



Filing a Covered Lives Report using the WAPAL Fund  
Self-Reporting Assessment System  
[www.WAPALfund.org](http://www.WAPALfund.org).

Navigate to: [www.WAPALfund.org](http://www.WAPALfund.org)

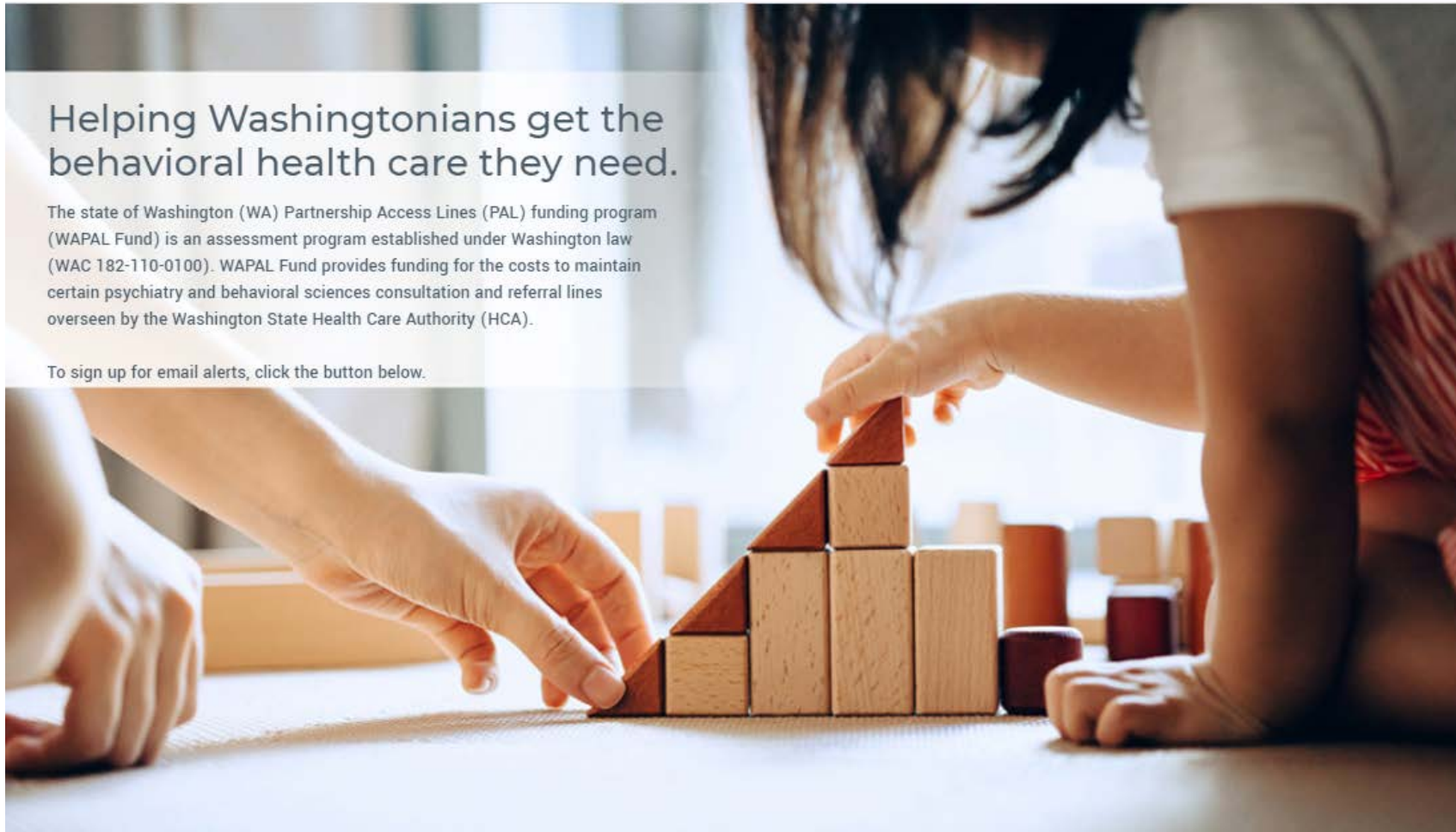


HOME FOR PAYERS FAQs REFERENCE ABOUT US CONTACT US

## Helping Washingtonians get the behavioral health care they need.

The state of Washington (WA) Partnership Access Lines (PAL) funding program (WAPAL Fund) is an assessment program established under Washington law (WAC 182-110-0100). WAPAL Fund provides funding for the costs to maintain certain psychiatry and behavioral sciences consultation and referral lines overseen by the Washington State Health Care Authority (HCA).

To sign up for email alerts, click the button below.



