

What: **Operations Committee Meeting**
 Date & Time: May 7, 2020, 12:30-1:30 p.m. PT
 Location: ZOOM Webinar/Teleconference
To participate, please email info@wavaccine.org and the webinar/teleconference information will be sent to 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. Introductions & Purpose of Meeting a. Notice of Recording	J. Zell
12:35-12:40p.m.	2-4	2. Calendar Consent Items (VOTE) a. Operations Committee Minutes (December 5, 2019)	J. Zell
12:40-1:00 p.m.	5-32	3. 2020-21 Vaccine Assessment Grid a. 2020-21 Vaccine Assessment Grid (VOTE)	P. Miller/J. Zell
1:00-1:25 p.m.	33-43	4. Operations Update a. Administrator Change b. 2020 Goals c. Provider and Payer Guide d. Refunds/Denials	J. Zell
1:25-1:30 p.m.	--	5. Other Matters from Committee Members	Any
1:30 p.m.	--	6. Closing	J. Zell

**May 7, 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 December 5, 2019 Operations Committee meeting.

[To approve the meeting minutes of the December 5, 2019 Operations Committee meeting with the changes suggested at the meeting.]

Items under Agenda Section 3:

VOTED: To adopt the July 1, 2020 Assessment Grid.

[To adopt the July 1, 2020 Assessment Grid in accordance with the changes suggested at the meeting.]

**Washington Vaccine Association
Operations Committee Meeting
December 5, 2019; 1:00-1:30 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
Tracey Cardillo, Cigna
Nicole Carroll, United Healthcare
Steve Lam, PharmD, Regence

Helms & Company, Inc.
Patrick Miller, Principal

KidsVax®
Terry Mills, Executive Assistant

WVA

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

II. Minutes

Welcome and Introductions

At 1:00 p.m., Chairperson Julia Zell called the meeting to order. The purpose of the meeting is to introduce everyone to Helms & Company, who will be the new administrative services provider to WVA beginning January 1, 2020.

Financial Update

Ms. Zell indicated that like the old process, WVA will provide a draft assessment grid. It is anticipated that WVA will be able to absorb inflation costs in the ongoing year. WVA is fully reserved partly due to the TRICARE settlement in which TRICARE paid their arrears owed to WVA. Given WVA's liquidity, Ms. Zell believes the assessment grid can be taken down again. WVA is attempting to hold the grid steady as payers have articulated in the past, they would prefer fewer adjustments to the assessment grid versus the up and down, allowing for better predictability. Ms. Zell mentioned that if anyone is interested in additional information, WVA's Finance Committee makes the decisions concerning what WVA's reserve goals are and how to adjust them on a periodic basis. Those meetings are posted on WVA's website at www.wavaccine.org. All 2020 meetings have been posted on the website.

Operations Updates

Ms. Zell provided a brief update regarding the transition from KidsVax ("KV") to Helms & Company ("Helms") beginning January 1, 2020. After an exhaustive search, Helms was selected to handle WVA's back office work, including projections, customer service, and other tasks not handled by Ms. Zell specifically. She explained that there will be some changes on the provider side, whereas Helms will have a full-time person that will be handling the inquiries coming in day to day. WVA also recently had its website updated, so different content will continue to be added to that as well. The News and Notices will remain in the same place so that payers will continue to receive a reminder of the draft assessment grid. Helms has a lot of experience with vaccine associations and have collectively, years and years of payer and provider experience. Ms. Zell is excited to have them on the team.

Mr. Miller expressed Helms's excitement about working with WVA as well. From a payer's perspective, Mr. Miller explained that initially things will look the same in terms of not changing phone numbers, email addresses, the lockbox, etc. At a recent visit with WVA's Board, Mr. Miller explained that while it looks the same today, Helms is actively working on some items on the back end that will be beneficial to the payers, WVA, and the Department of Health ("DOH"). Technology has been implemented that will take all the documents that go to the lockbox, i.e., EOBs, checks, and correspondence related to the DBA claim process and image all of those and then extract off that approximately 25 data points. This process will give the customer service people more of a real time view of what has been sent there, but it also provides a fair amount of analytic capacity to look at the data. Mr. Miller has had a number of discussions with the DOH in ways that Helms can partner with them moving forward. Additionally, in

1 2020, Helms would like to move into looking at how WVA can move away from the paper-based EOB process and
2 move more to an automated 835 process. Helms believes this process will be a great value to the payers in terms of
3 being able to move from paper to electronic. It will reduce several lags that exist through the lockbox. There are also
4 a number of upstream activities that Helms is looking at. One of the things that the analytic platform provides is the
5 ability to take a look at the pricing grid in terms of what is on the grid versus what is actually being processed on the
6 charge and payment side. Helms is hoping to work more proactively with some of the providers that might not be up
7 to date on the grid and potentially some of the smaller payers that are not necessarily up to speed.
8

9 Mr. Miller offered to meet with anyone individually or as a group going forward and would like to develop a strong
10 collaboration between Helms & Company and the payer community, as they have been developing with the DOH.
11

12 Ms. Zell reported that one of the things that attracted the Board to Helms was the fact that they had a proposal that
13 included taking a lot of the paper EOBs and payments and putting them on an automated platform. This plan should
14 give WVA a lot more feedback and close some of the time lag that currently exists as far as its revenue cycle and
15 provide a better idea of what those estimated assessment levels should be. In the future, it is anticipated that WVA
16 will be able to give reports on quantifying leakage and hopefully plugging any of the holes so that WVA can assure
17 that every payer is paying equitably and that providers are doing exactly what they should be doing when they're
18 assessing. Some of that is being done now, but it is not the same when it is being done manually versus having that
19 ongoing data.
20

21 Ms. Zell also indicated that some of the projections will be changing and that is because of this additional information.
22 Due to WVA's liquidity, it will still be burning down some of its reserves slowly, but because of the accuracy going
23 forward, and a little more robust process as far as the assessment grid setting, there should be even more accurate
24 projections in future years. Helms will be working closely with the DOH to pick the monthly purchases and over time
25 can start to track purchases versus utilization.
26

27 **DOH Updates**

28 Ms. Allen briefly reported that DOH will be working with Ms. Zell and Helms to make sure that DOH is providing
29 what they find helpful and then assess the process moving forward. DOH is also working on the individual provider
30 profile update project. There was conversation about its provider punch list being updated next summer. However,
31 to be proactive, they started on the project about a month ago and are hoping to have that wrapped up and have all
32 provider profiles input by the end of the year. This is typically done every three years, but it has been done a little
33 earlier this year because of the transition and making sure everything is accurate. Ms. Zell explained that a practice
34 profile is the actual determination as far as what WVA is accountable for to the DOH for the purchase of vaccines. It
35 is a very important number and WVA appreciates the DOH for putting in that work early when they are not required
36 to by the CDC or the State.
37

38 Ms. Zell reported that notification letters regarding the transition will be going out. Going forward everything will be
39 branded under WVA so there is no confusion to payers and providers to assist in effectuating a smooth transition. Ms.
40 Zell reminded everyone to look for the News and Notices coming out and noted WVA will go through the normal
41 assessment cycle pending whatever the CDC pediatric contract is April 1, 2020.
42

43 **Other Matters from Committee Members**

44 There were no other matters to come before the Committee.
45

46 **Closing**

47 There being no further business, the meeting was adjourned at approximately 1:16 p.m. PST.

2020-21 Vaccine Assessment Grid

Presented to the Washington Vaccine
Association Operations Committee

May 7, 2020

Leslie Walker, CPA

Patrick Miller, MPH

Tony Mendez, MBA

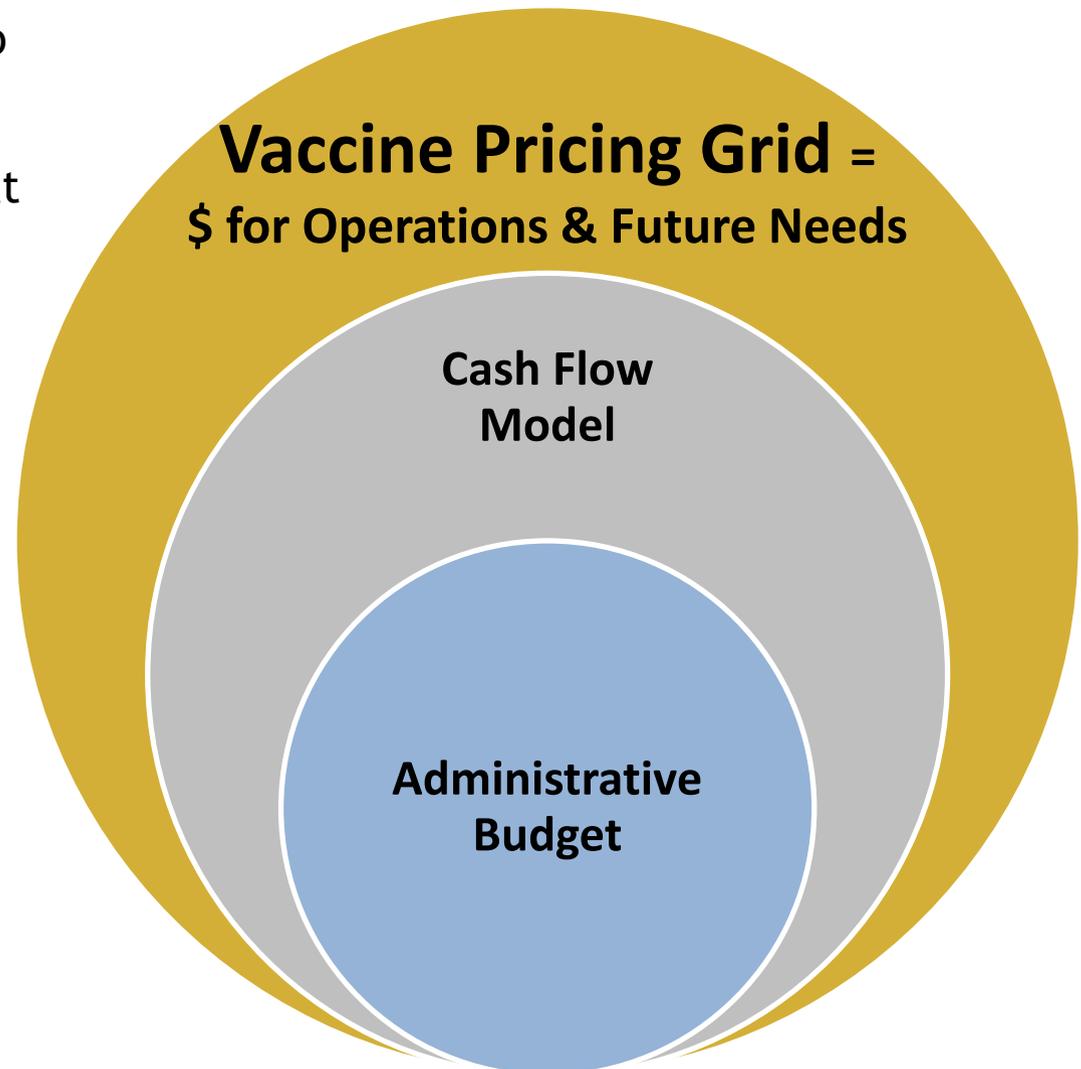
Presentation Overview

- The Vision
- Historical Charts
- Cash Flow Model
- Administrative Budget
- Vaccine Pricing Grid
- Discussion

