

Partnering with Health Plans: A Practical Guide



A Resource for Immunization Registry Staff



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Partnering with Health Plans: A Practical Guide

The goal of *Partnering with Health Plans: A Practical Guide* is to provide immunization registry and program staff with a better understanding of health plans and instructions on how to market registries to them.

This *Guide* will describe:

- How health plans measure quality of care
- The benefits of partnership for the health plan, providers, immunization programs and registries
- Questions you should ask to assess your immunization registry's needs and evaluate your resources and assets
- Why you should include other immunization partners in efforts to collaborate with a health plan
- Laws allowing data exchange, including HIPAA's Privacy Rule
- Data exchange standards
- Preliminary quality assessment measures
- The different health plan types and models
- How to determine which health plans to contact and who at the health plan to contact
- How to market your registry to a health plan and what issues should be discussed at the initial meeting
- The necessity for developing a "scope of work" with the health plan before beginning data exchange

Health plans, which are also known as managed care organizations (MCOs), are natural partners for registries. For these collaborations to be successful, immunization registry staff must be knowledgeable about the needs of health plans and market their registry to address these needs. Additional resources are included in the online version of this *Practical Guide* to assist the registry staff as they prepare to market their registry to the health plans, such as sample memorandums of understanding, examples of marketing materials, and documents to clarify the interpretation of HIPAA to providers. The online version of this *Guide* is available on the Every Child By Two website at www.ecbt.org/healthplanguide.html

Health plans are an invaluable resource for immunization programs and local, regional and state registries. Immunization registries are also invaluable to health plans. While health plans play a critical role in preventing diseases by ensuring that their members (patients) receive appropriate and timely immunizations, they must also manage the accessibility, cost, and quality of healthcare. **Health plans that measure their immunization rates may hold the key to populating a registry with large numbers of immunization records for children covered by Medicaid and/or the health plan.** Therefore, it is a "win-win" situation for registries and health plans that collaborate with one another.

State and local immunization registries that report successful data sharing with health plans have one thing in common – early collaborative efforts. Your registry does not need to be "fully functional" and ready to initiate data exchange prior to developing relationships with the health plans in your area.

Quality of Care

In order to become a participating provider of a health plan, a provider (e.g. doctor, hospital, etc.) must enter into a contractual agreement that permits them to offer medical services to plan members in exchange for a pre-set financial reimbursement from the health plan. The contract also contains certain rules regarding the provider's participation in the health plan's quality assurance programs.¹

Due to the rising cost of health care, health care purchasers (e.g., employers) are acutely aware that their choice of health plan has an enormous impact on the bottom line for their companies. At the same time, employees have become increasingly savvy about health care and demand quality care at low personal cost. Consumers are driving health care in a direction that requires health plans to back up their claims regarding the quality of care they deliver. Therefore, many health plans undergo voluntary external accreditation. The National Committee for Quality Assurance (NCQA), the American Accreditation Health Care Commission (AAHCC/URAC) and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) are examples of accrediting organizations. Employers and other purchasers use the data from these accreditations to determine if health plans meet certain standards of care.

Many health plans use the performance measures from the Health Plan Employer Data and Information Set (HEDIS®)² to illustrate the quality of care they deliver. Developed by NCQA, HEDIS is a comprehensive set of standardized measures of a health plan's performance. HEDIS was designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of health plans. The measures in HEDIS reflect significant public health issues such as immunization, cancer, smoking, heart disease, and diabetes. HEDIS also includes a standardized survey of consumers' experiences, the Consumer Assessment of Health Plans (CAHPS®)³, which evaluates plan performance in areas such as customer service, access to care and claims processing.⁴

Fortunately, the electronic collection and transfer of immunization records can provide immunization information in a cost-effective way that streamlines the audit process required for NCQA accreditation. When available, health plans use registry data to report their immunization rates for HEDIS. This saves health plans time and resources that would otherwise be needed to evaluate medical records to assess immunization rates. This evaluation, without the benefit of registry data, results in a financial burden that falls on the health plan and greatly inconveniences the provider.

Tracking immunization rates of Medicare and Medicaid patients is important to health plans. Many states have decided to use commercial health plans to serve Medicaid and Medicare beneficiaries. The plans that provide benefits to Medicaid beneficiaries are called Medicaid Managed Care Plans. According to Thompson et al., NCQA has been collecting quality of care information from commercial health plans since 1995 and from Medicaid and Medicare MCOs since 1997; however, most commercial health plans do not deliver high-quality care on a number of performance indicators, including childhood immunization rates, for children enrolled in Medicaid. "Policy makers and the public need plan-specific quality information to inform purchasing decisions."⁵ The low immunization rates for Medicaid children may largely be due to state Medicaid contracts that allow enrollees to frequently change their health plan enrollment. **Exchanging data with a registry will assist health plans in capturing more accurate immunization data on their Medicaid populations even if the immunizations are administered by a provider outside of the health plan (e.g., the health department), consequently raising the health plans' HEDIS rates for this very important group.** Attaining high immunization rates for both their commercial and Medicaid populations will assist health plans in marketing themselves to both public and private health care purchasers.

