

Washington Vaccine Association – Board of Directors Meeting**April 29, 2014 – 2:00 p.m. – 4:00 p.m.****Location: Ellis, Li & McKinstry**

- I. Attendance.** Participating in all or part of the meeting in person or by telephone (T) were the following individuals:

Directors:

Suzanne Daly
Jason Farber (T)
Jay Fathi, M.D.
Beth Harvey, M.D.
Dennis Kirkpatrick
Allene Mares
Mary Kay O'Neill, M.D.
John Pierce
Norm Seabrooks (T)
John Sobeck, M.D.

KidsVax.org®:

Margaret Lane
Terry Mills (T)
Laurie Beth Pliakos (T)
Fred Potter
Norm Roberge (T)
Peter Smith (T)

Absent:

Ed Marcuse, M.D.

II. Summary of Actions Taken and/or Recommended

A. Actions Taken (votes adopted)

1. To approve the minutes of the January 28, 2014 Board Meeting as submitted.
2. To approve the resolution regarding former Board Chair Brian Ancell honoring his exemplary service to the WVA.
3. To approve the recommendation of the Audit Committee to increase the allowable amount of the WVA Imprest account to \$10,000.

B. Follow up Tasks/Action Items

1. KidsVax® was asked to bring back a revised version of the WVA Director Responsibilities document, incorporating the Board suggestions, to the Board at the June meeting.
2. KidsVax® will provide a brief update regarding the status of Alaska at the next Board meeting.

III. Minutes

Welcome and Introductions

At 2:00 p.m., a quorum having been established, Chair John Pierce called the meeting to order.

Consent Calendar Items

The consent calendar was briefly reviewed.

Upon motion duly made and seconded, it was unanimously

VOTED: To approve the minutes of the January 28, 2014 Board Meeting as submitted.

Upon motion duly made and seconded, it was unanimously

VOTED: To approve the resolution regarding former Board Chair Brian Ancell honoring his exemplary service to the WVA.

Additionally, a letter has been sent to Mr. Ancell, signed by Ms. Lane, Mr. Potter, and Mr. Pierce.

1 The Audit Committee unanimously voted to increase the allowable balance of the Imprest account from \$5,000 to
2 \$10,000, which provides the KidsVax® team more flexibility in managing overpayments back to providers. The
3 recommendation was brought to the Board as a consent action.

4
5 Mr. Kirkpatrick indicated that the Audit Committee reviewed the internal controls that surround the Imprest account.
6 All disbursements are typically still seen by him and in some cases, for checks larger than \$2,500, a co-signature is
7 required from Mr. Pierce, Ms. Daly, or Mr. Seabrooks. The only checks that KidsVax® personnel can write are out of
8 the Imprest account and the only purpose is to refund payer overpayments of not more than \$2,500. To replenish the
9 Imprest account, KidsVax® must get a check signed by a Director. KidsVax® can, however, transfer funds to the
10 State of Washington to the vaccine purchase account. This is done on a “just in time” basis each month and
11 sometimes twice a month. KidsVax® can also transfer amounts to and from the investment account and now, with the
12 authorization of the line of credit, the Board allowed KidsVax® to meet the required obligations on the line of credit
13 and to draw from the line of credit in amounts as needed to maintain covenant compliance.

14 **Upon motion duly made and seconded, it was unanimously**

15
16 **VOTED:** To approve the recommendation of the Audit Committee to increase the allowable amount of the
17 WVA Imprest account to \$10,000.

18
19 Executive Director Updates

20
21 Mr. Potter reported that the line of credit put in place last fall to cover the unexpected cash call made by the federal
22 CDC has been going very well. Mr. Peter Smith, KidsVax® financial analyst, has taken on additional WVA duties
23 because we now have a line of credit with the WVA. The first compliance test date has just been completed. This
24 required another draw of \$1M to remain in covenant compliance. The \$4M collected cash balance is one of the
25 covenants in the line of credit. Mr. Smith manages and watches this each month. It was determined that \$1M would
26 be adequate to remain in compliance and it was. The \$4M balance is being maintained. It is Mr. Smith's expectation
27 that the go-forward balances should gradually decline over time; he is expecting the WVA to be cash positive to be
28 able to retire the line of credit. The Board asked that the funds be managed so that a rate change prior to an effective
29 date of July 1, 2015 will not be necessary. Mr. Smith believes that this can be done.

30
31 The performance goals were briefly reviewed. Mr. Potter asked the Board for some relief in the TRICARE date,
32 moving it to the end of June. It was due earlier in the year, but Mr. Potter believes there are good business reasons for
33 giving TRICARE a little more time. They are entering into tolling agreements, which means the claims are not being
34 lost for stale payments. The task force has recommended two extensions already. KidsVax® thinks these are wise
35 recommendations, but would like that its goal be extended to the end of the fiscal year with respect to measurement
36 on the TRICARE performance on a go-forward basis. Dr. O'Neill requested that the liquidity report have symbols
37 added to distinguish between the various colored lines when copied in black and white.

38
39 There has recently been an unexpected situation in which the IRS revoked the WVA tax-exempt status again because
40 of failure to file the Form 990. In granting the exemption, the IRS had previously expressly exempted the WVA from
41 filing. This circumstance was reviewed during the Audit Committee Meeting and was discussed with the independent
42 auditor who assured there is essentially zero risk to WVA and is an administrative error.

43
44 Proposed goals for next year were discussed as part of the process that the consultant put into place last year. The
45 three non-routine goals for the next fiscal year were outlined in the Executive Director Report.

46
47 Mr. Potter expressed his gratitude to the individuals who have begun serving as Board members over the past several
48 months.

49
50 Ms. Lane provided an overview of the WVA calendar year, which also reflects the fiscal year obligations. The first
51 page contains all 12 months and key meetings of the committees and Board and then there are pages by quarter. This
52 assists in aligning the meetings and the activities, as well as the WVA's statutory obligations.

53
54 Ms. Lane provided an update on the TPA Registration actions. Initially, TPA registration accountability was with
55 the Department of Licensing, then went to the Department of Revenue for in-state TPAs only, to try to simplify the
56 process. In anticipation of the DOR's interest in transferring the registration to the WVA, the WVA Board voted in
57 November, 2012 to move all TPA Registrations to the WVA. The Department of Revenue then request legislation,

1 following enactment of which all TPA registrations are now with the WVA. A letter was sent out in October to all
2 known TPAs, which included everyone who had registered under the old system and everyone who had paid the
3 assessment for last year. The improvement for TPAs is that it is a one-time registration; they don't have to register
4 every year unless any information changes. This notice will be sent out to TPAs annually to let them know about this
5 requirement if they have not registered and how to do it. Discussion ensued regarding the process for consistently
6 bringing the TPA registration information current.

7 8 Board Development 9

10 There was considerable Board discussion regarding review and articulation of the WVA mission statement and Board
11 responsibilities. Dr. Marcuse was unable to attend the meeting, but it was the sense of the Board that his voice should
12 be heard as well. Mr. Pierce proposed that he and Mr. Potter speak with Dr. Marcuse separately by phone to get his
13 ideas and then ask KidsVax® to incorporate the Board suggestions into the WVA Director Responsibilities document,
14 and bring the revised version back to the Board at the June meeting.

15
16 Ms. Lane reported to the Board that she has received almost all of the Conflict of Interest Disclosure Statements from
17 Board and Committee members. She will be following up with those individuals who still need to turn in their
18 Disclosure Statements. Once she has received all of them, she will conduct a review and identify for Mr. Potter and
19 Ms. Redman any disclosed conflicts, which the Board can then review. There will be a notebook with a summary and
20 the Disclosure Statements that can be reviewed at a future Board meeting. Mr. Potter pointed out that there is a
21 Conflict Policy that governs what happens should there actually be a conflict issue—it does not really preclude
22 member participation, but is more directed at bringing “sunshine” to the process.

23
24 Board terms were briefly discussed. A document was included in the Board packet that lists the Board members and
25 terms. Board members were asked to confirm that their information is correct. Ms. Lane indicated that at the annual
26 meeting in October, there will be a need for some reappointments from the Secretary and she will work with Ms.
27 Mares on that.

28 29 DOH Updates 30

31 Ms. Mares reported that the provider vaccine selection opened Monday, April 14, and is open until Friday, May 2.

32
33 The DOH rulemaking process on enforcement sanctions is underway. A public hearing is scheduled for May 7 at the
34 Department of Health. The hearing schedule was included as part of the Board packet. This rulemaking will identify
35 the DOH's ability to work with health plans and third party administrators for compliance.

36
37 Ms. Mares discussed the Memorandum of Understanding with Idaho for the coming fiscal year. She expects to have
38 the signed memorandum back from them within the next couple of weeks. Their assessment for kids they expect to
39 vaccinate in the state fiscal year 2015 is just over \$48,000 for a full year. The WVA Board had approved up to
40 \$100,000 in the Memorandum of Understanding. Mr. Potter reported that this is being handled administratively and
41 unless asked to do it differently, this will be handled as a vaccine disbursement request with funds being wired to the
42 Department to meet that request. The Department actually handles that transfer through the State Treasurer's office
43 rather than WVA directly, but it is viewed like any other vaccine replenishment request.

44
45 Mr. Pierce suggested having KidsVax® provide a brief update at the next Board meeting regarding the status of
46 Alaska.

47 48 WVA Communication Enhancements 49

50 Ms. Lane reported on the one-page summary of the larger communications plan the Board approved earlier. This
51 shows what has been done with the communications firm. Dr. Marcuse authored a provider article that appeared in
52 several provider publications and newsletters. There was also a short note that went out about Mr. Pierce's new role
53 as Board Chair. These communications allow opportunities for the WVA to communicate about the association so
54 that providers and payers will know how they can reach us and what to do if there are billing issues. Plans are
55 underway to work with the Department of Health to look at the various materials that go out from the Department and
56 make sure that everything is consistent and aligned. Discussion ensued regarding the use of the communications firm
57 and the value of doing so. The current cost is estimated to be approximately \$25,000 per year. Mr. Potter indicated

1 that the communications during the first year of operations for WVA were much higher and were performed entirely
2 by outside contractors. They are now managed down to much less and Dr. Marcuse suggested having more touches,
3 which is what led to the communication RFP. KidsVax® has proposed taking it over for an annual fee of \$20,000.
4 Mr. Potter explained that it is not primarily savings motivated, but is more of a process flow recommendation,
5 although there would also be some savings. This matter will be discussed in greater detail during contract
6 negotiations with KidsVax®.

7
8 Ms. Lane gave an update on providers regarding DBA billing. There is some concern that the Dosage Based
9 Assessment method is more expensive for providers, in particular, and may also be more expensive for payers to pay
10 these kind of claims because of their complexity. Ms. Lane provided a summary of the three varying fee structures
11 involved when providers submit claims to their clearinghouses before they go to the payer. Ms. Lane learned during
12 the course of her investigation that providers and payers make more errors on DBA claims. A common problem is
13 when payments for vaccine charges are sent to providers' offices, and then have to be recouped, and rebilled so the
14 funds go to the WVA. That is one of the reasons there are so many small transactions to send the money to the right
15 place every month. The next step is to stay well-informed regarding what's happening with the clearinghouses and to
16 work on a payer/provider reminder guide about billing to make process a bit easier.

17 18 Executive Session

19
20 Mr. Pierce reviewed the TRICARE Litigation Task Force's work since the last meeting. TRICARE's general
21 counsel, Paul Hutter, repeatedly has advised WVA that he is pursuing TRICARE's voluntary participation in the
22 WVA program. The task force is also working with TRICARE to resolve the disparity between WVA's and
23 TRICARE's estimates of past due amounts. The problem stems from the fact that WVA does not know how many
24 TRICARE children receive vaccines on base. Attorney Hutter previously indicated that approximately 80% of
25 TRICARE beneficiaries receive vaccines on base, but through subsequent conversations with TRICARE staff, we
26 have discovered that those numbers were calculated based on the claims that TRICARE actually paid. Most of
27 WVA's claims have not been paid, so it is still unclear a) what percentage of TRICARE children received state-
28 supplied vaccines over the last few years, and b) the amount of money owed by TRICARE to pay for those vaccines.
29 Mr. Pierce reported that Mr. Potter and Ms. Pliakos are working with Attorney Hutter and Greg Woskow, a director
30 from the Defense Health Agency, to establish more accurate claims numbers.

31
32 Mr. Pierce next reviewed the List of Board Accountabilities in detail. Brief discussion ensued. At this point,
33 Attorney Keith Kemper joined the meeting. Attorney Kemper gave the board an overview of communications with
34 TRICARE over the past few months. We have a signed tolling agreement with TriWest, and Attorney Kemper and
35 Mr. Potter have had several productive conversations with TRICARE's counsel. Because of these positive signs and
36 the progress made through informal communications with TriWest and TRICARE, Attorney Kemper recommended
37 that WVA continue to hold its legal action in abeyance at this time.

38
39 There being no further business, the meeting adjourned at approximately 4:00 p.m.



What: Washington Vaccine Association (WVA) Board of Directors Meeting
 Date and Time: Tuesday, April 29, 2014/2:00 pm -4:00 pm PDT
 Place of Meeting: Ellis, Li & McKinstry PLLC, Market Place Tower, Penthouse A (see directions under Item 10)
 Call in Numbers: Local Dial-in: 206.925.3583; Toll-Free: 877.826.6967 Conference ID: 1981457183#

Notice: Meeting may be recorded for the benefit of the secretary. The WVA intends to delete the recording after the minutes of the meeting are approved. Kindly review the attached antitrust policy in advance.