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The Vision

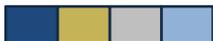
1. There is a “nested” relationship between the administrative budget, the cash flow model, and the vaccine pricing grid that was not taken into account in prior years
2. Goals of the FY2021 vaccine pricing grid process include:
 1. Providing grid stability across years to minimize year-to-year fluctuation
 2. Reducing cash on hand to a Board-approved level
 3. Allowing for reasonable reserves
3. This requires a partnership between the WVA, the payers, and the WA DOH



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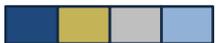
Historical Charts

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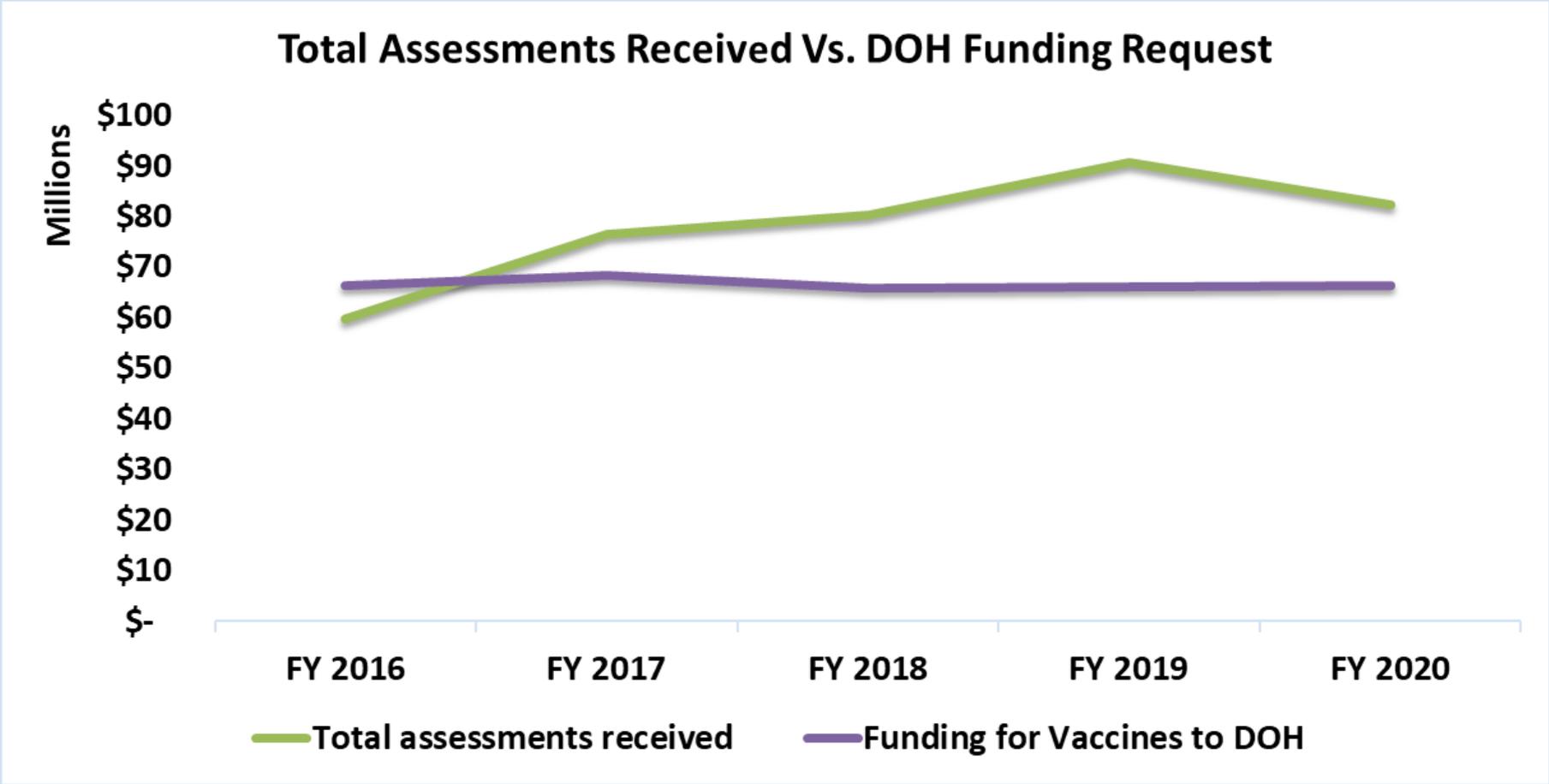


Purpose

- Charts are intended to provide the Board with a set of historical key indicators
- These indicators are reference points for the upcoming presentation sections
- These indicators will be added to future financial reporting packages



Total Inflows, Outflows, and Net Cash Reserves as of June 30 (\$M) - FY2016-20

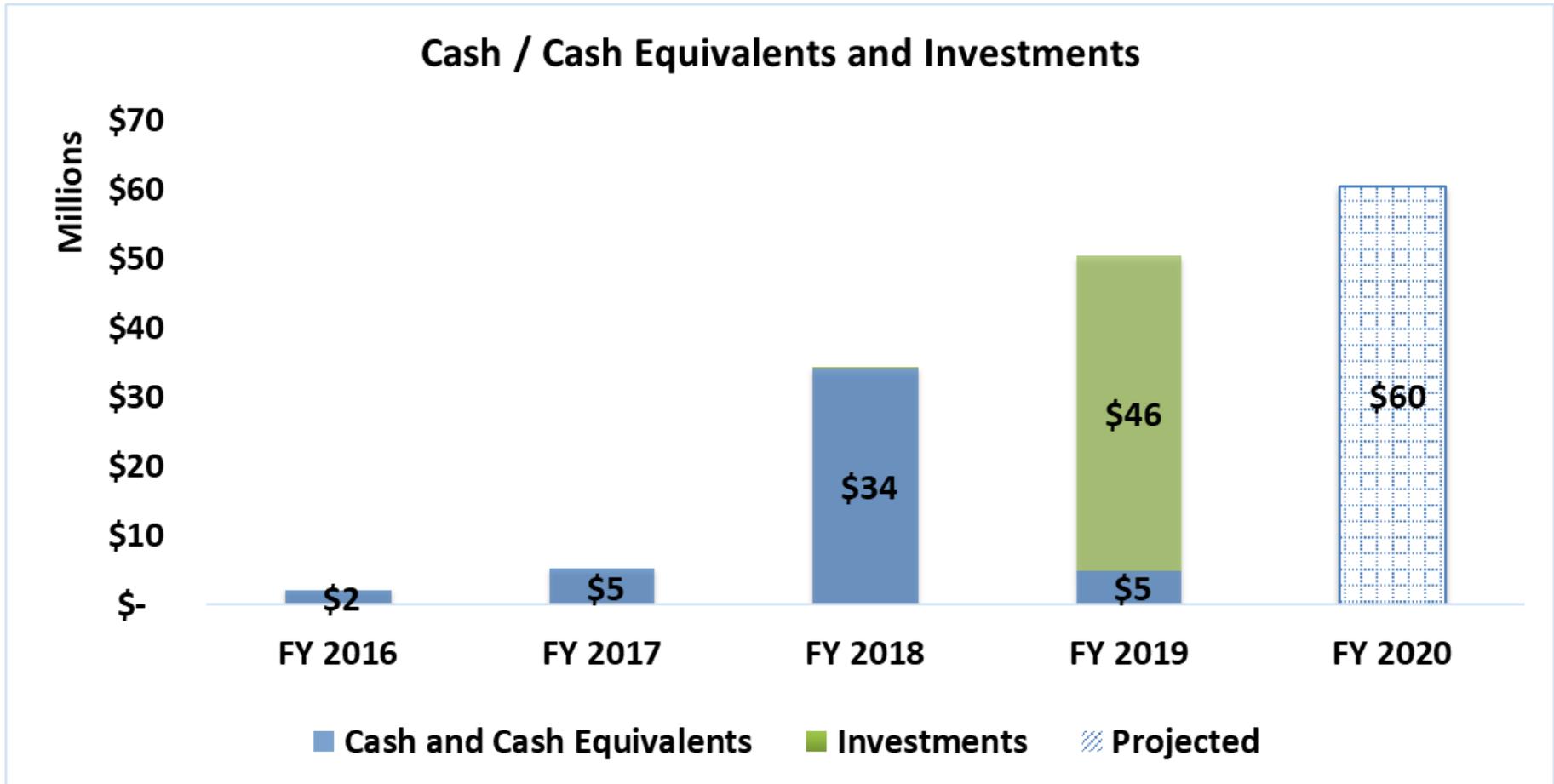


Note: Since FY2017, the organization has been collecting revenues in excess of DOH vaccine funding requirements which has led to a build up of cash reserves.

