

What: Operations Committee Meeting
When: October 26, 2023; 12:30-1:30 p.m. PT
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.

Notice: The meeting may be recorded for the benefit of the minute-taker.
The WVA intends to delete the recording after the minutes are approved.

Agenda for Operations Committee Meeting

Approx. Time	*	Page	Topic/[Anticipated Action]	Presented by:
12:30-12:35 p.m.			1. Introductions & Agenda Review a. Notice of Recording b. Survey of Other Topics	J. Zell
12:35-12:40 p.m.	*	Pg. 3-4	2. Action Items a. Vote to Approve Operations Committee Minutes (April 25, 2023).	J. Zell
12:40-1:20 p.m.	*	Pg. 5-11	3. Operations Updates a. COVID Implementation b. RSV Funding i. Board Action ii. Statutory Change iii. Future Assessment/Hospital Systems c. Future Assessment Grids d. New Vaccine Pipeline	J. Zell / P. Miller
1:20-1:25 p.m.			4. Off-Cycle Vaccines a. Vote to Approve Future Assessment Grid Additions	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**

October 26, 2023

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 April 25, 2023 meeting minutes.

[To approve April 25, 2023 meeting with the changes suggested at the meeting.]

Items under Agenda Section 4:

VOTED: To approve to the WVA Assessment Grid the addition of maternal RSV and meningococcal ACWY B vaccines that gain an ACIP recommendation for inclusion on the routine, pediatric immunization schedule and are added to the Vaccines for Children Program at an assessment amount that is 10 percent below the published private market price.

**Washington Vaccine Association
Operations Committee Meeting
April 25, 2023; 12:30-1:30 p.m. PT**

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

Members

Michelle Baker, Zenith
Tracey Cardillo, Cigna
Delphia Dent, Cigna
Cathy Falanga, Aetna
Janel Jorgenson, Washington Department of Health
Walter Kuiee, Regence
Kara Manley, United Healthcare
Lacey Papendorf, Regence
Jennifer Simonsen, Kaiser

WVA

Julia G. Zell, Esq., Executive Director, Chair
Helms & Company, Inc.
Patrick Miller, MPH, Administrative Director
Ashley Ithal, MPH, Project Support Leader
Lisa White, JD, Customer and Financial Support
Specialist
Leslie Walker, CPA, Mason+Rich, PA

Public Members

Breelynn Young, GSK

I. Summary of Actions Taken and/or Recommended

Actions Taken (votes adopted)

- i. To approve October 27, 2022, meeting minutes.
- ii. To approve the July 1, 2023, Vaccine Assessment Grid.

II. Welcome and Introductions

At 12:34 p.m., Ms. Zell called the meeting to order and provided a notice of recording.

III. Calendar Consent Items

Ms. Zell asked for a motion to approve the October 27, 2022, meeting minutes. There being no other questions or comments, the following item was put to a vote:

Upon motion duly made and seconded, it was unanimously

VOTED: To approve October 27, 2022 meeting minutes.

IV. FY2024 Assessment Grid

Mr. Miller provided an overview of the rate setting process and timeline for development of the FY2024 Vaccine Assessment Grid ("Grid"). The Grid assessment rates are derived from a combination of the administrative budget assumptions and two-year projections received from the Washington State Department of Health (DOH). The goals for the FY2024 assessment model include providing multi-year Grid stability and maintenance of Board-approved reserves. The reserves ensure the ability to add new vaccines off-cycle, including the anticipated COVID vaccines. Mr. Miller reviewed board-set goals regarding FYE2024-2026 cash balances. He then proceeded to highlighted notable FY2024 model projection assumptions including an adjustment to the fund source split in CY2023; the pandemic impact on vaccine utilization; changing vaccine presentations including Menveo (MCV40) and Rotarix (RV1); and new vaccines including Priorix (MMR), Vaxneuvance (PCV15), Prevnar 20 (PCV20), RSV, and COVID. Mr. Miller noted that there is an expectation that COVID vaccine commercialization will occur in Fall 2023, and the DOH provided COVID projections. Mr. Miller discussed the upcoming Grid communications that will occur once the Grid is approved. These communications include electronic and physical mailings to providers, payers, and other stakeholders. Mr. Miller highlighted visual presentation changes to the FY2024 Grid from previous years, including

organization by vaccine. Of note, the WVA does not yet have Prevnar 20 CPT and NDC codes and has added a proxy price for the July 1, 2023, version of the Grid; final details are expected in Fall 2023 and will be communicated. Ms. Zell reiterated that stability in the system is the main goal of the current rate setting process. Discussion ensued within the Committee.