## STEP TWO

EITHER

Hover cursor over “For Payers” tab and select “Reporting” from menu.

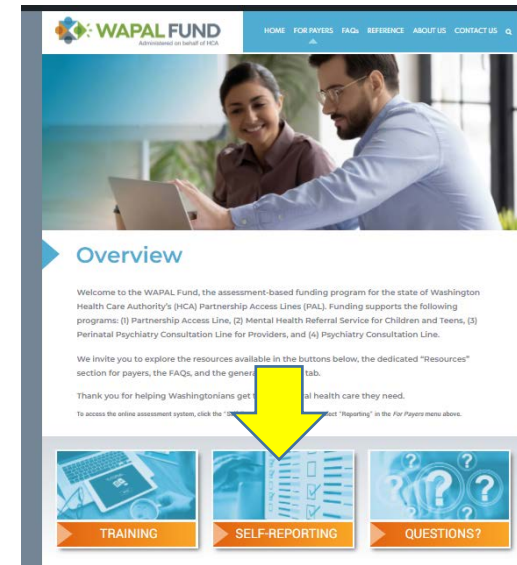


OR

Select the “For Payers” tab...



...and click the “Self-Reporting” button.



## STEP THREE

### WAPAL Fund Online Assessment Tool

#### New Users

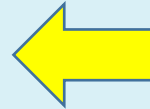
If you are new user of the assessment system, please [click here](#).

#### Registered Users

Please enter your federal EIN and password for already-existing accounts.

Federal EIN:  (format xx-xxxxxxx)

Password:



#### Forgot Password

Please [click here](#) to reset your password.

Sign in to the WAPAL Fund system using your company's Federal EIN & chosen password.

If you have not already registered, select "click here" in the New Users box to register.

A separate registration guide is available on the website at: [www.WAPALfund.org/for-payers/resources/](http://www.WAPALfund.org/for-payers/resources/).



## STEP FOUR

[Logout](#) **WAPAL Fund Assessment Tool**  
Welcome to the WAPAL Fund online assessment tool. Please note the following information before completing the covered lives report.

**Covered Lives:**

- The following three age bands of covered lives are reported:
  - Child:**  
Any individual under age 18 who resides in the State of Washington.
  - Adult Band 1:**  
Any Washington resident aged 18 through 64 years.
  - Adult Band 2:**  
Any Washington resident aged 65 years or older.
- Certain entities are subject to the WAPAL Fund assessment:
  - Collectively referred to as "Payers", all health carriers, self-funded multiple employer welfare arrangements, and employers or other entities that provide health care in the state of Washington, including self-funding entities or employee benefit plans, are subject to the assessment.

**Assessment Calendar:**

- WAPAL Fund operates on a fiscal year beginning each July 1. Assessments are due quarterly and begin after the first quarter of the fiscal year.
- Each assessment is due to WAPAL Fund 45 days after the end of each quarter.
- Reports and assessments for the quarters ending September 30, December 31, March 31, and June 30 are due November 15, February 15, May 15, and August 15, respectively.
- The first assessment payments are due to WAPAL Fund on or before November 15 based upon the months of July, August, and September 2021.

**Who Must File:**

- All Payers are required to file a report by **August 15, 2021**, whether or not they have any covered lives.
- A Payer that has no covered lives in the 1st quarter and continues to have no covered lives throughout the fiscal year is not required to file again prior to the following November due date.
- All other Payers are required to report child and adult covered lives, by month, each quarter and remit the required assessment on or before the quarterly report due date.
- For more details on the WAPAL Fund and related requirements, see the WAPAL Fund website: [www.WAPALFund.org](http://www.WAPALFund.org). For more information on covered lives reporting, [click here](#).

Completion of the assessment reporting steps on this website satisfies assessment filing requirements for WAPAL Fund when accompanied by the required payment. Payments should be made by ACH or check. The assessment is considered paid as of the postmark date on the ACH transmission or envelope with the proper address.

**What to File:**

There are three types of filings: Quarterly, Zero Covered Yearly, and Zero Covered Permanent. You will be asked to choose a filing type later in the assessment process.

**Quarterly** - This filing is the most common. It is a quarterly filing that defines the number of covered lives in the past quarter. If you have any covered lives, you must use this filing.

**Zero Covered Yearly** - This filing is normally filed at the beginning of the fiscal year, if YOU (the payer) know you will not have any covered lives for the rest of the fiscal year.

**Zero Covered Permanent** - This filing is filed when YOU (the payer) know that you will never have any covered lives.

For more information on how to file, please watch the training videos located [here](#).

[Continue to Assessment ->](#)

Once logged in, you will be directed to an informational page.

After satisfactory review, scroll down to "Continue to Assessment" to file your Covered Lives Report.