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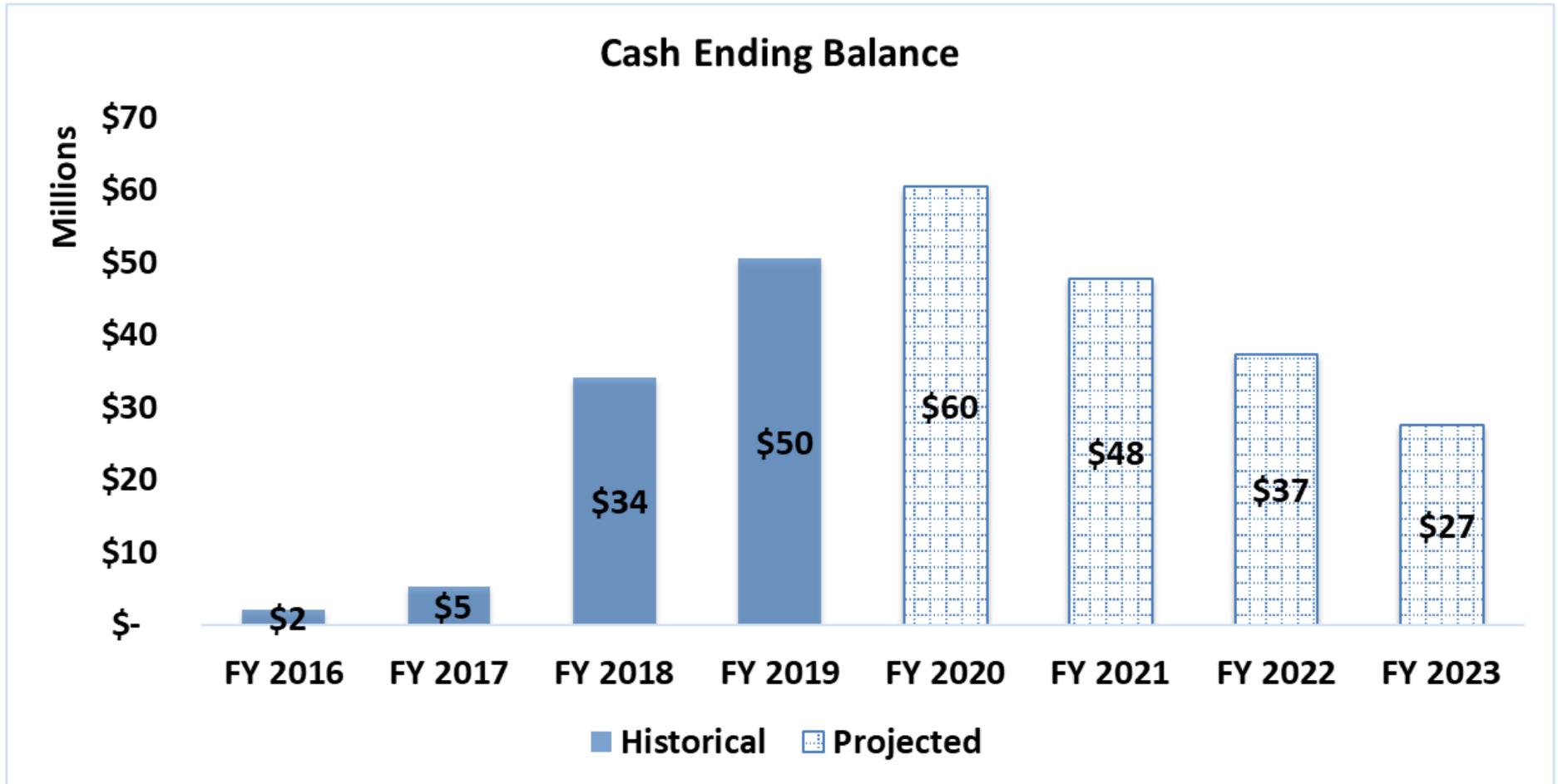
Cash and Cash Equivalents and Investments (\$M) - FY2016-20



Note: Projected cash reserves at the end of FY2020 is \$60M, the majority of which is held in the Morgan Stanley investment portfolio.

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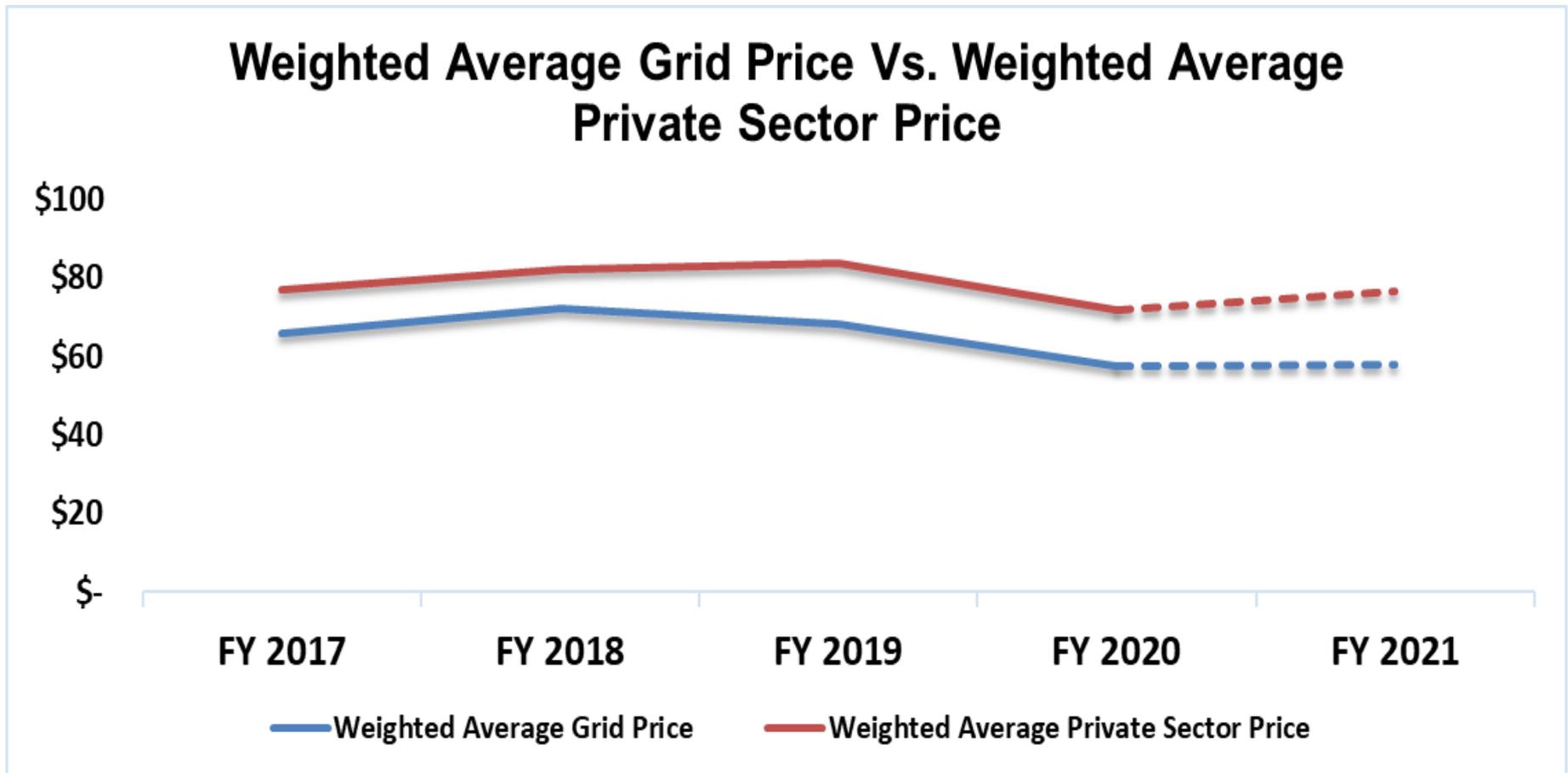
Historical and Projected End of FY Cash Balance - FY2016-23



Note: This shows the historical and projected cash reserves balance at the end of each FY. FY2021-2023 projections will depend on the final cash model scenario the Board chooses.

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Weighted Average Grid Price Vs. Weighted Average Private Sector Price - FY2017-21

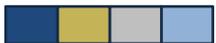


Note: The CDC private sector weighted average grid price is greater than the WVA weighted average grid price.

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Administrative Budget

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Administrative Budget Categories

- Direct Processing Costs
 - Helms, OrbogGraph, Clearinghouses, Lockbox, CollaborateMD
- ED Costs and Related Support Fees
 - Salary, Payroll Taxes, Payroll Processing, Travel, Technology Support
- Provider and Payer Education and Outreach
 - Education Materials, Postage, Website, Technical Consultant, Conferences, Advertising, Hospitality, Subcontracted Educator
- Administrative Costs
 - Legal, Audit, Investment Management Fees, Registered Agent Fee, Rent, Board Meetings, Insurance
- Other Discretionary Expenditures
 - Administrator Conversion, ED and Contractor Bonus, Denied Claims Recovery, Direct Healthcare Practices Operations

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Administrative Budget Summary

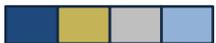
WVA Budget Summary	Historical		Forecast		
	Budgeted	Projected Actual	Budgeted Total	Budgeted Total	Budgeted Total
	FY 2020	FY 2020	FY 2021	FY 2022	FY 2023
Direct Processing Costs	503,867	688,543	1,064,981	1,049,851	1,046,805
Executive Director Costs and Related Support Fees	308,492	345,598	345,252	350,981	356,852
Provider and Payer Education and Outreach ★	64,959	61,125	189,000	154,000	154,000
Administrative Costs	239,410	306,040	262,400	214,690	196,019
Other Discretionary Expenditures	100,000	616,000	166,000	166,000	166,000
Total Budget	1,216,728	2,017,305	2,027,633	1,935,521	1,919,676
Other Uncategorized Expenses	46,807				
Total PY Budget	1,263,535				

Note: The FY2021 administrative budget will be reviewed by the Finance Committee in May 2020. ★=additional investment.

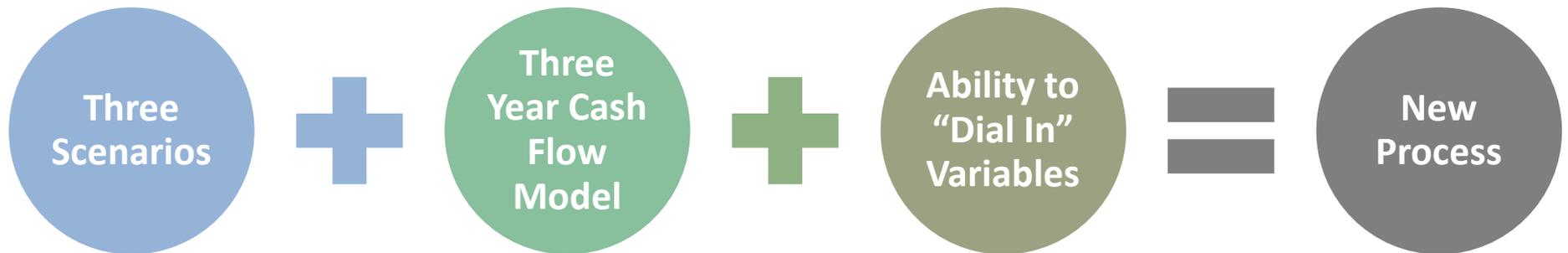
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Cash Flow Model

