested that Working Group participants review the document and offer ImmTrac their feedback by May 1, 2005.

Program Initiatives

Mr. Longoria commented that ImmTrac had recently started a variety of initiatives to increase provider participation and improve data quality. Some initiatives mentioned included:

- Attendance at professional conferences (i.e. TX Association of OB/GYNs, Texas Medical Foundation, etc.).
- Presenting registry information to providers in conjunction with TVFC in-services in different regions.
- Provider Mailouts.
- Development of a workshop to train regional staff on how to educate and train providers on use of ImmTrac, and offer basic technical assistance.
- Surveying Stakeholders about provider education and collaborating with them to promote the registry,
- Educating birth registrars on the new process for obtaining parental consent for registry participation.
- Exhibiting at the OB/GYN conference in conjunction with a "call to action" mailout to encourage OB/GYNs to educate expectant parents about ImmTrac.
- Collaborating with the San Antonio registry to exchange data.
- Working with the Houston registry to receive data in the near future.
- Researching additional EMR systems that can export data into ImmTrac.

- Making it easier for TWICES users to determine if a TWICES patient is consented for ImmTrac.

Mr. Longoria also briefly discussed use of the ImmTrac "reminder" feature to send a general reminder to parents of 15 month-old ImmTrac clients that their child may need to visit their providers for immunizations. The goal of this mailing is to ensure the 4th DTaP dose is not missed.

Question: Ms. Suzanne Feay with Superior Health Plan asked if the reminder cards were a future or current process.

Answer: Mr. Longoria replied that it was a current process. He reported that the Immunization Branch sent cards in February 2005 only to ImmTrac clients. He added that the cards were being mailed to the address provided by the ImmTrac

registry, which is the same address provided at the hospital as part of the birth registration process. Mr. Longoria added that there had been a moderate return rate due to families that have moved.

Question: Ms. Sharon Jacobsen with Texas Children's Health Plan asked if they could see a picture of the postcard.

Answer: Mr. Longoria stated that ImmTrac staff would scan the postcard and post the file on the ImmTrac website. (This was done in April.)

Question: Ms. Amy Hammer with United Healthcare asked what would be considered a moderate return rate.

Answer: Mr. Longoria estimated an 18% - 20% return rate and referenced U.S. Post Office statistics indicating that 17% of families move every year. He stated it is possible some of those addresses in ImmTrac could be more current if providers were reporting immunizations and editing their patients' addresses.

Question: Mr. Longoria asked if there were any reminder programs the health plan or payor organizations have in place and if anyone is currently offering financial incentives to providers.

Answer: Ms. Jacobsen stated that Texas Children's Health Plan uses an auto dialer.

Answer: Ms. Feay of Superior Health Plan said they send a reminder to visit their PCP, but the reminder is not immunization specific.

Answer: Another participant said they incorporate reminders into birthday cards mailings.

Answer: Ms. Nora Heatherly with Amerigroup stated they plan initiatives for 0-21 month olds.

Answer: Ms. Hammar said they use reminder programs targeted at younger children through age 4.

Answer: Ms. Beverly Bratcher with Aetna stated they send reminder postcards at the age of 1 year.

Mr. Longoria inquired if there were any additional questions. There were none.

Electronic Reporting:

Mr. Arthur Lara of the ImmTrac Records Management Team informed participants that he would e-mail instructions and specifications for setup and

connection to the secure FTP server to entities using electronic reporting. The memo was to also include DSHS password guidelines. Mr. Lara also provided his contact information as follows:

- Phone:(512) 458-7111 x3056
- E-mail: Arthur.lara@dshs.state.tx.us.

Mr. Lara suggested that participants forward this information to their IT person and offered to help solve any problems as they arose.

Mr. Lara added that challenges could be expected because of different firewalls and varying networks, and offered his assistance in resolving these.

Secure (encrypted) FTP Process/Web Application Import

Ms. Cynthia Pryor of the ImmTrac Customer Support Team stated sites could also upload a file through the web application, and reiterated that the Immunization History Requests must be sent via FTP. She also mentioned that 29 health plans have registered for ImmTrac participation.

