

Washington Vaccine Association – Board of Directors Meeting
June 17, 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, Esq.
Beth Harvey, M.D.
Dennis Kirkpatrick
Ed Marcuse, M.D.
Mary Kay O'Neill, M.D.
John Pierce, Esq.
Norm Seabrooks
John Soback, M.D.

DOH:

Michele Roberts
Jan Hicks-Thomson

Others:

Anne Redman, Esq.

KidsVax.org®:

Fred Potter
Margaret Lane (T)
Claire Roberge (T)
Terry Mills (T)
Norm Roberge (T)

Absent:

Jay Fathi, M.D.
Allene Mares

II. Summary of Actions Taken and/or Recommended

A. Actions Taken (votes adopted)

1. To approve the minutes of the April 29, 2014 WVA Board Meeting with the minor changes suggested at the meeting.
2. To recommend the request to implement an electronic transfer of funds from the WVA Operating bank account to the Imprest bank account (used for the payment of payer refunds), to replenish the Imprest refund account, for approval by the WVA Board, with contemporaneous notice to the treasurer of account activity to continue as it does today.
3. To approve the WVA expense budget for the calendar year 2014/2015 with the exception of lines 21 and 22.
4. To approve the Director Responsibilities with the exclusion of the paragraph 1.f. that is highlighted in yellow. [As published paragraph 1.f. will simply be omitted altogether and will be reinserted if KidsVax® is requested to do so.]
5. To approve the WVA Vaccine Committee revised charter with the changes suggested at the meeting.

B. Follow up Tasks/Action Items

1. Mr. Potter will inform the Board when TRICARE payments start being received.

III. Minutes

Welcome and Introductions

At 2:00 p.m., a quorum having been established, Chair John Pierce called the meeting to order. A modification was made to the meeting agenda with the first discussion being the TRICARE update.

1 TRICARE Update

2
3 Mr. Potter reported that Ellis, Li & McKinstry, PLLC was retained under contingent fee agreement with respect
4 to the TRICARE collection. Administratively, there has been positive confirmation that effective May 20, for all
5 vaccine administrations on and after May 20, 2014, two things are now official TRICARE policy: 1) the WVA
6 dosage based assessment will be recognized and paid, and 2) they no longer will contact physicians about
7 billing practices that do not include the physician as getting paid for the vaccine instead of the WVA. As of the
8 time of this meeting, these policies have not been implemented. WVA's outside litigation counsel is working
9 on the arrearage, which is another matter. In summary, TRICARE has agreed to deliver to KidsVax® one
10 complete years' worth of patient unidentified vaccination claims for TRICARE and from that WVA should be
11 able to develop an estimate of how much is owed to WVA for vaccines administered to TRICARE beneficiaries
12 for the three prior years. Mr. Kemper reported that he has had very positive conversations with Mr. Hutter.
13 Mr. Hutter and TriWest's counsel, William Cahill, appear to be trying to be helpful in providing what WVA
14 needs to figure out what the arrearage is along with agreeing to pay the ongoing charges as it moves forward.
15 Although they are not close to agreeing to the numbers that had been sent out historically as the dosage
16 based assessments, they appear willing to continue to move toward trying to figure out what the actual
17 number is with every indication that they have some intention to pay some or all of it. Mr. Kemper reported
18 that the Tolling Agreement in place with TriWest is only good for one more month, but in a recent exchange
19 he had with Mr. Cahill asking him if they would extend that by six months, he said yes they will. This will go
20 back to the Litigation Task Force for approval. Mr. Kemper indicated that it would be in everyone's best
21 interest to keep the Department of Justice out of this matter to avoid slowing down this process and Mr.
22 Hutter has made it very clear that if the matter moves into litigation it would get handed off to the U.S.
23 Attorney's Office at the Department of Justice and would be out of his control at that point. Mr. Kemper
24 believes it is best to continue to work cooperatively with Mr. Hutter and Mr. Cahill to get as much resolved as
25 possible without actually having to file a claim. He will continue to pursue this approach and will get the batch
26 of documents that's been promised from TRICARE and come up with a number from that. If Mr. Kemper can
27 extract what he needs from this next batch of documents, he and his team will use that to come up with the
28 best possible number to negotiate the best deal possible. If they can't get to a place that everyone is happy
29 with and the Task Force is willing to say yes to, then litigation will be pursued.

30
31 Consent Calendar Items

32
33 The consent calendar was briefly reviewed.

34
35 **Upon motion duly made and seconded, it was unanimously**

36
37 **VOTED:** To approve the minutes of the April 29, 2014 WVA Board Meeting with the minor changes
38 suggested at the meeting.

39
40 Executive Director Updates

41
42 Mr. Potter updated the Board regarding the recent increase in refund requests, which brought about a
43 request that the Imprest account, which is used solely for payment of payer refund requests, be replenished
44 via wire transfer with the same paper backup emailed to the treasurer rather than having the treasurer
45 process paper checks. As reflected in his report, Mr. Potter, indicated that WVA had its first noncompliant
46 payer. They indicated that they would refuse to pay the dosage based assessment for their beneficiaries
47 vaccinated in the State of Washington. They have now recanted that position and last week an agreement
48 was put in place. WVA has taken the position that every payer, regardless of its state of domicile, which has
49 beneficiaries who receive vaccines from the state supply that WVA has funded, pays that portion of the
50 dosage based assessment. Mr. Potter thanked the Department of Health for its assistance in that regard.
51 WVA is now back to 100% known payer compliance, but for TRICARE, who is now saying that they are
52 compliant, going forward, effective as of May 20. Mr. Potter will inform the Board when TRICARE payments

1 start being received. Mr. Potter thanked Norm Roberge for taking on the extraordinary workload of reviewing
2 every individual transaction and every financial transaction with respect to payment processing.

3
4 Mr. Potter reported that the Audit Committee recommends and forwards to the Board the recommendation
5 that KidsVax® be permitted to replenish the Imprest account, which has the purpose of only having payments
6 written in payer refunds, via wire transfer rather than paper check. The Audit Committee instructed KidsVax®
7 that if this is approved by the Board, that it is to supply to the treasurer the same paper summary as with the
8 paper checks every time a wire transfer is made so that there will be contemporaneous documentation on file.
9 Mr. Potter stated that this change would provide KidsVax® with more operational flexibility without impact on
10 the viability of WVA's internal controls. He believes that the internal controls will be better due to the
11 timeliness of payment processing. Mr. Kirkpatrick clarified that WVA will move from \$5,000 to \$10,000 as the
12 amount that can be transferred at one time to the Imprest account and it will change from him signing a check
13 to do that to the electronic transfer. The process for the funds to leave the Imprest account in the form of a
14 check to the payers is unchanged.