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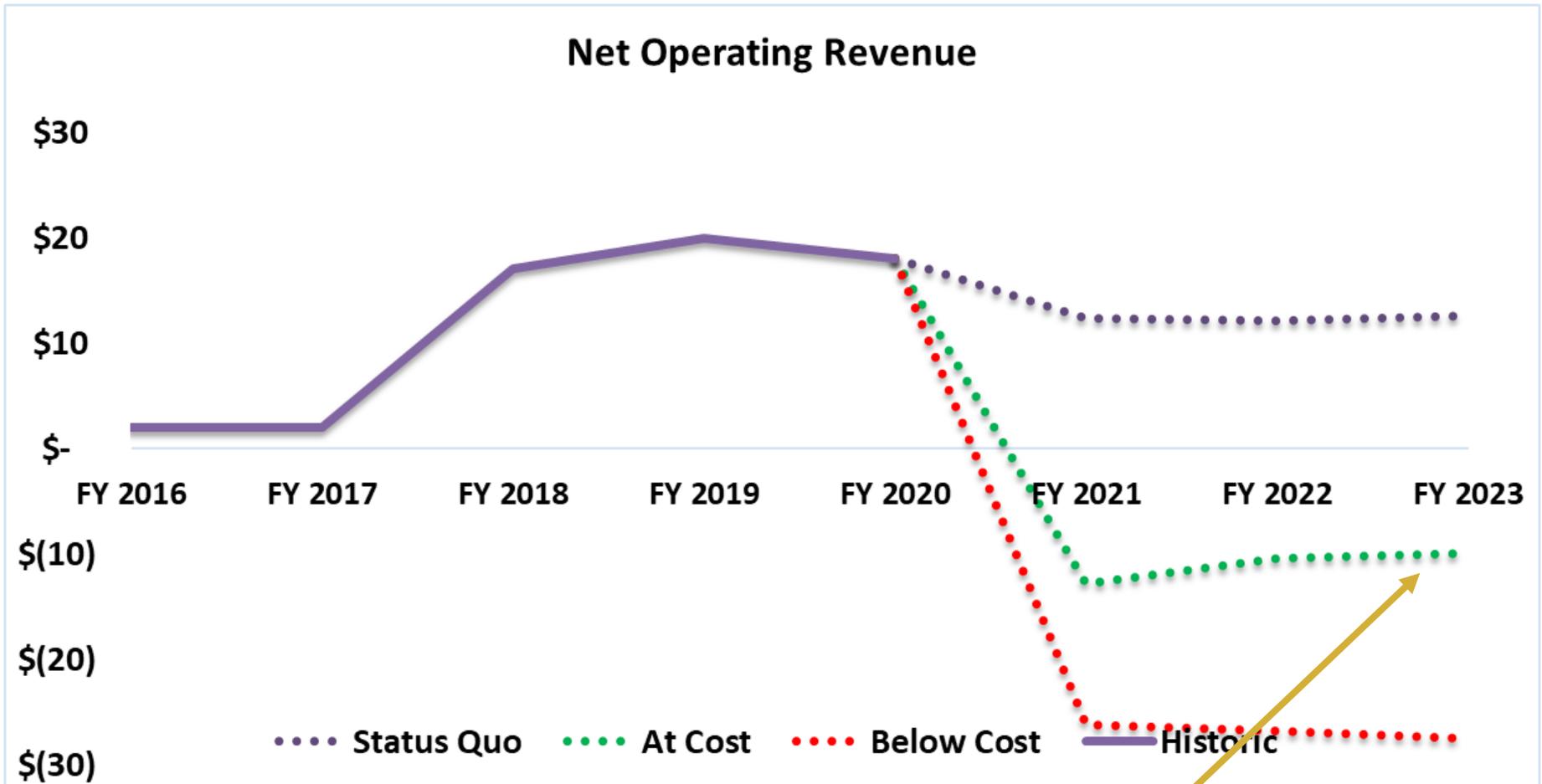


A New Process - Flexibility and Control for the Board



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Cash Flow Model Scenarios



Note: The “At Cost” scenario in green is the recommended scenario.

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WVA Financial Model	Historical		Projected	Forecast Period - At Cost		
	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
Assumptions						
Assessment Grid Markup				1	1	1
Indirect				1.4%	1.4%	1.4%
DOH Cost Recovery Fee				3.0%	2.6%	2.6%
Vaccine Wastage				3.0%	2.0%	2.0%
Denials				10.5%	8.0%	6.0%
Denial Recoveries				3.5%	3.0%	2.0%
% of Investments on Ending Cash Balance				90%	90%	90%
Inflows/Outflows						
Assessment Revenue	84,137,375	87,262,137	81,113,594	74,499,160	77,083,349	79,395,849
Vaccine Replenishment	65,835,583	65,491,991	63,139,509	74,499,160	77,083,349	79,395,849
Investment Income	-	51,903	1,158,897	-	-	-
TRICARE Expense Offset	-	-	191,858	-	-	-
Gross Revenue	18,301,792	21,822,049	19,324,840	-	-	-
Administrative Cost						
Indirect	-	-	-	(1,042,988)	(1,079,167)	(1,111,542)
DOH Cost Recovery Fee	-	-	-	(2,234,975)	(2,004,167)	(2,064,292)
Vaccine Wastage	-	-	-	(2,234,975)	(1,541,667)	(1,587,917)
Denials	-	-	-	(7,822,412)	(6,166,668)	(4,763,751)
Denial Recoveries	-	-	-	2,607,471	2,312,500	1,587,917
Administrative Budget	(1,189,899)	(1,821,862)	(1,310,555)	(2,027,633)	(1,935,521)	(1,919,676)
Total Administrative Cost	(1,189,899)	(1,821,862)	(1,310,555)	(12,755,512)	(10,414,689)	(9,859,261)
Revenue in Excess of Expenditures	17,111,893	20,000,187	18,014,285	(12,755,512)	(10,414,689)	(9,859,261)
Effect on Cash Reserves						
Cash Reserves Beginning Balance	9,582,053	34,130,094	50,477,971	60,494,195	47,738,683	37,323,993
Cash Generated/ (Used)	24,538,923	16,347,877	10,016,224	(12,755,512)	(10,414,689)	(9,859,261)
Cash Reserves Ending Balance	34,130,094	50,477,971	60,494,195	47,738,683	37,323,993	27,464,732
Investments	9,118	45,555,976	54,444,775	42,964,814	33,591,594	24,718,259
Cash and Cash Equivalents	34,120,976	4,921,995	6,049,419	4,773,868	3,732,399	2,746,473

Adjustment Variables

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Cash Flow Model “Dials” and “At Cost” Scenario Assumptions Summary

Adjustment Variable	Assumptions for “At Cost” Scenario		
	FY2021	FY2022	FY2023
Assessment Grid Markup	1	1	1
Indirect	1.4%	1.4%	1.4%
DOH Cost Recovery Fee	3.0%	2.6%	2.6%
Vaccine Wastage	3.0%	2.0%	2.0%
Denials	10.5%	8.0%	6.0%
Denial Recoveries	3.5%	3.0%	2.0%
Percentage of Investments on Ending Cash Balance	90%	90%	90%
Cash “Burn Down” Amount	\$12.8M	\$10.4M	\$9.9M
Administrative Budget	\$2.0M	\$1.9M	\$1.9M
CDC Price Increase	3.0%	3.0%	3.0%

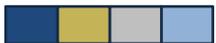
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Contingency Funds Discussion

- Reasons for contingency funds:
 - COVID-19 administrative resources needed
 - COVID-19 vaccine developed
 - Vaxelis 2021 will be released
 - Periodic changes in VFC fund split
 - Current capacity to fund

Vaccine Pricing Grid

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Vaccine Pricing Grid

Washington Vaccine Association Assessment Grid
FOR ALL CLAIMS WITH A DATE OF SERVICE ON OR AFTER JULY 1, 2020.

Please note that this WVA Assessment Grid, effective July 1, 2020, replaces the grid last updated on July 1, 2019. 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). **The green column is the assessment amount per dose as of 7/1/2020.**

CPT Code	NDC Code / Packaging	CPT Code Description	Tradename	WVA Assessment Amount per dose as of 7/1/2019	CDC Private Sector Cost/Dose 4/1/20	WVA Assessment Amount per dose as of 7/1/2020	Percent change 7/1/2019 to 7/1/2020
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®	\$151.07	\$170.75	\$120.84	-20.0%
	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	Trumenb®		\$149.89	\$115.17	-5.2%
90633	58160-0825-11 (10 pack – 1 dose vial)	Hepatitis A vaccine (HepA), pediatric/adolescent dose, intramuscular use	Vaqta®	\$22.88	\$32.89	\$20.72	-9.4%
	58160-0825-52 (10 pack – 1 dose syringe)						
	00006-4095-02 (10 pack – 1 dose syringe)				\$33.30		
90647	00006-4897-00 (10 pack – 1 dose vial)	Hepatitis B surface antigen (HBsAg)-OMP conjugate, 3 dose	PedvaxHIB®	\$14.73	\$26.23	\$13.54	-8.1%
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®	\$10.55	\$17.14	\$9.46	-10.3%
	58160-0818-11 (10 pack – 1 dose vial)		Hiberix®		\$10.85		
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	\$198.64	\$227.93	\$189.08	-4.8%
	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	Prevnar 13 TM	\$152.78	\$202.00	\$144.84	-5.2%

SAMPLE: Refer to Spreadsheet

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Contact:

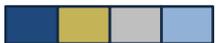
Patrick B. Miller, MPH

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MEMORANDUM

TO: Julia Zell, Executive Director & WVA Board of Directors
FROM: Leslie Walker, CPA (Mason+Rich PA), Patrick Miller, MPH (Helms), and Tony Mendez, MBA (Helms)
SUBJECT: 2020-21 WVA Vaccine Assessment Grid Recommendation
DATE: May 1, 2020

Introduction

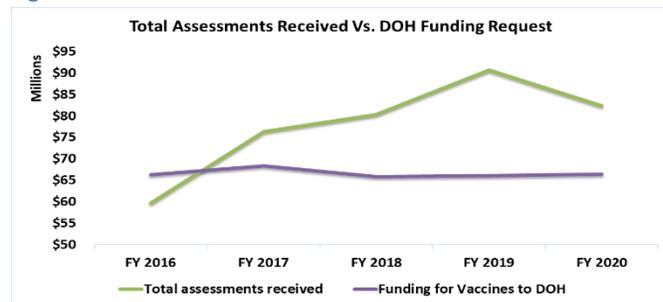
The purpose of this memorandum is to provide the Washington Vaccine Association’s Board of Directors and Operations Committee with Helms & Company’s recommendations for the 2020-21 Vaccine Assessment Grid (“Grid”) and a description of the underlying assumptions. The development of the 2020-21 Grid included several changes from prior years. 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.

FY2020 Grid Summary

In FY2020, a two percent reduction adjustment was made in the Grid prices in order to “reduce cash by between \$6.5 million and \$7M within one year” and to “anticipate balances on operating cash of \$5.7 million and \$35.6 million in investment accounts at June 30, 2020.”¹ As

shown in Figure 1, what happened instead was that while the two percent reduction adjustment had some reduction on cash, cash still grew from \$50,477,971 on July 1, 2019 to \$58,400,151 on December 31, 2019 and to \$59,489,301 on March 31, 2020 – increases of \$7,922,181 and \$9,011,059, respectively during these two time periods. The reason for this growth in cash is that the FY2020 Grid was priced nearly 12% above the vaccine remittances to the State of Washington. The two percent reduction adjustment was inadequate to achieve the desired goal.

