

## Board of Directors in-Person Meeting May 3, 2010

May 3, 2010, 8:00 – 10:00

Location: Regence BlueShield

- I. **Attendance.** The following individuals participated in all or part of the meeting. Participants attended in person unless telephone participation is indicated by (T).

Directors:

Brian Ancell (T)  
Phil Haas  
Dr. Joe Gifford (T)  
Dr. Beth Harvey  
Dennis Kirkpatrick  
Laura McMillan  
Dr. Ed Marcuse (T)  
Dr. Roger Muller  
Dr. Mary Kay O’Neill  
Mary Wendt  
Dorothy Teeter

Non-Voting Alternates:

Dr. Jon Almquist

Others:

Dan Asterino (GlaxoSmithKline)  
Chris Bandoli  
Abbi Kaplan  
Ernie Leland  
Mike Mazan  
Clare Roberge (T)

Vaccine Association:

Margaret Lane  
Fred Potter  
Anne Redman (counsel)

II. **Summary of Actions Taken and / or Recommended**

**A. Actions Taken (votes adopted)**

1. Voted to authorize Fred Potter to engage Benefits Management, Inc. (BMI) on behalf of the WVA to develop an improved assessment mechanism (\$25,000 for 45 to 60 day engagement).
2. Voted to officially thank and recognize the current workgroups.
3. Voted to approve the updated version of the Vaccine Assessment Grid with minor modifications.
4. Voted to adopt the Key Bank resolutions as contained in the agenda.

**B. Actions Recommended**

1. Reconstitute Communication Workgroup to have a broader representation base.
2. Reconstitute the the Operations Workgroup to include provider representation and convene taskforce team to work with BMI and focus on long-term solutions.

### III. Minutes

At 8:00 a.m., a quorum having been established, Chairman of the Vaccine Association Brian Ancell convened the meeting of the Board of Directors of the Washington Vaccine Association. The Chairman reviewed the purpose of the meeting which was to evaluate reports on (i) initial roll-out of operational mechanism designed by pre-WVA task force work and (ii) startup activities for WVA itself.

#### **Executive Report:**

Fred Potter reviewed progress to date across corporate, financial, and communications areas. Due to feedback from providers on difficulty implementing DBA approach by May 1, 2010, Fred Potter recommended that providers who can implement immediately should do so and others are encouraged, but not required, to start at earliest possible date.

#### **Discussion of the Provider Rollout**

Loy Suderman of Premera reported that of the 48 provider groups that represent 50% of vaccine administration in the state, currently 12 will comply with the DBA methodology as of May 1<sup>st</sup>; another 12 will be compliant by June 1, 2010. Twenty groups are of "unknown" status and 10 of them have not responded to calls.

UW Physicians, MultiCare & Vancouver Clinic indicated they may opt out & not receive vaccines from the state. They will fund the costs themselves and bill private insurance companies. The law allows payers to decline reimbursement for privately purchased vaccine in order to encourage widespread participation in the universal purchase system. Providers need to be made aware of this.

#### **Benefits Management, Inc.**

Benefits Management, Inc. of Great Bend, KS was the successful bidder for the WA High Risk pool. BMI is committed to getting a design for the DBA methodology completed in 45 days and will receive a \$25,000 fixed fee to work with the operations group and take on the administrative burden of building a solution.

BMI will try to work with the existing Child Profile system and add new fields. Child Profile is maintained by the state and populated by providers; some groups update Child Profile in real time.

#### **Upon motions duly made and seconded, it was unanimously**

##### **VOTED:**

Voted to authorize Fred Potter to retain Benefits Management, Inc. for a \$25,000 fixed fee and 45-60 day engagement to design a technical solution to the DBA methodology, ideally using Child Profile, and to provide time and cost estimates on alternatives if Child Profile is not the right solution.

#### **Budget and Short-Term Cash Flow**

Fred Potter reviewed an initial view of the WVA budget with the intent to provide an overview of what money is budgeted for. A more detailed report will be given at the June Board Meeting.

### **Vaccine Assessment Grid**

Fred Potter explained that minor changes had been made to the version of the Vaccine Assessment Grid that was approved by the Board.

**Upon motions duly made and seconded, it was unanimously**

**VOTED:**

To approve the modified version of the Dosage Based Vaccine Assessment Grid.

### **WVA Internal Operations Report**

Mr. Potter proposed reconstituting the Communications Workgroup to contain a broader representation base. The task force would contain members, stakeholders, providers & TPAs.

