

1 Washington Vaccine Association 2 **Board of Directors Meeting** 3 November 3, 2022; 2:00-4:00 p.m. (PT) 4 5 I. Attendance. Due to COVID-19, this meeting was conducted solely by webinar. Participating in all or part of the meeting were the following individuals: 6 7 8 Directors 23 9 Chad Murphy, PharmD, Premera, Chair 24 Helms & Company, Inc. 10 Beth Harvey, MD, South Sound Pediatrics, Vice Chair 25 Patrick Miller, MPH, WVA, Administrative Director 11 Ed Marcuse, MD, MPH, FPIDS, University 26 Ashley Ithal, MPH, WVA, Program Support Lisa White, MS, JD, Customer and Financial Support 12 Washington, Secretary John Sobeck, MD, MBA, Regence Blue Shield, Treasur28 Specialist 13 Helen Chea, MD, Molina 29 Leslie Walker, CPA, Mason+Rich, PA 15 John Dunn, MD, MPH, Kaiser Permanente 30 16 Kara Manley, United Healthcare 31 17 Randy Parker, Northwest Carpenters Trust 32 Anne Redman, Esq., Perkins Coie Michele Roberts, MPH, MCHES, Washington Department Rick Hourigan, MD, Cigna 18 of Health Jennifer Olsen, OneDigital 19 35 Jamilia Sherls-Jones, Washington Department of Health 20 36 Janel Jorgenson, Washington Department of Health 21 WVA Julia Walter Zell, MA., Esq., Executive Director 37 II. Summary of Actions Taken and/or Recommended 38 39 40 Actions Taken (votes adopted) To approve the minutes of the June 16, 2022, Board Meeting 41 i. To approve the 2023 WVA officer slate and committee chairs as presented to the Board 42 ii. 43 iii. To ratify the action of the Finance Committee in adopting and authorizing publication of the 2021-22 44 Audited Financial Statements and independent auditor's report 45 iv. To approve the 2021-22 WVA Annual Report as presented to the Board To approve the WVA Payer Look Back Policy as presented 46 v. 47 vi. To approve the addition of Priorix to the WVA Assessment Grid at \$24.14 and Vaxneuvance to the WVA 48 Assessment Grid at \$165.52, both of which are 2% above the CDC contact prices To approve the adoption of the WVA COVID Roll-out Plan 49 vii. To approve the addition of any pediatric COVID vaccine added to the Washington Childhood Vaccination 50 viii. Program to the WVA Assessment Grid at a blended assessment amount, TBD 51 52 III. Minutes 53 54 55 Welcome and Introductions Mr. Murphy called the meeting to order at 2:03 p.m. Ms. Zell announced that the meeting would be recorded for the 56 benefit of the minute taker, to be deleted once the minutes are approved. Mr. Murphy previewed the agenda and 57 thanked the Board for their contributions over the last year. 58 59 60 Consent Calendar 61 Mr. Murphy asked for a motion to approve the minutes. Upon motion duly made and seconded, it was unanimously 62 **VOTED:** To approve the minutes of the June 16, 2022 Board Meeting. 63 64 65 Ms. Zell reviewed the proposed board terms and committee assignments for 2023. Mr. Murphy asked for a motion to approve the reappointment of officers and committee chairs. Mr. Parker requested his organization name be changed 66 to Northwest Carpenters Trust; no other edits were requested. Ms. Roberts acknowledged and thanked Mr. Murphy 67

for his efforts over the past year as the Chair of the Board. Upon motion duly made and seconded, it was unanimously



VOTED: To approve the 2023 WVA officer slate and committee chairs as presented to the Board with the change suggested by Mr. Parker.

IV. Financial Update

Financial Statements

Ms. Walker reported that the WVA remains in a strong cash position, ending the month of September with \$45.3 million in cash. Ms. Walker reported that this is less cash than expected which is likely due to a delay in assessment revenues related to influenza and back to school vaccines. She stated that there is not enough historical data to indicate precisely why the drop in assessment revenues occurred, but that collections do vary month to month.

Mr. Miller provided an overview of the administration budget for the quarter ending on September 30, 2022. Mr. Miller reported that the WVA is ahead of budget, with the exception of a few categories. He reported that the WVA has seen additional clearinghouse intake processing costs likely due to working with several carriers on reprocessing dosage-based assessments (DBAs), but that the lockbox processing fees are down so the WVA remains within budget. Mr. Miller reported that the human resource and governance budget is over by \$3,150. Ms. Zell reported that the WVA is utilizing its cash liquidity account and money market account with Morgan Stanley to assure a positive return on liquid cash with a current return of over 3%, which is expected to climb further.

