WASHINGTON VACCINE ASSOCIATION

WVA Special Board of Directors Meeting
August 6, 2015; 2:00-4:00 p.m.
Teleconference

I. Attendance. Participating in all or part of the meeting were the following individuals.

Board Members	Others
John Pierce, Chairman	Anne Redman
Beth Harvey	Keith Kemper
Diana Birkett Rakow	
John Sobeck	KidsVax®
Michele Roberts	Fred Potter
Mary Kay O'Neill	Julia Walter
Jason Farber	Claire Roberge
Dennis Kirkpatrick	Norman Roberge
Norman Seabrooks	Ashley Kittrell

DOH
Jan Hicks-Thomson

II. Summary of Actions Taken and/or Recommended

A. Actions Taken (votes adopted)

1. To authorize litigation against TRICARE.
2. To authorize legislative counsel work.
3. To authorize special collections project.
4. On 2014/15 KV Performance Award.
5. To approve 2015/16 Supplemental Goals.

B. Follow up Tasks/Action Items

1. Cash Action Plan
2. Legislative Strategy for TRICARE

III. Minutes

Welcome and Introductions

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

TRICARE

Keith Kemper began by referring to the correspondence between TRICARE and General Counsel Bryan Wheeler and KidsVax® (KV). The outstanding balance now dates back to 2010 when TRICARE entered as a third party administrator (TPA). It does not seem likely that a negotiation is possible despite multiple attempts from KV to resolve this issue. Mr. Kemper pointed out that the tolling agreement with TriWest expires on August 17, 2015 and a plan of action must be decided and acted on soon to ensure that the Washington Vaccine Association (WVA) does not lose its claim to any arrearages. Mr. Kemper outlined

two possibilities: TRICARE could extend its tolling agreement or a lawsuit needs to be filed by August 17, 2015. Mr. Kemper has reached out to Bill Cahill but has not received a response. Second, a letter from the Department of Health (DOH) has been sent to Mr. Wheeler and unless a response is received, it is likely the WVA will proceed with a lawsuit. Mr. Kemper discussed two options for suing. First, the Board could sue in Washington under the statute that created the WVA and argue that claims under the statute for the dosage-based assessments have not been paid by TRICRE. The most straightforward lawsuit to pursue would be in a state claims court brought against the TPAs who have clients in Washington. The case would be litigated in King County Superior Court and would be a simple claim unless TRICARE pleaded with the Federal Government.

The second lawsuit would sue all parties, including the Department of Health Agency (DHA) in federal court. Mr. Kemper noted that it would be more complicated because of the Department of Justice's (DOJ) involvement once a federal suit against the Department of Defense is initiated. The DOJ is not necessarily involved when TPAs are sued unless the TPAs claim is directly against the DHA. The DOH would pursue the penalty portion of the suit and the WVA would sue for the arrearage, interest accrual, costs, and attorney fees. The WA Attorney General (AG) would have to bring the penalties portion but have not yet assessed that portion. A letter addressing this issue was sent on August 4, 2015 and no response has not yet been received. Mr. Kemper was confident that the AG would move forward with the penalties portion of the suit, however, under statute the WVA has the ability to pursue the penalties and include them in the prayerful relief. John Sobeck asked if the WVA would waive any claims by suing through the state court. Mr. Kemper did not see any beneficial or negative consequences. Michele Roberts assured the Board that the DOH intends to issue the penalty. Mr. Kemper concluded that the equities are heavily on the WVA's side and federal judges may find preemption more quickly than through state court judges.

Legislative Approach

Julia Walter informed the Board of a multistate TRICARE meeting that had met in Atlanta, Georgia in July. Participating states included Alaska, New Hampshire, Maine, and Idaho. All were in favor of hiring outside counsel to gain a statutory mandate for TRICARE's nonpayment. Crowell & Moring (C&M), a Washington D.C.-based lobbying firm with extensive experience, submitted a proposal and would begin their contract in August. Their primary goal is to add an amendment to the National Defense Authorization Act (NDAA) requiring TRICARE to pay into universal vaccine purchase states. They also have the ability to begin lobbying and conduct media campaigns that will pressure TRICARE. Fred Potter recommended that the WVA pursue this and noted that now is an ideal time and situation because the NDAA is being held in committee. An amendment to the bill could be prepared by C&M within several days of hire.

Upon motion duly made by Mr. Pierce and seconded by Dr. Sobeck, it was unanimously

VOTED: To authorize litigation on behalf of the WVA against both carriers in state court.

It was recommended that the TRICARE Litigation Taskforce and Mr. Kemper set up a standard reporting process at the next meeting to keep Board members updated on the litigation proceedings.

After discussion, it agreed to amend the vote to ask C&M to draft statutory language and provide an outline of their approach to be brought to the Board for approval.
Upon motion duly made, after amended by Chairman Pierce, it was unanimously

VOTED: To authorize legislative counsel work after consulting C&M to draft statutory language, strategy, and approach.