# STEP FIVE

### Payer Contact Information

Please update as appropriate:

\*Company Name: KidsVax, LLC  
\*Address 1: PO Box 1885  
Address 2:  
\*City: Concord  
\*State: NH  
\*Zip Code: 03302-1885  
NAIC #:  
Group #:  
\*Federal EIN:  
Entity Type: Self-Funded

1

<<- Back Next ->>

On the next three screens, verify your company's information that you entered when registering.

### Administrative Contact Information

Contact information for person completing this form.

Please update as appropriate:

Title: Ms.  
\*First Name: Heather  
\*Last Name: Veen  
\*Position: Executive Assistant, Paralegal  
\*Phone: 855-543-7829  
Fax: N/A  
\*E-Mail: hveen@kidsvax.org

Change Password

2

<<- Back Next ->>

### Executive Contact Information

Name and address of executive primarily responsible for WAPAL Fund compliance.

Please update as appropriate:

Title: Mr.  
First Name: AJ  
Last Name: Coukos  
Position: Executive Director  
Phone: 855-543-7829  
Fax: N/A  
E-Mail: acoukos@kidsvax.org  
Company: KidsVax, LLC  
Address 1: PO Box 1885  
Address 2:  
City: Concord  
State: NH  
Zip Code: 03302-1885

3

<<- Back Next ->>

To continue, click "next" at the bottom of each screen.

## STEP SIX

### Reporting Period Summary

#### Filing Guidelines:

All carriers must file the first quarter of each fiscal year (i.e. the quarter ending September 30) unless they have already filed for zero covered lives. If you reported 0 covered lives, then you need not file again. Otherwise, if you have covered lives in any quarter, you are required to file for each of the 4 quarters.

We have 0 State of Washington resident covered lives.

Submit today for fiscal year: 2022 Q1 (Jul - Sep) ▾

<<- Back

Next ->>

If you have filed all due assessments, you may logout.

<<- Logout ->>

The “Reporting Period Summary” will display all previous reports filed under your company’s federal EIN.

For the first report, you will have no report history.

To file your Covered Lives Report, select the appropriate quarter from the dropdown menu.

You may also select “Training” from the dropdown box to practice using our system without submitting data.

Select “Next” to continue to the Assessment Worksheet page.

# STEP SEVEN

Logout

## Assessment Worksheet

Please enter the number of Washington resident covered lives in grid below. Count all children under age 19 resident in the State of Washington in the first category, all adults under age 65 in the second category, and all adults 65 and older in the third category.

**Please Note:**

The category headings and explanatory comments below are for the convenience of the reporting carriers only. All assessment and reporting obligations are governed by the provisions of Washington law, which supersede any inconsistent headings or comments below.

Payer	FEIN	Qtr	Year	Totals
KidsVax, LLC	99-0123456	Q1	2022	
	Jul	Aug	Sep	Sum for Quarters
1. Ages 0 - 18	0	0	0	0
2. Ages 19 - 64	0	0	0	0
3. Ages 65 and Older	0	0	0	0
4. Total sum, all months, all Ages				0
5. Applicable assessment rate				0
6. Total Assessment				\$0.00
<b>7. Total Assessment Due:</b>				<b>\$0.00</b>

-- Update Totals --

<<- Back    Next ->>

Enter the number of “Adult” and “Child” lives your company covers for the respective months, in the boxes shown.



Note: there will be no assessment associated with the baseline-setting \$0 Covered Lives Report. Thus, the Total Assessment Due for the baseline report—the first report your company will file—will show “\$0.00.” All subsequent quarterly reports for which a company reports at least one covered life will display a positive balance for the Total Assessment Due, which is a function of the applicable assessment rate multiplied by the total sum of covered lives in a given period.



Logout

## Additional Questions

Yes No N/A

- 1. Have you identified the correct quarter for assessment?
- 2. Have you reported all covered lives for which your company is responsible?

Kindly explain the reason(s) for any "No" answer above:

<<- Back

Next ->>

Please answer the additional questions, after verifying the data you entered is correct.\*

\*You may change the information you provided by clicking the "Back" button.

If you answer "No" to either of the additional questions, please explain why in the textbox provided.