Ms. Zell asked for a motion to approve the July 1, 2023, Vaccine Assessment Grid. There being no other questions or comments, the following item was put to a vote:

Upon motion duly made and seconded, it was unanimously

VOTED: To approve the July 1, 2023, Vaccine Assessment Grid

V. Operations Updates

Provider Compliance and Performance Improvement

Ms. Zell previewed a proposed provider billing improvement plan, detailing steps to address provider compliance infractions. The goal of this process is to hold providers accountable for meeting WVA billing obligations. Ms. Falanga asked about the minimum number of infractions that would need to be incurred to do provider outreach. Ms. Zell noted that anything over \$10,000 in a quarter based on settlement reports could be used as a threshold, but it really does depend on provider size, etc. Mr. Miller noted that in partnership with the DOH there is an established process that Ms. White manages for onboarding new providers to the DBA billing process. This is an important partnership because the DOH holds the agreement with the providers. Ms. Zell also noted that the capacity for provider outreach will increase when the WVA Stakeholder Liaison position is filled.

Payer Compliance

Ms. Zell stated that ancillary payer compliance issues persist but are being addressed (e.g., patient responsibility, leased networks, and repricing).

New Vaccine Preview

Ms. Jorgenson provided an update on Prevnar 20 (PCV20) for children. The FDA is scheduled to meet this week to review the application for this vaccine, which she expects will be approved for children. She outlined the process that would need to occur before it would be available through the Childhood Vaccination Program in Washington. As updates become available, Ms. Jorgenson will notify the Committee and WVA.

Ms. Jorgenson provided an update on vaccine choice. The window opens April 26 for two weeks to allow providers the option to change vaccine brands, if desired.

VI. Other Matters from Committee Members

Ms. Falanga described specific provider billing concerns after a recent review of settlement reports. Mr. Miller will coordinate a call with Ms. Falanga and Ms. White to review these claims. Ms. Falanga reported she has found issues of DBA overpayment tied to several providers in CY2023. Ms. Falanga will conduct additional internal research and reach out to Mr. Miller and Ms. White to review these DBAs, if necessary.

