

Plan of Operation

The Washington Partnership Access Lines Fund (WAPAL) Plan of Operation (Plan of Operation) consists of this summary page together with a series of attachments describing key components. Structuring the core of the program in these attachments allows for component updates, as required, to best support the program's needs. It is anticipated that some of these components will go through revisions to better serve the needs of the Washington Health Care Authority (HCA), the eligible population, health care providers, and payers (Assessed Entities).

Defined terms shall have the meaning ascribed to them in either the definitions section or the parentheses following their first use.

The components included within this Plan of Operation are as follows:

- A. Priority of Governing Authorities
- B. Key Stakeholders
- C. Scope of Program
- D. Annual Rate Setting and Calculation Worksheet
- E. Definitions
- F. Meeting Calendar

A. Priority of Governing Authorities

The hierarchy of governing authorities for WAPAL is as follows. All supporting documents are posted within the Reference or FAQ sections on <https://www.wapalfund.org/>

1. Substitute House Bill 2728 (Laws of 2020, Chapter 291)
2. Chapter 182-110 WAC
3. Orders or directives of HCA
4. This Plan of Operation and the referenced documents
5. Policies and procedures adopted by the WAPAL Advisory Council (Council)
6. FAQs as approved by the Council
7. Administrative determinations made by KidsVax (Administrator) in connection with assessment collection and other administrative functions

If there is a conflict in the aforementioned authorities, the higher-ranking authority, which begins with number "1," shall take precedence over any lower-ranking authority.

B. Key Stakeholders

This WAPAL Plan of Operation is intended to serve the needs of the following stakeholders:

- HCA
- The eligible population
- Providers
- Assessed Entities

C. Scope of Program

In collaboration with the HCA, Administrator will provide the services and staff to perform the tasks and services listed in this section.

The Administrator will be responsible for the following critical activities within the program:

1. Calculating, billing, collecting, and account management for assessments through an automated web-based system
2. Reconciliation of payments made by Assessed Entities
3. Communicating with Assessed Entities regarding assessments
4. Remitting collected assessments to HCA monthly

These services include, but are not limited to, the following:

1. **Web-based system sign-up and access**
 - A. Administrator will provide comprehensive and understandable registration instructions to eligible entities
 - B. Administrator will undertake reasonable efforts to enroll all eligible entities identified by (i) HCA or (ii) the Office of Insurance Commissioner or (iii) from the records of the Washington Vaccine Association made available to Administrator
 - C. Web-based system must allow entities to self-register
 - D. Web-based system must allow for entities to confirm their name, address, and entity type if pre-registered or uploaded in the system
 - E. Web-based system must capture the entity name, address, entity type (health carrier, self-funded, employer based), its related payer's name and address, preferred method of receiving invoices (paper/electronic may self-print from the system and other information as mutually agreed to by Administrator and HCA)
 - F. Administrator, upon the request of HCA, will deliver the history of name and address changes for any specified eligible entity
2. **Assessment Services**
 - A. Not less frequently than annually, calculate a proposed annual assessment rate to be used in the calculation of quarterly assessments
 - B. Once an assessment rate has been approved by HCA (after review and recommendation from the Council), calculate entity specific assessments, invoice, bill, and process payments through an automated web-based system
 - C. Conduct assessment calculation and billing on a quarterly basis, including adjudication of Covered Lives for each Assessed Entity
 - D. Manage accounts receivable due to HCA from each Assessed Entity
 - E. Forward assessment payments to HCA monthly
 - F. Implement a protocol for collecting assessments from Assessed Entities that are delinquent in making assessment payments
 - G. Routinely monitor Assessed Entity Covered Lives reporting methods
 - H. Maintain a database of Assessed Entity contact and other relevant information
 - I. Implement a protocol for processing and addressing disputes filed by Assessed Entities regarding the assessment

3. Account Management Services

- A. Provide online account access for all Assessed Entities to provide their Covered Lives count for the Administrator to calculate each Assessed Entity's proportionate amount due. The web-based system must allow secured access in accordance with OCIO requirements to eligible entities and HCA assigned staff.
- B. Provide account information to all Assessed Entities, so that they can get their own data, including, but not limited to, Covered Lives reported in prior periods, assessments paid in prior periods, assessment due for the current period, and paid or delinquent status
- C. Allow for any adjustments requested by HCA, including, but not limited to, correcting errors, updating Assessed Entity information, and adding or removing Assessed Entity. Administrator must allow HCA to submit adjustments or error corrections in the Assessed Entity accounts.

4. Customer Service

- A. Provide outreach to and educate Assessed Entities on assessment processes during implementation, on quarterly assessment due dates, and when requested by Assessed Entities or HCA
- B. Provide assistance to Assessed Entities to resolve any questions or issues they may encounter with the assessment calculations or payment or reporting processes
- C. Manage any disputes from Assessed Entities regarding assessments
- D. Assist Assessed Entities with any technical difficulties they have accessing the web-based system or entering the information required to calculate the assessment

5. Reporting

- A. Submit a quarterly report to HCA identifying changes in reported covered lives greater than 5% and conduct appropriate follow up as requested by HCA
- B. Submit monthly reports to HCA that provide information about the amounts collected from each Assessed Entity and any unpaid or delinquent assessments within ten (10) Business Days of the end of each month. The Administrator must include in this report what type of account and at which financial entity the money owed to HCA is being held.
- C. Make available data that it has collected from or about Assessed Entities. The report(s) must be in any form acceptable to HCA. These reports may be requested by HCA on an ad hoc basis.

