

What: Operations Committee Meeting  
When: April 29, 2021; 12:30-1:30 p.m. PDT  
Where: Zoom Meeting

To register for the meeting, please review the [Public Comment Protocol](#) then email [wvameetings@wavaccine.org](mailto:wvameetings@wavaccine.org) at least two business days in advance of the meeting.

*WVA Agendas are subject to revision up to and including the time of the meeting.*

### Agenda for Operations Committee Meeting

Approx. Time	Page		Topic/[Anticipated Action]	Presented by:
12:30-12:30 p.m.			1. Introductions & Purpose of Meeting a. Notice of Recording	J. Zell
12:30-12:35 p.m.	3-4	*	2. Calendar Consent Items a. Operations Committee Minutes October 29, 2020	J. Zell
12:35-12:55 p.m.	5-27	*	3. 2021-22 Vaccine Assessment Grid a. Vaccine Grid Memo and Grid b. Vote to Approve 2021-22 Vaccine Assessment Grid	P. Miller/J. Zell
12:55-1:10 p.m.	28-37	*	4. Plan of Operations Changes	J. Zell/P. Miller
1:10-1:25 p.m.	38-39 40-53 54-55	* * *	5. Operations Update a. Payer Checklist b. Key Performance Indicators c. Compliance i. All Payer Registration List d. Brochure	J. Zell/P. Miller
1:25-1:30 p.m.			6. Other Matters from Committee Members	Any
1:30 p.m.			7. Closing	J. Zell

\*Indicates agenda item attached  
Red text indicates an action item

**April 29, 2021**

**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 October 29, 2020 meeting minutes.

[To approved October 29, 2020 meeting with the changes suggested at the meeting.]

**Items under Agenda Section 3:**

VOTED: To approve the July 1, 2021 WVA Vaccine Assessment Grid as presented.

[To approve the July 1, 2021 WVA Vaccine Assessment Grid with the changes suggested at the meeting.]

**Meeting Notes**  
**Operations Committee Meeting**  
**October 29, 2020; 12:30-1:30 p.m. PT**

- I. Attendance.** This meeting was conducted solely by webinar. Participating in all or part of the meeting were the following individuals:

Members

Cathy Falanga, Aetna  
Sue Bride, Premera  
Tracey Cardillo, Cigna  
Nicole Carroll, United Healthcare  
Susan Comers, Aetna  
Steve Lam, Regence  
Kristi Severson, Kaiser  
Walter Kuice, Regence

WVA

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

Helms & Company, Inc.

Patrick Miller, MPH, WVA,  
Administrative Director  
Lisa White, MS, JD, Customer and  
Financial Support Specialist  
Leslie Walker, CPA, Mason+Rich, PA

**II. Welcome and Introductions**

At 12:33p.m., 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.

**Calendar Consent Items**

Ms. Zell directed the Committee's attention to the consent item submitted for approval. 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 May 27, 2020 Operations Committee Meeting as presented.

**III. Operations Updates**

Ms. Zell reminded the Committee that Helms & Company, Inc. ("Helms") is the new Administrator as of January 2020. She stated that Patrick Miller, Leslie Walker, and Lisa White are on the call today from Helms. She then turned the presentation over to Mr. Miller.

Mr. Miller walked the group through the slide deck. He began on page 8 by explaining the internal changes that have been implemented to improve efficiency, accountability, and troubleshooting. Once assessment payments in the form of checks, correspondence, and remittance advices are received at the WVA's lockbox, the lockbox images are converted by OrboGraph into a digital format. The correspondence is dropped into a workflow tool, HPAC, that Ms. White reviews and processes. The remittances and checks are matched automatically, and the accounting system tracks procedure codes by payers. Additionally, in mid-January, a push to receive electronic remittance advice files ("835s") began. This continued throughout the spring and as shown on pages 9 and 10, the number of participating payers has risen to 146 with 95% of receipts in September being electronic. Mr. Miller explained that 835

1 receipts reduce lockbox fees, image conversion fees, payer printing and mailing costs, enable higher  
2 levels of electronic matching to payments, and provide a robust data warehouse for compliance  
3 monitoring. Mr. Miller proceeded through the slide deck and shared additional key performance  
4 indicators (“KPIs”) regarding the number and amount of payer refunds and monthly number of  
5 correspondence items worked. The amount of payer refunds has increased as Mr. Miller’s team been  
6 working with several of the largest payers to stop auto-applying refunds to future remittances; this change  
7 is intended to provide the WVA with a better understanding of the total refunds, which historically have  
8 been undercounted.

9  
10 Mr. Miller reviewed two website metrics. The first focuses on partner referrals and highlights the role of  
11 OneHealthPort in driving traffic to the WVA website. Mr. Miller thanked Ms. Falanga for providing a  
12 contact at OneHealthPort to Helms. The second metric identifies which web pages viewers land on first  
13 and, in addition to the home page, the current vaccine grid page and the payer/provider guide page were  
14 common landing sites; both items that we promote regularly in our communications.

15  
16 Mr. Miller reviewed several slides which identified historical trends with regards to the total doses of  
17 vaccine and the associated remittances to the Department of Health (“DOH”). The FY2021 data is  
18 incomplete as we are just four months into the new fiscal year. The next slide shows the total remittances  
19 by month compared with the April 2020 DOH projections, and the last slide shows the impact COVID-19  
20 and the July 1, 2020 price grid changes have had on a reduction in revenues. This is being monitored  
21 monthly by the Board as cash is burning down at a more rapid pace than projected for the FY2021 budget.  
22 Ms. Zell stated that the WVA remains in a strong cash position and that she would be working with the  
23 Helms team and the Finance Committee to revise the three-year cash flow projection.

24  
25 Mr. Miller stated that payer compliance is focused currently on grid adherence and member liabilities. A  
26 strategy for denials will be developed by the end of the year. The current denial rate is approaching 12  
27 percent which is disproportionately high given the few number of procedure codes in the DBA process.  
28 Mr. Miller asked the payers on the call to let us know if they need copies of the vaccine grid or  
29 payer/provider guide to assist their provider servicing teams. Ms. Falanga stated that the Aetna manual is  
30 national, albeit there is a regional insert that could reference the WVA. Other payers on the call stated that  
31 they could look into what it would take to link to the WVA website materials.

32  
33 Ms. Zell stated that a communications plan is being developed and will be presented to the Board when  
34 completed. It is designed to document all existing communications touch points with constituents as well  
35 as to identify and develop additional ones to meet our payer and provider education goals as well as any  
36 public policy needs.

#### 37 38 **IV. Other Matters from Committee Members**

39 There were no additional matters brought forth by Committee members.

#### 40 41 **IX. Closing**

42 The meeting adjourned at 1:32 pm PT.



*Ensuring Funds for Childhood Vaccines*

# 2021-22 Vaccine Assessment Grid Development

Presented to the  
Washington Vaccine Association  
Operations Committee  
April 29, 2021

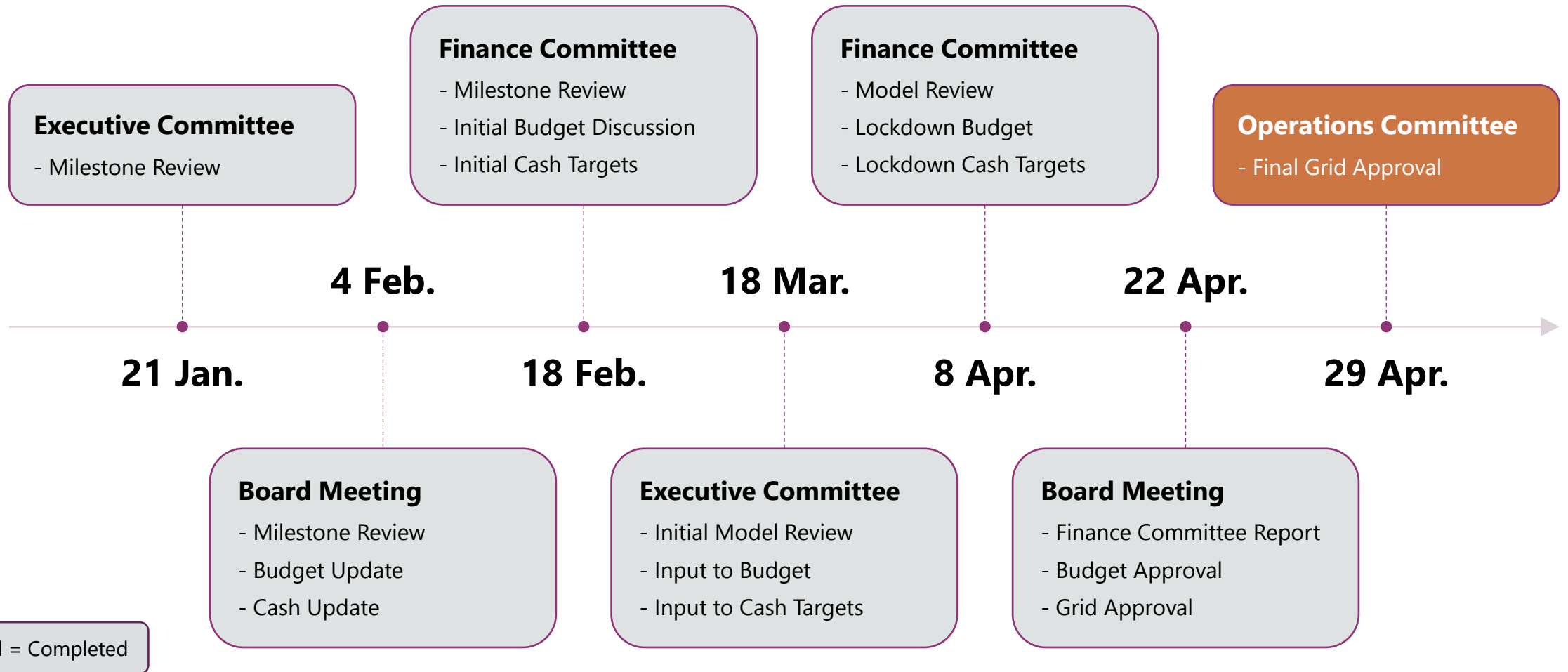


# Presentation Overview

1. Timeline
2. Integrated Approach
3. Historical Charts
4. Model Goals and Assumptions
5. Model and 2021-22 Grid
6. Discussion