The Board confirmed Abbi Kaplan's authority to reconstitute the Communications Workgroup.

Chairman Ancell proposed a recommendation to reconstitute the Operations Workgroup to include more representatives from large and small providers, TPAs, & practice managers. The workgroups should continue to work with the Top 48 to have them agree to do the DBA as soon as possible.

The Board confirmed that Margaret Lane should reconstitute the Operations Workgroup. Margaret will convene the groups and create the workplans. The Board recognized that the current workgroups have made significant progress.

**Upon motions duly made and seconded, it was unanimously**

**VOTED:**

To extend thanks to the Workgroups and recognize the important work they have accomplished.

### **Guiding Principles**

These principles set forth are a representation of the work WVA has been doing. Fred Potter stated that there should be a Mission/Vision Statement eventually so the workgroups and task forces know that their work is being driven by these principles.

### **Communications Report**

Fred Potter introduced Mike Mazan of SolutionWorks. Mr. Mazan is an independent IT Manager who is part of a network of national IT solution experts. Mr. Mazan has been included to build the Website and help with Webinar.

Abbi Kaplan reviewed the website & webinar information. SolutionWorks has built independent modules that work together. WVA can remove a module if WVA decides they no longer need it. Modules consist of Constant Contact, "Go to Webinar," Sharepoint, and Quickbooks on line.

The webinar was used to outreach to larger providers. There were over 800 "clicks"/interest in the Webinar with 417 attending and over 128 questions. Post-webinar, an email was sent to all those who "clicked" to direct them to the survey site. WVA received 102 responses, some of which were negative and expressed concerns regarding the hard deadlines imposed.

## **Financials**

Fred Potter reviewed the check signing procedure and noted that the checks can be prepared by CML, entered into Quickbooks, viewed by Dennis Kirkpatrick and signed by two parties.

### **Upon motions duly made and seconded, it was unanimously**

#### **Voted:**

To adopt the resolutions as contained in the Board materials.

Regarding Prepayment Assessments, checks have been received from Aetna, GHO, KPC, GHC, Premera Blue Cross and United for over \$5 million. The Regence check has been sent. The Cigna check has also been signed and sent.

## **Minutes**

The minutes from 4/2/10 & 4/9/10 were adopted.

## **Board Development Report**

Anti-Trust Policy Discussion – The Board consists of competitors, so shared information is appropriate if necessary to the Board’s purpose but the Board must be sensitive in the discussion of price, market share and service.

Since WVA does not fit into a typical HIPPA entity (provider, healthplan, clearinghouse) we are awaiting a PHI devised agreement called a Subcontractor Agreement. WVA is not in a business relationship with the healthplans or providers but Ms Redman will talk to the DOH about WVA liability if there is a breach of privacy.

## **Model Rules of Order**

Mr. Potter presented the Board with Model Rules of Order booklets for use as needed.

## **Public Comment Section**

Ernie Leland of the Orchard Family Practice was present to discuss his concerns. OFP is a three-provider clinic specializing in Family and Adult medicine. He appreciates the efforts of the WVA in ensuring vaccinations for every child.

His concern is that this cannot be at a cost to the providers, with large cost savings for the carriers. Leland’s example was that his cost to implement the administrative portion of the new system will cost him \$17,000 per year after a \$20,000 up front cost to set up a new system. This is based on an estimated \$25/vaccine for rebilling, auditing and reporting to other parties.

Since OFP is fully automated, this new system will generate more paper for his office. They generally do electronic billing and batch every morning which is sent to a clearinghouse. He does not have the organizational resources to implement the benefits of the system. Leland has heard negative views regarding private purchase of vaccines, but he could go direct for \$3,000-\$4,000 per year and would like to keep this option open.

Leland’s solution is for WVA to develop a software solution that will allow for CPT codes to go into a program, split apart & have one invoice go to WVA and one batch to the Child Profile.

Phil Haas asked Leland if he is providing information to keep the Child Profile current. Leland said that he does not. OFP does report to a local health jurisdiction which sends the vaccine reports to Child Profile.

### **Future Board Meetings**

Chairman Ancell discussed meeting in person once per month on a set day (e.g., the first Wednesday) and then by phone once per month if necessary. Marcia Roderick will send out a poll asking if morning or afternoon is better and which day of the week works best for most.

**There being no further business, the meeting was adjourned.**