Mr. Longoria pointed out some other communication parameters by saying secure FTP is required to support 128-bit encryption and a public IP address to identify the sender of the file. He added that DSHS has guidelines in place for passwords and ImmTrac would soon distribute those.

Data Import/Data Quality:

Test File Analysis

Mr. Longoria introduced Mr. Kevin Allen of the ImmTrac Records Management Team as the team member working primarily on with health plans' process issues.

Mr. Allen provided the following update with regard to data imports:

- Only one of two data import files had been completely processed and it appeared that the match rate on both files was to be approximately the same – approximately 65%.
- Only one Immunization History Request had been processed.
- Five additional payors had sent data test files for Mr. Allen's review.

Payor Data Submission

Mr. Allen stated that the more accurate and the more complete the information, the better the match rate.

Mr. Allen proceeded to provide an overview of the common problems seen in the data test files submitted to ImmTrac, and emphasized the importance of complete and accurate data for increasing data match rates. Data problems mentioned included:

- No middle name or middle initial included.

- Submittal of placeholder names such as “boy”, “girl”, or “baby”.
- Social security numbers should only be submitted if they are verified to be the SS number for the child – not the parent.
- Some files include data for clients over 18 years of age. It is not necessary to report immunizations for clients over 18 years of age even if the vaccine was administered prior to the client’s 18th birthday.
- Some files contain non-standard address field information. Only the physical address or PO box number is needed. There is no need for an “in care of” name.
- The zip code field must contain 5 digits or 9 digits if providing the additional 4 digit zip extension.
- Many files have contained blanks or dashes in the *Dose Number* field. This is a numeric field and must contain a number between 0 and 9. If the dose is unknown, put a zero, “0” in the field.
- Some files have also contained invalid vaccine codes. Codes received appear to be some internal code. Refer to the field length listed on the ImmTrac files import specifications document.

Mr. Allen then summarized the data import and test file processes:
- Prior to submitting a test file, contact Mr. Allen.
- Mr. Allen reviews data received within 1-5 days of receipt.
- After careful analysis, Mr. Allen e-mails a response to your contact person, including a listing of anomalies found with that file.
- Mr. Allen awaits a response and works to resolve any other issues in subsequent test data files, prior to proceeding with an actual import.

Mr. Allen asked if participants had any comments or questions. There were none.

Mr. Longoria stressed the importance of data match rate for two reasons:
- As required by law, ImmTrac can only retain data for consented clients; therefore, data reported must match to an existing registry client.
- The more data matching against existing clients, the more information ImmTrac can provide on more of the payors’ clients.

Question: Mr. John Trevino with Community First Health Plans inquired about data elements used in matching.

Answer: Mr. Longoria stated that Ms. Redfield would give more information about that in a few minutes.

At that time, Mr. Longoria introduced Ms. Helen Redfield.

Ms. Redfield commented that the match rate on the 2 files received thus far from health plans was 65%, which was lower than the provider match rate of 70% or

higher. She stated that ImmTrac would like to see a 75% - 80% match rate and encouraged the submittal of as much demographic information as possible. Ms. Redfield pointed out the "required" fields:

- child's last name,
- child's first name,
- child's gender,
- child's date of birth, and
- child's address.

Ms. Redfield then noted the "optional" fields contributing to successful matching:

- child's Social Security number,
- child's Medicaid number,
- mother's first name, and
- mother's maiden name.

Data Import/Status & Statistics:
HHSC-ImmTrac Interface

Ms. Redfield reported that ImmTrac received Medicaid data (November 2003 through December 2004) in March 2005. There were 1.2 million records for 432,000 individual children; 332,000 of which had verified ImmTrac consent, resulting in a 79% match rate. There was a 5.7% questionable match (QM) rate so ImmTrac was unable to update those children's records. This import allowed for the addition of over 866,000 records that were not previously in ImmTrac.