15
16 **Upon motion duly made and seconded, it was unanimously**

17
18 **VOTED:** To recommend the request to implement an electronic transfer from the WVA Operating
19 bank account to the Imprest bank account for the purpose of payment of payer refunds,
20 for replenishment of the Imprest refund account for approval by the WVA Board with
21 contemporaneous notice to the treasurer of activity continuing as it does today.
22

23 Mr. Potter reported that Alaska has passed a statute regarding universal vaccine funding. He was uncertain if
24 it is still awaiting the Governor's signature. The Alaska statute allows for whatever an advisory committee
25 determines to be the best way for the assessments to be processed. KidsVax® was called last week by the
26 Alaska Department of Health, which is having concerns about its ability to get this set up to be operational by
27 January 1, 2015. KidsVax® has expressed a willingness to assist Alaska with administrative support work to
28 help establish their vaccine funding mechanism and believes that the Department of Health will ask KidsVax®
29 to do a quarterly covered lives assessment model to start and to help form an advisory committee to guide
30 further operations as to any changes from the advisory committee. KidsVax® has been asked to send them a
31 proposal for short-term services. Alaska, like the State of Vermont, which KidsVax® services, contemplates
32 that they will include some or all adult vaccines. It is unclear if the flu vaccine will be included in that. A
33 question was raised regarding the capacity for KidsVax® to continue to take on additional states. Brief
34 discussion ensued. Mr. Potter indicated that due to the use of a different assessment model than is utilized in
35 WVA, he does not have concerns about his personal capacity at this point even if KidsVax® begins providing
36 services to Alaska. The possibility of cross-border issues was raised. Mr. Potter is unsure how much market
37 overlap there is. There may be some Idaho-type issues.
38

39 WVA Budget Approval

40
41 The Audit Committee spent time on audit planning and other matters and for that reason, the WVA 2014/15
42 Expense Budget went to the Board without recommendation from the Audit Committee. The WVA budget has
43 a line for the administrative services fixed contract which will be dealt with separately. Lines 21 through 39
44 are expense budgets which govern KidsVax®'s financial controls for the Board, except when changes are
45 requested. Last year, the original budget had the AMCC claims review recovery program as a six-month pilot
46 project. That program was deemed to be very beneficial and the Board authorized that it be continued for the
47 full year. Another item is Desautel-Hege Communications and that was added by the Board midway through
48 the year, so the proposed expense budget has that in for the full year, assuming that continues. Mr. Potter
49 indicated that it would be best practices for the Board to approve lines 23 through 29 on this budget prior to
50 the start of the 2014/2015 fiscal year and then whatever separate action the Board takes on the
51 administration, lines 21 and 22, would be effected by other votes the Board takes. This action would basically
52 control WVA expenditures on everything other than the KidsVax® contract, which is a direct Board vote and is
53 likely to be a separate vote. Further discussion ensued.

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

2
3 **VOTED:** To approve the WVA expense budget for the calendar year 2014/2015 with the exception
4 of lines 21 and 22.
5

6 Board Development
7

8 The Board discussed the WVA Director Responsibilities and WVA mission at the April meeting. It was decided
9 at that time that the Board did not want to move forward on this policy issue until it had Dr. Marcuse's input.
10 Mr. Pierce has since met with Dr. Marcuse to discuss the WVA mission. In terms of the more procedural issues
11 reflected in the document, they were in agreement that they reflect the responsibilities of Board members.
12 There is still an open question regarding whether this organization should have a larger role with regard to
13 trying to improve the rate of vaccinations in the state. It is not directly part of the legislative charter. Mr.
14 Pierce believes it is a way for the WVA to make a difference, but the question is if and how this body can make
15 a difference compared to what the Department of Health is already doing with their resources. Mr. Pierce
16 indicated that with the exception of paragraph 1.f. of the document as proposed, it is suitable for approval by
17 the Board. The item reflected in paragraph 1.f. can be taken up offline and handled in the future.
18

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

20
21 **VOTED:** To approve the Director Responsibilities with the exclusion of the paragraph 1.f. that is
22 highlighted in yellow. [As published paragraph 1.f. will simply be omitted altogether and
23 will be reinserted if KidsVax® is requested to do so.]
24

25 Mr. Potter asked that the notebook of Conflict of Interest Disclosure Statements be circulated to all of the
26 Board members for review. As part of an annual review, Conflict of Interest Disclosure Statements are
27 distributed to Board members, Vaccine Committee members, Operations Committee members, and KidsVax®
28 staff as part of good Board governance and to be certain that no conflicts exist that could hinder anyone's
29 ability to act on behalf of the WVA Board or make a decision in the best interest of the Board. Ms. Lane
30 reported that all Disclosure Statements have been returned except from two organizations on the Operations
31 Committee that she is continuing to follow up with. Upon careful review, Attorney Redman and Ms. Lane did
32 not find conflicts of a type that are required to be disclosed. Ms. Lane prepared a summary memo for Board
33 review as part of the meeting packet. Attorney Redman noted the need to improve the form to assist in
34 determining that an individual had carefully read all the questions on the form. The reports will be available
35 to the directors online at any time, but are not made available as part of the public website.
36

37 Vaccine Committee Report to the Board
38

39 Dr. Marcuse indicated that it seemed an appropriate time to revisit the Vaccine Committee charge while the
40 duties of the Directors were being revisited. Upon reflection of what has transpired since the WVA was
41 founded, the roles of the Vaccine Committee are really quite different today than what was needed at the
42 start. When the organization was first started, there was a great deal of concern on the part of the
43 pharmaceutical manufacturers as to how it would be decided which vaccines Washington state physicians
44 would use, how often they would get to pick, and whether there would be a default order set for those who
45 failed to respond. All of those concerns are moot at this point. Thankfully, those issues were resolved to the
46 satisfaction of all constituencies. Due to the work of the State Health Department, Washington has a system
47 where all vaccines are available to all providers. There no longer is a default order set and the process of
48 having a choice twice a year seems to be working just fine. That being said, the function of the Vaccine
49 Committee is more of an oversight of this process and to make sure that appropriate communication is taking
50 place between the payers, the Department of Health, and the providers. The Vaccine charge has been
51 reworded to reflect those responsibilities, making clear that while its statutory role is to decide what vaccines
52 this group buys, it has been made clear that the Vaccine Committee is really a secondary body because the
53 vaccines are entirely those that are recommended by the Advisory Committee on Immunization Practices of

1 the Centers for Disease Control with the input to the State from the Vaccine Advisory Committee, and then
2 the WVA Vaccine Committee takes a look at those recommendations. Communication among the group will
3 continue twice a year, with an in-person meeting once a year to keep people updated.

4
5 Dr. Marcuse noted that there is very little shift in providers ordering. There are approximately 1,200 provider
6 offices across the state and 42 providers who changed product during the last selection period. The changes
7 were minimal and largely governed by a slightly different age indication for one product versus another.
8 Essentially, the concerns that created so much angst are gone.

9
10 **Upon motion duly made and seconded, it was unanimously**

11
12 **VOTED:** To approve the WVA Vaccine Committee revised charter with the changes suggested at
13 the meeting.

14
15 DOH Updates

16
17 Ms. Roberts, who was representing the Department of Health at today's meeting, updated the Board on the
18 status of the DOH rulemaking with respect to DBA enforcement. The rule was finalized last week and is now
19 on the books.

20
21 Public Comment

22
23 There was no public comment.

24
25 Executive Session

26
27 In executive session with counsel present, the board reviewed the performance of KidsVax® during the 2013-
28 14 year ending June 30 and specifically the achievement of the performance goals and measures identified for
29 the year. Achievement of identified goals can qualify KidsVax® for an incentive bonus. The board reviewed
30 and evaluated overall performance goals achievements and achievement of the 12 specific goals.
31 Improvement in performance as compared to the prior year was noted with appreciation for the efforts of Mr.
32 Potter and KidsVax® staff. The discussion noted that Ms. Lane has contributed significantly to the
33 implementation of goals. Mr. Pierce and Mr. Kirkpatrick were to convey the results of the review to Mr. Potter
34 following the meeting.

35
36 In the discussion, Dr. Marcuse raised a question regarding the communications vendor and discussion at the
37 last Board meeting about having KidsVax® take over this work. The Board concluded this idea needs further
38 discussion.

39
40 The Board then considered a proposed contract extension for one year presented by KidsVax®. The Board
41 authorized Mr. Pierce and Mr. Kirkpatrick, with the advice of counsel, to review and execute a contract
42 extension on terms deemed acceptable. With regard to a provision in the contract extension for
43 reimbursement of KidsVax® work in connection with the TRICARE retroactive recovery, the Board expressed a
44 preference for a budgeted amount for such work. The Board also directed Mr. Pierce and Mr. Kirkpatrick to
45 review proposed goals for KidsVax® for the coming year for recommendation to the Board for its approval.

