



 **WVVA**  
WASHINGTON VACCINE ASSOCIATION

# Health Insurers and Third-Party Administrators COMPLIANCE GUIDE



# What We Do

## Ensuring Funds for Childhood Vaccines

### PUBLIC/PRIVATE PARTNERSHIP

The Washington Vaccine Association (WVA), a not-for-profit 501(c)(3), and the Washington State Department of Health (WA DOH) work together in a public/private partnership to support Washington's universal Childhood Vaccine Program (CVP). The CVP supplies state-purchased vaccines that are recommended by the Advisory Committee on Immunization Practices (ACIP) to enrolled providers for children less than 19 years of age. Health insurers and third-party administrators (TPAs) reimburse the WVA for vaccines administered to privately insured children. The WVA in turn transfers funds to the WA DOH for bulk vaccine purchases.

The WA DOH uses funding from the federal Vaccine for Children Program (VFC), state Medicaid, and WVA assessments to purchase vaccines at federal contract rates and distribute them to physicians, hospitals, and other providers at no cost to providers or patients through the CVP.

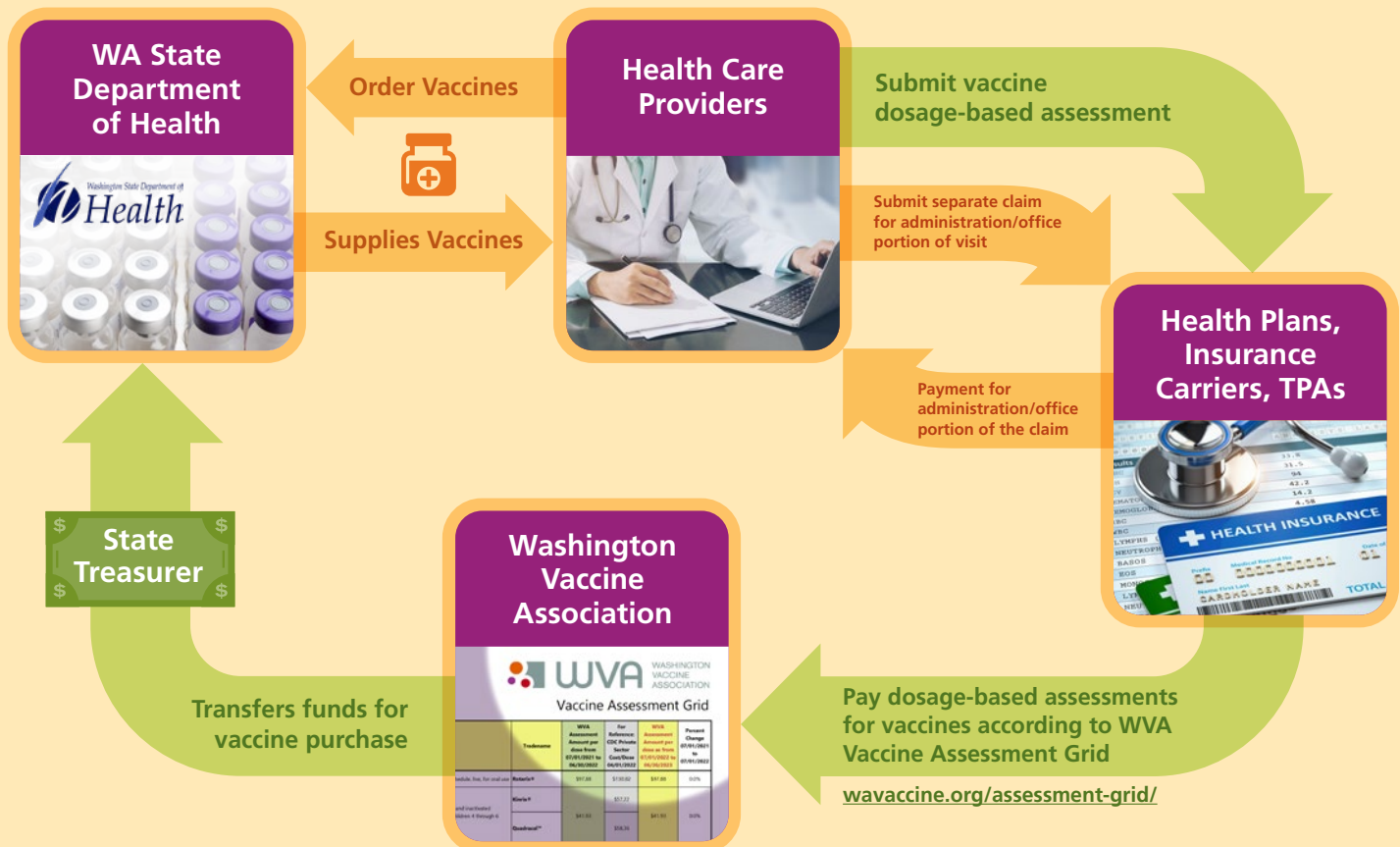
### THE WVA MAKES IT POSSIBLE FOR:

- All children to have access to recommended vaccines.
- Payers to participate in an efficient, cost-effective system to facilitate childhood vaccinations at no cost to their members.
- Medical providers to have a blended vaccine stock versus the need to segregate publicly and privately-funded vaccine stocks.

### THE SYSTEM WORKS BY:

- Having providers enroll in the CVP and using state-supplied vaccine material.
- Having providers submit the Dosage-Based Assessment (DBA) to payers alongside their administrative claims. This critical step allows physicians, clinics, hospitals, other providers and their patients to receive vaccines for all children at no cost.
- Ensuring providers and payers do not bill patients for any portion of the vaccine material, regardless of how the payer processes the submitted DBA.

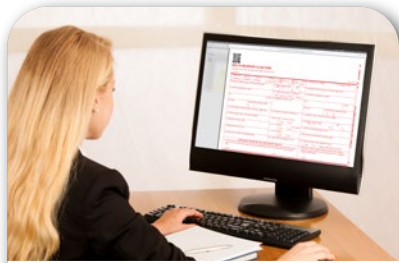
## HOW FUNDING WORKS\*



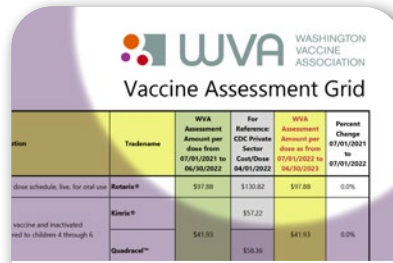
\*There is no charge to patients.



Follow these three easy steps to achieve compliance with the WVA's DBA requirements:



**1** UNDERSTAND THE BASICS



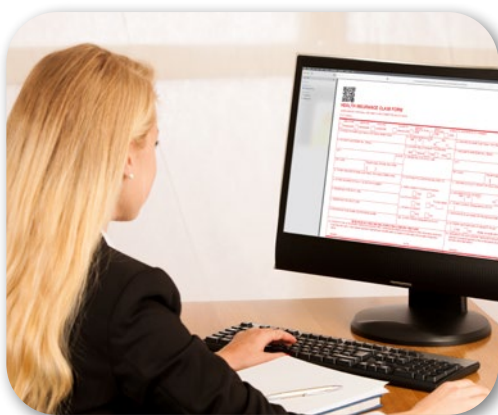
Vaccine	Trade Name	WVA	For	WVA	Percent
		Assessment	Reference:	Assessment	
		Amount per	CDC Private	Amount per	Change
		Shot from	Sector	Shot from	to
		07/01/2021 to	Cash/Date	07/01/2022 to	07/01/2022
		06/30/2022	04/01/2022	06/30/2023	07/01/2022
Injectable suspension, for oral use	Rotarix®	\$97.88	\$130.82	\$97.88	0.0%
Injectable suspension, for oral use	Rotarix®	\$97.22			
Injectable suspension, for oral use	Quadracel™	\$41.93	\$58.36	\$41.93	0.0%

**2** SET UP ADJUDICATION SYSTEMS



**3** FOLLOW UP ON FINAL DETAILS

This checklist is intended to assist health insurers and third-party administrators (TPA) achieve compliance with the Dosage-Based Assessment (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.



## 1 UNDERSTAND THE BASICS

- Washington State providers submit DBAs on behalf of the WVA to the health insurers and TPAs that then remit payment for pediatric vaccines to the WVA. **The WVA receives payments from health insurers and TPAs only, not from providers or patients.**
- Health insurers and TPAs should only remit payment for codes on the [Vaccine Assessment Grid \("Grid"\)](#) to the WVA's TIN (27-2251833). If upon review, the health insurer or TPA finds vaccine payments are being made to TINs other than WVA's for vaccine material, the payer should request that the provider rebill the DBAs under the correct 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 works closely with the WA Department of Health (WA DOH), which manages provider enrollment agreements in the Childhood Vaccine Program (CVP). As long as the provider submitting the DBA is enrolled with the CVP, the DBA should be paid at the listed Grid amount. Common Claim Adjustment Reason Codes (CARCs) used when payers' systems incorrectly adjudicate DBAs as OON include 242, 243, and 279.

