

What: Operations Committee Meeting
When: April 28, 2022; 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 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

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.	Pg. 3-4	*	2. Calendar Consent Items a. Operations Committee Minutes October 28, 2021	J. Zell
12:35-12:55 p.m.	Pg. 5-19 Pg. 20-26	* *	3. 2022-23 Vaccine Assessment Grid a. Presentation and Vaccine Grid Memo b. Approve 2022-23 Vaccine Assessment Grid	P. Miller / J. Zell
12:55-1:25 p.m.	Pg. 27-48	*	4. Operations Update a. Payer Guide / Checklist Revisions b. Key Performance Indicators c. Payer Compliance Update d. Provider Compliance Update i. Provider Guide / Checklist Revisions	J. Zell / P. Miller
1:25-1:30 p.m.			5. Other Matters from Committee Members	Any
1:30 p.m.			6. Closing	J. Zell

*Indicates agenda item attached
Red text indicates an action item

April 28, 2022

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 28, 2021 meeting minutes.

[To approved October 28, 2021 meeting with the changes suggested at the meeting.]

Items under Agenda Section 3:

VOTED: To approve the final July 1, 2022 Assessment Grid.

[To approved final July 1, 2022 Assessment Grid with the changes suggested at the meeting.]

**Washington Vaccine Association
Operations Committee Meeting
October 28, 2021; 12:30-1:30 p.m. PT**

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

Members

Sue Bride, Premera
Tracy Cardillo, Cigna
Nicole Carroll, United
Cathy Falanga, Aetna
Janel Jorgenson, WA Department of Health
Walter Kuiee, Regence
Jennifer Simonson, Kaiser

WVA

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

Helms & Company, Inc.

Patrick Miller, Administrative Director
Lisa White, Customer and Financial Support
Specialist
Leslie Walker, CPA, Mason+Rich, PA
Alyssa McKeon, Project Support Leader

Others

Susan Comers, Aetna
Tawnya Flyberg, Premera

II. Welcome and Introductions

At 12:32 p.m., Chairperson Julia Zell called the meeting to order. Ms. Zell provided a notice of recording. Mr. Miller introduced the attending staff members from Helms.

Calendar Consent Items

Ms. Zell asked for a motion to approve the April 29, 2021, meeting minutes. There being no questions or comments, the following item was put to a vote:

Upon motion duly made and seconded, it was unanimously

VOTED: To approve April 29, 2021, meeting minutes.

III. Operations Updates

Revised Committee Charter. Ms. Zell reviewed the revised Committee Charter and asked if there was any feedback. She explained that she would like the Committee to vote to accept the charter so that it may then be taken to the Board of Directors. All the Committee charters are currently being reviewed/updated.

There being no questions or comments, the following item was put to a vote:

Upon motion duly made and seconded, it was unanimously

VOTED: To approve changes to the Operations Committee Charter.

Plan of Operation Updates. Ms. Zell stated that the Plan of Operation updates begun in the spring were finalized and signed by the Secretary of Health. She described the primary change was to Article VII – B. Interest and Late Assessments section. The interest provision was updated to reflect a reduced rate of 12 percent. It is not anticipated that the provision will need to be invoked with any frequency. Ms. Zell thanked the Committee members for their input to the process.

Key Indicators. Mr. Miller briefly reviewed the financial and operational key indicators that are shared monthly with the Board of Directors. Highlights presented included: cash reserves are being drawn down per the Board's plan; the DOH remittances are running close to projections; 189 payers remit 835s and 134 remit ACH payments; 95% of remits in September 2021 were electronic and 93% for 12-month average; 96% of payments were via ACH in September

2021; 919 pieces of correspondence were worked in September 2021; 137 refunds were processed in September 2021 (each one contains multiple transactions); and OneHealthPort continues to be the primary website referral source. There were a few questions and comments about the usefulness of the information presented.

Payer and Provider Compliance. Ms. Zell described the current payer and provider compliance efforts. Payer compliance continues to focus on grid adherence, denials, and patient responsibility. We are moving beyond the top eight payers as the fall progresses and are focusing on the next fifteen in 2022. The efforts are focused on ensuring equity in the system. Significant efforts are also being spent to rectify incorrect, multi-year billings from one of the largest provider organizations. This was identified through our payer compliance efforts. Ms. Zell thanked Ms. Jorgenson for the DOH's role in provider compliance. Mr. Miller echoed that DOH has been a good partner and there is a member of Mr. Jorgenson's team who is working with Ms. White on specific provider compliance issues. There is a fair amount of basic DBA-submission education required. Mr. Miller stated that 2022 will be largely focused on provider compliance continued work with the WA Department of Health (DOH) on several fronts.

DOH Provider Network TIN. Mr. Miller stated that there is a project underway to assign a tax ID number (TIN) to each of the DOH's provider IDs. There are 997 unique DOH-assigned provider IDs and we have less than 150 left to identify. The goal is to complete it in November. This will result in a file that should be useful to payers who are working to ensure that providers are not paid incorrectly for any DBAs whereby they do not use the WVA TIN as the pay to TIN. In working with several payers over the past six months, there are frequent instances where this is occurring. It is not as simple as having the payers deny these and/or have the payers change the pay-to TIN to WVA's TIN. Since the WVA's remittance advices do not show who the rendering provider is, the WVA needs to work with payers to determine this. There will need to be provider education in which the WVA will work with the DOH and the payers.

Ms. Falanga stated that in Aetna's work over the past year, many things have been uncovered as compliance issues and that sharing these amongst payers would be helpful. Payers should expect that providers are not always billing DBAs correctly. Just in recent weeks Ms. Falanga's team identified that some providers were billing DBAs and they were billing a \$0.01 or \$0.00 charge on a claim with the administration fee. This has caused duplicate payments to the WVA, and Aetna now has a process to prevent this (e.g., "catch and match"). Aetna will be sending the list of providers that do this to the WVA for outreach. It is likely there are a lot of small providers and not just the larger clinics. Ms. Bride stated that Premera has seen this as well, but it is currently a manual fix. Mr. Miller stated that Ms. Jorgenson has been looking at ways to increase provider education from the DOH side as well. The DOH lends gravitas to the provider conversations given they have the contractual relationship with the provider versus the WVA. Mr. Kuiee asked what the penalties or repercussions are for providers who bill incorrectly? Ms. Jorgenson stated that while it is a work in progress, the DOH can and has suspended vaccine orders until issues are corrected. Once corrected, reordering can resume.

IV. Other Matters from Committee Members

A question arose regarding which patients should be billed via the DBA process. The example given was that in eastern Washington, providers sometimes see seasonal workers from other states and provide vaccines, and the question arose re: whether they should go through the DBA process. There was clarification provided regarding the fact that if the provider was administering state supplied vaccine to a patient under the age of 19 and the patient was insured, that the DBA process should be in effect. The providers should be using the DOH eligibility grid to ensure they are submitting to the correct payer (VFC or DBA process). Ms. Jorgenson stated that the provider list is on the state's website in a map format, and Mr. Miller followed up by stating that the TIN project should make these data more accessible for payers.

V. Closing

Ms. Zell thanked everyone for their input and guidance today, and the meeting was adjourned at 1:30 pm PT.

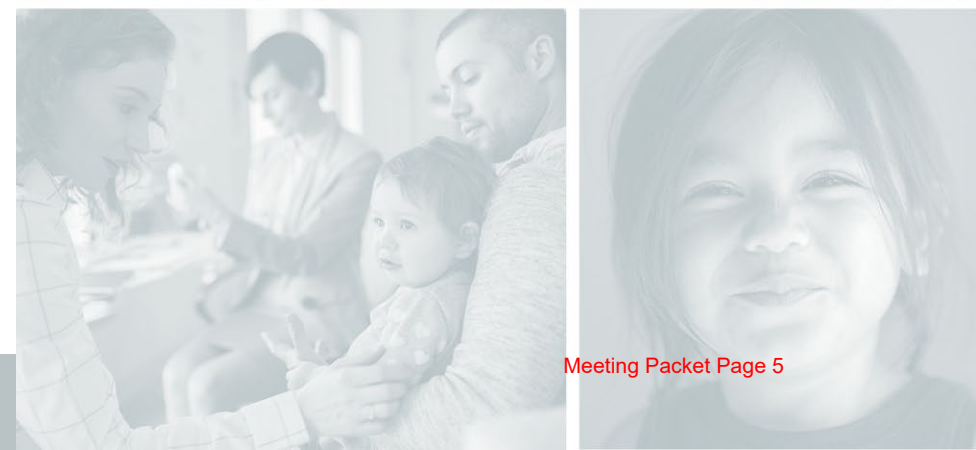


Ensuring Funds for Childhood Vaccines

2022-23 Vaccine Assessment Grid Development

Presented to the
Washington Vaccine Association
Operations Committee
April 28, 2022

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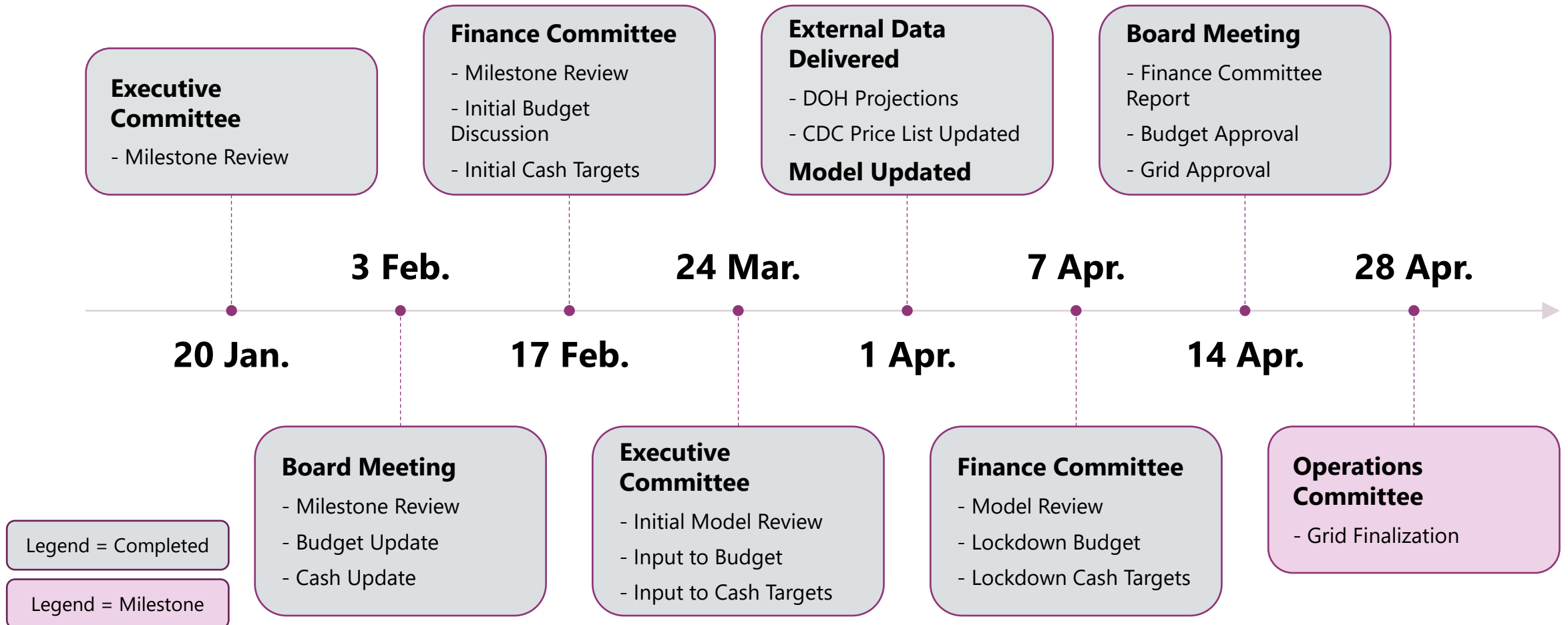