46
47 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, June 17, 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 8 a. b.	J. Pierce
2:05-2:15	* 2. Consent Calendar Items a. Board minutes – April 29, 2014 b.	J. Pierce
2:15-2:30	3. Executive Director Updates * a. Executive Director's report * i. KidsVax® Performance Dashboard * b. Wire transfer recommendations to Imprest Account * c. Report on Alaska vaccine legislation as Requested by Board	F. Potter F. Potter
2:30-2:45	4. WVA 2014/15 Budget Approval a. WVA 2014/15 Budget b.	F. Potter
2:45-3:00	5. Board Development a. Updated Board Mission and Director Responsibilities * b. Conflict of Interest Statements Report c.	J. Pierce A. Redman/M. Lane
3:00-3:15	6. Vaccine Committee Report to Board a. Vaccine Selection * b. Updated Charter * c. Approve Vaccine Committee Minutes – 5/14/14	E. Marcuse
3:15-3:20	7. DOH Updates a. DOH rulemaking status on DBA enforcement b.	A. Mares
3:20-3:30	8. Other Matters from Board Members a. b.	J. Pierce
3:30-4:00	9. Closing Section a. Public comment b. Executive session (all staff, guests excluded; outside counsel included) i. TRICARE update ii. KidsVax/WVA contract update effective 7/1/2014 iii. AMCC – Special Project Contract iv. KidsVax Performance Goals a. 2013/14 Performance Goals Review [Spreadsheet from Darryl Price will be available] b. 2014/15 Performance Goal Setting c. Executive session (KidsVax® staff excluded) i. Finalize KidsVax® contract matters/evaluations d. 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/K. Kemper D. Kirkpatrick J. Pierce F. Potter F. Potter J. Pierce J. Pierce

*Indicates agenda item attached

WAvaccine.org

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Ensuring Funds for Childhood Vaccines

**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
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.

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

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

Upon motion duly made and seconded, it was unanimously

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

Executive Director Updates

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

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

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

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

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

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

Ms. Lane provided an update on the TPA Registration actions. Initially, TPA registration accountability was with the Department of Licensing, then went to the Department of Revenue for in-state TPAs only, to try to simplify the process. In anticipation of the DOR's interest in transferring the registration to the WVA, the WVA Board voted in 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 Board Development

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.

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.

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.

29 DOH Updates

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

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.

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.

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

48 WVA Communication Enhancements

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 a rebilled so
14 the funds go to the WVA. That is one of the reasons there are so many small transactions to send the money to the
15 right place every month. The next step is to stay well-informed regarding what's happening with the clearinghouses
16 and to 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.

June 17, 2014 Executive Director Overview

Assessment Collections since inception:	\$165+ Million
Remittances to State of WA since inception:	\$169+ Million
Receivables	\$5+ Million
Cash Balance as of May 31, 2014:	\$4.6+ Million
Morgan Stanley as of May 31, 2014:	\$10,000
Utilized Line of Credit	\$11 Million
Available Line of Credit	\$4 Million

Matters have continued to proceed satisfactorily since our April 29, 2014 Board meeting.

Ironically, after years of primary concentration on the provider side, much of our recent attention has been given to the payer side. Happily, we have some good news to report on that front. Norm Roberge continues to work with UnitedHealthCare Group and Cigna on past error corrections. We have every reason to believe that will be resolved in due course. Also, the learning from that may be helpful to WVA as we increasingly move towards electronic payment processing.

The last call Laurie Beth Pliakos and I had with TRICARE began with the declaration by TRICARE's general counsel, Paul Hutter, "Good news!" We are told now that all WVA dosage based assessments will be processed in the ordinary course, along with provider claims payments for childhood vaccination services for all service dates on and after May 20, 2014. Apparently (although unknown to us earlier), this required a signature by some authorized senior level manager of a policy update. Though we were denied a copy of the policy update itself (which was described to us as "internal"), we were assured that the matter would now have the general counsel's full attention to fast-track the full implementation of this policy. That said, however, the anticipated follow-up call for remaining "enrollment" steps for WVA as a provider (all of the "enrollment" information had been sent to TRICARE years ago, so it may be that nothing further is required), has not yet occurred. Paul Hutter asked me to call him directly on Thursday, June 12 if we had not heard from UnitedHealthCare's TRICARE servicing group by that time, so it looks like, indeed, some follow-up steps may be required at this stage as well. Nonetheless, this appears to represent a significant breakthrough. More will be shared in executive session concerning progress on the TRICARE arrearage front.

Unfortunately, our first commercial carrier announced recently that it would refuse to participate in the WVA process. Margaret Lane and Laurie Beth Pliakos, in a follow-up call today, were told that the carrier may have reevaluated that position and now will consider moving forward with regular processing of WVA's assessments. We hope to know more by the time of the Board meeting concerning whether or not we will be looking to the Board for formal enforcement action with respect to that carrier, but presently hope that this will not be required.

We understand that the Board plans to move forward with the handful of regular year-end KidsVax® contracting matters (2013/14 performance review and 2014/15 goal setting). Additionally, we look forward to completing any remaining steps needed for implementation of the contract amendment to continue our work on and after July 1, 2014.

We are deeply appreciative of the guidance and support you have afforded to KidsVax® as we conducted administration of WVA this year. It has been a good year operationally and, we trust, will start 2014/15 on an even stronger basis with the addition of TRICARE as a participating payer. Thank you for the opportunity to serve with you in this important work.



Fred L. Potter, writing June 9, 2014 for the June 17, 2014 board meeting.



Standard Attachments

- i. Quarterly financial reports through March 2014 (previously forwarded with the 04/29/14 Board packet)
- ii. Cash Reserve Analysis (previously forwarded with the 04/29/14 Board packet)
- iii. Investment Report (Omitted – balance presently maintained is at the placeholder level of \$10,000)
- iv. KidsVax® Performance Dashboard (Updated through 06/09/14)

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

1. Maintain Core Service Metrics

- Responsiveness
 - Telephone (85% within 1 business day | 100% within 2)
 - Emails (85% acknowledged w/ delivery time in 3 days | 100% in 5 days)
- Financial Reporting (from period end)
 - Monthly financials w/in 15 business days (except 1st month of year)
 - Annual within 40 business days
 - Quarterly 12-month liquidity forecasts w/in 25 business days
- State funding
 - 100% funding on or before due date
 - Annual regulatory reports on or before due date

2. Provider & Payer Compliance

- 95% Provider Compliance
- 100% Payer compliance (except for TriCare)

3. System / Operational Improvements

- Implement new TPA registration system & notify TPAs of need to register
- Board governance -- Audit committee checklist & new member orientation notebook
- [Stretch Objective] TRICARE participating in WVA funding

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

Original Due Date	Board Approved change	Now expected	6/10/2014 Status	YE Expected	Comments
ongoing			G	G	
ongoing			G	G	
ongoing			G	M	With granted relief for DOH delays in August, all now on track Completed for FYE 6/30/2013
ongoing			M	M	
ongoing			G	M	
ongoing			G	G	With LOC approval last month, current status went from yellow to green
ongoing			M	M	
ongoing			G	G	
ongoing			Y	G	BC/BS ID advised of non-compliance in May but has since has taken steps to participate.
ongoing			G	G	
11/1/2013		6/17/2014	M	M	Registration system and notification letters both were completed ahead of due date.
1/1/2014		6/17/2014	R	G	Missed original due date. Red for that reason. Both have been completed.
5/1/2014		6/30/2014	Y	G	TRICARE has accepted DBA liabilities commencing 5/20/2014, but still looking for financial confirmation.

KidsVax requests related to dashboard items (if any)

1.b.i. 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.

3.c. 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 burden

Note : KidsVax requested movement of goal at April board meeting, but Board did not act on the request at that time.

