

What: Operations Committee Meeting  
Date & Time: October 29, 2020, 12:30-1:30 p.m. (PDT)  
Location: **Zoom Webinar/Teleconference**

Please email [info@wavaccine.org](mailto:info@wavaccine.org) to register for the meeting and be provided the login information. Thank you.

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	Page*	Topic/[Anticipated Action]	Presented by:
12:30-12:35 p.m.	1	1. Introductions & Purpose of Meeting a. Notice of Recording b. Survey of Other Topics	J. Zell
12:35-12:40 pm	3-5	2. Calendar Consent Items (VOTE) a. Operations Committee Minutes (May 27, 2020)	J. Zell
12:40-1:20 p.m.	6-18	3. Operations Updates a. Administrator Change b. Key Indicators c. Payer Compliance d. Statutory Assessment Letter e. Collections f. COVID-19 Update g. Payer Provider Manuals and WVA Guide h. Provider Compliance i. WVA Communications Plan	J. Zell/P. Miller
1:20-1:30 p.m.		4. Other Matters from Committee Members	Any
1:30 p.m.		5. Closing	J. Zell

\*Indicates Agenda Item Attached

**October 29, 2020 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 and committee members.

**Items under Agenda Section 2:**

VOTED: To approve the meeting minutes of the May 7, 2020 Operations Committee meeting.

[To approve the meeting minutes of the May 7, 2020 Operations Committee meeting with the changes suggested at the meeting.]

**Washington Vaccine Association  
Operations Committee Meeting  
May 7, 2020; 12:30-1:30 p.m. PT**

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

Members

SheAnne Allen, Department of Health  
Michelle Baker, Zenith-American  
Tammy Blair, Kaiser  
Sue Bride, Premera  
Maureen Brooks, Kaiser  
Denise Buchanan, Cigna  
Tracey Cardillo, Cigna  
Nicole Carroll, United Healthcare  
Susan Comers, Aetna  
Steve Lam, PharmD, Regence  
Thomas Messick, Premera  
Kristi Severson, Kaiser

Angela Wilson, Providence

WVA

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

Helms & Company, Inc.

Patrick Miller, Principal  
Lisa White, Customer and Financial Support  
Specialist  
Tony Mendez, Senior Consultant  
Leslie Walker, CPA, Mason+Rich, PA

**II. Welcome and Introductions**

At 12:30 p.m., Chairperson Julia Zell called the meeting to order. Ms. Zell stated that the meeting was being recorded for the purpose of the minutes and then will be deleted. The purpose of the meeting is to approve the 2020-21 vaccine assessment grid, to provide an overview of operations changes, to discuss 2020 goals, and to review the draft Provider and Payer Guide that is being developed.

**Calendar Consent Items**

Chairperson Zell directed the Committees' attention to the consent item submitted for approval, the Committee meeting minutes of December 5, 2019. There being no questions or comments, the following items were put to a vote:

Upon motion duly made and seconded, it was unanimously

**VOTED:** To approve the minutes of the December 5, 2019, Operations Committee Meeting as presented.

**III. 2020-21 Vaccine Assessment Grid**

Mr. Miller reviewed a presentation in the meeting packet which provided an overview of the goals for and development process of the 2020-21 Vaccine Assessment Grid ("Grid"). The goals of the Grid are to provide stability in the pricing for the next few years, to reduce cash on hand levels based upon Board-approved goals, and to allow for reasonable reserves. The process included setting cash on hand goals for the next three years, developing a multi-year administrative budget, and developing a grid that would reduce the mark up on the Centers for Disease Control vaccine pricing. The administrative budget, cash flow projections based upon Board targets, and the Grid are now integrated into a unified model. The purpose of which is to allow the Board of Directors flexibility in setting a series of overall adjustment factors to produce different scenarios over a three-year time horizon. These scenarios drive the required burn down of cash and subsequently the amount of money the Grid needs to "raise" to meet the organization's obligations.

Mr. Miller pointed out on page 11 that WVA's cash reserves have been increasing in recent years as a result of overcollections shown on page 10. The Finance Committee and the Board have provided direction to reduce cash on hand in the coming years as shown on page 12. The Administrative Budget will be approved at the May 21 Finance Committee. The Administrative Budget categories have been reorganized this year as shown on pages 15 and 16, with additional investments being requested of the Board for provider and payer education efforts.

1  
2 The cash flow model (pages 17-22) is new this year. It allows for three, three-year scenarios to be run based upon  
3 “dials” set by the Board, including assessment grid markup, Department of Health (DOH) indirect fees, DOH cost  
4 recovery fees, vaccine wastage, denials, and denial recoveries. The dials combined with the administrative budget  
5 result in the amount of funds the Grid needs to “raise” to meet the organization’s obligations. Mr. Miller referred to  
6 page 22 and reviewed the list of reasons for the WVA to hold some funds in contingency.  
7

8 Mr. Miller turned to page 23 to review the Grid slides. They begin with a summary memo on pages 26-27 describing  
9 the assumptions, the methodology, and the drop in Grid prices overall by 13.7% between the current Grid and the  
10 2020-21 Grid. Pages 28-31 contain the proposed 2020-21 Grid. Mr. Miller stated that last year’s prices are in the gray  
11 column and the coming year’s prices are in the green column. Additionally, on the last two pages are discontinued  
12 NDCs and CPTs from prior Grid years.  
13

14 Chairperson Zell asked if anyone had comments or would like to see anything else on the Grid or the forecasting  
15 model. Ms. Blair stated that she likes the reduced fees and the listing of the discontinued codes on grid. Chairperson  
16 Zell stated that we could color code the grids by year in the future. Mr. Miller reviewed that if members of the  
17 Committee had ideas on Grid dissemination to please email [info@wavaccine.org](mailto:info@wavaccine.org). Chairperson Zell stated that the  
18 Grid will be sent to payers, third-party administrators, providers and other stakeholders and that a communication  
19 plan had been established.  
20

21 Chairperson Zell asked if there were any more comments or questions prior to taking a vote to approve the 2020-21  
22 Grid. There being no questions or comments, the following items were put to a vote:  
23

24           Upon motion duly made and seconded, it was unanimously  
25

26           **VOTED:** To approve the 2020-21 Vaccine Assessment Grid as presented.  
27

#### 28 **IV. Operations Update**

29 Chairperson Zell reminded the Committee that there was an Administrator change to Helms & Company, Inc. effective  
30 January 1, 2020.  
31