Meeting Packet Page 5

Presentation Overview

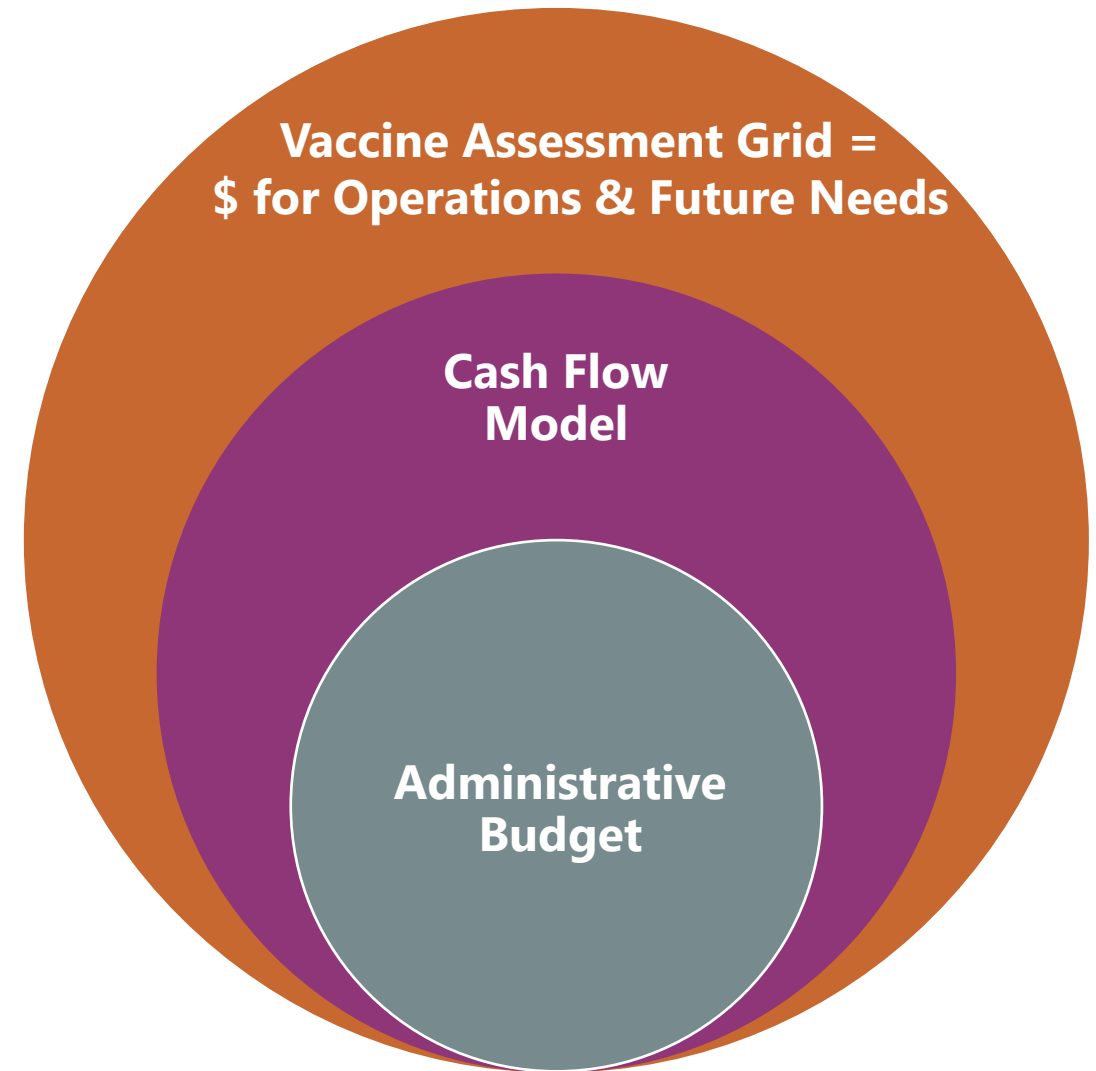
1. Process Timeline
2. Approach
3. Model Assumptions Summary
4. 2022-23 Grid
5. Communication Plan

1. 2022-23 Budget & Vaccine Grid Development Process

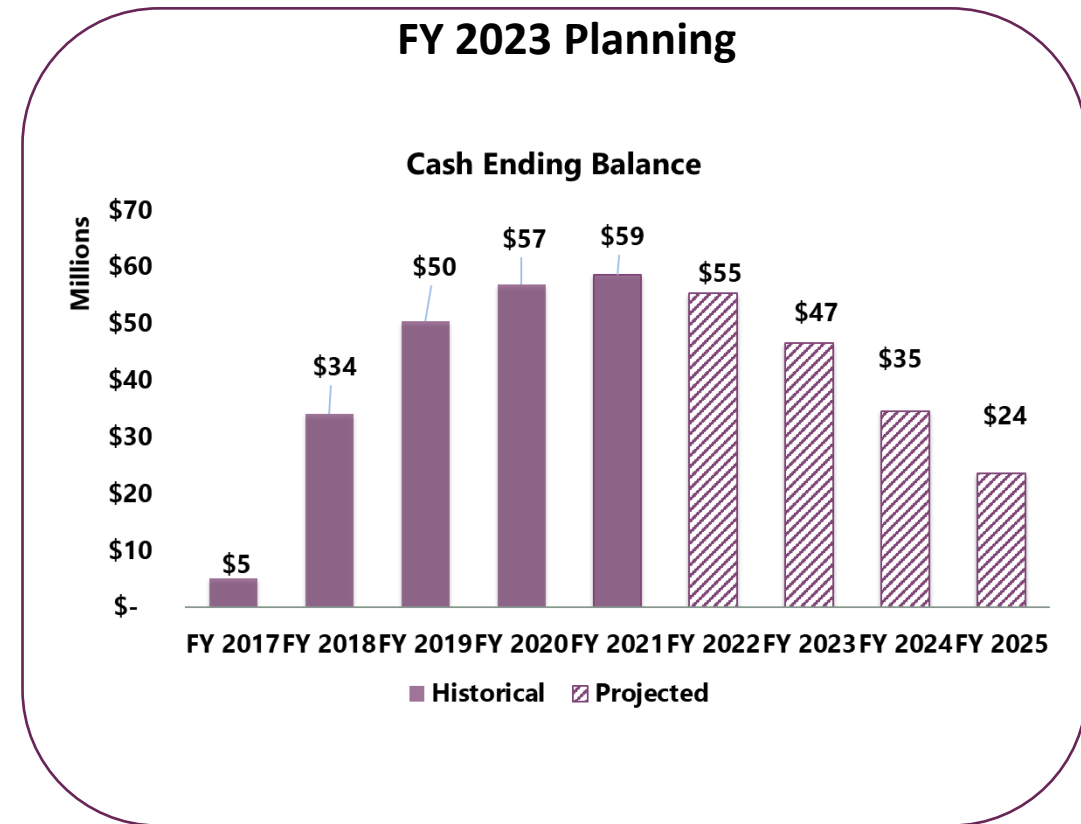
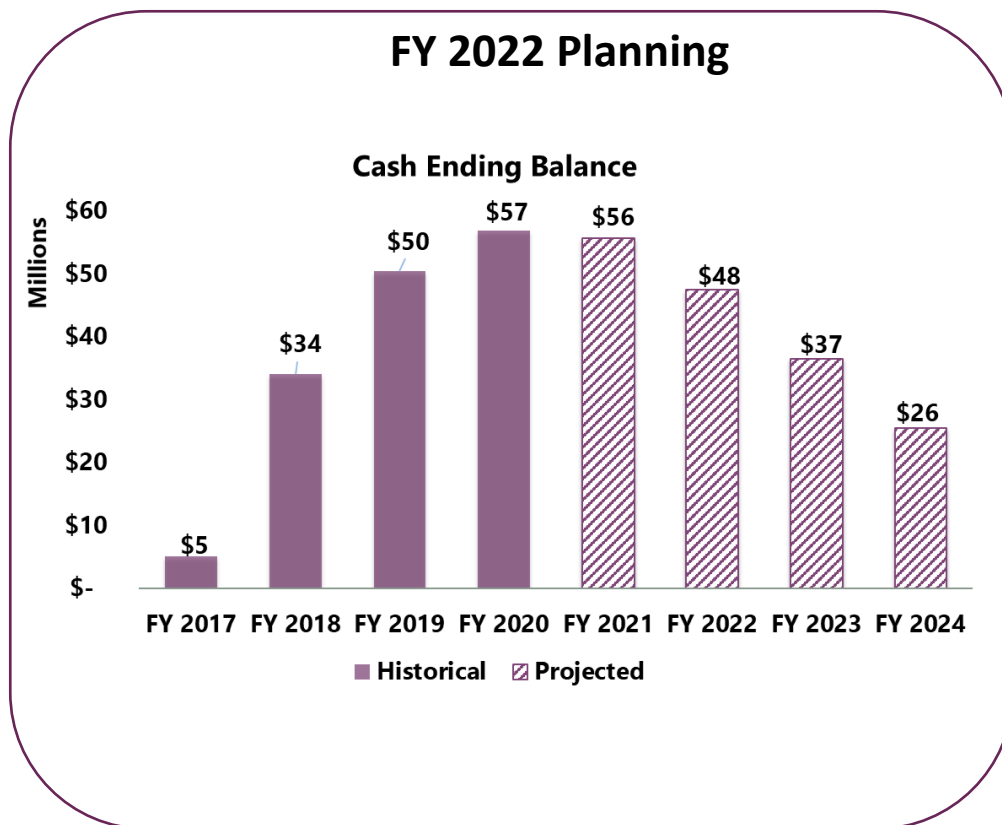


2. Integrated Approach

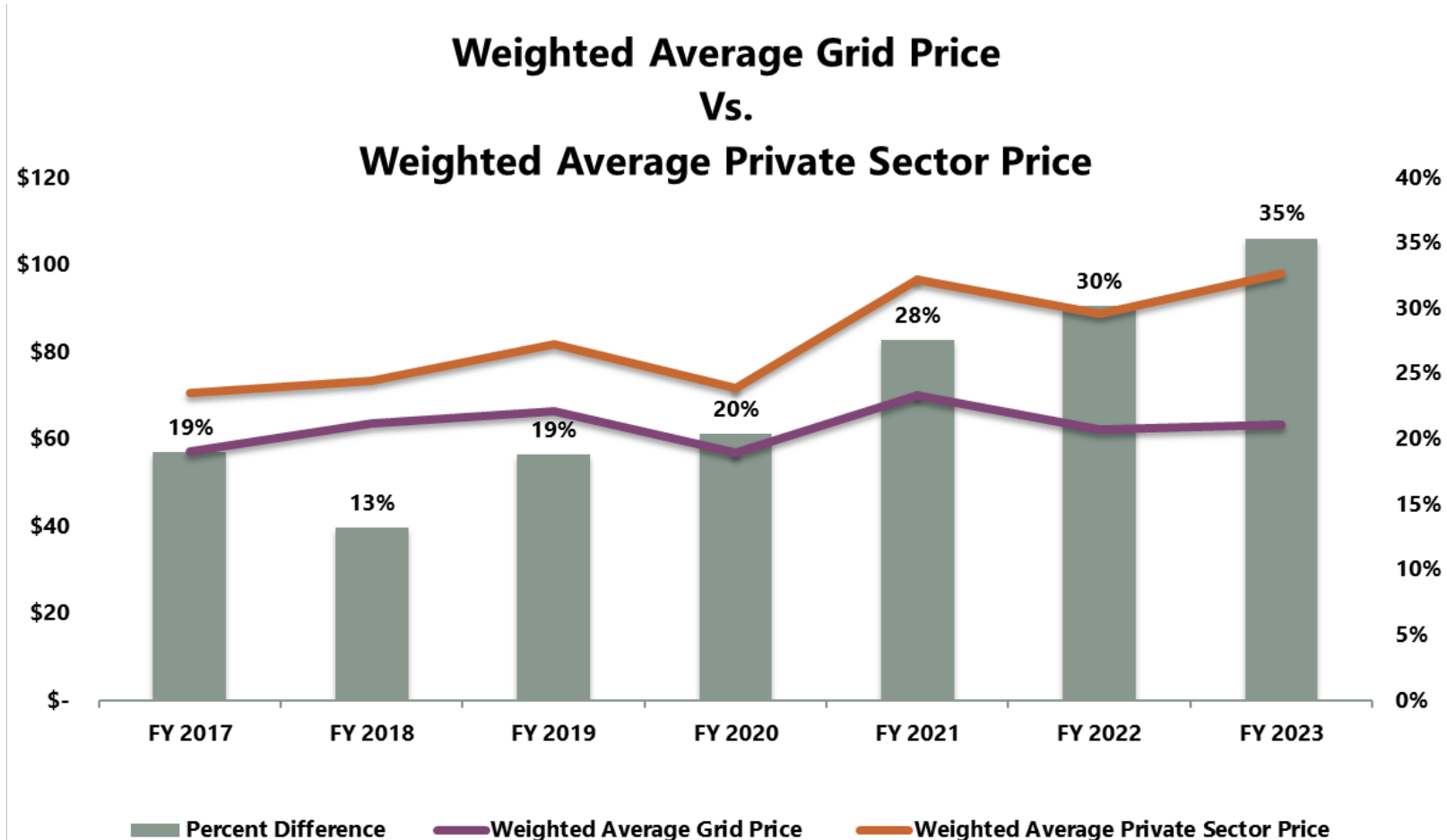
1. There is a nested relationship between the administrative budget, the cash flow model, and the vaccine assessment grid that was not considered in prior years
2. Goals of the 2022-23 vaccine grid process include:
 1. Providing grid stability to minimize year-to-year fluctuation
 2. Reducing cash on hand to a Board-approved level
 3. Allowing for reasonable reserves



