

Alaska Vaccine Assessment Program
February 14, 2017; 9:15-11:00 a.m. AKST
Location: BP Energy Center, Anchorage, Alaska

- I. Participating in all or part of the meeting in-person or by telephone (T) were the following individuals:

Council Members

Joe McLaughlin, MD, Chairman – Division of Epidemiology
Derek Blomquist (T)– Director of Underwriting, Premera Blue Cross
Sarah Bailey (T) – Alaska Division of Insurance
Fred Brown – Health Care Cost Management Corporation of Alaska
Lydia Bartholomew, MD – Senior Medical Director, Aetna
Jody Butto, MD – Anchorage Pediatric Group

Absent

Lily Lou, MD, FAAP – Executive Medical Director, The Children’s Hospital at Providence & Women’s Services

Department of Health and Social Services

Gerri Yett – Immunization Program Manager
Matthew Bobo – Deputy Immunization Program Manager

KidsVax®

Julia Walter, M.A., Esq. – Executive Director
Ashley Kittrell – Communications Coordinator
Emily McKenna (T) – Support staff

Others

Dan Nelson (T) – Director of Pharmacy, Tanana Chiefs
Stephen Boinski (T) – Fidelity Security Life Insurance Company

II. Summary of Actions Taken and/or Recommended

A. Actions Taken (votes adopted)

1. To approve the September 28, 2016 Council meeting minutes.

B. Follow-up Items

1. KidsVax® (KV) will create a spreadsheet of various staggered terms for the Council’s discussion at the September Council meeting.

III. Minutes

Welcome and Introductions

At approximately 9:20 a.m., a quorum having been established, Chairman Joe McLaughlin called the meeting to order. Ashley Kittrell announced that the meeting was being recorded for the benefit of the

1 minute taker and would be deleted following the final approval of the minutes. Following introductions,
2 Chairman McLaughlin informed participants of the layout of the meeting packet and proceeded to the next
3 agenda item.

4
5 Consent Calendar Items

6 Chairman McLaughlin asked for comments and edits to the September 28, 2016 meeting minutes. There
7 being none, it was put to a vote.

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9 Upon motion duly made by Fred Brown and seconded by Gary Givens, it was unanimously

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11 VOTED: To approve the September 28, 2016 Council meeting minutes.

12
13 DHSS Updates

14 Gerri Yett and Matt Bobo updated the Council on the status of the regulations, 2015/16 audit, and provider
15 opt in. The regulations have been submitted to the Department of Law for approval after several changes
16 that include defining terms such as “public health” to provide more clarity. Many provisions were simplified
17 and will be moved to the Council Charter and Plan of Operations to minimize the need for future changes.
18 After their approval, the regulations will be posted in an open notice and DHSS will continue to keep the
19 Council updated. Regarding the audit, Ms. Yett stated that the 2015/16 audit is progressing, but there have
20 been some delays in completion due to AVAP’s receipt of quarterly payments in 2016 from providers that
21 were billed in 2015. DHSS expects that the audit will be completed soon and the 2016/17 audit will
22 commence as soon as providers that opted in for uninsured adults are refunded due to a billing error made
23 in 2016. Ms. Yett continued with updates, noting that the provider opt in process for 2015 and 2016 had
24 been challenging for several reasons including confusion on the provider side of how to estimate the number
25 of uninsured adults and understanding the change from quarterly to annual payments. DHSS has taken steps
26 to resolve these issues for the 2017 provider opt in, which ended on January 31st. Annual invoices will be
27 sent mid-February and will contain information regarding the Payments and Interest Policy that the Council
28 passed will implement the same procedures used for payers. After entertaining questions, the meeting
29 proceeded.

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31 KidsVax Updates

32 Ms. Walter informed the Council that KV Controller, Claire Roberge, would give a financial update, and
33 she would then proceed with a summary of the ED Report, and give an update on TRICARE efforts as well
34 as recent ERISA cases that have implications for state vaccine programs. Ms. Roberge informed the Council
35 that payments for all previous reporting periods have been submitted and 122 payers have filed for the
36 quarter ending on February 15 (sixteen of those payers filed zero covered lives reports). The total
37 assessments collected thus far is \$2,487,817 of which \$1,450,980 is still due. Ms. Roberge noted that
38 tomorrow’s ACH transfers should reflect the remainder of the amount owed and that collections are going
39 well overall. Chairman McLaughlin asked Council members if it would be helpful to have the financial
40 information reported by Ms. Roberge distributed in the packet for future meetings. Mr. Brown responded
41 that it would be helpful if the information could be sent via email. Ms. Walter also commented that the
42 monthly child and adult covered lives can be found on page seven of the meeting packet. Ms. Walter
43 provided a summary of the ED report, noting that there were no major opt outs. The collections report
44 reflects a stable, maturing program, and there has been positive feedback regarding AVAP’s effectiveness.