#### 32 **V. Administrator Change**

33 Mr. Miller proceeded to review slides 33-36. He described the automation processes for data capture and analysis that  
34 were implemented in January. Existing processes for providers and payers have not changed. What has changed is the  
35 image conversion to electronic form of all explanation of benefits (EOB), checks, and correspondence sent to the  
36 lockbox, and the receipt of electronic remittance advices (ERA) from payers via several clearinghouses. All lockbox  
37 data back to July 1, 2019 has been imported to date. More than 50 payers are currently submitting ERAs and it is  
38 expected that ultimately ~110 of the ~350 identified so far will do so. This is allowing procedure code-level tracking  
39 of dosage-based assessments (DBA) at the payer level which is improving the WVA’s accounting processes and  
40 creating a database for analytic functions. These data will be used to audit payers’ adherence with the vaccine  
41 assessment grid in real time starting July 1. They are also now being used to identify denials that should be reversed.  
42 The WVA previously thought there was a 3% denial rate, but the data we have so far shows that it is closer to 11%.  
43 Reducing denials will be a big focus in the upcoming fiscal year.  
44

45 Mr. Miller also reviewed a set of three principles that Helms & Company, Inc. is working under with Chairperson Zell  
46 in her role as Executive Director: 1) *Go up stream to close gaps* in the DBA open system and fix processes to improve  
47 data quality and reduce operational loads, 2) *Transparency and accountability* of finances and operations, and 3)  
48 *Partnerships* with payers, providers, Department of Health, and other stakeholders.  
49

#### 50 **VI. 2020 Goals**

51 Mr. Miller reviewed page 36 of the handout. It contains a grid by workstream and quarter of goals and activities for  
52 the remainder of the current calendar year. The first quarter is mostly in blue text with checkmarks indicating

1 completion. The second quarter in green text shows different efforts in progress underway. The last two columns are  
2 for future work. This grid is being used with the Board as a communication tool tracking progress of major efforts.  
3 There were no questions or comments.  
4

#### 5 **VII. Provider and Payer Guide**

6 Mr. Miller and Ms. Zell review pages 38-43 of the meeting materials containing the “Provider and Payer Guide –  
7 Private Insurance Billing” which is to be distributed to payers and providers in June. It is an update of the document  
8 currently on the website and contains information on how the WVA works, the billing process from providers to  
9 payers, and a set of takeaways for each providers and payers with billing guidance. Ms. Blair commented that she  
10 liked the overall refresh of the document and the need to provide process guidance to payers and providers. Ms.  
11 Bride commented on how complicated it is, and she asked how providers obtain the information. Mr. Miller replied  
12 that the Department of Health onboards new providers, and that we are working together. He stated that the coming  
13 fiscal year budget for the WVA contains a request for a part-time person to work with providers and payers on the  
14 ground in Washington.  
15

#### 16 **VIII. Other Matters from Committee Members**

17  
18 Tammy Blair from Kaiser announced her retirement and introduced Kristi Severson to the Committee. All  
19 congratulated Tammy and thanked her for her service.  
20

