

**Washington Vaccine Association
Operations Committee Meeting
May 2, 2019; 12:30-1:30 p.m. PDT**

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

Members

SheAnne Allen, Department of Health,
Ex-Officio
Tammy Blair, Kaiser Permanente
Cathy Falanga, Aetna
Walter Kuiee, Regence
Jeri Trice, Zenith

WVA

Julia G. Zell, Esq., Executive Director,
Chair

KidsVax®

Fred Potter, Managing Member
Terry Mills, Executive Assistant
Peter Smith, CPA, Financial Analyst

Summary of Actions Taken and/or Recommended

A. Actions Taken (votes adopted)

1. Voted to approve the 2019 Assessment Grid effective 7/1/2019, as recommended, subject to operational adjustment.

II. Minutes

Welcome and Introductions

At 12:30 p.m., Chairperson Julia Zell called the meeting to order.

2019 Assessment Grid Implementation

Peter Smith, WVA's outside analyst and CPA, provided a brief overview of the changes being recommended that were adopted by the Board at its April 25th meeting, to be finalized by the Operations Committee. The WVA currently has a surplus of cash reserves and efforts are being made to slowly reduce the overall cash amount, based on Board direction. Several mechanisms are being used for this purpose. Through a reduction in the grid and by absorbing the overall inflation rate implemented by the CDC, in its April 2019 contract, the WVA's overall cash will be reduced by about \$7 million this year.

For the 2019 grid, the WVA assessment rates are being reduced by a 2% weighted average over the prior year's reimbursements to the Department of Health (DOH). There is also an increase in the DOH indirect rate of 1.2% to 1.4% and that will be seen on the outflow side when the DOH is reimbursed. The DOH is also seeking approval of an administration charge to account for the increased work and services the DOH staff perform on behalf of the WVA and administering the universal childhood vaccination program. Those adjustments together will account for about \$5.5 million, creating an overall \$7 million reduction in cash within one year.

VOTED: To approve the 2019 Assessment Grid effective 7/1/2019, as recommended, subject to minor corrections.

Mr. Smith explained that taking these actions will help normalize the grid in relation to the actual CDC contract. This is important because there is more volume of certain doses and such adjustments allow the WVA to more accurately monitor assessment activity. Modest decreases are more favorable and more sustainable, while providing the payer community with better predictability in assessment costs.

Ms. Allen explained the indirect and administrative charges. The indirect charge for pass-through means that the DOH receives funds from the WVA for which a small percentage is retained by the DOH for programmatic expenses.

That rate has been 1.2% for approximately 10 years, despite increased DOH costs. The DOH looked at what other universal states are appropriating from vaccine associations relative program costs. The DOH will use additional funds to update its database, the Immunization Information System (IIS), which providers use to track vaccine administration, vaccine ordering, and excursions. With the administrative charge, DOH can help fund those costs, as well as additional staff it takes to run the Childhood Vaccine Program. Part of the work of the DOH is ensuring that the WVA is accountable for appropriate costs of the Program. There has been very little change over the last several years in fee increases born by the WVA; the WVA Board agreed that these are necessary steps to ensure equity. A study group was recently launched to create a provider storage accountability and handling policy. The DOH has been working on educational and empowerment pieces for providers to prevent wastage. There has been no pushback and providers have been supportive of the new requirements.

Operations Updates

Payer Compliance. Ms. Zell provided an update on important WVA initiatives. Two years ago, the WVA started looking into ensuring that all payers are paying the correct grid rates and are compliant with the WVA requirements. The WVA has been working closely with providers and payers to ensure providers are submitting accurate assessments and payers are remitting correct amounts. Work has been undertaken to review what providers are submitting to the insurance companies and TPAs and what is being paid. Provider surveys were sent out and some deficiencies were found. The WVA is actively seeking to correct those issues. One of the strategic goals of the Association, determined by the Board, has been to work more closely with payers as partners and to aggressively address problems when they arise. Some changes are going to be made to the statutory assessment letter, which is the notification of what WVA's predicted assessment is for a given payer for the following year. In the past these letters have gone out in November but will go out earlier this year. The change is anticipated to be both more accurate and timely.