VII. Closing

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

RSV Funding and New Vaccines

Operations Committee

October 26, 2023

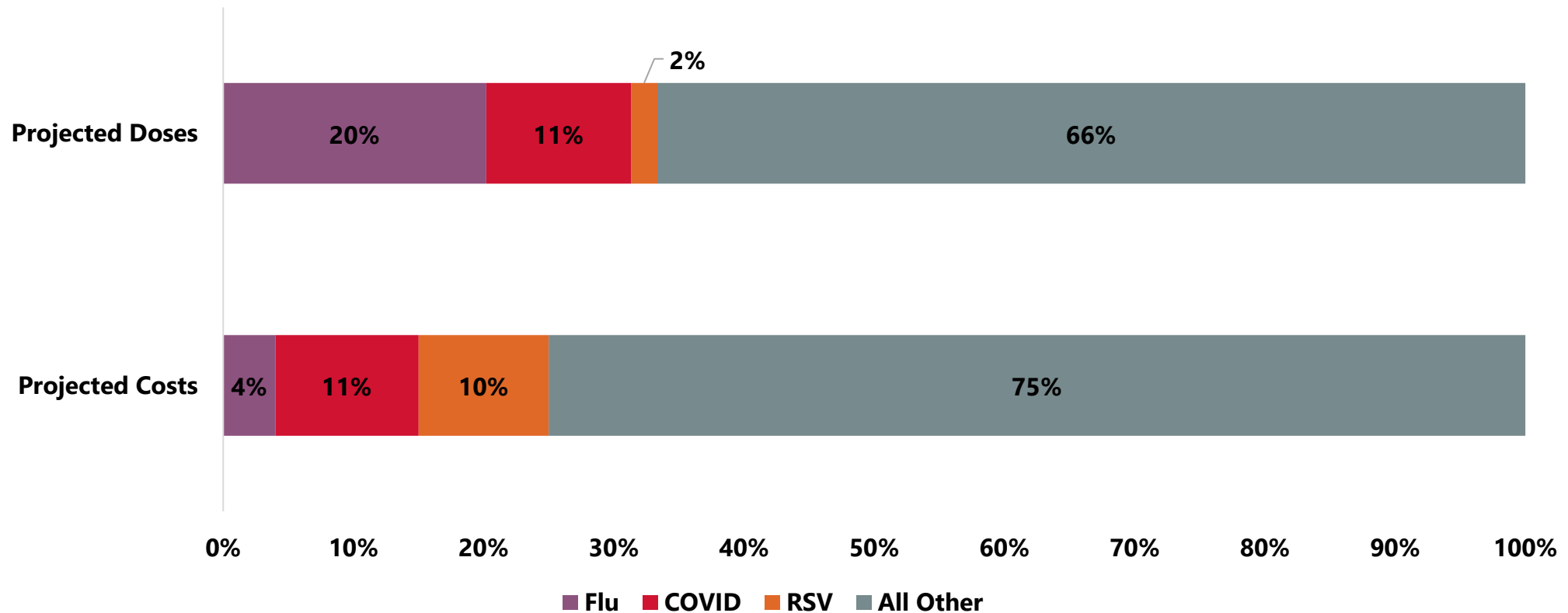
RSV Projections – Source: WA DOH (09/14/23)

Fund Type Categories	If uptake is 100% of eligible population - number of doses annually	If uptake is 100% of eligible population - cost annually	Assume 70% uptake - number of doses annually	Assume 70% uptake - cost annually	Assume 50% uptake - number of doses annually	Assume 50% uptake - cost annually
Total Estimated: total 0 population plus 2 additional doses for 8-19-month-olds who are immunosuppressed and/or AI/AN.	109,793	\$43,368,108	76,855	\$30,357,676	54,896	\$21,684,054
Breakdown by Fund Source						
VFC (50%)	54,896	\$21,684,054	38,427	\$15,178,838	27,448	\$10,842,027
WVA (47%)	51,603	\$20,383,011	36,122	\$14,268,108**	25,801	\$10,191,505
CHP/CHIP (3%)	3,294	\$1,301,043	2,306	\$910,730	1,647	\$650,522
Total Estimate Cost Annually	109,793	\$43,368,108	76,855	\$30,357,676	54,896	\$21,684,054