6. Data Requirements

- A. Meet or exceed the requirements of OCIO 141.10
- B. Pass the Office of Cyber Security (OCS) security design review
- C. Meet HCA's data retention policies (6 years)

- D. Implement separation of duties between development, test, and production environments
- E. Provide system security and access roles structure to HCA
- F. Notify HCA immediately of any virus, malware, malicious attacks, and unauthorized access events
- G. Credential up to 20 HCA staff, as may be designated by HCA from time to time, to have view access to its assessment database, QuickBooks online, and lock box bank account records maintained

7. **Communications**

- A. Communicate reporting and payment due dates to Assessed Entities
- B. Develop clear and comprehensive Online Assessment Tool Instructions
- C. Inform Assessed Entities and HCA of any system issues lasting more than one-hour, anticipated system updates, or changes which affect Assessed Entities' interaction with the Web-based system
- D. Develop and establish communication protocols regarding delinquent payments or disputes
- E. Provide contact information to Assessed Entities so they can reach appropriate customer service resources
- F. Receive HCA's prior written approval for all marketing materials related to the resulting contract before distributing the materials. All marketing materials must adhere to HCA style and brand standards, for example, when communicating with external audiences or stakeholder groups.

8. **Governance**

- A. Propose and align on the agenda for Council meetings
- B. Socialize meeting material prior to Council meetings to allow for review and feedback in advance of meeting
- C. Document meeting minutes and publish for Council review

D. Annual Rate Setting and Calculation Worksheet

Formula for determining the assessment rate:

The annual assessment is calculated using the annual program benefit costs as determined by HCA, divided by self-reported covered lives provided by the Assessed Entities. The annual rate may increase or decrease depending on the need to apply or build cash reserves for the program.

Process for setting the annual rate:

The annual rate will be set using the assessment rate calculation worksheet, as approved by the Council.

The assessment calculation worksheet can be found on WAPAL's website at <https://www.wapalfund.org/reference-documents/>. This worksheet is part of this Plan of Operation, but it is maintained and updated by the Administrator under the direction of the HCA and the Council to meet their needs in setting assessment rates. The final version of any worksheet

supporting the assessment determination shall be posted to the website prior to the effective date of any new assessment rate.

Once the rates are set, notice of the rates will be posted to the website at <https://www.wapalfund.org/>. The same rates will apply to each of the four quarterly payments, unless the initial notice specifically states otherwise, or the rates are subsequently revised, and notice is given. Applicable rates will be applied to reported quarterly Covered Lives automatically by WAPAL's self-reporting assessment system in a remittance form generated by that system. Forty-five (45) days after the end of each quarter, a quarterly report and payment is due from all Assessed Entities which have reported Covered Lives. The due dates for quarterly reports and payments are as follows:

- February 15
- May 15
- August 15
- November 15

Assessments shall be considered revenue of WAPAL in the quarter in which the assessment is due.

E. Definitions

- “**Administrator**” means KidsVax, LLC, its employees, and agents.
- “**Assessed Entity**” – As defined within Substitute House Bill 2728 (Laws of 2020, Chapter 291):
 - Health Carriers, as defined in RCW 48.43.005;
 - Self-funded multiple employer welfare arrangements, as defined in RCW 48.125.010; and
 - Employers or other entities that provide health care in Washington state, including self-funding entities or employee welfare benefit plans.
- “**Business Days and Hours**” means Monday through Friday, 8:00 a.m. to 5:00 p.m., Pacific Time, except for holidays observed by the state of Washington.
- “**Covered Lives**” means a Washington resident who is covered by an Assessed Entity, including an enrollee, subscriber, policyholder, beneficiary of a group plan, or person covered by another health plan.
- “**Data**” means information produced, furnished, acquired, or used by Administrator in meeting requirements established in the contract.
- “**Health Care Authority**” or “**HCA**” means the Washington State Health Care Authority, any division, section, office, unit, or other entity of HCA, or any of the officers or other officials lawfully representing HCA.
- “**RCW**” means the Revised Code of Washington. All references to RCW chapters or sections include any successor, amended, or replacement statute. Pertinent RCW chapters can be accessed at: <http://apps.leg.wa.gov/rcw/>.
- “**WAC**” means the Washington Administrative Code. All references to WAC chapters or sections will include any successor, amended, or replacement regulation. Pertinent WACs may be accessed at: <http://app.leg.wa.gov/wac/>.

- **“Washington Partnership Access Lines (WAPAL)”** – Through contract with the Health Care Authority, these are lines managed by the University of Washington and Seattle Children’s Hospital to support primary care providers with questions about mental health care, such as diagnostic clarification, medication adjustment or treatment planning. This also includes the Kids Referral and Assistance Services. This telephone-based referral service connects children and teens with evidence-supported outpatient mental health services in their communities. Also included within WAPAL is the Psychiatric Consultation Line. Through contract with the Health Care Authority, this is a telephone and video-based call center managed by the University of Washington that offers consultation services to emergency department providers, primary care providers, and municipal correctional facility providers with questions about mental health and substance use disorder in adults.

F. Meeting Calendar

The meeting calendar will be maintained online at <https://www.wapalfund.org/>.