Ms. Redfield stated that ImmTrac received January and February 2005 data from the Health and Human Services Commission (HHSC) the previous week and was expecting to receive March 2005 data the following week. Ms. Redfield also said that ImmTrac was receiving a lot of influenza immunizations with no code. Mr. Gary Young of HHSC commented that this might be a result of a provider office training issue.

Ms. Redfield inquired if there were any questions about the HHSC interface. There were none.

Immunization History Request Process

Ms. Redfield reiterated that the Immunization History Request process is in place and stated the following recommendations and tips for submitting Immunization History Requests:

- Provide as much information as possible.
- Provide address in standard format as if addressing an envelope.
- Do not include a parent's name in the "Second Address" field.
- Child's suffix may be included in the "Last Name" field; there must be a space between the name and the suffix.

Ms. Redfield also posed the following questions to participating payor representatives:

Question: Ms. Redfield asked if anyone was interested in knowing if a child has had Chickenpox (i.e. evidence of immunity).

Answer: Ms. Bratcher with Aetna said her company finds that information to be very helpful.

Answer: Ms. Headerly with Amerigroup stated they use that information too.

Answer: Ms. Feay with Superior said they are seeing a lot of requests from physicians for data because they are still trying to figure out the role of health plans.

Mr. Longoria stated that providers can access ImmTrac on-line and noted an increase in the number of ImmTrac searches being performed and immunization history reports printed, as well as in the number of providers registering for ImmTrac access. He added that ImmTrac has a high rate of compliance from public providers and is seeing a greater interest from providers in consulting ImmTrac not just the Texas-Wide Integrated Client Encounter System (TWICES).

Mr. Longoria asked if there were any more questions on Ms. Redfield's data import topic and there being none introduced Ms. Rhames and Ms. Seeman.

Provider Education and Promotion:
Provider Education and Promotion Questionnaire

Ms. Rhames briefly discussed the portion of the February 15, 2005 Stakeholders' meeting minutes specific to provider education and promotion. Ms. Rhames explained that ImmTrac was seeking ways to collaborate with health plans to increase provider participation in the registry. Ms. Rhames also offered information regarding a questionnaire developed for the purposes of collecting information about provider education and promotion opportunities on which ImmTrac may collaborate with health plans and other payors. Ms. Rhames asked Working Group members to complete or forward the questionnaire (available on the ImmTrac website) to the appropriate person within their entity, then return them to Ms. Seeman. Ms. Rhames also noted that Ms. Seeman had already received four questionnaires.

Ms. Seeman provided the following summary of the responses received from the four questionnaires returned to her:

- Some respondents had requested an in-depth ImmTrac presentation for their provider relations staff. Ms. Seeman was to contact the designated payor representatives to coordinate arrangements.

- Some respondents had requested a supply of ImmTrac literature materials. Those requests were to be fulfilled soon. Ms. Seeman noted that Ms. Munster with Cook Children's Health Plan had requested a large number of parent brochures, and explained that because the brochure was being re-printed and folded, there might be a slight delay in shipping those to her.
- Some respondents reported that they publish a quarterly newsletter for their provider network. Ms. Seeman indicated ImmTrac could prepare materials for publication in such newsletters fairly quickly.
- Some respondents had provided a sample of their "new provider" and "patient packets" packets sent out by the plan. She encouraged Working Group members to provide her with sample packets which would help ImmTrac know what information is passed along to providers and clients and what opportunities exist for inclusion of ImmTrac information.

Comment: Ms. Feay with Superior Health Plan stated she had sent their sample "member" packet to Ms. Seeman that week.

Comment: Ms. Seeman acknowledged receipt of Superior's packet.

Comment: Mr. Longoria reiterated that ImmTrac would like to explore the possibility of including registry information in those packets.

Ms. Seeman asked if there were any questions. There were none.

Provider Incentive Example

Ms. Rhames reported that she participated in the American Immunization Registry Association Immunization Registry Capacity Building Workgroup Meeting on March 14, (2005) where she learned that the State of Michigan had made health plans responsible for getting providers to actively report immunizations to the Michigan registry. Ms. Rhames described two bonus programs implemented by Physician's Health Plan of Southwest Michigan as an incentive for providers to report.