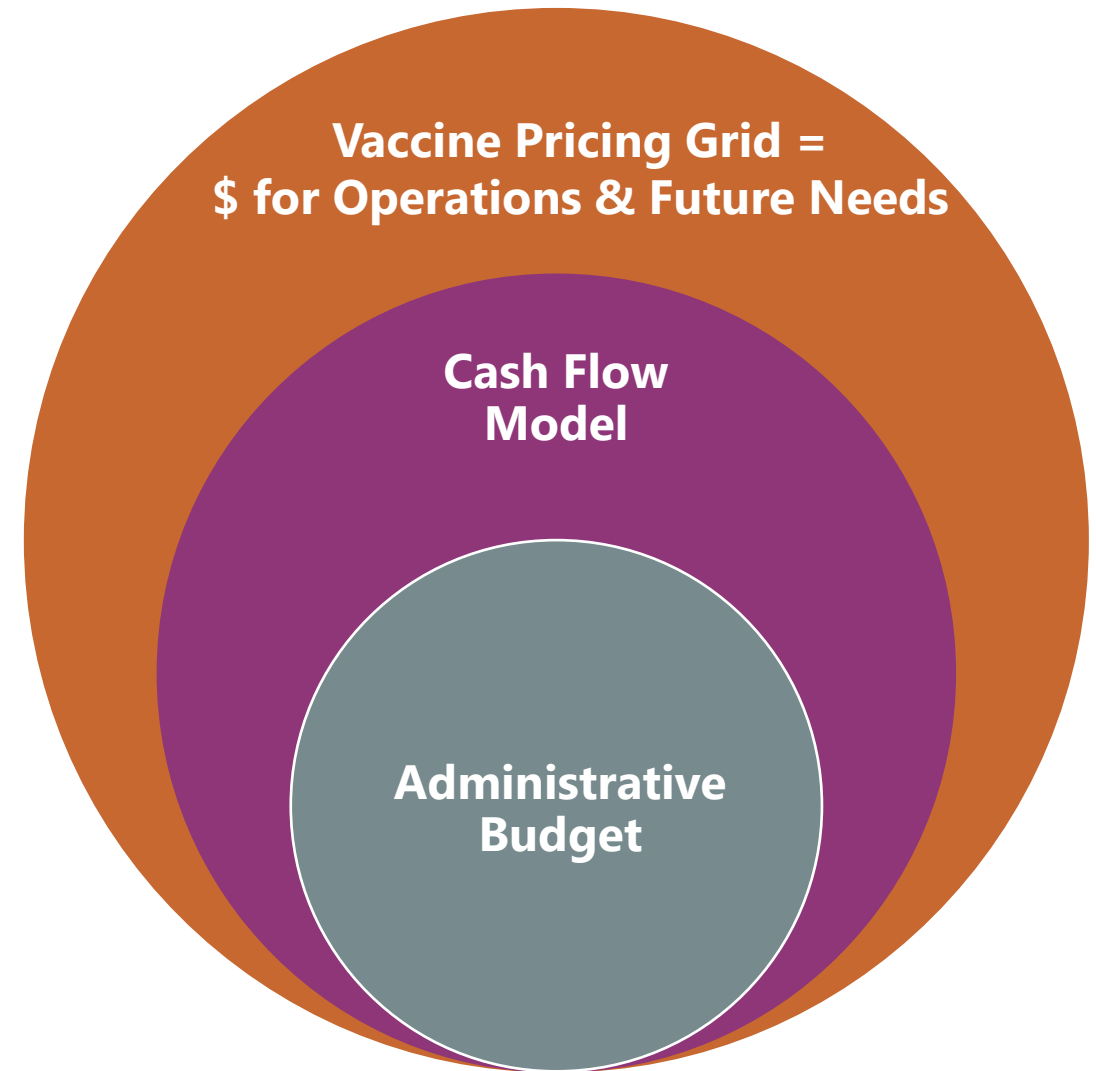


# 1. 2021-22 Budget & Vaccine Grid Development Process



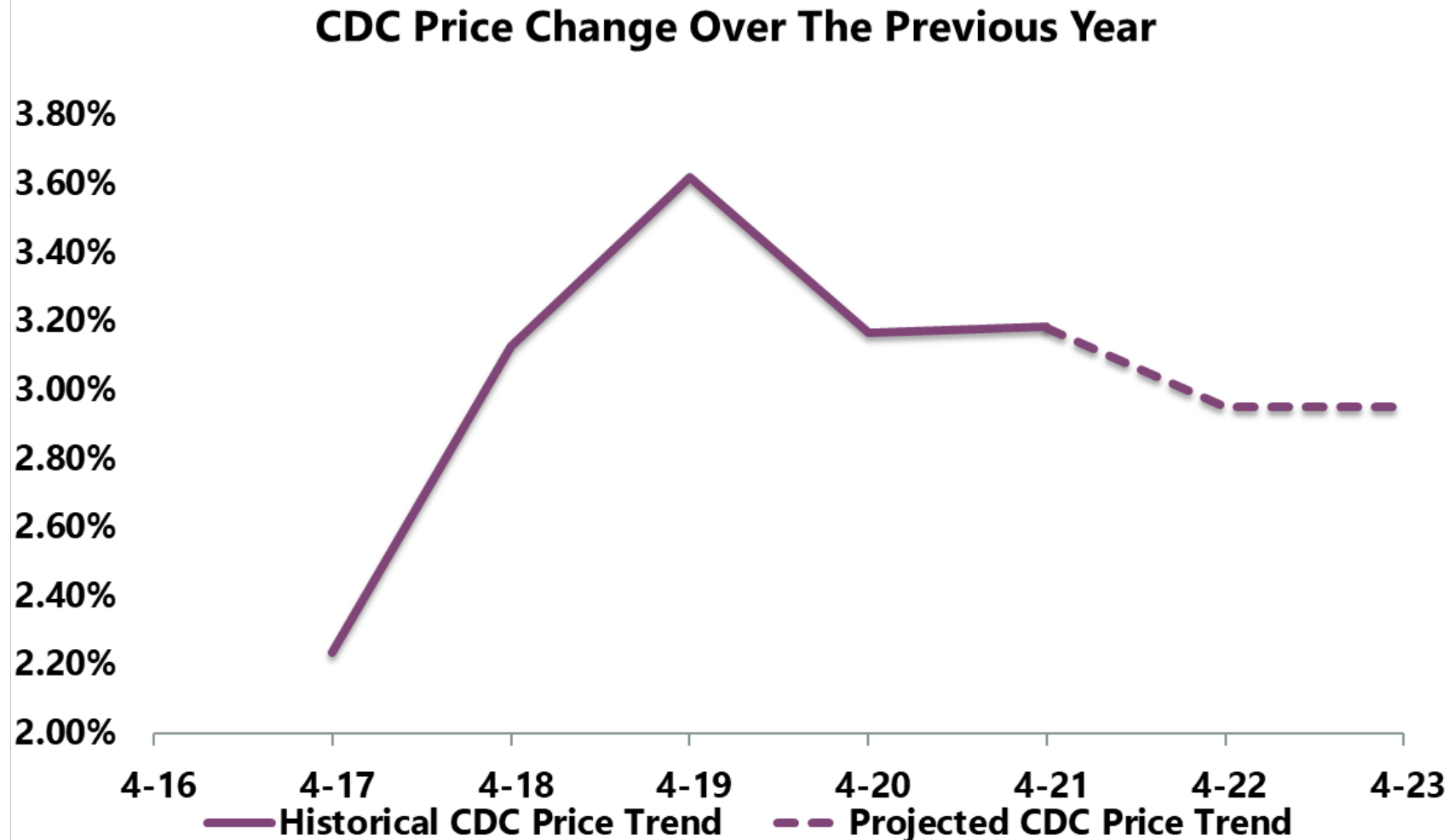
## 2. Integrated Approach

1. There is a nested relationship between the administrative budget, the cash flow model, and the vaccine pricing grid that was not considered in prior years
2. Goals of the 2021-22 vaccine pricing grid process include:
  1. Providing grid stability across prior year to minimize year-to-year fluctuation
  2. Reducing cash on hand to a Board-approved level
  3. Allowing for reasonable reserves

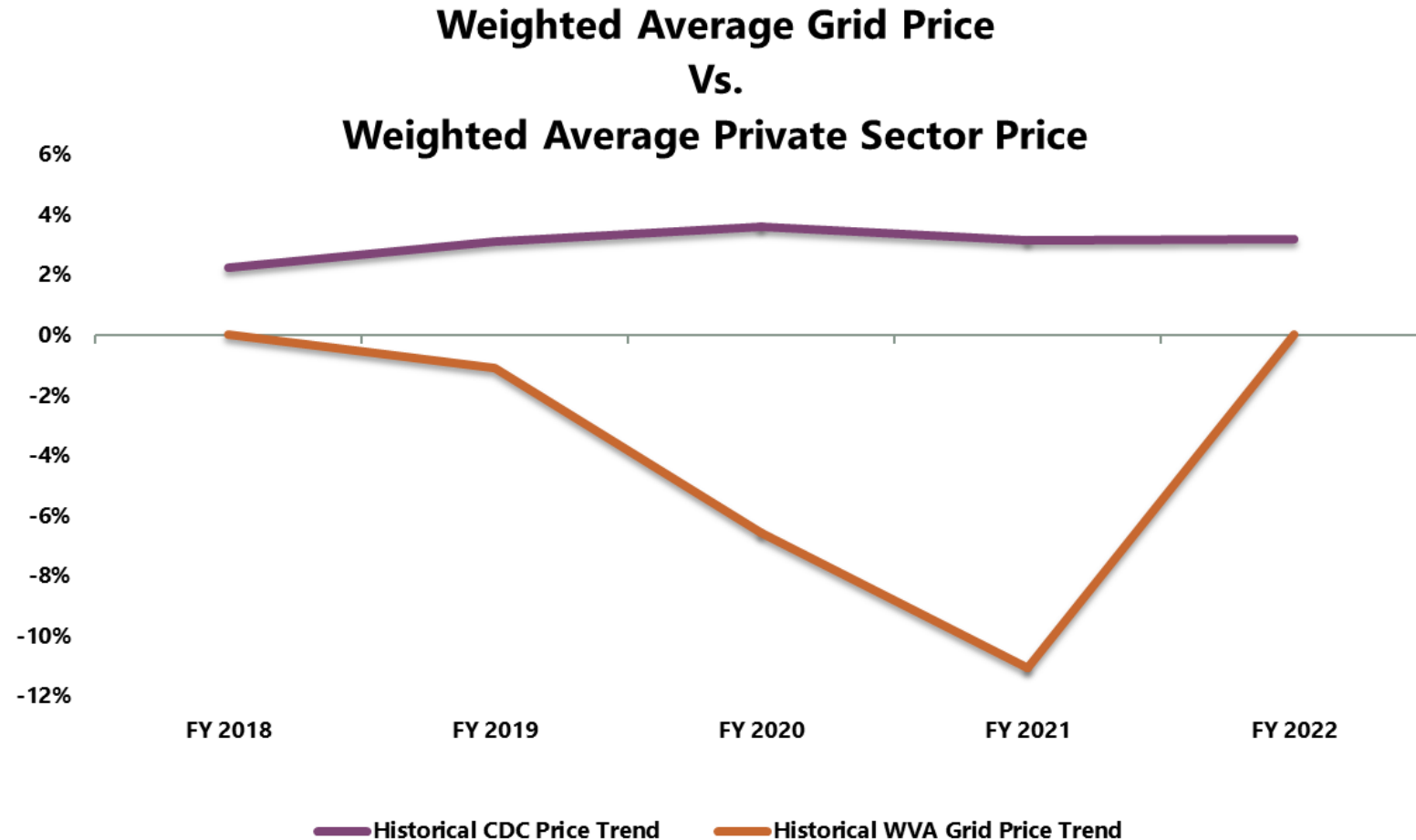




# 3. CDC Price Change Over the Previous Year

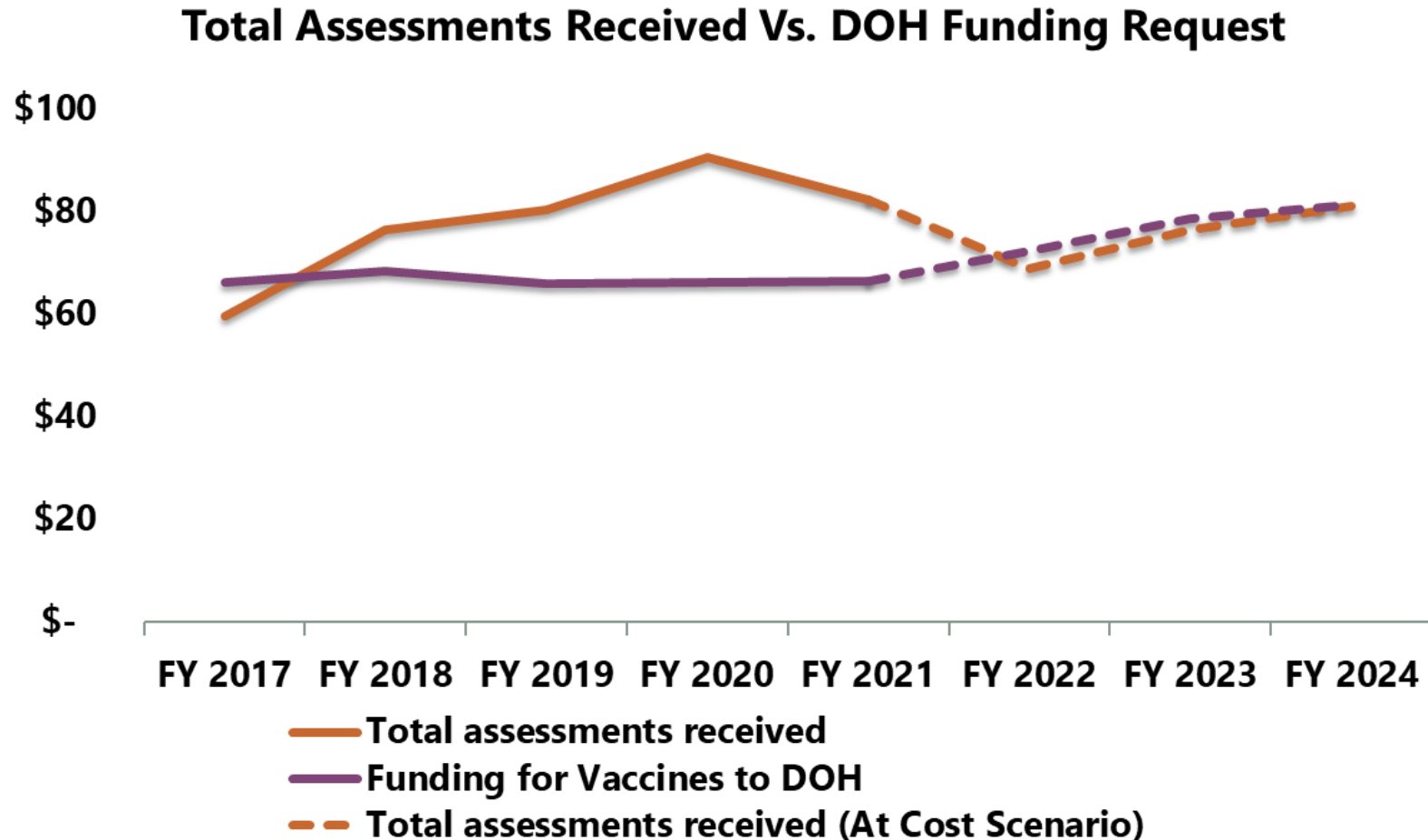


# 3. Weighted Average Grid Price Vs. Weighted Average Private Sector Price

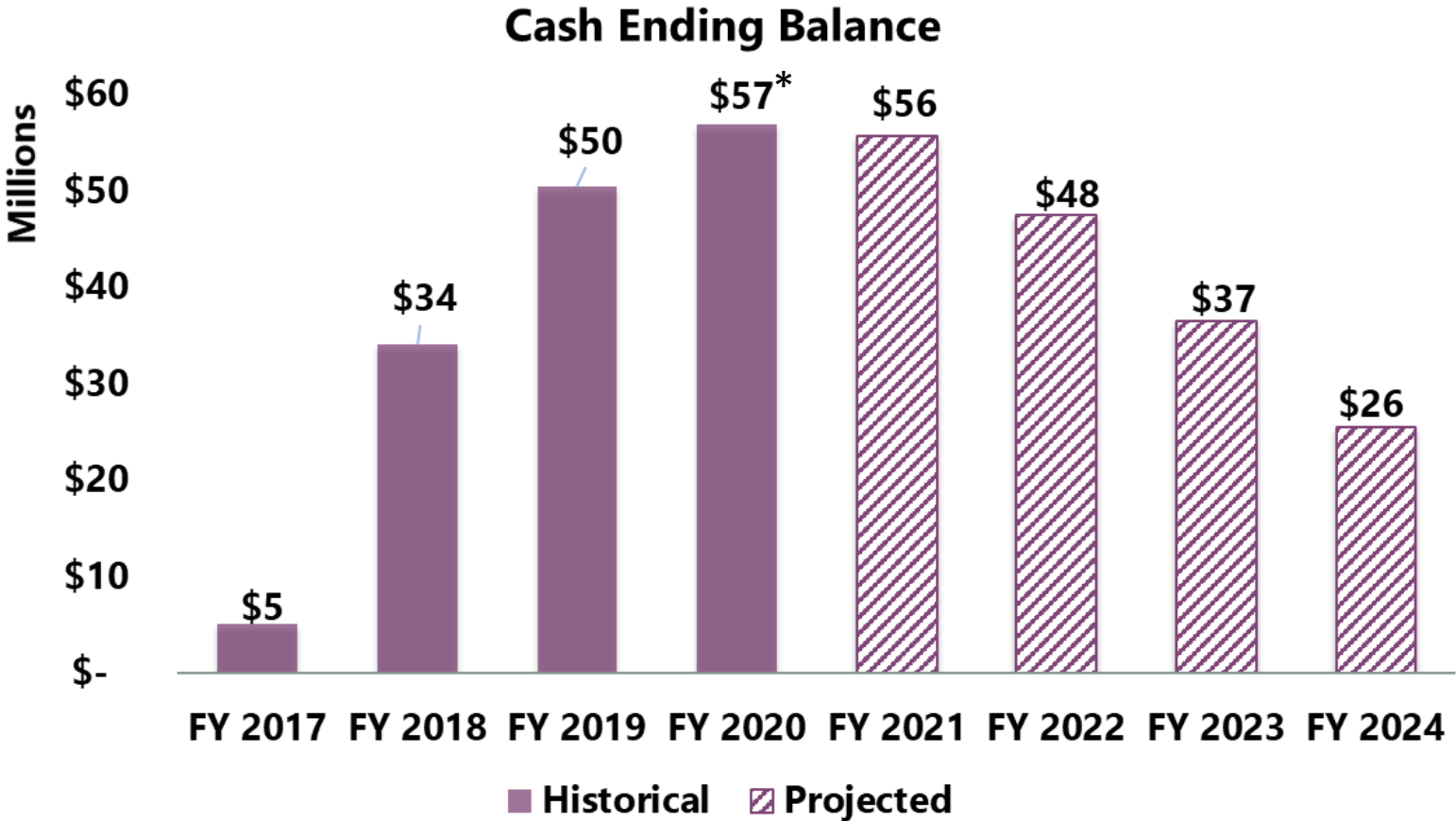


The CDC private sector weighted average grid price is greater than the WVA weighted average grid price.

# 3. Total Assessments Received Vs. DOH Funding Request



# 4. Historical and Projected End of FY Cash Balance – FY2017-24



\* As of April 2020, the end of fiscal year projections for FY2020 was \$60M.

# 4. Notes Related to DOH Projections

- The pandemic's impact on WVA
  - Doses ordered by providers fell and then mostly recovered
  - DOH's FY22 projections assume a 5% reduction with recovery in FY23
  - VFC-eligible Medicaid enrollment for Washington children <19 has steadily increased between April to December 2020
  - Contingency fund projections for COVID-19 vaccines were adjusted by DOH by 3% for FY22 and FY23 and will be monitored
- Two new vaccines
  - MenQuadfi expected release in May 2021 to replace Menactra
  - Vaxelis expected release in July 2021 to be offered as an alternative to several combinations of vaccines<sup>1</sup>
- Adjustments to periodic changes in VFC fund split
  - Federal FY2020 Population Estimates Survey VFC population was 53% and non-VFC eligible is 47%; the non-VFC population includes State privately insured, CHIP and CHP funding sources

1. Hexavalent replacement to prevent diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b, and hepatitis B (DTaP-IPV-Hib-HepB)

# 4. Cash Flow Model Assumptions Summary

Adjustment Variables	Assumptions		
	FY2022	FY2023	FY2024
Assessment Grid as Percent of Prior Year	100%	103%	103%
DOH Indirect Charge	1.4%	1.4%	1.4%
DOH Cost Recovery Fee	1.4%	1.4%	1.4%
Vaccine Wastage	2.4%	2.4%	2.4%
Denials	13.0%	11.5%	10.5%
Denial Recoveries	4.0%	3.5%	2.5%
Administrative Budget	\$1.86M	\$1.94M	\$1.96M
Cash “Burn Down” Amount	\$8.1M	\$11.0M	\$11.0M
Year End Balance	\$47.6M	\$36.6M	\$25.56M
CDC Price Increase	3.0%	3.0%	3.0%

5.