The Benefits of Partnership

Participation in and support of registries by health plans can result in cost savings for health plans. Access to accurate immunization records by plan providers will improve immunization delivery. In addition, having access to electronic immunization data in the registry will help to reduce the cost of HEDIS audits.

Partnership for Prevention, a national non-profit organization dedicated to preventing disease and promoting health, conducted a survey in 2001 to attain insights from four registries and their health plan partners. Both the registries and health plans cited improvements in HEDIS rate reporting, including boosts in immunization rates and a more streamlined, efficient data collection and analysis process, as benefits of working together. Other persuasive factors mentioned by health plans included peer pressure (i.e., plans did not want to be singled out for not participating); the opportunity to obtain missing information, especially for HEDIS; the potential for cost savings by reducing the need for manual record reviews; and the chance to contribute to increased immunization rates – not only among enrollees, but state – and nationwide.

Health plan staff responding to the survey felt that future efforts to collaborate should take into consideration several barriers encountered during their collaborations with registries. They include:

- Staff and resource demands-both for data submissions and in using the data
- Incompatible data and file formats, and computer interfaces
- Completeness and quality of the database (e.g. limited or duplicate records)
- Provider limitations (e.g. lack of automation, high turnover among staff)
- Sustainable financing and how to equitably share the burden of funding the registry

It is important for immunization registry staff to address these potential barriers prior to contacting the health plans regarding data exchange.

Health plans offer many benefits to registries and immunization programs. They can:

- Increase immunization rates
 - Increase data completeness and quality of immunization records in registries
 - Provide more accurate data on the population for disease surveillance
 - Partner with immunization staff to conduct outreach to at risk populations
 - Promote the awareness and use of registries by participating providers
 - Contribute to the long term sustainability of registries
 - Educate members and providers about importance of immunizations and registries
 - Communicate a consistent improvement strategy to numerous providers
-

Registries offer many benefits to health plans and their participating providers. They can:

- Save time and money
- Increase HEDIS rates
- Reduce dollars spent in over-vaccination
- Reduce or eliminate the need for health plan staff to conduct manual chart pulls to collect immunization data in physician offices
- Facilitate disease prevention
- Generate timely immunization reports (e.g. HEDIS, CASA and other quality improvement initiatives)
- Support the concept of a medical home by making accurate immunization data available to primary care physicians
- Increase immunization data quality and completeness
- Improve quality of care and service delivery
- Increase provider and member satisfaction by providing accurate and timely immunization records
- Increase purchaser satisfaction by reducing employee absences for care of sick children
- Allow for health plan comparison by benefits managers, increasing public relations value of registries
- Improve quality and timeliness of immunization delivery by providing up-to-date ACIP vaccine recommendations and intervals
- Provide official immunization documentation cards to parents for school, child care and camp enrollment, and for personal record keeping
- Provide appointment reminder and recall postcards
- Allow expeditious tracking of vaccines in case of vaccine shortages and during manufacturer recalls
- Registries are also working to integrate with other systems (e.g., newborn screening and WIC).

“For the registry, this [data exchange with health plans] has been a wonderful way to populate the registry with historical and current immunization records. Physicians were reluctant to participate when the number of records in the registry was low. We looked for a way to get data into the system that would not impact the providers’ offices, and this was the main approach we developed. Now that more data is in the system, more providers are willing to participate and input records manually or via billing exchange.”

Data exchange has also helped to develop a collaborative relationship with health plans. They are now willing to work with us on other endeavors, such as recruitment of providers to participate!”

Sherry Riddick
CHILD Profile, Washington

Laying the Groundwork

Prior to contacting health plans, it is critical that the registry staff have a meeting to lay the groundwork and prepare a marketing strategy. We suggest that the registry staff seriously consider each of the following issues:

Assess Your Registry’s Needs

- What does the registry staff expect to achieve by partnering with health plans?
 - Increased immunization data in the registry?
 - Assistance in promoting the registry to providers and greater community visibility?
 - Contribution to the long term sustainability of the registry?
 - Improved immunization rates for children in the community?
 - Assistance with meeting the Healthy People 2010 goal of enrolling 95% of children under 6 years of age in a fully functioning registry?
 - Assistance with identifying pockets of needs (i.e., areas within your community with low immunization rates)?