Figure 1

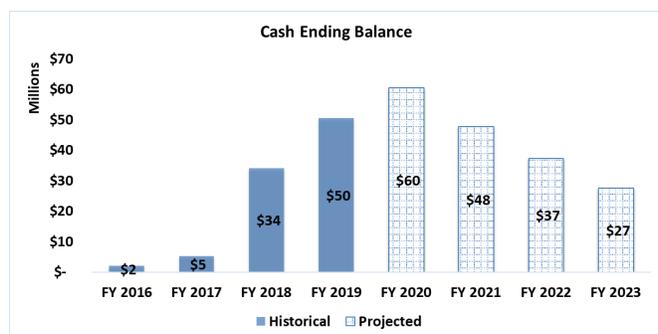


As shown in Figure 1, what happened instead was that while the two percent reduction adjustment had some reduction on cash, cash still grew from \$50,477,971 on July 1, 2019 to \$58,400,151 on December 31, 2019 and to \$59,489,301 on March 31, 2020 – increases of \$7,922,181 and \$9,011,059, respectively during these two time periods. The reason for this growth in cash is that the FY2020 Grid was priced nearly 12% above the vaccine remittances to the State of Washington. The two percent reduction adjustment was inadequate to achieve the desired goal.

Setting FY2021-FY2023 Cash Targets

The Finance Committee has set a goal of reducing cash and setting targets for reduction. The model created for the upcoming FY assumes cash decreasing over the next three years with end of year cash balances of \$47.7M, \$37.3M, and \$27.5M at the end of each of the next three fiscal years, respectively (Figure 2). For each of the three years, the model targets reductions of \$12.8M, \$10.4M, and \$9.9M over the next three fiscal years, respectively. This allows the Grid price to remain fairly constant over a three-year period while bringing cash reserves down.

Figure 2



¹ Memorandum dated April 10, 2019, from Peter Smith, KidsVax, to the WVA Board of Directors



FY2021-2023 Grid Assumptions

The following assumptions were made in the new financial model with respect to setting the 2020-21 Grid prices:

1. The Department of Health's (DOH) November 2019 projections of vaccine utilization formed the underpinnings of the initial model for the April 23, 2020 Board meeting. The DOH provided an update projection on April 27, 2020, and revised downward the total doses from 1,238,255 to 1,210,000.
2. On April 1, 2020, the Centers for Disease Control ("CDC") updated its Vaccine Price List² for the CDC cost per dose and the private sector cost per dose. The cost per dose increased 3% over the prior year. The April 1, 2020 CDC prices were used for the development of the 2020-21 Grid.
3. The Assessment Grid Markup will be zero, meaning that the proposed Grid price will effectively equal the CDC contract price. The final Grid price was calculated as the weighted average CDC contract price for vaccines paid for between July 1, 2020 and April 30, 2021 on the April 1, 2020 CDC price list and the contract price for vaccines paid for between May 1, 2021 and June 30, 2021 on the April 1, 2020 CDC price list.
4. The Department of Health's Indirect Rate will be held steady at 1.4% for the next three fiscal years.
5. The Department of Health's Cost Recovery Fee will be 3% for the upcoming fiscal year and 2.6% for the following two fiscal years. The estimated 0.4% increase in the upcoming fiscal year is being reserved for additional DOH Covid-19 and provider education costs.
6. Based upon provider remittance data, the current DBA denial rate is currently in excess of 10.5%, versus the 3% number used in prior modeling. We expect this to drop to 8% and 6% in the latter two fiscal years based upon planned denial recovery activities.
7. The denial recovery rate is expected to be 3.5% in FY2021 and 3% and 2% in the latter two fiscal years.
8. The percentage of assets held in investments is estimated to be 90%.

Analysis of Changes

The attached 2020-21 Grid update has been reviewed with the Department of Health. The total projected assessments in FY 2021 are \$74,499,160. The 2020-21 Grid prices are significantly lower than the CDC private sector prices, resulting in a projected \$19,163,247 difference for the year. The prior year's Grid prices are shown in grey and the FY2021 Grid prices are in green to make it easier to read. Overall, the Grid prices dropped 13.7% between the 2019-20 and the 2020-21 Grid.

#

² <https://www.cdc.gov/vaccines/programs/vfc/awardees/vaccine-management/price-list/index.html>

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Washington Vaccine Association Assessment Grid FOR ALL CLAIMS WITH A DATE OF SERVICE ON OR AFTER JULY 1, 2020.

Please note that this WVA Assessment Grid, effective July 1, 2020, replaces the grid last updated on July 1, 2019. 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). The green column is the assessment amount per dose as of July 1, 2020.

CPT Code	NDC Code / Packaging	CPT Code Description	Tradename	WVA Assessment Amount per dose as of 7/1/2019	CDC Private Sector Cost/Dose 4/1/20	WVA Assessment Amount per dose as of 7/1/2020	Percent change 7/1/2019 to 7/1/2020
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®	\$151.07	\$170.75	\$120.84	-20.0%
	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®	\$121.49	\$149.89	\$115.17	-5.2%
90633	58160-0825-11 (10 pack – 1 dose vial)	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use	Havrix®	\$22.88	\$32.89	\$20.72	-9.4%
	58160-0825-52 (10 pack – 1 dose syringe)		Vaqta®		\$33.30		
	00006-4095-02 (10 pack – 1 dose syringe)						
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®	\$14.73	\$26.23	\$13.54	-8.1%
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®	\$10.55	\$17.14	\$9.46	-10.3%
	58160-0818-11 (10 pack – 1 dose vial)		Hiberix®		\$10.85		
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	\$198.64	\$227.93	\$189.08	-4.8%
	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	Prevnar 13 TM	\$152.78	\$202.00	\$144.84	-5.2%
90680	00006-4047-41 (10 pack – 1 dose tube)	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use	RotaTeq®	\$78.60	\$84.53	\$72.04	-8.3%
	00006-4047-20 (25 pack – 1 dose tube)						

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CPT Code	NDC Code / Packaging	CPT Code Description	Tradename	WVA Assessment Amount per dose as of 7/1/2019	CDC Private Sector Cost/Dose 4/1/20	WVA Assessment Amount per dose as of 7/1/2020	Percent change 7/1/2019 to 7/1/2020
90681	58160-0854-52 (10 pack – 1 dose vial)	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use	Rotarix®	\$105.59	\$120.95	\$97.88	-7.3%
90696	58160-0812-11 (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®	\$46.06	\$52.14	\$41.93	-9.0%
	58160-0812-52 (10 pack – 1 dose syringe)		Quadracel™		\$54.63		
	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®	\$66.26	\$99.83	\$61.94	-6.5%
90700	49281-0286-10 (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®	\$20.82	\$31.70	\$18.63	-10.5%
	58160-0810-11 (10 pack – 1 dose vial)		Infanrix®		\$24.71		
	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)	\$59.59	n/a	\$59.59	0.0%
90707	00006-4681-00 (10 pack – 1 dose vial)	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	M-M-R®II	\$23.66	\$78.68	\$21.77	-8.0%
90710	00006-4171-00 (10 pack – 1 dose vial)	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	ProQuad®	\$146.52	\$224.94	\$138.67	-5.4%
90713	49281-0860-10 (10 dose vial)	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	IPOL®	\$15.11	\$35.17	\$13.90	-8.0%
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®	\$22.98	\$34.80	\$16.42	-28.6%
	49281-0215-10 (10 pack – 1 dose vial)		TDVAX™		\$25.88		
	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					

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CPT Code	NDC Code / Packaging	CPT Code Description	Tradename	WVA Assessment Amount per dose as of 7/1/2019	CDC Private Sector Cost/Dose 4/1/20	WVA Assessment Amount per dose as of 7/1/2020	Percent change 7/1/2019 to 7/1/2020
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®	\$35.95	\$41.19	\$32.73	-9.0%
	58160-0842-52 (10 pack – 1 dose syringe)		Adacel®		\$46.80		
	49281-0400-10 (10 pack – 1 dose vial)						
	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®	\$116.07	\$135.73	\$110.28	-5.0%
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®	\$65.85	\$79.15	\$60.96	-7.4%
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	\$62.78	\$105.19	\$59.78	-4.8%
	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®	\$105.76	\$128.38	\$96.15	-9.1%
	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®	\$17.37	\$23.95	\$12.54	-27.8%
	00006-4093-02 (10 pack – 1 dose syringe)		Recombivax HB®		\$23.95		
	58160-0820-52 (10 pack – 1 dose syringe)		Engerix B®		\$23.72		
2020-2021 Pediatric Influenza Vaccine Assessments							
90686	19515-0816-52 (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	\$17.30	\$13.50	-10.8%
	49281-0420-50 (10 pack – 1 dose syringe)	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	Fluzone® Quadrivalent SYR		\$18.14		
90688	49281-0633-15 (10 dose vial)	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	Fluzone® Quadrivalent MDV	\$15.34	\$16.94	\$13.55	-11.7%
90672	66019-0307-10 (10 pack- 1 dose sprayer (Intranasal))	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	FluMist® Quadrivalent	\$21.05	\$23.70	\$18.88	-10.3%
90674	70461-0320-03 (10 pack – 1 dose syringe)	Influenza virus vaccine, quadrivalent (cIIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	Flucelvax® Quadrivalent	\$17.42	\$32.47	\$16.02	-8.0%

NOTE: The WVA reserves the right to modify the Assessment Grid in effect at any time with Board approval and appropriate notification of payers.