Agenda for Board Meeting in Person

Approx. Time	Topic/[Anticipated Action]	Presented by:
2:00-2:05	1. Welcome, Introductions & Identification of any Items for Section 7 a. b.	J. Pierce
2:05-2:10	2. Consent Calendar Items * a. Board minutes – January 28, 2014 * b. Board Resolution – Brian Ancell c. Brief report on Audit Committee Meeting [Board vote to increase allowable balance of WVA Imprest account to \$10,000]	J. Pierce S. Daly
2:10-2:25	3. Executive Director Updates a. Executive Director's report * i. March 31, 2014 Financials * ii. Cash Reserve Analysis * iii. Investment Report (Intentionally omitted) * iv. KidsVax® Performance Dashboard * v. WVA Calendar b. Update on TPA Registration Actions	F. Potter M. Lane
2:25-2:50	4. Board Development * a. Review & articulation of WVA Mission Statement portion of WVA Board responsibilities b. Assign a task force for review & finalization of the Board expectations c. Conflict of interest statements * d. Board Terms	J. Pierce
2:50-3:00	5. DOH Updates * a. DOH rulemaking status on DBA enforcement b. Payments to the State of Idaho from WVA supplied funds c.	A. Mares A. Mares
3:00-3:10	6. WVA Communication Enhancements * a. Annual communications plan * b. Report on providers regarding DBA billing c.	M. Lane
3:10-3:15	7. Other Matters from Board Members a. b.	
	8. (Intentionally Omitted)	
3:15-4:00	9. Closing Section a. Public comment b. Executive session (all staff, guests excluded; outside counsel included) * i. TRICARE update ii. Board and Counsel (Anne Redman) only a. KidsVax/WVA contract updates to be effective 7/1/2014 b. Preparation for Annual Contract review in June c. Should there be a separate evaluation of Fred Potter as ED? c. Wrap up 10. Reference Documents * a. Contact List: board, committees * b. Governing statute * c. Schedule of upcoming meetings * d. Proposed form of votes for this meeting * e. Directions to Ellis, Li and McKinstry	J. Pierce J. Pierce

*Indicates agenda item attached

WAvaccine.org

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Washington Vaccine Association – Board of Directors Meeting
January 28, 2014 – 2:00 p.m. – 4:00 p.m.
Location: Ellis, Li & McKinstry

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

Directors:

Suzanne Daly (T)
 Beth Harvey (T)
 Dennis Kirkpatrick (T)
 Ed Marcuse
 Allene Mares
 Mary Kay O'Neill
 John Pierce
 Norm Seabrooks (T)
 John Sobeck (T)

DOH:

Michele Roberts
 Jan Hicks-Thomson

Others:

Anne Redman

KidsVax.org®:

Margaret Lane
 Terry Mills (T)
 Laurie Beth Pliakos (T)
 Fred Potter
 Claire Roberge (T)
 Norm Roberge (T)
 Peter Smith (T)

Absent:

Jason Farber
 Jay Fathi

II. Summary of Actions Taken and/or Recommended

A. Actions Taken (votes adopted)

1. To approve the election of board member John Pierce as WVA board chair for a one-year term.
2. To approve the minutes of the September 19, 2013 Board Meeting as resubmitted.
3. To approve the minutes of the November 21, 2013 Board Meeting as submitted.
4. To authorize Suzanne Daly, Dennis Kirkpatrick, John Pierce, and Norm Seabrooks as signing parties for the WVA for all checks. Two signatures will be required for any check over \$3,000.

B. Follow up Tasks/Action Items

1. Ms. Lane will request an annual communications plan from Desautel Hege Communications to be presented at the April meeting.

III. Minutes

Welcome and Introductions

At 2:00 p.m., a quorum having been established, Vice Chair Dennis Kirkpatrick called the meeting to order.

Consent Calendar Items

The consent calendar was briefly reviewed. The first order of business was the election of a new Board chair. Vice Chair Kirkpatrick brought the motion forward for Board approval.

Upon motion duly made and seconded, it was unanimously

VOTED: To approve the election of board member John Pierce as WVA board chair for a one-year term pursuant to Section 6.1 of the WVA bylaws. [Mr. Pierce recused himself from the vote.]

Once the vote was confirmed, Vice Chair Kirkpatrick turned the remainder of the meeting over to Mr. Pierce, who provided the Board with a brief introduction of himself.

Upon motion duly made and seconded, it was unanimously

VOTED: To approve the minutes of the September 19, 2013 Board Meeting as resubmitted.

Upon motion duly made and seconded, it was unanimously

VOTED: To approve the minutes of the November 21, 2013 Board Meeting as submitted.

1 There was a brief discussion concerning the form of the meeting minutes. It was the sense of the Board that future minutes
2 need to be shorter and more succinct.

3 4 Executive Director Updates

5
6 Due to Mr. Potter's illness, Ms. Pliakos briefly reviewed the ED Report. KidsVax® has recently developed and deployed
7 updates to the WVA website calendar/notification system functionality. Board members were invited to subscribe to this new
8 notification system. The cash flow analysis indicates that the projections are on track. Additional questions were answered by
9 financial analyst, Mr. Peter Smith via telephone.

10
11 There was a brief discussion concerning the need to update bank authorizations on behalf of the WVA.

12 13 **Upon motion duly made and seconded, it was unanimously**

14
15 **VOTED:** To authorize Suzanne Daly, Dennis Kirkpatrick, John Pierce, and Norm Seabrooks as signing parties for
16 the WVA for all checks. Two signatures will be required for any check over \$3,000.

17 18 DOH Updates

19
20 Michele Roberts reported that the CDC approved the DOH proposal as to how it would meet new vaccine accountability
21 requirements without separating inventory. The DOH persuaded CDC that it has safeguards in place to assure accountability of
22 funds and vaccine storage and handling at providers' offices. The CDC noted that the strong partnerships among DOH, the
23 WVA, and providers and the state's universal system funding mechanism assures appropriate use of vaccines provided through
24 the Vaccines for Children program.

25
26 Michele also reported on the proposed rule on the Secretary's enforcement authority. The Department has worked with the
27 WVA to ensure that the rule is aligned with the statute and Plan of Operation. Based on the current timeline, the rule should be
28 finalized in June.

29 30 WVA Communication Enhancements

31
32 Desautel Hege Communications has been engaged to communicate with providers on behalf of the WVA via four publications.
33 Dr. Marcuse requested to see an annual communications plan at the April meeting.

34
35 At this point, the Board went into Executive Session.

36 37 TRICARE Executive Session

38
39 John Pierce gave a brief update on the TRICARE situation. There have been good conversations between WVA and the
40 Department of Defense and TriWest. WVA actually began receiving some payments from TRICARE in December, but it's not
41 clear whether these were just payments made in error. WVA also stopped getting denials with the "non-recognized provider"
42 code. Fred Potter wrote to Paul Hutter after we discovered the apparent change in billing, and unfortunately, Mr. Hutter could
43 not confirm that TRICARE has actually begun recognizing WVA and paying assessments. We will continue monitoring the
44 claims and plan to sample them periodically to determine if any more progress is made.

45
46 Mr. Pierce explained that it is difficult to determine exactly how much TRICARE currently owes because that information is
47 largely in the government's control. If TRICARE submits its own damage analysis, the task force plans to appropriately audit
48 that number.

49
50 Margaret Lane reported that TRICARE is still telling providers that they must bill using the old method in order to receive
51 payment for administration charges. Mr. Potter, acting with task force authorization, previously wrote to Mr. Hutter and asked
52 that TRICARE stop giving these instructions to providers. He has not received any response, although Mr. Hutter did indicate
53 that he would set up a conference call to discuss these issues further. Dr. Marcuse asked if WVA could write to the provider
54 who raised the billing issue to ensure that the provider knows that he was heard. It would also be helpful to discuss this issue
55 with the operations committee.

56
57 Mr. Pierce reported that WVA is not yet initiating litigation because TRICARE appears to be responding positively. However,
58 to ensure that the task force is able to appropriately manage any potential litigation, Mr. Pierce reviewed a proposed list of
59 items that trigger board review. He asked that the board vote on these at the next meeting.

60
61 There being no further business, the meeting adjourned at approximately 2:45 p.m.

Board Resolution for Brian Ancell
4.7.14 – FINAL

Honoring
Mr. Brian Ancell

For his exemplary service to the Washington Vaccine Association

WHEREAS, from 2010-2013 Mr. Brian Ancell had a successful tenure as Board President of the Washington Vaccine Association (WVA), where he was instrumental in leading the board of directors and developing the WVA into a mature and stable organization; and

WHEREAS, Mr. Ancell's contributions and leadership have helped the organization implement its unique dosage-based assessment process which collects funds from health plans, insurers and third-party administrators to remit to the state for children's vaccines; and

WHEREAS, Mr. Ancell contributed extensively to assist the WVA in increasing provider compliance and assessment payments each year since it was formed in 2010; and

WHEREAS, Mr. Ancell contributed to the revision of the WVA Plan of Operation to accurately reflect the updated organizational structure, administration, and regulatory compliance mechanisms ensuring that the WVA continues to operate as an effective, efficient and financially sound entity:

RESOLVED, that we, the members of the board of the WVA, do hereby express our sincere appreciation for Brian Ancell for his valuable and dedicated service as the Board President, marked by exemplary board governance at every meeting. Our best wishes to Mr. Ancell for a future filled with continued personal and professional health, happiness and success for years to come.

April 29, 2014 Executive Director Overview

Assessment Collections since inception:	\$156+ Million
Remittances to State of WA since inception:	\$160+ Million
Receivables	\$5+ Million
Cash Balance as of March 31, 2014:	\$4.6+ Million
Morgan Stanley as of March 31, 2014:	\$10,000
Utilized Line of Credit	\$11 Million
Available Line of Credit	\$4 Million

Matters are progressing satisfactorily on all fronts at the current time. The WVA passed its first quarterly covenant measurement under its new line of credit facility on March 31, 2014. To meet the liquidity test, it was necessary to draw \$1,000,000 additional on the line of credit. Peter Smith and Claire Roberge timely arranged for the draw to assure continued covenant compliance.

At this point, cash seems to be building satisfactorily even though we were not quite back up to the \$4 million level by this first measurement date. One possible adverse factor is the larger than anticipated price increase effective April 1 with the CDC vaccine costs. Of course, this has had minimal impact to date since the price became effective only for orders placed after April 1. There was a surprisingly large 12.95% increase in the cost of Gardasil. However, other increases were moderate so, on a weighted average cost basis, produced an overall 2.62% weighted average WVA cost increase. Our cash flow projections, intentionally designed to have some margin for error given the new line of credit facility and associated loan covenants, had assumed a somewhat higher 4% cost increase. Accordingly, we remain hopeful that WVA will be able to stretch its next assessment increase effective date to July 1, 2015, but we will continue to watch that situation as the summer progresses.

Additionally, we have been in communications with United HealthCare and Cigna about claims assessments processed or denied in error (approximately 9,000 claims for United HealthCare and 4,000 claims for Cigna). United HealthCare and Cigna self-identified the problem and are working with the provider offices involved seeking to rectify the matter on all fronts. The aggregate amount for WVA is believed to be significantly under \$1 million, but we may not have a precise estimate for several weeks.

On the TRICARE front, we are hopeful that some meaningful progress benchmarks will be forthcoming soon. More on that will be reported in Executive Session. Meanwhile, we continue to press both for 1) full compliance going forward, and 2) make-up of any arrearages. In support of that, Laurie Beth is following up with Greg Woskow, who was designated as the go-to person for us to gather further data to enable WVA to evaluate TRICARE's assertion last fall that over 80% of childhood vaccinations for TRICARE beneficiaries in the State of Washington are being given on military bases with federally-purchased vaccines. Of course, we would not expect TRICARE to pay assessments with respect to vaccines not purchased with WVA funds.

We are pleased that Emily McKenna, who earlier had served as WVA's Executive Assistant, now has returned with a concentration largely on WVA provider servicing support. Laurie Beth Pliakos had been handling a substantial volume of those calls in recent months under Margaret's direction in order to develop a comprehensive servicing protocol manual which will help improve the consistency and quality of our servicing support to the provider community.

Meanwhile, on the claim denial follow-up, AMCC continues to make regular progress. The Department of Health has helped with an outreach to the provider community asking for communication to WVA of the appropriate contact information for office manager or other billing personnel to assist with claim denial resolution work. As a consequence, with the database AMCC is developing, we anticipate that their recovery levels will increase even further. This suggests, as we had thought earlier based upon initial testing of their work, that continuation of AMCC as a regular recovery resource will make good economic sense for the WVA.

What we are finding, on all fronts, is that there is a natural decay in provider technical compliance which, though not large in dollar amount, is such that KidsVax® remains somewhat "down in the weeds" on individual transactions as a helpful support for the overall integrity of the program. In some cases, providers are submitting and payers are paying the DBA, but doing so with billing or payment errors that require further work by WVA to correct the problem and to make sure payments are ultimately received by the WVA. Additionally, as the Affordable Care Act is moving forward and HEDIS requests have increased, we are fielding an increasing number of servicing calls. Many of these payer inquiries, especially those regarding HEDIS or ACA compliance, simply consume a lot of detailed time. So, having Emily's additional availability will be helpful to our maintaining the customarily high WVA responsiveness levels.

We are grateful to the Department of Health for its continued work to complete the regulations necessary to round out the enforcement backdrop for WVA activity. Thankfully, WVA now appears to be back on track with TRICARE seeking to move towards voluntary resolution of the only previously unknown non-compliant payer. However, recently emerging as a potential focal point is an Idaho-based payer which initially has declined to remit assessments. We are hopeful that this matter will be resolved voluntarily in the near future.

