

**Operations Committee Meeting  
October 6, 2016; 2:00-3:00 p.m. PDT**

**I. Attendance.** Participating in all or part of the meeting by telephone were the following individuals.

Committee Members

Jeri Trice, Zenith

Cathy Falanga, Aetna

Marcia Joy, Providence

Tammy Blair, GroupHealth

KidsVax®

Julia Walter, Executive Director

Ashley Kittrell, Communications Coordinator

Peter Smith, Financial Analyst

**II. Meeting Minutes**

Introductions

At 2:03 p.m., Julia Walter called the meeting to order and asked all participants to introduce themselves.

Evaluation of DBA Methodology

Ms. Walter introduced the topic by informing the Committee that the Board of Directors is holding a meeting and retreat in January and will evaluate the dosage based assessment (DBA) methodology. She asked the Committee for insight and feedback on improvements of the DBA. Discussion ensued. Ms. Walter asked if Committee members would be willing to complete a brief survey to give more in-depth feedback. Members agreed to participate.

Ms. Walter then noted that some big insurers recently implemented a new change to the claims process requiring national drug codes (NDC), which affects how the claims for the Washington Vaccine Association (WVA) are filled out. Ms. Walter explained that according to market intelligence, other payers will also begin requiring the codes and asked if Committee members are aware of any other payers that will begin requiring them. Cathy Falanga replied that it is dependent on a provider's contract and this new requirement could be a troublesome step, especially for small providers. She also noted that she was unsure if the NDC is a reportable field and could cause issues for quarterly settlements. Jeri Trice and Tammy Blair echoed the same concerns and noted they will have to research it further. Committee members agreed that they would have to discuss it internally but that it could potentially be a burdensome step for all parties involved. Ms. Walter added that the Department of Health is preparing a crosswalk to be posted to the WVA website in light of the new requirement.

1 The Committee discussed the possibility of notifying providers that it is only a requirement for  
2 Premera or require it for all payers. It was the general consensus that it could be a burdensome  
3 step. Ms. Walter asked that Committee members inform her of any additional changes or news  
4 regarding this new requirement. The meeting proceeded to the financial update.

#### 5 6 Financial Update

7 WVA Financial Analyst Peter Smith informed the Committee that there is currently \$6.3 million  
8 dollars in the bank; collections are going as projected and the WVA anticipates a \$5.3 million  
9 dollar reimbursement request in October based off of DOH estimates, leaving \$1-2 million dollars  
10 to pay on the line of credit (LOC). The WVA expects another \$2 million dollars in collections by  
11 the end of October.

12  
13 Ms. Walter noted that the WVA is pursuing an evergreen LOC to ensure the WVA's financial  
14 security in the event of a cash call. The Committee agreed that this was a wise decision for the  
15 WVA, given its financial obligations.

#### 16 17 Stakeholder Outreach

18 Ms. Walter opened by the topic by informing the Committee that the WVA continues to update  
19 documents and FAQs on the WVA website. The WVA is also working on two projects to further  
20 educate providers and payers by creating a provider assessment guide and short, on-demand videos  
21 that providers and payers can easily access.

22  
23 Referring again to the survey for the DBA methodology, Ms. Walter asked if there was specific  
24 information or questions that should be included in the survey as well as who the survey should be  
25 sent to. Ms. Falanga stated that it depends on who fills out the survey; those who work in operations  
26 would probably prefer a per-capita methodology, but many executives prefer the DBA. Committee  
27 members said that it would be helpful if the WVA could provide an example of DBA versus per-  
28 capita assessment costs in order to compare the methodologies together. Ms. Falanga also noted  
29 that it would be beneficial to ask how many staff hours are dedicated to the DBA methodology  
30 and overall work. Ms. Walter stated that the survey answers will provide the Board with a better  
31 outlook for future planning. She added that the CDC has once again asked the WVA to demonstrate  
32 why the WVA does not resell vaccines through the DBA methodology. The DOH and WVA are  
33 working together to formulate a response addressing the WVA legal authority to continue the  
34 DBA. Although there is no immediate threat to the current methodology, the CDC has advised the  
35 WVA to examine alternatives.

36  
37 Ms. Walter gave a brief update on TRICARE. The provision that is in the Senate version of the  
38 National Defense Authorization Act (NDAA) requires TRICARE to participate in all universal  
39 vaccine purchase programs. TRICARE General Counsel is supportive of this requirement and has  
40 been working in tandem with KidsVax® (KV) to resolve this issue. KV is also working with  
41 government affairs firm, Crowell & Moring (C&M) to address the arrears through legislation in  
42 2017.

- 1 Closing
- 2 There being no further business, the meeting adjourned at 2:48 p.m. PDT.