Evaluate Your Registry's Resources and Assets

- How much time and staff can the registry office allocate to facilitate partnerships with health plans? (e.g. developing interface, attending meetings with health plans)
- Does your registry have enough immunization records of children to make it worthwhile for health plans to consider data exchange?
- Is the registry technically capable of data exchange with health plans?
- Do you have support for the long-term development and maintenance of your registry?
- What are the potential costs of data exchange with health plans?
- Does your registry have a data quality analysis and management plan in place?
- Are security procedures in place to ensure the confidentiality of data within the registry?
- Do you have any past successes to include in your marketing materials to health plans? (i.e. past experience with increasing HEDIS rates for other health plans, or similar attributes to another registry that can provide this type of data)
- How many public and private providers participate with your registry?
- Is your registry technically capable of accepting large volumes of data?
- Is your registry technically capable of data exchange using registry standards?
 - If not, what alternatives can be considered? Evaluate the risks and benefits of non-standardized data exchange with the health plans.
- If your registry is in the development stages, do you have a clear cut expansion plan in place? Will the health plan see the benefits of helping to develop the registry?

Include Other Immunization Partners

- Meet with your state immunization program staff and encourage them to work with you on the development of an action plan for partnering with the health plans. Determine if they already have an existing relationship with health plans that you can leverage for additional support. For example, does your state health department contract with Medicaid Managed Care plans? If so, it may be valuable for you to meet with the office that oversees these contracts, so you can determine what requirements the Medicaid health plans have regarding immunizations. Will the health department's office consider including a registry reporting requirement in the contract with the providers?
- Contact your local immunization coalitions, which often include health plan representatives. Encourage the coalition to participate in promoting health plan and private provider partnerships. For a list of immunization coalitions and their contact information, visit the online version of this *Guide*.
- Consider implementing the Programmatic Registry Operations Workgroup Project (PROW) Standards of Excellence developed by the American Immunization Registry Association (AIRA), in collaboration with the Association of Immunization Managers (AIM), CDC and other partners. The Standards of Excellence workbook identifies best practices by which an immunization program could more closely integrate its registry functions into their other program components. A self-assessment tool is included and can be used to quickly review the status of the registry and immunization program in terms of meeting the standards - where they meet or exceed the standards, and where additional resources could be focused to help the registry move toward reaching the standards. By going through a self-assessment process, your registry and immunization program can better evaluate its needs, resources, assets, priorities and identify desirable registry features such as the capacity for data exchange with health plans.

For a copy of the PROW Standards of Excellence visit the American Immunization Registry Association's website at www.immregistries.org

Understand the Legal Issues Allowing Data Exchange

Check with your legal department and agency staff before making any commitment to a health plan. **Ask what legal agreements must be signed in order for you to begin sharing data with the health plan, such as a memorandum of understanding (MOU) or a business associate agreement.** The responsibilities of each party should be clear and security, privacy, and confidentiality protocols should be stipulated. To view examples of MOUs between providers and registries, please access the online version of this *Guide*.

- Determine what laws/rules in your state influence data exchange between the registry and health plans.
- Meet with health plan legal staff to document the legal requirements to make data exchange viable for both parties.

Health Insurance Portability and Accountability Act (HIPAA)

Many registry offices have previously been stalled in their efforts to conduct outreach to health plans while awaiting clarification regarding HIPAA. The compliance date for HIPAA's *Standards for Privacy of Individually Identifiable Health Information*, known as the Privacy Rule, was April 2003. The Privacy Rule governs the use and disclosure of protected health information by covered entities. Health care providers, health plans and health care clearinghouses are covered entities under the Rule. Since most registries do not perform covered functions (e.g., direct service payments), they are not required to comply with HIPAA. However, maintaining the privacy and security of immunization data has been and continues to be a major priority of registry developers nationwide.

Health plans, which are covered entities under HIPAA, may share data with immunization registries when the health department that operates the registry is defined as a public health authority. Under the Privacy Rule covered entities may disclose health information to public health authorities for public health activities as authorized by state law without an authorization from the individual for purposes including but not limited to 1) disclosures required by law or 2) for public health activities and purposes. This includes disclosure to “a public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including but not limited to, the reporting of disease, injury, vital events,... and the conduct of public health surveillance,. . . investigations, and. . . interventions.” 45 CFR § 164.512(b)(i).⁶

To learn more about the HIPAA Privacy Rule, including provisions (45 CFR § 164.512(a) and (45 CFR § 164.512(b)(i)), visit the HHS Office for Civil Rights website at <http://www.hhs.gov/ocr/hipaa>

For guidance from the CDC and the U.S. Department of Health and Human Services on the HIPAA Privacy Rule and Public Health, visit the CDC website at <http://www.cdc.gov/mmwr/pdf/other/m2e411.pdf>

Immunization registries are housed and implemented in various ways throughout the country. **To determine whether your registry is part of a covered entity and what state laws are applicable, it is important that you speak with legal counsel in your state.**

To view several documents used by immunization programs to clarify the interpretation of HIPAA to providers, visit the online version of this *Guide*. These documents can be modified to meet the needs of your registry.