WVA Financial Model	Historical		Projected Actual		Forecast Period - Absorbs Inflation		
	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
<b>Assumptions</b>							
Assessment Grid as Percent of Prior Year					100.0%	103.0%	103.0%
DOH Indirect Charge					1.4%	1.4%	1.4%
DOH Cost Recovery Fee					1.4%	1.4%	1.4%
Vaccine Wastage					2.4%	2.4%	2.4%
Denials					13.0%	11.5%	10.5%
Denial Recoveries					4.0%	3.5%	2.5%
Projected Unknown					14.8%	14.8%	14.8%
<b>Inflows/Outflows</b>							
<b>Assessment Revenue</b>	84,137,375	87,262,137	79,804,611	75,547,829	68,794,912	74,232,783	76,459,766
Vaccine Replenishment	65,835,583	65,491,991	61,491,029	75,547,829	72,251,470	78,666,412	81,259,271
Investment Income	-	51,903	1,716,186	260,000	-	-	-
TRICARE Expense Offset	-	-			-	-	-
<b>Gross Revenue</b>	<b>18,301,792</b>	<b>21,822,049</b>	<b>20,029,769</b>	<b>260,000</b>	<b>(3,456,558)</b>	<b>(4,433,629)</b>	<b>(4,799,505)</b>
<b>Administrative Cost</b>							
DOH Indirect Charge	-	-	(1,133,128)	(1,060,241)	(1,023,394)	(1,104,338)	(1,140,838)
DOH Cost Recovery Fee	-	-	(462,339)	(1,067,134)	(1,023,394)	(1,104,338)	(1,140,838)
Vaccine Wastage	-	-	(1,490,121)	(1,470,348)	(1,734,035)	(1,887,994)	(1,950,222)
Denials	-	-	(8,081,070)	(9,821,218)	(8,943,339)	(8,536,770)	(8,028,275)
Denial Recoveries	-	-		5,011,930	2,751,796	2,598,147	1,911,494
Projected Unknown				11,190,849	10,190,544	10,996,052	11,325,934
Refunds			(467,342)	(361,995)	(348,000)	(420,000)	(420,000)
Cash Flow Delay				(2,221,379)	(2,651,823)	(5,169,769)	(4,799,505)
Administrative Budget	(1,189,899)	(1,821,862)	(1,986,592)	(1,692,557)	(1,855,638)	(1,942,037)	(1,960,730)
<b>Total Administrative Cost</b>	<b>(1,189,899)</b>	<b>(1,821,862)</b>	<b>(13,620,592)</b>	<b>(1,492,092)</b>	<b>(4,637,284)</b>	<b>(6,571,046)</b>	<b>(6,202,982)</b>
<b>Revenue in Excess of Expenditures</b>	<b>17,111,893</b>	<b>20,000,187</b>	<b>6,409,177</b>	<b>(1,232,092)</b>	<b>(8,093,841)</b>	<b>(11,004,675)</b>	<b>(11,002,486)</b>
<b>Effect on Cash Reserves</b>							
Cash Reserves Beginning Balance	9,582,053	34,130,094	50,477,971	56,887,148	55,655,056	47,561,215	36,556,539
Cash Generated/ (Used)	24,538,923	16,347,877	6,409,177	(1,232,092)	(8,093,841)	(11,004,675)	(11,002,486)
<b>Cash Reserves Ending Balance</b>	<b>34,130,094</b>	<b>50,477,971</b>	<b>56,887,148</b>	<b>55,655,056</b>	<b>47,561,215</b>	<b>36,556,539</b>	<b>25,554,053</b>



# 5. Vaccine Pricing Grid



## 2021-22 Vaccine Assessment Grid

### Washington Vaccine Association Assessment Grid

FOR ALL CLAIMS WITH A DATE OF SERVICE ON OR AFTER JULY 1, 2021.

Please note that this WVA Assessment Grid, effective July 1, 2021, replaces the grid last updated on July 1, 2020. 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 pink column is the assessment amount per dose as of July 1, 2021.

CPT Code	NDC Code / Packaging	CPT Code Description	Tradename	WVA Assessment Amount per dose as of 7/1/2020	CDC Private Sector Cost/Dose 4/1/21	WVA Assessment Amount per dose as of 7/1/2021	Percent Change 7/1/2020 to 7/1/2021
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®	\$120.84	\$191.75	\$120.84	0.0%
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®	\$115.17	\$157.35	\$115.17	0.0%
90633	58160-0825-52 (10 pack – 1 dose syringe)	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use	Havrix®	\$34.85	\$34.85	\$20.72	0.0%
	00006-4095-02 (10 pack – 1 dose syringe)		Vaqtia®	\$34.60	\$34.60		
90647	00006-4897-00 (10 pack – 1 dose vial)	Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use	ProQuad Hib®	\$13.54	\$27.25	\$13.54	0.0%
90648	49281-0545-03 (5 pack – 1 dose vial)	Haemophilus influenzae type b vaccine (Hib), PRP conjugate, 3 dose schedule, for intramuscular use	ActHIB®	\$9.46	\$17.63	\$9.46	0.0%
	58160-0818-11 (10 pack – 1 dose vial)		Hiberix®	\$11.57	\$11.57		
90651	00006-4121-02 (10 pack – 1 dose syringe)	Human Papillomavirus vaccine type 6, 11, 16, 18, 31, 33, 45, 52, 58, 66, 68, 74, 82, 89, 9G, 9L, 9M, 9N, 9O, 9P, 9Q, 9R, 9S, 9T, 9U, 9V, 9W, 9X, 9Y, 9Z, 9AA, 9AB, 9AC, 9AD, 9AE, 9AF, 9AG, 9AH, 9AI, 9AJ, 9AK, 9AL, 9AM, 9AN, 9AO, 9AP, 9AQ, 9AR, 9AS, 9AT, 9AU, 9AV, 9AW, 9AX, 9AY, 9AZ, 9BA, 9BB, 9BC, 9BD, 9BE, 9BF, 9BG, 9BH, 9BI, 9BJ, 9BK, 9BL, 9BM, 9BN, 9BO, 9BP, 9BQ, 9BR, 9BS, 9BT, 9BU, 9BV, 9BW, 9BX, 9BY, 9BZ, 9CA, 9CB, 9CC, 9CD, 9CE, 9CF, 9CG, 9CH, 9CI, 9CJ, 9CK, 9CL, 9CM, 9CN, 9CO, 9CP, 9CQ, 9CR, 9CS, 9CT, 9CU, 9CV, 9CW, 9CX, 9CY, 9CZ, 9DA, 9DB, 9DC, 9DD, 9DE, 9DF, 9DG, 9DH, 9DI, 9DJ, 9DK, 9DL, 9DM, 9DN, 9DO, 9DP, 9DQ, 9DR, 9DS, 9DT, 9DU, 9DV, 9DW, 9DX, 9DY, 9DZ, 9EA, 9EB, 9EC, 9ED, 9EE, 9EF, 9EG, 9EH, 9EI, 9EJ, 9EK, 9EL, 9EM, 9EN, 9EO, 9EP, 9EQ, 9ER, 9ES, 9ET, 9EU, 9EV, 9EW, 9EX, 9EY, 9EZ, 9FA, 9FB, 9FC, 9FD, 9FE, 9FF, 9FG, 9FH, 9FI, 9FJ, 9FK, 9FL, 9FM, 9FN, 9FO, 9FP, 9FQ, 9FR, 9FS, 9FT, 9FU, 9FV, 9FW, 9FX, 9FY, 9FZ, 9GA, 9GB, 9GC, 9GD, 9GE, 9GF, 9GG, 9GH, 9GI, 9GJ, 9GK, 9GL, 9GM, 9GN, 9GO, 9GP, 9GQ, 9GR, 9GS, 9GT, 9GU, 9GV, 9GW, 9GX, 9GY, 9GZ, 9HA, 9HB, 9HC, 9HD, 9HE, 9HF, 9HG, 9HH, 9HI, 9HJ, 9HK, 9HL, 9HM, 9HN, 9HO, 9HP, 9HQ, 9HR, 9HS, 9HT, 9HU, 9HV, 9HW, 9HX, 9HY, 9HZ, 9IA, 9IB, 9IC, 9ID, 9IE, 9IF, 9IG, 9IH, 9II, 9IJ, 9IK, 9IL, 9IM, 9IN, 9IO, 9IP, 9IQ, 9IR, 9IS, 9IT, 9IU, 9IV, 9IW, 9IX, 9IY, 9IZ, 9JA, 9JB, 9JC, 9JD, 9JE, 9JF, 9JG, 9JH, 9JI, 9JJ, 9JK, 9JL, 9JM, 9JN, 9JO, 9JP, 9JQ, 9JR, 9JS, 9JT, 9JU, 9JV, 9JW, 9JX, 9JY, 9JZ, 9KA, 9KB, 9KC, 9KD, 9KE, 9KF, 9KG, 9KH, 9KI, 9KJ, 9KK, 9KL, 9KM, 9KN, 9KO, 9KP, 9KQ, 9KR, 9KS, 9KT, 9KU, 9KV, 9KW, 9KX, 9KY, 9KZ, 9LA, 9LB, 9LC, 9LD, 9LE, 9LF, 9LG, 9LH, 9LI, 9LJ, 9LK, 9LM, 9LN, 9LO, 9LP, 9LQ, 9LR, 9LS, 9LT, 9LU, 9LV, 9LW, 9LX, 9LY, 9LZ, 9MA, 9MB, 9MC, 9MD, 9ME, 9MF, 9MG, 9MH, 9MI, 9MJ, 9MK, 9ML, 9MM, 9MN, 9MO, 9MP, 9MQ, 9MR, 9MS, 9MT, 9MU, 9MV, 9MW, 9MX, 9MY, 9MZ, 9NA, 9NB, 9NC, 9ND, 9NE, 9NF, 9NG, 9NH, 9NI, 9NJ, 9NK, 9NL, 9NM, 9NN, 9NO, 9NP, 9NQ, 9NR, 9NS, 9NT, 9NU, 9NV, 9NW, 9NX, 9NY, 9NZ, 9OA, 9OB, 9OC, 9OD, 9OE, 9OF, 9OG, 9OH, 9OI, 9OJ, 9OK, 9OL, 9OM, 9ON, 9OO, 9OP, 9OQ, 9OR, 9OS, 9OT, 9OU, 9OV, 9OW, 9OX, 9OY, 9OZ, 9PA, 9PB, 9PC, 9PD, 9PE, 9PF, 9PG, 9PH, 9PI, 9PJ, 9PK, 9PL, 9PM, 9PN, 9PO, 9PP, 9PQ, 9PR, 9PS, 9PT, 9PU, 9PV, 9PW, 9PX, 9PY, 9PZ, 9QA, 9QB, 9QC, 9QD, 9QE, 9QF, 9QG, 9QH, 9QI, 9QJ, 9QK, 9QL, 9QM, 9QN, 9QO, 9QP, 9QQ, 9QR, 9QS, 9QT, 9QU, 9QV, 9QW, 9QX, 9QY, 9QZ, 9RA, 9RB, 9RC, 9RD, 9RE, 9RF, 9RG, 9RH, 9RI, 9RJ, 9RK, 9RL, 9RM, 9RN, 9RO, 9RP, 9RQ, 9RR, 9RS, 9RT, 9RU, 9RV, 9RW, 9RX, 9RY, 9RZ, 9SA, 9SB, 9SC, 9SD, 9SE, 9SF, 9SG, 9SH, 9SI, 9SJ, 9SK, 9SL, 9SM, 9SN, 9SO, 9SP, 9SQ, 9SR, 9SS, 9ST, 9SU, 9SV, 9SW, 9SX, 9SY, 9SZ, 9TA, 9TB, 9TC, 9TD, 9TE, 9TF, 9TG, 9TH, 9TI, 9TJ, 9TK, 9TL, 9TM, 9TN, 9TO, 9TP, 9TQ, 9TR, 9TS, 9TT, 9TU, 9TV, 9TW, 9TX, 9TY, 9TZ, 9UA, 9UB, 9UC, 9UD, 9UE, 9UF, 9UG, 9UH, 9UI, 9UJ, 9UK, 9UL, 9UM, 9UN, 9UO, 9UP, 9UQ, 9UR, 9US, 9UT, 9UU, 9UV, 9UW, 9UX, 9UY, 9UZ, 9VA, 9VB, 9VC, 9VD, 9VE, 9VF, 9VG, 9VH, 9VI, 9VJ, 9VK, 9VL, 9VM, 9VN, 9VO, 9VP, 9VQ, 9VR, 9VS, 9VT, 9VU, 9VV, 9VW, 9VX, 9VY, 9VZ, 9WA, 9WB, 9WC, 9WD, 9WE, 9WF, 9WG, 9WH, 9WI, 9WJ, 9WK, 9WL, 9WM, 9WN, 9WO, 9WP, 9WQ, 9WR, 9WS, 9WT, 9WU, 9WV, 9WW, 9WX, 9WY, 9WZ, 9XA, 9XB, 9XC, 9XD, 9XE, 9XF, 9XG, 9XH, 9XI, 9XJ, 9XK, 9XL, 9XM, 9XN, 9XO, 9XP, 9XQ, 9XR, 9XS, 9XT, 9XU, 9XV, 9XW, 9XZ, 9YA, 9YB, 9YC, 9YD, 9YE, 9YF, 9YG, 9YH, 9YI, 9YJ, 9YK, 9YL, 9YM, 9YN, 9YO, 9YP, 9YQ, 9YR, 9YS, 9YT, 9YU, 9YV, 9YW, 9YZ, 9ZA, 9ZB, 9ZC, 9ZD, 9ZE, 9ZF, 9ZG, 9ZH, 9ZI, 9ZJ, 9ZK, 9ZL, 9ZM, 9ZN, 9ZO, 9ZP, 9ZQ, 9ZR, 9ZS, 9ZT, 9ZU, 9ZV, 9ZW, 9ZX, 9ZY, 9ZZ					
90670	00005-1971-02 (10 pack – 1 dose syringe)	Meningococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use	Prevnam 13 TM	\$144.84	\$211.86	\$144.84	0.0%
90680	00006-4047-41 (10 pack – 1 dose tube)	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use	RotaTeq®	\$72.04	\$87.88	\$72.04	0.0%
	00006-4047-20 (25 pack – 1 dose tube)						
90681	58160-0854-52 (10 pack – 1 dose vial)	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use	Rotarix®	\$97.88	\$127.03	\$97.88	0.0%

# 5. Roll Out

April 30	May 3-5	May 5-12	May 12-26	Mid-June to Mid-July
<ul style="list-style-type: none"><li>• Posted to WVA Website</li></ul>	<ul style="list-style-type: none"><li>• Verify CDC Pricing for Vaxelis</li><li>• Re-posted to WVA Website</li><li>• Emails:<ul style="list-style-type: none"><li>• Board</li><li>• Committees</li><li>• DOH</li><li>• OIC Commissioner</li><li>• WVA Health Plan / TPA List</li><li>• DOH Provider List</li><li>• WA Chapter American Academy of Pediatrics</li><li>• Assn. of WA Healthcare Plans</li><li>• TRICARE</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Letters Sent<ul style="list-style-type: none"><li>• OIC Commissioner</li></ul></li><li>• Packets Mailed<ul style="list-style-type: none"><li>• WVA Health Plan / TPA List</li></ul></li><li>• Posted to OneHealthPort</li></ul>	<ul style="list-style-type: none"><li>• Packets Mailed<ul style="list-style-type: none"><li>• DOH Provider List</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Reminder Emails<ul style="list-style-type: none"><li>• DOH Provider List</li><li>• WVA Health Plan / TPA List</li></ul></li></ul>

# Questions and Discussion

## Washington Vaccine Association Assessment Grid

FOR ALL CLAIMS WITH A DATE OF SERVICE ON OR AFTER **JULY 1, 2021**.