Settlement Report Process. The Settlement Report Process was reviewed, and a breakdown of costs and options were considered. Part of the cost involves updates to the website to create a more robust TPA registry. A detailed plan containing the options and costs will be presented and discussed in further detail at the June meeting. However, these changes are not expected to go into effect until 2020.

Provider Relations. Ms. Zell mentioned that the WVA has returned its focus upon stakeholder relations. Utilizing the DOH communication network, the WVA has increased its messaging to providers. The DOH has been sending blurbs to providers to be used in various provider newsletters. It is hoped that this will strengthen the partnership between the DOH, the WVA, and the providers.

DOH Updates

Briefly, Ms. Allen noted that the DOH has recently been working extensively on the 2019 assessment grid and the Vaccine Loss Policy, in participation with the WVA.

Other Matters from Committee Members

There were no other matters to come before the Committee.

Closing

There being no further business, the meeting was adjourned at approximately 1:02 p.m. PDT.



What: Operations Committee Meeting
 Date & Time: May 2, 2019, 12:30-1:30 p.m. Pacific Time
 Call in Number: (267) 930-4000; Conference ID: 103063718#
 Location: Teleconference

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:
12:30-12:35 p.m.	1. Introductions & Purpose of Meeting a. Survey of Other Topics	J. Zell
12:35-12:40 p.m.	* 2. 2019 Grid Implementation a. Financial Updates b. Vote to Approve 2019 Assessment Grid	P. Smith
12:40-1:05 p.m.	3. Operations Update a. Payer Compliance b. Settlement Report Process c. Provider Relations	J. Zell
1:05-1:15 p.m.	4. DOH Updates	S. Allen
1:15-1:25 p.m.	5. Other Matters from Committee Members	Any
1:25-1:30 p.m.	5. Closing	J. Zell

**May 2, 2019 WVA Meeting of the Operations Committee
Proposed Form of Votes**

The following are suggested forms of votes only. They are intended to be an aid to facilitate work by individual directors. All Board policy and the final form of votes is exclusively the province of the Board acting collectively as the Board of Directors.

Items under Agenda Section 2:

VOTED: To adopt the July 1, 2019 Assessment Grid.

[To adopt the July 1, 2019 Assessment Grid in accordance with the changes suggested at the meeting.]

WVA Grid Update as of July 1, 2019

The Washington Vaccine Association voted to approve the assessment grid proposed in its April 25th board meeting. Assessment rates are being reduced by 2% weighted average over the prior grid. A complete list of the changes and percentages is posted on the WVA website as part of the *Washington Vaccine Association Assessment Grid*. These changes are effective as of July 1, 2019.

This decrease is the second annual decrease in the last two years due to the Association's strong cash position. The modest decrease is also viewed as more favorable over a larger decrease as it should be sustainable in future years and provide the payer community with better predictability in assessment costs.

Analysis of Changes

While most rates are reduced, some are increased to match the relative CDC contract rate. The aggregate of these individual rates times the corresponding estimated doses per brand equals a 2% reduction in total assessment dollars received by WVA. If a payer remitted \$100,000 last year and their basket of doses represented a normal distribution of the total population of payers, then their remittance this year would be \$98,000. This is a reduction in cash from reduced inflows. These total approximately \$1.5MM reduction in cash.

The 5.75 percent weighted increase in CDC contract is realized in the DOH reimbursements as is the agency pass through indirect rate change from 1.2% to 1.4%. and the proposed implementation of a 3% administration charge. These are a reduction in cash through increased outflows. These total approximately \$5.5 million reduction in cash.

Together, these adjustments are estimated to reduce cash by \$7 million within one year.

Washington Vaccine Association Assessment Grid**FOR ALL CLAIMS WITH A DATE OF SERVICE ON OR AFTER JULY 1, 2019.**

Please note that this WVA Assessment Grid, effective July 1, 2019, replaces the grid last updated on July 1, 2018. The grid lists vaccines and their corresponding CPT codes that are part of the dosage-based assessment (DBA) process for providers, health insurance carriers, and third party administrators. There are other childhood vaccines (and corresponding CPT codes) that are not included in the DBA process and, therefore, no assessment is needed. The availability of specific vaccine brands are determined by the manufacturer and not all brands of flu vaccine are offered through the Childhood Vaccine Program (CVP).