Identify Data Quality Standards and Methods

Before beginning to exchange data with the health plans, you must identify the data quality standards and methods you plan to use, and build an initial project plan that documents resources, costs and a timeline.

The use of a nationally recognized and employed standard for exchange between registries and partner systems, including health plan information systems, insures that timely, accurate and complete information is available to both systems. The standard, Health Level 7 (HL7), has been widely used in health care data exchange for over twenty years. The registry standard uses messages that can:

- Send automatic updates between systems when an immunization event happens at a site;
- Send one or more records from an immunization registry to a health plan system; and
- Update the registry about vaccine usage.

Registries are also using the HL7 messaging standard to develop the ability to report to the Vaccine Adverse Events System (VAERS) electronically.

Many health information systems already use the HL7 messaging standard, for example, to send external requests for laboratory tests to be performed and to receive the results of those tests electronically. Adding the registry HL7 messages to existing HL7 capacity within health plans is easier than either using two systems (i.e., the registry and the health plan information system) or developing HL7 capacity from scratch. In addition, many registries are capable of mapping data elements to a variety of existing data formats in the event that HL7 functionality does not currently exist in a particular health plan.

Flexibility may be the key to data exchange and quality assessment. Offering a number of possibilities and options for data exchange will allow the health plan the opportunity to develop an implementation plan that not only provides data to the community, but also meets the needs of the organization and their own quality improvement initiatives.

Resources to Assist You with Implementing the HL7 Standard

A guide for implementation of registry specific HL7 immunization messages is available for registry and health plan technical staff. The Implementation Guide for Immunization Data Transaction using Version 2.3.1 using Health Level Seven (HL7) Protocol is available online at www.cirset.org or at the CDC's Immunization Registry Technical Development and Guidance webpage at <http://www.cdc.gov/nip/registry/tech.htm>.

The Committee on Immunization Registry Standards for Electronic Transactions (CIRSET) is a peer-review group that includes registry staff, vendors, immunization programmatic representatives and associates working with medical software vendors to implement data exchange between systems. CIRSET invites parties interested in understanding the standard, working through implementation issues, engaging vendors, or helping review and define changes to the current standards or new and emerging standards for registry-based data exchange to participate. CIRSET has specific workgroups dedicated to Standards Development and Review and Vendor Relationship collaborations. CIRSET has a monthly call and specific calls for the work areas. To review upcoming CIRSET calls and work, and to learn more about CIRSET membership visit their website at www.cirset.org.

Data Quality

Understanding the measures that a health plan has taken to improve data quality will help to assess what steps need to be taken to assure a high quality of accurate data exchange. Both the registry and the health plan need to be prepared to routinely deduplicate immunization records and demographic information. Understanding how both parties resolve suspected duplicate records and reviewing the algorithms used to match records will help to develop an early and thorough understanding of the data that is collected as well as possible pitfalls that will need to be resolved. **Make certain that you assess current immunization rates prior to any data exchange.** It is important to be able to demonstrate exactly how each organization has benefited from the partnership after the initial data exchange and routinely thereafter.

Using HEDIS algorithms and other data quality measures prior to data exchange in both datasets will allow each organization to identify and resolve any weakness in data collection and record resolution. A short list of queries suggested by some immunization registry managers, data mapping elements and core data elements are listed below.

Recommended Queries

- Use HEDIS measures within your own organization's data
- Run the deduplication test cases on the CDC's National Immunization Program (NIP) website (<http://www.cdc.gov/nip/registry/tech.htm#info>)
- The following data tests are requested during routine registry site visits by NIP staff
 - Audit trail reports
 - Decision support algorithms
 - Deduplication procedure, automated algorithm, manual resolution
 - The number of weeks between the date of birth and the date of entry to the registry
- The number of weeks between the date of the shot and the date of entry to the registry
- How are deceased records handled in the registry?

Data Mapping Elements

- Are these fields included in the immunization record?
- Are these fields required in order to add to the immunization record?