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.

1. Added by KidsVax					
a. AMCC monitored claim denial recovery effort					
2. Added by Board					
a. Communications RFP					
b. Provider Cost burden Analysis					
3. Added by Events / Other					
a. Revised LOC facility to meet CDC Cash Call					
b. Active outstanding debt / enlarged Treasury responsibilities					

KidsVax requests related to additional Board items (if any)

20. Provider Cost burden Analysis
- KidsVax solicited additional information from providers to better understand the provider concerns. This information was not readily available for the November requested deadline. This additional information and an analysis of the cost burden of the DBA was presented to the Board at its April 29, 2014 Board Meeting.



June 10, 2014

MEMO

To: Fred Potter, Executive Director

From: Norman Roberge, Accountant / Analyst

Re: Request to go to electronic transfer for replenishment of refund imprest account.

1 - A large increase in the number and amount of refund requests being received from payers make the current replenishment of the refund imprest account by paper check impractical.

2 - Refunds issued from July 2011 through March 2014, 33 weeks, were a total of \$145,640 for an average weekly refund of \$1,025.

3 - Refund requests received for period April 2014 through June 10, 2014, 10 weeks, are a total of \$58,937 for an average weekly refund of \$5,893.

4 - The increased refund requests are due to payers reviewing all claims paid to WVA. Due to this review WVA is receiving increased payments for the periods of April 2013 to current but we are also receiving refund requests for overpaid claims for the same period.

5 - Allowing Claire Roberge the ability to replenish the imprest refund account by electronic transfer will allow the accounting team to promptly act on the refund requests. We have no prior knowledge of the refund requests and the current trend appears to be in the \$6,000 to \$15,000 on weekly basis.

6 - If authority is granted for the limited transfer between the operating and imprest bank accounts we will continue:

A - Informing the Treasurer of the refunds covered by each replenishment by providing a check register by email.

B - Maintaining file copies of all documentation related to the refunds

C - Continue Board approved limitation of single refund check at \$2,500



LAWS OF ALASKA

2014

Source

HCS CSSB 169(HSS)

Chapter No.

AN ACT

Establishing in the Department of Health and Social Services a statewide immunization program and the State Vaccine Assessment Council; creating a vaccine assessment account; requiring a vaccine assessment from assessable entities and other program participants for statewide immunization purchases; repealing the temporary child and adult immunization program; and providing for an effective date.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

THE ACT FOLLOWS ON PAGE 1

AN ACT

1 Establishing in the Department of Health and Social Services a statewide immunization
2 program and the State Vaccine Assessment Council; creating a vaccine assessment account;
3 requiring a vaccine assessment from assessable entities and other program participants for
4 statewide immunization purchases; repealing the temporary child and adult immunization
5 program; and providing for an effective date.

6
7 * **Section 1.** AS 18.09 is amended by adding new sections to read:

8 **Article 1A. Statewide Immunization Program.**

9 **Sec. 18.09.200. Statewide immunization program established;**
10 **commissioner's duties.** (a) In addition to health promotion and vaccine registration
11 activities of the department, a statewide immunization program is established in the
12 department for the purpose of monitoring, purchasing, and distributing included
13 vaccines to providers approved by the department who agree to provide the included
14 vaccines to state residents under terms consistent with the program and state and

1 federal law.

2 (b) The commissioner shall

3 (1) establish a procedure to phase in the program over a three-year
4 period that provides for participation by an assessable entity;

5 (2) maintain a list of recommended vaccines for inclusion in the
6 program;

7 (3) for each included vaccine, establish the initial vaccine assessment
8 for the first year of the program and thereafter make annual assessments based on the
9 determinations made by the council established under AS 18.09.210;

10 (4) notify assessable entities and other program participants of the
11 annual vaccine assessment for each vaccine included in the program;

12 (5) devise a method for crediting to assessable entities and other
13 program participants overpayments of vaccine assessments made for reasons related to
14 administrative error, program termination, or lower than anticipated actual usage of
15 the program by covered individuals;

16 (6) coordinate collective purchases of included vaccines;

17 (7) establish a procedure for statewide distributions of vaccines
18 purchased under the program; and

19 (8) review vaccine assessment appeals for error.

20 **Sec. 18.09.210. State Vaccine Assessment Council; members; duties.** (a)

21 The State Vaccine Assessment Council is established in the department for the
22 purpose of determining the amount of vaccine assessments made by the commissioner
23 to be paid by assessable entities and other program participants in the state under
24 procedures established by the council.

25 (b) The council consists of eight members appointed by the commissioner as
26 follows:

27 (1) the department's chief medical officer for public health or the chief
28 medical officer's designee, who shall serve as chair;

29 (2) two health care providers licensed in the state, one of whom must
30 be a pediatrician;

31 (3) three members representing health care insurers licensed in the

1 state under AS 21.54, one of whom must be a plan administrator; each insurer must
 2 represent a different organization in the state;

3 (4) a representative of a tribal or public health insurance plan;

4 (5) the director of the division of insurance or the director's designee.

5 (c) A member appointed to the council under (b)(2) - (4) of this section serves
 6 without compensation and reimbursement of expenses for a term of three years or until
 7 a successor is appointed. A member may not serve more than two consecutive terms.

8 (d) The council shall meet at the call of the chair and conduct business by
 9 majority vote.

10 (e) The department shall provide staff and other assistance to the council.

11 (f) The council shall

12 (1) establish and implement a plan of operation to

13 (A) determine the amount of the annual vaccine assessment,
 14 subject to review by the commissioner, for each included vaccine for each
 15 covered individual following the initial vaccine assessment amounts
 16 determined by the commissioner;

17 (B) use a method for determining the vaccine assessment
 18 amount that attributes to each assessable entity and other program participant
 19 the proportionate costs of included vaccines for covered individuals;

20 (C) establish procedures for the collection and deposit of the
 21 vaccine assessment;

22 (D) establish procedures for collecting and updating data from
 23 assessable entities and other program participants as necessary for the
 24 operation of the program and the determination of the annual vaccine
 25 assessment; the data collected must include the number of covered individuals
 26 by each assessable entity and other program participant and the annual vaccine
 27 program usage by each covered individual;

28 (E) devise a system for reducing surplus payments made by an
 29 assessable entity and other program participant by crediting past overpayments
 30 to current year vaccine assessments;

31 (2) submit to the commissioner and to the legislature, not later than

1 July 1 of each year, an annual financial report, including assessment determinations
2 and overall costs of the program, in a form acceptable to the commissioner and the
3 legislature;

4 (3) monitor compliance with the program requirements and vaccine
5 assessments and submit a periodic noncompliance report to the commissioner and the
6 director of insurance that lists assessable entities and other program participants that
7 failed to

8 (A) remit vaccine assessments as determined by the council
9 and approved by the commissioner; or

10 (B) comply with a reporting or auditing requirement under the
11 program after notice from the council.

12 **Sec. 18.09.220. Vaccine assessment and reporting requirements.** (a) An
13 assessable entity and other program participant shall, after being phased into the
14 program under procedures approved by the commissioner,

15 (1) pay to the department the annual combined vaccine assessments as
16 determined under the program for the included vaccines covered by the assessable
17 entity or other program participant for each covered individual on a schedule adopted
18 by the council;

19 (2) provide information requested by the council to determine the
20 number of covered individuals, actual vaccine usage under the program, and other data
21 necessary to calculate and monitor compliance with the vaccine assessment; and

22 (3) provide audited financial statements upon request of the council.

23 (b) A vaccine assessment must include a reasonable contribution toward
24 support of the program and appropriate reserve funds, as determined by the council. A
25 vaccine assessment may not include a provider fee for the administration of the
26 vaccine.