3. Historical and Model Projections End of FY Cash Balance – FY2017-25



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



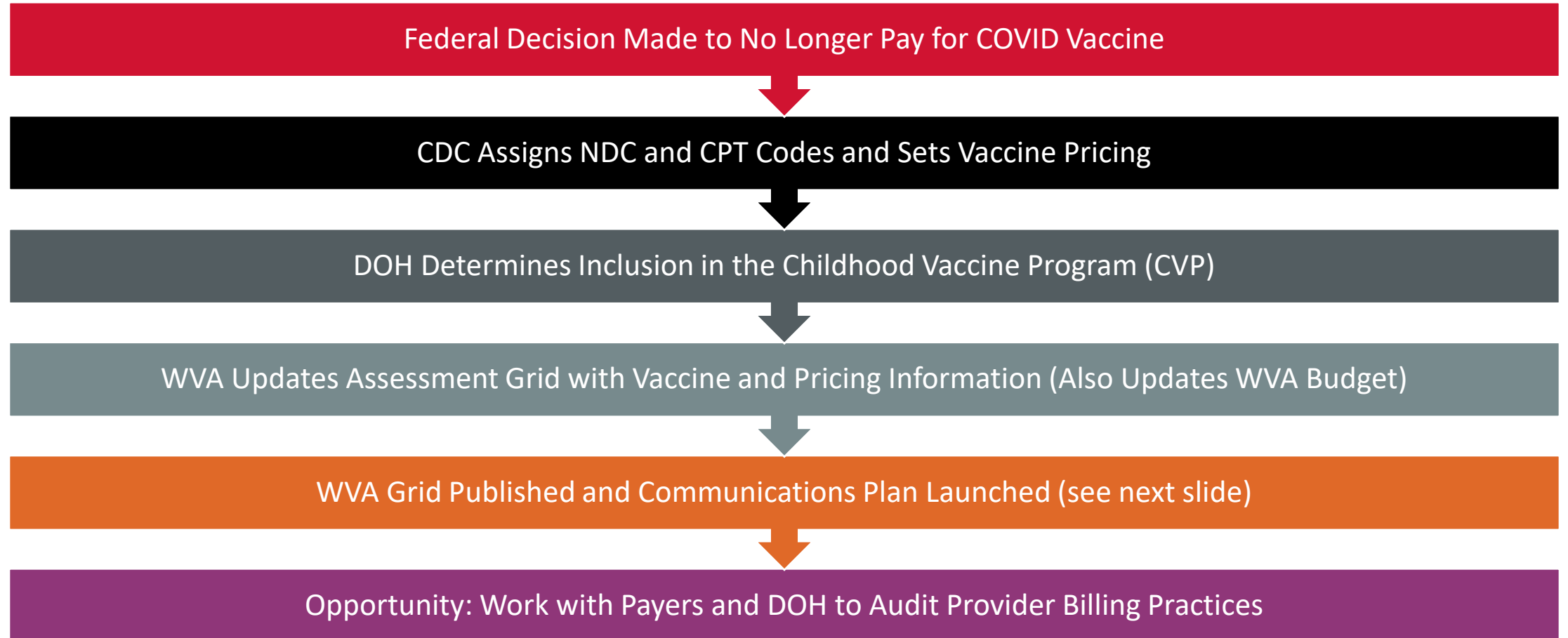
3. Model Assumptions Summary

Adjustment Variables	Assumptions		
	FY2023	FY2024	FY2025
Assessment Grid as Percent of Prior Year	100%	103%	103%
TRICARE Surcharge (3-Year Lock)	2.5%	2.5%	2.5%
DOH Indirect Charge	1.4%	1.4%	1.4%
DOH Cost Recovery Fee	1.4%	1.4%	1.4%
Vaccine Wastage	2.7%	2.5%	2.4%
Denials	13.0%	11.5%	10.5%
Denial Recoveries	4.0%	3.5%	2.5%
Administrative Budget	\$2.07M	\$2.05M	\$2.08M
Cash “Burn Down” Amount	\$8.7M	\$12.1M	\$10.9M
Year End Balance	\$46.6M	\$34.5M	\$23.6M
CDC Price Increase	3.0%	3.0%	3.0%

3. Notes Related to DOH Projections

- No new vaccines added for FY23
- Adjustments to periodic changes in VFC fund split
 - No changes from prior year. 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.
 - DOH will recalculate in the summer of 2022.
- The pandemic's impact on WVA
 - Doses ordered by providers fell and then mostly recovered but remain below pre-pandemic levels
 - DOH's FY22 projections assume about a 5% reduction with recovery in FY23
 - VFC-eligible Medicaid enrollment for Washington children <19 has steadily increased between April 2020 to December 2021
- Unclear when COVID-19 vaccines will no longer be paid for by the Federal government

3. COVID Vaccine Roll Out Planning



3. COVID Vaccine Roll Out Planning (cont.)

This slide provides more detailed information on two, key aspects of the roll out.

① FORECASTING MODEL

- Will require DOH partnership to develop a model with assumptions such as these:
 - Age category (e.g., 0-5, 6-11, 12-18)
 - Existing #/% children vaccinated
 - CDC/FDA recommended dosage guidelines
 - Existing and anticipated Federal stock allocations
 - CDC pricing by vaccine

② COMMUNICATIONS PLAN

- Materials to include:
 - Emails
 - Letters
 - Customized messaging piece
- Will require DOH partnership for:
 - Email list communications
 - Site visit education
- WVA sends email blasts
- WVA sends physical mailings

Notes: If Required, Off-Cycle Grid Changes Have More Intensive Communications Requirements

4. 2022-23 Vaccine Grid

- Same assessment amounts as current Grid
- No new CPT codes added
- Changes to some NDC codes



2022-23 Vaccine Assessment Grid

Washington Vaccine Association Assessment Grid

FOR ALL CLAIMS WITH A DATE OF SERVICE ON OR AFTER JULY 1, 2022.

For Dosage-Based Assessment (DBA) Billing Used for Commercially Insured Patients Under the Age of 19.

Please note that this WVA Assessment Grid, effective July 1, 2022, replaces the grid last updated on July 1, 2021. 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 **YELLOW COLUMN** is the assessment amount per dose as of July 1, 2022.

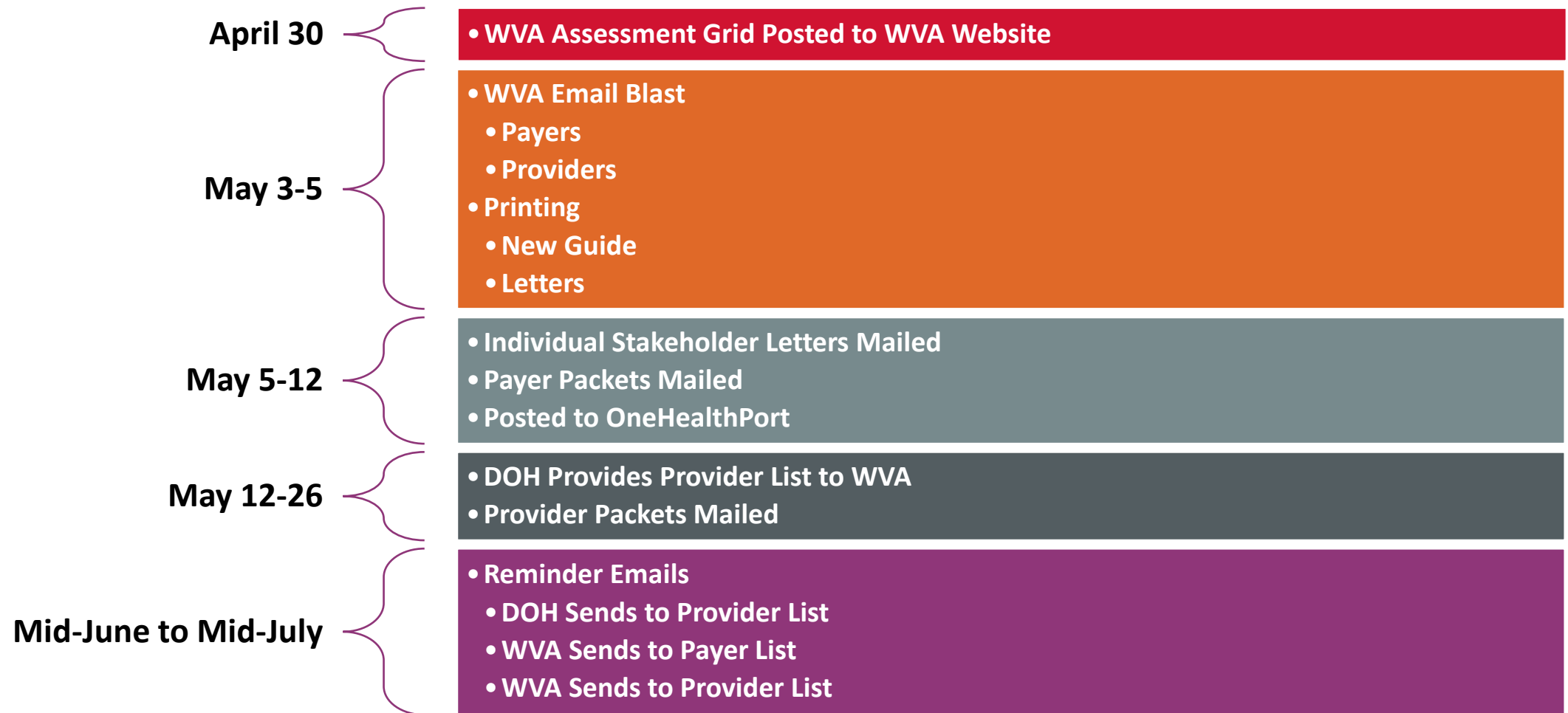
CPT Code	NDC Code / Packaging	CPT Code Description	Tradename	WVA Assessment Amount per dose from 07/01/2021 to 06/30/2022	For Reference: CDC Private Sector Cost/Dose 04/01/2022	WVA Assessment Amount per dose from 07/01/2022 to 06/30/2023	Percent Change 07/01/2021 to 07/01/2022
90620	58160-0976-20 (10 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	\$201.30	\$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	\$168.15	\$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	\$35.87	\$20.72	0.0%
	00006-4095-02 (10 pack – 1 dose syringe)		Vaqta®		\$35.61		
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	\$28.05	\$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	\$18.24	\$9.46	0.0%
	58160-0818-11 (10 pack – 1 dose vial)		Hiberix®		\$12.00		
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	\$253.60	\$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	\$226.43	\$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	\$90.50	\$72.04	0.0%

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This document is available in PDF and Excel versions at: <https://wavaccine.org/assessment-grid/>

DRAFT April 20, 2022

5. Communication Plan



Questions and Discussion

MEMORANDUM

TO: Board of Directors & WVA Operations Committee
FROM: Patrick Miller, MPH (Helms), Leslie Walker, CPA (Mason+Rich PA), and Julia Zell (WVA)
SUBJECT: 2022-23 WVA Vaccine Assessment Grid Recommendation
DATE: April 14, 2022

Introduction

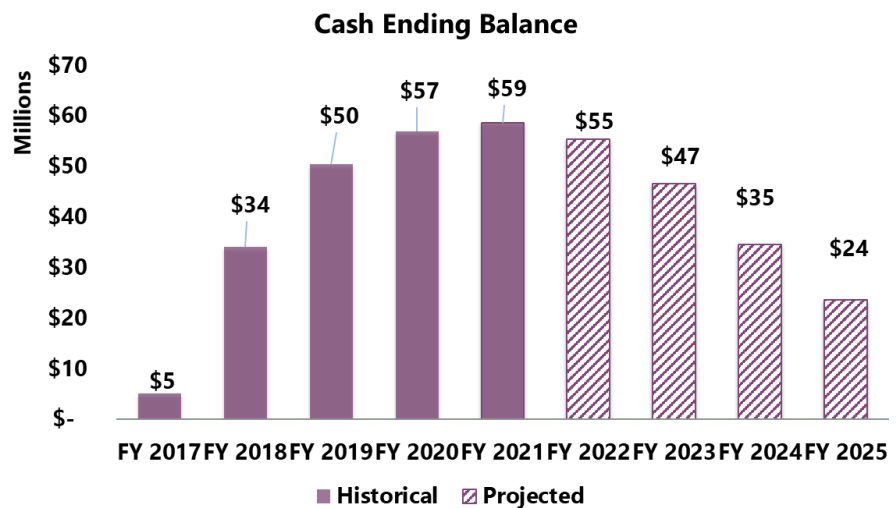
The purpose of this memorandum is to provide the Washington Vaccine Association's ("WVA") Board of Directors ("Board") and Operations Committee with our recommendations for the 2022-23 Vaccine Assessment Grid ("Grid") and a description of the underlying assumptions. The 2022-23 Grid was developed with input and 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 projection scenarios over a three-year time horizon. These projection 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 7, 2022, to review the model and the administrative budget, and their requested changes have been incorporated. Subsequently the Board will meet on April 14, 2021, and is expected to vote to recommend the 2022-23 Grid to the Operations Committee for approval.

Setting FY2023-FY2025 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 2023 or 2024. The projection model created for the upcoming FY assumes cash decreasing over the next three years with end of fiscal year cash balances of \$47M, \$35M, and \$24M, respectively (**Figure 2**). The projection model targets reductions of \$8.7M, \$12.1M, and \$10.9M over the next three fiscal years, respectively.

Figure 1: Historical and Projected Cash Ending Balances

Until FY2018, the WVA had 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.