The National Vaccine Advisory Committee's (NVAC's) Core Data Elements

- Patient's first name, middle name, last name
- Patient's birth date
- Patient's sex
- Patient's birth state/country
- If the patient was born outside of the U.S., can the registry record the birth country?
- Mother's first, middle, last and maiden names
- Vaccine type, vaccine manufacturer, and vaccine lot number
- Date of vaccine administration

Making it Happen

Determine Which Health Plans to Contact

Determining which health plan(s) to contact first will depend on several factors, such as the number of health plans that operate in your state; how much time you have to work with them; and what you wish to accomplish. For example, in New York City there are approximately 30 health plans. Individual contact with each health plan would have been time prohibitive. The staff at the New York City registry (Citywide Immunization Registry) advanced their relationship with these health plans by hosting bi-annual meetings to develop relationships, provide regular updates, and ensure that all pertinent information was being disseminated in an efficient and timely manner. With this initial foundation in place, more extensive projects were easier to accomplish.

Only you can determine the level of effort your registry wishes to make. If your state has only a few health plans, and if your staff has sufficient time, an individual approach may prove more effective. If your main goal is to populate the database, you may wish to begin by working with the larger health plans. However, if your goal is to develop partnerships for other outreach activities, or to help fund the registry, consider including all the health plans in your area.

Keep in mind that health plans are very competitive with one another and use this to your advantage when marketing your registry to them. If you have had successful interactions with other health plans in your area, include this in your marketing materials. Remember that health plans conduct their business and make a majority of decisions at the local level. However, it would be beneficial to conduct research to determine if a “sister” health plan in another state has partnered successfully with an immunization registry and include their contact information when you are pitching the registry.

Understand Health Plan Types and Models

When determining which health plan to contact it is helpful to understand their structure. Your strategy for marketing your registry to a staff model Health Maintenance Organization (HMO), such as Kaiser Permanente, will be different than to a network model HMO, such as Aetna. A staff model HMO can require that its providers, who are also its employees, input data directly into the registry. All the providers would use the same registry software. Therefore, it may be easier for staff model HMOs to share data with the registry.

In a network model, the provider is not the employee of the health plan. Consequently, what a network model can require of its providers is different. The health plan will need to negotiate its registry usage into the contractual agreement with its providers. It is possible that the health plan will either request that its providers input data directly into the registry or it will input the data itself from the billing data it receives from the providers. It is also important to realize that a provider may provide medical services for members of many different health plans, each requiring different data reporting requirements.

Anything your registry can do to assist a group model or network model HMO with marketing the registry to its providers would be helpful. For example, write a model letter that the health plans can send out to its providers explaining the registry and its benefits or offer to do site visits with providers to explain how the registry works.

Following is a description of different health plans types.

Remember that health plans are also often referred to as managed care organizations (MCOs). The exception is the indemnity plan. With an indemnity plan (sometimes called fee-for-service), the member can use any medical provider (such as doctor and hospital). The member or the provider will send the bill to the insurance company, which will pay a portion of the charges. Usually, members have a deductible to pay each year before the insurer starts paying.

The plan will pay for the charges for medical tests and prescriptions as well as from doctors and hospitals. It may not pay for some preventive care, like checkups. **An indemnity plan is not considered a type of managed care plan.**

The three major types of managed care plans are health maintenance organizations (HMOs), preferred provider organizations (PPOs), and point-of-service (POS) plans.

Preferred Provider Organization (PPO) – A PPO is a form of managed care closest to an indemnity plan. A PPO has arrangements with doctors, hospitals, and other providers of care who have agreed to accept lower fees from the insurer for their services. As a result, the member's cost sharing should be lower than if he goes outside the network. In addition to the PPO's doctors making referrals, a plan member can refer himself to other doctors, including providers outside the plan.

If the member goes to a doctor within the PPO network, he will pay a copayment (a set amount the member pays for certain services). The member's coinsurance will be based on lower charges for PPO members. If the member chooses to go outside the network, he will have to meet the deductible and pay coinsurance based on higher charges. In addition, he may have to pay the difference between what the provider charges and what the plan will pay.

Point-of-Service (POS) Plan – The POS plan is often referred to as a health plan “product”. The primary care physicians in a POS plan usually make referrals to other providers in the plan. However, in a POS plan, a member can decide at the “point of service” to refer himself to a provider outside of the plan's network while still receiving some insurance coverage.

If the doctor makes a referral out of the network, the plan pays all or most of the bill. If the member refers himself to a provider outside the network and the service is covered by the plan, he will have to pay coinsurance.