Concerning the annual KidsVax® performance goals, we have two items for consideration at this meeting. First, we request that the due date for the goal with respect to TRICARE participation commencement be moved from May 1 to June 30. KidsVax® continues to timely follow up on each TRICARE intervention step, but unexpectedly a second and third extension of TRICARE response dates appears to be the most beneficial approach for WVA. We simply request that our performance measurement date be adjusted accordingly. Meanwhile, with the statute of limitation tolling agreement in effect, any adverse financial effect of short-term delays in pressing for final TRICARE resolution has been eliminated.

Looking forward, we now are approaching the time for setting of the three system /operational improvement goals for the next fiscal year. You may recall that Sections I. and II. of the KidsVax® performance dashboard are set as core standards. The recommendation of the outside consultant was that not more than three operational improvement goals be set in each fiscal year. On that front, we would recommend that the following three goals be set for the 2014/15 year:

1. Movement from the prior lengthy narrative annual report to the condensed “VaxFacts” tool developed by KidsVax®. We plan to preview a draft with the Board in the fall and work with the Department of Health on the best timing for rolling out this new communication tool. The tool involves supportive work in preparing a summary and condensed financials, a handy “fact sheet” which can be used both to report current data and to summarize the key elements supporting WVA’s program and annual calculations of cost savings overall. We believe now that the WVA has reached its current level of maturity, this condensed version actually may be a more effective tool going forward than the prior more lengthy report.
2. We would recommend that KidsVax® completely update and rewrite the FAQ section of the website. This can now be informed by the learning of the work of Margaret and Laurie Beth in reviewing current servicing activity in order to develop clearer and more precise answers to normal servicing requests. We recommend that the FAQ section of the website be dovetailed to a new servicing communication manual to provide a more integrated and, we trust, “user-friendly” toolkit for questions for either providers or payers with respect to WVA’s program as it currently operates.
3. We suggest that a form of TRICARE stretch goal be retained but that next year it be focused on collection of some significant portion of the arrearage. We hope that this will be preceded by a successful conclusion on the go forward payments in this fiscal year, but, of course, even that remains as it was at the beginning, a significant “stretch” goal due to the fact that the end result is outside of the KidsVax® control.

On these three goals, of course, it is the Board's prerogative to work with setting management objectives helpful from its perspective. Accordingly, if there are refinements or substitutes for these proposed goals, we certainly understand that such would be an appropriate part of this process. In any event, we will want to have the goals in place prior to the commencement of next fiscal year. We would recommend that the first two items have a December 1, 2014 completion target and the last one (TRICARE) have a June 1, 2015 due date.

KidsVax® has communicated the operational challenges it has faced and it continues to face as it has reached a point where WVA has matured and captured essentially all of the initial cost efficiencies possible under WVA's detailed Dosage-Based Assessment System. Accordingly, we have offered a proposed contract revision reflecting the economic realities of our now more predictable workload and our recommendations concerning the appropriate division between in-house and external resources for our regular operating tasks. As directed by the board, these would include the substantially increased focus on external communications, but with that work brought in-house to capture some modest cost savings and improved delivery predictability. We look forward to working with you to put in place a mutually beneficial updated contract which will serve as effectively going forward as did our initial three-year start-up agreement.

Once again, thank you for the opportunity to serve with you in this important work.



Fred L. Potter, writing April 22, 2014 for the April 29, 2014 board meeting.



Standard Attachments

- i. Quarterly financial reports through March 2014
- ii. Cash Reserve Analysis
- iii. Investment Report (Omitted – balance is a placeholder of \$10,000)
- iv. KidsVax® Performance Dashboard

**Washington Vaccine Association
Statement of Financial Position
As of March 31, 2014**

A**ASSETS**

Current assets		
1	Cash and cash equivalents	\$ 4,614,687.41
2	Investments	10,000.42
3	Assessment receivable	5,310,665.00
4	Prepaid Vaccine	4,360,550.43
5	Total current assets	14,295,903.26
6	Total assets	\$ 14,295,903.26

LIABILITIES AND NET ASSETS

Current liabilities		
7	Accounts payable	\$ 24,627.77
8	Key Bank - Line of Credit	11,000,000.00
9	Payable to Washington Department of Health	-
10	Other accruals	-
11	Total current liabilities	11,024,627.77
Net assets		
12	Excess Assessments - Vaccines	33,341,097.31
13	Excess Assesments - Administrative Activities	(30,069,821.82)
14	Total net assets	3,271,275.49
15	Total liabilities and net assets	\$ 14,295,903.26

**Washington Vaccine Association
Statement of Activities and Changes in Net Assets**

WVA 2014-04-29 03.a.i. 2

		A			B			C			D			E			F		
		Month Ending March 31, 2014						For 9 Months Ending March 31, 2014											
		Administrative		Vaccine		Total		Administrative		Vaccine		Total							
		Activities		Activities				Activities		Activities									
Revenues:																			
1	Assessments	\$	413,502.07	\$	4,255,306.00	\$	4,668,808.07	\$	(6,665,176.76)	\$	42,406,365.00	\$	35,741,188.24						
2	Investment Income		0.42		-		0.42		10,361.62		-		10,361.62						
3	Other Income		-		-		-		-		-		-						
4	Total revenues		413,502.49		4,255,306.00		4,668,808.49		(6,654,815.14)		42,406,365.00		35,751,549.86						
5	Vaccine replenishments		-		4,250,279.37		4,250,279.37		-		41,870,941.86		41,870,941.86						
Expenses:																			
6	Vaccine Selection Development		-		-		-		-		-		-						
7	Public information		1,012.50		-		1,012.50		12,935.00		-		12,935.00						
Administration																			
8	Administrative services		27,628.91		-		27,628.91		252,328.50		-		252,328.50						
9	Project management fees		-		-		-		1,850.29		-		1,850.29						
10	Design and advertising		-		-		-		5,060.00		-		5,060.00						
11	Claims system development		-		-		-		-		-		-						
12	Legal fees		-		-		-		52,524.57		-		52,524.57						
13	Audit		-		-		-		8,750.00		-		8,750.00						
14	Website and information technology		-		-		-		-		-		-						
15	Travel		-		-		-		(6,844.75)		-		(6,844.75)						
16	Total administration		27,628.91				27,628.91		313,668.61		-		313,668.61						
Office																			
17	Bank Fees		5,655.82		-		5,655.82		76,566.63		-		76,566.63						
18	Office supplies		-		-		-		43.92		-		43.92						
19	Postage and shipping		-		-		-		-		-		-						
20	Printing		-		-		-		1,860.57		-		1,860.57						
21	Office Rent		-		-		-		-		-		-						
22	Telephone		-		-		-		-		-		-						
23	Total office		5,655.82				5,655.82		78,471.12		-		78,471.12						
Other																			
24	Insurance		-		-		-		21,388.98		-		21,388.98						
25	Interest Line of Credit		25,295.14		-		25,295.14		151,770.83		-		151,770.83						
26	Travel		-		-		-		-		-		-						
27	Conferences		-		-		-		-		-		-						
28	Board meetings		-		-		-		-		-		-						
29	Total other		25,295.14				25,295.14		173,159.81		-		173,159.81						
30	Total expenses		59,592.37		-		59,592.37		578,234.54		-		578,234.54						
31	Increase (decrease) in net assets	\$	353,910.12	\$	5,026.63	\$	358,936.75		(7,233,049.68)		535,423.14		(6,697,626.54)						
32	Unrestricted net assets, beginning of year								(22,836,772.14)		32,805,674.17		9,968,902.03						
33	Unrestricted net assets, end of year								\$ (30,069,821.82)	\$	33,341,097.31	\$	3,271,275.49						

Washington Vaccine Association
Statement of Cash Flows
For the Periods Ending

WVA 2014-04-29 03.a.i. 3

	A	B	C	D
	Inception Through 1/31/2014	Month 2/28/2014	Month 3/31/2014	Inception Through 3/31/2014
1 Cash balance - beginning of period	\$ -	\$ 4,296,196.06	\$ 3,486,231.89	\$ -
Inflows:				
2 Principal prepayments	7,800,001.00	-	-	7,800,001.00
3 Vaccine collections	148,548,692.17	3,499,702.50	4,555,105.07	156,603,499.74
4 Interest income	53,407.95	-	0.42	53,408.37
5 Investment income/ (loss)	149,787.97	-	-	149,787.97
6 Key Bank - LOC advances	10,000,000.00	-	1,000,000.00	11,000,000.00
7 Total inflows	166,551,889.09	3,499,702.50	5,555,105.49	175,606,697.08
Outflows:				
8 Principal repayments	(7,799,908.85)	-	-	(7,799,908.85)
Program				
9 Vaccine remittance State of WA	(151,556,285.69)	(4,250,279.37)	(4,360,550.43)	(160,167,115.49)
10 Vaccine Selection Development	(79,950.00)	-	-	(79,950.00)
11 Public information	(102,837.06)	(833.75)	(1,012.50)	(104,683.31)
12 Total program disbursements	(151,739,072.75)	(4,251,113.12)	(4,361,562.93)	(160,351,748.80)
Administration				
13 Administrative services	(1,332,199.01)	(25,791.83)	(25,604.08)	(1,383,594.92)
14 Project management fees	(419,367.64)	-	-	(419,367.64)
15 Design and advertising	(31,031.38)	-	-	(31,031.38)
16 Claims system development	(26,000.00)	-	-	(26,000.00)
17 Legal fees	(211,768.96)	-	(979.50)	(212,748.46)
18 Audit fees	(59,055.00)	-	-	(59,055.00)
19 Website and information technology	(112,258.32)	-	-	(112,258.32)
20 Travel	(1,829.48)	-	-	(1,829.48)
21 Total administration	(2,193,509.79)	(25,791.83)	(26,583.58)	(2,245,885.20)
Office				
22 Bank Fees	(296,694.98)	(7,536.58)	(5,655.82)	(309,887.38)
23 Office supplies	958.92	-	-	958.92
24 Postage and shipping	(1,438.36)	-	-	(1,438.36)
25 Printing	(4,819.61)	-	-	(4,819.61)
26 Office Rent	(51,313.90)	-	-	(51,313.90)
27 Telephone	(2,514.23)	-	-	(2,514.23)
28 Total office	(355,822.16)	(7,536.58)	(5,655.82)	(369,014.56)
Other				
29 Insurance	(88,685.15)	-	-	(88,685.15)
Interest Line of Credit	(78,333.33)	(25,225.14)	(22,847.22)	(126,405.69)
30 Travel	-	-	-	-
31 Conferences	-	-	-	-
32 Board meetings	(361.00)	-	-	(361.00)
33 Total Other	(167,379.48)	(25,225.14)	(22,847.22)	(215,451.84)
34 Total outflows	(162,255,693.03)	(4,309,666.67)	(4,416,649.55)	(170,982,009.25)
35 Cash balance - end of period	\$ 4,296,196.06	\$ 3,486,231.89	\$ 4,624,687.83	\$ 4,624,687.83

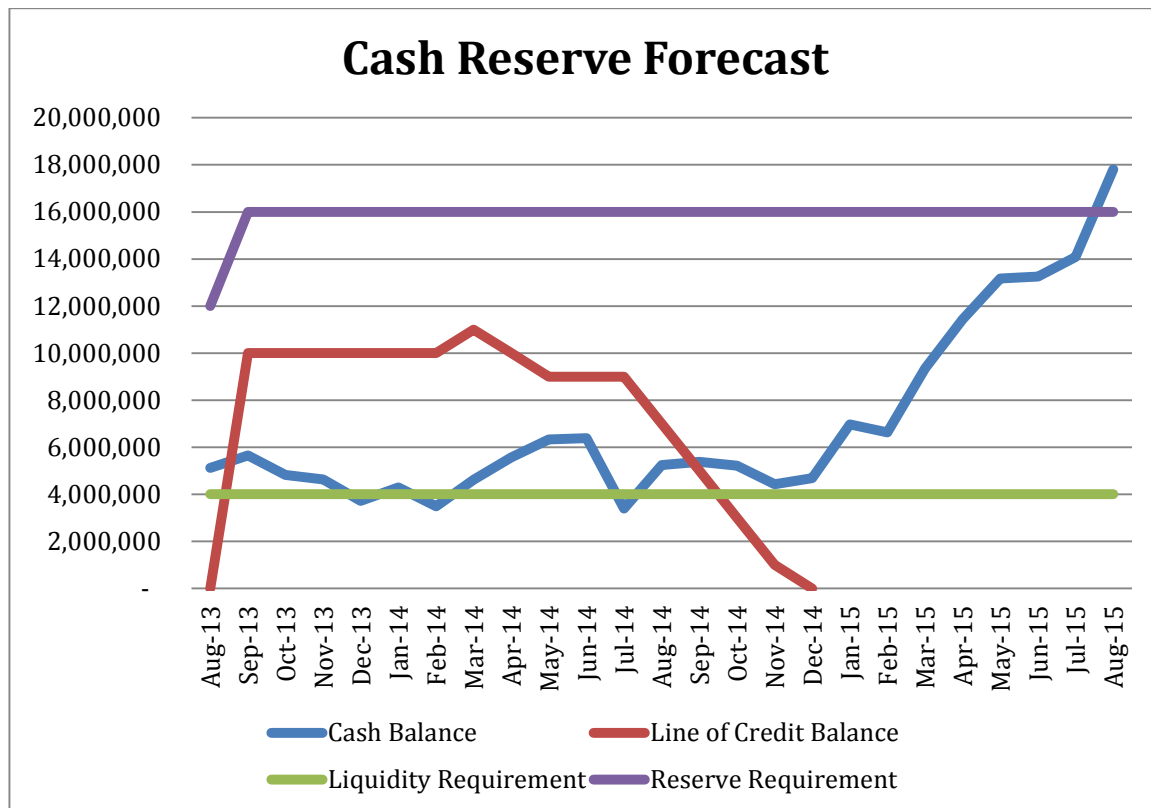
Note: Cash balance includes amounts in Key Bank and Morgan Stanley

MARCH 31, 2014 CASH RESERVE ANALYSIS SUMMARY

Cash on hand as of Dec 31:	\$ 4,614,687
Value of invested funds at Dec 30:	\$ 10,000
Total Cash Reserve:	\$ 4,624,687
LOC Liquidity Requirement:	\$ 4,000,000
LOC Balance at 3/31:	\$ 11,000,000
Net liquidity at 12/31:	\$ (6,282,352)
New reserve target:	\$ 16,000,000
Projected average increase in cash per month at current grid rates:	\$ 1,369,275
Projected months to desired reserve:	16

Since the major cash related events in September the financial operations have gone largely according to the projections. The rate increase of December 1 has gone into effect, however resulting monthly increases to cash levels have been slower than originally projected. This will likely result in pushing the projected timeframe to reach target cash reserve levels by two months overall. KidsVax® will continue to monitor cashflows closely.

