

**Meeting Notes**  
**WVA Hospital Billing Workgroup Meeting**  
**January 16, 2024; 1:00-2:00 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>	27 Cheryl Rairigh, Cambia/Regence
9 Armi Liza Bartolome-Harden, Providence	28 Mike Barsotti, Providence
10 Jenny Wallace, Virginia Mason Franciscan	29 Elizabeth Levenseller, Multicare
11 Health	30 Lisa Flynn, Seattle Childrens
12 Carrie Jenner, Virginia Mason Franciscan Health	31 Joshua Greenwood, Common Spirit Health / VMFH
13 Diana Baxter, Regence	32 Carrie Jenner, Virginia Mason Franciscan Health
14 Candice Williams, Multicare	33 Sherri Zorn, MD, WVA Consultant
15 Tiffany Conley, Regence	34 Andrew Busz, WA Hospital Association
16 Stacey Niblack, Providence	35 Janel Jorgenson, WA DOH
17 Sandeep Dhillon, Providence	36
18 Mary Stoudermire, Providence	37 <u>Staff</u>
19 Eva Stearns, Providence	38 Julia G. Zell, MA, Esq., WVA Executive Director
20 Anna Anderson, Providence	39 Patrick Miller, MPH, WVA Administrative
21 Tracy Metzler, Providence	40 Director
22 Rachel Stepner, Providence	41 Cheri Cagle, WVA Stakeholder Liaison
23 Jason Brouillard, Providence (Holy Family)	42 Ashley Ithal, MPH, WVA Program Support
24 Kara Manley, United	43 Lisa White, JD, WVA Financial Support Specialist
25 Cathy Falanga, Aetna	44 Leslie Walker, CPA, Mason+Rich
26 Elzbieta Sawicki, Aetna	

**II. Notes**

Welcome and Introductions

At 1:03 p.m. Ms. Zell called the meeting to order and provided a notice of recording.

Background / Workgroup Purpose / Recap of 12/18/2023

Ms. Zell gave a brief overview of the prior meetings for new workgroup attendees. She stated that Washington is a universal purchase state for pediatric vaccines and summarized the Washington Vaccine Association's (WVA) mission and how it partners with Washington State's Childhood Vaccine Program (CVP). She described the dosage-based assessment (DBA) process and summarized 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 immunizations included in the CVP.

Ms. Zell stated that the purpose of this workgroup is to confirm that hospitals receiving state supplied vaccine are compliant with the DBA process. Mr. Miller reviewed the agenda and provided an overview of the December 18 workgroup meeting for those that did not attend. 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.

Project Plan Summary

Mr. Miller reviewed the proposed project schedule, and the issues list generated last month. Mr. Miller reported that in the previous meetings the workgroup recommended to use the CMS-1500 for the DBA with appropriate place of service coding for hospitals providing state supplied vaccines. Based on that recommendation, the WVA drafted the proposed Inpatient Billing Guidance Draft (01.09.2024) which Mr. Miller asked for feedback from the group today. He reported that the WVA has received feedback from the WA DOH on eligibility codes and references to inpatient settings that need to be updated in this guidance. Mr. Miller called out Box 19, which adds "state vaccine only" to the process, Box 21 "diagnosis codes" which allows for the inclusion of Z23 plus any other diagnosis code based upon the care received, and Box 24b "place of service". He noted that the rest of the proposed form is similar to the current DBA form.

74 Ms. Armstrong (TRICARE) asked whether there would be electronic submissions. Mr. Miller noted that the  
75 expectation is the majority of submissions will be electronic using the 837P. Ms. Stearns (Providence) raised concerns  
76 about having to customize their EMR environment or “break a build” for leveraging the use of the CMS-1500 citing  
77 the UB being easier to use from a provider perspective. Ms. Zell provided additional information about how the  
78 workgroup arrived at the decision to use the CMS-1500. Ms. Niblack (Providence) reiterated concerns raised by Ms.  
79 Stearns in not using the UB and requested an example 837P. Mr. Miller will add an example 837P to the guidance  
80 document prior to the next workgroup meeting in February. Ms. Niblack (Providence) shared the following Medicare  
81 billing guidance with the workgroup which the WVA team will review: [https://greatplainsqin.org/wp-](https://greatplainsqin.org/wp-content/uploads/2016/05/Medicare-Part-B-Immunization-Billing-Fact-Sheet.pdf)  
82 [content/uploads/2016/05/Medicare-Part-B-Immunization-Billing-Fact-Sheet.pdf](https://greatplainsqin.org/wp-content/uploads/2016/05/Medicare-Part-B-Immunization-Billing-Fact-Sheet.pdf).

83  
84 Ms. Flynn (Seattle Childrens) noted that her organization does not currently bill for inpatient VFC but does bill  
85 outpatient VFC using the CMS-1500. Further, she noted that her team uses the Epic EMR platform. Mr. Miller noted  
86 that the WVA is happy to assist with coordinating organizations on like platforms as the group moves through this  
87 process. Ms. Anderson (Providence) noted that her organization administers VFC Hep B to inpatient newborns. Josh  
88 Greenwood (Common Spirit Health / VMFH) noted that no hospital finance team would agree to absorb the costs of  
89 paying for the vaccines being offered through the VFC when a proposed system change process is possible.

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91 Mr. Miller shared the list of WA DOH Enrolled Facilities (01.04.2024) and provided an update on hospital outreach  
92 efforts that are currently underway.

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94 Mr. Miller noted that the WVA is actively preparing website updates to inform hospitals on DBA requirements and  
95 requested feedback from the workgroup on the website outline proposal. No additions were requested from the  
96 workgroup.

97  
98 Mr. Miller updated the group on planned payer outreach efforts. He also noted that he will be working on TRICARE  
99 processes separately with the assistance of Ms. Armstrong.

100  
101 Ms. Zell thanked the workgroup for the time and noted that if additional thoughts or challenges arise prior to the  
102 February workgroup meeting to please send those to the WVA ([compliance@wavaccine.org](mailto:compliance@wavaccine.org)).

103  
104 Next Steps / Meeting Frequency

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

- 106 • Meeting notes will be sent.  
107 • 837p example to be included in the revised billing guidance document.  
108 • Payer and provider assessments will be conducted.  
109 • The issues list will be revised.  
110 • The communications plan will be revised.  
111 • The next workgroup meeting is scheduled for Monday, February 12, 2024.

112  
113 **III. Closing**

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

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