

1 **Washington Vaccine Association**  
2 **Operations Committee Meeting**  
3 **October 28, 2021; 12:30-1:30 p.m. PT**  
4

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

Members

Sue Bride, Premera  
Tracey Cardillo, Cigna  
Nicole Carroll, United  
Cathy Falanga, Aetna  
Janel Jorgenson, WA Department of Health  
Walter Kuiee, Regence  
Jennifer Simonsen, 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 Comer, Aetna  
Tawnya Flyberg, Premera

6  
7 **II. Welcome and Introductions**

8 At 12:32 p.m., Chairperson Julia Zell called the meeting to order. Ms. Zell provided a notice of recording. Mr. Miller  
9 introduced the attending staff members from Helms.  
10

11 **Calendar Consent Items**

12 Ms. Zell asked for a motion to approve the April 29, 2021, meeting minutes. There being no questions or comments,  
13 the following item was put to a vote:  
14

15 Upon motion duly made and seconded, it was unanimously

16  
17 **VOTED:** To approve April 29, 2021, meeting minutes.  
18

19 **III. Operations Updates**

20 Revised Committee Charter. Ms. Zell reviewed the revised Committee Charter and asked if there was any feedback.  
21 She explained that she would like the Committee to vote to accept the charter so that it may then be taken to the Board  
22 of Directors. All the Committee charters are currently being reviewed/updated.  
23

24 There being no questions or comments, the following item was put to a vote:  
25

26 Upon motion duly made and seconded, it was unanimously

27  
28 **VOTED:** To approve changes to the Operations Committee Charter.  
29

30 Plan of Operation Updates. Ms. Zell stated that the Plan of Operation updates begun in the spring were finalized and  
31 signed by the Secretary of Health. She described the primary change was to Article VII – B. Interest and Late  
32 Assessments section. The interest provision was updated to reflect a reduced rate of 12 percent. It is not anticipated  
33 that the provision will need to be invoked with any frequency. Ms. Zell thanked the Committee members for their  
34 input to the process.  
35

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

1 2021; 919 pieces of correspondence were worked in September 2021; 137 refunds were processed in September 2021  
2 (each one contains multiple transactions); and OneHealthPort continues to be the primary website referral source.  
3 There were a few questions and comments about the usefulness of the information presented.  
4

5 Payer and Provider Compliance. Ms. Zell described the current payer and provider compliance efforts. Payer  
6 compliance continues to focus on grid adherence, denials, and patient responsibility. We are moving beyond the top  
7 eight payers as the fall progresses and are focusing on the next fifteen in 2022. The efforts are focused on ensuring  
8 equity in the system. Significant efforts are also being spent to rectify incorrect, multi-year billings from one of the  
9 largest provider organizations. This was identified through our payer compliance efforts. Ms. Zell thanked Ms.  
10 Jorgenson for the DOH's role in provider compliance. Mr. Miller echoed that DOH has been a good partner and there  
11 is a member of Mr. Jorgenson's team who is working with Ms. White on specific provider compliance issues. There  
12 is a fair amount of basic DBA-submission education required. Mr. Miller stated that 2022 will be largely focused on  
13 provider compliance continued work with the WA Department of Health (DOH) on several fronts.  
14

15 DOH Provider Network TIN. Mr. Miller stated that there is a project underway to assign a tax ID number (TIN) to  
16 each of the DOH's provider IDs. There are 997 unique DOH-assigned provider IDs and we have less than 150 left to  
17 identify. The goal is to complete it in November. This will result in a file that should be useful to payers who are  
18 working to ensure that providers are not paid incorrectly for any DBAs whereby they do not use the WVA TIN as the  
19 pay to TIN. In working with several payers over the past six months, there are frequent instances where this is  
20 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  
21 TIN. Since the WVA's remittance advices do not show who the rendering provider is, the WVA needs to work with  
22 payers to determine this. There will need to be provider education in which the WVA will work with the DOH and  
23 the payers.  
24

25 Ms. Falanga stated that in Aetna's work over the past year, many things have been uncovered as compliance issues  
26 and that sharing these amongst payers would be helpful. Payers should expect that providers are not always billing  
27 DBAs correctly. Just in recent weeks Ms. Falanga's team identified that some providers were billing DBAs and they  
28 were billing a \$0.01 or \$0.00 charge on a claim with the administration fee. This has caused duplicate payments to the  
29 WVA, and Aetna now has a process to prevent this (e.g., "catch and match"). Aetna will be sending the list of providers  
30 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.  
31 Bride stated that Premera has seen this as well, but it is currently a manual fix. Mr. Miller stated that Ms. Jorgenson  
32 has been looking at ways to increase provider education from the DOH side as well. The DOH lends gravitas to the  
33 provider conversations given they have the contractual relationship with the provider versus the WVA. Mr. Kuiee  
34 asked what the penalties or repercussions are for providers who bill incorrectly? Ms. Jorgenson stated that while it is  
35 a work in progress, the DOH can and has suspended vaccine orders until issues are corrected. Once corrected,  
36 reordering can resume.  
37

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

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40 A question arose regarding which patients should be billed via the DBA process. The example given was that in  
41 eastern Washington, providers sometimes see seasonal workers from other states and provide vaccines, and the  
42 question arose re: whether they should go through the DBA process. There was clarification provided regarding the  
43 fact that if the provider was administering state supplied vaccine to a patient under the age of 19 and the patient was  
44 insured, that the DBA process should be in effect. The providers should be using the DOH eligibility grid to ensure  
45 they are submitting to the correct payer (VFC or DBA process). Ms. Jorgenson stated that the provider list is on the  
46 state's website in a map format, and Mr. Miller followed up by stating that the TIN project should make these data  
47 more accessible for payers.  
48

#### 49 **V. Closing**

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