The following chart and table show the currently projected collections and cash reserve levels.



CASH FLOW ANALYSIS SUMMARY

The below projection incorporates the current financial results as of March 31, 2014 including the increase to the grid rates effective December 1, 2013 as well as the current projections from the DOH for the period of April 2014 through August 2015.

WVA Cash Flow Projection Model
As of March 31, 2014

Month	Projected Net Cash Receipts	Projected DOH Reimb	Flu / CDC Advance	Admin Exp / Other	Borrowing cost	LOC Draws	Net Cash Change	Cash Balance (a)	Line of Credit Balance (b)	Net Liquidity (a - b)
Mar-13	2,012,143	(3,810,882)	-	(37,216)			(1,835,954)	13,906,136	-	13,906,136
Apr-13	2,156,326	(3,115,878)	-	(37,310)			(996,861)	12,909,276	-	12,909,276
May-13	2,829,101	(3,804,548)	-	(48,074)			(1,023,519)	11,885,757	-	11,885,757
Jun-13	3,047,800	(3,902,000)	-	(41,080)			(895,280)	10,990,477	-	10,990,477
Jul-13	3,027,852	(3,801,140)	(3,992,235)	(60,420)			(4,825,944)	6,164,533	-	6,164,533
Aug-13	3,231,765	(4,216,037)	-	(55,473)			(1,039,745)	5,124,788	-	5,124,788
Sep-13	3,826,780	(5,331,858)	(7,909,996)	(36,147)	(17,717)	10,000,000	531,061	5,655,849	10,000,000	(4,344,151)
Oct-13	3,629,425	(4,341,800)	-	(106,734)	(12,020)		(831,129)	4,824,720	10,000,000	(5,175,280)
Nov-13	3,635,478	(3,759,778)	-	(35,858)	(28,559)		(188,718)	4,636,002	10,000,000	(5,363,998)
Dec-13	3,112,548	(3,936,128)	-	(70,295)	(24,479)		(918,354)	3,717,648	10,000,000	(6,282,352)
Jan-14	4,331,740	(3,686,910)	-	(40,987)	(25,295)		578,549	4,296,196	10,000,000	(5,703,804)
Feb-14	3,499,703	(4,250,279)	-	(34,162)	(25,225)		(809,964)	3,486,232	10,000,000	(6,513,768)
Mar-14	4,555,105	(4,360,550)	-	(33,252)	(22,847)	1,000,000	1,138,456	4,624,688	11,000,000	(6,375,312)
Apr-14	6,559,773	(4,542,162)	-	(46,647)	(29,792)		1,941,172	6,565,860	11,000,000	(4,434,140)
May-14	6,103,063	(4,259,902)	-	(46,647)	(29,792)		1,766,722	8,332,582	11,000,000	(2,667,418)
Jun-14	5,767,252	(5,642,053)	-	(46,647)	(29,792)		48,760	8,381,343	11,000,000	(2,618,657)
Jul-14	7,638,472	(6,561,931)	(4,000,000)	(46,647)	(29,792)		(2,999,898)	5,381,445	11,000,000	(5,618,555)
Aug-14	8,883,845	(4,963,426)	-	(46,647)	(29,792)		3,843,980	9,225,425	11,000,000	(1,774,575)
Sep-14	6,719,715	(4,521,550)	-	(46,647)	(29,792)		2,121,727	11,347,152	11,000,000	347,152
Oct-14	6,121,483	(4,219,223)	-	(46,647)	(29,792)		1,825,821	13,172,973	11,000,000	2,172,973
Nov-14	5,712,179	(4,447,064)	-	(46,647)	(29,792)		1,188,676	14,361,649	11,000,000	3,361,649
Dec-14	6,020,640	(4,717,133)	-	(46,647)	(29,792)		1,227,069	15,588,718	11,000,000	4,588,718
Jan-15	6,386,272	(4,048,794)	-	(46,647)	(29,792)		2,261,040	17,849,758	11,000,000	6,849,758
Feb-15	5,481,444	(5,772,343)	-	(46,647)	(29,792)		(367,337)	17,482,420	11,000,000	6,482,420
Mar-15	7,814,864	(5,056,729)	-	(46,647)	(29,792)		2,681,697	20,164,117	11,000,000	9,164,117
Apr-15	6,846,033	(4,710,643)	-	(46,647)	(29,792)		2,058,951	22,223,068	11,000,000	11,223,068
May-15	6,377,486	(4,600,694)	-	(46,647)	(29,792)		1,700,353	23,923,421	11,000,000	12,923,421
Jun-15	5,940,269	(5,811,315)	-	(46,647)	(29,792)		52,516	23,975,938	11,000,000	12,975,938
Jul-15	7,638,472	(6,758,789)	-	(46,647)	(29,792)		803,244	24,779,182	11,000,000	13,779,182
Aug-15	8,883,845	(5,112,329)	-	(46,647)	(29,792)		3,695,078	28,474,259	11,000,000	17,474,259

Presently KidsVax® projects that WVA will reach its reserve target in the second or third quarter of 2015 without the need for further assessment rate increases between now and then.

CDC Contract Price Increases

WVA assumed in the above projections a 4% increase in vaccine prices effective April 1 of 2014 and 2015.

On April 1, 2014 the CDC released its annual price revisions and the average increase was 1.92% per vaccine. Some brands increased as much as 7.8% individually but the average increase weighted for WVA's per vaccine estimated volume was 2.62%. Thus the projections are not likely to be negatively affected by these recent price increases.

KidsVax.org Performance Dashboard -- 2013-14 Washington Vaccine Association Administrative Services Agreement

	Original Due Date	Board Approved change	Now expected	1/22/2014 Status	YE Expected	Comments
1. Maintain Core Service Metrics						
a. Responsiveness						
i. Telephone (85% within 1 business day 100% within 2)	ongoing			G	G	
ii. Emails (85% acknowledged w/ delivery time in 3 days 100% in 5 days)	ongoing			G	G	
b. Financial Reporting (from period end)						
i. Monthly financials w/in 15 business days (except 1st month of year)	ongoing			G	G	With granted relief for DOH delays in August, all now on track Completed for FYE 6/30/2013
ii. Annual within 40 business days	ongoing			M	M	
iii. Quarterly 12-month liquidity forecasts w/in 25 business days	ongoing			G	G	
c. State funding						
i. 100% funding on or before due date	ongoing			G	G	With LOC approval last month, current status went from yellow to green Filed with new process of DOH advance review of narrative report
ii. Annual regulatory reports on or before due date	ongoing			M	M	
2. Provider & Payer Compliance						
a. 95% Provider Compliance	ongoing			G	G	
b. 100% Payer compliance (except for TriCare)	ongoing			G	G	
3. System / Operational Improvements						
a. Implement new TPA registration system & notify TPAs of need to register	11/1/2013			M	M	Registration system and notification letters both were completed ahead of due date.
b. Board governance -- Audit committee checklist & new member orientation notebook	1/1/2014		6/1/2014	R	G	Missed original due date.
c. [Stretch Objective] TRICARE participating in WVA funding	5/1/2014		6/30/2014	Y	Y	It appears that first payments have started. Need confirmation will continue.

STATUS KEY	
M	Goal has been Met for the year
G	On schedule for full performance
Y	Problems &/or uncertainty &/or changes
R	Have missed date or performance unlikely

KidsVax requests (if any)

10. August Financials Due Date Relief [Status of request: GRANTED at September 2013 board meeting]

Note: The financials for August are due on September 23 (15 working days after month end).

KidsVax has done all bookkeeping through August but cannot complete the financials until it has a final September vaccine funding request from DOH. We have requested that final estimate, but -- understandably -- DOH has not been able to deliver that yet. This DOH delay is due to a number of considerations, including the request from KidsVax to lighten the order as much as possible in light of the unexpected CDC cash call.

11. TRICARE Participation Commencement

KidsVax requests that the measurement date be moved to 6/30/2014. KidsVax has consistently followed up in a timely matter & worked with outside counsel to get a tolling agreement in place. Meanwhile, with repeated nudging, TRICARE now has now returned to a positive tone and expressed desire to commence participation in the near term. As of the last call, there were no new objections to participation raised -- instead, TRICARE management undertook to help address the provider

KidsVax.org Performance Dashboard -- 2013-14 Washington Vaccine Association Administrative Services Agreement

NB -- The following items are additional items added by the board in the course of the year. These are documented for tracking purposes -- they are not part of the agreed annual performance goals.

11. Added by KidsVax

- a. AMCC monitored claim denial recovery effort

12. Added by Board

- a. Communications RFP
- b. Provider Cost burden Analysis

Sep-13
Nov-13

M	M
Y	G

RFP process satisfactorily concluded -- selection made -- work underway
Request due date reset -- awaiting work from others

13. Added by Events / Other

- a. Revised LOC facility to meet CDC Cash Call
- b. Active outstanding debt / enlarged Treasury responsibilities

Sep-13
ongoing

M	M
G	G

\$15MM LOC implemented and 1st draw taken in time to meet CDC cash call
Additional monitoring is reflected in the enhanced quarterly reporting packet

KidsVax requests (if any)

20. Provider Cost burden Analysis

KidsVax has been awaiting information from providers now that further understanding of the concern has been developed. This was not part of goals so was added workload at a time of intense external pressures (CDC funding rules changes). The added time to bring the provider concern into clearer focus should help the board's review process to be more efficient.

Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
BOARD MTG			BOARD MTG AUDIT COMM	OPERATIONS VACCINE COMM	BOARD MTG Approve WVA budget and annual WVA goals AUDIT COMM FYI - Close of 2013-14 Fiscal Year		AUDIT COMM	OPERATIONS	BOARD MTG Annual meeting of Directors, election of Officers, and Secretary's appointments Approve Audited Financials Annual Review of Investment Performance Secretary's opportunity to address Board FYI - Annual Report	Financial report due to Secretary Establish the estimated amount of annual assessments and notify payers in writing VACCINE COMM OPERATIONS	

First Quarter

JANUARY	FEBRUARY	MARCH
<p>QUARTERLY BOARD MEETING Review of Investment Performance</p> <p>DOH Flu pre-book survey</p>	<p>DOH Review results of January flu pre-book survey</p>	<p>PREP WORK FOR APRIL BOARD MEETING</p>
<p>OTHER ACTIVITIES</p> <p>WVA WVA contributed article in provider organization newsletters</p> <p>FYI</p>	<p>OTHER ACTIVITIES</p> <p>WVA Update SharePoint database with prior year data on vaccine doses and dollars (next update in 2015))</p> <p>DOH Provide updated immunization data to WVA (for 2015 update)</p> <p>FYI</p>	<p>OTHER ACTIVITIES</p> <p>WVA</p> <p>FYI</p>

Second Quarter

APRIL	MAY	JUNE
<p>QUARTERLY BOARD MEETING</p> <ul style="list-style-type: none"> Review of Investment Performance Policy clean-up and update c/interest statements Review committee charters, and any revised charters <p>Audit Committee Plan audit: select auditors for annual term, review engagement letter, and address other audit matters</p> <p>DOH Prepare Budget and Management Packet, with projections for state portion of childhood vaccine program</p> <p>Settlement Report Monitoring Tracking Report</p>	<p>Vaccine Committee Review implementation of April Vaccine Selection Review any changes to ACIP-recommended vaccines</p> <p>Operations Review Q1 issues</p>	<p>JUNE BOARD MEETING</p> <ul style="list-style-type: none"> Approve annual budget and KidsVax goals <p>Audit Committee</p> <ul style="list-style-type: none"> Review and recommend budget to the WVA board. Seek authorization from the board to approve financials after meeting with auditors at the end of August.
<p>OTHER ACTIVITIES</p> <p>WVA Submit nonprofit corporation annual report to the WA Secretary of State (online filing) Meet with DOH to review projections for state portion of childhood vaccine program</p> <p>FYI CDC contract changes (review any changes to ACIP-recommended vaccines)</p>	<p>OTHER ACTIVITIES</p> <p>WVA</p> <p>FYI National Immunization Conference (Seattle in 2014)</p>	<p>OTHER ACTIVITIES</p> <p>WVA 30th Close of 2013-2014 Fiscal Year</p> <p>FYI</p>

