

**Washington Vaccine Association
Operations Committee Meeting
October 24, 2024; 12:30-1:30 p.m. PT**

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

Members

8 Diana Baxter, Cambia/Regence
9 Tracey Cardillo, Cigna
10 Cathy Falanga, Aetna
11 Valerie Oliver, Premera
12 Kara Manley, United
13 Jennifer Simonsen, Kaiser
14 Janel Jorgenson, DOH

WVA

17 Julia Walter Zell, Esq., Executive Director, Chair
18 Cheri Cagle, Stakeholder Liaison

Helms & Company, Inc.

21 Patrick Miller, MPH, Administrative Director
22 Ashley Ithal, MPH, Project Support Leader
23 Lisa White, JD, Customer and Financial Support
24 Specialist
25 Leslie Walker, CPA, Mason+Rich, PA

Public Members

28 Erika Cliett, United
29 Tiffany Conley, Regence
30 Cheryl Rairigh, Regence
31 Lisa Templeton, InformedChoiceWA
32 Bob Runnels, InformedChoiceWA

II. Summary of Actions Taken and/or Recommended

Actions Taken (votes adopted)

- i. To approve April 25, 2024 meeting minutes.

III. Minutes

Welcome and Introductions

Ms. Zell called the meeting to order at 12:32 p.m., and provided a notice of recording for the purposes of the meeting minutes. She stated the recording will be deleted once the meeting minutes are approved

Consent Calendar

Ms. Zell asked for a motion to approve the minutes. Upon motion duly made and seconded, it was unanimously

VOTED: To approve April 25, 2024 meeting minutes.

IV. Operational Updates

Non-traditional Provider Onboarding

Ms. Zell gave an overview on the status of onboarding providers that have been receiving vaccines through the Childhood Vaccine Program (CVP) but were not submitting Dosage Based Assessments (DBAs). She noted that the WVA team has spent the last year attempting to bring these non-traditional providers into compliance. These providers include the following non-traditional practice settings: mobile health clinics (including Department of Health (DOH) Care-A-Vans), School Based Health Clinics (SBHCs), Inpatient Hospitals, and Pharmacies. Although Local Health Jurisdictions (LHJs) currently have an exemption from submitting the DBA, the WVA has found that several are submitting the DBA as they are part of larger health systems. Mr. Miller added that the WVA partnered with the DOH in the summer of 2024 to convene work groups to understand barriers of SBHCs and LHJs, specifically, for submitting the DBA. He also noted that the DOH has halted onboarding new pharmacies unless they have to the ability to submit the DBA. Ms. Zell added that the Board will discuss progress on non-traditional providers at their November meeting.

Future Vaccine Assessment Grid

Ms. Zell reported that although the goal of the WVA is to keep the Grid flat across several years, there may be a need to modestly increase it in July 2025 to account for inflation and any new products added to the Vaccines for Children Program.

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69 Cash Reserves

70 Ms. Zell noted that part of the reason for a potential future Grid increase is due to WVA current cash reserves being
71 at a low point. This is largely due to the increased cost of pre-funding respiratory vaccines coupled with vaccine
72 wastage, The WVA is expecting to increase reserves over the next three years. Mr. Miller reviewed some of the
73 major CY2023 and CY2024 events that had the largest impact on cash reserves.

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75 Investment Policy Statement

76 Ms. Zell reported that the Finance Committee met to discuss cash reserve requirements and have updated the
77 Investment Policy Statement (IPS) in order to ensure cash reserves are adequate on a go-forward basis and
78 summarized changes.

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80 New Vaccine Pipeline

81 Mr. Miller reported that WVA staff are monitoring the U.S. CDC’s Advisory Committee on Immunization Practices
82 (ACIP) meetings to understand how new vaccines could impact future program funding.

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84 Future Grid Communications

85 Mr. Miller provided an l update on new vaccines that have been added to the Grid in the past year. Ms. Zell asked
86 for guidance from the group on best practices in notifying payers on new products and effectuating off-cycle Grid
87 changes. Ms. Falanga asked that a simplified Grid for on-schedule and off-schedule changes be implemented.
88 Discussion ensued.

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90 Cybersecurity

91 Ms. Zell engaged with the WVA legal team this past summer to perform a cyber risk assessment. She added that the
92 WVA is routinely reviewing and assuring that procedures are in place to protect PHI.

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94 EHR Vendor Collaboration

95 Mr. Miller highlighted a recent collaboration with the EHR vendor athenahealth. The WVA team is developing a
96 standardized implementation process for WA providers using athenahealth to ensure that all edits for submitting a
97 DBA are correct. Due to the success to date, it is expected that this can be replicated with other EHR vendors in WA.

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99 **V. Public Comment – No public comments.**

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101 **VI. Closing**

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103 Ms. Zell concluded the meeting at 1:24 p.m.