27 (c) A vaccine assessment shall be construed as a medical expense of the
28 assessable entity or other program participant.

29 (d) An assessable entity or other program participant may appeal a
30 determination of a vaccine assessment made by the council to the commissioner
31 within 10 days after receiving notification of the assessment. The commissioner shall

1 review the appeal and all materials relevant to the assessment that is the subject of the
 2 appeal and shall modify the assessment if the commissioner finds substantial evidence
 3 of an error.

4 (e) An assessable entity may opt out of the program during the three-year
 5 phase-in period under procedures approved by the commissioner.

6 **Sec. 18.09.225. Other program participants.** (a) A health care provider or
 7 group of providers may opt into the program if approved by the commissioner under
 8 regulations adopted by the department.

9 (b) An assessable entity may not deny a claim for coverage by a health care
 10 provider of vaccines not distributed under the program.

11 (c) A health care provider may not bill a payor for or resell a vaccine
 12 distributed under the program.

13 **Sec. 18.09.230. Vaccine assessment account; creation.** (a) The vaccine
 14 assessment account is created as an account in the general fund. The legislature may
 15 appropriate to the account program receipts attributable to vaccine assessments under
 16 AS 18.09.220, money from other sources, and interest earned on money in the
 17 account. Appropriations to the account do not lapse.

18 (b) The legislature may make appropriations from the vaccine assessment
 19 account for the purchase of included vaccines for the benefit of state residents in an
 20 amount requested by the department and for other purposes of the program.

21 **Sec. 18.09.240. Penalties.** An assessable entity or other program participant
 22 that fails to pay a required annual vaccine assessment after notification of the
 23 assessment or fails to comply with a request for information necessary for
 24 determination of the assessment may be assessed an additional noncompliance fee as
 25 determined by the commissioner under regulations adopted by the department.

26 * **Sec. 2.** AS 18.09.990 is amended by adding new paragraphs to read:

27 (3) "assessable entity" means

28 (A) a health care insurer as defined in AS 21.54.500;

29 (B) an entity that provides the state health care plan described
 30 in AS 39.30.090 and 39.30.091;

31 (C) a public or private entity that offers a publicly funded plan

1 in the state, to the extent participation in the program is authorized by law;

2 (D) a third-party administrator as defined in AS 21.97.900;

3 (4) "commissioner" means the commissioner of health and social
4 services;

5 (5) "council" means the State Vaccine Assessment Council;

6 (6) "covered individual" means an adult or child who resides in the
7 state and who is provided insurance coverage for an included vaccine by an assessable
8 entity or who is a patient of another program participant;

9 (7) "included vaccine" means a vaccine recommended by the Advisory
10 Committee on Immunization Practices of the Centers for Disease Control and
11 Prevention, United States Department of Health and Human Services, and included on
12 a list maintained by the commissioner for inclusion in the program;

13 (8) "other program participant" and "another program participant"
14 mean a health care provider or group of providers who have opted into the program
15 under AS 18.09.225 to both purchase vaccines for and administer vaccinations to
16 residents of the state;

17 (9) "program" means the statewide immunization program;

18 (10) "provider" means a person licensed or certified by the state to
19 administer vaccines or provide health care services or a partnership, corporation, or
20 other entity made up of persons licensed or certified to administer vaccines or provide
21 health care services;

22 (11) "vaccine" means a preparation of killed microorganisms, living
23 attenuated organisms, living fully virulent organisms, or other substances that are
24 administered to humans for the purpose of producing or artificially increasing specific
25 immunity to life-threatening and disabling diseases.

26 * **Sec. 3.** AS 21.09.242 is amended by adding a new subsection to read:

27 (b) An assessable entity, as defined in AS 18.09.990, shall provide
28 information and assessments to the Department of Health and Social Services and the
29 State Vaccine Assessment Council established under AS 18.09.210 as necessary for
30 the statewide immunization program established under AS 18.09.200.

31 * **Sec. 4.** AS 37.05.146(c) is amended by adding a new paragraph to read:

1 (87) the vaccine assessment account under AS 18.09.230.

2 * **Sec. 5.** AS 18.09.200, 18.09.210, 18.09.220, 18.09.225, 18.09.230, 18.09.240,
3 18.09.990(3), 18.09.990(4), 18.09.990(5), 18.09.990(6), 18.09.990(7), 18.09.990(8),
4 18.09.990(9), 18.09.990(10), 18.09.990(11); AS 21.09.242(b); and AS 37.05.146(c)(87) are
5 repealed January 1, 2021.

6 * **Sec. 6.** Chapter 24, SLA 2012, is repealed.

7 * **Sec. 7.** The uncodified law of the State of Alaska is amended by adding a new section to
8 read:

9 TRANSITION; DEPOSIT OF FUNDS REMAINING FROM CHILD AND ADULT
10 IMMUNIZATION PROGRAM. All unobligated funds remaining in the program established
11 under sec. 2, ch. 24, SLA 2012, shall be deposited into the account created in AS 18.09.230,
12 added by sec. 1 of this Act.

13 * **Sec. 8.** This Act takes effect January 1, 2015.

Washington Vaccine Association Statement of Activities and Changes in Net Assets

		A		B	
		Actuals for 11 months ending May 2014		for 12 months ending 30-Jun-14 Projected Actuals	
Revenues:					
1	Assessments	\$	45,505,193.85	\$	49,642,029.65
2	Less: Vaccine Expense		(50,814,587.80)		(55,434,095.78)
3	Net Assessment Margins	\$	(5,309,393.95)	\$	(5,792,066.13)
4	Investment Income		10,361.62		11,303.59
5	Other Income		-		-
9	Net Revenue		(5,299,032.33)		(5,780,762.54)
Expenses:					
21	Administrative services - Fixed Contract		281,645.32		307,249.40
22	Adm services -variable compensation				30,725.00
23	Legal fees		52,891.77		57,700.11
24	Audit		8,750.00		8,750.00
25	Annual Report / Special Communications		22,930.57		25,015.17
Special Projects:					
26	Denied Claims Recovery		25,875.04		28,227.32
27	All Other		2,500.00		2,500.00
28	Insurance		21,388.98		21,388.98
29	Bank Fees		87,452.74		95,402.99
30	Other		(6,888.83)		(6,888.83)
39	Total administrative Expenses		496,545.59		541,686.10
40	Line of Credit - Financing Costs		207,012.15		225,831.44
41	Total expenses		703,557.74		767,517.53
42	Increase (decrease) in net assets	\$	(6,002,590.07)	\$	(6,548,280.08)
43	Unrestricted net assets, beginning of year		9,968,902.03		9,968,902.03
44	Unrestricted net assets, end of year	\$	3,966,311.96	\$	3,420,621.95

Budget worksheet

		C		D	
		2013/14 Expense Budget Approved June 2013		2014/15 Expense Budget Recommended June 2014	
		307,249	318,003		
		30,725 ^a	31,800 ^a		
		25,000 ^b	30,000 ^b		
		13,000	10,000 ^c		
		18,825	35,000 ^d		
		14,000	30,000 ^e		
		10,000	10,000		
		25,000	25,000		
		100,000	100,000		
		543,799	589,803		

New contract terms effective 7/1 will supersede this.

Sialom Consulting in 2013/14.

Notes:

^a This is full contractual target. The board retains full discretion as to actual final amount.

^b Legal was budgeted for past experience. TRICARE case added \$25,000, non-repeated retainer. Expenses will continue Also, Anne Redmann now has been asked by the Treasurer to attend every board meeting.

^c 2013/14 audit quote was \$9450 + expenses.

^d Increase is for new Desautel Hege communications contract added by the board.

^e Was originally budgeted for 6 months but then extended. This is for a full 12 months.