Third Quarter

JULY	AUGUST	SEPTEMBER
	<p>PREP WORK FOR OCT. BOARD MEETING</p> <p>Audit Committee Meet with auditors, prepare board presentation of audited 2013/14 financials and auditors' report (for October board presentation)</p>	<p>PREP WORK FOR OCT. BOARD MEETING</p> <p>Operations Review second quarter operational issues</p>
<p>OTHER ACTIVITIES Independent auditors review year-end financials</p> <p>FYI</p>	<p>OTHER ACTIVITIES</p> <p>FYI</p>	<p>OTHER ACTIVITIES</p> <p>FYI</p>

Fourth Quarter

OCTOBER	NOVEMBER	DECEMBER
<p>QUARTERLY BOARD MEETING AND ANNUAL MEETING OF DIRECTORS</p> <ul style="list-style-type: none"> • Elect Board officers • Approve extension of Board members' terms or appointment of new members • Ratify Secretary's appointments (board members representing Taft-Hartley plans, self-funded employers) • Approve audited financials and Annual Report • Annual review of Investment Performance • Board self-evaluation <p>DOH Prepare Budget and Management Packet, with projections for state portion of childhood vaccine program</p>	<p>Vaccine Committee Evaluate vaccine selection process</p> <p>Operations Review third quarter operational issues; Settlement Report Monitoring Tracking Report</p>	<p>PREP WORK FOR Q1 2015 BOARD MEETING</p>
<p>OTHER ACTIVITIES</p> <p>DOH Vaccine selection offered for 2nd time in 2014</p> <p>WVA Prepare financial report for DOH Secretary, due by Nov 1 Meet with DOH to review projections for state portion of childhood vaccine program WA VaxFacts to legislators</p>	<p>OTHER ACTIVITIES</p> <p>WVA By 11/1, submit financial report to DOH Secretary in required form Set assessment amounts for subsequent year and notify health carriers and TPAs in writing (by 11/15) If necessary, submit a report to DOH Secretary listing carriers/TPAs that failed to remit assessments</p>	<p>OTHER ACTIVITIES</p> <p>WVA Review TPA registration renewals with WVA</p>

Ongoing WVA Activities and Events

Monthly

- Remittance of funds to state treasurer for DOH purchase of vaccines
- Compliance follow-up to assist providers with DBA billing, update database and track compliance
- Update tracking systems for WVA performance metrics
- Financial management reports

Quarterly

- Settlement reports
- State Vaccine Advisory Committee Meetings: attendance on request and/or presentations
- Operations review of vaccine payments (identify/audit any significant or non-standard payments to providers)
- Investment Reports
- Rolling 12-month liquidity forecast

Annually

- Board self-evaluation
- Evaluation of ED and staff
- Announcements of assessment code changes and potential adjustment to assessment level
- January state legislative session: monitor for WVA impacts; determine if WVA needs legislation or regulation to advance mission and/or revise statute
- National Immunization Conference: possible attendance and/or presentations

As appropriate

- WVA calendar updates, Web site updates, email alerts, provider updates
- Operations sub-group available to consider immediate issues or regulatory changes
- Communication with state legislators, Medical and Hospital Associations
- Presentations as requested

Memorandum to WVA Board of Directors

April 21, 2014

From: Margaret Lane, WVA Deputy Executive Director

Re: TPA Registration Update

Background

As many of you recall, Third Party Administrator (TPA) registration was originally within the Washington State Department of Licensing (DOL). We worked with DOL to minimize the registration requirements but they still proved burdensome for many TPAs. When certain state departments were consolidated, the TPA registration function became the responsibility of the Washington State Department of Revenue (DOR).

In anticipation of DOR's interest in transferring this function, in November, 2012 the WVA Board voted to instruct KidsVax to work with DOH to obtain a change in TPA licensing and move it to WVA. The DOR then requested legislation to support transferring all TPA authority to the WVA. The data requirements for WVA TPA registration were spelled out in the WVA revised Plan of Operation dated March, 2013.

Streamlined Registration Requirements and Website Updates

The WVA registration process is a simple, one-time only process. No fee is required and there is no requirement to renew annually. Updates are required only when registration information has changed. As the transfer of TPA registration to WVA occurred, the WVA worked effectively to revise the payer/TPA sections of the website, draft and post FAQs, and include in the new registration system all the data elements required in the Plan of Operation.

WVA's Notification of TPAs of New Registration Process

There is no statutory requirement for WVA to notify TPAs of the registration requirement. However, mindful of its responsibility to keep TPAs informed of the latest policies, new billing requirements, and changes to vaccine charges, the WVA created a plan to notify TPAs of the new registration requirement and provide resources for any questions.

WVA sent a letter in October, 2013 to 370 known TPAs asking them to register (see attached Exhibit A). The list was made up of TPAs who had registered under the old system and TPAs who had paid an assessment to the WVA but had never registered. (Registration is required even for those TPAs who have previously registered with the WVA because the required elements differ from those used in the past.)

As of April, 2014, 127 TPAs have registered or re-registered with the WVA.¹ Each year the WVA will notify TPAs submitting payments but who have not registered of the registration requirement.

¹ Please note that there are no penalties for non-compliance with the required TPA registration. Many of the registered entities have not made actual vaccine payments.



EXHIBIT A

October 29, 2013

To all in and out of state TPAs participating in the WVA program:

The Washington Vaccine Association (WVA) would like to inform you of the new TPA registration now open on our website. The purpose of the registration is to keep you updated on changes impacting you such as new vaccine assessment levels. Registration is required by state law for all in state and out of state TPAs, whether or not they have previously registered.

The new registration process results from recent legislation that moved *all* TPA registration to the WVA. Previously, in-state TPAs had to register with a state agency and renew registration on an annual basis. The new registration is a simpler, one-time only process that allows all TPAs to register with WVA only. Benefits of the new process include:

- No fee is required.
- Once the correct information is submitted, there is no requirement to renew annually.
- The registration must be updated only if TPA information has changed.

The WVA website has been updated with the new registration system. Registration is required even for those TPAs who previously registered with the WVA because the required elements differ from those used in the past.

A link on the homepage connects to the TPA registration form, which you can also find under the Payers/Resources tab. The web address for this form is:

<http://www.wavaccine.org/wavaccine.nsf/TPARegistration.html>

Detailed instructions on entering and editing your registration information can be found at:

<http://www.wavaccine.org/tpa-instructions>

Frequently asked questions on this topic can be found at:

<http://www.wavaccine.org/wavaccine.nsf/pages/faqs.html>

Please contact us at info@wavaccine.org or call 888-928-2224 with any questions.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Fred L. Potter', is written over a light blue horizontal line.

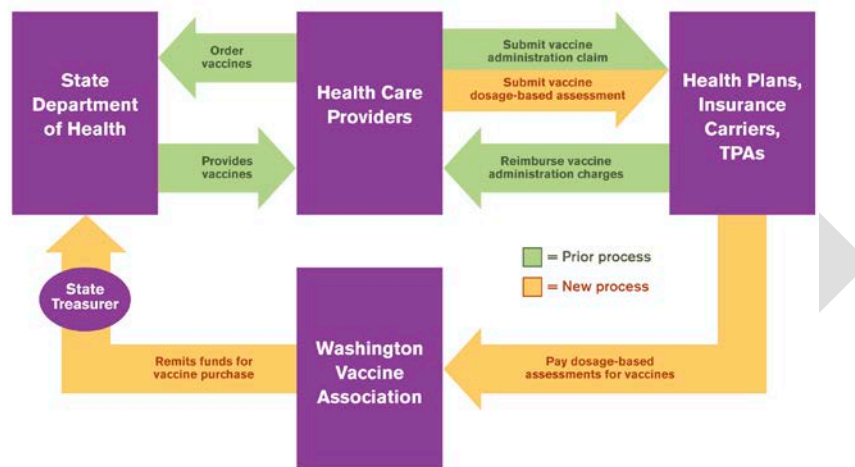
Fred L. Potter
Executive Director



Washington Vaccine Association (WVA) Director Responsibilities

WVA's mission is to facilitate the continuation of universal purchase of childhood vaccines for all the state's children. WVA does this by collecting payments from insurance carriers and third party administrators to cover vaccines administered to privately insured children, and timely remitting those funds to the state for purchase of these vaccines. WVA also has a role under the statute in selecting vaccines made available under the state's universal purchase program.

Vaccines for Privately Insured Children: How Funding Works



Please refer to the WVA website, www.WAvaccine.org, for more detail regarding the flow of funds.

WVA Directors support this mission in the following ways:

- Represent the WVA to their respective constituents.
- Cause WVA to maintain an effective assessment mechanism to assure adequate funding for vaccines for privately-covered Washington children.¹
- Cause WVA to submit such periodic reports to the state as are required by law.¹
- Prepare for each board meeting by reviewing the meeting documents, including the agenda, minutes of the previous meeting, reports, and any policies or summaries scheduled for discussion. In addition, members are expected to confer, as needed, with appropriate colleagues who may have expertise around an issue scheduled for discussion.
- Review, update as needed from time to time, and follow all WVA governance policies.
- Attend each board meeting in person, if possible, and by phone if not. Normally, four 2-3 hour meetings a year at the WVA office in downtown Seattle are anticipated.
- Serve on at least one board committee, attend committee meetings, and contribute expertise and resources as is helpful to the work of the committee.
- Consult with staff and other board members upon request, and support special events or presentations as appropriate.
- Review KidsVax.org® performance under its Executive Director & Administrative Services Agreement with WVA annually and update that agreement as needed from time to time.

¹ Primary responsibility for these tasks has been assigned to KidsVax.org® by contract. KidsVax® also supports the board in its other tasks, particularly all board & committee meeting preparation & follow-up.

**WVA Board of Directors, Board Terms,
Corporate Officers, and Committees**

The following individuals are voting members of WVA under RCW 70.290.010--090 (Wash. 2010) (the "Act").
Their respective terms and /committee assignments are set out below.

Name	Organization	Statutory Authority RCW 70.290.030	Year Term Ends	Officers	Executive Committee	Audit Committee	Vaccine Committee RCW 70.290.050
Pierce, John	Premiera BlueCross	Sec. (3)(a)	2014	Board Chair & President	C		
Daly, Suzanne	Group Health	Sec. (3)(b)	2015			C	
Farber, Jason	Davis Wright Tremaine	Sec. (3)(e)	2016			X	
Fathi, Jay	Coordinated Care (AWHP election)	Sec. (3)(c)	2015				X
Harvey, Dr. Beth	Pediatric Associates	Sec. (3)(f)	2016		X		
Kirkpatrick, Dennis	Northwest Association of Administrators	Sec. (3)(d)	2014	Board Vice- Chair & Treasurer	X	X	
Marcuse, Dr. Ed	University of Washington	Sec. (3)(f)	2015				C
Mares, Allene	Department of Health	Sec.(3)(g)	*		X		
O'Neill, Mary Kay	Regence BlueShield	Sec. (3)(a)	2016				X
Seabrooks, Norm	Aetna	Sec. (3)(a)	2015	Board Secretary	X		X
Sobeck, John	Cigna	Sec. (3)(a)	2014			X	

Legend:

("C") = Chairperson

("X") = Member

("T") = Tentative/awaiting confirmation

(*) = Serves until a successor is appointed by the Secretary

In addition to the above board members, the following individuals have been named to serve on the Vaccine Committee:

To be appointed by the Secretary RCW 70.290.050 (1):

Michele Roberts (voting)

Jeff Gombosky (non-voting)

Appointed by the Board and non-voting:

Fred Potter

Note: Not required by statute

Jan Hicks-Thomson

Revised as of March 26, 2014

From: Hicks-Thomson, Jan (DOH) [mailto:Jan.Hicks-Thomson@DOH.WA.GOV]
Sent: Wednesday, April 09, 2014 7:13 PM
To: Fred Potter; Margaret Lane
Cc: Roberts, Michele (DOH); Durst, Branden (DOH); Parada Estrada, Luisa A (DOH); Thompson, Tami (DOH); Swanson, Jovi (DOH)
Subject: Notice of Hearing and Public Comment Period for the Vaccine Finance Rule
Importance: High

Fred and Margaret,

The public hearing date has been set, and the public comment period is now open for the rule supporting the Secretary of Health's role in addressing health carriers' and third party administrators' failure to pay their assessments to the WVA, as described in RCW 70.290.060. This message provides a brief background on the rule, and contact information for the hearing and how to submit comments on the rule. Please share this with the WVA board members so they have an opportunity to provide comments if they'd like to submit comments and/or attend the public hearing.

The proposed rule clarifies the Secretary of Health's ability and procedures for fining health plans and third-party administrators in connection with the conditions established in the Washington Vaccine Association plan of operations. The plan of operations details the conditions and procedures regarding late payment of vaccine assessments and reimbursement as established in state law. The proposed rule also allows for the use of brief adjudicative proceedings as part of the appeal process.

The rule was accepted by the Code Review on April 1, 2014 and is attached for your convenience.

The public hearing is scheduled for:

Date: Wednesday, May 7th, 2014

Time: 9:00AM

Washington State Department of Health

Point Plaza East, Room 152/153

310 Israel Rd. SE

Tumwater, WA 98501

Public comment can be submitted by May 7th, 2014 using any of the following methods:

- Online, through the Department's rules management system:
<https://fortress.wa.gov/doh/policyreview/>
- Via regular mail: Send: Attn: Jan Hicks-Thomson, Washington State Department of Health, P.O. Box 47843 Olympia, WA 98504-7843\
- Via e-mail: <http://www3.doh.wa.gov/policyreview>
- Fax: Attn: Jan Hicks-Thomson, Washington State Department of Health, 360-236-3590

- Assistance is available for persons with disabilities by contacting: TTY (800) 833-6388

Please let me know if you have any questions. Thank you, Jan

Jan Hicks-Thomson MSW, MPA | **Vaccine Management Section Manager**
Department of Health | **Office of Immunization and Child Profile**
PO Box 47843 | **Olympia, Washington 98501-7843**
p 360.236.3578 | **f 360.236.3590**

www.doh.wa.gov | www.childprofile.org | www.waiis.wa.gov

Washington State Immunization Information System
Every age. Every vaccination.