What: Operations Committee Meeting  
 Date and Time: October 6, 2016, 2:00-3:00 p.m.  
 Location: Teleconference  
 Call in Number: (267) 930-4000; Conference ID: 103063718#

Notice: Meeting may be recorded for the benefit of the secretary. The WVA intends to delete the recording after the minutes of the meeting are approved.

| Approx. Time   | Topic/[Anticipated Action]  | Presented by: |
|----------------|---|---------------|
| 2:00-2:05 p.m. | 1. Introductions & Purpose of Meeting<br>a. Survey of other agenda topics                                       | J. Walter     |
| 2:05-2:25 p.m. | 2. Evaluation of DBA Methodology  | J. Walter     |
| 2:25-2:35 p.m. | 3. Financial Update<br>a. Assessment Grid   | P. Smith      |
| 2:35-2:45 p.m. | 4. Stakeholder Outreach<br>a. WVA Website, FAQs, Webinars<br>* b. Provider Communication<br>i. Assessment Guide | J. Walter     |
| 2:45-2:55 p.m. | 5. Other Matters from Committee Members   | Any           |
| 2:55-3:00 p.m. | 6. Closing  | J. Walter     |



# Quick Guide

## Dosage Based Assessments for Washington's Universal Vaccine Program

### You make the program work!

When you use the DBA process, it allows the WVA to collect the necessary assessments from insurance carriers and third party administrators.

With your help, Washington can continue to provide vaccines to protect all children in our state.

### Stay Connected

For more information, visit [www.wavaccine.org](http://www.wavaccine.org) and sign up for email alerts.

[info@wavaccine.org](mailto:info@wavaccine.org)  
Ph. 888-928-2224  
Fax. 888-928-2242

### Ensuring Universal Purchase of Childhood Vaccines in Washington

The Washington Vaccine Association (WVA) and the Department of Health work together in a public/private partnership to support Washington's universal Childhood Vaccine Program. The state uses a combination of federal and state funds to make vaccine available at no cost to all children in Washington.

Removing cost as a barrier assures that all Washington children have ready access to life-saving vaccines.

Providers make this possible by including the Dosage Based Assessment (DBA) process with their claims submission. This critical step allows physicians, clinics, hospitals, and other providers to receive vaccine for all children at no cost.

It's important that provider office billing staff understand how to complete the DBA process. For your convenience, we created this Quick Guide.



# Completing the DBA Process

## BY MAIL

You will be filling out the Health Insurance Claim Form twice, filling it out once as the Administration Claim Form and once as the HCFA1500/DBA Form.

### STEP 1

Fill out the HCFA 1500 as the Administration Claim Form

Fill out HCFA 1500 Form for the administration of the vaccine, office visit, and other charges. This claim should include only the administration codes, office call or other charges.

Do not include vaccine codes and modifiers.

### STEP 2

Fill out HCFA 1500 as the DBA Form

The DBA Form must include:

- Box 21 Enter “Z 23” (this is the only diagnosis required)
- Box 24d Enter CPT code for the state-supplied vaccine given (Do not include modifiers)
- Box 24f Enter WVA charge based on the current grid, found online at [wavaccine.org/wavaccine.nsf/pages/AssessmentGrid.html](http://wavaccine.org/wavaccine.nsf/pages/AssessmentGrid.html)
- Box 24j Enter WVA NPI (1699092718)
- Box 25 WVA TIN (27-2251833)
- Boxes 31&32 Complete both areas with the same information that is on the administration claim
- Box 32a Enter Provider NPI
- Box 33 Washington Vaccine Association, PO Box 94002, Seattle, WA 98124-9402
- Box 33a Enter the WVA NPI (1699092718)

### STEP 3

Submit via Mail

Mail the Administrative Claim Form and DBA Form to the payer (health plan, insurance company, or third-party administrator) — not to the WVA.

Do not submit to WVA.

VACCINE ADMINISTRATION CLAIM TO SUBMIT WITH DBA FORM

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) (02/12)

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN OTHER (Check one)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No. Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No. Street)

8. RESERVED FOR NUCC USE

9. RESERVED FOR NUCC USE

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below)

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (authorize payment of medical benefits to the undersigned physician or supplier for services described below)

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (MM DD YY)

15. OTHER DATE QUAL

16. DATE PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Specify A-L to service line below (ICD 10))

22. SUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE FROM TO B. PLACE OF SERVICE C. PROCESSES, SERVICES, OR SUPPLIES (Specify Unusual Circumstances) D. DIAGNOSIS E. CHARGES F. AMOUNT PAID G. H. I. J. RENDERING PROVIDER'S NAME

25. FEDERAL TAX ID NUMBER EIN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? YES NO

28. TOTAL CHARGE

29. AMOUNT PAID

30. Revised for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER (including degrees or credentials (I certify that the statements on the reverse apply to this DBA and are made a part thereof.))

32. SERVICE FACILITY LOCATION INFORMATION

33. BILLING PROVIDER INFO & PHY

34. SIGNATURE OF PHYSICIAN OR SUPPLIER (including degrees or credentials (I certify that the statements on the reverse apply to this DBA and are made a part thereof.))

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