CPT Code	NDC Code / Packaging	CPT Code Description	Tradename	WVA Assessment Amount per dose as of 7/1/2018	CDC Private Sector Cost/Dose 4/1/19	WVA Assessment Amount per dose as of 7/1/2019	Percent change
90620	58160-0976-20 (10 pack – 1 dose syringe)	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use	Bexsero®	\$159.13	\$170.75	\$151.07	-5.1%
	58160-0976-06 (1 pack – 1 dose syringe)						
90621	00005-0100-10 (10 pack – 1 dose syringe)	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use	Trumenba®	\$114.58	\$133.62	\$121.49	6.0%
90633	58160-0825-11 (10 pack – 1 dose vial)	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use	Havrix®	\$24.73	\$32.89	\$22.88	-7.5%
	58160-0825-52 (10 pack – 1 dose syringe)						
	00006-4095-02 (10 pack – 1 dose syringe)		\$32.66				
	00006-4831-41 (10 pack – 1 dose vial)						
90636	58160-0815-52 (10 pack – 1 dose syringe)	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use. (Age 18 only for CVP)	Twinrix®	\$76.58	\$104.00	\$67.29	-12.1%
90647	00006-4897-00 (10 pack – 1 dose vial)	Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use	PedvaxHIB®	\$17.27	\$26.23	\$14.73	-14.7%
90648	49281-0545-03 (5 pack – 1 dose vial)	Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use	ActHIB®	\$13.22	\$16.51	\$10.55	-20.2%
	58160-0818-11 (10 pack – 1 dose vial)		Hiberix®		\$10.85		

CPT Code	NDC Code / Packaging	CPT Code Description	Tradename	WVA Assessment Amount per dose as of 7/1/2018	CDC Private Sector Cost/Dose 4/1/19	WVA Assessment Amount per dose as of 7/1/2019	Percent change
90651	00006-4119-03 (10 pack – 1 dose vial)	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use	Gardasil®9	\$175.91	\$217.11	\$198.64	12.9%
	00006-4121-02 (10 pack – 1 dose syringe)						
90670	00005-1971-02 (10 pack – 1 dose syringe)	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use	Prevnam 13 TM	\$157.97	\$180.05	\$152.78	-3.3%
	00006-4047-41 (10 pack – 1 dose tube)						
90680	00006-4047-20 (25 pack – 1 dose tube)	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use	RotaTeq®	\$77.39	\$82.89	\$78.60	1.6%
	58160-0854-52 (10 pack – 1 dose vial)						
90681	58160-0812-11 (10 pack – 1 dose vial)	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use	Rotarix®	\$108.62	\$120.95	\$105.59	-2.8%
	58160-0812-52 (10 pack – 1 dose syringe)						
90696	49281-0562-10 (10 pack – 1 dose vial)	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use	Kinrix®	\$48.10	\$52.12	\$46.06	-4.2%
	49281-0562-10 (10 pack – 1 dose vial)						
90698	49281-0510-05 (5 pack – 1 dose vial)	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use	Pentacel®	\$78.73	\$96.14	\$66.26	-15.8%
	49281-0286-10 (10 pack – 1 dose vial)						
90700	58160-0810-11 (10 pack – 1 dose vial)	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than seven years, for intramuscular use	Daptacel®	\$23.15	\$30.84	\$20.82	-10.1%
	58160-0810-52 (10 pack – 1 dose syringe)						
90702	49281-0225-10 (10 pack – 1 dose vial)	Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use	DT (pediatric)	n/a	\$54.59	\$59.59	n/a
90707	00006-4681-00 (10 pack – 1 dose vial)	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	M-M-R®II	\$27.82	\$75.04	\$23.66	-15.0%
90710	00006-4171-00 (10 pack – 1 dose vial)	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	ProQuad®	\$158.06	\$214.37	\$146.52	-7.3%
90713	49281-0860-10 (10 dose vial)	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	IPOL®	\$17.60	\$33.53	\$15.11	-14.2%