Health Maintenance Organization (HMO) – HMOs are the oldest form of managed care plan. HMOs offer members a range of health benefits, including preventive care, for a set monthly fee. **There are many models of HMOs – IPA model, staff model, group model, and network model.**

HMOs will provide a list of doctors from which to choose a primary care physician. This physician coordinates the members' care, which means that generally they must contact him or her to be referred to a specialist. With some HMOs, a member will pay nothing when he visits doctors. With other HMOs there may be a copayment for various services.

Following is a description of the possible HMO models

Staff Model HMOs – In this model, the physicians who care for HMO members are employed by the HMO. The contract between the HMO and physicians is an exclusive one because physicians can not participate in the HMO unless they become HMO employees.

In the three other HMO model types (IPA, group and network), the HMO contracts with physicians, physician groups, and associations of physicians. The physicians are NOT employed directly by the HMO.^{7 8}

Identify Health Plan Contacts

Once you have chosen which health plans you would like to contact, assign a staff person to develop a contact list for the health plans. Health plan staff who may be involved in working with an immunization registry includes the health plan's Chief Medical Officer (CMO), Medical Directors, Information Technology staff, Quality Assurance staff, and Risk Managers. **Contacting the head of the Quality Assurance Department or a Risk Manager of the health plan may be a good place to start.**

However, it is important to note that each health plan is unique and may use different job titles. In addition, each health plan may designate different staff members to work on the collaboration with registries. Therefore, contacting health plan staff members with the job titles mentioned above are a good starting point, but you may need to do some more research to find out who at the health plan your registry should work with regarding data exchange.

Check with other contacts you have to determine if they already have this information (e.g. immunization program managers, other registry staff members, an American Academy of Pediatrics (AAP) representative, a pharmaceutical company representative, another health department representative working with health plans, or the local immunization coalition). The Office of the Insurance Commissioner within your local State Department of Insurance should have a list of health plans registered in your state.

Make Contact and Market the Registry to Health Plans

When meeting with health plan representatives it is important to highlight the bottom line and cost savings or other benefits that your registry can potentially bring to their organization. Think of yourself as a sales representative trying to sell the benefits of data exchange between immunization registries and health plans. You should also plan on giving a demonstration of how your registry works.

Issues that you should be prepared to discuss during your meeting include:

- The benefits of data exchange between health plans and registries
- The number of public and private providers currently participating with your registry
- Other health plans participating in your registry (if applicable)
- Who within the health plan is authorized to make the final decision regarding this collaboration
- Opt-out and opt-in laws for registries and which laws apply to your particular state
- Legal, privacy and confidentiality issues related to registry (e.g., the HIPAA Privacy Rule, Memorandums of Understanding)
- Current and future financing and sustainability of the registry
- Data standards and quality issues
- Technological capacity needed at the health plan and provider levels
- The various methodologies for exchanging data
 - Identify various methodologies for exchanging information. Identify what needs of the health plan you will meet through data exchange. For example what is the health plan looking to accomplish through data exchange?
 - Mutual exchange of records?
 - Look up and print out of records?
 - Records for increasing their HEDIS rates?
 - Records for CASA?
- The expectations of both the registry and health plan staff
- Examples of successful partnerships between health plans and registries
 - A list of health plan staff members who were involved at the local level (e.g., CMO, CEO, Medical Directors, Information Technology staff, Quality Assurance staff, and Risk Managers)

In addition, it is helpful to develop attractive marketing materials that you can leave with the health plan representatives after your meeting. If you have already created marketing materials for providers, you might be able to use them as a model for the materials for the health plans. A collection of marketing materials created by registries and used to recruit private providers is available via the online version of this *Guide*. In addition, to assist your efforts, a general marketing brochure for health plans is also enclosed and available via the online version of the *Guide*.

Be Assertive and Accountable

When making your “sales” calls or during your initial meetings with the health plan representatives, it is important to remember to be assertive and proactive. Remember, you are marketing a valuable product to the health plan.

- Be bold enough to ask the health plan representative whether they are authorized to make decisions and if not, who the decision-maker is.
- Request a meeting with this person (perhaps along with the initial health plan representative).
- Don't assume that your first contact with the health plan will close the deal and lead to data exchange.

It's called "sales" for a reason, and any salesman will agree that closing the deal requires a great deal of perseverance. **Don't get discouraged!**

Develop a “Scope of Work” with the Health Plan

If the health plan states they are interested in exchanging data with the registry, **both the registry and health plan should initiate the planning process and develop a “scope of work” that outlines the timelines, costs and other requirements upfront.**

Before reaching a final agreement with the health plan, make sure that all roles and responsibilities are clearly defined and written.