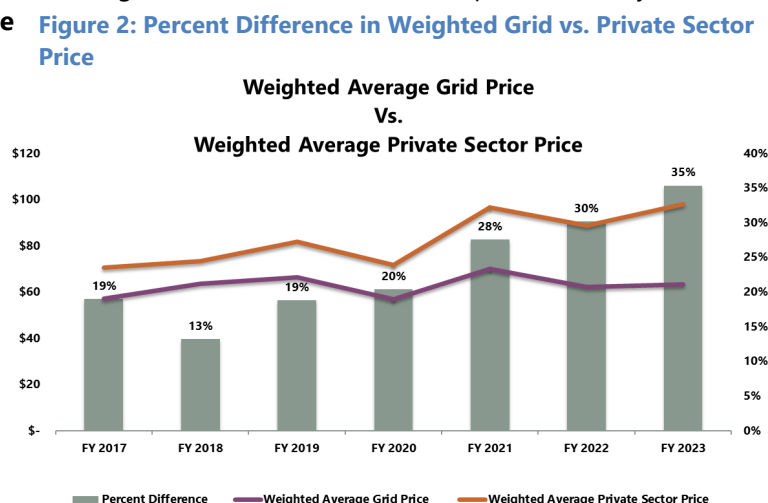
FY2022-2024 Grid Assumptions

The following assumptions were made in the financial projection model with respect to setting the 2022-23 Grid prices and projecting the cash flow through FY2025:

1. The Department of Health's (DOH) April 2022, projections of vaccine utilization formed the underpinnings of the initial model for the April 7, 2022 Finance Committee meeting and the April 14, 2022 Board meeting. The DOH projects a \$2.6M increase in vaccine costs in FY2023. They did not provide projections for FY2024. In FY2023, the total projected assessment revenue and total payments to DOH are projected to be \$73,331,133 and \$80,887,434, respectively.
2. On April 1, 2022, the Centers for Disease Control ("CDC") updated its Vaccine Price List¹ for the CDC cost per dose and the private sector cost per dose. The cost per dose increased ~3% over the prior year, and the same increase is expected in future years. The April 1, 2022, CDC dosage costs were used for the development of the 2022-23 Grid². No new vaccines were added to the 2022-23 Grid and COVID-19 vaccines are not included on the Grid at this time.
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.
4. The Department of Health's Indirect Rate is expected to hold steady at 1.4% for the next three fiscal years.
5. The Department of Health's Cost Recovery Fee is expected to hold steady at an average of 1.4% for the next three fiscal years.
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 FY2023 and 3.5% and 2.5% in the latter two fiscal years.
8. There are no assumptions built into the model for inclusion of COVID vaccines or the fund source split changes expected to be made by the DOH in the summer of 2022. There are too many, unknown variables regarding COVID vaccines at this time to account for it in the model, however, we have adequate amounts of cash on hand and can change the Assessment Grid on- and off-cycle as needed.

Analysis of Changes

The 2022-23 Grid draft (**attachment**) has been reviewed with the Department of Health. For ease of identification, the 2021-22 Grid prices are shown in green and the 2022-23 Grid prices are in yellow. **The proposed 2022-23 Grid prices will stay the same as the 2021-22 Grid prices and will absorb inflation of the CDC prices to continue to reduce cash reserves in FY2023 as projected in Figure 1.** Figure 2 denotes the historical weighted average grid price versus the weighted average private sector price as well as the percent difference between the two. The increase in recent years in the percent difference is due to the absorption of CDC inflation by keeping the Grid level in recent years.



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

² The 3% will be verified once the April 1, 2022 CDC price list is made available. It is due on April 1.

Washington Vaccine Association Assessment Grid

FOR ALL CLAIMS WITH A DATE OF SERVICE ON OR AFTER JULY 1, 2022.

For Dosage-Based Assessment (DBA) Billing Used for Commercially Insured Patients Under the Age of 19.

Please note that this WVA Assessment Grid, effective July 1, 2022, replaces the grid last updated on July 1, 2021. 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 YELLOW COLUMN is the assessment amount per dose as of July 1, 2022.**

CPT Code	NDC Code / Packaging	CPT Code Description	Tradename	WVA Assessment Amount per dose from 07/01/2021 to 06/30/2022	For Reference: CDC Private Sector Cost/Dose 04/01/2022	WVA Assessment Amount per dose from 07/01/2022 to 06/30/2023	Percent Change 07/01/2021 to 07/01/2022
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	\$201.30	\$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	\$168.15	\$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	\$35.87	\$20.72	0.0%
	00006-4095-02 (10 pack – 1 dose syringe)		Vaqta®		\$35.61		
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	\$28.05	\$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	\$18.24	\$9.46	0.0%
	58160-0818-11 (10 pack – 1 dose vial)		Hiberix®		\$12.00		
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	\$253.60	\$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	\$226.43	\$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	\$90.50	\$72.04	0.0%

CPT Code	NDC Code / Packaging	CPT Code Description	Tradename	WVA Assessment Amount per dose from 07/01/2021 to 06/30/2022	For Reference: CDC Private Sector Cost/Dose 04/01/2022	WVA Assessment Amount per dose from 07/01/2022 to 06/30/2023	Percent Change 07/01/2021 to 07/01/2022
90681	58160-0854-52 (10 pack – 1 dose vial)	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use	Rotarix®	\$97.88	\$130.82	\$97.88	0.0%
90696	58160-0812-52 (10 pack – 1 dose syringe)	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	\$57.22	\$41.93	0.0%
	49281-0562-10 (10 pack – 1 dose vial)		Quadracel™		\$58.36		
	49281-0564-15 (10 pack – 1 dose syringe)						
90697	63361-0243-15 (10 pack – 1 dose syringe)	Diphtheria and tetanus toxoids and acellular pertussis adsorbed, inactivated poliovirus, Haemophilus b conjugate (meningococcal protein conjugate), and Hepatitis B (recombinant) vaccine	Vaxelis™	\$83.38	\$139.82	\$83.38	N/A
	63361-0243-10 (10 pack – 1 dose vial)						
90698	49281-0511-05 (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	\$106.18	\$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	\$34.15	\$18.63	0.0%
	58160-0810-52 (10 pack – 1 dose syringe)		Infanrix®		\$37.03		
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	\$87.31	\$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	\$250.02	\$138.67	0.0%
90713	49281-0860-10 (10 dose vial)	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	IPOL®	\$13.90	\$38.74	\$13.90	0.0%

CPT Code	NDC Code / Packaging	CPT Code Description	Tradename	WVA Assessment Amount per dose from 07/01/2021 to 06/30/2022	For Reference: CDC Private Sector Cost/Dose 04/01/2022	WVA Assessment Amount per dose from 07/01/2022 to 06/30/2023	Percent Change 07/01/2021 to 07/01/2022
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	\$37.92	\$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™		\$37.17		
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	\$44.80	\$32.73	0.0%
	58160-0842-52 (10 pack – 1 dose syringe)						
	49281-0400-10 (10 pack – 1 dose vial)		Adacel®		\$50.48		
	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	\$150.98	\$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	Pneumovax® 23	\$59.78	\$117.08	\$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	\$141.70	\$96.15	0.0%
	58160-0955-09 (5 pack – 1 dose vial)		Menveo®		\$144.18		
90619	49281-0590-05 (5 pack – 1 dose vial)	Meningococcal polysaccharide (groups A, C, Y, W-135) tetanus toxoid conjugate vaccine .5mL dose, preservative free	MedQuadfi™	\$96.15	\$148.71	\$96.15	N/A

CPT Code	NDC Code / Packaging	CPT Code Description	Tradename	WVA Assessment Amount per dose from 07/01/2021 to 06/30/2022	For Reference: CDC Private Sector Cost/Dose 04/01/2022	WVA Assessment Amount per dose from 07/01/2022 to 06/30/2023	Percent Change 07/01/2021 to 07/01/2022
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	\$35.60	\$12.54	-27.8%
	Recombivax HB®		\$35.60				
	Engerix B®		\$26.34				
2021-2022 Pediatric Influenza Vaccine Assessments							
90686	19515-0808-52 (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	\$19.00	\$13.50	0.0%
	49281-0422-50 (10 pack – 1 dose syringe)	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	Fluzone® Quadrivalent SYR		\$18.63		
90688	49281-0637-15 (10 dose vial)	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	Fluzone® Quadrivalent MDV	\$13.55	\$18.63	\$13.55	0.0%
90672	66019-0309-10 (10 pack- 1 dose sprayer (Intranasal))	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	FluMist® Quadrivalent	\$18.88	\$22.95	\$18.88	0.0%
90674	70461-0322-03 (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	\$26.95	\$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, 2022							
CPT Code	NDC Code / Packaging	CPT Code Description	Tradename				
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				
	49281-0421-50 (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	49281-0635-15 (10 dose vial)	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	Fluzone® Quadrivalent MDV
90672	66019-0308-10 (10 pack- 1 dose sprayer (Intranasal))	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	FluMist® Quadrivalent
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
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
	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	49281-0635-15 (10 dose vial)	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	Fluzone® Quadrivalent MDV
90672	66019-0308-10 (10 pack- 1 dose sprayer (Intranasal))	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	FluMist® Quadrivalent
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
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
	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 (ccIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	Flucelvax® Quadrivalent				
DISCONTINUED CPT CODES FROM JULY 1, 2020 ASSESSMENT GRID							
CPT Code	NDC Code / Packaging	July 1, 2021 Grid CPT Code Description	Tradename	WVA Assessment Amount per dose as of 7/1/2020	CDC Private Sector Cost/Dose 4/1/2021	WVA Assessment Amount per dose as of 7/1/2021	Percent change 7/1/2021 to 7/1/2022
90680	00006-4047-20 (25 pack – 1 dose tube)	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use	RotaTeq®	\$72.04	\$87.88	\$72.04	0.0%
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%
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	58160-0810-11 (10 pack – 1 dose vial)	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than seven years, for intramuscular use	Infanrix®	\$18.63	\$26.31	\$18.63	0.0%
DISCONTINUED CPT CODES FROM JULY 1, 2019 ASSESSMENT GRID							
CPT Code	NDC Code / Packaging	July 1, 2019 Grid 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 CPT CODES FROM JULY 1, 2018 ASSESSMENT GRID							
CPT Code	NDC Code / Packaging	July 1, 2018 Grid 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							
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
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%
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%

To ensure proper DBA submission and carrier/TPA remittance to the WVA, providers should check the:

- **Date of service** to ensure the correct Grid year is being used;
- **CPT code** to ensure it is a valid code (*see **note** below); and
- **Assessment amount** to ensure proper DBA submission and carrier/TPA remittance to the WVA.

*Please note: Sometimes vaccine material is still viable and can be administered, even if it has been discontinued from prior Grids and is not shown on the current Grid. If the CPT code is not offered on the current Grid, providers should check the legacy information at the end of the grid document to determine if a prior Grid amount should be billed on the DBA. Please validate the date of service and the legacy Grid year when selecting the Grid amount.