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DISCONTINUED PEDIATRIC INFLUENZA NDC CODES AS OF JUNE 30, 2020

CPT Code	NDC Code / Packaging	CPT Code Description	Tradename
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
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 SYR
90672	66019-0306-10 (10 pack- 1 dose sprayer (Intranasal))	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	FluMist® Quadrivalent
90688	49281-0631-15 (10 dose vial)	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	Fluzone® Quadrivalent MDV
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

DISCONTINUED CPT CODES FROM JULY 1, 2019 ASSESSMENT GRID

CPT Code	NDC Code / Packaging	July 1, 2019 Grid		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 7/1/2018 to 7/1/2019
		CPT Code Description	Tradename				
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%

DISCONTINUED CPT CODES FROM JULY 1, 2018 ASSESSMENT GRID

CPT Code	NDC Code / Packaging	July 1, 2018 Grid		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 7/1/2018 to 7/1/2019
		CPT Code Description	Tradename				
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 (Code Price is per 0.25 mL dose)	Fluzone Pediatric Preservative Free (PF)	\$23.16	\$19.26	\$18.53	-20.0%

DISCONTINUED CPT CODES FROM JULY 1, 2017 ASSESSMENT GRID

CPT Code	NDC Code	July 1, 2017 Grid		WVA Assessment Amount per dose as of 7/1/2016	CDC Market Survey	WVA Assessment Amount per dose as of 7/1/2017	Percent change 7/1/2016 to 7/1/2017
		CPT Code Description	Trade Name(s)				
90644	58160-0801-11	Meningococcal conjugate vaccine, serogroups C & Y and Hemophilus influenza B vaccine (Hb-MenCY), 4 dose schedule, when administered to high risk children 2 - 15 months of age, for intramuscular use	MenHibrix	\$14.72	\$24.71	\$14.72	0.0%

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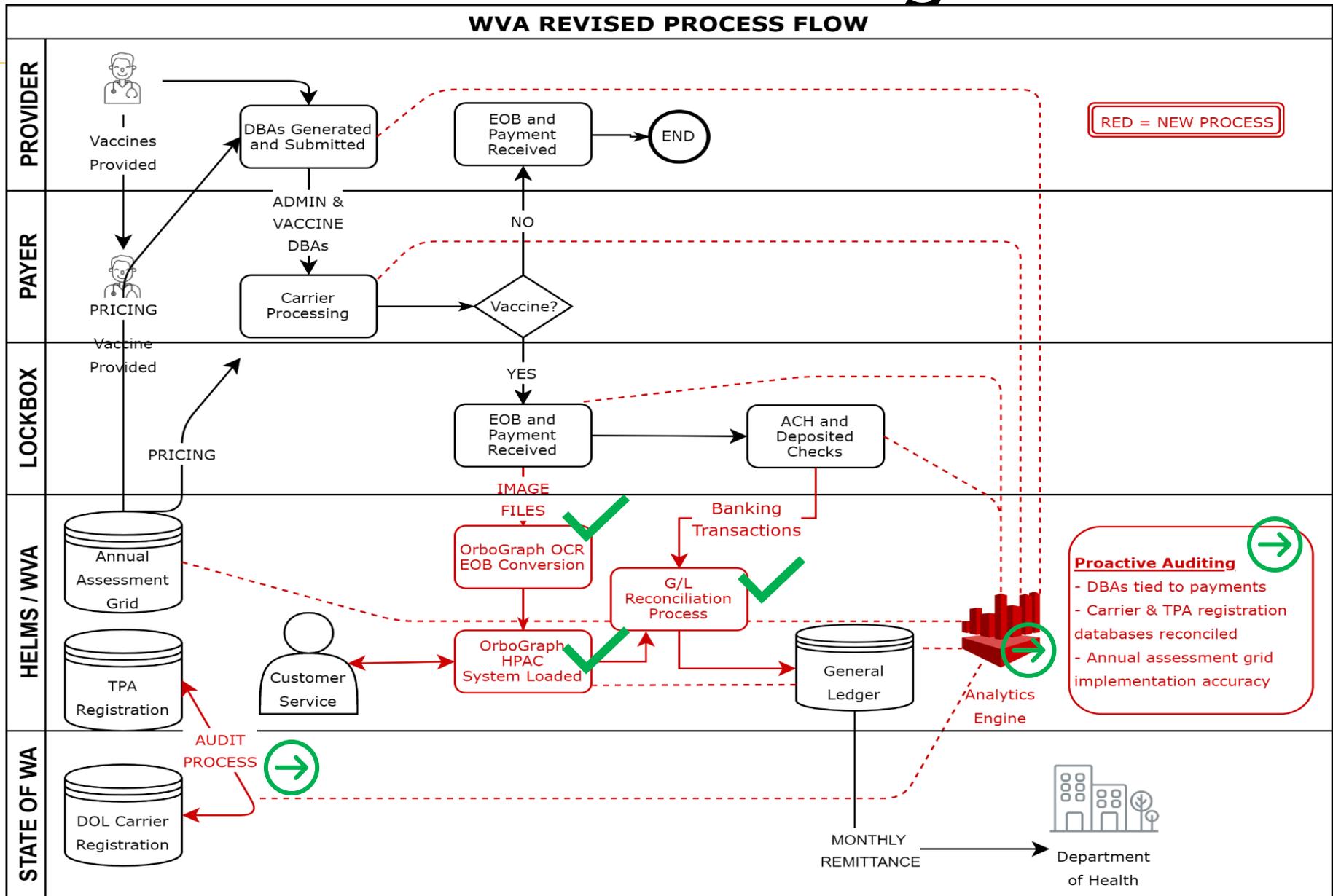
CPT Code	NDC Code	July 1, 2017 Grid CPT Code Description	Trade Name(s)	WVA Assessment Amount per dose as of 7/1/2016	CDC Market Survey	WVA Assessment Amount per dose as of 7/1/2017	Percent change 7/1/2016 to 7/1/2017
90649	00006-4045-41	Human Papilloma Virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use (Code Price is per dose = 0.5 mL)	Gardasil	n/a	n/a	n/a	n/a
90650	58160-0830-52	Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use (Code Price is per dose = 0.5 mL)	Cervarix	n/a	n/a	n/a	n/a
90743	00006-4981-00	Hepatitis B vaccine, adolescent dosage (2-dose schedule), for intramuscular use (Code price is per dose) (Recombivax HB 10mcg = one dose)	Recombivax HB	\$17.19	\$23.20	\$17.19	0.0%
90685	49281-0517-25	Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to children 6 - 35 months of age, for intramuscular use (Code Price is per 0.25 mL dose)	Fluzone Pediatric Preservative Free (PF)	\$23.16	\$18.72	\$23.16	0.0%
90687	49281-0517-25	Influenza virus vaccine, quadrivalent, split virus, when administered to children 6-35 months of age, for intramuscular use	Fluzone	\$18.47	\$18.72	\$18.47	0.0%



www.wavaccine.org

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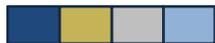
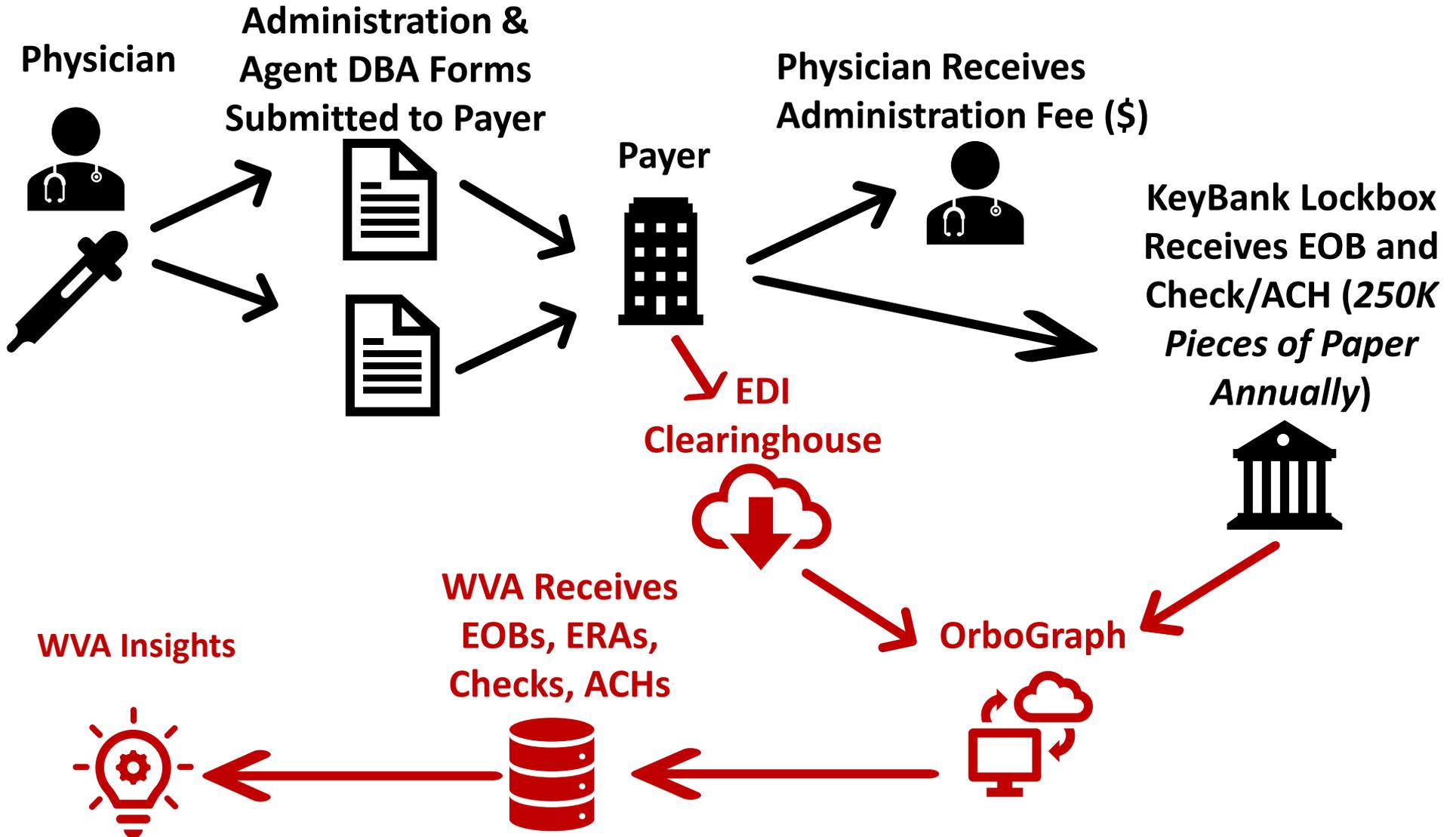
“Swimlane” Process Diagram



**CONFIDENTIAL INTERNAL WORKING
DOCUMENT**

(Revised) WVA Operations Process

Red = New Process



Principles

① Go Up Stream

- Close gaps in the open system
- Fix processes to improve data quality and reduce operational loads

② Transparency and Accountability

- Finances
- Operations

③ Partnerships

- Payers
- Providers
- Department of Health



Automation & Insights Game Plan

Analysis & Action Plans

 = In Process
 = Completed

Denials 
 •Segmentation
 •Payers / Providers

Refunds 
 •Verification
 •Payment

Grid Adherence 
 •TRICARE
 •Other Payers

Payers 
 •Provider Manuals
 •Policy Fixes

Providers 
 •Education

Automation and Data Build

ERAs / 835s 
 EFTs 
 Payer Linkage 
 KeyBank-OrboGraph
 Lockbox Automation 
 KeyBank-OrboGraph
 ACH Automation 

Initial Connectivity - Top Payers

(109 payers targeted; 53 payers completed)

Premera  	Kaiser 	Regence 	Aetna 	UHC 	Cigna 	TRICARE  
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WVA Quarterly Goal Summary – Updated March 13, 2020