Available Resources

If you don't already have contact management software (e.g., ACT!, GoldMine) consider purchasing one to help you track your contacts with health plans and other health care providers in your community. You can also contact the VaxTrack Immunization Registry in Riverside County at 909-354-1400 for a free copy of their Provider Management Database and its accompanying user manual.

For more information about health plans, visit the America's Health Insurance Plans (AHIP) website at www.ahip.net

All website links and other resources mentioned throughout this *Guide* (i.e., MOUs, examples of marketing materials, and documents to clarify the interpretation of HIPAA to providers) can be found on the online version of the Guide at www.ecbt.org

For additional information on data exchange, provider participation and other topics relevant to immunization registries, please visit the Knowledge Sharing Repository on AIRA's website at www.immregistries.org and/or the Immunization Registry Clearinghouse on the CDC's website at www.cdc.gov/nip/registry

For more information or for assistance with partnering with health plans, please contact Every Child by Two at 202-783-7034 or www.ecbt.org and/or the American Immunization Registry Association at 212-676-1896 or www.immregistries.org

“Think like a business person, not a health care professional.”

Dr. Allan Lieberthal
Kaiser Permanente,
Southern California

- Use sales techniques
- Deal with the health plan's decision-makers
- Highlight cost savings on manual record pulls
- Highlight cost savings by decreasing duplicate immunizations
- Highlight decreased cost of data collection (HEDIS)
- Highlight improved data quality and consistency
- Highlight public relations/sales benefit

Collaboration Examples

UTAH

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I ntermountain Health Care (IHC) of Utah shares immunization data with the Utah State Immunization Information System (USISS) via a Web-based application called WebKIDS. WebKIDS provides the plan's participating providers complete, accurate, real-time immunization data at every encounter. By showing the providers this data, WebKIDS has dramatically increased the number of children immunized. A pilot test at one of IHC's busiest pediatric clinics proved that WebKIDS is a timesaving and efficient way to document immunizations.

Between 1999 and 2000 IHC's HEDIS® immunization measurements for its commercial members increased from 64.7 percent to 76.2 percent (an absolute increase of 11.5 percentage points) and for its Medicaid members from 66.4 percent to 76.9 percent (an absolute increase of 10.5 percentage points). This is the most dramatic one year increase to date for IHC's Medicaid members. A workflow time study of WebKIDS showed that using the registry resulted in dramatic timesavings for immunization administration and documentation. The clinic now spends an average of only 8 minutes and 4 seconds to immunize a patient, a decrease of 3 minutes and 17 seconds. Even greater timesavings were achieved by the creation of other standard immunization reports.

IHC believes that “registries are a good investment for managed care organizations.” Not only do they save time, but they also allow providers to overcome some of the barriers to a complete immunization record, such as multiple sites of care; burdensome and incomplete documentation/charting; the inability to track children who are not up-to-date with immunizations; difficulty keeping current with recommendations; and time-consuming hand entry of multiple reports.

ARIZONA

Contact

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Fragmentation of medical records seemed to be the main barrier for Arizona, which was facing the problem of low immunization rates. With a very transient population, both in terms of frequent changes in residences and medical homes, medical records rarely contained a complete immunization history.

To tackle this problem, all community stakeholders were invited to the table to explore methods to build a comprehensive, sustained community immunization program for all Arizonans. One of the key strategies agreed upon by the stakeholders was the creation of a computerized immunization registry.

From the beginning, health plans, both commercial and Medicaid, participated in populating the registry. The state conducted annual progress assessments to determine immunization levels throughout Arizona. In the early years, these assessments included manual record reviews. However, as the registry developed, record reviews could be conducted electronically, saving both time and money. Each year the number of complete records on the registry grew...and continues to grow. Estimates suggest that 96 percent of Arizona's children under age 5 have at least two shots recorded in the registry and 40 percent of Medicaid children have complete immunization records in the registry.

Some health plans have been more aggressive than others in using registry data to improve their immunization rates. When HEDIS rate assessments were conducted for commercial and Medicaid plans, quality assurance staff used records from the immunization registry, which was considered a reliable source of data by the Arizona Health Care Cost Containment System (Arizona's Medicaid agency). At first, the registry data was searched to fill holes in physician-supplied data. Over time, it became the primary source of information, with costly record reviews necessary only when the information isn't found in the registry.

Due to the easy accessibility of immunization data through the registry, health plans became more proactive in their efforts to improve immunization rates among their members. Instead of reviewing children's records after 24 months of age, health plans began conducting preliminary reviews at 20 months. Members with incomplete immunizations were contacted and scheduled for appointments with their primary care provider. Outreach workers then followed up with physician offices to make certain that the appointments were made and kept, or rescheduled.