Ensuring Funds for Childhood Vaccines

Selected Key Performance Indicators

Updated April 18, 2022

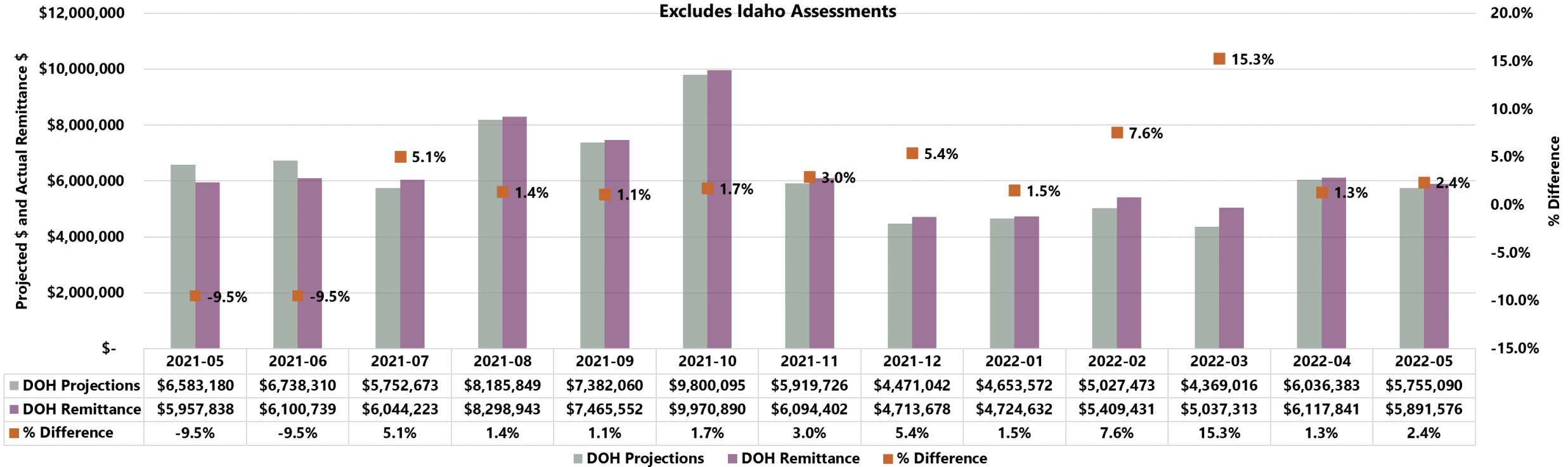
Confidential and Proprietary (C) 2022



Cash & Monthly DOH Remittances

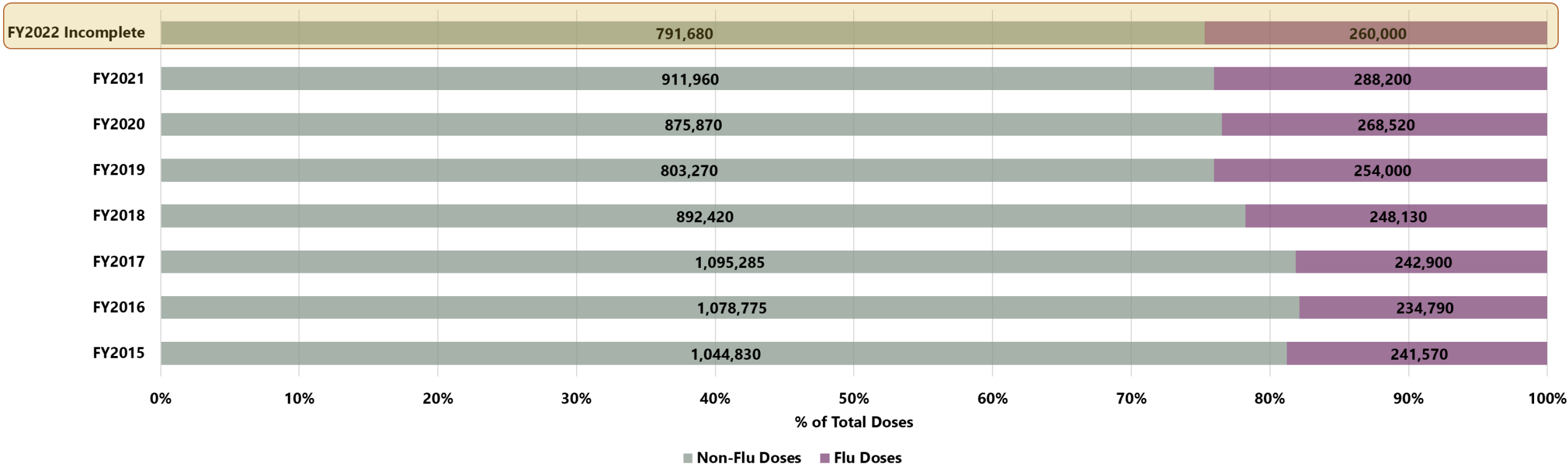
DOH Projections vs. Actual Remittances

Comparison of April/November DOH Projections with Actual DOH Remittances and the % Difference
Rolling 13 Months: May 2021 to May 2022 Funding as of 2022.04.18
Excludes Idaho Assessments



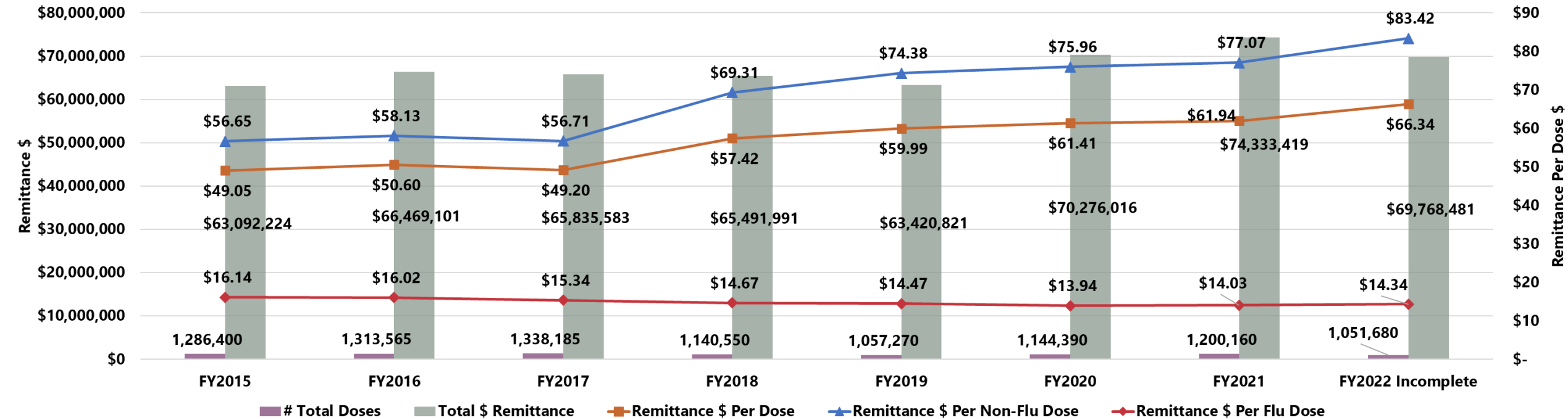
Non-Flu and Flu Doses Purchased by FY

Non-Flu and Flu Doses Purchased by FY
Rolling Eight Years: FY2015 - FY2022 as of 2022.04.18
Excludes Idaho Assessments



Total Doses, Total Remittances & Remittance Per Dose by FY

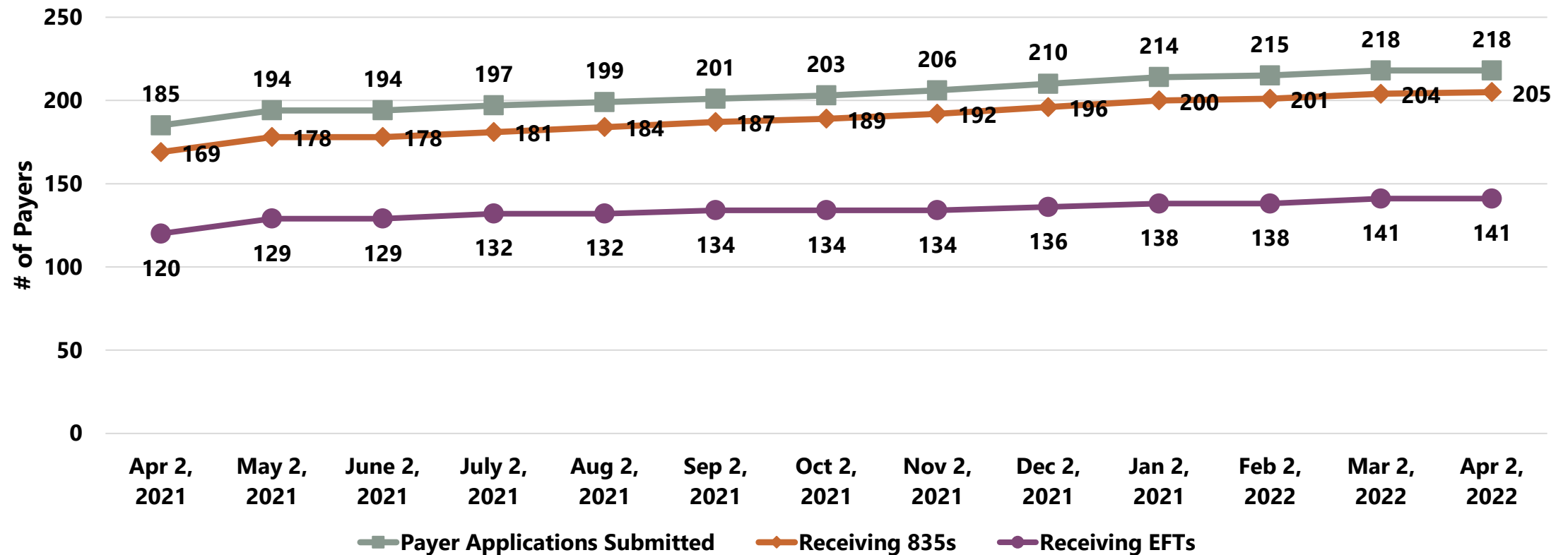
Total Doses, Total Remittances & Remittance Per Dose
Rolling Eight Years: FY2015-FY2022 Incomplete as of 2022.04.18
Excludes Idaho Assessments



Operations

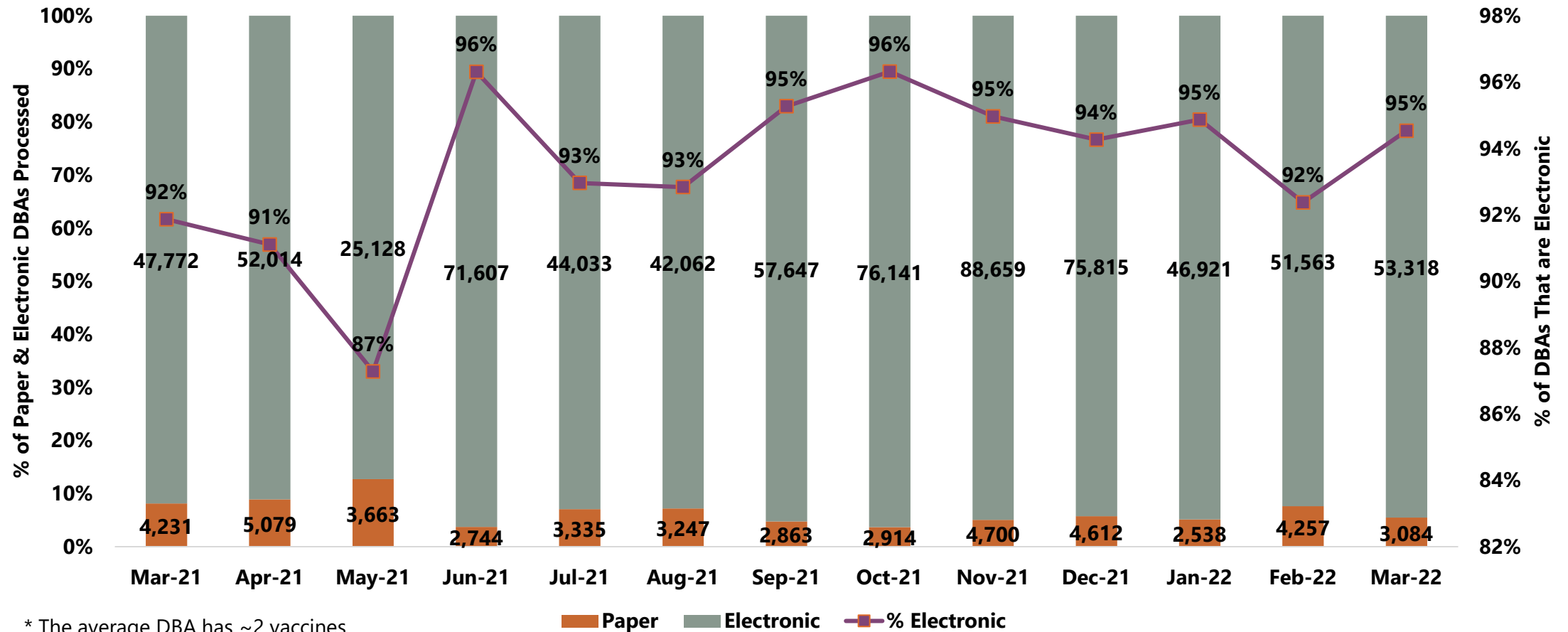
Electronic Remittance and Electronic Funds Transfer Automation Progression

Electronic Remittance and Electronic Funds Transfer Automation Progress Apr 2, 2021 – Apr 2, 2022



Monthly Paper and Electronically Processed DBAs

Volume of Paper and Electronically Processed DBAs*
March 2021 – March 2022



* The average DBA has ~2 vaccines.

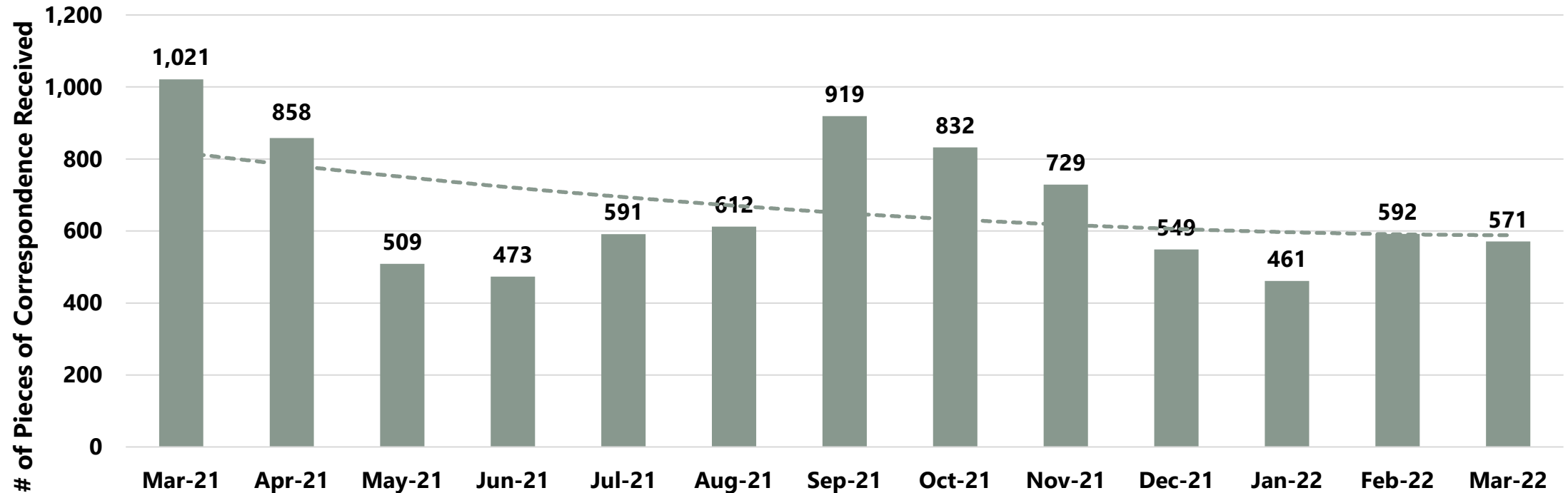
Monthly Receipts by Remittance Type and % EFT Receipts