#### 21 **IX. Closing**

22 The meeting adjourned at 1:30pm PT.



*Ensuring Funds for Childhood Vaccines*

# Operations Committee October 29, 2020

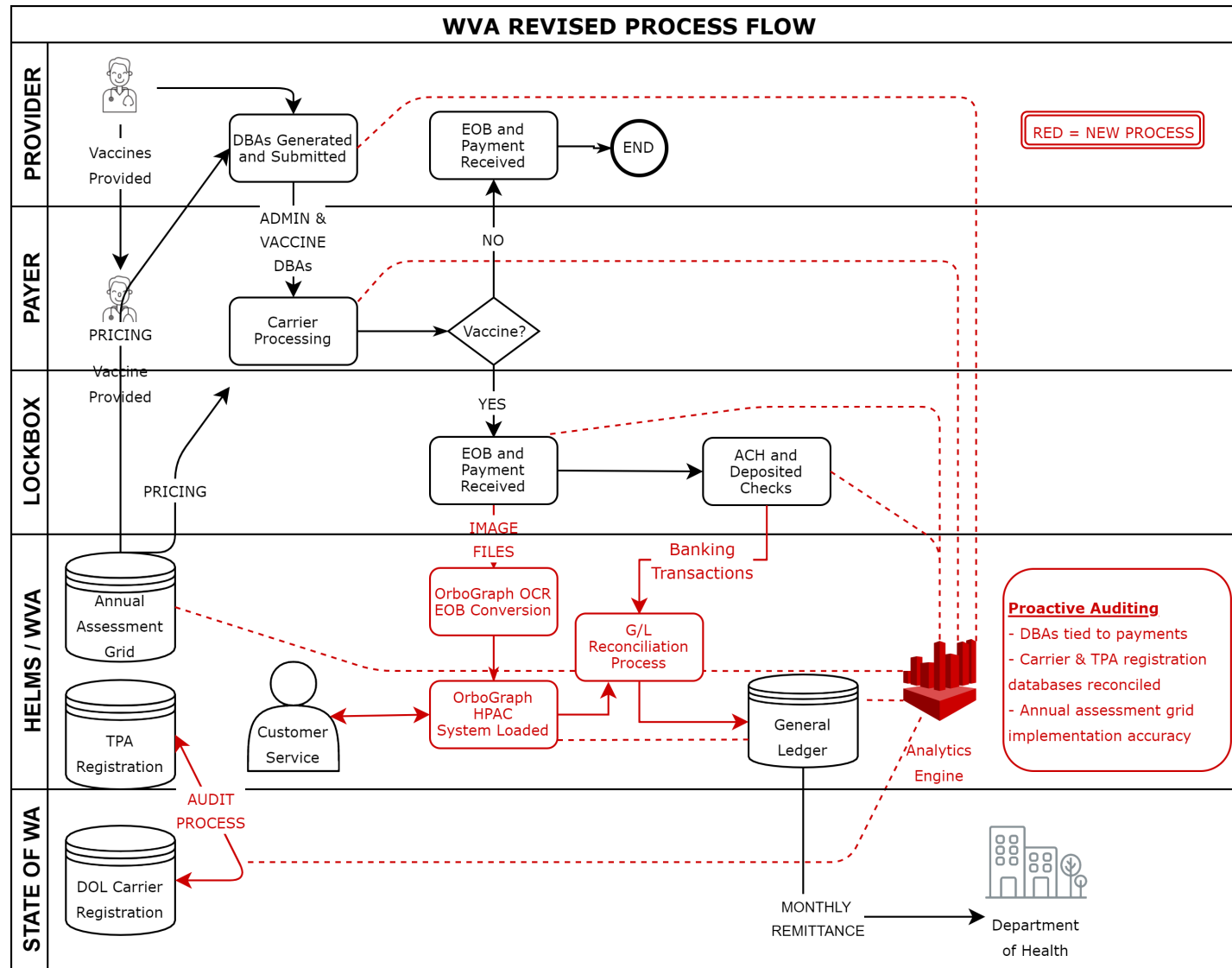






# 3. Operations Updates

# The New Operating Model – Automation

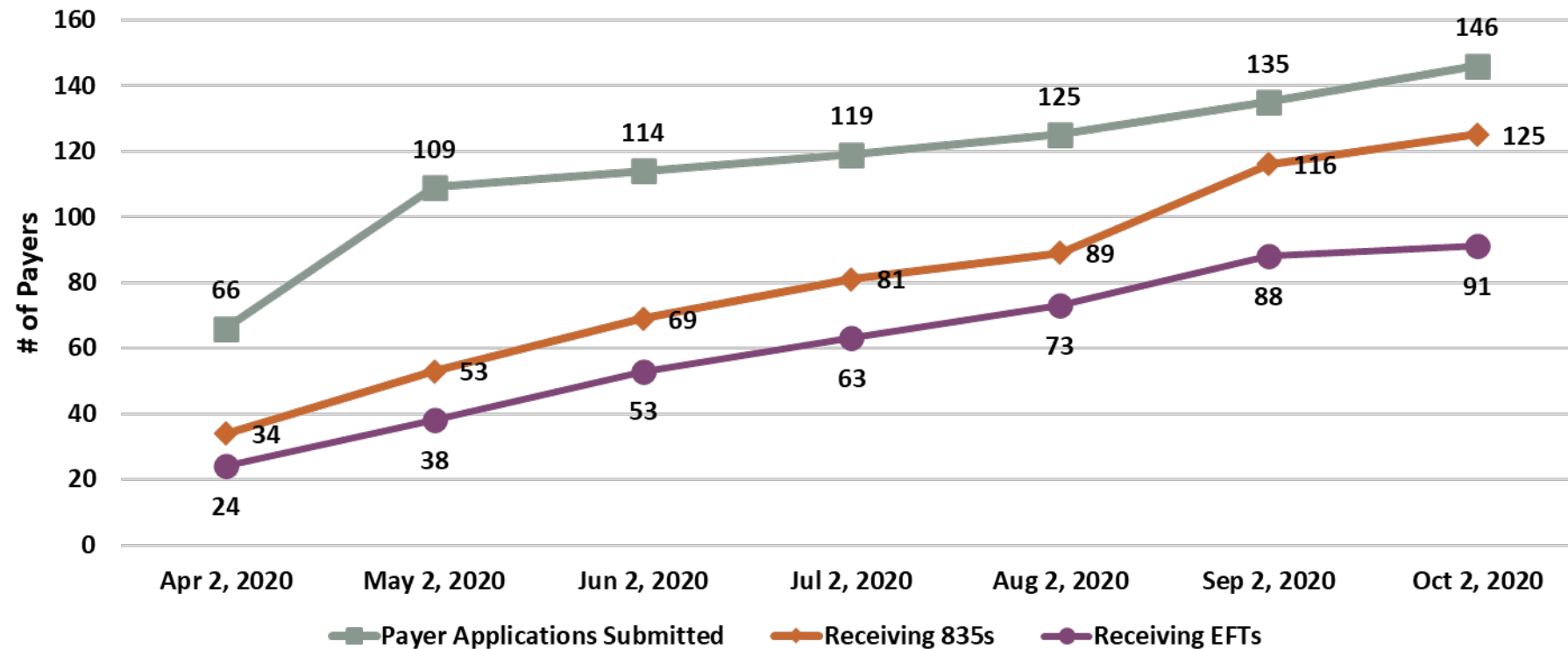




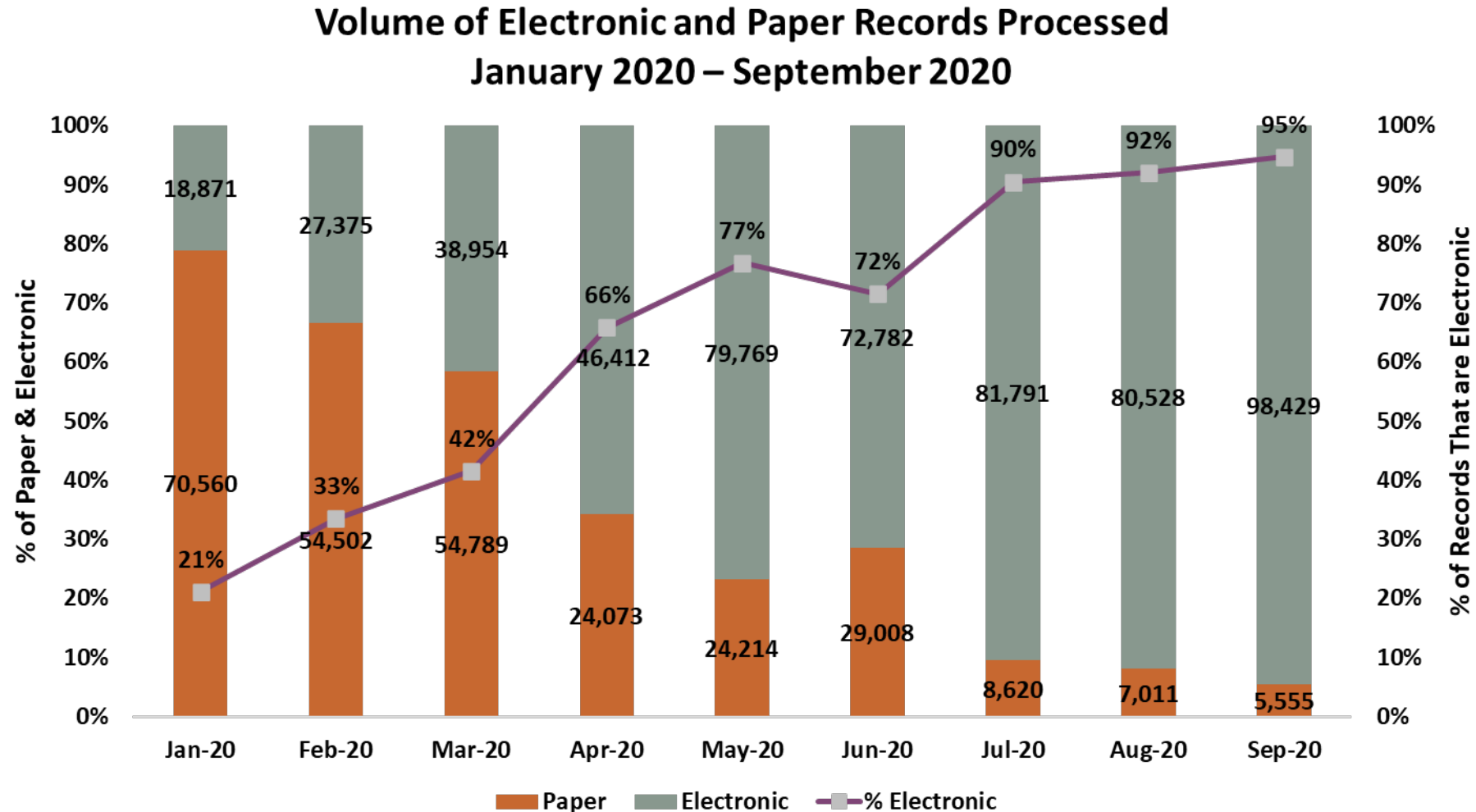
# Electronic Remittance and Electronic Funds Transfer Automation Progress

