

1

2

37 38 39

40

41

3 April 29, 2021; 12:30-1:30 p.m. PT 4 5 I. Attendance. Participating in all or part of the meeting by telephone were the following individuals: Members Helms & Company, Inc. Tracy Cardillo, Cigna Patrick Miller, Administrative Director Cathy Falanga, Aetna Lisa White, Customer and Financial Support Sue Bride, Premera Leslie Walker, CPA, Mason+Rich, PA Susan Comers, Aetna Kristi Severson, Kaiser Alyssa McKeon, Project Support Leader Julia G. Zell, Esq., Executive Director, Anne Redman, Esq., Perkins Coie, LLP Chair Tawnya Flyberg, Premera 6 7 II. Welcome and Introductions 8 At 12:30 p.m., Chairperson Julia Zell called the meeting to order. Ms. Zell provided a notice of recording. Mr. Miller 9 introduced the attending staff members from Helms. 10 11 **Calendar Consent Items** 12 Ms. Zell directed the Committee's attention to the calendar consent items. There being no questions or comments, the 13 following item was put to a vote: 14 15 Upon motion duly made and seconded, it was unanimously 16 17 **VOTED:** To approve October 29, 2020 meeting minutes. 18 19 III. 2021-22 Vaccine Assessment Grid 20 Mr. Miller reviewed the presentation materials regarding the 2021-22 Vaccine Assessment Grid ("Grid") development 21 process and recommendations. All the information shared during Mr. Miller's presentation is available in the meeting 22 packet published online at www.wavaccine.org including: slides, proposed 2021-22 Grid, and summary memo. 23 24 Ms. Zel explained that the WVA's overall recommendation this year is that the 2021-22 Grid amounts should stay the 25 same as the current, 2020-21 Grid to provide stable pricing, which should result in a reduction of liquidity but maintain 26 adequate reserves in accordance with Board-approved goals. By keeping the Vaccine Assessment Grid stable, the 27 WVA is absorbing the CDC price change as part of a larger plan to reduce the WVA cash balance over the next few 28 years. 29 30 Mr. Miller reviewed the Washington Department of Health's (DOH) projections, including the pandemic's impact on 31 the WVA. Doses ordered by providers fell, but are beginning to recover as uptake rises. The DOH's SFY22 projections 32 assume a 5% overall reduction in vaccine doses ordered with a full, pre-pandemic-level recovery in SFY23. VFC-33 eligible Medicaid enrollment for Washington children under 19 has increased between April to December 2020. The 34 DOH's contingency fund projections for COVID-19 vaccines were adjusted by 3% for SFY22 and SFY23 and will 35 be monitored. Two new vaccines are being added to the 2021-22 Grid: MenQuadfi is expected to be released in May 36 2021 to replace Menactra and Vaxelis is expected to be released in July 2021 to be offered as an alternative to several combinations of vaccines.

Mr. Miller reviewed the cash flow model assumptions for FY2022 through FY2024 that are factored into the model

that help the WVA determine the Vaccine Assessment Grid. He then reviewed the 2021-22 Grid and communications

rollout plan. On the proposed 2021-22 Grid, last year's prices are in the green shaded column and the coming year's

Washington Vaccine Association

Operations Committee Meeting

prices are in the salmon shaded column. No CPT codes have been removed from the Grid, and the added codes for MenQuadfi and Vaxelis are noted. The Vaccine Assessment Grid will be posted to the website tomorrow pending the approval of the Operations Committee today. Following that posting, emails, and physical letters will be sent to payers and providers as detailed in the presentation.

Ms. Zell asked if anyone had comments or questions. Ms. Falanga asked if Mr. Miller was sure the WVA would have the codes for the new vaccines in time for posting the 2021-22 Grid. Mr. Miller shared that amounts for the two, new codes have been established based upon information already provided by the DOH and have been loaded into the underlying model

There being no additional questions or comments, the following items were put to a vote:

Upon motion duly made and seconded, it was unanimously

VOTED: To approve the 2021-22 Vaccine Assessment Grid as presented.

IV. Plan of Operations Changes

Ms. Zell reviewed a proposed change to the Plan of Operations that would clarify the Interest and Late Assessments provision. A concern had been previously raised at the Board of Directors meeting as to the date from which the dosage-based assessment (DBA) would be deemed late, and the Board asked the Operations Committee to review the provision. The draft Plan of Operations lists the triggering event as date of service as that is the data available to the WVA, versus the date received by the payer, which is unknown to the WVA. Ms. Zell proposed that the time frame be changed from 90 days to 180 days from date of service to ensure fairness to the Payer.

Ms. Falanga provided context as to the concern. Payers do not have control over when the provider submits the DBA to the payer. She proposed date of submission as the triggering event. Ms. Falanga understood that the WVA has limited access to the necessary data and suggested that good faith language should be added. Ms. Comers agreed that she has concerns with the terms as presented in the draft. Ms. Bride agreed that payers should not be penalized when providers do not submit the in a DBA timely manner and added that some provider contracts allow for a year submission of medical claim (or in this case, DBAs).

The Committee discussed how the WVA might proceed when they encounter a payer that is non-responsive to WVA inquiries resulting in the WVA being unable to confirm date of submission. A suggestion was made to adjust the language and have a penalty applied to the payer that is retroactive to the date of service when a data request from the WVA is denied or ignored. The Committee further discussed the appropriate responsiveness time period. Ms. Redman suggested language that recognizes that if the payer had not received the DBA from the provider than the penalty does not apply. She also reminded the Committee that if the WVA was having difficulties engaging with a payer that the next step would be to raise the issue to the DOH for further penalties per the governing statute. Ms. Bride agreed that the 180-day time period combined with the opportunity to show if a provider has not submitted the DBA was reasonable. Ms. Redman agreed that the language could be simplified. Ms. Zell confirmed the next steps were to draft the language, share the revised language with the Committee via email, and to bring the final Plan of Operations to the June 17, 2021 Board meeting.

V. Operations Update

Ms. Zell shared the development of the payer checklist with the Committee. The checklist is intended to cover the most common issues that payers encounter to remain in compliance. Mr. Miller reviewed the materials that payers and providers would be receiving as part of the 2021-22 Vaccine Assessment Grid communication package. The packaged will be both emailed and mailed.

Mr. Miller reviewed a sampling of key performance indicators (KPIs) including FY21 planned-to-actual cash, vaccine expenditures, DOH remittances, website utilization, correspondence receipts, and payer refunds. These KPIs are presented monthly to the Board.

Mr. Miller noted an additional change in the Plan of Operations regarding the third-party administrator (TPA) reporting requirements. Currently, only TPAs need to register with the WVA and the registration page asks for an executive contact and an administrative contact. The new Plan of Operations changes these to a primary and secondary compliance contact to better support communication and compliance. Ultimately, the goal is to have all payers register their contact information instead of the current structure that only collects TPA contact information.

Ms. Zell previewed the new, WVA brochure which is a key part of a larger communication project to create legacy and introduction pieces that build the understanding of the WVA across our audiences. Ms. Zell encouraged Committee members to email her with feedback or thoughts.

VIII. Other Matters from Committee Members

None.

15 IX. Closing

16 The meeting adjourned at 1:30 pm PT.