Receipts by Remittance Type and % EFT Receipts
March 2021 – March 2022
(\$ millions)



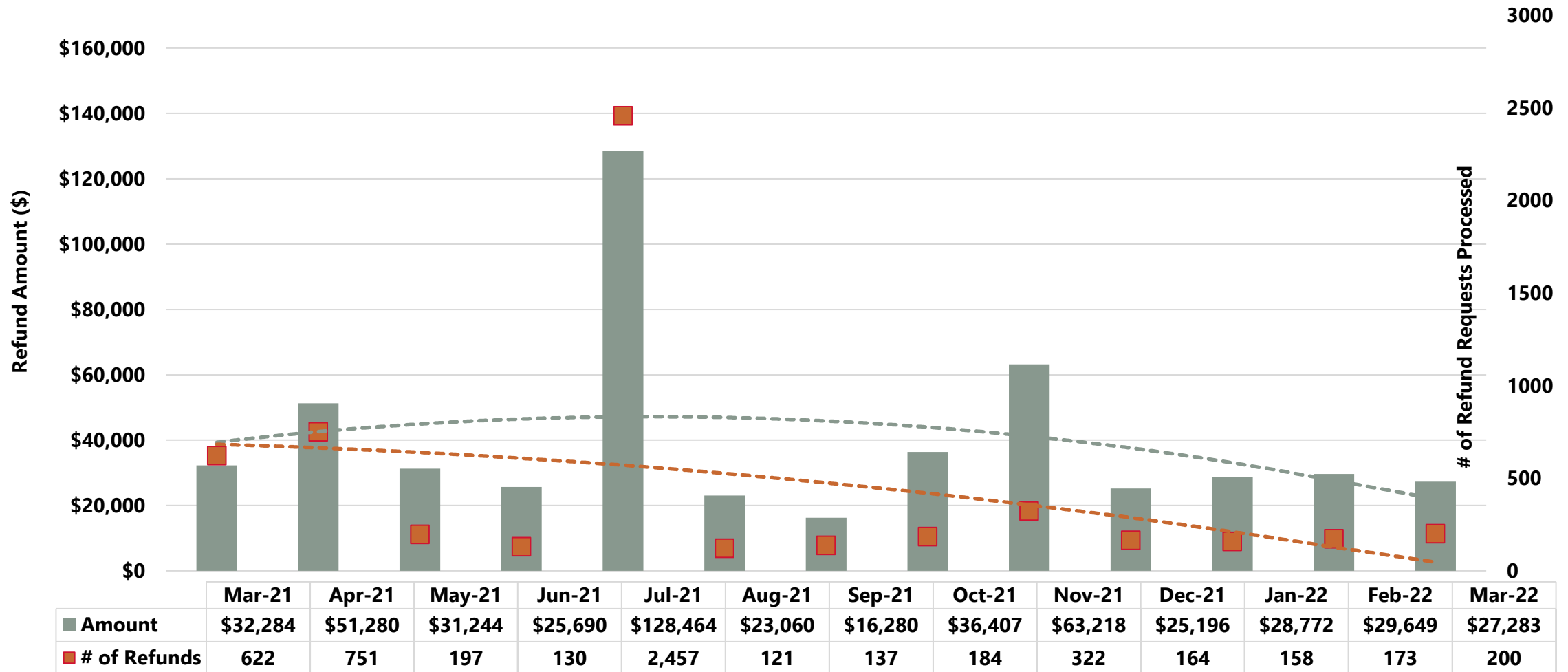
Monthly Correspondence Items Worked

Monthly Correspondence Items Worked
March 2021 – March 2022

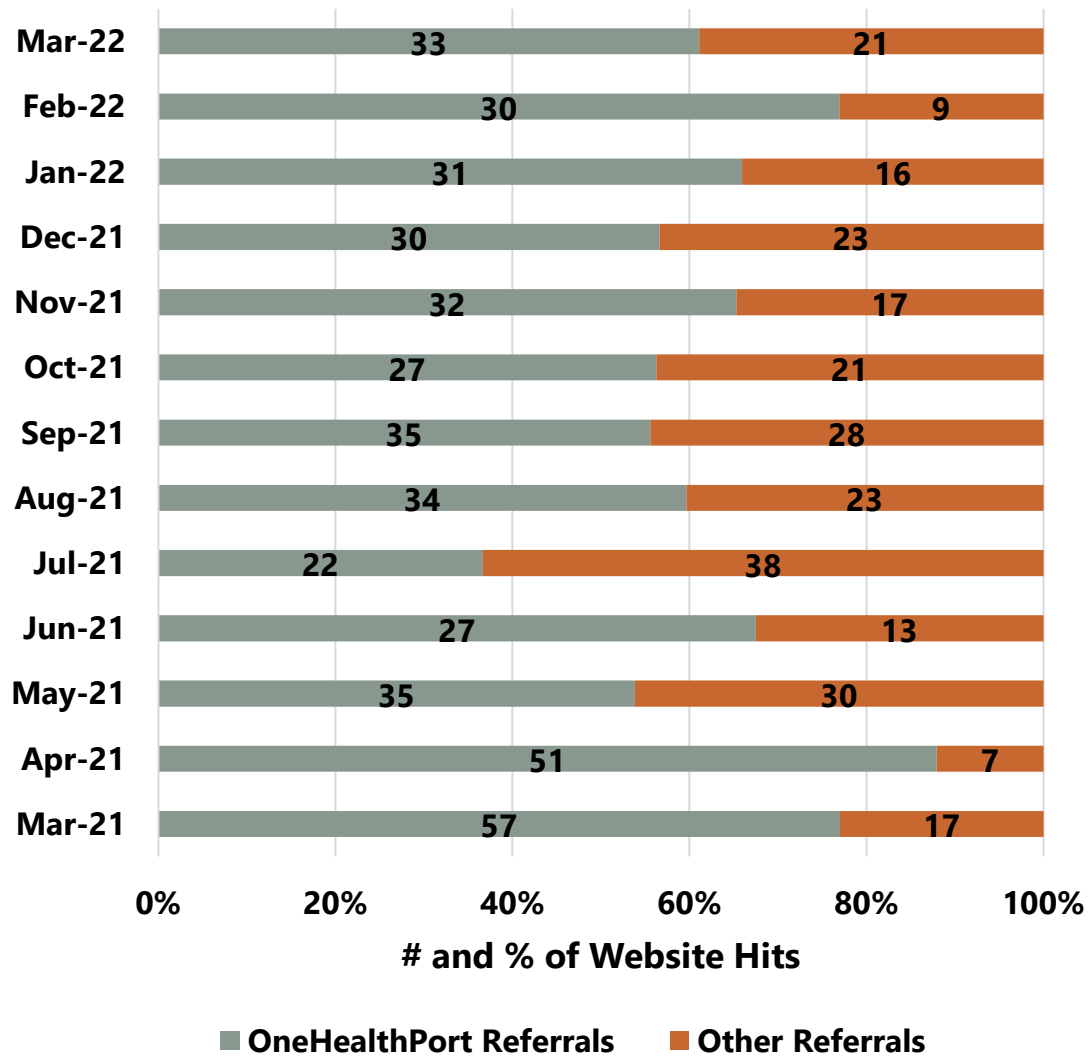


Monthly Payer Refund Counts and Amounts

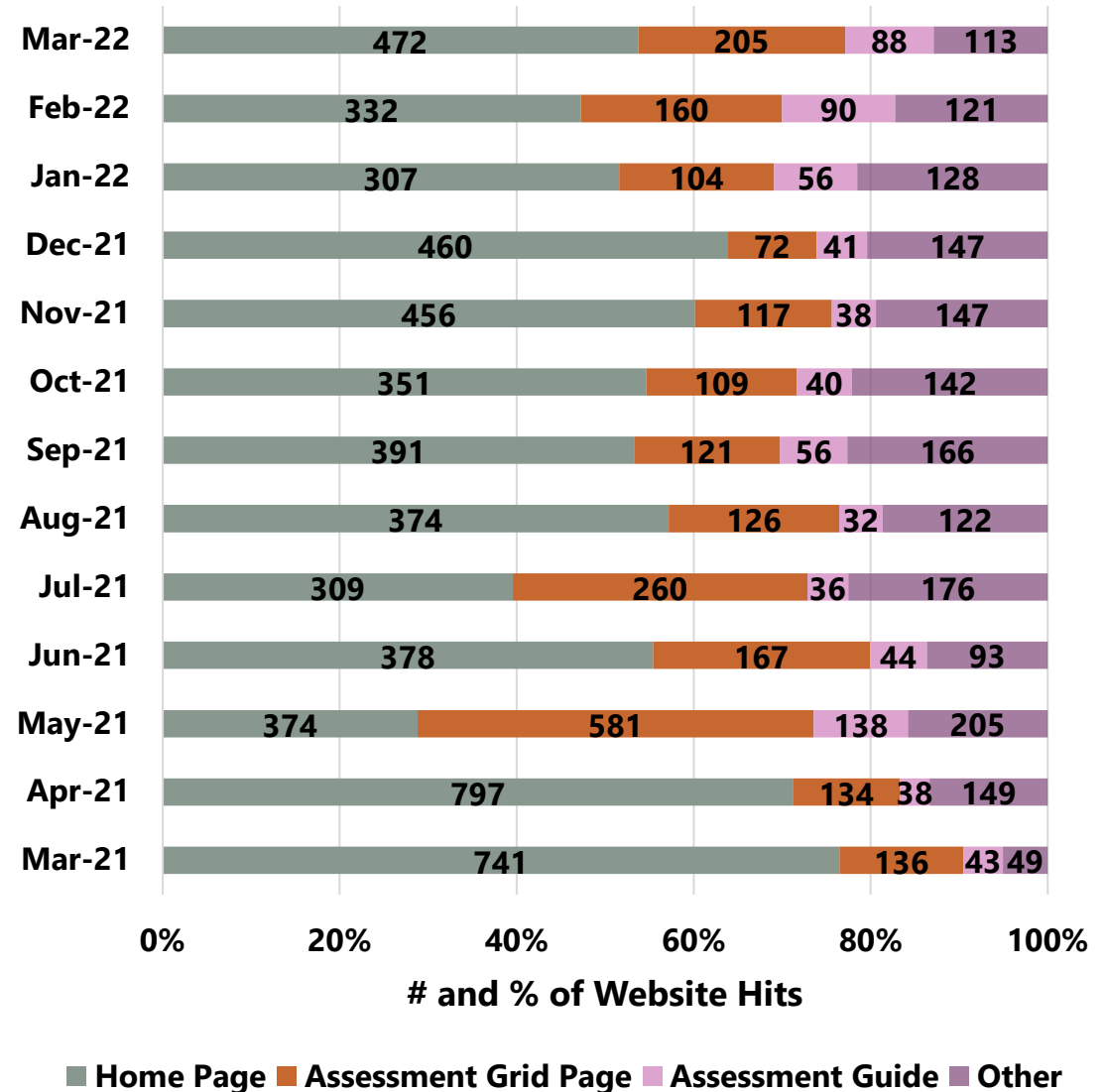
Monthly Payer Refund Counts and Amounts Funded
March 2021 – March 2022



