

Washington Vaccine Association - Board of Directors Meeting

May 19, 2011, 1:30 - 3:30 PM

Location: Law office of Ellis, Li & McKinstry PLLC, Market Place Tower, PH-A

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

Directors:

Brian Ancell
Dr. Joe Gifford
Phil Haas
Dr. Beth Harvey
Dennis Kirkpatrick
Dr. Ed Marcuse
Allene Mares (T)
Laura McMillan
Dr. Mary Kay O'Neill
Dr. Roger Muller (T)

Vaccine Association:

Margaret Lane
Fred L. Potter
Anne Redman (counsel)
Claire Roberge (controller) (T)
Norm Roberge (T)

Others:

Janna Bardi (DOH)
Jody Fischer (GSK) (T)
Jan Hicks-Thomson (DOH)
Sarah Michaels, sanofi-pasteur
Chad Murphy (T)

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

A. Actions Taken (votes adopted)

1. Voted to adopt March 17, 2011 minutes.
2. Voted to adopt the WVA Vaccine Committee recommendation to give providers who do not make a decision regarding brand preference, the vaccine they received last year. Specifically in regards to the meningococcal vaccine where a new manufacturer entered the industry this year with a new vaccine, those who do not respond will receive the vaccine they did last year and those who choose no preference will receive the new vaccine.
3. To approve the WVA Board policies on the following matters:
 - a. Creating an exemption from the DBA for certain providers;
 - b. Denial of refunds to payers for DBA payments made using the vaccine assessment grid in effect prior to June 1, 2011 with higher assessment levels;
 - c. To allow payers' settlement reports to be submitted quarterly instead of monthly, at the option of a payer; and
 - d. Registration exemption for Blue plan licensees complying through Regence or Premera.

III. **Minutes**

At 1:30, a quorum having been established, Brian Ancell, Chairman of the Vaccine Association, convened the meeting of the Washington Vaccine Association.

Upon motions duly made and seconded, it was unanimously

VOTED:

To adopt the WVA Board meeting minutes from the March 17, 2011 meeting with corrections.

Executive Director Report

Fred Potter reported that provider compliance is nearing 100% in tiers one and two. WVA has not invested significant energy into hospital compliance as they administer only the Hep B vaccine which is .05% of all vaccine volume. Calls are continuing to be made to hospitals when possible, given other higher priority tasks. From targeted outreach to tier three providers, WVA has learned that many more are compliant than anticipated. WVA is continuing to accumulate cash but as the assessment level decreases at the start of June, the cash is expected to decrease slightly. With the increase in compliance, the cash amount may not decrease as much as anticipated.

Fred reported that a number of government officials have offered to be helpful in the TriWest/TriCare compliance effort. The push is on hold currently pending the end of the legislative session. TriWest's participation in this program would be at a much lower cost to them than reimbursing for privately purchased vaccines.

Vaccine Committee

Jan Hicks-Thomson reported that the provider survey administered earlier in the month garnered an 87% return rate by providers. Only 15% of those were faxed in to the Department of Health and the rest were submitted online. The majority of the responses included specific brand preference with very few selecting "no preference." Eighty-five distinct order sets have been identified through the process. She commented favorably concerning the support WVA has afforded this effort through Solutionworx, WVA's IT provider.

Dr. Ed Marcuse commended the Department of Health for helping the Vaccine Committee complete its goal of taking a state where the Department of Health chose the vaccines to a state where each provider is making a choice. The portion of providers who did not respond or who replied with no preference turned out to be surprisingly small. The Vaccine Committee agrees with ending the survey process at this point and in the future, the option of no preference will not be offered. Mechanisms will be created that force choice whether it is through an online survey that requires a preference or linking the choice through the distribution process.

A new manufacturer has come on board since last year with a new meningococcal vaccine, Menveo, which has created issues since no provider will have history with this vaccine. DOH followed up with the 23 providers who administered 100 or more doses of meningococcal conjugate vaccine in 2010 and either did not respond to the survey or expressed no vaccine preference, and asked them to make a choice between meningococcal vaccines. As a result of the follow up, 100% of the providers responded. For providers who still selected no preference (seven providers), the total doses of meningococcal vaccine represented by these providers was split 50% between the two products, Menveo and Menactra. Those providers who administered less than 100 doses of meningococcal vaccine who did not respond or had no preference will be given the order set existing as of July 1, 2011, with Menactra. The manufacturers on the phone during the Committee meeting had no objection to this method.

Board members were asked to carefully read the proposed recommendation before the vote. Fred Potter asked that the Board members not enter into market share conversations. DOH is the only recipient of the survey results and the staff at WVA intentionally does not know the market shares.

Upon motions duly made and seconded, it was unanimously

VOTED:

To adopt the WVA Vaccine Committee recommendation to give providers who do not make a decision regarding brand preference, the vaccine they received last year. Specifically in regards to the meningococcal vaccine where a new manufacturer entered the industry this

year, for providers who administered more than 100 doses of meningococcal vaccine in 2010 and responded to the DOH follow up that they did not have a vaccine preference, the total doses of meningococcal vaccine represented by these providers should be split 50% between Menactra and Menveo. Providers who administered fewer than 100 doses of meningococcal vaccine and who either did not respond to the initial survey or had no preference should be given the order set with Menactra.

DOH will be able to share the survey results at an aggregate level, but without showing specific provider choices.

Board Policies

Chairman Brian Ancell reported that there were four policies which needed to be reviewed and approved by the Board. The first was the Dosage Based Assessment Refund Policy. The assessment amounts will decrease beginning June 1; appropriate notice and time has been allowed for the changing of provider and payer systems. This policy is a one-time policy for this fee schedule update and will not be ongoing. The second policy was Provider Exception from DBA Compliance which deals with Local Health Jurisdictions and Tribal Health clinics that do not deliver commercial vaccines. This policy states that these providers can be exempt from compliance outreach because they see mostly if not all children who receive federally funded vaccines. Certain Local Health Jurisdictions do not see patients. The third policy was the Optional Movement of Payer Settlement Reports which allows for payers to send WVA their settlement reports quarterly that have been sent monthly. This is optional, reports can still be sent monthly. The final policy was TPA Registration Exemption for Blues Plans which allows for the Blues plans around the country to avoid registration because Premera and Regence process assessments for them. This policy does not introduce a new process; it is formalizing standard procedure.

The hypothetical conflict of interest on the Board was disclosed due to Board members associated with Blue plans and it was determined by the Board that there was no conflict. The vote proceeded with all members present.

Upon motions duly made and seconded, it was unanimously

VOTED:

To approve the WVA Board policies on the following matters:

- a. Creating an exemption from the DBA for certain providers;
- b. Denial of refunds to payers for DBA payments made using the vaccine assessment grid in effect prior to June 1, 2011 with higher assessment levels;
- c. To allow payers' settlement reports to be submitted quarterly instead of monthly, at the option of a payer; and
- d. Registration exemption for Blue plan licensees complying through Regence or Premera.

WVA & DOH First Year Check-in Meeting

The Board reviewed the presentation to be made to DOH on June 1, 2011 during the WVA and DOH first year check-in. Chairman Ancell suggested changing the mission statement on the presentation. The WVA mission is purely a financing mechanism and not an organization to promote vaccines. It was clarified during this discussion that the legislation does not need to be changed for the Board to engage in rule-making.

There being no further business, the meeting was adjourned at 3:20 pm.

[Attorney Redman reported that there were no formal actions taken by the Board during that portion of the Executive Session when all of the staff had been excused.]

Secretary
Washington Vaccine Association

Date of Approval