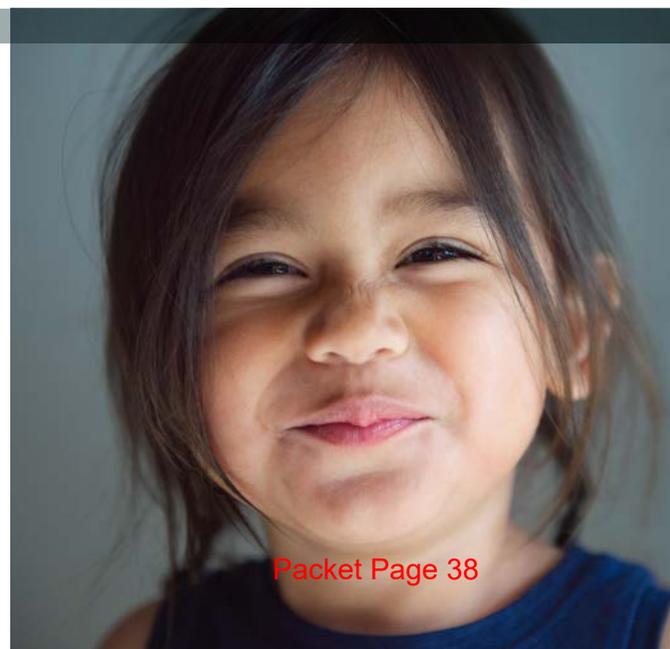
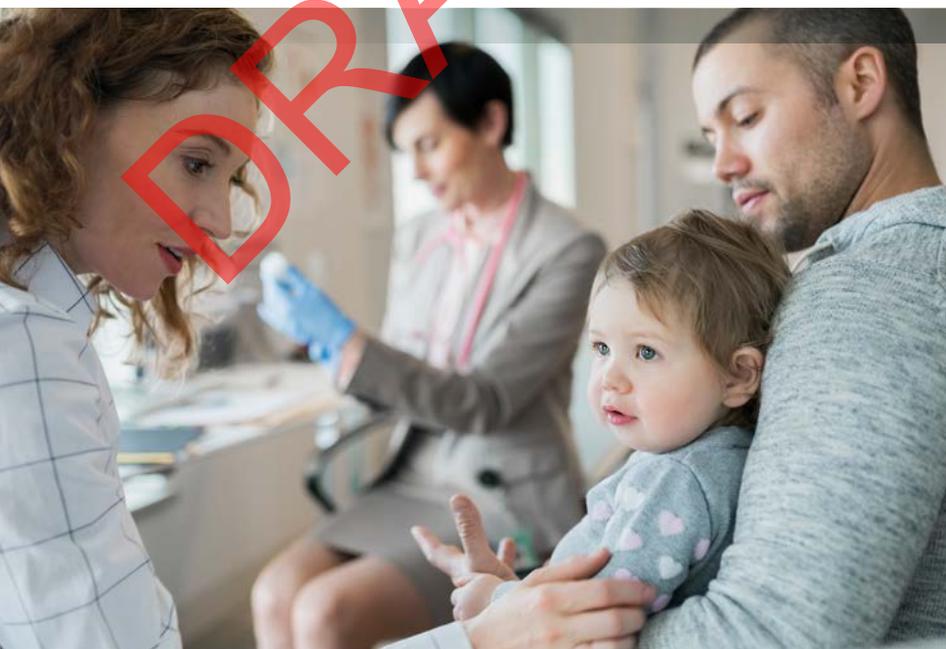
Workstream	Q1 CY2020 - PAST	Q2 CY2020 - CURRENT	Q3 CY2020 - FUTURE	Q4 CY2020 - FUTURE
Governance	<ul style="list-style-type: none"> ✓ Board Chair Selection ✓ Finance Chair Selection ✓ MRM Review Scope ✓ Controls Recommendations 	<ul style="list-style-type: none"> • MRM Closure • Controls Adoption • Plan of Operation Review 	<ul style="list-style-type: none"> • Board Policies Review • Board Committee Charters Review • Governance Survey 	<ul style="list-style-type: none"> • Strategic Retreat Preparation
Automation and Data Build (accelerated schedule)	<ul style="list-style-type: none"> ✓ ERA Intake Begins ✓ EFT Increases Begin ✓ QB File ✓ Payer DB ✓ KB->OG Lockbox Interface ✓ Jul-Oct 2019 KB->OG Lockbox Data Transfer 	<ul style="list-style-type: none"> • ERA Intake (Goal 50%) • EFT Intake (goal 40%) • ACH File from KeyBank to OrboGraph • Update OrboGraph to QB File 	<ul style="list-style-type: none"> • ERA Intake (goal 70%) • EFT Intake (goal 50%) 	<ul style="list-style-type: none"> • ERAs Intake (goal 80%) • EFT Intake (goal 60%)
Analytics and Recoupment	<ul style="list-style-type: none"> ✓ Initial Denial/Underpayment Analysis • Define the Process (Legal) 	<ul style="list-style-type: none"> • DOH Data Use Agreement • Patient Payments Strategy Developed • Denial/Underpayment Strategy Developed • Reclamation Tested with Two Payers 	<ul style="list-style-type: none"> • OrboGraph Database Export Strategy Options Developed • Recoupment Status Updates 	<ul style="list-style-type: none"> • OrboGraph Database Export Strategy Options Decisioned • Recoupment Status Updates
Communications - Payer	<ul style="list-style-type: none"> ✓ Develop Strategy with DOH ✓ Analyze Payers' Provider Manuals for WVA Language 	<ul style="list-style-type: none"> • Denials Analysis • Corrective Letters • Payer Provider Manual Language Distribution 	<ul style="list-style-type: none"> • Denials Analysis • Vaccine Grid Analysis • Corrective Letters 	<ul style="list-style-type: none"> • Denials Analysis • Vaccine Grid Analysis • Corrective Letters
Communications - Provider	<ul style="list-style-type: none"> • Redesign Provider Onboarding Materials 	<ul style="list-style-type: none"> • DOH Newsletter • Vaccine Grid Notice 	<ul style="list-style-type: none"> • Provider Webinars • DOH Newsletter 	<ul style="list-style-type: none"> • Provider Webinars • DOH Newsletter
Operations	<ul style="list-style-type: none"> ✓ Call Center Go-Live; Provider and Payer Support (phone, email, fax) ✓ Payer Database Maintenance ✓ Analyze Payer Provider Manuals ✓ Policy and Procedure Manual 	<ul style="list-style-type: none"> • Develop Payer Provider Manual Model Language • 2020-21 Vaccine Grid Modeling • Payer Database Re-Design 	<ul style="list-style-type: none"> • 2021 Vaccine Grid Changes in Effect • Payer Database Live 	<ul style="list-style-type: none"> • Revise Policies and Procedures
Finance	<ul style="list-style-type: none"> ✓ Financial Processes Go-Live ✓ Cash Management Strategy Development ✓ Daily Activities Automation ✓ Policy and Procedure Manual 	<ul style="list-style-type: none"> • FY2021 Budgeting • Implement Cash Management Strategy • Document Payer Settlement Report Process 	<ul style="list-style-type: none"> • FY2021 Budget in Effect • Review and Revise Cash Management Strategy • Re-Design Payer Settlement Report Process 	<ul style="list-style-type: none"> • Payer Statutory Letters Created • Review and Revise Cash Management Strategy • Implement Payer Settlement Report Process

Legend: Blue = Complete; Green = In Progress; Orange = On Hold; Red = Behind Schedule



PRIVATE INSURANCE BILLING

PROVIDER & PAYER GUIDE



What We Do

Ensuring Funds for Childhood Vaccines

PUBLIC/PRIVATE PARTNERSHIP

The Washington Vaccine Association (WVA) and the Washington State Department of Health (DOH) work together in a public/ private partnership to support Washington's universal Childhood Vaccine Program (CVP). The program provides publicly purchased vaccines that are recommended by the Advisory Committee on Immunization Practices (ACIP) for all children less than 19 years of age. Health plans and other payers reimburse the WVA for vaccines. The WVA collects these payments and transfers the funds to the State Department of Health where its the CVP purchases vaccines at federal contract rates and distributes vaccines to physicians, hospitals and other providers at no cost to providers or patients.

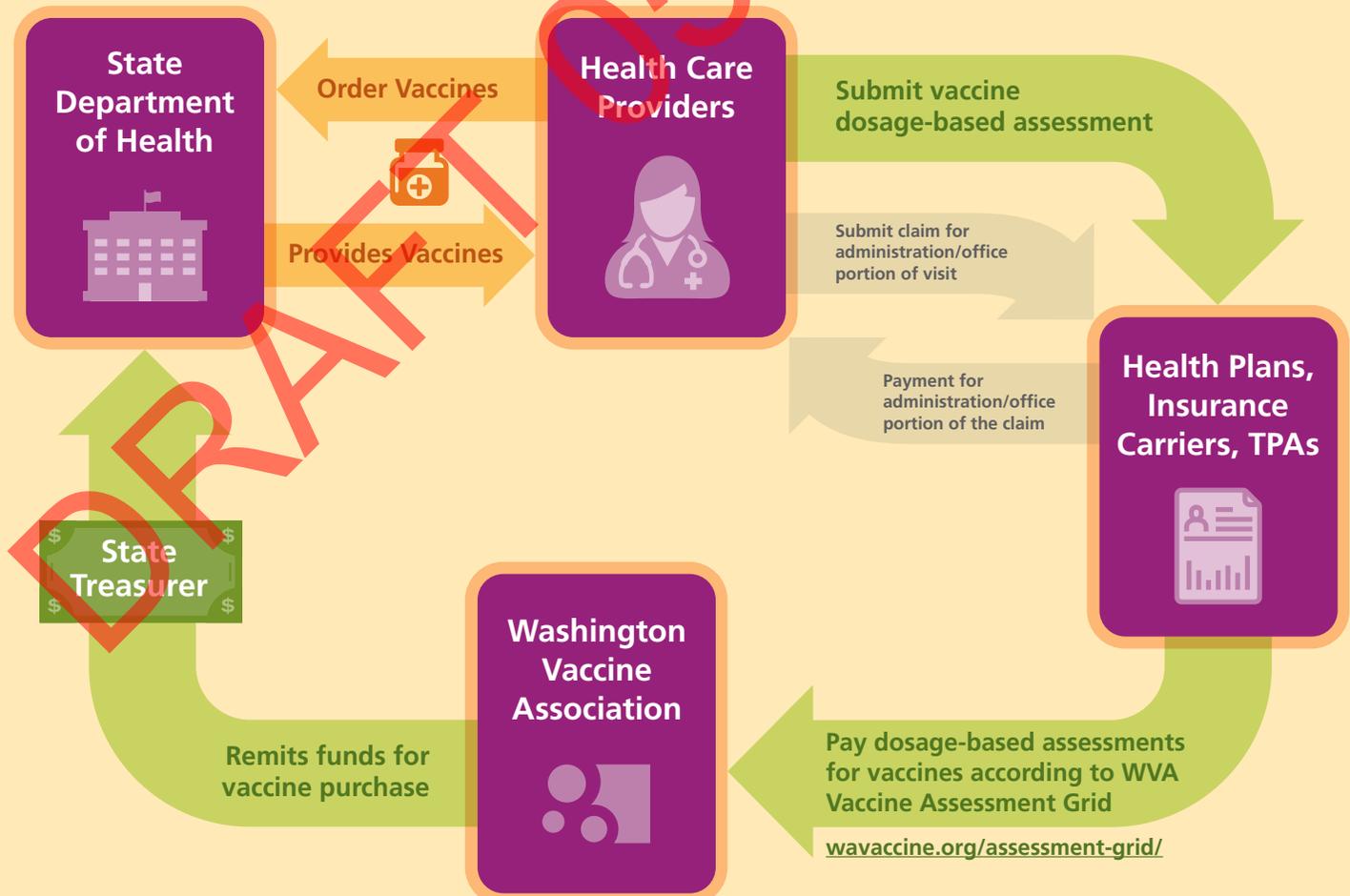
WVA MAKES IT POSSIBLE

- For all children to have easy access to critical vaccines.
- For physicians, clinics, and hospitals to receive state-supplied vaccines at no charge.
- For payers to participate in an efficient, cost-effective system to facilitate childhood vaccinations free to their members.