Please note that this WVA Assessment Grid, effective July 1, 2021, replaces the grid last updated on July 1, 2020. 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 pink column is the assessment amount per dose as of July 1, 2021.**

CPT Code	NDC Code / Packaging	CPT Code Description	Tradename	WVA Assessment Amount per dose as of 7/1/2020	CDC Private Sector Cost/Dose 4/1/21	WVA Assessment Amount per dose as of 7/1/2021	Percent Change 7/1/2020 to 7/1/2021
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®	\$120.84	\$191.75	\$120.84	0.0%
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®	\$115.17	\$157.35	\$115.17	0.0%
90633	58160-0825-52 (10 pack – 1 dose syringe)	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use	Havrix®	\$20.72	\$34.85	\$20.72	0.0%
	00006-4095-02 (10 pack – 1 dose syringe)		Vaqa®		\$34.60		
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®	\$13.54	\$27.25	\$13.54	0.0%
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®	\$9.46	\$17.63	\$9.46	0.0%
	58160-0818-11 (10 pack – 1 dose vial)		Hiberix®		\$11.57		
90651	00006-4121-02 (10 pack – 1 dose syringe)	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	\$189.08	\$239.29	\$189.08	0.0%
90670	00005-1971-02 (10 pack – 1 dose syringe)	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use	Prevnar 13 TM	\$144.84	\$211.86	\$144.84	0.0%
90680	00006-4047-41 (10 pack – 1 dose tube)	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use	RotaTeq®	\$72.04	\$87.88	\$72.04	0.0%
	00006-4047-20 (25 pack – 1 dose tube)						
90681	58160-0854-52 (10 pack – 1 dose vial)	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use	Rotarix®	\$97.88	\$127.03	\$97.88	0.0%

CPT Code	NDC Code / Packaging	CPT Code Description	Tradename	WVA Assessment Amount per dose as of 7/1/2020	CDC Private Sector Cost/Dose 4/1/21	WVA Assessment Amount per dose as of 7/1/2021	Percent change 7/1/2020 to 7/1/2021
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®	\$41.93	\$55.64	\$41.93	0.0%
	58160-0812-52 (10 pack – 1 dose syringe)		Quadracel™		\$56.18		
	49281-0562-10 (10 pack – 1 dose vial)						
90697	63361-243-10 (10 pack – 1 dose vial) (should know May 3, 2021)	Code ADDED Summer 2021; Diphtheria and tetanus toxoids and acellular pertussis adsorbed, inactivated poliovirus, Haemophilus b conjugate (meningococcal protein conjugate), and Hepatitis B (recombinant) vaccine	Vaxelis™	N/A	Should know May 3, 2021	\$83.38	N/A
	63361-243-15 (10 pack – 1 dose syringe) (should know May 3, 2021)						
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®	\$61.94	\$61.94	\$61.94	0.0%
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®	\$18.63	\$32.88	\$18.63	0.0%
	58160-0810-11 (10 pack – 1 dose vial)		Infanrix®		\$26.31		
	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	\$0.00	\$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	\$21.77	\$82.50	\$21.77	0.0%
90710	00006-4171-00 (10 pack – 1 dose vial)	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	ProQuad®	\$138.67	\$236.03	\$138.67	0.0%
90713	49281-0860-10 (10 dose vial)	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	IPOL®	\$13.90	\$36.89	\$13.90	0.0%

CPT Code	NDC Code / Packaging	CPT Code Description	Tradename	WVA Assessment Amount per dose as of 7/1/2020	CDC Private Sector Cost/Dose 4/1/21	WVA Assessment Amount per dose as of 7/1/2021	Percent change 7/1/2020 to 7/1/2021
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®	\$16.42	\$36.14	\$16.42	0.0%
	49281-0215-10 (10 pack – 1 dose vial)						
	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™		\$25.88		
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®	\$32.73	\$43.56	\$32.73	0.0%
	58160-0842-52 (10 pack – 1 dose syringe)						
	49281-0400-10 (10 pack – 1 dose vial)		Adacel®		\$48.14		
	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®	\$110.28	\$142.47	\$110.28	0.0%
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®	\$60.96	\$90.05	\$60.96	0.0%
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	\$59.78	\$110.45	\$59.78	0.0%
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®	\$96.15	\$134.77	\$96.15	0.0%
	58160-0955-09 (5 pack – 1 dose vial)		Menveo®		\$140.01		
90619	49281-0590-05 (5 pack – 1 dose vial)	<b>Code ADDED Late Spring 2021:</b> Meningococcal polysaccharide (groups A, C, Y, W-135) tetanus toxoid conjugate vaccine .5mL dose, preservative free	MedQuadfi™	N/A	\$141.43	\$96.15	N/A
90744	00006-4981-00 (10 pack – 1 dose vial)	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use	Recombivax HB®	\$12.54	\$24.88	\$12.54	0.0%
	00006-4093-02 (10 pack – 1 dose syringe)		Recombivax HB®		\$24.88		
	58160-0820-52 (10 pack – 1 dose syringe)		Engerix B®		\$25.35		

2021-2022 Pediatric Influenza Vaccine Assessments							
CPT Code	NDC Code / Packaging	CPT Code Description	Tradename	WVA Assessment Amount per dose as of 7/1/2020	CDC Private Sector Cost/Dose 4/1/21	WVA Assessment Amount per dose as of 7/1/2021	Percent change 7/1/2020 to 7/1/2021
90686	19515-0818-52 (10 pack – 1 dose syringe)	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	FluLaval® Quadrivalent	\$13.50	\$18.13	\$13.50	0.0%
	49281-0421-50 (10 pack – 1 dose syringe)		Fluzone® Quadrivalent SYR		\$18.84		
90688	49281-0635-15 (10 dose vial)	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	Fluzone® Quadrivalent MDV	\$13.55	\$18.84	\$13.55	0.0%
90672	66019-0308-10 (10 pack- 1 dose sprayer (Intranasal))	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	FluMist® Quadrivalent	\$18.88	\$23.70	\$18.88	0.0%
90674	70461-0321-03 (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	\$16.02	\$26.39	\$16.02	0.0%

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

DISCONTINUED PEDIATRIC INFLUENZA NDC CODES AS OF JUNE 30, 2021			
CPT Code	NDC Code / Packaging	CPT Code Description	Tradename
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
90686	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
90688	49281-0633-15 (10 dose vial)	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	Fluzone® Quadrivalent MDV
90672	66019-0307-10 (10 pack- 1 dose sprayer (Intranasal))	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	FluMist® Quadrivalent
90674	70461-0320-03 (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 PEDIATRIC INFLUENZA <u>NDC CODES</u> 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				
CPT Code	NDC Code / Packaging	CPT Code Description	Tradename				
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 <u>CPT CODES</u> FROM JULY 1, 2019 ASSESSMENT GRID							
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 7/1/2018 to 7/1/2019
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 <u>CPT CODES</u> FROM JULY 1, 2018 ASSESSMENT GRID							
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 7/1/2018 to 7/1/2019
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**

July 1, 2017 Grid							
CPT Code	NDC Code	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
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%
CPT Code	NDC Code	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%

## MEMORANDUM

**TO:** Julia Zell, Executive Director & WVA Operations Committee  
**FROM:** Patrick Miller, MPH (Helms) and Leslie Walker, CPA (Mason+Rich PA)  
**SUBJECT:** 2021-22 WVA Vaccine Assessment Grid Recommendation  
**DATE:** April 22, 2021

### Introduction

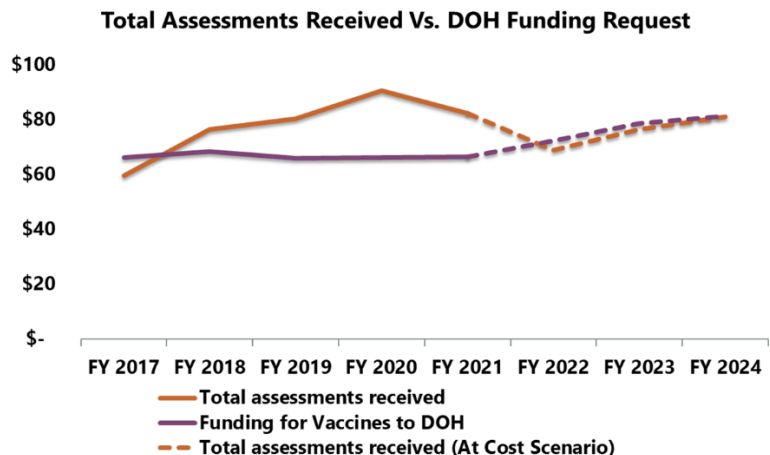
The purpose of this memorandum is to provide the Washington Vaccine Association's ("WVA") Board of Directors ("Board") and Operations Committee with Helms & Company's recommendations for the 2021-22 Vaccine Assessment Grid ("Grid") and a description of the underlying assumptions. The 2021-22 Grid was developed in partnership with the Washington Department of Health ("DOH") and is based upon the new model developed for the 2020-21 Grid. The administrative budget, cash flow projections, and the Grid are integrated into a unified model which allows input from the Board. The purpose of the model is to allow the Board flexibility in setting a series of adjustment factors to produce different scenarios over a three-year time horizon. These scenarios meet the desired reduction of cash and subsequently the WVA's collections through Grid changes so that the Association can meet its funding obligations. The Finance Committee met on April 8, 2021, to review the model and the administrative budget, and their requested changes have been incorporated. Subsequently the Board met on April 22, 2021 and voted to recommend the 2021-22 Grid to the Operations Committee for approval.

### Grid History Summary

The last two Grids saw reductions in Grid prices with a two percent net reduction for the 2019-20 Grid and a 13.7% reduction for the 2020-21 Grid. As shown in **Figure 1**, the two percent reduction adjustment had some reduction on cash, however, cash still grew due to the FY2020 Grid being priced nearly 12% above the vaccine remittances to the State of Washington.

The 2020-21 Grid price was lowered by 13.7% which did reduce cash, however, recoveries as of March 31, 2021 exceeded \$5.7M which was \$3.1M greater than budgeted recoveries for the year. The total cash on hand as of June 30, 2021, is expected to be \$55.7M which is \$1.2M lower than the \$56.9M as of June 30, 2020. Additionally, the pandemic created unpredictability in the modeled assessments receipts given the impact on delayed pediatric vaccine trends.

**Figure 1: Total Assessments Received Vs. DOH Funding Request**



**The proposed 2021-22 Grid prices will stay the same as the 2020-21 Grid prices and will absorb inflation of the CDC prices in order to continue to reduce cash reserves in FY2022.**

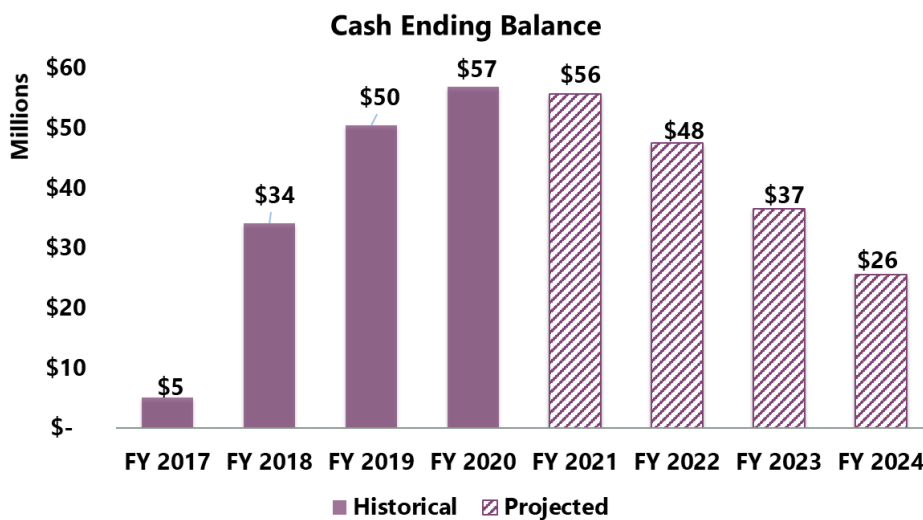


## Setting FY2022-FY2024 Cash Targets

The Finance Committee has set the goal of continuing to reduce cash by setting reduction targets while also ensuring reserves for the eventual COVID-19 vaccine costs expected to begin in 2022 or 2023. The model created for the upcoming FY assumes cash decreasing over the next three years with end of fiscal year cash balances of \$48M, \$37M, and \$26M, respectively (**Figure 2**). The model targets reductions of \$8.1M, \$11.0M, and \$11.0M 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: Historical and Projected Cash Ending Balances**

Until recent years, the WVA has not had significant amounts of cash on hand. In 2015, the organization was in a significant deficit position and required a line of credit to be established to continue operations. The line of credit was ultimately retired, and adjustments were made to the Grid to build cash reserves. It is important to recognize that these reserves were created through assessment funds paid by the insurance carriers and third-party administrators and not via State of Washington expenditures.



## FY2022-2024 Grid Assumptions

The following assumptions were made in the financial model with respect to setting the 2021-22 Grid prices and projecting the cash flow through FY2024:

1. The Department of Health's (DOH) March 2021 projections of vaccine utilization formed the underpinnings of the initial model for the April 8, 2021 Finance Committee meeting and the April 22, 2021 Board meeting. The DOH projects roughly a five percent reduction in vaccine material in FY2022, and a nominal increase for FY2023 with 1,109,650 and 1,152,260 doses in FY2022 and FY2023, respectively.
2. On April 1, 2021, the Centers for Disease Control ("CDC") updated its Vaccine Price List<sup>1</sup> 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, 2021 CDC prices were used for the development of the 2020-21 Grid<sup>2</sup>. No COVID-19 vaccines are included. It is expected that the CDC will replace Menactra with MenQuadfi in May 2021 and that Vaxelis will be added in July 2021.
3. The Assessment Grid as a Percentage of Prior Year will be flat at 100%, meaning that the proposed Grid prices will equal last year's Grid prices with the exception of the Vaxelis vaccine that is new.
4. The Department of Health's Indirect Rate will be held steady at 1.4% for the next three fiscal years.

<sup>1</sup> <https://www.cdc.gov/vaccines/programs/vfc/awardees/vaccine-management/price-list/index.html>

<sup>2</sup> The 3% will be verified once the April 1, 2021 CDC price list is made available. It is due on April 1.



5. The Department of Health's Cost Recovery Fee is expected to hold steady at an average of 1.4% for the upcoming fiscal year<sup>3</sup>.
6. Based upon remittance data, the current DBA denial rate is currently estimated to be 13%. We expect this to drop to 11.5% and 10.5% in the latter two fiscal years based upon planned denial recovery activities.
7. The denial recovery rate is expected to be 4.0% in FY2022 and 3.5% and 2.5% in the latter two fiscal years.