Partner Referral Traffic



Landing Pages





Ensuring Funds for Childhood Vaccines

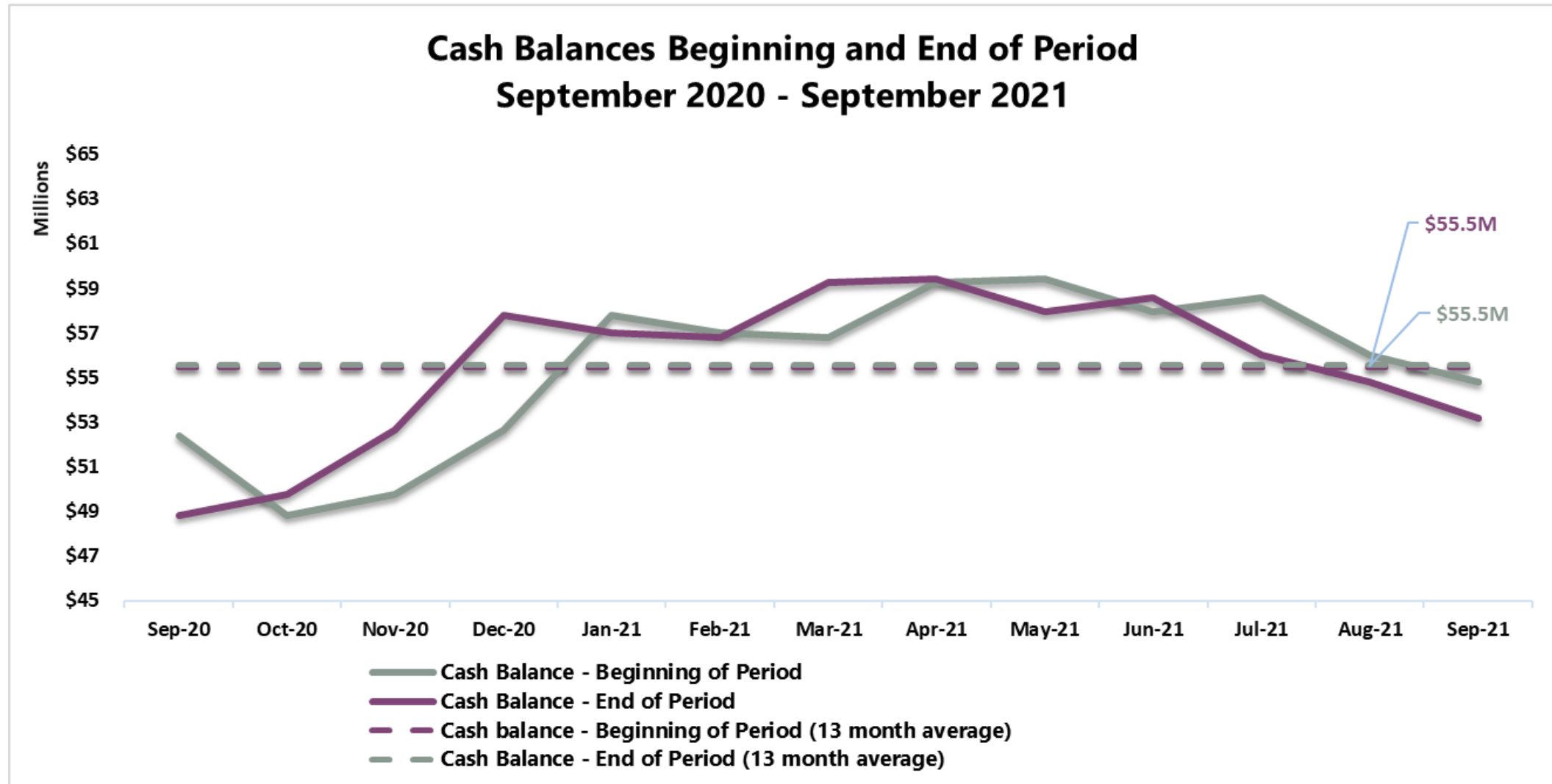
Key Performance Indicators

Updated April 18, 2022

Confidential and Proprietary (C) 2021

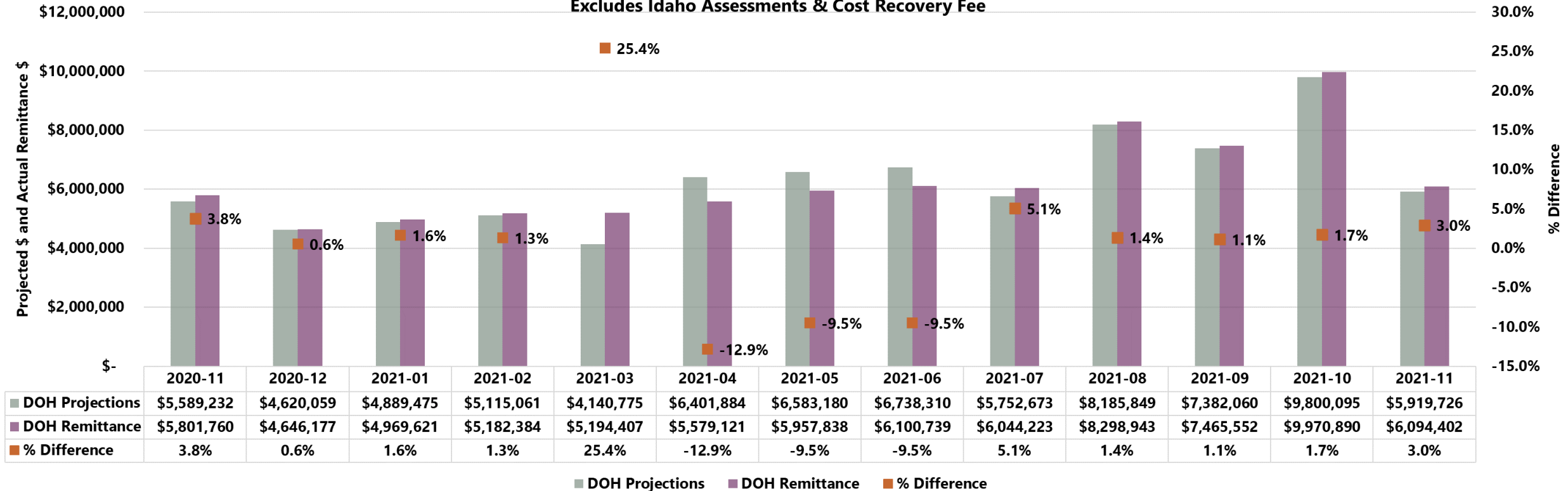


Beginning and Ending Cash Balances 13 Month Period



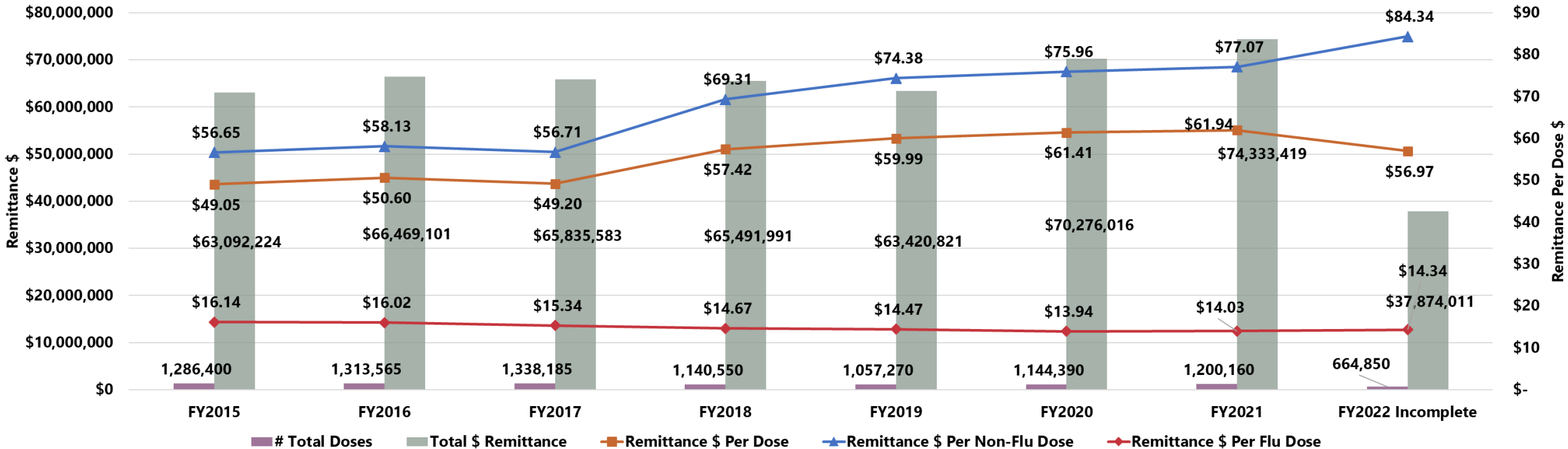
DOH Projections vs. Actual Remittances

Comparison of April/November DOH Projections with Actual DOH Remittances and the % Difference
Rolling 13 Months: November 2020 to November 2021 Funding as of 2021.10.18
Excludes Idaho Assessments & Cost Recovery Fee



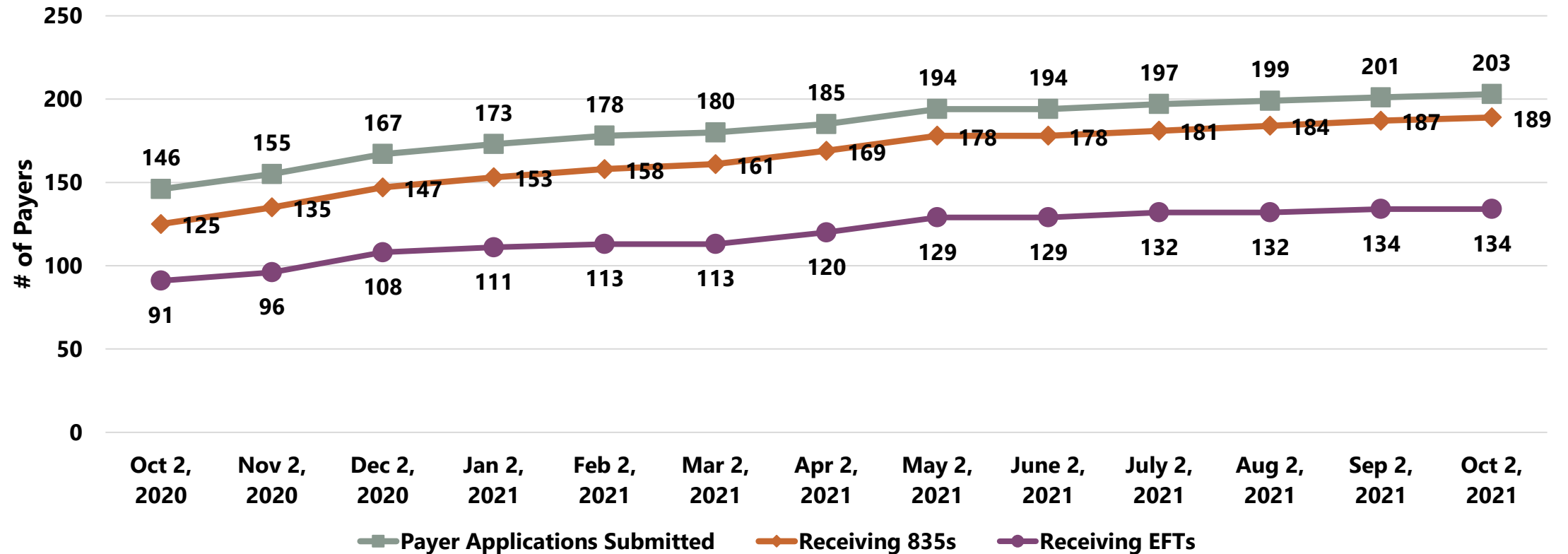
Total Doses, Total Remittances & Remittance Per Dose by FY

Total Doses, Total Remittances & Remittance Per Dose
Rolling Eight Years: FY2015-FY2022 Incomplete as of 2021.10.18
Excludes Idaho Assessments & Cost Recovery Fee



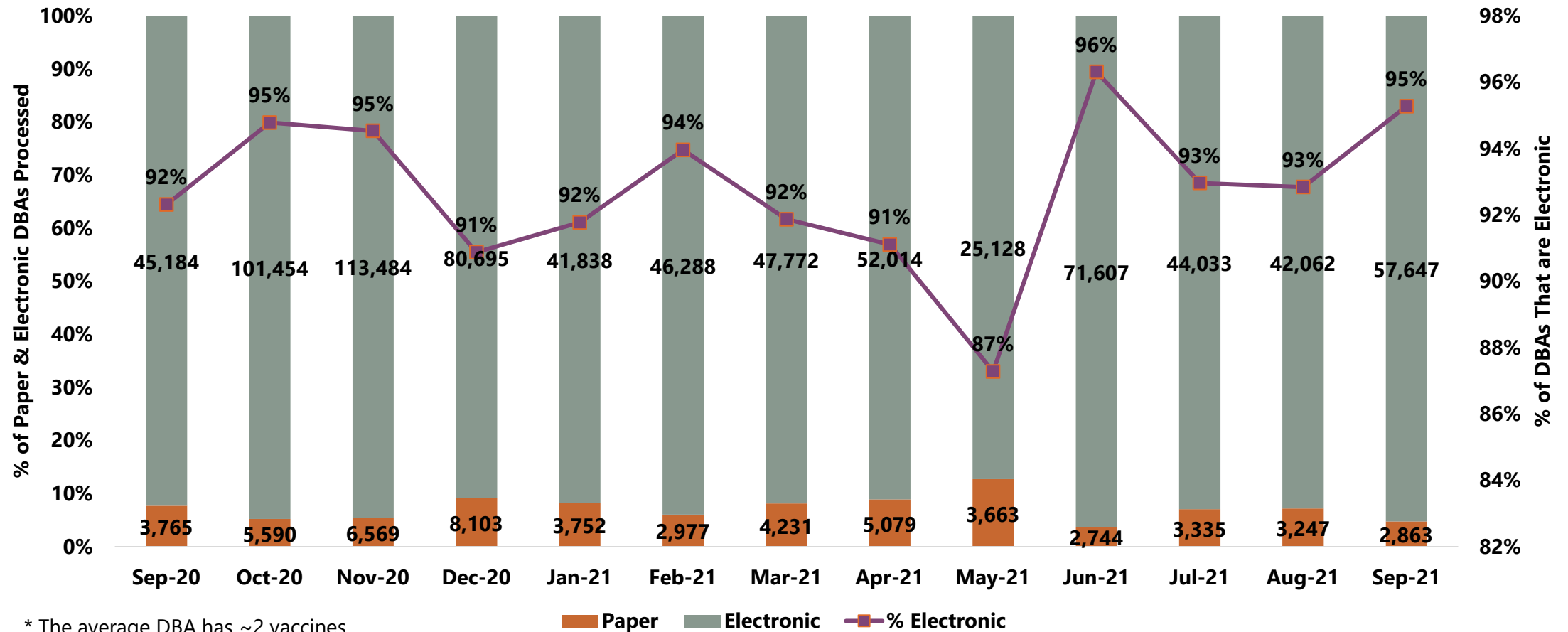
Electronic Remittance and Electronic Funds Transfer Automation Progression