45
46 Regarding TRICARE, Ms. Walter reported that Crowell & Moring (C&M), the government affairs firm
47 engaged by the Washington Vaccine Association, helped secure language in the 2017 National Defense

1 Authorization Act (NDAA), which gives TRICARE the authorization to participate in universal vaccine
2 purchase (UVP) programs. C&M and KV have met several times with TRICARE General Counsel (GC)
3 to discuss the Council's decision not to allow non-participating payers' beneficiaries to receive state supply
4 vaccine, the operationalization of the legislation, and the recovery of the arrears for all UVP programs. A
5 letter from the Director of TRICARE Health Plan to the Alaska Health Commissioner was sent on February
6 13th addressing the policy and informing the Commissioner that TRICARE is currently developing plans to
7 begin participating and submitting payments for its Alaska beneficiaries. Based on TRICARE's response,
8 Ms. Walter asked the Council for their guidance on whether or not to allow TRICARE's adult beneficiaries
9 to receive state supply. A robust discussion ensued. Jody Butto asked how many adult TRICARE
10 beneficiaries are in the state of Alaska. Ms. Walter replied that that number is not yet known; however, KV
11 estimates a \$2.1 million burn rate per year. Lydia Bartholomew stated that it would be helpful if a timeline
12 for TRICARE's participation was in place to assure the Council that it would not be an indefinite period.
13 Further discussion ensued, and the Council agreed that the current policy would continue and adult
14 beneficiaries could utilize state supplied vaccine when TRICARE begins submitting ongoing payments.
15 Ms. Walter noted that Section 719 may need to go through rulemaking in order to be fully operationalized.
16 KV and C&M are meeting with TRICARE GC and the legislative affairs team within the next few weeks
17 to discuss this matter further and the arrears legislative effort. The new TRICARE GC has stated a
18 preference for both authorization and appropriations legislation; however, several congressional
19 representatives argue that Section 719 is sufficient authorization for the arrears. The general tone within
20 TRICARE's GC has changed, and they have admitted liability and the necessity of participating in UVP
21 programs.

22
23 Finally, Ms. Walter reminded the Council of the recent ERISA preemption issues that could potentially
24 affect UVP states. KV has monitored the issue and provided updates to its clients as necessary. Recent
25 concerns of potential implications for UVP programs surfaced when a Michigan law was passed, which
26 imposed a 1% tax on the state health plans to pay for Medicaid expansion. This was challenged by ERISA
27 plans that argued that the law violated federal preemption principles. However, the Circuit Court upheld the
28 state law and most recently the Supreme Court denied the appeal granting certiorari. After asking if there
29 were any questions, Ms. Walter proceeded to provider collection efforts.

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31 Provider Collections Efforts

32 Echoing Ms. Yett's earlier comments regarding provider opt in, Ms. Walter informed the Council that there
33 has been discussion throughout the year regarding how to follow up with noncompliant providers. Forty-
34 three providers opted in for 2017. Ms. Walter noted the Council's adoption of the Payment and Interest
35 Policy, which allows a forty-five-day grace period, after which interest and penalties will apply, has fixed
36 the issue of compliance. While the majority of payments for 2016 have been collected, Ms. Roberge stated
37 that there are six providers who have not yet paid for 2016 assessments, totaling \$39,133. Thus far, four of
38 the six with outstanding invoices have notified KV that the payment has been processed and sent in the
39 mail. Chairman McLaughlin asked how much is collectively owed by the two providers that have not yet
40 submitted payment. Ms. Roberge responded, stating approximately \$28,000 is owed. Ms. Yett explained
41 that providers estimate the number of uninsured adults using different data sources like electronic health
42 records, and the provider that requested to pay what is actually owed overestimated the number of uninsured
43 adults by almost two thirds. Data shows that the provider reported 2,900 uninsured lives but only 1,000
44 uninsured adults were reported in 2016. The other provider had not connected with VacTrAK for 2016
45 supply and asked that the invoice be voided. Based on these circumstances, KV recommended that the
46 Council provide DHSS with the discretionary authority to make reductions or void monies owed by opt in
47 providers in 2016.