Audited Financials

Ms. Zell reported that the 2021-22 governance letter and audited financials were found to have no material defects again this year. Ms. Zell mentioned that the auditor conducted a valuation analysis of the WVA bond portfolio for the first time. The valuation analysis found an immaterial difference in how Morgan Stanley evaluated the \$44 million bond portfolio; the marginality of the variance demonstrated the strength of the portfolio.

Mr. Murphy asked for a motion to ratify the 2021-22 Audited Financial Statements. Upon motion duly made and seconded, it was unanimously

VOTED:

To ratify the action of the Finance Committee in adopting and authorizing publication of the 2021-22 Audited Financial Statements and independent auditor's report.

V. ED/AD Updates

Annual Report

Ms. Zell provided an overview of the 2021-22 Annual Report, highlighting the changes and additions from last year. She explained that she included core information about the WVA's unique universal program on the front page, but included more detailed and year-specific information on the back. She noted the build out of the WVA's infrastructure and described improvements to the WVA's written and electronic materials as well as DOH partnership efforts. Mr. Murphy asked for a motion to approve and publish the 2021-22 WVA Annual Report. Upon motion duly made and seconded, it was unanimously

VOTED: To approve the 2021-22 WVA Annual Report as presented to the Board.

Payer Look Back Policy Discussion

Ms. Zell unveiled a proposed WVA policy to guide the collection of past due DBAs and the timeline for collecting those payments. She explained that the policy proposed treats payer and provider errors differently. She reminded the Board of the resources that were expended by the WVA, (and payers alike) to correct a specific provider issue spanning multiple years. The proposed policy would limit the look back period to one year for provider-generated issues and five years for payer-generated issues. Ms. Redman reminded the group that this policy can be changed or modified but is meant to provide needed guidance to payers. Ms. Zell reported that once approved the policy would be distributed to the payers and posted on the WVA website. Discussion ensued.

Mr. Murphy asked for a motion to approve the policy as written. Upon motion duly made and seconded, it was unanimously



VOTED: To approve the WVA Payer Look Back Policy.

Off-Cycle Vaccine Additions

Ms. Zell provided an overview of the WVA plan for adding two, new off-cycle vaccines to the WVA Assessment Grid (Grid). She reminded the Board that vaccines are added to the Grid in July of each year; however, this is the first year that two new vaccines—Priorix and Vaneuvance—needed to be added off-cycle as they were added to the CDC price list on November 2, 2022. Ms. Zell reported that a key part of the plan will include direct electronic communications and physical mailings to payers and that this off-cycle effort will be a model for future plans to add COVID vaccines and potentially other vaccines to the Grid. Mr. Miller reviewed the process for adding new vaccines to the Grid and summarized planned payer and provider communications. He reported that electronic communications will be distributed tomorrow, November 4, 2022. Ms. Jorgenson commented that the strategy seemed like a good one moving forward and provides a path for providers to order vaccines in an expedient way that will allow for replication when other off-cycle vaccines are added. Before moving to a vote, Ms. Zell requested the original, proposed votes of adding the Priorix and Vaxneuvance vaccines to the Grid be modified now that the vaccines have been added to the CDC contract. To that effect, Ms. Zell asked for a motion to approve the addition of Priorix and Vaxneuvance to the Grid in the amounts of \$24.14 and \$165.52, respectively, effective January 1, 2023. Upon motion duly made and seconded, it was unanimously

VOTED: To approve the addition of Priorix and Vaxneuvance to the WVA Assessment Grid in the amounts of \$24.14 and \$165.52, respectively.

COVID Plan Review and Discussion

Ms. Zell provided an overview of the comprehensive COVID-19 Roll-out Plan, and the potential impact on finances, governance, communication, and operations, as well as explaining current plans for adding COVID vaccines to the Grid. She stated that the goals for the Plan include providing stability to the assessment process, giving adequate notice to all stakeholders, and providing financial stability via assessments and use of existing reserves. She then went into some of the details of the proposed Plan, explaining how the WVA could achieve each of the stated goals.

Mr. Miller reviewed the details of the implementation plan that was jointly developed by the WVA and the Department of Health (DOH). Part of the overview included highlighting the knowns and unknowns for adding COVID vaccines to the WVA Assessment Grid. Ms. Jorgenson added that the adult vaccines are expected to transition to the market prior to pediatric vaccines. Mr. Miller shared that COVID vaccines will likely be approved by CDC individually and not in batches, which will make the operationalization by the WVA and its stakeholders more complex.

Mr. Miller reviewed the communications plan for the COVID roll out. It was also developed in partnership with the DOH. Dr. Harvey recommended that providers review communications because of the nuanced nature of updates from the CDC; she offered her assistance, if needed. She noted that many of the Vaccine Committee members were not in practice, and that it would be important to ask active practitioners for feedback.