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



Monthly Paper and Electronically Processed DBAs

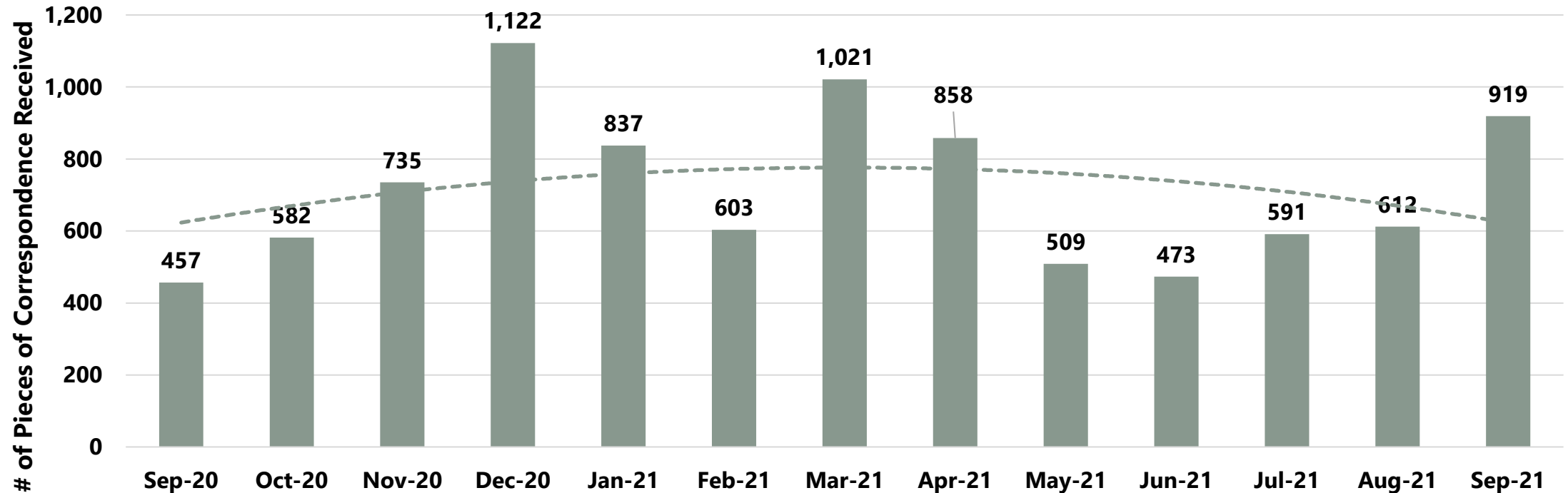
Volume of Paper and Electronically Processed DBAs*
September 2020 – September 2021



* The average DBA has ~2 vaccines.

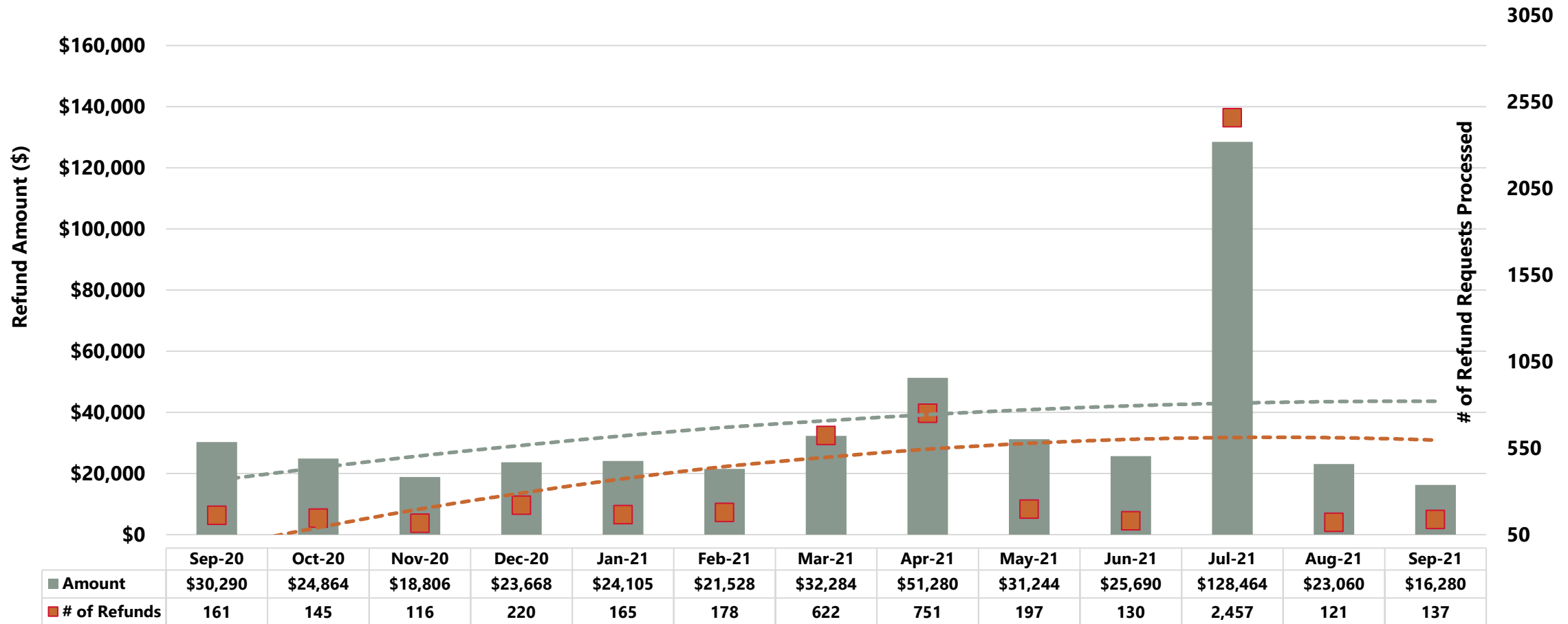
Monthly Correspondence Items Worked

**Monthly Correspondence Items Worked
September 2020 – September 2021**



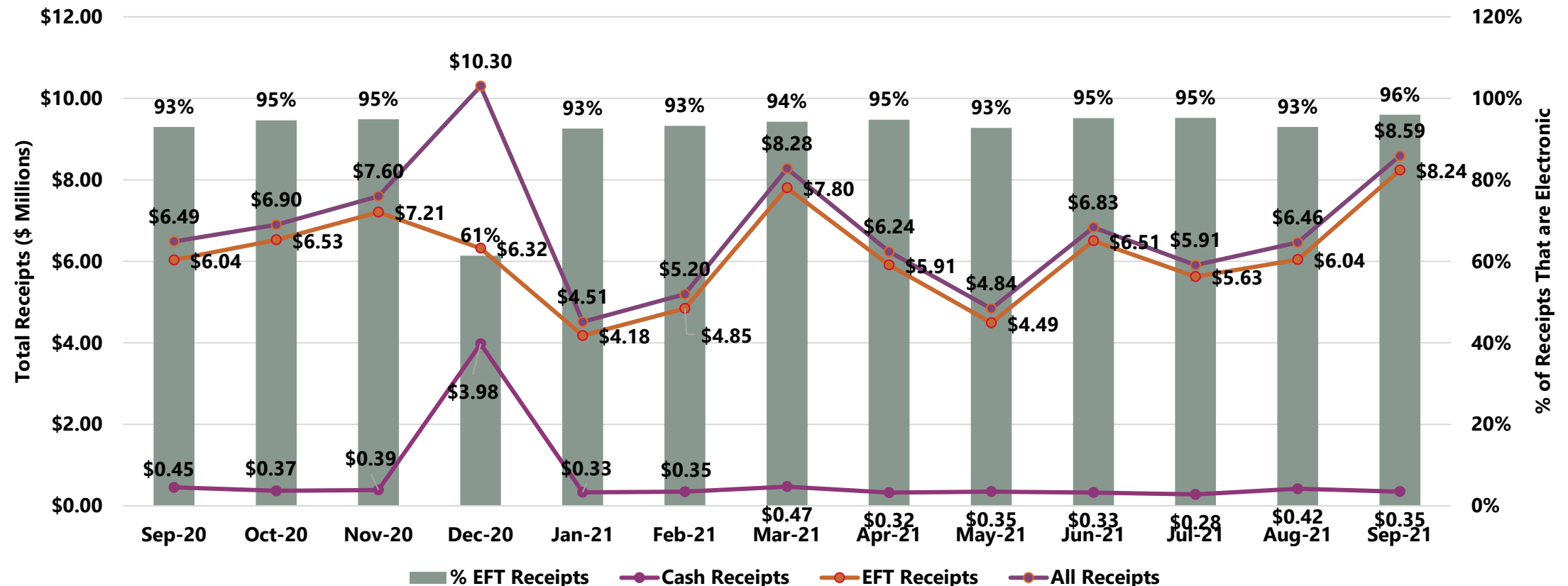
Monthly Payer Refund Counts and Amounts

Monthly Payer Refund Counts and Amounts Funded
September 2020 – September 2021

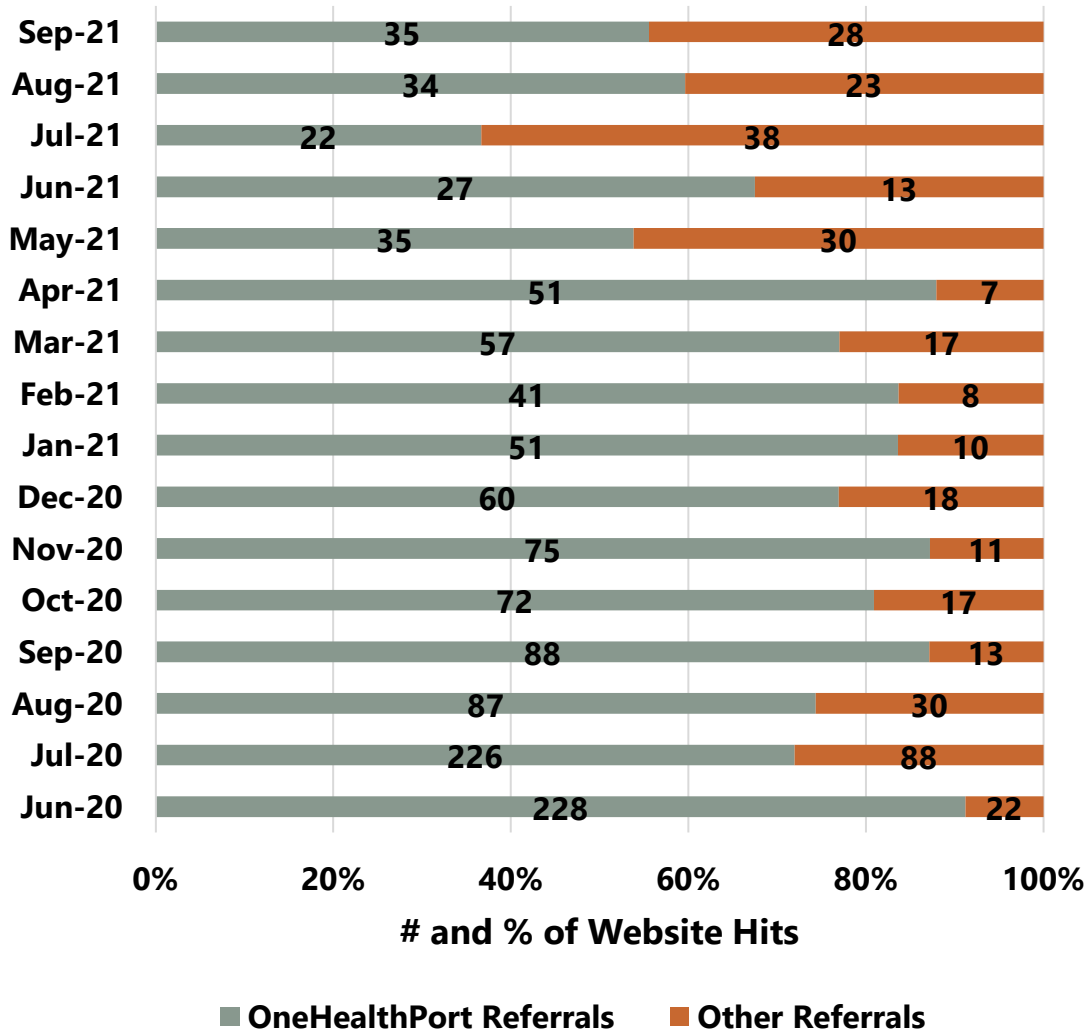


Monthly Receipts by Remittance Type and % EFT Receipts

Receipts by Remittance Type and % EFT Receipts
September 2020 – September 2021
(\$ millions)



Partner Referral Traffic



Landing Pages