### **Analysis of Changes**

The attached 2021-22 Grid update has been reviewed with the Department of Health. The total projected assessments in FY2022 are \$68,794,912. For ease of identification, the 2020-21 Grid prices are shown in green and the 2021-22 Grid prices are in pink. The Grid prices remain the same as the prior year while absorbing the cost of inflation resulting in a projected reduction of cash on hand at the end of FY2022.

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<sup>3</sup> 1.4% is the average for the first ten months of FY2021.

## **WASHINGTON VACCINE ASSOCIATION**

### **AMENDED AND RESTATED PLAN OF OPERATION**

WHEREAS, the Washington State Universal Childhood Vaccine Program operated by the Washington State Department of Health provides vaccines to children less than 19 years of age resident in Washington (the "Program");

WHEREAS, the Washington legislature has enacted SSHB 2551, Ch. 174, 61st Leg., 2010 Reg. Sess. (Wash. 2010) (the "Act"), now codified as Chapter 70.290 RCW, establishing a mechanism to assess insurers and third-party administrators for the costs of vaccines provided to certain children in Washington in support of the Program;

WHEREAS, the Act authorizes the formation of a not-for-profit corporation known as the Washington Vaccine Association (the "Association");

WHEREAS, the Association is governed by a Board of Directors (the "Board");

WHEREAS, as required by the Act, the Board has adopted a plan of operation dated May 10, 2010, which plan has been amended and restated in form approved by the Secretary of the Department of Health (the "Secretary") on April 11, 2013, and again on February 21, 2019;

WHEREAS, the Association desires to amend and restate the plan, subject to approval by the Secretary;

WHEREAS, the Association has members ("Members") consisting of (i) all health carriers issuing or renewing health benefit plans in Washington state; and (ii) all third-party administrators as defined in the Act ("TPAs") conducting business on behalf of residents of Washington state or Washington health care providers and facilities (collectively the "Payers");

RESOLVED that the Board hereby adopts the following Plan as required by the Act.

#### **ARTICLE I**

##### **Effective Date; Amendment**

This amended and restated plan and any amendments to same as may be approved from time to time by the Board (the "Plan") shall become effective upon the approval of the Secretary. Amendments may include a retroactive effective date if such date is proposed in the amendments and approved by the Secretary. The completion of any blanks in the exhibits will not constitute an amendment to this Plan, but the change in the structure or substance of any exhibit will be considered an amendment requiring approval.

## **ARTICLE II**

### **Conformity to Act, Articles and Bylaws; Limitation of Liability; Priority of Documents**

The Association shall perform its functions under this Plan and in accordance with the Act, which is hereby incorporated as part of this Plan. The provisions of the Articles of Incorporation and the Bylaws of the Association, as amended from time to time, are incorporated in this Plan of Operation by reference.

The liability of the Association, its members, directors, officers, employees and agents, and of health care providers arising from the lawful performance of their duties or required activities under the Act shall be limited as provided in the Act,<sup>1</sup> and further limited as provided in the Articles of Incorporation and Bylaws of the Association, as amended from time to time. The Association is governed by the above referenced documents together with the Policies as described in Article IX. In the event of any conflict between these documents, the order of priority of authority shall be as follows: The Act, Articles of Incorporation, Bylaws, this Plan, and the Policies.

## **ARTICLE III**

### **Management of the Association and its Assets**

**A.** The Board may select and employ an Executive Director to be responsible for the administration and conduct of the business and affairs of the corporation pursuant to guidance established by the Board, from time to time. The Executive Director shall have the full authority necessary for direction and conduct of the affairs of the Association. The Association may have such additional employees as the Board of Directors shall approve.

**B.** The Board may select and contract with one or more third parties for services needed to administer the affairs of the Association and to implement the functions contemplated by this Plan of Operation.

## **ARTICLE IV**

### **Public Awareness**

The Board may establish and maintain public awareness of the Association through development of a website containing basic descriptive data and downloadable copies of the Association's Articles and Bylaws, together with this Plan and such other information as the Board or the Executive Director may determine to be helpful or necessary from time to time. If, in the judgment of the Board, additional efforts are required to establish and maintain public awareness of the Association and understanding of its purpose and functions, the Board shall be authorized to undertake such additional efforts.

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<sup>1</sup> See, for example, Sec. 8 of the Act.



**ARTICLE V****Administrative Expenses; Accounting; Financial Reporting**

**A. Financial and Other Records.** Monthly, quarterly, and annual financial records shall be maintained and distributed by the Executive Director in accordance with the schedule set forth in **Exhibit A**. The quarterly report information shall include rolling forward-looking cash flow projections suitable to assist the Board in assuring adequacy of funds for future vaccine purchases and revising its assessment levels from time to time.

**B. Annual Association Audit.** The Association shall retain an independent certified public accounting ("CPA") firm to conduct an annual audit of the financial statements of the Association. The audit shall be conducted in accordance with generally accepted auditing standards, and an opinion shall be rendered by the CPA firm as to whether the Association's financial statements are fairly stated in accordance with generally accepted accounting principles. In conjunction with the annual audit, the CPA firm shall produce a management letter for the benefit of the Board. The results of the annual audit, together with the management letter, shall be presented to the Board's audit committee and forwarded to the entire Board. The CPA firm selected by the Association must be authorized to provide accounting services in the State of Washington.

**C. Budgeting.** The Executive Director shall draft an annual expense budget for review, modification as deemed necessary or appropriate, and approval by the Board prior to the commencement of each fiscal year. The Board shall assure that adequate internal control policies and procedures with respect to the handling of Association assets and liabilities by the Executive Director including but not limited to, cash, cash receipts, cash disbursements, assessments, investments, accounts payable, and administrative expenses, are in place, and may, in its discretion, at any time, engage the CPA firm to review such policies and procedures.

**D. Bank Accounts.** Money and marketable securities shall be kept in bank accounts and investment accounts as approved by the Board. The Association shall deposit receipts and make disbursements from these accounts. All bank accounts/checking accounts shall be established in the name of the Association and shall be approved by the Board members. Authorized check signers shall be approved by the Board.

**E. Examination and Annual Report.** The Association shall be subject to examination by the Secretary. The Board shall submit to the Secretary each year, not later than 120 days after the Association's fiscal year, a financial report and a report of its activities during the preceding fiscal year as required by the Act.

**ARTICLE VI****Assessment Plan**

**A. Dosage-Based Assessment.** Because the Act contemplates an assessment methodology based on each Payer's actual use of vaccines (RCW 70.290.040(3)) and a payment plan (RCW 70.290.030(5)(n)), the Association has adopted a dosage-based assessment methodology ("DBA") further described on **Exhibit B**. Following Board vote of approval of DBA amounts as described in Section B of this Article, all Payers shall timely pay the Association all such assessments in accordance with the DBA amounts

in effect, unless the Association has specifically agreed in advance with a Payer to an alternative payment method. The DBA is not a medical claim. Payment of any DBA within the timeframe applicable under Washington State law to a medical claim will be deemed timely payment.

**B. Assessment Grid.** The Association shall post to its public website a grid of assessment amounts ("Assessment Grid"), by vaccine, to be applied to DBA transactions. From time to time, the Association will update the Assessment Grid as needed to assure that adequate funds, in aggregate, are available each month for transfer to the State's universal payment vaccination account for timely payment of invoices arising from the State's purchase of vaccines for which the Association is charged to provide funding under the Act. The Association will provide notice to its known Members of any revision to the assessment amounts. Such assessment revisions will be posted to the Association's website at least sixty (60) days prior to the effective date of the revisions.

## ARTICLE VII

### Member Audits; Interest and Late Assessments; Calculation of Penalty; Collection

**A. Member Audits.** An audit of a Member's compliance with obligations under the Act requires a majority vote of the Board or a request of the Secretary. The Association may audit compliance when a Member (i) fails to respond fully to any written request authorized by the Board for information concerning such Member's reporting for assessment purposes; a response is timely if made within forty-five (45) days after the date the request is mailed, postage pre-paid; or (ii) refuses to comply with the DBA without prior written approval by the Board of an alternative payment method. Any Member so audited shall reimburse the costs of such audit as required by the Act and this Plan of Operation within forty-five (45) days of the Board mailing, postage pre-paid, the Member notice that the Board has certified the audit costs. Upon failure of any such Member that has been audited to reimburse the costs of such audit, the Association shall provide notification to the Secretary of the unpaid costs due.

**B. Interest and Late Assessments.** Assessments shall be due and deemed late if not paid within ninety (90) days following the date of service of the vaccine. The Association may charge interest on assessments (or portion thereof) not paid when due after providing notice to the carrier or third-party administrator liable for payment of such delinquent assessment(s) that interest will be charged on delinquent assessments. The notice shall identify the delinquent assessments by reference to the applicable date or dates of service or by other reasonable method. Interest on delinquent assessments shall be charged from the date of such notice to the payor on the total of delinquent assessments at the rate of twelve percent (12%) per annum. Upon failure of a Member to make payment within ninety (90) days of the date of such notice, the Association shall send notification to the Secretary of the total unpaid assessment amount, the notice date for interest accrual, and the accruing interest amount.

**C. Calculation of Civil Penalties.** Upon receipt of notification from the Association pursuant to this Article, the Secretary shall calculate the civil penalty amount and assess a civil penalty against any Member as required by RCW 70.290.060.

**D. Collection.** The Association may separately pursue collection of amounts past due as may be authorized by the Board.

## ARTICLE VIII

### Remittance to Universal Vaccine Purchase Account

The Association shall remit its assessment receipts, less the Association's administrative costs and any reserves set by the Board from time to time, to the credit of the universal vaccine purchase account ("UVPA") established pursuant to RCW 43.70.720. Funds transferred to the UVPA shall be delivered on a "just-in-time" basis, in order to support the assessment collection process and to enable the Association to gain as much interest income as reasonably possible through its collection process to help offset its costs of administration. The Association shall promptly respond to any inquiry of the Secretary concerning the availability and timely transfer of funds, enabling the Secretary to make payment of the Association's share under the Act for vaccine purchases made by the State of Washington.

## ARTICLE IX

### Disputes

**A. Member Appeal of Disputes to Board.** Members may request permission to appear before the Board at any time in connection with any dispute with the Association relating to an assessment or assessment reconciliation. No such request or appeal relating to assessments shall be heard until the protesting party has paid the assessment in full.

**B. Arbitration.** All disputes and differences that cannot be agreed upon by the parties will be decided by arbitration. The arbitrator(s) will have the authority to interpret this Plan and, in doing so, shall consider the customs and practices of the insurance industry. The arbitration shall be conducted under the auspices of the American Arbitration Association in accordance with its commercial arbitration rules. Such arbitration shall be held in Seattle, Washington. This agreement to arbitrate shall be enforceable and judgment upon any award may be entered in any court having jurisdiction, which the parties hereby stipulate and agree, will include any court of appropriate subject matter jurisdiction located within the state of Washington. Reasonable costs of arbitration shall be borne equally by the parties and each party shall pay the cost of its own personnel and counsel involved in such proceedings.

## ARTICLE X

### Board Policies

The Board may from time to time adopt and post to the Association website one or more policies ("Policies"). Such Policies shall govern the operation of the Association from and after the date of such posting, subject to further amendment by the Board from time to time.

## ARTICLE XI

### Health Information

**A. Authority of WVA.** The Association, including its authorized subcontractors, will receive and use certain health information of individuals to whom a vaccine is administered and for which an assessment is collected by the Association as provided by the Act and this Plan of Operation. The Association receives and collects such information pursuant to the grant of authority and direction of the Act as part of the public health activities constituting the Program and solely for such purpose. For clarity, no personal or health information of individuals (including "protected health information" as defined by the HIPAA

administrative simplification rules) is or shall be obtained from or disclosed to the Department of Health in connection with the activities of the Association and operation of the Program.

**B. Compliance with Health Information Privacy and Security Laws.** As required by applicable federal and state law, including the Act, the Association will preserve and protect the privacy and security of individual health information that the Association receives and uses in the course of carrying out its statutory purpose, including without limitation maintaining appropriate privacy and security policies and procedures, and agreements with the Association's contractors, subcontractors and associates to preserve the privacy and security of the health information of individuals.

## ARTICLE XII Agreements with Other States

Subject to approvals of the Secretary and the Board, the Association may from time to time (a) enter into one or more agreements with states other than Washington or vaccine funding organizations in such other states to address the needs of Washington resident children who receive vaccines in such other states and/or (b) make payments for vaccines for such children as requested by the Secretary. Such agreements may also address assessment equity and seek to minimize the risk of duplicate assessments for childhood vaccines. Payments under this Article or pursuant to agreements it authorizes shall be considered as vaccine costs in determining the assessments needed by the Association.

## ARTICLE XIII TPA Registration

Each TPA Member shall provide the data elements identified in Exhibit C to the Association by making an initial filing when first becoming a Member, using such web-based tools as shall be offered by the Association, and, thereafter, review and update any information so filed with the Association within ten (10) days of the date of a change in the data previously filed by the Member. Exhibit C may be modified from time to time by the Association but not more frequently than annually. The Association shall undertake reasonable efforts to make available, generally 24/7 apart from periodic maintenance and backup, a web-based tool which enables TPAs to check and update their Exhibit C information on file with the Association.

In accordance with the Act, the foregoing Plan of Operation, as amended, is approved by the Secretary.

By:

Dated:

\_\_\_\_\_  
Umair A. Shah, MD, MPH  
Washington Department of Health

**Exhibit A**  
**Schedule of Financial and Investment Statements**

**Financial Statement.** Financial Statements will be released on the following schedule:

1. Monthly Statements: To the Treasurer and the Chairman of the Board fifteen (15) business days after the close of each month.
2. Quarterly Statements: To the full Board twenty-five (25) business days after the close of each quarter.
3. Annual Statements: Management's statements will be ready for internal review sixty (60) business days after the close of the year; full statements will be released to the public as soon as the audit is completed, and the audit report accepted by the Board.

**Bank and Investment Statements.** Reconciled bank statements will be sent to the Finance Committee fifteen (15) business days after the close of each month. Investment statements will be sent to the Finance Committee within fifteen (15) business days after the close of each quarter. Both the reconciled bank statements and the investment statements shall be made available upon request to all Board members.

**Exhibit B****Washington Vaccine Association Dosage-Based Assessment Methodology**

Pursuant to Chapter 70.290 RCW, the Association collects and remits funds from health carriers and third-party administrators (collectively, the “Payers”) for the cost of vaccines provided to covered children in Washington state. The Association has developed a dosage-based assessment (“DBA”) method that uses a process similar to medical claims submissions to assess Payers for vaccines administered by providers to children who are Covered Lives of the Payers. “Covered Lives” has the meaning defined in Chapter 70.290.010 RCW. Providers administering vaccines to Covered Lives are required to submit a claim to the applicable Payer for administration of the vaccine and to submit separately a form (in claims format) complete with the billing code(s) for the vaccine(s) administered, the current vaccine assessment amount, the Association’s federal tax identifier and NPI (national provider identification) number, and other typical claim form information (date, patient, payer and provider information, etc.)

The provider is paid by the applicable Payer for the claim for vaccine administration.

Each DBA form sent by providers generates payment by the applicable Payer to the Association in the amount of the DBA assessment. Per-vaccine DBA assessment amounts are established and published from time to time by the Association as referenced in Article VI Section B.

**Exhibit C**  
**TPA Data Elements**  
**for**  
**Web-based TPA Registration with the Washington Vaccine Association**

Pursuant to this Plan of Operation, TPAs are required to maintain current information with the WVA on the following data elements:

**A. TPA name and address**

*(to identify the entity and provide basic corporate or other business contact information)*

1. TPA legal name.
2. Alternative or d/b/a name(s), if any.
3. Mailing Address:
  - a. Address line 1
  - b. Address line 2
  - c. City
  - d. State
  - e. Zip
4. NAIC and Group #s, if any.
5. Federal Tax ID number.
6. State or jurisdiction of legal formation/ incorporation.

