

**Meeting Notes  
WVA Hospital Billing Meeting  
November 28, 2023; 12:00-1:00 p.m. PT**

**I. Attendance.** This meeting was conducted solely by webinar. Participating in all or part of the meeting were the following individuals:

8 <u>Attendees</u>	16 Julia G. Zell, MA, Esq., WVA Executive Director
9 Jennifer Simonson, Kaiser	17 Cheri Cagle, WVA Stakeholder Liaison
10 Kara Manley, United	18 Patrick Miller, MPH, WVA Administrative
11 Delphia Dent Leffew, Cigna	19 Director
12 Stephanie Dunnihoo, Seattle Children's	20 Ashley Ithal, MPH, WVA Program Support
13 Jenny Wallace, Virginia Mason	21 Lisa White, JD, WVA Financial Support Specialist
14 Nicole Freeto, WA DOH	22 Leslie Walker, CPA, Mason+Rich
15 Hailey Sly, WA DOH	23 Anne Redman, Esq., Perkins Coie

**II. Notes**

Welcome and Introductions

At 12:00 p.m. Ms. Zell called the meeting to order introductions were made.

Background

Ms. Zell proceeded to review the agenda and provided background information. She described the dosage-based assessment (DBA) process and provided an overview of the upcoming legislative effort to update the definition of "vaccine" in the WVA's authorizing statute to be able to assess for newer forms of immunization included in the Vaccines for Children Program (VCP).

Workgroup Purpose

Mr. Miller stated that the purpose of this workgroup is to confirm that hospitals receiving state vaccine supply are compliant with the DBA process. Today, some hospitals receive vaccines for HepB, PCV, Pentacel, and others. Ms. Zell stated that in the future, it is expected that nirsevimab will be included as part of the WVA's assessment grid, and as such, the WVA needs to be able to hold providers accountable for DBAs to cover the cost of funding the immunization. Mr. Miller stated that this workgroup will create a report which will be provided to both the WVA Executive Committee and Board in February 2024. If this group determines that the DBA process cannot be used for hospitals receiving state supply, the workgroup will develop a recommendation for an alternative assessment methodology. Mr. Miller reviewed the proposed project schedule.

Options Discussion

Mr. Miller summarized the two assessment options presented in the meeting materials. The first option involves hospitals submitting DBAs using a CMS-1500 for state supplied vaccine and splitting off vaccines from the UB-04. The second option involves hospitals generating utilization reports to the WVA which would in turn invoice the carriers. Each options' pros and cons were reviewed and discussed. Ms. Wallace expressed a preference for Option 1 because another part of their organization currently creates DBAs and there is a solid process in place. Several others remarked that Option 1 would be the cleanest solution; the recommendation was to determine how to make Option 1 work in the inpatient setting.

Issues List

Mr. Miller proceeded to review the draft list of potential issues related to hospital billing. After vetting the issues, the workgroup eliminated several, and determined several new ones. Ms. Zell summarized specific concerns around WA specific regulations. To achieve the DBA solution for inpatient vaccination, further research on the part of both hospital and payer information technology team members is required. Ms. Manley asked if there were CPT codes for nirsevimab specifically. Mr. Miller said yes and entered the CPT codes and ICD-10 codes in the Zoom Chat window.

The workgroup members agreed that the following steps should form the basis of the DBA solution:

- 63 • Inpatient hospital facilities will generate a DBA on a CMS-1500 form and submit it to the carriers for  
64 reimbursement to the WVA under the WVA's tax ID number per the WVA's standard procedure.  
65 • Inpatient hospital facilities will include the administration fee on the UB-04 and submit it to the carriers for  
66 reimbursement to the facility.  
67 • Should carriers deny any vaccine serum separate from the DBA, the WVA Compliance Program will follow up  
68 with the carrier to understand the denial reason and make corrections as needed.  
69 • Inpatient hospital facilities will be required to be compliant with the DBA submission no later than June 30, 2024.  
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71 Ms. Zell asked if the existing payer settlement process, or something similar, could be leveraged. The group discussed  
72 the possibility of a payer using the administrative code on the UB-04 submission to find the matching DBA on the  
73 CMS-1500.  
74

#### 75 Next Steps / Meeting Frequency

76 Ms. Zell and Mr. Miller summarized the next steps:

- 77 • Meeting notes will be sent.  
78 • Ms. Wallace and Ms. Manley will research the issue with their teams and report back.  
79 • The issues list will be revised.  
80 • Meetings in December and January will be created.  
81 • Additional workgroup members will be sought.  
82 • A payer assessment will be developed.  
83 • A provider assessment will be developed.  
84 • The communications plan will be revised.  
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#### 86 **III. Closing**

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88 The meeting was adjourned at 1:03 p.m. PT.  
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