

1 **Meeting Notes**  
2 **WVA Hospital Billing Workgroup Meeting**  
3 **December 18, 2023; 1:00-2:00 p.m. PT**  
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5 **I. Attendance.** This meeting was conducted solely by webinar. Participating in all or part of the meeting  
6 were the following individuals:  
7

8 Attendees

9 Jennifer Simonson, Kaiser  
10 Kara Manley, United  
11 Delphia Dent Leffew, Cigna  
12 Cathy Falanga, Aetna  
13 Cheryl Rairigh, Cambia/Regence  
14 Mike Barsotti, Providence  
15 Andrea Donalty, Multicare  
16 Elizabeth Levenseller, Multicare  
17 Stephanie Dunnihoo, Seattle Childrens  
18 Lisa Flynn, Seattle Childrens  
19 Delaune Hamilton, PeaceHealth  
20 Jess Marple, PeaceHealth  
21 Chris Ward, PeaceHealth  
22 Joshua Greenwood, PeaceHealth  
23 Cristhian Canseco Juarez, PeaceHealth

24 Andy Briggs, PeaceHealth  
25 Carrie Jenner, Virginia Mason Franciscan Health  
26 Sherri Zorn, Consultant  
27 Darcy Jaffe, WA Hospital Association  
28 Andrew Busz, WA Hospital Association  
29 Nicole Freeto, WA DOH  
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31 Staff  
32 Julia G. Zell, MA, Esq., WVA Executive Director  
33 Cheri Cagle, WVA Stakeholder Liaison  
34 Patrick Miller, MPH, WVA Administrative  
35 Director  
36 Ashley Ithal, MPH, WVA Program Support  
37 Lisa White, JD, WVA Financial Support Specialist  
38 Leslie Walker, CPA, Mason+Rich

39 **II. Notes**  
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42 Welcome and Introductions

43 At 1:04 p.m. Ms. Zell called the meeting to order and provided a notice of recording.  
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45 Background

46 Ms. Zell stated that Washington is a universal purchase state for pediatric vaccines and provided an overview of the  
47 Washington Vaccine Association (WVA) and how it partners with Washington State's Childhood Vaccine Program  
48 (CVP). She described the dosage-based assessment (DBA) process and summarized the upcoming legislative effort  
49 to modernize the definition of "vaccine" in the WVA's authorizing statute to be able to assess for newer forms of  
50 immunizations included in the CVP. Ms. Zell reviewed the agenda and provided an overview of the November 28  
51 kick-off meeting for those that did not attend.  
52

53 Workgroup Purpose / Recap of 11/28/2023

54 Mr. Miller stated that the purpose of this workgroup is to confirm that hospitals receiving state supplied vaccine are  
55 compliant with the DBA process. Today, some hospitals receive vaccines for HepB, PCV, Pentacel, and others. Ms.  
56 Zell stated that in the future, it is expected that nirsevimab will be included as part of the WVA's assessment grid, and  
57 as such, the WVA needs to be able to hold providers accountable for DBAs to cover the cost of funding the  
58 immunizations. Mr. Miller stated that this workgroup will create a report which will be provided to both the WVA  
59 Executive Committee and Board in February 2024. If this group determines that the DBA process cannot be used for  
60 hospitals receiving state supply, the workgroup will develop a recommendation for an alternative assessment  
61 methodology. Mr. Miller reviewed the proposed project schedule, and the issues list generated last month.  
62

63 Mr. Miller noted that the WA DOH has provided the WVA with a list of hospitals that have received state supplied  
64 vaccines and their associated costs. Mr. Miller stated that the assessment loss / leakage impact is approximately \$3.3M  
65 for the past three calendar years. The run rate in 2021 and 2022 was between \$620-650K. While 2023 was similar, it  
66 also included nirsevimab which increased the dollar amount significantly. Approximately 80% of the assessment loss  
67 / leakage is from 13 hospitals. He concluded by saying that the existing provider agreement between the hospitals and  
68 the WA DOH requires the hospitals to bill, but historically, the WVA has not enforced this requirement as it was  
69 presumed that very few state supplied vaccines were being utilized in-patient.  
70

71 Options Discussion

72 Mr. Miller summarized the two assessment options developed at the first workgroup meeting. The first option involves  
73 hospitals submitting DBAs using a CMS-1500 for state supplied vaccine. The CMS-1500 would be sent to the payers  
74 and remittances would be generated to the WVA. This is the same way that the DBA works in the outpatient setting.  
75 The second option involves hospitals submitting the DBA using the UB-04 inpatient claim format. He then asked the  
76 workgroup members to see if they had a preference.

77  
78 Ms. Falanga (Aetna) noted that on the payer's side there needs to be some investigation and discussion of the proposed  
79 options so that payers do not deny the claims. Ms. Leffew (Cigna) also raised concerns around eligibility and reiterated  
80 the concerns Ms. Falanga brought up. Ms. Leffew recommended a separate bill for the DBA process. She said that  
81 Cigna can support a CMS-1500 if the place of service (inpatient, emergency room, etc.) was on the DBA. Ms. Manley  
82 (United), Ms. Rairigh (Cambia), and Ms. Simonsen (Kaiser) stated that they could support this process.

83  
84 Ms. Downey (Virginia Mason) noted that their hospital would work with the payers on the solution and would expect  
85 to implement a testing process before going live. Ms. Marple (PeaceHealth) wants to involve their Technology  
86 Solutions Partners (TSP) group to understand impacts and would be willing to work the payers. Ms. Flynn (Seattle  
87 Childrens) noted that the UB-04 would be a lot more difficult to implement and would be willing to test the CMS-  
88 1500 with the payers as well.

89  
90 Ms. Zell asked for feedback about payer and hospital ability to implement this no later than July 1, 2024, to coincide  
91 with the WVA's annual assessment process. Ms. Zell noted that the WVA is working on a statutory change in the  
92 upcoming legislative session to assess nirsevimab in parallel to this effort. Mr. Greenwood noted that the WVA needs  
93 to ensure that whatever assessment mechanism is adopted needs to be tested to avoid denials and other complications.  
94 Mr. Miller noted that a technology survey is currently being conducted to better understand what EMR, billing, and  
95 clearinghouse platforms providers use. Ms. Freeto noted that the organizations already sending data to the WA  
96 Immunization Information System (IIS) would not have to change processes.

97  
98 There was discussion regarding the need for hospital pharmacies, information technology, and clinical staff to be a  
99 part of the project. Mr. Miller asked that anyone on the call today that has contact information for the right people in  
100 their organization to please share it with the WVA. Ms. Falanga asked about the current process for provider and  
101 hospital education. Ms. Zell noted that Ms. Freeto (WA DOH) and Ms. White (WVA) have an established provider  
102 education process as part of onboarding, and this roll out will be no different.

103  
104 Mr. Miller summarized the call and stated that the current recommendation of the workgroup is to use the CMS-1500  
105 for the DBA with appropriate place of service coding.

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107 Next Steps / Meeting Frequency

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

- 109 • Meeting notes will be sent.
- 110 • Payer and provider assessments will be conducted.
- 111 • The issues list will be revised.
- 112 • The next meeting in mid-January will be created.
- 113 • The communications plan will be revised.

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115 **III. Closing**

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117 The meeting was adjourned at 1:53 p.m. PT.

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