Washington Vaccine Association
Board of Directors Meeting
April 23, 2026; 1:00-4:00 p.m. (PT)

I. Attendance This meeting was conducted both in-person and virtually. Participating in all or part of the meeting were the following individuals:

Directors
John Dunn, MPH, MD, Kaiser Permanente, *Chair*
Beth Harvey, MD, South Sound Pediatrics, *Vice Chair*
Ed Marcuse, MD, MPH, FPIDS, University of Washington, *Secretary*
Steven Caplow, Esq., DWT LLP, *Treasurer*
Helen Chea, MD, Molina
Kara Manley, United Healthcare
Chad Murphy, PharmD, Premera
Michele Roberts, MPH, MCHES, Washington Department of Health
Nicole Saint Clair, MD, Regence BlueShield
Hema Sivasubramanian, MD, Aetna

WVA
Julia Zell, MA, Esq., Executive Director
Cheri Cagle, Stakeholder Liaison
Kerrie Walker, MA, Deputy Manager

Helms & Company, Inc.
Patrick Miller, MPH, WVA Administrative Director
Terri Perkins, Senior Client Support Specialist
Leslie Walker, CPA, Mason & Rich, PA

Others
Janel Jorgenson, Washington Department of Health, Vaccine Management Section Manager
Lelach Rave, MD, Washington Chapter of the American Academy of Pediatrics, Executive Director
Jamilia Sherls, DPN, MPH, RN, Washington Department of Health, Director of Office of Immunizations
Dennis Worsham, Washington State Secretary of Health
Sherri Zorn, MD, Immunization Consultant

II. Summary of Actions Taken

Actions Taken (votes adopted)
i. To approve the minutes of the January 29, 2026, Board Meeting.

Executive Session:
i. To approve the FY27 Administrative Budget.
ii. To approve the July 2026–June 2027 Assessment Grid.

III. Minutes

Welcome and Introductions
Dr. Dunn called the meeting to order at 1:02 p.m. Dr. Dunn provided the notice of recording for the purposes of the meeting minutes. He advised that the recording will be deleted once the meeting minutes are approved.

IV. Special Guest Session

Dr. Dunn welcomed Washington State Secretary of Health, Dennis Worsham, and discuss ensued between the Secretary and board members.

V. Routine Meeting Business

Dr. Dunn called the meeting to resume at 2:50 p.m.

Actions Taken

Dr. Dunn asked for a motion to approve the minutes. Upon motion duly made and seconded, with one abstention (Mr. Caplow), it was unanimously

VOTED: To approve the minutes of the January 29, 2026 Board Meeting.

VI. Financial Updates

Mr. Miller presented the unaudited financial statements as of March 31, 2026. He reported that WVA's cash and investments continue to increase, totaling $38.3M less accounts payable consisting primarily of $6 million in deferred payments to the Department of Health (DOH) related to the respiratory season, expected to be repaid on June 15. He noted that it is expected that the WVA will have $36.5M cash on hand as of June 30, 2026. Had WVA and its partners not addressed VAL this year, the prior year-end projection was approximately $10 million.

Mr. Miller reviewed the statement of activities and assets, highlighting $113 million in assessments year-to-date compared to $91 million in the same prior year period, reflecting primarily the assessment grid increases effective July 1, 2025. He also noted that the administrative budget is currently running approximately 13% ($350,000) under budget, exclusive of the additional $400,000 reduction made in the fall. He stated that the administrative budget is still expected to end ahead of budget on June 30. Mr. Miller noted the WVA's current financial position is significantly stronger than what was presented in April 2025.

Dr. Rave inquired about savings or revenue associated with the season's RSV transfer work. Ms. Walker reported that RSV-related activity contributed approximately $3-$4 million in revenue, attributed to vaccines paid for in the prior year with administration occurring during the current year. Mr. Miller noted that a full review of the respiratory season will be conducted approximately 90 days after the season concludes.

VII. March 2026 Key Performance Indicators Review

Ms. Zell reviewed the March 2026 Key Performance Indicators (KPIs) and noted that the unrecovered Dosage-Based Assessment (DBA) metric remains above the 6% target in recent months due to ongoing reprocessing efforts. She stated that the elevated metric reflects progress in payer compliance coordination.