WVA 2014-06-17 04.a. 1

2013/14 WVA Budget

(Note: Board Budget is Set on Lines 10-17 -- remaining lines are informational only)

Line	A	D	B	E	C	F
	Actual 2010-11	Budget 2011-12	Actual 2011-12	Budget 2012-13	Actual (YTD 5/31) 2012-13	Proposed Budget 2013-14
01	Net Assessment Margin	21,756,004	-2,179,997	-9,539,300	-14,016,566	725,749
02	Investment Income	42,637	85,273	200,000	138,209	50,000
03	Net Revenue	21,798,641	-2,094,724	-9,339,300	-13,878,347	775,749
10 a	General Administration - fixed contract	765,057	380,000	353,290	323,849	307,249 ^b
10 b	General Administration - variable compensati	0	38,000	35,329	0	30,725 ^c
11	Legal	34,142	25,000	25,000	24,769	25,000
12	Audit	13,020	12,500	13,000	10,000	13,000
13	Annual Report / Special Communications	27,274	18,825	18,825	12,800	18,825
14 a	Special Projects - DOH Vaccine Order Syster	0	80,000	0	0	0
14 b	Special Projects - Founders Recognition	0	0	9,500	0	0
14 c	Special Projects - Denied Claims Recovery	0	0	0	0	14,000
14 d	Special Projects - All Other	10,000	10,000	10,000	0	10,000 ^d
15	Insurance	22,542	35,000	23,335	21,419	25,000
16	Bank Fees	73,308	75,000	62,324	97,231	100,000
17	Investment advisor / manager	0	25,000	25,000	0	0
	Total Expenses	945,343	699,325	589,944	490,068	543,799
	Increase (decrease) in net assets	20,853,298	-2,794,049	-9,929,244	-14,368,415	231,950
	Beginning of Year Net Assets	718,544	19,190,782	25,223,973	25,223,973	12,500,000 ^e
	End of Year projected Net Assets	21,571,842	16,396,733	15,294,729	10,855,558	12,731,950
Notational Amounts						
91	Vaccine Revenue	54,973,635	32,821,299	36,678,219	27,911,611	57,725,565 ^a
92	Vaccine Expense	33,217,876	34,330,654	32,400,989	41,928,167	56,999,816 ^a

Notes

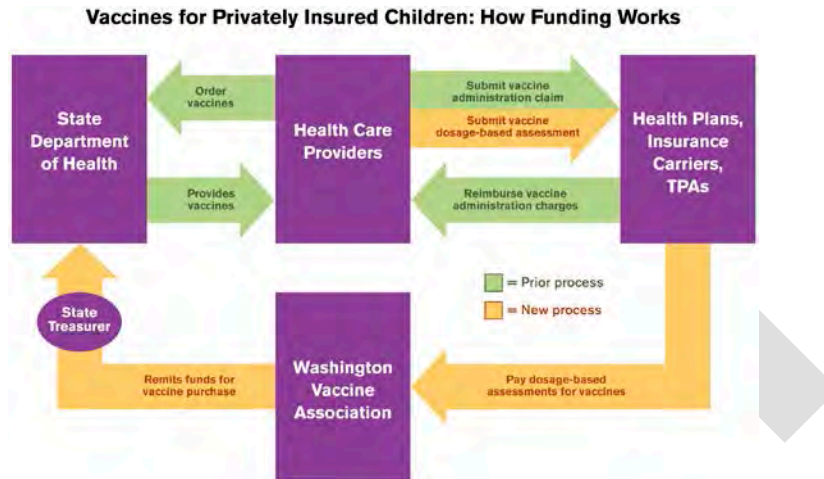
- ^a Calculated based upon % below cost to CDC + State of Washington from assessment projection
- ^b From WVA / CML administrative services agreement
- ^c Subject to Board discretion and final approval
- ^d Subject to future approval by Board of WVA
- ^e Estimated beginning of the year net assets is 12,500,000

Prior years data for reference purposes only.
Not part of this year's budget worksheet.



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.



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:

- 1) Overall Board Responsibilities:
 - a) Cause WVA to maintain an effective assessment mechanism to assure adequate funding for vaccines for privately-covered Washington children.¹ Be attuned and responsive to external trends which may affect WVA.
 - b) Cause WVA to submit such periodic reports to the state as are required by law.¹
 - c) Review KidsVax.org® performance under its Executive Director & Administrative Services Agreement with WVA annually and update that agreement as needed from time to time.
 - d) Assure that adequate resources are devoted to communications with key external constituents.
 - e) Review, update as needed from time to time, and follow all WVA governance policies.
 - f) [Under Discussion – Possible role in supporting efforts to raise immunization rates and improving public understanding of the importance of childhood vaccines for childhood and community health overall.]
- 2) Individual Board Member Responsibilities:
 - a) 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.
 - b) 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. Occasional board development or retreat events may be added.
 - c) Serve on at least one board committee, attend committee meetings, and contribute expertise and resources as is helpful to the work of the committee.
 - d) Consult with staff and other board members upon request, and support special events or presentations as appropriate.
 - e) Represent the WVA to their respective constituents and bring such constituents' concerns to the attention of the Board.

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.

To: Washington Vaccine Association Board of Directors

From: Anne Redman, Fred Potter and Margaret Lane

Date: June 11, 2014

Re: **Review of WVA Conflict of Interest Disclosure Forms**

Introduction

The WVA Board completes annual conflict of interest forms consistent with board governance best practices. Members of the WVA Vaccine Committee, Operations Committee, and KidsVax.org™ staff also complete these forms. The Conflict of Interest Policy sets out clear standards for when a potential conflict may arise that could impact a board or committee member's ability to act in the best interests of the organization.

Conflict of Interest Policy and Process

The Conflict of Interest Policy was sent to all Board members, members of the Vaccine Committee, the Operations Committee and KidsVax.org™ staff. Completed Conflict of Interest forms have been collected from all members of the groups with the exception of two members of the Operations Committee. WVA staff is following up to collect all outstanding forms.

The WVA Board has established an annual process for board members and members of committees with board delegated powers to review the conflict of interest policy and sign a statement which affirms that they have:

- Received a copy of the policy;
- Read and understand the policy;
- Agreed to comply with the policy; and
- Understood that in order for the WVA to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax exempt purposes.

This process is noted on the WVA Board Annual Calendar of activities. As the conflict of interest forms are returned, the Deputy Executive Director Margaret Lane reviews the forms, and identifies any disclosures. Margaret shares her findings with Executive Director Fred Potter and WVA Counsel Anne Redman. A summary of this review including disclosures of potential conflicts is then shared with the WVA Board, which will determine how to manage any conflict disclosed.

Summary of Findings for 2014 Conflict of Interest Forms

It is known and recognized that WVA board members may have transactions with the WVA in the form of paying vaccine assessments. Board members and committee members are not required to specifically disclose their represented relationships in each instance so long as such relationships are obvious in the situation.

It is known and recognized that KidsVax staff members perform services on behalf of the WVA and receive compensation from the WVA. Two KidsVax staff members, Norm and Claire Roberge, noted that they have a spousal relationship.

Margaret Lane disclosed that she performs consulting services from time to time for entities that submit and pay vaccine assessments to the WVA.

Next Steps

This summary memorandum of the disclosed conflicts will be distributed with the June, 2014 WVA board meeting packet. Copies of all completed conflict of interest forms will be posted to the Egnyte enterprise file sharing platform used for KidsVax.org™ and will be available in hard copy form at the WVA meeting. The Board will be alerted once WVA staff has collected the outstanding forms in the event there are any conflicts of interest reported.