## Electronic Remittance and Electronic Funds Transfer Automation Progress

April 2020 – October 2020

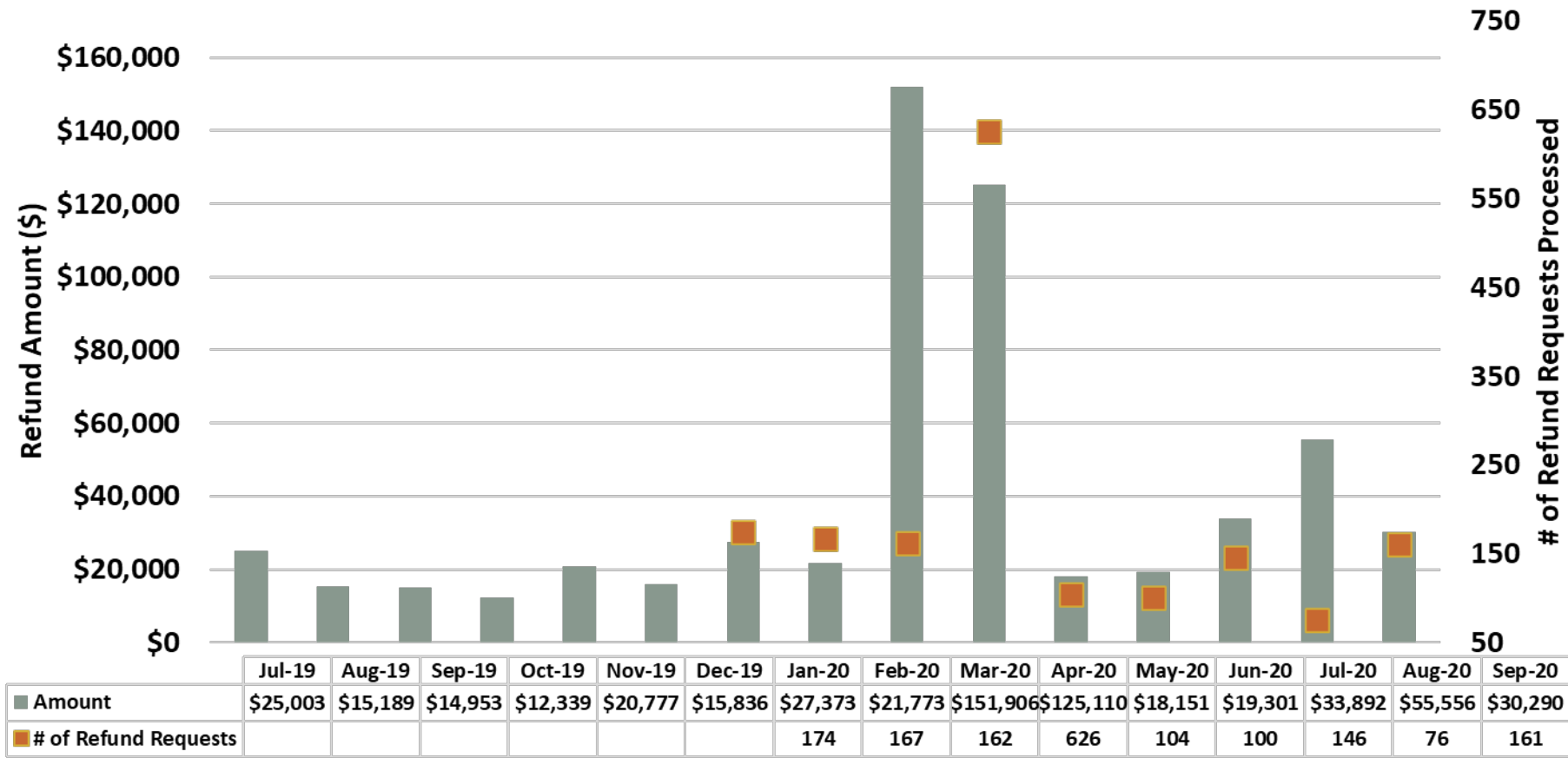


# Monthly Paper and Electronic Remittance Volume Receipts



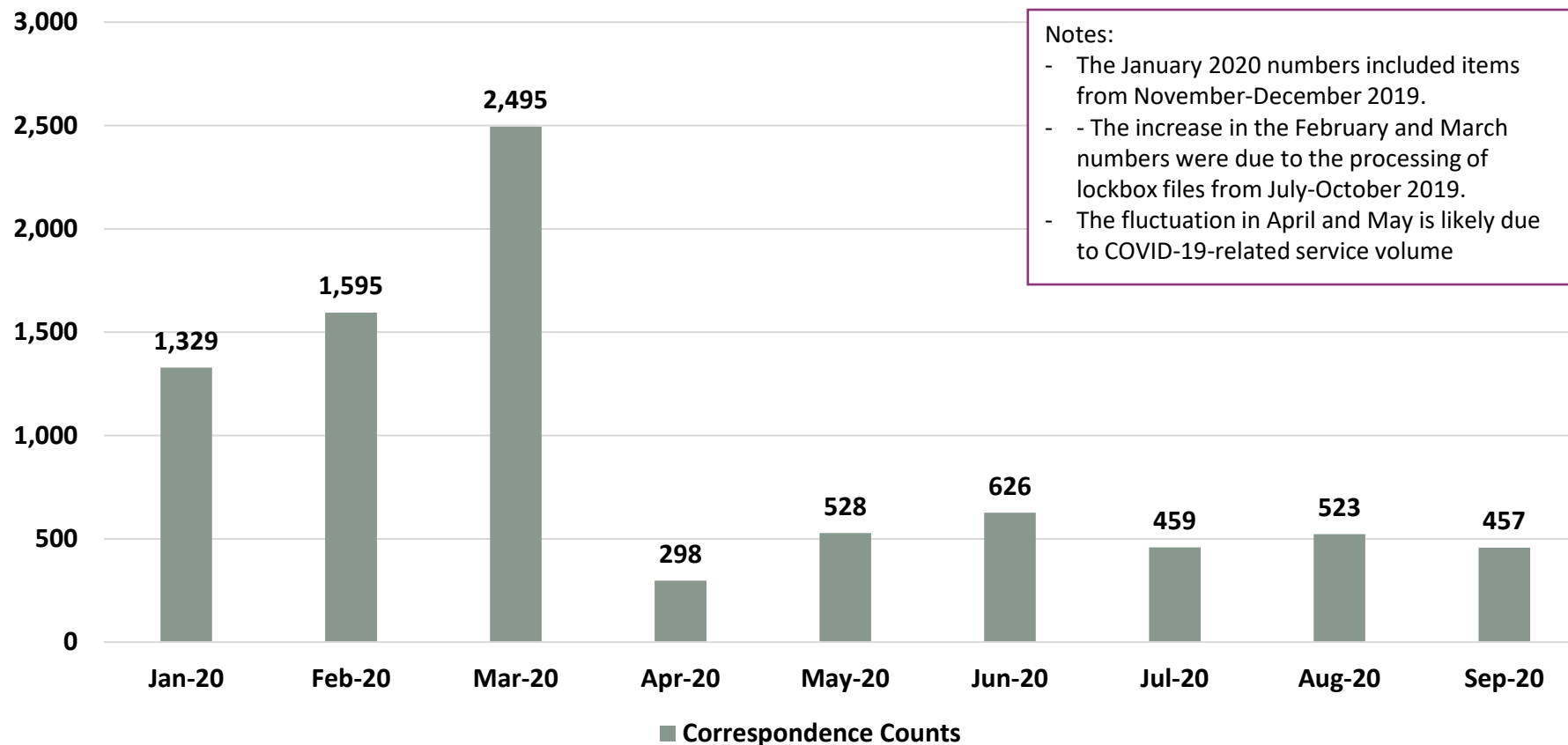
# Monthly Payer Refund Amounts

Monthly Payer Refund Amounts  
July 2019 – September 2020



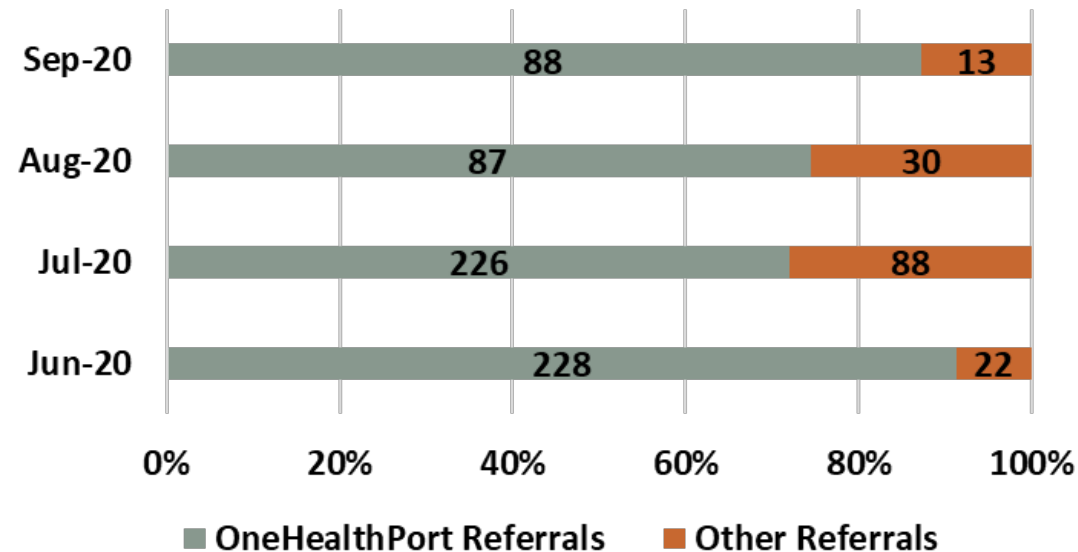