Public Health--Always working for a safer and healthier Washington



PROPOSED RULE MAKING

CR-102 (June 2012)

(Implements RCW 34.05.320)

Do **NOT** use for expedited rule making

Agency: Department of Health

- ☒ **Preproposal Statement of Inquiry was filed as WSR 14-04-021 ; or**
☐ **Expedited Rule Making--Proposed notice was filed as WSR ; or**
☐ **Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1).**

- ☒ **Original Notice**
☐ **Supplemental Notice to WSR**
☐ **Continuance of WSR**

Title of rule and other identifying information: (Describe Subject)

Chapter 246-120 WAC creating a new chapter clarifying the Secretary of Health's authority and procedures for issuing civil penalties against health carriers and third-party administrators. Amending WAC 246-10-501 to allow adjudicative proceedings involving civil penalties against health carriers and third-party administrators to be conducted under brief adjudicative proceedings.

Hearing location(s): Washington State Department of Health
Point Plaza East, Room 152/153
310 Israel Road SE
Tumwater, WA 98501

Date: May 7, 2014

Time: 9:00AM

Submit written comments to:

Name: Jan Hicks-Thomson
Address: Washington State Department of Health
PO Box 47843
Olympia, WA 98504-7843

e-mail: <http://www3.doh.wa.gov/policyreview/>
fax 360-236-3590 by (date) 05/07/2014

Assistance for persons with disabilities: Contact

Nicole Avelar by 05/01/2014

TTY (800) 833-6388 or () 711

Date of intended adoption: 05/14/2014

(Note: This is **NOT** the **effective** date)

Purpose of the proposal and its anticipated effects, including any changes in existing rules:

The proposed rule clarifies the Secretary of Health's ability and procedures for fining health plans and third-party administrators in connection with the conditions established in the Washington Vaccine Association plan of operations, which details the conditions and procedures regarding late payment of vaccine assessments and reimbursement as established in state law. The proposed rule will also allow for the use of brief adjudicative proceedings as part of the appeal process.

Reasons supporting proposal:

The rules provide the administrative framework for the Secretary of Health to carry out the levying of penalties as described in the law.

Statutory authority for adoption:

RCW 70.290.060

Statute being implemented:

Chapter 70.290 RCW

Is rule necessary because of a:

Federal Law? ☐ Yes ☒ No
 Federal Court Decision? ☐ Yes ☒ No
 State Court Decision? ☐ Yes ☒ No
 If yes, CITATION:

DATE 03/31/2014

NAME (type or print)

John Wiesman, DrPH, MPH

SIGNATURE

, DrPH, MPH

TITLE

Secretary of Health

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: April 01, 2014

TIME: 11:29 AM

WSR 14-08-085

Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:

None

Name of proponent: (person or organization) Washington State Department of Health☐ Private☐ Public☒ Governmental**Name of agency personnel responsible for:**

Name	Office Location	Phone
Drafting..... Jan Hicks-Thomson	DOH, 310 Israel Rd SE, Point Plaza East, Tumwater, WA	(360) 236-3578
Implementation....Michele Roberts	DOH, 310 Israel Rd SE, Point Plaza East, Tumwater, WA	(360) 236-3568
Enforcement.....Michele Roberts	DOH, 310 Israel Rd SE, Point Plaza East, Tumwater, WA	(360) 236-3568

Has a small business economic impact statement been prepared under chapter 19.85 RCW or has a school district fiscal impact statement been prepared under section 1, chapter 210, Laws of 2012?☐ Yes. Attach copy of small business economic impact statement.

A copy of the statement may be obtained by contacting:

Name:

Address:

phone

fax

e-mail

☒ No. Explain why no statement was prepared.

A small business economic impact statement was not prepared. The proposed rule would not impose more than minor costs on businesses in an industry. It is a non-significant legislative rule that outlines the process for how the Secretary of Health will notify health plans and third party administrators of the civil penalty as outlined in Chapter 246-120 WAC.

Is a cost-benefit analysis required under RCW 34.05.328?☐ Yes A preliminary cost-benefit analysis may be obtained by contacting:

Name:

Address:

phone

fax

e-mail

☒ No: Please explain: The agency did not complete a cost benefit analysis under RCW 34.05.328. By definition this is not a significant legislative rule. The proposed rule outlines the process for how the Secretary of Health will notify health plans and third party administrators of the civil penalty as outlined in Chapter 246-120 WAC.

AMENDATORY SECTION (Amending WSR 13-19-087, filed 9/18/13, effective 10/19/13)

WAC 246-10-501 Application of brief adjudicative proceedings.

(1) If an adjudicative proceeding is requested, a brief adjudicative proceeding will be conducted where the matter involves one or more of the following:

(a) A determination whether an applicant for a professional, business, or facility license meets the minimum criteria for an unrestricted license and the department proposes to deny such a license or to issue a restricted license;

(b) An application to approve a water system plan under WAC 246-290-100;

(c) An application to approve a project report under WAC 246-290-110;

(d) An application for source approval under WAC 246-290-130;

(e) An application to approve construction documents under WAC 246-290-120;

(f) An application to approve an existing Group A water system under WAC 246-290-140;

(g) An application for source approval under WAC 246-291-100 or 246-291-110;

(h) An application to approve a design report under WAC 246-291-120;

(i) An application to approve an existing Group B water system under WAC 246-291-130;

(j) An application to approve a water system plan under WAC 246-291-140;

(k) A decision under WAC 246-293-190;

(l) A decision with respect to service area conflicts under WAC 246-293-430;

(m) An application for approval as a satellite management agency under WAC 246-295-040;

(n) A civil penalty imposed under RCW 70.119A.040 when the amount of the civil penalty does not exceed two thousand five hundred dollars;

(o) A request to bank nursing home beds under RCW 70.38.111(8) and 70.38.115(13);

(p) A determination as to whether a person is in compliance with the terms and conditions of a final order previously issued by the department;

(q) Any approval of a school or curriculum when such approval by the department is required or authorized by statute or rule;

(r) A determination whether a license holder requesting renewal has submitted all required information and meets minimum criteria for license renewal;

(s) A decision to deny, modify, or impose conditions upon an operating permit under WAC 246-294-050; ~~((or))~~

(t) A decision to deny or revoke certification as a home care aide when a long-term care worker is disqualified from working with vulnerable persons under chapter 74.39A RCW; or

(u) A civil penalty imposed against a health carrier or third-party administrator under RCW 70.290.060.

(2) If an adjudicative proceeding is requested, in a matter not listed in subsection (1) of this section, a brief adjudicative proceeding may be conducted in the discretion of the presiding officer

when it appears that protection of the public interest does not require that the department provide notice and an opportunity to participate to persons other than the parties and:

- (a) Only legal issues exist; or
- (b) Both parties have agreed to a brief proceeding.

Chapter 246-120 WAC
CIVIL PENALTIES OF HEALTH CARRIERS AND THIRD-PARTY ADMINISTRATORS

NEW SECTION

WAC 246-120-010 Purpose. The purpose of this chapter is to describe the procedures and conditions by which the secretary must issue civil penalties to health carriers and third-party administrators. This chapter is adopted under RCW 70.290.060.

NEW SECTION

WAC 246-120-020 Definitions. For the purposes of this chapter, the words and phrases in this section have the following meanings unless the context clearly indicates otherwise:

(1) "Health carrier" has the same meaning as defined in RCW 70.290.010.

(2) "Secretary" means the secretary of the department of health.

(3) "Third-party administrator" has the same meaning as defined in RCW 70.290.010.

(4) "Washington vaccine association" or "association" means the association created under chapter 70.290 RCW. The association collects and remits adequate funds from health carriers and third-party administrators for the cost of vaccines provided to certain children in Washington state.

NEW SECTION

WAC 246-120-030 Penalty-Failure to reimburse audit costs. (1) Following a compliance audit by Washington vaccine association pursuant to RCW 70.290.060 and upon certification of the audit costs, the Washington vaccine association shall notify the health carrier or third-party administrator in writing that there is an outstanding obligation to reimburse the Washington vaccine association for the cost of the audit.

(2) The health carrier or third-party administrator must reimburse the Washington vaccine association for the cost of the audit within forty-five days after receiving written notice of the obligation.

(3) The Washington vaccine association shall notify the secretary if the health carrier or third-party administrator fails to timely reimburse the Washington vaccine association for the cost of the audit. Upon receipt of such notice, the secretary shall assess a civil penalty of one hundred fifty percent of the amount of the costs of the audit against the health carrier or third-party administrator.

(4) The secretary shall serve notice of the civil penalty for failure to pay the audit costs in writing upon the health carrier or

third-party administrator by personal service or by certified mail in a manner that shows proof of receipt. The civil penalty is due and payable twenty-eight days at the place specified in the notice after receipt by the health carrier or third-party administrator.

(5) A health carrier or third-party administrator who has received written notification of an assessed civil penalty according to this section may request a brief adjudicative proceeding pursuant to WAC 246-120-050. The sole issue at the brief adjudicative proceeding shall be whether the health carrier or third-party administrator paid the cost of the audit in the required time and manner.

NEW SECTION

WAC 246-120-040 Penalty-Failure to remit assessment. (1) Following Washington vaccine association's notice of assessment pursuant to RCW 70.290.060 and the plan of operation, the health carrier or third-party administrator must remit the amount of the assessment to the Washington vaccine association within ninety days after receiving the written notice or timely pay in accordance with an approved payment plan with the Washington vaccine association.

(2) The Washington vaccine association shall notify the secretary if the health carrier or third-party administrator fails to pay the amount of the assessment or, after notification from the Washington vaccine association to the health carrier or third-party administrator of an outstanding obligation, the amount owed on the approved payment plan. The notice must provide the amount due to the Washington vaccine association. Upon receipt of such notice, the secretary shall assess a civil penalty of one hundred fifty percent of the assessment amount due against the health carrier or third-party administrator.

(3) The secretary shall serve notice of the civil penalty for failure to pay the assessment or amount owed on the approved payment plan in writing upon the health carrier or third-party administrator by personal service or by certified mail in a manner that shows proof of receipt. The civil penalty is due and payable twenty-eight days at the place specified in the notice after receipt by the health carrier or third-party administrator.

(4) A health carrier or third-party administrator who has received written notification of an assessed civil penalty according to this section may request a brief adjudicative proceeding pursuant to WAC 246-120-050. The sole issue at the brief adjudicative proceeding shall be whether the health carrier or third-party administrator failed to pay the annual assessment or the amount owed on the approved payment plan in the required time and manner.

NEW SECTION

WAC 246-120-050 Request for a brief adjudicative proceeding. (1) A health carrier or third-party administrator who has received written notification of an assessed civil penalty according to this chapter may request a brief adjudicative proceeding pursuant to chapter 34.05 RCW.

(2) The application for a brief adjudicative proceeding must:

(a) Be in writing;

(b) State the basis for contesting the civil penalty;

(c) Include a copy of the adverse notice;

(d) Be served on and received by the department within twenty-eight days of the health carrier or third-party administrator receiving the notice of a civil penalty; and

(e) Be served in a manner which shows proof of receipt at the following address:

Adjudicative Clerk Office

310 Israel Rd. S.E.

Olympia, WA 98504-7879

(3) If a health carrier or third-party administrator files a timely and sufficient application for a brief adjudicative proceeding, the secretary shall not implement the action for the civil penalty until the final order is entered. The presiding or reviewing officer may permit the secretary to implement part or all of the action while the proceedings are pending, if the health carrier or third-party administrator causes an unreasonable delay in the proceedings or for other good cause.

WVA Communications Plan Progress Apr-14



	Done	progress	
Tactic	Progress	Measurement	Notes
Contributed Article	1st Edition Done	Sent to 10 associations Placed in 3 newsletters Building relationships	Distributed article to all state provider associations. Published in WANP, WCAAP, WSMGMA newsletters. Timing for next outreach TBD
Board chair news release	Done	N/A, Margaret identified opportunity	Wrote and distributed short press release to announce John Pierce's election to board. Placed in "People on the Move" section of Puget Sound Business Journal
Review DOH materials	DHC in process	TBD	Reached out to Paul Throne and Jan Hicks-Thomson at DOH. Working with Jan to review.
Partner organization web links	DHC in process	TBD	DHC reached out to contacts at Washington state provider associations to initiate conversation about linking to WVA's website.
Board resolution	Done	N/A, Margaret identified opportunity	DHC delivered final draft on 4/7
Janna Bardi Award Nomination	Done	N/A, Margaret identified opportunity	DHC worked with Margaret and Jan Hicks-Thomson to pull together information for nominating Janna Bardi for the "Neighborhood Immunization Champion" for the NAIS Immunization Excellence Awards.
Website Review/update	WVA in process	TBD	Margaret started internal process. DHC standing to help if needed.
Tactics for Q2 - Q4			Notes
Payer Outreach Q&A piece	START: May DEADLINE: June		Needs discussion for content and timing. *NOTE: Could be based on pending operations update
Mid-year provider update	START: TBD DEADLINE: TBD		This year could be an article on new board president, potential upcoming updates, etc.
Contributed article	START: July DEADLINE: July		Develop story angle, produce and distribute to current list of provider associations.
Annual Report	START: July DEADLINE: Sept.		
Legislative onesheet	START: Nov. DEADLINE: Jan.		Working file established, planned for next session
Legislative outreach meetings	START: Nov. DEADLINE: Jan.		Will coincide with next legislation and production of onesheet. Next legislative session begins on Jan. 12, 2015. Book meetings well in advance.
Annual DOH Secretary Briefing	DEADLINE: Oct.		Determine timing and schedule with WVA and DOH
Call/Question tracking review	Ongoing		Margaret leading, and will signal need for support from DHC.