THE SYSTEM WORKS

- By having providers enroll in the Childhood Vaccine Program and using state-supplied vaccine material.
- By having providers submit the Dosage-Based Assessment (DBA) with their administrative claims submission. This critical step allows physicians, clinics, hospitals, other providers and patients to receive vaccine for all children at no cost.
- By ensuring that providers and payers do not bill patients, regardless of how the payer processes the submitted dosage-based assessment.

HOW FUNDING WORKS*



*There is no charge to patients.

BY MAIL

File forms by mail
OR electronically.

Dosage-Based Assessment Filing Basics



Providers will fill out the Health Insurance Claim Form (HCFA 1500) twice: once as the Administration Claim Form and once as the DBA Form.

STEP 1

Complete HCFA 1500 as the Administration Claim Form

Fill out HCFA 1500 Form for the administration of the vaccine. This claim should only include the administration code(s).

The modifier SL is used by managed Medicaid payers and traditional Medicaid. These are not plans that participate in the DBA process which is limited to commercial coverage.

*** Billing Tip: Do NOT include vaccine codes and modifiers.**

STEP 2

Complete HCFA 1500 as the DBA Form

*** First: Go Get Your Grid!**

The DBA Form includes administration claim information with changes:

- Box 19:** A good place for processing notes to payer if needed.
- 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/assessment-grid/
- Box 24j:** Enter Provider's NPI number
- Box 25:** Enter WVA TIN (27-2251833)

7. Box 32a: Enter Provider NPI

8. Box 33: Enter Provider's Billing Office Phone Number. Enter WVA Address: Washington Vaccine Association, PO Box 94002, Seattle, WA 98124-9402

9. Box 33a: Enter the WVA NPI (1699092718)

10. Box 33b: Enter Billing Taxonomy Code: 251K0000X

STEP 3

Submit both versions via mail to payer

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

*** Billing Tip: Do NOT submit to WVA.**

STEP 1: ADMINISTRATION CLAIM FORM

SAMPLE ADMINISTRATION CLAIM TO SUBMIT WITH DBA FORM

Payer & Address according to patient's card (never WVA). Only commercial payers and patients under 19. Out of state patient plans are o.k. - you may need to submit to local payer address.

Fill out completely as a usual claim.

Administration \$23.44 DOH cap?

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

STEP 2: DBA FORM

SAMPLE DBA FORM

Payer & Address according to patient's card (never WVA). Only commercial payers and patients under 19. Out of state patient plans are o.k. - you may need to submit to local payer address.

Fill out as completely as the administration form with some adaptations.

19 A good place for processing notes to payer if needed.

21 Z 23

24d See grid

24f See grid

24j Provider numbers

25 27-2251833

32a Provider NPI

33a 1699092718

33b No charge to patient

33c 251K0000X

33d Provider numbers

Phone number is always Provider's billing office. PO Box 94002 Seattle, WA 98124-9402

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

ELECTRONIC

File forms electronically
OR by mail.

Crossover Guide for Dosage-Based Assessment Electronic Submission



STEP 1

Complete the DBA Form electronically (837 Professional)

The form includes:

1. Billing Provider Federal Tax ID Number
2. Billing Provider Information
3. Patient Account Number, Claim Notes and Provider Signature
4. Rendering Provider Name
5. Service Facility & Location NPI
6. Service Line and Date of Service
7. Procedures, Services and Supplies
8. Line Item Charge (\$) Amount
9. Drug Identification

STEP 2

Submit electronically to payer

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

BILLING TIPS

✳ **Do NOT submit to WVA.**

✳ **First time electronic filers:**

The first time you use the electronic DBA process, please notify your claim clearinghouse that you intend to submit the electronic form 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

DBA FORM (837 Professional)

X12N 837, Version 5010A1 Claim - Field Description	Loop	Segment/ Element	Qualifier	Qualifier Description	Data for WVA DBA Process	CMS-1500 Box Crosswalk
1 Billing Provider						
Federal Tax ID Number (TIN)	2010AA	REF01	E1	For EIN		None
TIN	2010AA	REF02			27-2251833	Box 25
2 Billing Provider Information						
Billing Provider Entity Type	2010AA	NM101	85	Billing Provider Organization		None
Billing Organizational Name	2010AA	NM103			Washington Vaccine Association	Box 33
Identification Code Type	2010AA	NM108	XX	NPI		None
National Provider Identifier (NPI)	2010AA	NM109			1699092718	Box 33a
Billing Provider Taxonomy	2000A	PRV01	BI	Billing Taxonomy		None
Identification Qualifier Code	2000A	PRV02	PXC			None
Identification Code Type	2000A	PRV03			251K00000X	Box 33b
Billing Provider Address	2010AA	N3			Leave Blank	None
Billing Provider Address - Line 1	2010AA	N301			Marketplace Tower PH-A	Box 33
Billing Provider Address - Line 2	2010AA	N302			2025 First Ave	Box 33
Billing Provider City	2010AA	N401			Seattle	Box 33
Billing Provider State	2010AA	N402			WA	Box 33
Billing Provider ZIP Code	2010AA	N403			981213125	Box 33
Billing Provider Contact	2000A	PER01	IC	Information Contact		None
Identification Code Type	2000A	PER03	TE	Telephone Number		None
Billing Provider Telephone Number	2000A	PER04			Use the Service Provider's Billing Office/Contact Telephone Number	Box 33
3 Patient Account Number						
Pay-To Provider Name	2010AB	NM101	87	Pay-To Provider Organization	Washington Vaccine Association	None
Pay-To Entity Type	2010AB	NM102	2			None
Pay-To Address - Line 1	2010AB	N301			PO Box 94002	None
Pay-To City	2010AB	N401			Seattle	None
Pay-To State	2010AB	N402			WA	None
Pay-To ZIP Code	2010AB	N403			981249402	None
Total Charge	2300	CLM02			Total Charge Amount	Box 28
Provider Signature Indicator	2300	CLM06	Y	Yes		Box 24B
Note	2300	NTE				None
Note Reference Code	2300	NTE01	ADD	Indicates additional information for claim		Box 19
Note Text	2300	NTE02			claim	Box 19
4 Rendering Provider Name						
Identification Code Type	2310B	NM101	82	Rendering Provider Individual		None
Identification Code Type	2310B	NM102	1			None
Identification Code Type	2310B	NM108	XX	NPI		None
Identification Code Type	2310B	NM109			Use Rendering Provider's NPI #	Box 24J
5 Service Facility Location Information						
Service Facility Identifier	2310C	NM101	77	Service Location Facility		None
Service Facility Type	2310C	NM102	2	Non-Person Entity		None
Service Facility Name	2310C	NM103			Facility	Box 32
6 Service Line, Service Date(s)						
Service From - To Dates	2400	DTP01	472	Date of Service		None
Format as: CCYYMMDD-CCYYMMDD	2400	DTP02	RD8	Range of Dates of Service		None
	2400	DTP03				Box 24A
7 Procedures, Services, Supplies						
Product/Service ID	2400	SV101-1	HC	Standard CPT Code		None
Procedure-CPT/HCPCS Code	2400	SV101-2				Box 24D
8 Line Item \$ Charge Amount						
Line Item \$ Charge Amount	2400	SV102				Box 24F
9 Drug Identification						
Product or Service Identification Code	2410	LIN02	N4	Must be N4 (No description given)		Box 24 Shaded area for service line
National Drug Code NDC #	2410	LIN03			11-digit NDC #	Box 24 Shaded area for service line
Drug Quantity	2410	CTP				None
Drug Unit Price	2410	CTP03			Unit price, based upon the unit of measure as defined by the NDC.	Box 24 Shaded area for service line
National Drug Unit Count/Quantity	2410	CTP04			the unit of measure as defined by the NDC.	Box 24 Shaded area for service line
Unit or Basis for Measurement Code	2410	CTP05-1			measurement code (UN, ML, F2 or GR)	Box 24 Shaded area for service line

QUESTIONS?

We are here to help! You can find answers to many billing questions on the "FAQs" page at www.wavaccine.org.

Takeaways for Providers and Payers

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 that in turn allows Washington to continue to provide vaccines to protect all children in our state.

TAKEAWAYS FOR PROVIDERS

- The WVA's Vaccine Assessment Grid is posted on its 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://wavaccine.org/assessment-grid/>.
- Providers only need to submit DBAs for 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.
- Use the prior two pages as reference for filing by mail or electronically.
- 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.

The DOH 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 storage, handling, and waste.
- Non-commercially insured, traditional Medicaid, managed Medicaid (Apple Health), and uninsured patients.
- 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 administration 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

- There are no provider network participation requirements for the WVA to be reimbursed by a carrier or Third-Party Administrator (TPA) who receives a DBA from a provider.
- TPAs are required by RCW 70.290.075 to register on the [WVA website \(https://wavaccine.org/registration-requirements/\)](https://wavaccine.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://wavaccine.org/assessment-grid/>.

Patient Responsibility

- There are no contractual adjustments or patient responsibility associated with DBA's.

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 produce a settlement report to the WVA until the provider can bill 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@wavaccine.org](mailto:info@wavaccine.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://wavaccine.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 off-sets 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.

Stay connected.



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Mailing Address:

Washington State Childhood Vaccine Program

Office of Immunization and Child Profile

Washington State Department of Health

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