**B. Primary Regulatory/Compliance Contact**

*(contact information for individual primarily responsible for day-to-day WVA compliance)*

1. First Name
2. Last Name
3. Position
4. Phone
5. Fax
6. Email
7. Mailing Address
  - a. Address line 1
  - b. Address line 2
  - c. City
  - d. State
  - e. Zip

**C. Secondary Regulatory/Compliance Contact**

*(contact information for executive primarily responsible for overall WVA compliance and/or policy communications)*

1. First Name
2. Last Name
3. Position
4. Phone
5. Fax
6. Email
7. Mailing Address
  - a. Address line 1



- b. Address line 2
- c. City
- d. State
- e. Zip

## Payer Checklist

This checklist is intended to assist health insurers and third-party administrators (TPA) achieve compliance with the dosage-based assessments (DBA) requirements of the Washington Vaccine Association's (WVA) governing statute (Chapter 70.290 RCW) and Plan of Operation. It should be utilized by health insurers and TPAs to evaluate and ensure their internal adjudication systems have been set up to accommodate the WVA DBA process. Additional information for health insurers and TPAs can be found in the WVA's *Private Insurance Assessment Billing Provider & Payer Guide* ("Guide") (<https://wavaccine.org/assessment-guide/>).

### General

- ☐ Washington State-domiciled providers submit DBAs on behalf of the WVA to the health insurers and TPAs that then remit payment to the WVA. The WVA receives remits from health insurers and TPAs only, not from providers or patients. The DBA is an assessment under the WVA Act and is not a medical claim although it is processed like a medical claim.
- ☐ If a provider cannot separate the provider's vaccine administrative fee from the vaccine material cost (DBA), the health insurer or TPA must produce a settlement report, not less than every quarter, and remit payment to the WVA with remittance detail until the provider can bill the health insurer or TPA a separate DBA. Please contact [compliance@wavaccine.org](mailto:compliance@wavaccine.org) with any questions.

### Vaccine Grid Adherence

- ☐ The correct DBA amounts, taken from the Vaccine Assessment Grid ("Grid") corresponding to the date of service, should be reviewed annually as the Grids are in effect from July 1 to June 30 each year. Current and historic Grid amounts for each CPT and corresponding NDC code can be found on the WVA website in PDF and Excel formats: <https://wavaccine.org/assessment-grid/>.
- ☐ The WVA should not receive remittances for CPT codes not listed on the Grid. Incorrectly paid DBAs will require reversals and adjustments that impact the health insurer's/TPA's and the WVA's administrative costs.<sup>1</sup>
- ☐ The DBA should remit to the WVA the specified Grid amount and the Grid amount will override any logic to pay at the lesser of charge and allowed amounts. In effect, the Grid amount is the allowed amount.
- ☐ The DBA should remit to the specified Grid amount regardless of modifiers submitted by the provider.

### Tax ID Number (TIN) 27-2251833 and NPI (1699092718)

- ☐ Health insurers and TPAs should only remit payment for codes on the Grid to the WVA's TIN (27-2251833). If upon review, the health insurer or TPA encounters vaccine material DBAs being paid to TINs other than WVA's, those remittances need to be redirected to the WVA's TIN.
- ☐ The WVA's TIN (27-2251833) and NPI (1699092718) should not be set up to process DBAs as an out-of-network (OON) benefit. The WVA was created by state statute and is considered a public health organization. As long as the provider submitting the DBA is enrolled with the State of Washington's Department of Health's (DOH) Child Vaccination Program (CVP), the DBA should be paid at the listed Grid rate. Common Claim Adjustment Reason Codes (CARCs) used when systems adjudicate DBAs as OON include 242, 243, and 279.

<sup>1</sup> Note: TRICARE military payers have a separate Grid price to which they adhere.

**Patient Responsibility**

- ☐ The DBA should be paid without contractual adjustments that would result in patient responsibility. Common CARCs used when systems adjudicate DBAs resulting in patient responsibility include 100, 170, and 187.
- ☐ Patients should not be charged co-payments, coinsurances, or deductibles for vaccine material listed on the Grid. The WVA Act (Chapter 70.290 RCW) DBA requirements apply to health insurers and TPAs with respect to pediatric lives covered by the benefit plan regardless of terms of coverage. The amount of the assessment is not dependent on the terms of coverage under the applicable benefit plan (e.g., deductibles or limitation on vaccine coverage) unless the benefit plan has no coverage and the patient is seen at a Federally Qualified Health Center or Rural Center in which case the provider will submit the DBA as an uninsured patient.
- ☐ The health insurer or TPA is responsible for monitoring any patient payments remitted to the WVA and for subsequently requesting a refund from the WVA in order to reimburse the patient. Third-party payment vendors associated with the health insurer's or TPA's patient-facing portals should be identified and queried to determine any patient payments made incorrectly to the WVA.
- ☐ The WVA can only exchange funds in terms of payments and refunds with health insurers and TPAs and not payments to and from patients or providers. Patient or provider funds received by the WVA require refund processing.

**Reprocessing DBAs**

- ☐ If a health insurer or TPA is planning to reprocess DBAs in bulk, it should contact the WVA at [info@wavaccine.org](mailto:info@wavaccine.org) to make arrangements (e.g., a lump payment with claim-specific notation) in order to reduce manual refund check processing costs and to provide the WVA with DBA-level detail.

**Electronic Remittance Advices (ERAs/835s) and ACH Payments**

- ☐ While the WVA primarily works with the Availity clearinghouse to receive 835 remittance files and set up ACH payments, the WVA has additional relationships with numerous clearinghouses (e.g., Change Healthcare, CAQH, Zelis, PaySpan, PNC, ECHO, Office Ally, InstaMed, and OptumPay). While the WVA proactively works to identify health insurers and TPAs that are still submitting paper remittances and/or checks, health insurers and TPAs interested in enabling electronic submissions can contact the WVA at [info@wavaccine.org](mailto:info@wavaccine.org). The WVA's TIN is 27-2251833 and NPI is 1699092718.

**Other**

- ☐ TPAs are required per statute (RCW 70.290.075) to register with the WVA on the WVA's TPA Registration Portal that can be found on the WVA website: <https://wavaccine.org/registration-requirements/>.
- ☐ 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: <https://wavaccine.org/other-resources-and-links/>.

Questions may be directed to [info@wavaccine.org](mailto:info@wavaccine.org).



*Ensuring Funds for Childhood Vaccines*

## Key Performance Indicators

Updated April 12, 2021

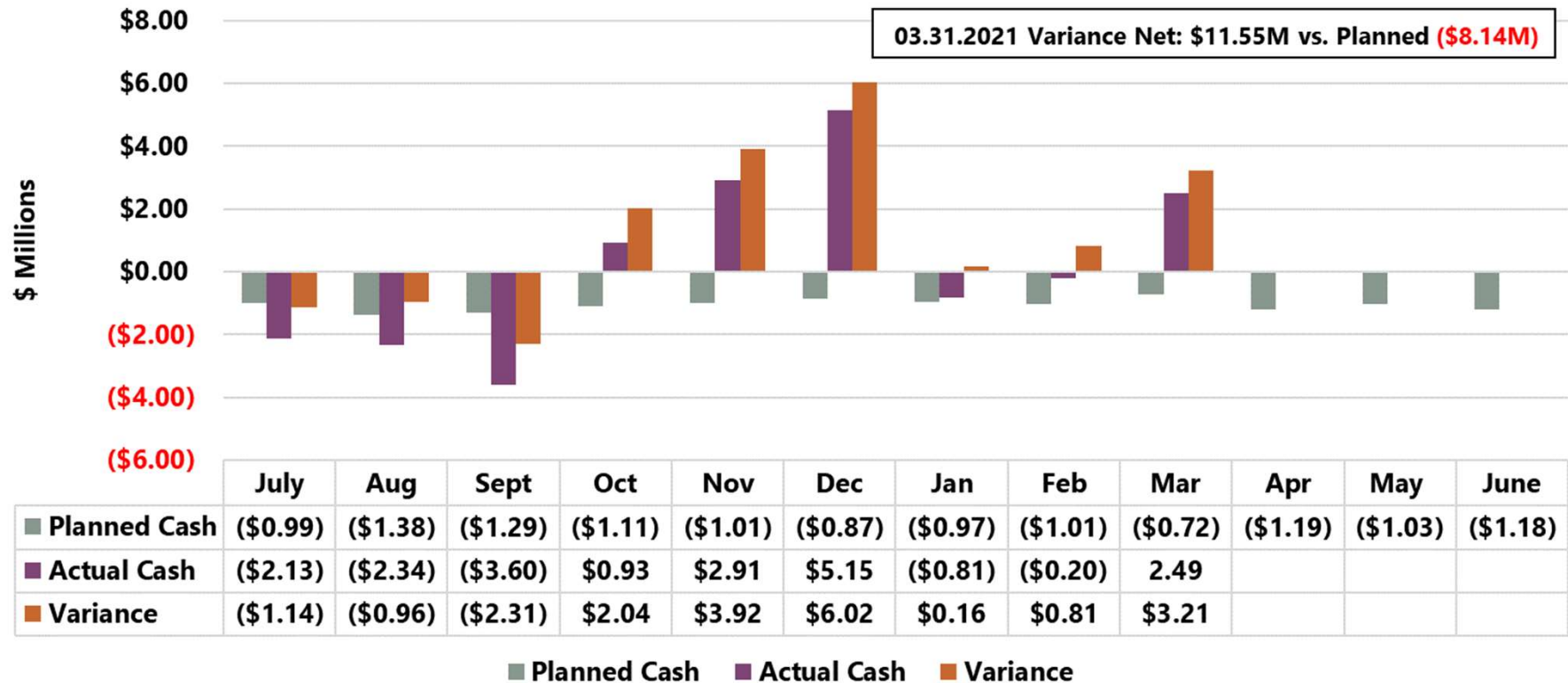
Confidential and Proprietary (C) 2021



# Cash & Monthly DOH Remittances

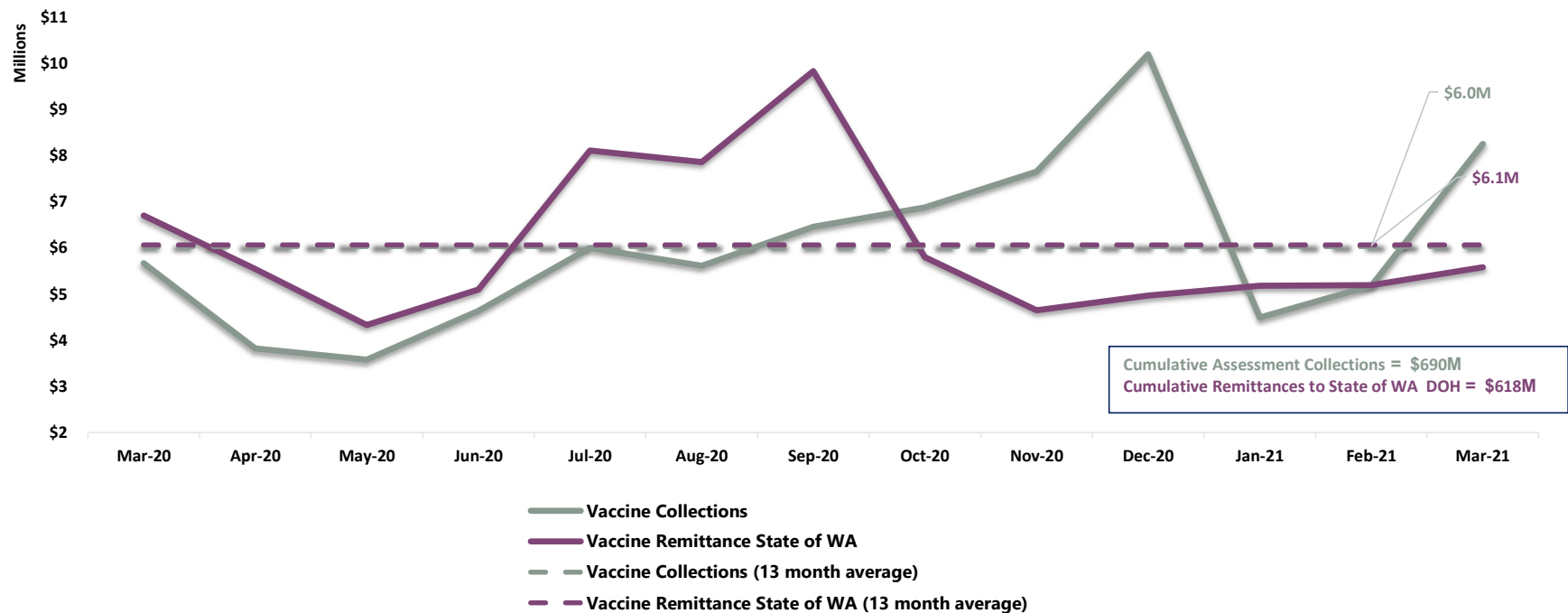
# FY21 Planned Cash Reduction, Actual Cash, and Variance

Expected FY2021 Planned Cash Reduction, Actual Cash, and Variance



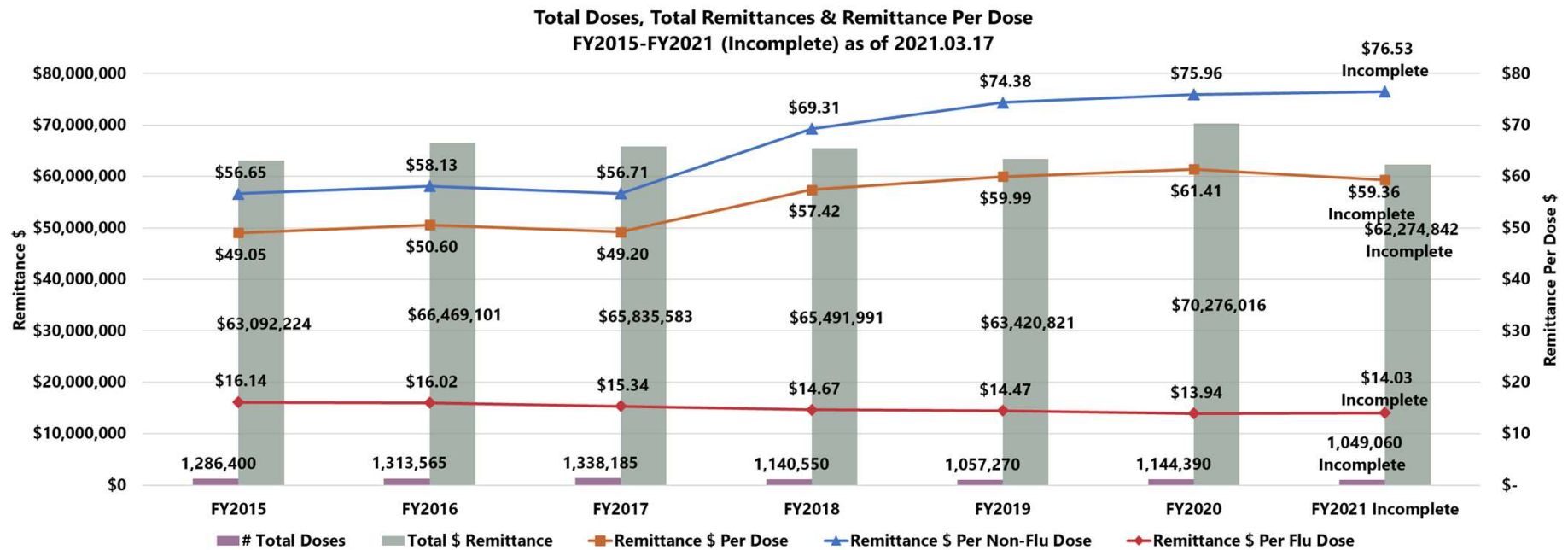
# Cash Flows 13 Month Period March 2020-March 2021