# Monthly Correspondence Items Worked

## Monthly Correspondence Items Worked January 2020 – September 2020

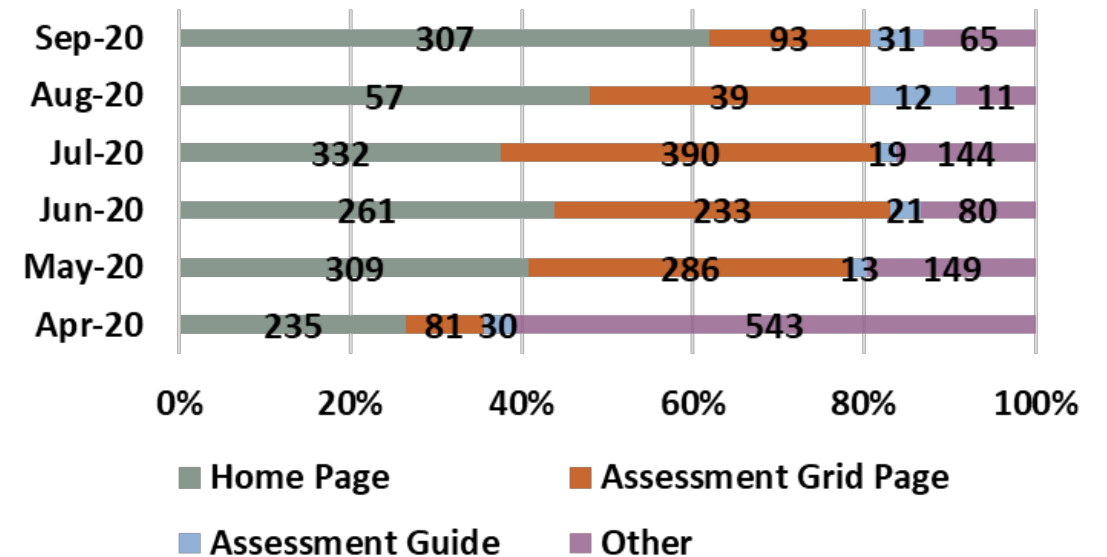


# Website Metrics

## Partner Referral Traffic

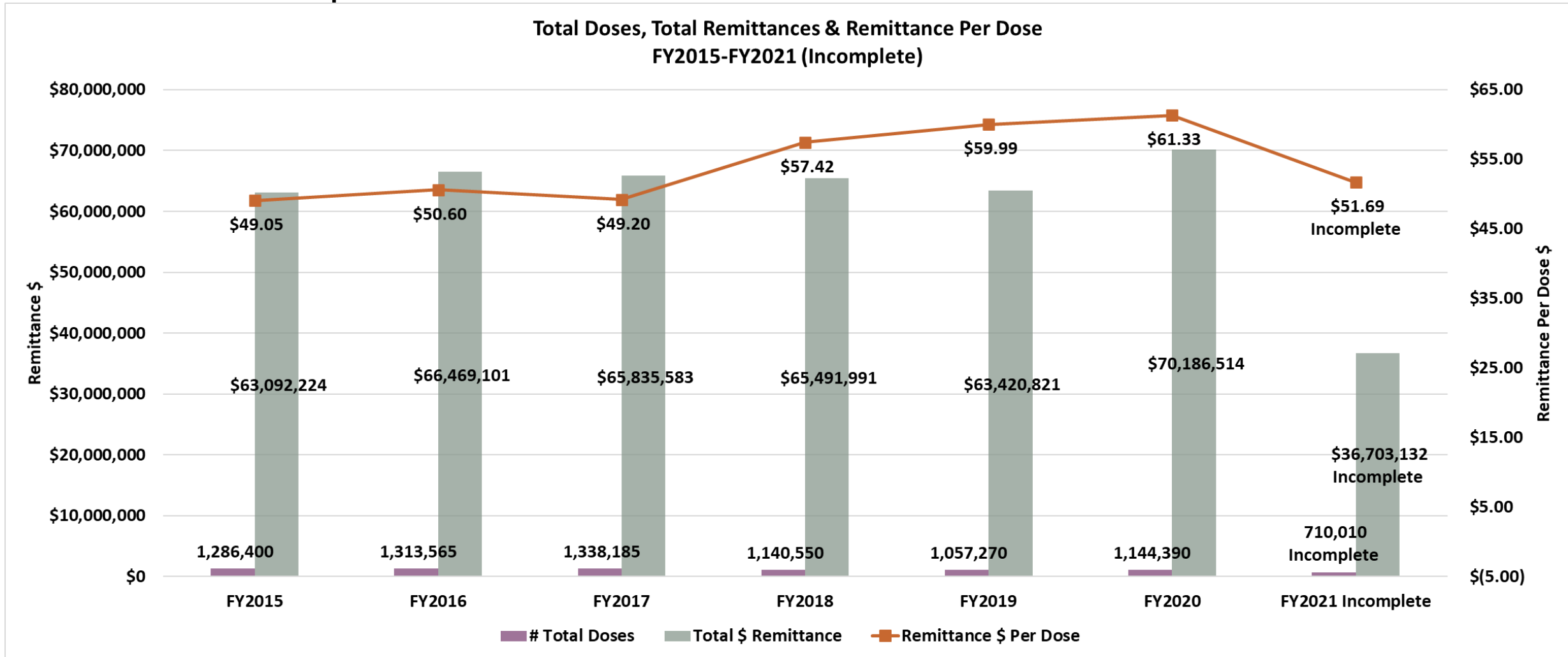


## Landing Pages

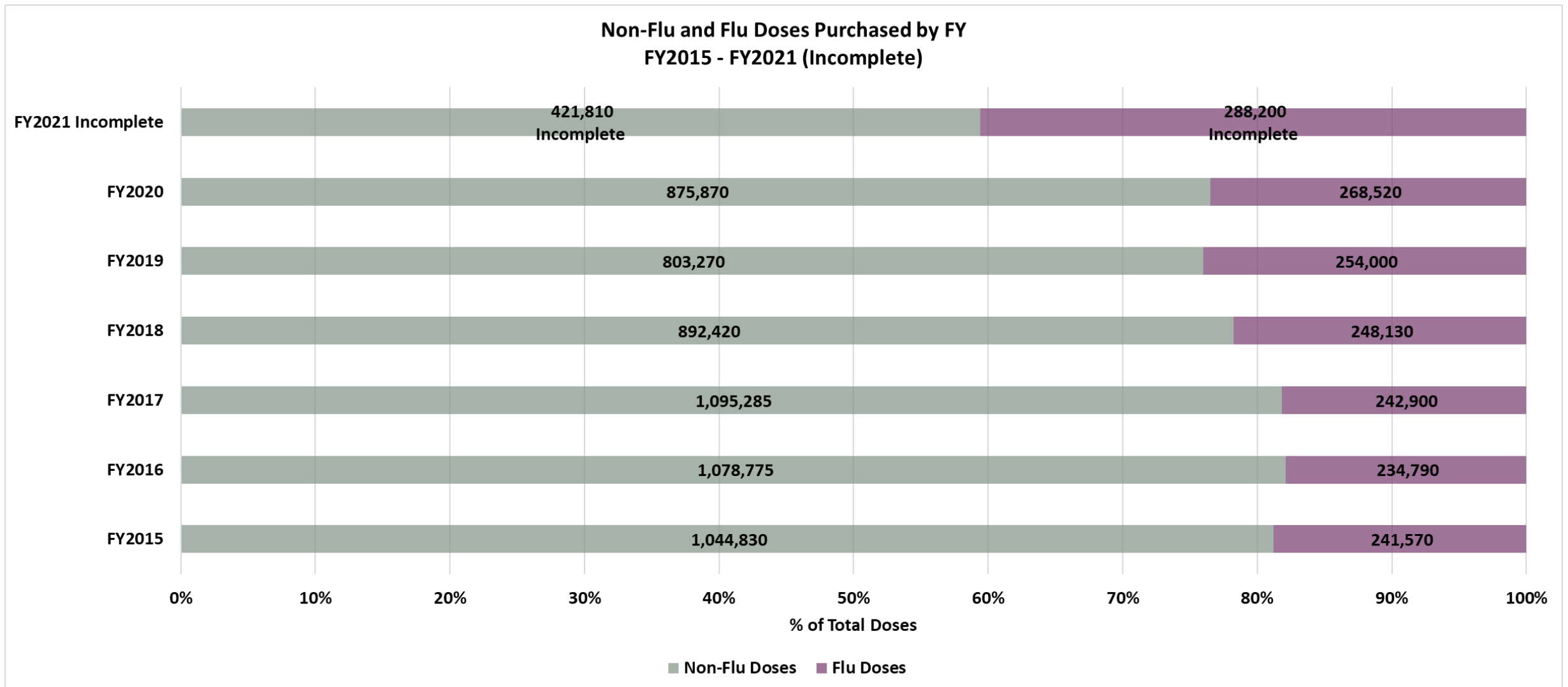




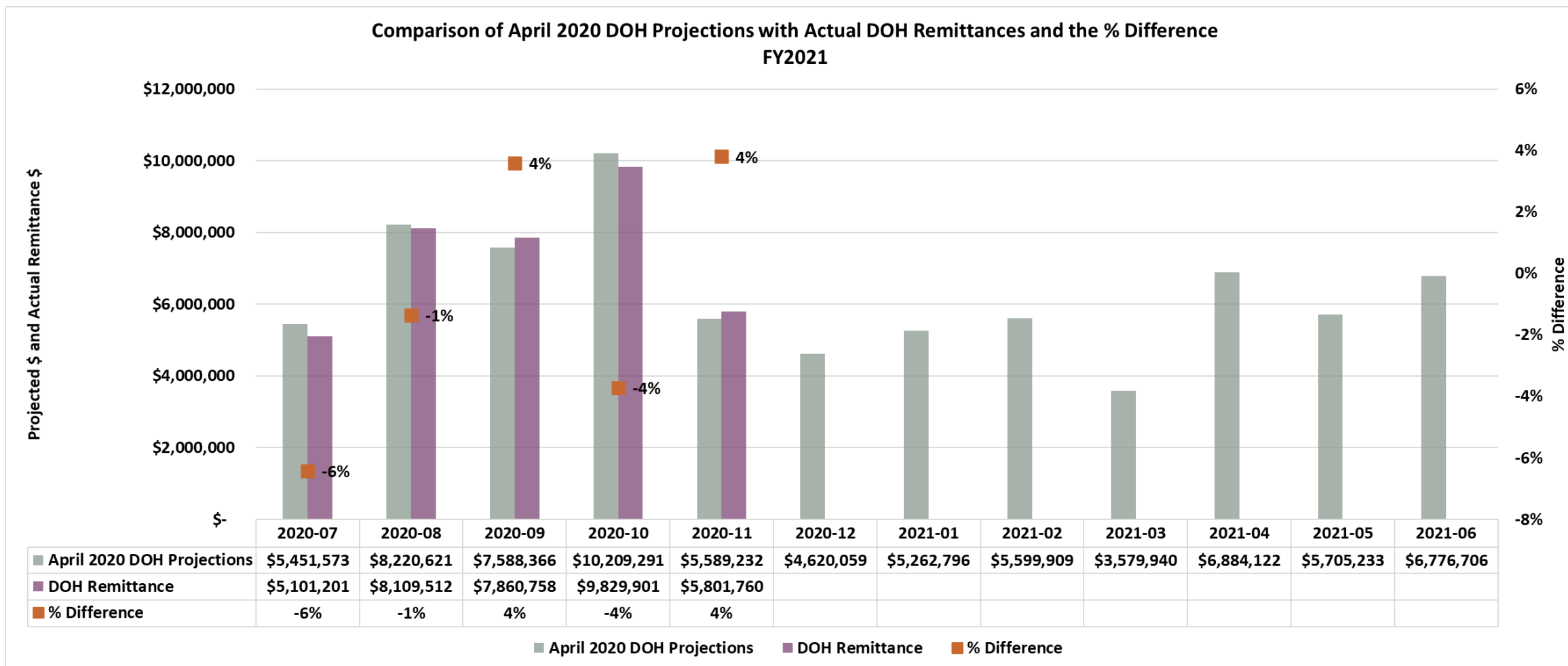
# Total Doses Purchased, Total Remittances & Remittance Per Dose per Year



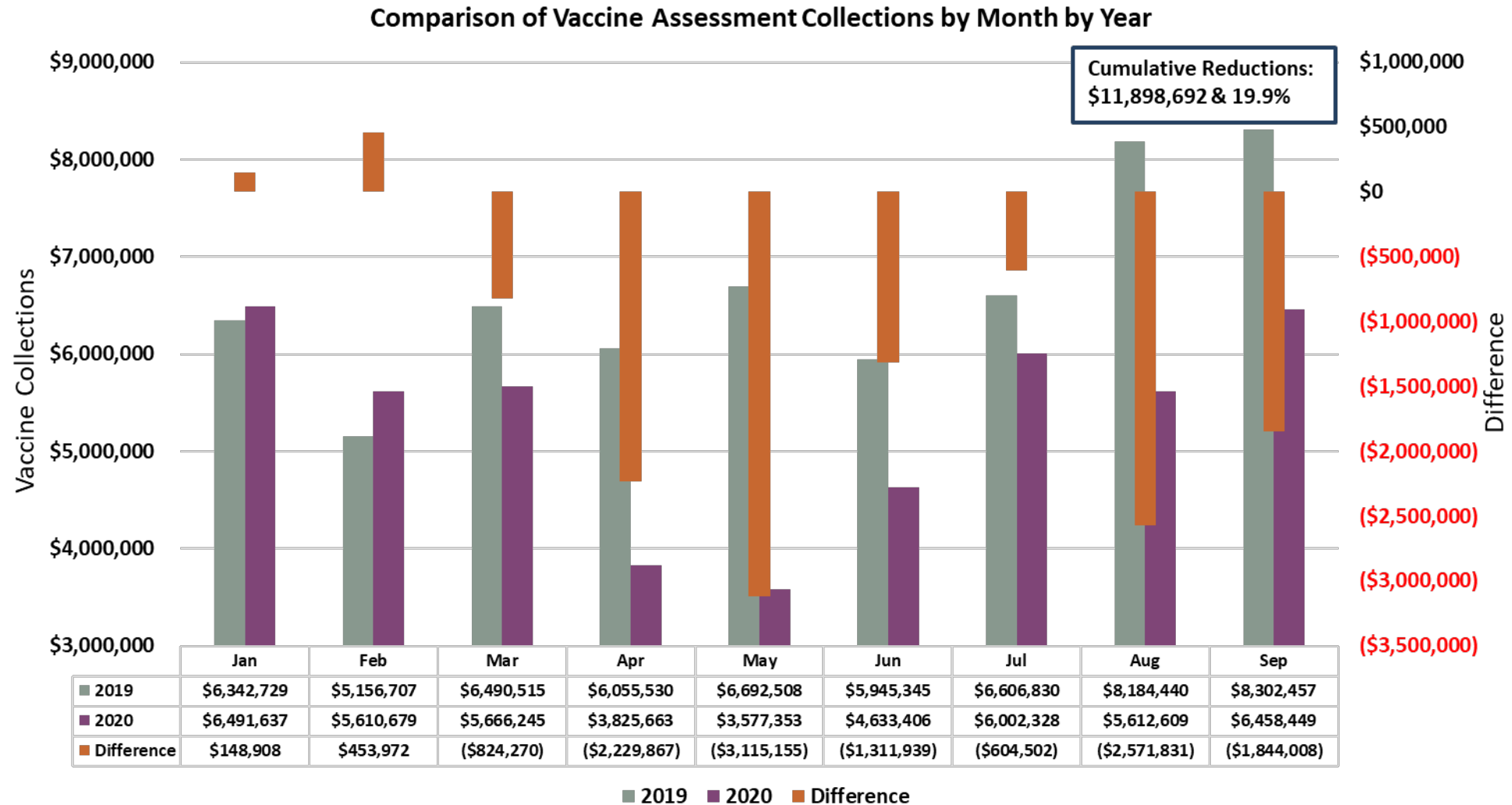
# Non-Flu and Flu Doses Purchased by FY



# Comparison of April 2020 DOH Projections with Actual DOH Remittances and the % Difference



# Vaccine Assessment Collections 2019 and 2020



# Payer Provider Manuals and WVA Guide



## TO FILE

File electronically  
(or by mail)

## Dosage-Based Assessment (DBA) Filing Basis

## ELECTRONIC FILING

## Crosswalk Guide for Assessment (DBA) Electronic Submission

## Takeaways for Providers and Payers

**STEP 1**

**Complete Administration Claim (HCFA 1500)**

Complete the vaccine administration claim. This claim should only include the vaccine administration code(s), and not the vaccine material.

★ **Note:** Do NOT include vaccine codes and modifiers for provider's administration charges on the Administration Claim to the payer.

**STEP 2**

**Use the HCFA 1500 for the Dosage-Based Assessment**

★ **First:** Download the Vaccine Assessment Grid!