Ms. Zell reviewed the provider re-verification KPIs. Ms. Cagle reported that Phase 1 re-verification has been completed with progress being made across the remaining two phases. She noted there are approximately 5% of clinics that remain unresponsive. Ms. Zell thanked the DOH for its assistance in prompting provider responsiveness. Ms. Roberts noted the scale of the effort, which involved nearly 1,000 provider sites.

In response to a question regarding unresponsive clinics, Ms. Cagle indicated that the remaining clinics are primarily smaller sites and direct outreach is planned. Ms. Roberts suggested leveraging the Washington Association for Community Health (WACH) to support outreach efforts. Dr. Zorn underscored the importance of provider-level DBA verification, noting that quality improvement work has revealed gaps between provider practices and billing systems.

Dr. Marcuse commended the significant progress made over the past year and the strong collaboration among WVA, DOH, and WCAAP. He cautioned that the vaccine landscape remains dynamic and warrants continued attention to external risks.

VIII. FY2026–2027 Grid Assessment Setting

Ms. Zell presented the current cash position of the WVA, noting that the fiscal year is projected to end with $36.5 million, significantly stronger than the $10 million estimate shared in April 2025. She reviewed the Grid goals informing the proposed Grid amounts, including continued reserve building, increased payer savings while avoiding steep assessment increases, and funding a modest increase to the administrative budget.

Mr. Caplow proposed establishing a VAL target, noting the current level is approximately eight percent of assessment grid revenue. Ms. Zell acknowledged that losses are expected but should be maintained within defined thresholds (e.g., denials at 6%, waste at 5% or less). Mr. Caplow inquired whether increasing DOH costs could reduce the VAL percentage, prompting discussion regarding further potential collaborative work with DOH and the possible funding of a dedicated position. Dr. Beth Harvey and Dr. Zorn shared insights from the quality improvement work that may help reduce overall VAL.

Ms. Zell then presented the proposed FY2027 Administrative Budget and reviewed key changes. She highlighted staffing cost adjustments related to the Deputy Manager position (added in 2025) and a new paid intern to support vaccine transfers and provider engagement work. She noted the recommendation to flat-fund the VAL budget line due to the ongoing nature of the work and reviewed funding for WCAAP cohort activities and diagnostic provider outreach. The Vaccine Transfer Management budget line item includes enhanced site visits through DOH-contracted Regional Representatives across nine Local Health Jurisdictions (LHJs). Ms. Zell noted that the proposed administrative budget reflects a modest three percent increase over the prior year and is recommended for approval by the Finance Committee.

Mr. Murphy suggested that the Finance Committee further evaluate the appropriate balance between DOH administrative costs and the WVA administrative budget, noting that combined costs are approaching $7 million. Mr. Miller referenced a supplemental slide outlining administrative expenses over time. Mr. Caplow expressed support for Mr. Murphy's recommendation to revisit administrative cost alignment at a future Finance Committee meeting.

Dr. Dunn asked for a motion to approve the FY27 Administrative Budget. Upon motion duly made and seconded, it was unanimously

VOTED: To approve the FY27 Administrative Budget.

Ms. Zell presented the June 2026–July 2027 Assessment Grid options for the Board's consideration, recommending selection of Option 2. She explained how Option 2 maintains current grid pricing while providing a nine percent differential from private-sector pricing and allows WVA to build approximately $4.93 million in additional year-end cash reserves. Mr. Miller noted that the proposal would hold Grid amounts steady for most vaccines, with changes only for certain influenza and COVID codes. He added that avoiding broader Grid changes provides operational efficiencies for both payers and providers by minimizing back-end system updates. Dr. Dunn stated that the nine percent differential reflects appropriate progress and reinforces the value of the program discussed throughout the meeting.

Dr. Dunn then asked for a motion to approve the July 2026–June 2027 Assessment Grid. Upon motion duly made and seconded, it was unanimously

VOTED: **To approve the July 2026–June 2027 Assessment Grid.**

IX. Closing

With no further business before the Board, Dr. Dunn closed the meeting at 3:52 p.m.