**Assumes \$395/dose from CDC Price List. Private Market would be \$495/dose or \$17,880,287.

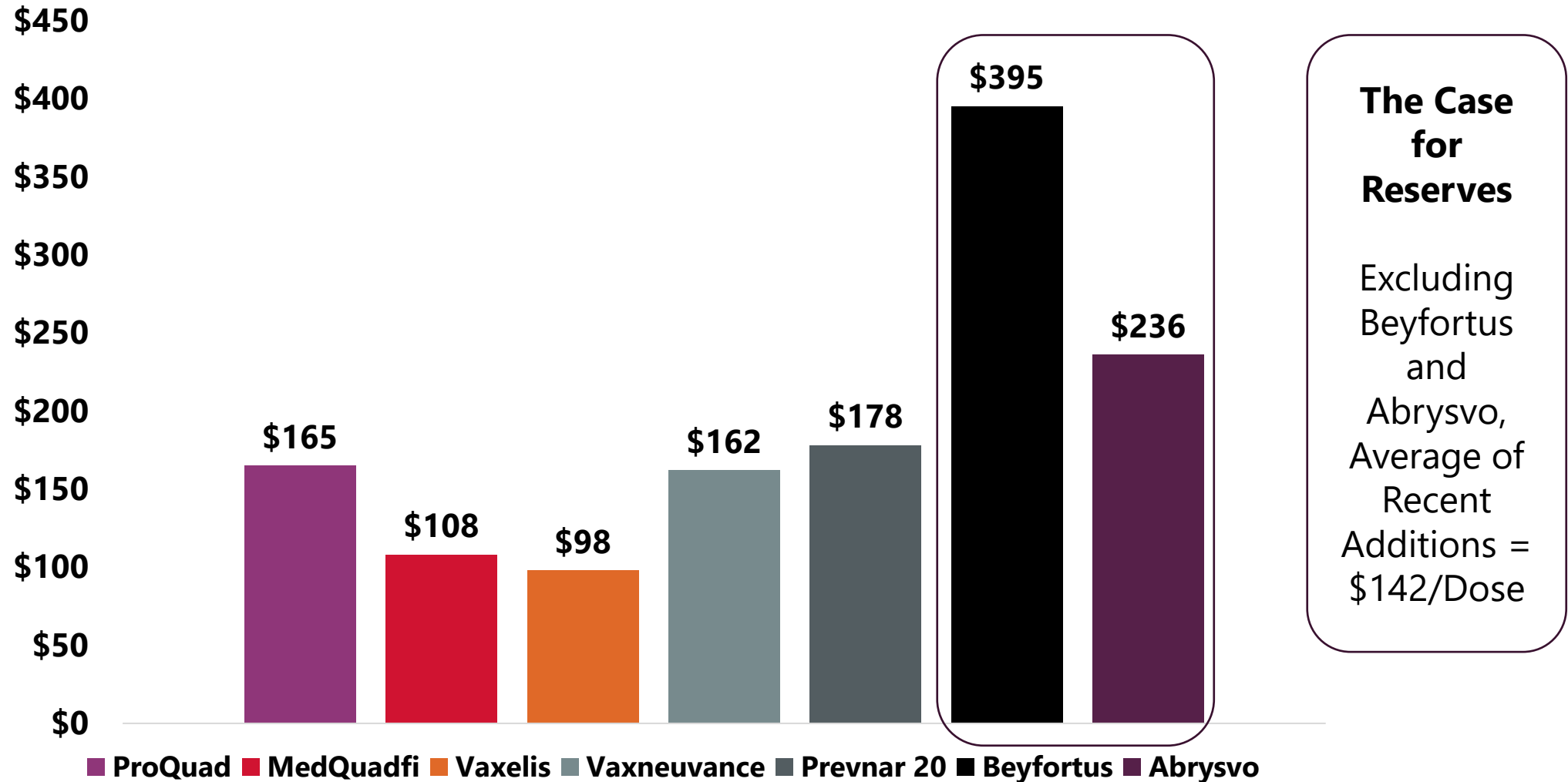
Doses and Costs – Summary

% of Projected Doses and % of Projected Costs* SFY 2024



*Excludes Indirect and Cost Recovery Fees

CDC Prices of Recent ACIP Additions



Statutory Change Required in 2024 Session

DRAFT TEXT

(10) "Vaccine" means ~~((a preparation of killed or attenuated living microorganisms, or fraction thereof, that upon administration stimulates immunity that protects against disease and is))~~ an immunization approved by the federal food and drug administration as safe and effective and recommended by the advisory committee on immunization practices of the centers for disease control and prevention for administration to children under the age of nineteen years.

Future Assessment/Hospital Systems

- Hospitals Do Not Currently Submit DBAs for HepB
- Assumption That Statute is Updated in 2024 Will Necessitate Hospitals to Submit DBAs for Beyfortus™ (nirsevimab)
- WVA Will Establish a Task Force in 2024 to Ensure Hospitals Can Comply With the DBA

New Vaccines

- ABRYSVO™
 - Pfizer
 - Maternal RSV
 - FDA approved
 - On ACIP agenda
- PF-06886992
 - Pfizer
 - ABCWY Meningococcal B
 - FDA registration
 - Expected ACIP recommendation by end of year