Washington Vaccine Association Vaccine Committee COMMITTEE CHARGE

Purpose:

The WVA Vaccine Committee is responsible for making recommendations to the WVA Board on specific vaccines to be purchased in each upcoming year by the Washington State Department of Health. The Vaccine Committee acts as an oversight body, using guidance from other advisory organizations with expertise in vaccines. Factors the Vaccine Committee will consider when making recommendations to the WVA Board on selecting vaccines include:

- Patient safety and clinical efficacy
- Public health and purchaser value
- Patient and provider choice
- Stability of vaccine supply
- Compliance with RCW 70.95M.115

Key Activities:

The Vaccine Committee will fulfill its responsibilities through the following activities:

- Act as a secondary review body for vaccines to be recommended by using a variety of inputs including the American College of Immunization Practices (ACIP), federal advisory groups and other bodies as appropriate;
- Make itself available to problem solve as needed and respond to issues from the WVA Board;
- Provide information to the WVA board about clinical and public health issues;
- Promote safety, effectiveness and improved health outcomes from vaccination; and
- Be informed by the deliberations and recommendations of the Washington State Department of Health Vaccine Advisory Committee

Meeting Frequency and Notice:

The Vaccine Committee will meet at least two times per year with notice provided in the manner set forth in the WVA bylaws for board of director meetings. Committee members are requested to attend in person or by conference telephone. One of the two meetings will be in person and committee members are requested to attend in person if possible.

Reporting Frequency:

- The Vaccine Committee will report to the WVA Board at least two times per year.

Membership:

The Vaccine Committee shall consist of five voting members defined by statute (RCW 70.290.050 (1)), one non-voting member representing vaccine manufacturers, and two non –voting ex officio members (see below). Other participants and/or consultants may be invited from time to time to assist the committee. The Chair or Vice-chair will be a physician and WVA board member.

Washington Vaccine Association Vaccine Committee COMMITTEE CHARGE

Description of Committee Positions:

Position/Title	Qualifications
<i>Vaccine Committee Voting Members</i>	
1. Physician (Chair)	Member of WVA Board
2. Health Carrier/TPA Member	Member of WVA Board
3. Health Carrier/TPA Member	Member of WVA Board
4. Health Carrier/TPA Member	Member of WVA Board
5. DOH Secretary Designee	Member of WVA Board
<i>Non-voting Member</i>	
1 Representative of Vaccine Manufacturers	Designated by the Secretary, WA State DOH
<i>Ex Officio Members (Without Vote)</i>	
1. Executive Director of the WVA	
2. Representative of the DOH / Office of Immunization and Child Profile	

Member Responsibilities:

Members will comply with the conflict of interest policy of WVA and complete and sign a statement declaring potential conflicts of interest annually and are responsible for informing the Vaccine Committee of any pertinent changes during the year.

Motions may be made and seconded only by voting members. Majority vote of voting members carries a motion.

Members are responsible for rendering decisions regarding the recommendations as required, based upon best available vaccine clinical evidence, current best practice medical standards and guidance from other advisory groups as appropriate.

Members shall not have responsibility for making business decisions involving WVA processes for vaccine assessment amounts.

Quorum:

A quorum consists of at least three voting members of the Vaccine Committee.

Consultants and/or Other Participants

To ensure that the Committee's deliberations are informed by the perspectives of primary care clinicians (pediatricians, or family practice physicians including physicians engaged in office based practice (versus institutional), local health officers, pharmacists and WA State DOH staff

Washington Vaccine Association Vaccine Committee COMMITTEE CHARGE

with expertise in vaccine supply and, from time to time others with needed special expertise, the Committee may request that consultants participate in its meetings.

Approval:

This charge will be reviewed by the Vaccine Committee and any recommended revisions approved by the WVA Board. It will be reviewed on an annual basis by the Vaccine Committee.

Charge Author:	WVA Vaccine Committee
Approving Body:	WVA Board and Executive Director

Reviewed By: Vaccine Committee (initial review)	Date: May 14, 2014
Reviewed By: Vaccine Committee	Date:
Approved By: WVA Board	Date:

Vaccine Committee Meeting Minutes v1 June 9, 2014

May 14, 2014, 10:30 - 11:30 AM

Location: Ellis Li McKinstry

I. Attendance

The following individuals participated in the meeting:

Committee:

Michele Roberts (T)
Jeffrey Gombosky
Jay Fathi
Jan Hicks-Thomson (T)
Dr. Ed Marcuse
Mary Kay O'Neill
Fred Potter (T)

Consultants & Others:

Margaret Lane, WVA
Dr. John Dunn, consultant
Dr. Rachel Wood, consultant

Absent:

Norm Seabrooks

I. Actions Taken at Meeting

1. Agree to revise Vaccine Committee Charge
2. Request for presentation on 317 funding
3. Request for VAC handouts to be sent to WVA Vaccine members

II. Minutes

At 10:30 AM, a quorum having been established, Dr. Ed Marcuse, Chairman of the Vaccine Committee, opened the meeting.

Welcome, Introductions and Changes in Committee Membership

Dr. Marcuse welcomed committee members and recognized new committee member Dr. Jay Fathi, who represents Coordinated Care.

Ed reported that one purpose of the meeting was to discuss a revised committee charge.

Proposal for Revised Committee Charge

Dr. Marcuse noted that the committee and committee composition are defined by the vaccine statute, which states that committee members are from the WVA board, together with one committee member representing vaccine manufacturers.

However, as the committee was being formed, Dr. Marcuse and others realized that they needed representation from perspectives not present on the board, including the state department of health

(DOH) and local health as well large organizations like Group Health that address the clinical and business aspects of vaccines. So these areas are now represented on the committee and as consultants to the committee.

Dr. Marcuse noted that at WVA's formation vaccine selection was controversial. Today, even though this function is running smoothly, holding two committee meetings a year is important. In this way the Vaccine Committee role is maintained so that if issues arise, the committee has a working relationship and is ready to address any issues.

Review of Committee Charge

The Vaccine committee chair and Vice Chair propose to carry out the committee charge through an oversight role. Ms. Lane noted that many components in the charge would not change. The change is from an active role to an oversight role with intervention as needed. Ed reviewed that the WVA Vaccine Committee has responsibility for providing guidance to the Washington State Department of Health (DOH) on selecting vaccines for purchase by the DOH. He noted that the factors listed in the statute are the criteria the committee should use in guiding the DOH on which vaccines to purchase.

Margaret reviewed the key activities of the Vaccine Committee. Ed noted that the Vaccine Committee acts as a secondary review body rather than a primary one. The Committee uses a variety of inputs, including ACIP, other federal advisory bodies and other groups as appropriate. Jan noted that the Vaccine Committee no longer needs to approve default order sets because providers select an order set when they enroll in the Program, and have two opportunities each year to adjust the brands included in their order set. The Committee does not need to address combination vaccine recommendations because all combination vaccines are available to all providers.

The State Vaccine Advisory Committee, on rare occasions, may make recommendations for Washington that vary from the ACIP. Examples of past variations included targeting implementation for hepatitis B vaccination among children in areas at high risk or with high rates of disease and a difference in the timeline of Washington's implementation of varicella vaccination. If any board members have questions about which vaccines are being funded, this committee should respond.

Every six months providers have the opportunity to change vaccine brands (April and October) through an online selection process in the Washington Immunization Information System. Every provider enrolled in the Program has a vaccine order set in place and has the option to change it if desired. DOH has a vaccine choice template with a descriptor and a form so providers new to the Program can choose what they want on their order set and this becomes their new order set. The materials describing the vaccine brands and providing additional reference materials for decision making are posted to the DOH website.

Dr. Marcuse explained that the state Vaccine Advisory Committee is an advisory committee to the DOH. He noted that the WVA board is reviewing its mission and the duties of board members. Ed would like the Committee to consider supporting improved health outcomes from vaccinations. In the last decade vaccinations have become controversial. This support would improve individual and public health without using WVA resources.

The primary Committee role is oversight and being available to problem solve as needed. The committee role is also to provide information to the board about clinical and public health issues.