Memorandum to WVA Board of Directors

April 22, 2014

From: Margaret Lane, WVA Deputy Executive Director

Re: Report on Providers Regarding DBA Billing

Executive Summary

The WVA has found that most providers are not paying an added cost for billing the DBA. However, a small percentage of providers billing the dosage based assessment (DBA) method for WVA continue to experience billing or payment problems. While the overwhelming majority of claims are paid in full to WVA, as supported by our financial results, the small number of problematic transactions take significant time for providers, payers, and the WVA to work through. In many cases the extra administrative burden imposed on providers is outside their control and is tied to their billing system, payer mistakes, or clearinghouse practices.

Background on Perceived Problem

In 2013 Board members Dr. Marcuse and Dr. Harvey brought a concern to the board regarding the economic burden on providers related to billing the DBA. They had received provider input that clinics were paying more for claims submissions due to submitting the additional DBA claim on behalf of the WVA.

Our hypothesis was that there was a fee associated with billing each claim and providers were paying this fee for the WVA claim without any corresponding reimbursement. The Board asked that a small task force, consisting of Dr. Marcuse, Dr. Harvey, and Margaret, try to determine the scope of this issue.

Survey and Preliminary Findings

WVA has called over two dozen offices of different sizes to ask about DBA related costs. Margaret also met with the Operations Team and asked their input.

Over 90% of providers pay for claim submissions on a monthly basis or a per provider basis. This is true for large clinics like Redmond based Pediatric Associates and small clinics such as Mercer Island Pediatrics and South Sound Pediatric Associates in Olympia (Dr. Harvey's clinic). To date, only one clinic, Vancouver Clinic, reports paying based on claim volume. Vancouver reported that their clearinghouse (ClaimLogic) imposes claim submission fees, depending on the payer.

DBA Billing Introduces Additional Complexities

WVA found that while there may not be added costs for billing on behalf of the WVA in most cases, the DBA method is prone to billing and payment errors that have a direct

administrative and ultimately economic cost. Typical reasons for errors and additional administrative work related to the DBA includes:

- WVA's payments for vaccines are sent to providers. This may be caused by a provider billing error or a payer error. This requires the provider to send the funds back to the payer and rebill on behalf of the WVA. In some cases the payer sends the money to the WVA, and the payer institutes a "take-back," and withholds some amount of future payments until the payer is whole.
- Administration payments to providers are denied. This happens most frequently with out of state payers who are not familiar with the WVA, like Humana. They are not used to seeing the administration claim without vaccine codes, as required by law in Washington, so they deny payment. This requires providers to make many phone calls to straighten out their payment.
- Billing systems do not allow the DBA claim to be submitted electronically. One clinic, Family Wellness Center in Olympia, uses AllScripts for its EHR and bills electronically but tells us that this system cannot submit vaccine claims electronically. They submit all the DBA claims for WVA manually and then pay for postage to mail them.
- Rebilling for the WVA is often a manual process. The provider's administration and the WVA vaccine claims may be denied for a non DBA reason, e.g., patient eligibility. In these cases the clinic must rebill for itself and for the WVA (assuming the patient is eligible). For some providers the rebilling is automated for their clinic but not for the WVA so they need to re-submit the WVA's bill through a manual process.
- Accounts Receivable work-arounds. Some providers billing the DBA have systems that require deletion of the WVA claims from their A/R in order to balance their accounts.
- Confusion between WVA and public programs. Providers sometimes bill the Medicaid managed care contractors. This requires conversations between DOH, Medicaid, the WVA, and provider offices.

It is important to note that these issues, disruptive as they are, have not endangered the viability of the program. They impose challenges on providers, however, at a time when they have thin margins and minimum capacity to address and follow up on incorrect payments. These issues also require extensive administrative support from the WVA as we try to help sort through what has gone awry. WVA sometimes needs to include DOH in these discussions so their time is also used to address billing and payment functions.

Operations Committee Input

In its review of the economic cost to providers from DBA billing, the Operations Committee considered the pros and cons for providers of billing the DBA. They noted that providers' additional costs or administration hassles may be outweighed by the benefits of

the WVA and avoiding the need to purchase vaccine privately and set up a separate storage system.

Operations Committee members also discussed the higher payments to providers resulting from new codes that increase payments for combination vaccines. These codes capture physician work associated with vaccine counseling with the administration of combination vaccines.

The Committee members acknowledged that many payers on the Operations Committee have had their own payment problems related to the DBA, and are committed to reaching out to providers to address these gaps.

Potential Next Steps

The greatest provider dissatisfaction WVA is aware of at this time is coming from administrative issues related to billing the DBA, rather than the actual cost of submitting the DBA. Unfortunately, there are not just one or two areas to focus on which would clean up the majority of issues because providers use a number of different billing systems and clearinghouses. Some initial steps to address why billing for WVA continues to be costly and/or administratively burdensome for some providers could be the following:

- Work with individual billing systems (e.g., AllScripts) and clearinghouses (e.g., ClearLogic) that have made it particularly hard for providers to bill for the WVA and be paid.
- Focus on payer issues and asking payers to communicate about the WVA throughout all their states, subsidiaries, and multiple platforms on which they operate.
- Develop an electronic and paper “payer Guide” to ensure payers have all the right information in one place.
- Consider a provider communication addressing the problem and the board’s sincere interest in improving the process of DBA billing.

**WVA/TRICARE Litigation Task Force
Proposal: Actions that Trigger Board Review
April 29, 2014 Board Meeting**

1. Dispositive Motions
2. Election of Remedies
3. Any Settlement
4. Items Exceeding the Materiality/Cost Threshold
 - a. Engagement of Experts
 - b. Expenses over \$10,000
5. Highly Political Actions
6. Actions That May Attract Media Attention

**2014 Washington Vaccine Association Directory
As of 04/21/14**

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Board Governance Roles & Committees

Executive Committee

Chair & President: John Pierce
Vice-Chair/Treasurer: Dennis Kirkpatrick
Secretary: Norman Seabrooks
Beth Harvey, MD
Allene Mares

Audit Committee

Chair: Suzanne Daly
Dennis Kirkpatrick
Jason Farber
John Sobeck, MD

Vaccine Committee

Chair: Ed Marcuse, MD
Vice Chair: Mary Kay O'Neill, MD
Norman Seabrooks
Michele Roberts
Jay Fathi, MD
Jan Hicks-Thomson, Ex-Officio (without
vote)
Jeff Gombosky, *representative to
Committee under HB 2551 sec. 5(1)
(non-voting)*
Fred Potter Ex-Officio (without vote)

Vaccine Committee Consultants

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WASHINGTON VACCINE ASSOCIATION
Governing Statutes under the Revised Code of Washington

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Title 70. Public health and safety

Chapter 290. Washington vaccine association

RCW 70.290.010. Definitions

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

- (1) "Association" means the Washington vaccine association.
- (2) "Covered lives" means all persons under the age of nineteen in Washington state who are:
 - (a) Covered under an individual or group health benefit plan issued or delivered in Washington state or an individual or group health benefit plan that otherwise provides benefits to Washington residents; or
 - (b) Enrolled in a group health benefit plan administered by a third-party administrator. Persons under the age of nineteen for whom federal funding is used to purchase vaccines or who are enrolled in state purchased health care programs covering low-income children including, but not limited to, apple health for kids under RCW 74.09.470 and the basic health plan under chapter 70.47 RCW are not considered "covered lives" under this chapter.
- (3) "Estimated vaccine cost" means the estimated cost to the state over the course of a state fiscal year for the purchase and distribution of vaccines purchased at the federal discount rate by the department of health.
- (4) "Health benefit plan" has the same meaning as defined in RCW 48.43.005 and also includes health benefit plans administered by a third-party administrator.
- (5) "Health carrier" has the same meaning as defined in RCW 48.43.005.
- (6) "Secretary" means the secretary of the department of health.
- (7) "State supplied vaccine" means vaccine purchased by the state department of health for covered lives for whom the state is purchasing vaccine using state funds raised via assessments on health carriers and third-party administrators as provided in this

chapter.

- (8) "Third-party administrator" means any person or entity who, on behalf of a health insurer or health care purchaser, receives or collects charges, contributions, or premiums for, or adjusts or settles claims on or for, residents of Washington state or Washington health care providers and facilities.
- (9) "Total nonfederal program cost" means the estimated vaccine cost less the amount of federal revenue available to the state for the purchase and distribution of vaccines.
- (10) "Vaccine" means a preparation of killed or attenuated living microorganisms, or fraction thereof, that upon administration stimulates immunity that protects against disease and is approved by the federal food and drug administration as safe and effective and recommended by the advisory committee on immunization practices of the centers for disease control and prevention for administration to children under the age of nineteen years.

RCW 70.290.020. Washington vaccine association - Creation

There is created a nonprofit corporation to be known as the Washington vaccine association. The association is formed for the purpose of collecting and remitting adequate funds from health carriers and third-party administrators for the cost of vaccines provided to certain children in Washington state.

RCW 70.290.030. Composition of association - Board of directors - Duties

- (1) The association is comprised of all health carriers issuing or renewing health benefit plans in Washington state and all third-party administrators conducting business on behalf of residents of Washington state or Washington health care providers and facilities. Third-party administrators are subject to registration under section 47 of this act.
- (2) The association is a nonprofit corporation under chapter 24.03 RCW and has the powers granted under that chapter.
- (3) The board of directors includes the following voting members:
 - (a) Four members, selected from health carriers or third-party administrators, excluding health maintenance organizations, that have the most fully insured and self-funded covered lives in Washington state. The count of total covered lives includes enrollment in all companies included in their holding company system. Each health carrier or third-party administrator is entitled to no more than a single position on the board to represent all entities under common ownership or control.
 - (b) One member selected from the health maintenance organization having the most fully insured and self-insured covered lives in Washington state. The count of total lives includes enrollment in all companies included in its holding company system. Each health maintenance organization is entitled to no more than a single position on the

board to represent all entities under common ownership or control.

- (c) One member, representing health carriers not otherwise represented on the board under (a) or (b) of this subsection, who is elected from among the health carrier members not designated under (a) or (b) of this subsection.
- (d) One member, representing Taft Hartley plans, appointed by the secretary from a list of nominees submitted by the Northwest administrators association.
- (e) One member representing Washington state employers offering self-funded health coverage, appointed by the secretary from a list of nominees submitted by the Puget Sound health alliance.
- (f) Two physician members appointed by the secretary, including at least one board certified pediatrician.
- (g) The secretary, or a designee of the secretary with expertise in childhood immunization purchasing and distribution.
- (4) The directors' terms and appointments must be specified in the plan of operation adopted by the association.
- (5) The board of directors of the association must:
 - (a) Prepare and adopt articles of association and bylaws;
 - (b) Prepare and adopt a plan of operation. The plan of operation must include a dispute mechanism through which a carrier or third-party administrator can challenge an assessment determination by the board under RCW 70.290.040. The board must include a means to bring unresolved disputes to an impartial decision maker as a component of the dispute mechanism;
 - (c) Submit the plan of operation to the secretary for approval;
 - (d) Conduct all activities in accordance with the approved plan of operation;
 - (e) Enter into contracts as necessary or proper to collect and disburse the assessment;
 - (f) Enter into contracts as necessary or proper to administer the plan of operation;
 - (g) Sue or be sued, including taking any legal action necessary or proper for the recovery of any assessment for, on behalf of, or against members of the association or other participating person;
 - (h) Appoint, from among its directors, committees as necessary to provide technical assistance in the operation of the association, including the hiring of independent consultants as necessary;
 - (i) Obtain such liability and other insurance coverage for the benefit of the association, its directors, officers, employees, and agents as may in the judgment of the board of

directors be helpful or necessary for the operation of the association;

- (j) On an annual basis, beginning no later than November 1, 2010, and by November 1st of each year thereafter, establish the estimated amount of the assessment;
 - (k) Notify, in writing, each health carrier and third-party administrator of the health carrier's or third-party administrator's estimated total assessment by November 15th of each year;
 - (l) Submit a periodic report to the secretary listing those health carriers or third-party administrators that failed to remit their assessments and audit health carrier and third-party administrator books and records for accuracy of assessment payment submission;
 - (m) Allow each health carrier or third-party administrator no more than ninety days after the notification required by (k) of this subsection to remit any amounts in arrears or submit a payment plan, subject to approval by the association and initial payment under an approved payment plan;
 - (n) Deposit annual assessments collected by the association, less the association's administrative costs, with the state treasurer to the credit of the universal vaccine purchase account established in RCW 43.70.720;
 - (o) Borrow and repay such working capital, reserve, or other funds as, in the judgment of the board of directors, may be helpful or necessary for the operation of the association; and
 - (p) Perform any other functions as may be necessary or proper to carry out the plan of operation and to affect any or all of the purposes for which the association is organized.
- (6) The secretary must convene the initial meeting of the association board of directors.