CPT Code	NDC Code / Packaging	CPT Code Description	Tradename	WVA Assessment Amount per dose as of 7/1/2018	CDC Private Sector Cost/Dose 4/1/19	WVA Assessment Amount per dose as of 7/1/2019	Percent change			
90714	49281-0215-15 (10 pack – 1 dose syringe)	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use	Tenivac®	\$25.34	\$33.83	\$22.98	-9.3%			
	49281-0215-10 (10 pack – 1 dose vial)				\$25.12					
		13533-0131-01 (10 pack – 1 dose vial)	Tetanus and diphtheria toxoids (Td) adsorbed when administered to individuals 7 years or older, for intramuscular use	TDVAX™						
90715	58160-0842-11 (10 pack – 1 dose vial)	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	Boostrix®	\$42.98	\$41.19	\$35.95	-16.3%			
	58160-0842-52 (10 pack – 1 dose syringe)									
	49281-0400-10 (10 pack – 1 dose vial)		Adacel®		\$45.50					
	49281-0400-20 (5 pack – 1 dose syringe)									
90716	00006-4827-00 (10 pack – 1 dose vial)	Varicella virus vaccine (VAR), live, for subcutaneous use	Varivax®	\$106.58	\$129.30	\$116.07	8.9%			
90723	58160-0811-52 (10 pack – 1 dose syringe)	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use	Pediarix®	\$71.99	\$79.15	\$65.85	-8.5%			
90732	00006-4837-03 (10 pack – 1 dose syringe)	Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use	Pneumovax®23	\$64.19	\$100.19	\$62.78	-2.2%			
	00006-4943-00 (10 pack – 1 dose vial)									
90734	49281-0589-05 (5 pack – 1 dose vial)	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent (MCV4 or MenACWY), for intramuscular use	Menactra®	\$115.52	\$122.31	\$105.76	-8.4%			
	58160-0955-09 (5 pack – 1 dose vial)		Menveo®		\$130.75					
90744	00006-4981-00 (10 pack – 1 dose vial)	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use	Recombivax HB®	\$17.02	\$23.95	\$13.72	-19.4%			
	58160-0820-52 (10 pack – 1 dose syringe)		Engerix B®					\$23.72	\$17.86	11.3%

CPT Code	NDC Code / Packaging	CPT Code Description	Tradename	WVA Assessment Amount per dose as of 7/1/2018	CDC Private Sector Cost/Dose 4/1/19	WVA Assessment Amount per dose as of 7/1/2019	Percent change
2019-2020 Pediatric Influenza Vaccine Assessments							
90686	19515-0906-52 (10 pack – 1 dose syringe)	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	FluLaval Quadrivalent	\$15.13	\$16.82	\$15.05	-0.5%
90686	49281-0419-50 (10 pack – 1 dose syringe)	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	Fluzone® Quadrivalent	n/a	\$18.31	\$15.34	n/a
90688	49281-0631-15 (10 dose vial)	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	Fluzone® Quadrivalent	\$16.62	\$16.94	\$15.34	-7.7%
90672	66019-0306-10 (10 pack- 1 dose sprayer (Intranasal))	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	FluMist® Quadrivalent	\$21.33	\$23.70	\$21.05	-1.3%
90674	70461-0319-03 (10 pack – 1 dose syringe)	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	Flucelvax® Quadrivalent	n/a	\$24.05	\$17.42	n/a
2018-2019 Pediatric Influenza Vaccine Assessments							
90685	49281-0518-25 (10 pack – 1 dose syringe)	Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to children 6 - 35 months of age, for intramuscular use	Fluzone® Quadrivalent Pediatric dose	\$23.16	\$19.26	\$18.53	-20.0%
90686	19515-0909-52 (10 pack – 1 dose syringe)	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	FluLaval Quadrivalent	\$16.81	\$16.82	\$15.13	-10.0%
90688	49281-0629-15 (10 dose vial)	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	Fluzone® Quadrivalent	\$18.47	\$16.62	\$16.62	-10.0%
90672	66019-0305-10 (10 pack- 1 dose sprayer (Intranasal))	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	FluMist® Quadrivalent	\$23.69	\$23.70	\$21.33	-10.0%