April 1, 2014 CDC Price Changes

Jan reviewed results of the recently released vaccine price changes from the Centers for Disease Control (CDC). Every April 1 the CDC has a new pricing for every vaccine. The DOH has a process for creating 5 year average price changes for projection purposes. DOH incorporates the April CDC price changes into their formula to calculate the 5-year average increase for each vaccine. DOH provides that information to WVA staff to incorporate into their development process. DOH's projections are very close to what the CDC changes are.

Most of the April 1 changes were not significant; only a few vaccines increased more than 5%. The vaccines with significant increases were expensive vaccines over \$100 / dose like HPV and PCV-13. DOH has built these increases into their model so the price increases should only minimally impact the WVA.

Fred Potter noted that the WVA is reviewing these projections very closely due to WVA's close monitoring of its cash balances. Last summer the CDC changed its requirements for vaccine funding from a reimbursement model paid after vaccines were ordered to a pay-in-advance model. In WA this change was equivalent to a \$13 million cash call which had not been budgeted and which WVA had 30 days to meet. WVA at that time was in the process of re-funding money through below replenishment rate assessments. WVA had to immediately implement a new assessment rate and come up with the cash. Key Bank provided a line of credit allowing the WVA to make the cash payment in advance for vaccines ordered, and preserve enough operating balances to avoid any impact on state supply. We are now in the process of repaying that indebtedness and re-building a cash reserve.

Dr. Wood raised a question about 317 funding and why CDC had this new demand. Michele Roberts explained the background on the CDC's change in position; CDC was under heightened pressure from Congress around its budget. The second reason was related to VFC; with advance purchasing there was a chance that WA could have been purchasing vaccine with VFC dollars that were not going to a VFC kid. Michele Roberts noted that there was tremendous pushback from the medical and public health communities when this was instituted.

Jan added that the decrease in 317 funding added another level of pressure because CDC could no longer assure they had sufficient 317 to cover state and local purchases on the front end. And since states were replenishing after the fact, in the absence of sufficient 317 funds, there was a risk that VFC funding might at a minimum be perceived as fronting the purchase of state and local vaccines. . Today we have to make sure we are covering the state responsibility for non-VFC vaccine on the front end with state funding.

Dr. Wood noted that the issue of 317 funding continues to come up. Dr. Marcuse suggested it would be helpful to have more information on 317. The Committee agreed that it would be helpful for the committee to have a telephone briefing on 317 funding.

Update on Vaccine Selection

Jan Hicks-Thomson reported that DOH just completed the first cycle of its 2014 Vaccine Selection at the end of April, giving providers the option to decide to continue or change their brand of vaccine for those vaccines with multiple brands. There are two opportunities a year for providers to make changes in the vaccines ordered by their office, in April and October.

Each cycle the DOH has seen fewer changes requested by providers who want to make a change in a brand. Providers don't need to go through the process unless they want to make a change. Only 42 providers chose to make a change, which is less than 4% of providers in the program. The changes were mostly related to the meningococcal vaccine with providers changing to Menveo which has a lower age indication. The brands Menveo (Novartis product) and Menactra (Sanofi Pasteur) have different licensure ages, Menveo is licensed to 2 months and Menactra to 9 months. The other products had less than a 2% brand product change. The next vaccine selection period will be October, 2014.

Other DOH Updates

Childhood Vaccine Supply Update

Jan also addressed vaccine supply and the vaccine pre-book for the 2014 – 2015 flu season. All of the vaccine childhood flu vaccines will in a quadrivalent presentation, which is easier for providers to manage than having some trivalent and some quadrivalent. The pricing differential is fairly significant.

DOH reviewed its vaccine returns after the 2012-2013 flu season, a significant number of doses were returned. The DOH used this information in combination with provider surveys to pre-book for this year. DOH is pre-booking about 1% more vaccines than were ordered last year (about 16% more than ultimately used). DOH will continue to move vaccine from areas not using vaccines to areas that need them, to ensure a sufficient supply. DOH has partnerships with vaccine programs across the country to trade out vaccine products. They need to do a careful job of managing fund sources to ensure that they are still aligned with CDC fund management requirements.

WVA contributed \$4 million in revenue for state of WA for the next flu season. Last season 85,612 unused doses of vaccine were returned, which is about 10% of the entire supply. Ed noted that you need to have some flexibility because all it takes is one death to cause the flu vaccine uptake to rise significantly.

Jan reviewed other vaccines presentations that had changed and noted that nasal spray flu mist is a higher percentage of the flu vaccine ordered for children 2 – 18 years of age for this coming season.

Vaccine Advisory Committee

Jan reviewed the latest work of the VAC. At its most recent meeting the VAC addressed clinical guidance for infant meningococcal vaccine. Menhibrix is a new vaccine that covers two strains of meningococcus. There is a tight allocation from the CDC and WA only received 310 doses for the year. In the handout that Jan provided the Department addressed how it would handle ordering for this limited availability vaccine.

Jan noted that the CDC has identified the failure of adolescents to complete their HPV series as one of the top 5 current health risks. The rates for HPV series completion haven't increased; in 2013, according to the National Immunization Survey for Teens, 64.5% of females complete their first series and 43.5% complete the 3-dose series. Efficacy is based on series completion.

The next Vaccine Committee meeting will be in November so it can follow the next cycle of Vaccine Selection.

There being no further business for the Committee, the meeting was adjourned at 11:35 PM.

2014 Washington Vaccine Association Directory As of 06/10/14

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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)

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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.

June 17, 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.

Item under Agenda Section 2:

VOTED: To approve the minutes of the April 29, 2014 WVA Board Meeting.

[To approve the minutes of the April 29, 2014 Board meeting with the changes suggested at the meeting.]

Item under Agenda Section 3:

VOTED: To approve the request to implement a limited electronic transfer from the WVA operating bank account to the Imprest bank account for replenishment of the Imprest refund account to ensure prompt action on payer refund requests.

[To approve the request to implement a limited electronic transfer from the WVA operating bank account to the Imprest bank account for replenishment of the Imprest refund account to ensure prompt action on payer refund requests meeting with the changes suggested at the meeting.]

Item under Agenda Section 4:

VOTED: To approve the WVA expense budget for the calendar year 2014-2015.

[To approve the WVA expense budget for 2014-15- with the changes suggested at the meeting.]

Items under Agenda Section 6:

VOTED: To approve the minutes of the May 14, 2014 WVA Vaccine Committee.

[To approve the minutes of the WVA Vaccine Committee with the changes suggested at the meeting.]

VOTED: To approve the WVA Vaccine Committee revised charter.

[To approve the WVA Vaccine Committee revised charter with the changes suggested at the meeting.]

Items under Agenda Section 9:

VOTED: To approve the KidsVax/WVA administrative services contract update effective 7/1/2014.

[To approve the KidsVax/WVA administrative services contract update effective 7/1/2014 with the changes suggested at the meeting.]

VOTED: To approve an annual contract with AMCC for its services to recover denied claims effective 7/1/2014.

[To approve an annual contract with AMCC for its services to recover denied claims effective 7/1/2014 with the changes suggested at the meeting.]

VOTED: To recommend to the WVA Board supplemental compensation for CML Administrators, LLC (now KidsVax.org™) of \$_____ for the 2013-14 WVA operating year in accordance with the performance-based component of its administrative services contract.

[To recommend to the WVA Board supplemental compensation for CML Administrators, LLC (now KidsVax.org™) of \$_____ for the 2013-14 WVA operating year in accordance with the performance-based component of its administrative services contract with the changes suggested at the meeting.]

VOTED: To approve the WVA 2014-15 proposed performance goals presented [by the WVA Executive Committee.]

[To approve the 2014-15 proposed performance goals presented [by the WVA Executive Committee] 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