1 Upon motion duly made by Mr. Brown and seconded by Captain Givens, it was unanimously

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3 VOTED: To provide DHSS with the discretionary authority to make reductions or
4 void monies owed by 2016 opt in providers.
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6 Payer Refund Request

7 Ms. Walter reviewed Fidelity Security Life Insurance's (FSL) request for a refund of \$147,853.51 due to
8 their reporting error created by their estimation of the amount of covered lives. In September 2016, the
9 Council had granted a refund of \$188,730.83 because FSL had paid for several types of coverage such as
10 dental, vision, and stop loss, all of which are covered by other entities. FSL submitted additional
11 information showing that the original estimate used a composite profile to determine the number of lives
12 and when the actual numbers were reviewed, it was determined that they overestimated by \$147,853.51. It
13 is KV's recommendation that the Council grant the refund based on the data submitted by FSL showing
14 how the overestimate occurred.
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16 Upon motion duly made by Captain Givens and seconded by Mr. Givens, it was unanimously

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18 VOTED: To grant Fidelity Security Life Insurance Company's refund request for
19 overpayments for past assessments paid for Quarter 4 of 2014, Quarters 1,
20 2, 3, and 4 of 2015, and Quarter 1 of 2016 in the amount of \$147,853.51.
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22 Council Development

23 Referring to the Council Charter in the meeting packet, Ms. Walter informed the Council that each
24 member's three-year term ends in December 2017, with the exception of the DHSS Chief Medical Officer
25 and the Director of Division of Insurance and their designees. Ms. Walter noted the importance of
26 implementing some type of staggered term limits to ensure that there is sufficient institutional knowledge
27 when new members join. The Council discussed potential methods to stagger terms. Ms. Yett suggested
28 that a spreadsheet be created to demonstrate several options of staggered terms for the Council's discussion
29 at the September Council meeting. Chairman McLaughlin suggested that Council members consider
30 whether they want to serve another term and to notify KV.
31

32 Ms. Walter then asked for the Council's input on changing the number of required meetings in the Plan of
33 Operation (PO) to two in-person meetings and one telephonic meeting. The current PO requires two in-
34 person meetings and two telephonic meetings. There being no opposition, the revised PO will be voted on
35 at the next Council meeting.
36

37 Chairman McLaughlin then asked if there were any other topics of discussion from Council members. Mr.
38 Brown stated that the Health Care Cost Management Corporation of Alaska offers free vaccinations to
39 approximately 10% of the Alaskan population each year and must work closely with the Alaska
40 Immunization Program staff to ensure that the guidelines and procedures are adequately followed. He asked
41 that any changes in such requirements be communicated in a timely manner.
42

43 Derek Blomquist notified the Council that a payer has received claims for a flu vaccine that is not on the
44 approved state supply vaccine list and if there is any way that this error could be resolved. Ms. Yett
45 responded that there are providers that still privately procure influenza vaccines, and DHSS can neither
46 determine which providers are procuring private supply nor deter them from doing so. Dr. Bartholomew
47 asked if DHSS could find this number, and Ms. Yett replied that it might be able to after a provider enters

1 data. Regarding the refund request for FSL, Mr. Brown asked if individual plans would be reimbursed by
2 FSL. Ms. Walter answered that that was internal to FSL. Further discussion ensued.

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4 Chairman McLaughlin asked if there was any public comment.

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6 Public Comment

7 Dan Nelson, the director of pharmacy for Tanana Chiefs asked if there was any way to provide state supply
8 vaccine to Medicaid, Medicare, and TRICARE beneficiaries. He described the difficulty of procuring
9 private supply in rural areas as well as training health aids to correctly enter the necessary information for
10 private supply. Ms. Yett responded that this was a state-wide issue due to the lack of funding sources and
11 there are no state funds to cover these additional groups. She advised that the State purchases supply from
12 the CDC contract and cannot reimburse these costs; DHSS is willing to explore alternative methods of
13 procuring vaccine for these groups. Ms. Yett also noted that DHSS is trying to determine what adult
14 vaccines Medicaid covers for adults over 21 years old. Based on this, these could be defined as uninsured
15 and can participate in the provider opt in. Chairman McLaughlin advised that Mr. Nelson contact Mr. Bobo
16 and Ms. Yett to further discuss this issue and will keep the Council apprised.

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18 There being no further comment, Chairman McLaughlin announced that the next Council meeting is May
19 18th.

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21 Closing

22 At 10:55 a.m., there being no further business, the meeting adjourned.