The Dosage-Based Assessment has the following changes from the Administration Claim:

- Box 19: A good place for processing notes to payer if needed.
- Box 21: Enter "Z23" (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 Vaccine Assessment Grid, found online at: [wvaccine.org/assessment-grid/](http://wvaccine.org/assessment-grid/).

**STEP 1: ADMINISTRATION CLAIM**

**Complete Administration Claim as would occur with a normal claim.**

**STEP 2: DOSAGE**

**Complete similar but with**

**STEP 1**

**Complete the DBA electronically (837 Professional)**

This includes:

- Billing Provider Federal Tax ID Number
- Billing Provider Information
- Patient Account Number, Claim Notes and Provider Signature
- Rendering Provider Name
- Service Facility & Location NPI
- Procedure, Services and Supplies
- Service Line and Date of Service
- Line Item Charge (\$ Amount)
- Vaccine Material Identification

**STEP 2**

**Submit electronically to payer**

Submit the DBA to the payer (health plan, insurance company, or third-party administrator) via your electronic claims clearinghouse – NOT to WVA.

**IMPORTANT BILLING REMINDERS**

★ **Do NOT submit to WVA. Submit to Payer.**

★ **First time electronic filers:** The first time you use the electronic DBA process, please notify your claim clearinghouse or electronic medical records vendor that you intend to submit electronically using the DBA process with WVA's name, Tax ID and NPI.

★ **Important Numbers:**  
WVA Tax Identification Number (TIN): 27-2251833  
WVA National Provider Identifier (NPI): 1699092718  
WVA Billing Taxonomy Number: 251K00000X

Dosage-Based Assessment (837 Professional)									
Field	Version	Segment	Loop	Segment	Qualifier	Qualifier	Qualifier	Qualifier	Qualifier
1	1	1	1	1	1	1	1	1	1
2	1	1	1	1	1	1	1	1	1
3	1	1	1	1	1	1	1	1	1
4	1	1	1	1	1	1	1	1	1
5	1	1	1	1	1	1	1	1	1
6	1	1	1	1	1	1	1	1	1
7	1	1	1	1	1	1	1	1	1
8	1	1	1	1	1	1	1	1	1
9	1	1	1	1	1	1	1	1	1

When providers and payers participate in the WVA dosage-based assessment (DBA) process, it allows the WVA to collect the necessary assessments from insurance carriers and third-party administrators (TPAs) that in turn allows the State of Washington to continue to provide vaccines to protect covered children in our state.

### TAKEAWAYS FOR PROVIDERS

- The modifier SL should never be used with the DBA process. The modifier may be required by traditional and managed Medicaid plans that do not require a DBA.
- The Vaccine Assessment Grid is posted on the WVA website and contains the most up-to-date information on vaccine material CPT and NDC codes and charges to use on the DBA submission – see <https://wvaccine.org/assessment-grid/>.
- Providers only need to submit DBAs for State-supplied CVP vaccine material for privately-insured patients under the age of 19.
- Providers should not submit DBAs on behalf of patients with other types of insurance such as Apple Health (Medicaid) or managed-Medicaid products.
- Providers should consult the WA Department of Health's (DOH) *Eligibility for Publicly Funded Vaccines – A Guide for Providers* to determine if a DBA for the WVA is required.
- Providers should not collect co-pays, co-insurances, or deductibles for the vaccine portion of the visit as there is no patient responsibility due.

### The Department of Health can assist you with questions about:

- Provider enrollment in the Vaccine for Children (VFC) program and program requirements, including site visits.
- Vaccine ordering and the State's Immunization Information System (IIS).
- Center for Disease Control (CDC) requirements and education on vaccine material storage, handling, and waste.
- Non-commercially insured, traditional Medicaid, managed Medicaid (Apple Health), and uninsured patients.
- A health benefit plan that does not cover preventive services.
- Questions regarding brand choice.

### VACCINE CLAIM/ASSESSMENT FOLLOW UP

If the administration and/or DBA is denied for incorrect provider demographic or patient eligibility information, lacking a National Drug Code (NDC), or other reason, the provider must re-file both the corrected administrative and vaccine material DBA forms to the carrier or TPA. The WVA relies on provider offices to pursue payment of the DBA, or vaccine portion of the claim, to the full extent they pursue payment of the administrative portion of the claim. The WVA does not submit claims directly to carriers and TPAs, and relies on correct DBA processing in order to maintain program funding.

### TAKEAWAYS FOR PAYERS

#### Participation and Regulatory Requirements

- The WVA, created by State statute, is considered a public health organization and is not required to be in network to receive payments for DBAs from carriers or TPAs.
- TPAs are required by RCW 70.290.075 to register on the [WVA website \(https://wvaccine.org/registration-requirements/\)](https://wvaccine.org/registration-requirements/).
- Carriers and TPAs are required to ensure their adjudication systems pay according to the WVA Vaccine Assessment Grid price. The price is set by CPT and NDC code annually on July 1st – see <https://wvaccine.org/assessment-grid/>.

#### No Patient Responsibility

- There are no contractual adjustments or patient responsibility associated with DBAs.

#### DBA Adherence

- The WVA does not submit DBAs itself and receives remits from carriers and TPAs only. DBAs are only submitted by providers on behalf of the WVA to the payers.
- If a provider cannot separate the provider's administrative fee from the vaccine material fee (DBA), the payer must in the interim produce a settlement report and payment to the WVA with remittance detail until the provider can bill the payer a separate DBA.

#### Other

- Carriers and TPAs can reduce their administrative expenses by submitting electronic remittance advices (ERAs) and electronic fund transfers (EFTs) to the WVA. Payment may also be made via check, but not by VCP. To sign up for electronic remittance, please email [info@wvaccine.org](mailto:info@wvaccine.org) with your request and contact information so we can follow up with you.
- Each year payers and TPAs are provided a statutory assessment letter which contains an estimate of future-year payments to the WVA for informational/budgeting purposes.
- The WVA is a non-profit entity that does not require a 1099. The 1099 results in administrative expense for the carrier/TPA and the WVA. A WVA W9 may be downloaded from our website if required – see <https://wvaccine.org/other-resources-and-links/>.

#### Overpayments, Refunds and Takebacks

- If payers have made payments to providers instead of the WVA for vaccine material, payers are responsible to reverse the payment and re-process for remittance to the WVA.
- The WVA asks payers to seek refunds with DBA-specific information (claim number, DOS, patient ID, charges, paid amounts) in order for a refund check to be mailed to payers.
- The WVA does not accept takebacks, vouchers, or offsets from payers when claims are reprocessed by payers seeking reimbursement for overpaid DBAs.
- If a payer is planning to reprocess DBAs in bulk, we would ask they reach out to us to make arrangements (e.g., a lump payment with claim-specific notation) in order to reduce manual refund check processing costs.