Due to the competitive nature of the medical marketplace, health plans worked very hard to improve their immunization rates. Friendly challenges were issued between plans and more innovative strategies were implemented. Today, some health plans review their members' immunization status as early as 10 months of age. The children who are not up-to-date for immunizations are tracked until the required series of vaccines is completed. Over a three-year period, immunization coverage levels for four health plans showed an average increase of eight percentage points for the 4:3:1 series.

One of the largest health plans in Arizona used data from the registry to improve their adolescent immunization rates. Using MMR and Hepatitis B vaccines as the measure, the health plan saw their rates rise by 18 and 22 points in three years.

WASHINGTON STATE

Contact

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Washington's statewide immunization registry, CHILD Profile, has been exchanging data with health plans and the state Medicaid program since 2000. This has been a mutually beneficial collaboration, which has helped populate the registry with immunization records and facilitated the health plans' HEDIS reporting process. Over 30 percent of the immunization data in the registry has come from health plans and the state Medicaid program. As of December 2003, CHILD Profile has information sharing agreements with the nine major health plans in Washington.

Health plans have used CHILD Profile data in their HEDIS process in different ways. Some plans use the data "at the back end" after collecting data from both claims and medical records. More and more plans, however, are seeing the value of using CHILD Profile data "at the front end" in order to help fill in missing shots because the registry replaces the need to go to the medical record to complete an immunization history.

Following are two examples that illustrate how CHILD Profile assisted health plans in raising their immunization rates.

HEDIS Adolescent Immunization Summary of Commercial Patients - Health Plan X

In this example, the health plan had already compiled all their administrative and medical record review data. The health plan then looked to see what CHILD Profile could add for those records that were not up-to-date. For the adolescent group, the plan found that supplementing with CHILD Profile data raised their MMR HEDIS rate 12 percentage points. Out of 428 immunization records, 52 records were completed for MMR by data that was only available in the registry. For Hepatitis B, 20 records or 5 percent were completed; and for Varicella, two records or .5 percent were completed. In looking at Combination 1 (4 DTP, 3 Polio, 1 MMR, 2 Hib, 3 Hep B), 20 records or 5 percent were completed by data only available in the registry. For Combination 2 (same as Combination 1 plus Varicella), 4 records or 1 percent were completed.

HEDIS Childhood Immunization Summary of Medicaid-Covered Patients – Health Plan Y

In this example, the health plan used CHILD Profile data at the front end – that is, they combined it with their other administrative data before conducting the medical record review to compile immunization histories. The plan found that registry data completed the immunization history on many children, thus eliminating the need to check the medical records of those children. Out of 411 immunization records, registry data supplemented their administrative data to the extent that DTP doses were completed for 16 (4 percent) records; Polio doses were completed for 68 records (17 percent); Hib doses for 103 (25 percent); MMR doses for 6 (1 percent); Hepatitis B for 136 (32 percent); Varicella for 5 (1 percent); Combination 1 for 131 (32 percent) records; and Combination 2 was completed for 75 (18 percent) records.

The relationship and collaboration between health plans and CHILD Profile continues to grow. Currently, health plans are helping to recruit providers to participate in the registry in a number of ways. For example, articles on CHILD Profile are included in the health plans' provider newsletters and links from the provider-access portion of the health plans' websites to CHILD Profile's informational website are already in place. In addition, opportunities to collaborate on continuing medical education (CME) events or provider training CD-ROMs are being investigated. Furthermore, since CHILD Profile sends out reminders and health education materials to parents throughout the state, possible collaboration in these areas are also being explored. Health plans and registries are natural partners in their mutual efforts to improve child health.

Endnotes

¹ Academy for Healthcare Management. *Managed Healthcare: An Introduction*. Washington, DC: Academy for Healthcare Management, Fall 1997.

² HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

³ CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

⁴ National Committee on Quality Assurance website. Available at <http://www.ncqa.org/Programs/HEDIS/index.htm>

⁵ Thompson, JW, Ryan, KW, Pinidiya, SD et al. Quality of Care for Children in Commercial and Medicaid Managed Care. *JAMA*. 2003;290(11):1486-1493.

⁶ Centers for Disease Control and Prevention. Disclosure to Public Health Under the HIPAA Privacy Rule. December 2002. Available at <http://www.cdc.gov/nip/registry/hipaa6.htm>

⁷ Health Insurance Association of America. *Guide to Managed Care: Choosing and Using a Health Plan*. Washington, DC: Health Insurance Association of America. Available at <http://www.hiaa.org/consumer/guidehi.cfm>.

⁸ Academy for Healthcare Management. *Managed Healthcare: An Introduction*. Washington, DC: Academy for Healthcare Management, Fall 1997.



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