

Questions raised by Representative Higgins on March 26, 2014

1. Fiscal Note Explanation by David Teal

David Teal is available at 3pm for the meeting. He would like to be first so he can meet his other scheduling obligations. Further questions after he leaves can be fielded by Jill Lewis.
2. Similar to #1 above, a clear explanation on how the state is NOT on the hook for \$28 million dollars

The fiscal note overview should put this question to rest. The state will receive assessment payments *in advance*, throughout the year so we will already have the money in hand when we purchase vaccines. The state will only supply vaccines for which funds are available—through assessments, federal grants, or the \$700.0 GF already in the department’s base budget. The healthcare provider, not the state, will be responsible for purchasing vaccine for which there is no assessment paid (such as uninsured adults or TRICARE children vaccinated off base.) Simply put, if we don’t have money from an assessment, then we don’t buy vaccine. This entire private public partnership was designed to NOT USE state dollars and is the intent of the legislation.
3. You said a graph or pictogram on how the program works....like the oval chart in your binder....but layer that with how/when the money comes in and how it is used.

We will try to have that by committee time, but we may not have enough time to accomplish it, but we will get it to you soon.
4. If SB 169 does not pass, and we only have a very limited amount of money to spend on vaccines, we have stated that will result in only 50% of Alaska children will be covered. You want to know who those other 50% of the kids are that won’t be covered.

Covered: uninsured, Medicaid eligible, Alaska Native/American Indian children ages 0-18 yrs with federal funds (Vaccine For Children) and insured/covered children ages 0-35 months with the department’s limited GF in base budget (the \$700.0). Not covered: insured children ages 3-18 yrs and 100% of adults. See the “Who Pays” document included with this.
5. You are trying to figure out how the medical coding will work when the provider will be dividing out the vaccine cost from the office visit to bill the insurance company. I told you that was outside my knowledge base. Jill will have to answer that one.

As we understand it, the cost of the vaccine and administration of the vaccine, currently have different procedure codes with modifier codes to identify state supplied vaccine. State supplied vaccine cannot be resold/reimbursed so the cost of the ingredient would be billed as zero. This practice would not change. What would be different is that more of the vaccine would be state supplied with a zero claim. The administration fee would continue to be billed and reimbursed the same as it is now. Pat Senner, who will be on line, can help explain how that works as the division doesn’t bill insurance.
6. You asked for a breakdown of who administers the bulk of the vaccines by type of clinic or facility.

We are working to compile this information in time for the hearing, however, this is not information that the department has on hand.