**Total Vaccine Collections and Vaccine Remittances to State of WA  
March 2020 - March 2021**



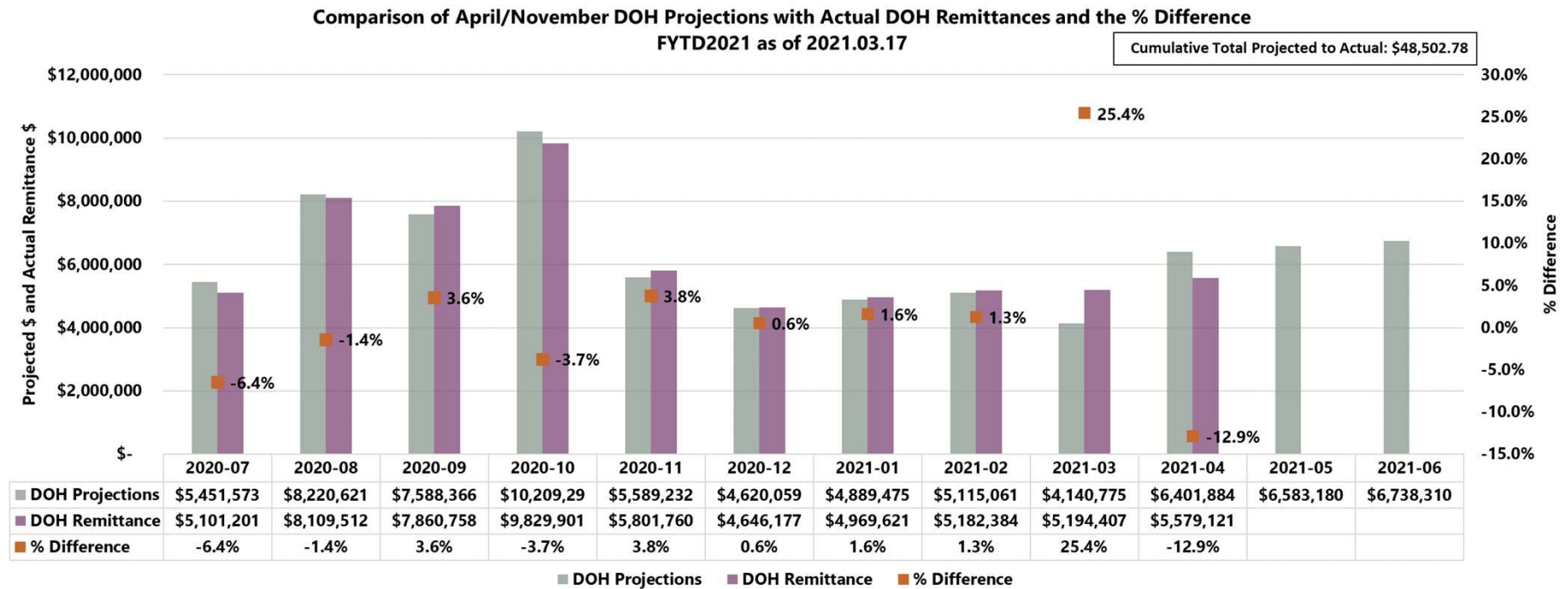


# Total Doses, Total Remittances & Remittance Per Dose by FY



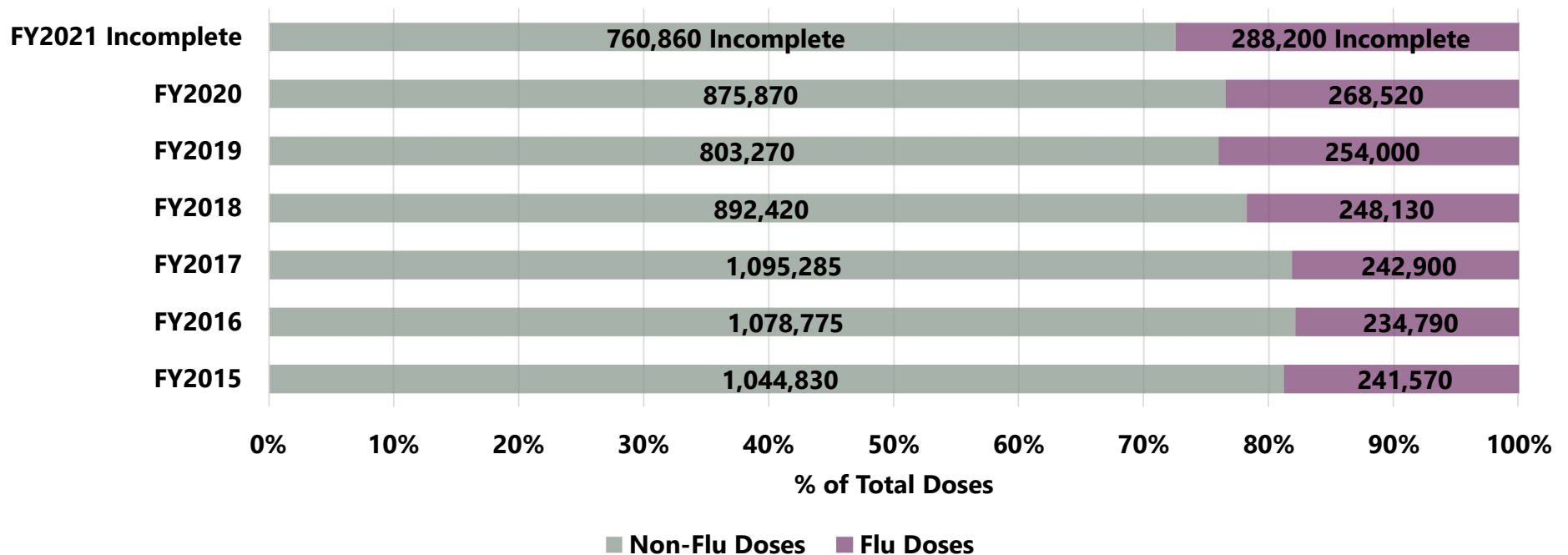


# DOH Projections vs. Actual Remittances FYTD2021

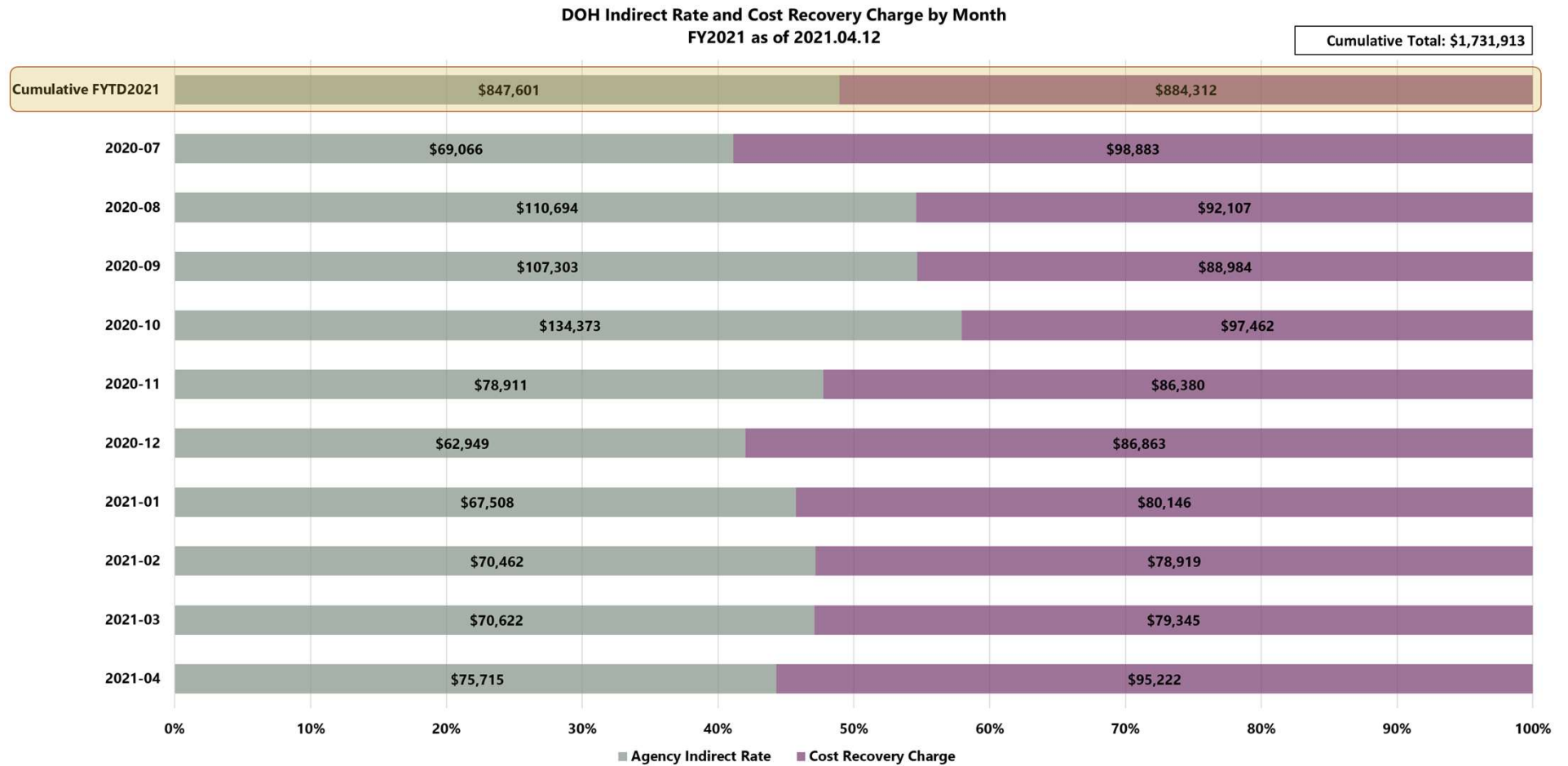


# Non-Flu and Flu Doses Purchased by FY

**Non-Flu and Flu Doses Purchased by FY  
FY2015 - FY2021 (Incomplete) as of 2021.03.17**



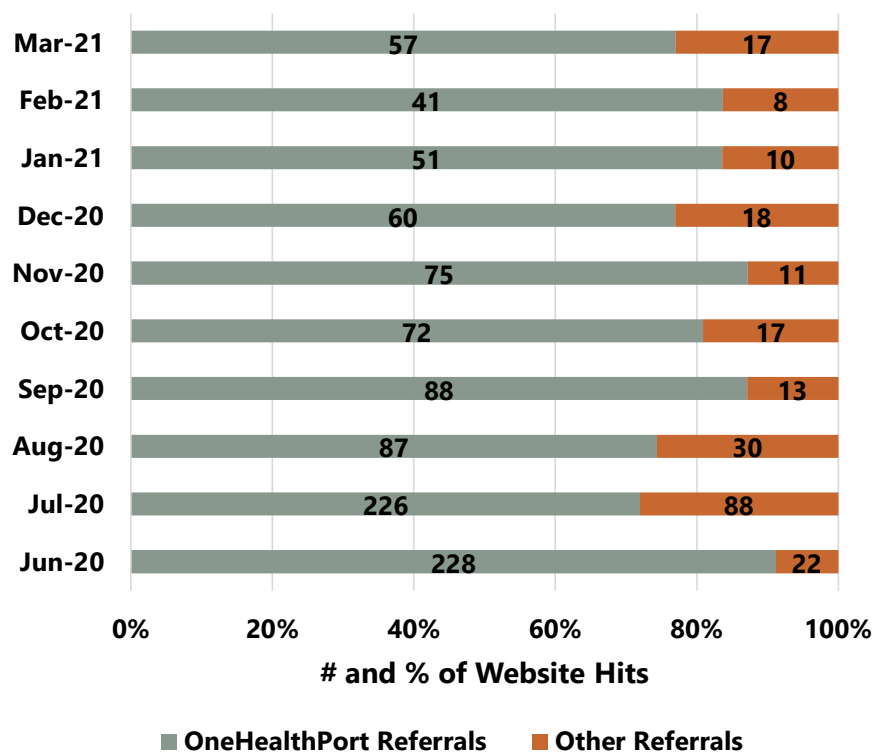
# DOH Indirect Rate and Cost Recovery Charge by Month