RCW 70.290.040. Estimate of program cost for upcoming year - Assessment collection - Surplus assessments - Start-up funding

- (1) The secretary shall estimate the total nonfederal program cost for the upcoming calendar year by October 1, 2010, and October 1st of each year thereafter. Additionally, the secretary shall subtract any amounts needed to serve children enrolled in state purchased health care programs covering low-income children for whom federal vaccine funding is not available, and report the final amount to the association. In addition, the secretary shall perform such calculation for the period of May 1st through December 31st, 2010, as soon as feasible but in no event later than April 1, 2010. The estimates shall be timely communicated to the association.
- (2) The board of directors of the association shall determine the method and timing of assessment collection in consultation with the department of health. The board shall use a formula designed by the board to ensure the total anticipated nonfederal

program cost, minus costs for other children served through state-purchased health care programs covering low-income children, calculated under subsection (1) of this section, is collected and transmitted to the universal vaccine purchase account created in RCW 43.70.720 in order to ensure adequacy of state funds to order state-supplied vaccine from federal centers for disease control and prevention.

- (3) Each licensed health carrier and each third-party administrator on behalf of its clients' health benefit plans must be assessed and is required to timely remit payment for its share of the total amount needed to fund nonfederal program costs calculated by the department of health. Such an assessment includes additional funds as determined necessary by the board to cover the reasonable costs for the association's administration. The board shall determine the assessment methodology, with the intent of ensuring that the nonfederal costs are based on actual usage of vaccine for a health carrier or third-party administrator's covered lives. State and local governments and school districts must pay their portion of vaccine expense for covered lives under this chapter.
- (4) The board of the association shall develop a mechanism through which the number and cost of doses of vaccine purchased under this chapter that have been administered to children covered by each health carrier, and each third-party administrator's clients health benefit plans, are attributed to each such health carrier and third-party administrator. Except as otherwise permitted by the board, this mechanism must include at least the following: Date of service; patient name; vaccine received; and health benefit plan eligibility. The data must be collected and maintained in a manner consistent with applicable state and federal health information privacy laws. Beginning November 1, 2011, and each November 1st thereafter, the board shall factor the results of this mechanism for the previous year into the determination of the appropriate assessment amount for each health carrier and third-party administrator for the upcoming year.
- (5) For any year in which the total calculated cost to be received from association members through assessments is less than the total nonfederal program cost, the association must pay the difference to the state for deposit into the universal vaccine purchase account established in RCW 43.70.720. The board may assess, and the health carrier and third-party administrators are obligated to pay, their proportionate share of such costs and appropriate reserves as determined by the board.
- (6) The aggregate amount to be raised by the association in any year may be reduced by any surpluses remaining from prior years.
- (7) In order to generate sufficient start-up funding, the association may accept prepayment from member health carriers and third-party administrators, subject to offset of future amounts otherwise owing or other repayment method as determined by the board. The initial deposit of start-up funding must be deposited into the universal vaccine purchase account on or before April 30, 2010.

RCW 70.290.047. Registration of third-party administrators

- (1) A third-party administrator must register with the association. Registrants must report a change of legal name, business name, business address, or business telephone number to the association within ten days after the change.
- (2) The association must establish data elements and procedures for the registration of third-party administrators necessary to implement this section in its plan of operation.

RCW 70.290.050. Selection of vaccines to be purchased - Committee

- (1) The board of the association shall establish a committee for the purposes of developing recommendations to the board regarding selection of vaccines to be purchased in each upcoming year by the department. The committee must be composed of at least five voting board members, including at least three health carrier or third-party administrator members, one physician, and the secretary or the secretary's designee. The committee must also include a representative of vaccine manufacturers, who is a nonvoting member of the committee. The representative of vaccine manufacturers must be chosen by the secretary from a list of three nominees submitted collectively by vaccine manufacturers on an annual basis.
- (2) In selecting vaccines to purchase, the following factors should be strongly considered by the committee: Patient safety and clinical efficacy, public health and purchaser value, compliance with RCW 70.95M.115, patient and provider choice, and stability of vaccine supply.

**RCW 70.290.060. Additional duties and powers of the association and secretary -
Penalty - Rules**

In addition to the duties and powers enumerated elsewhere in this chapter:

- (1) The association may, pursuant to either vote of its board of directors or request of the secretary, audit compliance with reporting obligations established under the association's plan of operation. Upon failure of any entity that has been audited to reimburse the costs of such audit as certified by vote of the association's board of directors within forty-five days of notice of such vote, the secretary shall assess a civil penalty of one hundred fifty percent of the amount of such costs.
- (2) The association may establish an interest charge for late payment of any assessment under this chapter. The secretary shall assess a civil penalty against any health carrier or third-party administrator that fails to pay an assessment within three months of notification under RCW 70.290.030. The civil penalty under this subsection is one hundred fifty percent of such assessment.
- (3) The secretary and the association are authorized to file liens and seek judgment to recover amounts in arrears and civil penalties, and recover reasonable collection costs, including reasonable attorneys' fees and costs. Civil penalties so levied must be

deposited in the universal vaccine purchase account created in RCW 43.70.720.

- (4) The secretary may adopt rules under chapter 34.05 RCW as necessary to carry out the purposes of this section.

RCW 70.290.070. Board shall submit financial report to the secretary

The board of directors of the association shall submit to the secretary, no later than one hundred twenty days after the close of the association's fiscal year, a financial report in a form approved by the secretary.

RCW 70.290.080. Limitation of liability

No liability on the part of, and no cause of action of any nature, shall arise against any member of the board of the association, against an employee or agent of the association, or against any health care provider for any lawful action taken by them in the performance of their duties or required activities under this chapter.

RCW 70.290.090. Vote to recommend termination of the association - Disposition of funds

- (1) The association board may, on or after June 30, 2015, vote to recommend termination of the association if it finds that the original intent of its formation and operation, which is to ensure more cost-effective purchase and distribution of vaccine than if provided through uncoordinated purchase by health care providers, has not been achieved. The association board shall provide notice of the recommendation to the relevant policy and fiscal committees of the legislature within thirty days of the vote being taken by the association board. If the legislature has not acted by the last day of the next regular legislative session to reject the board's recommendation, the board may vote to permanently dissolve the association.
- (2) In the event of a voluntary or involuntary dissolution of the association, funds remaining in the universal purchase vaccine account created in RCW 43.70.720 that were collected under this chapter must be returned to the member health carrier and third-party administrators in proportion to their previous year's contribution, from any balance remaining following the repayment of any prepayments for start-up funding not previously recouped by such member.

RCW 70.290.100. Physicians and clinics ordering state supplied vaccine — Tracking of vaccine delivered — Documentation

Physicians and clinics ordering state supplied vaccine must ensure they have billing mechanisms and practices in place that enable the association to accurately track vaccine delivered to association members' covered lives and must submit documentation in such a form as may be prescribed by the board in consultation with state physician organizations. Physicians and other persons providing childhood immunization are strongly encouraged to use state supplied vaccine wherever possible. Nothing in this chapter prohibits health carriers

and third-party administrators from denying claims for vaccine serum costs when the serum or serums providing similar protection are provided or available via state supplied vaccine.

RCW 70.290.110. Judicial invalidation of program's funding — Termination of program

If the requirement that any segment of health carriers, third-party administrators, or state or local governmental entities provide funding for the program established in this chapter is invalidated by a court of competent jurisdiction, the board of the association may terminate the program one hundred twenty days following a final judicial determination on the matter.

RCW 70.290.900. Effective date — 2010 c 174

This act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and takes effect immediately [March 23, 2010].

Title 43. State government - executive**Chapter 70. Department of health****RCW 43.70.720. Universal vaccine purchase account**

The universal vaccine purchase account is created in the custody of the state treasurer. Receipts from public and private sources for the purpose of increasing access to vaccines for children may be deposited into the account. Expenditures from the account must be used exclusively for the purchase of vaccines, at no cost to health care providers in Washington, to administer to children under nineteen years old who are not eligible to receive vaccines at no cost through federal programs. Only the secretary or the secretary's designee may authorize expenditures from the account. The account is subject to allotment procedures under chapter 43.88 RCW, but an appropriation is not required for expenditures.

Title 48. Insurance**Chapter 43. Insurance Reform****RCW 48.43.690. Assessments under RCW 70.290.040 considered medical expenses**

Assessments paid by carriers under RCW 70.290.040 may be considered medical expenses for purposes of rate setting and regulatory filings.

Title 82. Excise taxes**Chapter 04. Business and occupation tax****RCW 82.04.640. Exemptions - Washington vaccine association - Certain assessments received**

This chapter does not apply to assessments described in RCW 70.290.030 and 70.290.040 received by a nonprofit corporation established under RCW 70.290.020.

**WVA Corporate Governance Calendar
(Board Meeting and Committee Meeting Schedules for 2014)**

*All times are Pacific Standard Time

Date	Board (Generally Tuesdays 2 – 4 PM except as noted below)	Board Executive Committee (Scheduled if needed)	Vaccine (Dates, times TBD. In person)	Operations (2 nd Thursdays 2 – 3:30 PM phone call)	Audit (Dates, times TBD)
January	X (January 28)				
March					
April	X (April 29)			X (TBD)	X (April 29)
May			X (May 14)		
June	X (June 17)				X (TBD)
July				X (TBD)	
August					X (TBD)
September					
October	X (October 21 – Annual Meeting)				
November			X (TBD)	X (TBD)	

- In-person WVA Board meetings are from 2:00 – 4:00 PM at the offices of Ellis, Li & McKinstry.
- A written annual report may serve in lieu of an annual meeting of members. (Bylaws section 4.2)
- Officers are elected for 1-year terms at the annual meeting of the Board (Bylaws section 6.1)
- Committees may adjust their scheduled meeting dates or times for the convenience of their members.

April 29, 2014 WVA Board Meeting
Proposed Form of Votes

The following are suggested forms of votes only. They are intended to be an aid to facilitate work by individual directors. All board policy and the final form of votes is exclusively the province of the Board acting collectively as a Board of Directors.

Items under Agenda Section 2:

VOTED: To approve the minutes of the January 28, 2014 WVA Board Meeting.

[To approve the minutes of the January 28, 2014 Board meeting with the changes suggested at the meeting.]

VOTED: To approve the resolution regarding former Board Chair Brian Ancell honoring his exemplary service to the WVA.

[To approve the resolution regarding former Board Chair Brian Ancell honoring his exemplary service to the WVA with the changes suggested at the meeting.]

VOTED: To approve an increase in the allowable amount of the WVA imprest account to \$10,000.

[To approve an increase in the allowable amount of the WVA imprest account to \$10,000 with the changes suggested at the meeting.]

Item under Agenda Section 4:

VOTED: To appoint _____, _____, and _____ as a Task Force to review the WVA Mission and Director Responsibilities and bring back any recommendations for director expectations to the June meeting.

[To approve the appointment of _____, _____, and _____ as a Task Force to review the WVA Mission and Director Responsibilities and bring back any recommendations for director expectations with the changes suggested at the meeting.]

Items under Agenda Section 9:

VOTED: To approve, in connection with the TRICARE litigation, the WVA Litigation Task Force actions that trigger board review, namely:

1. Dispositive Motions

2. Election of Remedies
3. Any Settlement
4. Items Exceeding the Materiality/Cost Threshold
 - a. Engagement of Experts
 - b. Expenses over \$10,000
5. Highly Political Actions
6. Actions That May Attract Media Attention

[To approve, in connection with the TRICARE litigation, the list of the WVA Litigation Task Force actions that trigger board review, namely:

1. Dispositive Motions
2. Election of Remedies
3. Any Settlement
4. Items Exceeding the Materiality/Cost Threshold
 - a. Engagement of Experts
 - b. Expenses over \$10,000
5. Highly Political Actions
6. Actions That May Attract Media Attention

with the changes suggested at the meeting.]

VOTED: To authorize Dennis Kirkpatrick and John Pierce, with Anne Redman's assistance, to negotiate and finalize the potential KidsVax / WVA contract update to be effective 7/1/2014.

[To authorize Dennis Kirkpatrick and John Pierce, with Anne Redman's assistance, to negotiate and finalize the potential KidsVax / WVA contract update to be effective 7/1/2014, with the changes suggested at the meeting.]

**Directions to Ellis, Li & McKinstry
Market Place Tower
2025 First Avenue, PH-A
Seattle, WA 98121**

Traveling South on I-5:

- Take the **Stewart St/Denny Way exit**
- Continue straight on Stewart St for approximately 13 blocks
- Turn RIGHT onto 1st Ave
- Continue north on 1st Ave for approximately 2 blocks
- Turn LEFT onto Lenora St
- Turn LEFT into the first gate on Lenora to enter the garage

Traveling North on I-5:

- Take the **Seneca St exit (exit only on left-hand side of freeway)**
- Turn RIGHT onto 1st Ave
- Continue north on 1st Ave for approximately 7 blocks
- Turn LEFT onto Lenora St
- Turn LEFT into the first gate on Lenora to enter the garage

Traveling West on I-90:

- Connect onto I-5 N
- Take the **Madison St/Convention Pl exit**
- Stay straight onto 7th Avenue
- Turn LEFT onto Madison Street (at light)
- Continue straight, down the hill, for approximately 6 blocks
- Turn RIGHT onto 1st Ave
- Continue north on 1st Ave for approximately 9 blocks
- Turn LEFT onto Lenora St
- Turn LEFT into the first gate on Lenora to enter the garage

Traveling West on Hwy 520:

- Follow exit signs for downtown Seattle/I-5 S
- Exit road becomes Stewart St
- Continue straight on Stewart St for approximately 13 blocks
- Turn RIGHT onto 1st Ave
- Go north on 1st Ave for approximately 2 blocks
- Turn LEFT onto Lenora St
- Turn LEFT into the first gate on Lenora to enter the garage

To the Penthouse from Parking Garage:

- Use elevator to reach Market Place Tower lobby
- Switch to 1 of the 4 back elevators
- Penthouse is labeled PH on elevator buttons
- Exit left into the lobby