Mr. Murphy stressed the importance of collaboration amongst all WVA participants because of the many COVID rollout challenges. He recommended that a compliance program be developed to ensure payers and providers are accurately processing COVID vaccine charges. The WVA will need to understand volumes, waste amounts, and collections to ensure that systemic errors are not occurring. Mr. Miller confirmed that auditing will be part of the rollout and follow-up. Ms. Zell also noted that continued payer spot-check would occur throughout 2023, with an emphasis on any new vaccines. Ms. Roberts expressed appreciation for the framework as presented, especially as updates from the federal government often are last minute, which makes planning difficult.

Mr. Murphy asked for a motion to adopt the WVA COVID Roll-out Plan. Upon motion duly made and seconded, it was unanimously

VOTED: To approve the adoption of the WVA COVID Roll-out Plan.

Mr. Murphy asked for a motion to add new pediatric COVID vaccines to the WVA Assessment Grid as discussed. Upon motion duly made and seconded, it was unanimously



VOTED:

To approve the addition of any pediatric COVID vaccine added to the Washington Childhood Vaccination Program to the WVA Assessment Grid at a blended assessment amount, TBD.

Stakeholder Liaison Update

Ms. Zell provided an update on the hiring process for the stakeholder liaison. She reported that while an interview process has been finalized and a draft employee handbook written and awaiting Board approval the goal will be to hire someone by March 2023 given the lateness of the year and the need for intensive onboarding.

PEO Change Update

Ms. Zell noted that the Executive Committee approved a change in the Professional Employer Organization (PEO) used by WVA for payroll services. Ms. Zell reported that this change stemmed from a 4% increase in fees coupled with the current vendor losing their IRS certification. The change will take effect December 1, 2022.

VI. DOH Updates

Ms. Roberts began by introducing Ms. Sherls-Jones as the new Washing State Immunization Director who has been in this role for about three months. Ms. Sherls-Jones has a Doctorate in Nursing Practice (DNP) with a background in public health nursing and experience with the state's childhood vaccination program. Ms. Roberts reported that the WVA board seat will be officially transitioned to Ms. Sherls-Jones sometime in 2023. Ms. Sherls-Jones introduced herself to the Board. Ms. Roberts stated that she is now the Assistant Secretary of the Prevention and Community Health Division at the DOH and that she used to hold Ms. Sherls-Jones' position prior to the pandemic.

Ms. Roberts reported an additional leadership transition; Ms. Sheane Allen has departed from the DOH COVID Vaccine Director role and has been replaced by Ms. Heather Drummond.

Ms. Roberts provided a DOH update regarding COVID planning efforts including fall and winter surge preparation. Washington's Governor Inslee ended the state's COVID public health emergency on October 31, 2022.

Ms. Robert encouraged the Board to work within their respective organizations to help increase influenza and COVID booster vaccinations. Ms. Roberts reported that for those eligible to receive the COVID booster, about 17% have received it. Ms. Roberts reported that the WA Secretary of Health sent out letters urging continued partnerships to improve vaccination efforts.

Ms. Roberts noted that the DOH continues to have policy conversations regarding direct care practices (DCPs). Currently, DCPs do not submit DBAs, although they receive state-supplied vaccine material. Ms. Roberts stated that as updates regarding DCPs participating in the Childhood Vaccination Program become available, they will be shared with the WVA.

Ms. Sherls-Jones shared an update on the DOH's October release of school vaccine data. She reminded the group that routine data release has been difficult over the last three years due to the pandemic. Ms. Sherls-Jones reported that the rate for K-12 has remained steady for the last two school years, but that there is opportunity to continue to boost rates. Ms. Sherls-Jones reported that between the 2019/2020 and 2020/2021 school year the MMR rate among kindergartners has increased significantly from 90.8% to 94.4 %. There has also been a reported an overall increase in religious exemptions.

Ms. Sherls-Jones provided an update that the State Vaccine Advisory Committee's formal request that HPV vaccinations begin starting at age 9 has been granted as it is permitted by the CDC. The DOH will begin to message providers and a prompt for providers will be added to the WA State Immunization Information System (IIS). The DOH will also begin to track the status of these efforts.

Ms. Sherls-Jones reported that the DOH is planning a two-day Immunization Quality Improvement for Providers (IQIP) training in January 2023.



Ensuring Funds for Childhood Vaccines

235	Ms. Jorgenson addressed a rumor circulating in Washington that there is an influenza shortage. This is untrue and
236	seems to be stemming from access issues to receive these vaccines as opposed to shortages in the vaccine supplies.
237	The DOH is encouraging other points of access.

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239 VII. Public Comments

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No public comments.

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243 VIII. Executive Session - Confidential.

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245 **IX. Closing**

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With no further business before the Board, Mr. Murphy closed the meeting at 3:47 PT.