\* The DBA is an assessment under the WVA Act, and although it is not a medical claim, it is processed through the health insurers' and TPAs' claims adjudication systems.

**WVA** WASHINGTON VACCINE ASSOCIATION  
**Vaccine Assessment Grid**

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 as from 07/01/2022 to 06/30/2023	Percent Change 07/01/2021 to 07/01/2022
2 dose schedule, live, for oral use	Rotarix®	\$97.88	\$130.82	\$97.88	0.0%
Six vaccine and inactivated diphtheria and tetanus toxoids for children 4 through 6	Kinrix®	\$41.93	\$57.22	\$41.93	0.0%
	Quadricel™		\$58.36		
3 pertussis adsorbed, inactivated diphtheria and tetanus toxoids, and acellular pertussis antigens	Vaxelis™	\$83.38	\$139.82	\$83.38	N/A
5 dose, Haemophilus influenzae type b (Hib), for children 2 through 6	Pentacel®	\$61.94	\$106.18	\$61.94	0.0%

✦ Current and historic Grid amounts for each CPT and corresponding NDC can be found on the WVA website in PDF and Excel formats: [wavaccine.org/assessment-grid/](http://wavaccine.org/assessment-grid/).



✦ Review your adjudication system setup to ensure no patient responsibility occurs for pediatric patient vaccines.

## 2 SET UP ADJUDICATION SYSTEMS

### Vaccine Grid Adherence

- The WVA should only receive payment for CPT codes listed on the Grid. Incorrectly paid DBAs will require reversals and adjustments.
- The correct DBA amounts (fee schedule), taken from the 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.
- Health insurers and TPAs are required to pay the WVA the correct Grid amount, regardless of how the DBA is submitted by the provider.
- Any logic to pay at the lesser of charge or allowed amounts should be turned off for the WVA TIN as the Grid amount should be the paid amount.

### No Patient Responsibility

- Patients are not responsible for any portion of the DBA payment to the WVA. The DBA should be adjudicated without contractual adjustments that would result in patient responsibility (e.g., deductibles, co-payments, coinsurances) for vaccine material listed on the Grid. The amount of the DBA is not dependent on the terms of coverage under the applicable benefit plan (e.g., deductibles or limitation on vaccine coverage). Common CARCs used when systems incorrectly adjudicate DBAs resulting in patient responsibility include: 1, 2, 3, 100, 170, 171, and 187.
- 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. This includes FSA/HSA spending accounts.
- The WVA can only exchange funds in terms of payments and refunds with health insurers and TPAs, not payments to and from patients or providers. Patient or provider funds received by the WVA require refund processing initiated by the payer and provider.

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### Timely Filing Limit Does Not Apply

As the DBA is an assessment and not a medical claim, there is no time limit as to when a DBA may be submitted. Health insurers and TPAs should remove timely filing denial edits in their adjudication systems. Common CARCs used when systems incorrectly adjudicate DBAs resulting in timely filing denials include 164, 210, and 226.

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

Health insurers and TPAs interested in enabling electronic remittances and/or ACH payments can contact the WVA at [EDI@wavaccine.org](mailto:EDI@wavaccine.org). 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).

\* If your compliance officer contact has changed, please notify [compliance@wavaccine.org](mailto:compliance@wavaccine.org).

### Reprocessing DBAs

The WVA does not accept takebacks, vouchers, or offsets from payers when claims are reprocessed by health insurers and TPAs seeking reimbursement for overpaid DBAs.

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



## 3 FOLLOW-UP ON FINAL DETAILS

If a provider cannot separate the provider's vaccine administration fee from the vaccine material cost (DBA) or the provider does not bill for vaccine material at all, the health insurer or TPA must produce a settlement report, not less than every quarter, and remit payment to the WVA with remittance detail. Please contact [compliance@wavaccine.org](mailto:compliance@wavaccine.org) with any questions.

Per statute (RCW 70.290.075), TPAs are required to register on the WVA's TPA Registration Portal found at: [wavaccine.org/registration-requirements/](http://wavaccine.org/registration-requirements/).

The WVA is a non-profit entity that does not require a 1099. A WVA W-9 may be downloaded from our website if required: [wavaccine.org/other-resources-and-links/](http://wavaccine.org/other-resources-and-links/).

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

# Stay connected.

Sign up to stay informed by going to:  
[www.wavaccine.org/contact/](http://www.wavaccine.org/contact/)



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