- PERFORMANCE BONUS PROGRAM:
    - Registry data is used by health plans to determine performance bonuses
    - Reports are sent to the providers informing them of:
        - Which children are up up-to-date
        - Which providers qualify for the bonus
- Which children need immunizations and which immunizations are due QUALITY BONUS:
    - Paying providers $30 per child who is up to date on immunizations required by age 6
    - Two other health plans also offering bonuses were named:

- Health Alliance Plan of Michigan
- Priority Health Plan

Ms. Seeman stated Michigan has been aggressively promoting these incentive programs for the past 4 to 5 yrs. She added that health plans are using monetary incentives for providers since grant funding is not available.

Mr. Longoria said ImmTrac would like to identify ways in which health plans can offer incentives to providers to encourage participation in ImmTrac, and use statistics and data from the registry to determine incentive bonus eligibility. Mr. Longoria also inquired if anyone did mailings to expectant parents. Participants from Superior, Aetna, Community First, Parkland and Cook acknowledged that they currently send mailings to expectant parents. Ms. Feay of Superior Health Plan said they had only done a promotional activity during well visits but nothing specific regarding immunizations.

There being no additional comments, Mr. Longoria proceeded to the next item on the agenda.

Open Discussion of Issues/Concerns/Solutions:
Mr. Longoria inquired if there were any problems or concerns.

Question: A participant asked if the survey and literature copies were available on the website?

Answer: Ms. Seeman affirmed that such documents were available on the website, and Mr. Longoria added that they were available free of charge.

Mr. Longoria stated that he had heard a troubling comment the previous week at the quarterly meeting of the Texas Immunization Stakeholders Working Group (TISWIG) meeting at which various coalitions and agencies were also represented. The comment pertained to the low reimbursement rate for vaccines and providers' responses.

Mr. Longoria proceeded to ask Working Group participants if there was a feeling amongst providers that reimbursement rates were so low (such as the $5 TVFC administrative fee) that providers were not claiming reimbursement? Mr. Longoria expressed concern that if providers are not submitting such immunization claims ImmTrac may never receive that information for inclusion in the registry.

Answer: Ms. Bratcher with Aetna confirmed that some providers administer immunizations but do not submit claims.

Answer: Ms. Feay with Superior Health Plan said their Medical Director had commented that providers are not performing wellness exams or administering vaccinations. Instead, they send the children to public clinics.

Answer: Ms. Huber with Community First Health Plans and Ms. Brooke Burnside with Parkland Community Health Plan said that was also the case with their providers.

Mr. Longoria asked if there were any other issues. There were none.
Mr. Longoria emphasized that ImmTrac has made a lot of progress and predicted the next steps to include waiting to see how data imports played out over the next months. He encouraged Working Group members to provide input on how to make ImmTrac better. He explained that it was one of his original goals to make ImmTrac better and more useful for health plans and to improve its functionality.

Mr. Longoria recommend closing out the meeting and asked Ms. Rhames to briefly review the meeting prior to adjourning.

Mr. Longoria pointed out that ImmTrac staff phone numbers were listed on the agenda, and encouraged participants to contact individual ImmTrac staff members directly or ImmTrac Customer Support for any assistance.

Review of Meeting:
In reviewing the meeting Ms. Rhames asked for suggestions for the next meeting agenda as well as for input on a next meeting date. She stated these meetings were usually held every 3 months, the last face-to-face meeting was 6 months ago, and asked if the participants would like to continue with this schedule and meet in June or July.

One participant stated she did not think there was much more to be discussed as a group because most items appeared to be related to individual health plans. Another participant stated a preference for teleconferences over face-to-face meetings.

Ms. Rhames requested comments about the meeting format. There were no comments.

Closing Comments & Adjourn:
In conclusion, Mr. Longoria reiterated that ImmTrac's reporting processes are in place, and suggested gaining experience with data submittal and requests for client histories as next steps. He also suggested meeting again in mid to late July.

Mr. Longoria thanked the participants and adjourned the meeting.