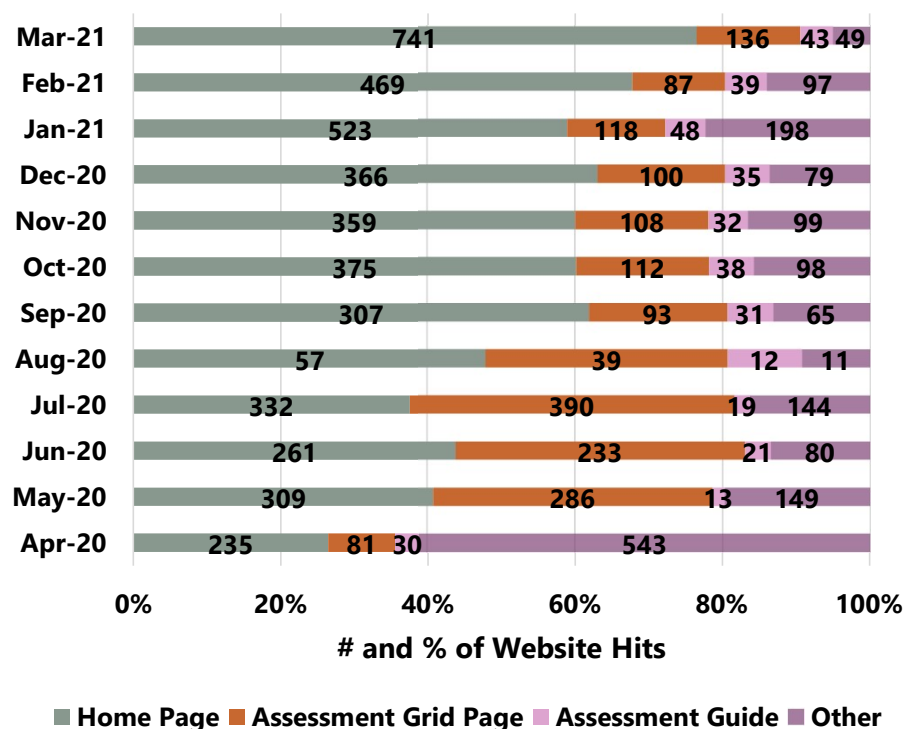
# Operations

# Website Metrics

## Partner Referral Traffic

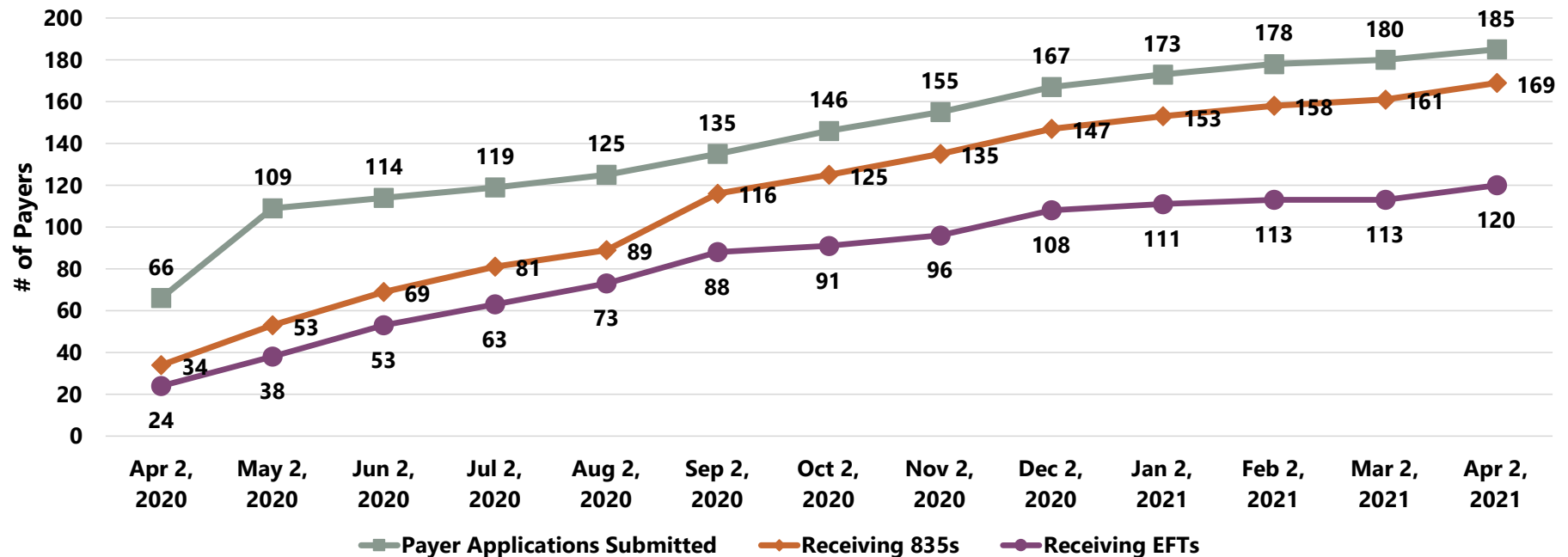


## Landing Pages

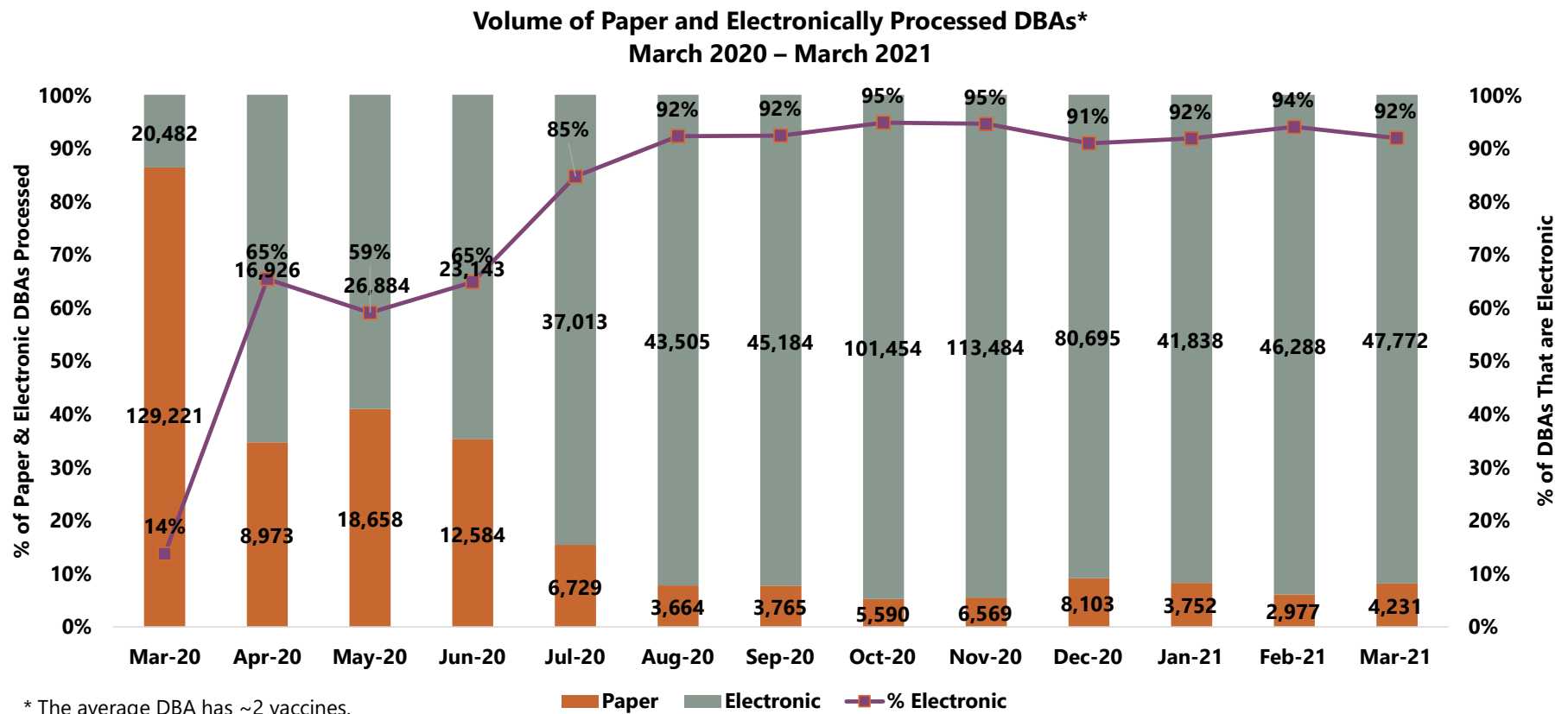


# Electronic Remittance and Electronic Funds Transfer Automation Progression

## Electronic Remittance and Electronic Funds Transfer Automation Progress April 2, 2020 – April 2, 2021

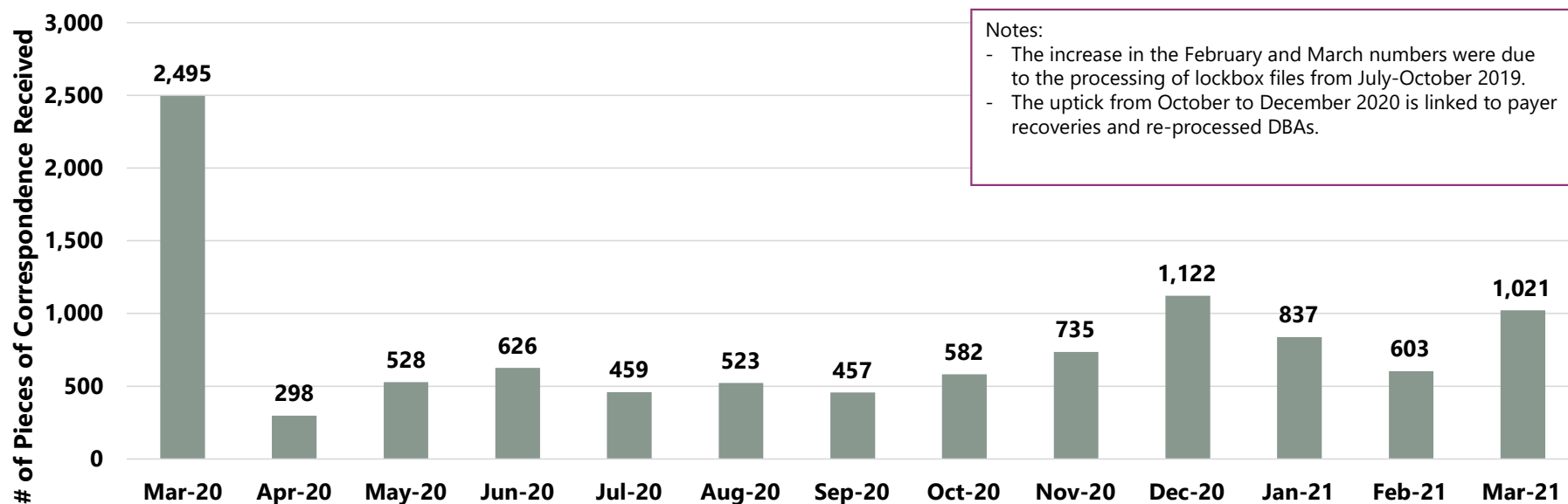


# Monthly Paper and Electronically Processed DBAs



# Monthly Correspondence Items Worked

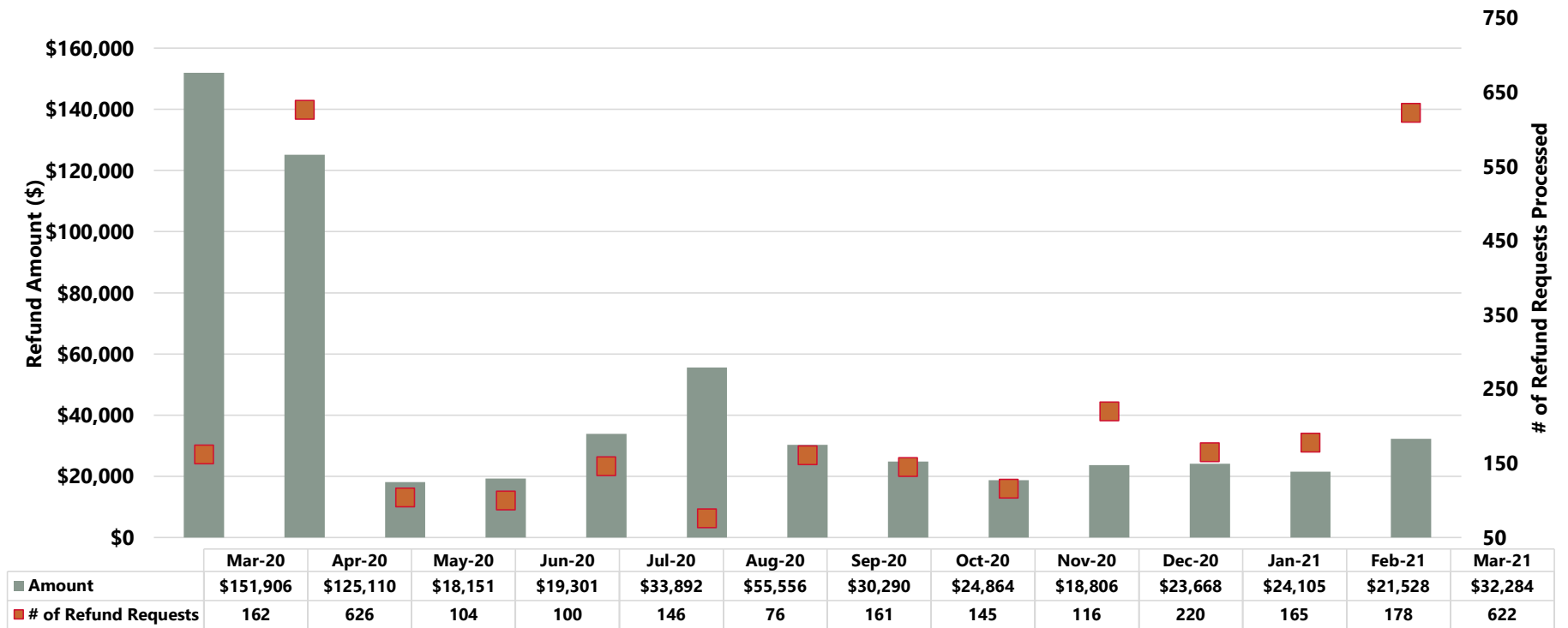
## Monthly Correspondence Items Worked March 2020 – March 2021





# Monthly Payer Refund Counts and Amounts

Monthly Payer Refund Counts and Amounts  
March 2020 – March 2021





WVA COLLECTED OVER  
**\$628 Million**

FOR CHILD VACCINES IN WASHINGTON

2010-2020

## WHO WE ARE

Washington Vaccine Association (WVA) is a public/private partnership created by statute in 2010 to provide adequate funds for Washington State's purchase of pediatric vaccines. Together with federal and other funding sources, WVA's assessment dollars from health plans enables the state to continue its universal childhood vaccination program.

## HISTORY

In May 2010, Washington State discontinued the use of state tax dollars to support the purchase of pediatric vaccine for privately insured children. In order to continue the state's purchase of all recommended pediatric vaccines, (and not limit the childhood vaccination program to indigent level, publicly-insured children), the legislature mandated health plans to pay an assessment to WVA to fund the state's purchase of vaccines for privately insured children. Allowing the state to continue its "universal" vaccination program. Under the program, both providers and patients receive recommended vaccines without cost.

## LEADERSHIP

WVA is governed by a Board, comprised of representatives from the four largest health carriers, the largest health maintenance organization, a health carrier not otherwise represented, a Taft Hartley Plan, a Washington State self-funded plan, two physicians and a Washington Department of Health (DOH) representative.



### Call Us

1.888.928.2224

### Fax Us

1.888.928.2242

### Email Us

[info@wavaccine.org](mailto:info@wavaccine.org)

[wavaccine.org](http://wavaccine.org)



*Ensuring Funds for Childhood Vaccines*





## WHAT WE DO

### Partnering with the DOH, WVA makes it possible for:

- Enrolled physicians, clinics, and hospitals to receive state-supplied vaccines at no cost for all children seen at the practice.
- All children to have easy access to critical vaccines.
- All payers to participate in one of the most efficient, cost-effective systems in the country for purchasing and distributing childhood vaccines.

### How state-supplied vaccines are funded

Insurers and third-party administrators now pay for administered vaccines based on a per dosage assessment. WVA collects these payments and transfers the funds to the state on a just-in-time basis.

Through its Childhood Vaccine Program, the DOH buys the vaccines at federal contract rates (through the Vaccines for Children Program) and distributes them to physicians, clinics, hospitals, and other enrolled providers.

This ensures that all Washington State children have access to recommended vaccines regardless of insurance status.

 **1025**  
PROVIDERS

 **373**  
PAYORS APPROX.

# Powerful Benefits

### No provider financing costs or risk of loss

Instead of fronting significant dollars to purchase vaccines from the private market, providers receive pediatric vaccines from the DOH and use their existing billing system to trigger WVA's collection of funding from payers.

### Consolidated ordering, delivery, and storage

The DOH provides support for one vaccine ordering process regardless of patient insurance status. This avoids providers having to navigate complex ordering systems and from keeping separate vaccine storage inventories.

WVA HAS FUNDED



**12.24**  
MILLION  
DOSES OF  
VACCINE



SAVED BY WVA  
IN VACCINE COSTS

### Stable vaccine supply

Providers can focus on patient needs and have the full complement of recommended vaccines on hand without bearing financial risk.

### Healthcare savings

The DOH bulk purchases all pediatric vaccines at federal contract rates, which are typically 15-60% lower than private purchasing alternatives, thus, WVA assessments save in costs.

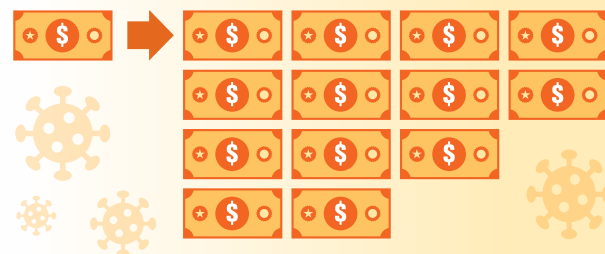
### Centralized vaccine management

The DOH manages the vaccine supply, ensuring the most vulnerable populations have access to vaccine material during outbreaks or shortages.

### Reducing barriers to immunizations

By making it easier for providers to obtain vaccines, universal purchase can increase immunization rates.

**\$1** spent on vaccines = **\$13** saved in direct health costs



ALL INFOGRAPHICS REFLECT DATA COMPILED FROM 2010-2020.