## STEP NINE

Logout

### Summary

Today's Date: 07/27/2021

Payer Name: KidsVax, LLC  
Federal EIN: 99-0123456

Jul 0 - 18 lives: 0  
Jul 19 - 64 lives: 0  
Jul 65+ lives: 0  
Aug 0 - 18 lives: 0  
Aug 19 - 64 lives: 0  
Aug 65+ lives: 0  
Sep 0 - 18 lives: 0  
Sep 19 - 64 lives: 0  
Sep 65+ lives: 0  
**Total FY 2022 Q1 lives: 0**

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**Total Due to the WAPAL Fund Online Assessment (WAPAL Fund) \$0.00**

Note: The WAPAL Fund taxpayer ID is 91-1412780. A W9 to the WAPAL Fund is available at [www.WAPALfund.org/W9](http://www.WAPALfund.org/W9)

Once you have verified all of your information, click "Submit & Print". Clicking on this button will submit your report. You will not be able to make any changes to this report through this website once it has been submitted. If you need to make a change after submitting a report, please send an e-mail with your request to [support@WAPALfund.org](mailto:support@WAPALfund.org), and KidsVax® will assist you.

<<- Back

Submit & Print ->>

The "Summary" page allows you to double check the information you are submitting.



Click "Submit & Print" to complete and submit your Covered Lives Report.

# STEP TEN

**WAPAL Fund Online Assessment**  
Quarterly Report of Covered Lives and Assessment Payment

This filing satisfies assessment filing requirements for the WAPAL Fund Online Assessment. However, if payment is due, please submit via check or ACH.

**Payer Information**  
 Name: KidsVax, LLC  
 Address 1: PO Box 1885  
 Address 2:  
 City: Concord State: NH Zip: 03302-1885  
 NAIC #: Group #:  
 Federal EIN: 99-0123456

**Administrative Contact Information**  
 Title: Ms.  
 Name: Heather Veen Position: Executive Assistant, Paralegal  
 Phone: 855-543-7825 Fax: N/A  
 Email: hveen@kidsvax.org

**Executive Contact Information**  
 Title: Mr.  
 Name: AJ Coukos Position: Executive Director  
 Phone: 855-543-7825 Fax: N/A  
 Email: acoukos@kidsvax.org  
 Company: KidsVax, LLC  
 Address 1: PO Box 1885  
 Address 2:  
 City: Concord State: NH Zip: 03302-1885

**This report is for: FY 2022 Q1 for quarter ending 09/30/2021 due on 11/15/2021**

Payer	FEIN	Qtr	FY	Totals
KidsVax, LLC	99-0123456	Q1	2022	Sum for Quarters
		Jul	Aug	Sep
1. Ages 0 - 18	0	0	0	0
2. Ages 19 - 64	0	0	0	0
3. Ages 65 and Older	0	0	0	0
4. Total sum, all months, all Ages				\$0.00
5. Applicable assessment rate				\$0.00
6. Total Assessment				\$0.00
7 Total Assessment Due:			Row 4 + 4:	\$0.00

**Interrogatories**  
 Yes 1. Have you identified the correct quarter for assessment?  
 Yes 2. Have you reported all Washington resident covered lives for which your company is responsible?  
 Kindly explain the reason(s) for any "No" answer above:

 Administered on behalf of HCA

WAPAL Fund Online Assessment c/o KidsVax | P.O. Box 1885 | Concord, NH 03302-1885  
Tel: 1-855-543-7825 | Fax: 1-855-543-7329 | www.WAPALfund.org

07/27/2021  
Reference:  
WAPAL21-990178

**WAPAL Fund Remittance Form**  
Report for: Q1, Fiscal Year 2022

Federal EIN: 99-0123456

Company Name: KidsVax, LLC

Total 0 - 18 Covered Lives Reported: 0

Total 19 - 64 Covered Lives Reported: 0

Total 65 and Over Covered Lives Reported: 0

Total Assessment Due: \$0.00  
Total Due: \$0.00

Total Submitted: \$ \_\_\_\_\_

Please make check payable to:  
**WAPAL Fund**

Please mail all payments and correspondence to:

<b>ALL FEDEX, UPS, AND OVERNIGHTS</b> WAPAL Fund c/o KeyBank-Lockbox Operations Attn: Lock Box 941661 1109 Pacific Avenue Tacoma, WA 98402-4303	<b>ALL CHECKS AND REGULAR MAIL</b> WAPAL Fund PO Box 94166 Seattle, WA 98124-6466
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**ALL ACH / WIRES GO TO KEYBANK**  
 KeyBank  
 ABA #: 125000574  
 Account #: 479681316952  
 Payer Name: KidsVax, LLC  
 Payer Fed ID #: 99-0123456  
*Indicate if payment includes multiple payers or invoices*

Kindly note the Taxpayer ID for WAPAL Fund is 91-1412780.  
A W-9 for the WAPAL Fund is available at [www.WAPALfund.org/W9](http://www.WAPALfund.org/W9).

Next ->>  
[Print Remittance Form](#)

**Congratulations! You have successfully submitted a Covered Lives Report.**

The information at the bottom of the page states where to send payments, when appropriate.\*

Please include the Reference Number with your payments.

\*The first assessment payment is due November 15, 2021.

This page may be printed and saved for your records.