Collections Shortfall

Ms. Jan Hicks-Thomson informed the Board that, prior to October 1, 2013, a statewide population proportion was used to identify which fund source was used for Washington's children vaccine fund. The CDC then required a practice-based population to use the vaccine fund supply for each vaccine order. As a result, in January, 2015, the data sources from providers were used to project the costs and is when the shortage was first noticed. DOH is identifying discrepancies with the reported numbers against previous data. There are 1,100 providers enrolled in the childhood vaccine program and all will be researched to ensure that the most accurate data is being used. The CDC is currently doing just-in-time inventory for the HPVV vaccine and doing special orders to give cash-flow relief.

Mr. Potter brought a third party proposal to the Board with the recommendation to conduct a survey of major payers in an effort triangulate population counts and decide if the right steps are being taken to resolve this issue. The WVA has also informed KeyBank of the current situation and will be filing a certificate to confirm that it is out of covenant compliance. KeyBank is currently not seeking any enforcement. The total expenditure for the outside contractor and supplemental work by the DOH will not exceed $65,000 dollars.

Upon motion duly made by Chairman Pierce and seconded by Dr. Sobeck, the Board unanimously

VOTED: To authorize the Special Collections Project.

KV Performance Evaluation and 2015/16 Supplemental Goals

Mr. Potter reviewed the proposed supplemental goals published in April, 2015. There were two goals: the website FAQs and the TRICARE collection amount. Mr. Potter explained there was a delay regarding the FAQs and that the Board had given them more time. The WVA intended to collect a million dollars from TRICARE but ended with $680,000 dollars.

Mr. Potter then addressed the 2015/16 Supplemental Goals and outlined three goals: create a new step through workbook on completing the dosage based assessment forms, conduct and record an online training webinar of approximately 30 minutes, and reach a settlement on the amount of past TriWest arrearage and collect the balance.

Executive Session

[Prepared by outside general counsel, Attorney Anne Redman of Perkins Coie. KidsVax® representatives were excused.]

Draft Minutes of Executive Session, Special Meeting of the Board of Directors of WVA
August 6, 2015

The Board conducted the annual KidsVax performance evaluation for 2014-2015 and establishment of goals for 2015-2016 in executive session with counsel present.

2014-2015 performance review: In its review of the 2014/15 general performance goals, the board considered the information in the board meeting materials and concluded that 11 of the 12 goals

(excluding the stretch goal) had been met. The stretch goal related TriCare collection had not been met. Considering these results, the board unanimously approved an allover score of 3 coresponding to 100% payment of the $39,979 incentive compensation. In discussion, several members expressed concern that Fred had not communicated as quickly as desirable to the board about the collections shortfalls when it was initially noticed by Department of Health. The need for continued emphasis on communications with the board will be appreciated.

2015-2016 Supplemental Performance Goals The board members discussed the goals recommended by KidsVax and discussed the need to add a goal related to collections shortfall, that is, to investigate and determine the reasons for the shortfall and possible solutions. The board also approved change to the TriCare goals completion to the end of 2016. The goals, as approved by the board for 2015-2016 are:

3. System / Operational Improvements	Due Date
a. Update online materials for provider DBA training i. Create new step-through workbook on completing the DBA form. ii. Conduct and record one on-line training webinar of approximately 30 minutes in length.	3/1/2016
b. [Stretch Objective] TRICARE - Reach settlement on amount of past TriWest arrearage and collect the agreed balance ($_____).	12/31/2016
4. WVA Financial Goal:	ASAP - Timing to be confirmed

a. Review and report to the board concerning the reasons for the collections shortfall (the failure of collected revenue to cover WVA vaccine expense) and propose solutions. The timeframe for addressing this issue needs further discussion.

What: Washington Vaccine Association (WVA) Special Meeting of Board of Directors
Date and Time: August 6, 2015, at 2:00 pm - 3:30 pm, PDT
Call in Number: (760) 569-7171, Participant Code: 103063718

Notice: The meeting may be recorded for the benefit of the secretary; all recordings will be deleted following approval of the minutes.

Agenda for Board Meeting- Telephonic
EXECUTIVE SESSION- Continued from June 16, 2015 Meeting

Approx. Time		Topic/[Anticipated Action]	Presented by:
2:00-2:05 p.m.		1. Welcome & Quorum Verification	J. Pierce
Executive Session 2:05-2:40 p.m.	*	2. TRICARE	J. Walter
		a. Current Status	
	*	b. Multi-State TRICARE Committee Update	
		c. Civil Penalties [Handled by State]	
		d. Outside Counsel's Briefing	K. Kemper
		e. Vote to Authorize Litigation	
		f. Vote to Authorize Legislative Counsel Work	
Open to Public 2:40-3:10 p.m.		3. Collections Shortfall	J. Hicks-Thomson
		a. DOH Overview	
	*	b. Current Financial Position	F. Potter
	*	c. Proposed Project Plan	
		d. Vote to Authorize Special Collections Project	
Executive Session 3:10-3:25 p.m.		4. KV Performance Evaluation & 2015/16 Supplemental Goals	F. Potter
	*	a. 2015/16 Supplemental Goals Review	
	*	b. 2014/15 General Performance Goals Review	
		c. Vote on 2014/15 KV Performance Award	*Board Only*
		d. Vote to Approve 2015/16 Supplemental Goals Approval	
3:25-3:30 p.m.		5. Closing	
	*	6. References	
	*	a. Governing Statute	
*		b. Proposed Votes	

Indicates agenda item attached
Red text indicates an action item

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WVA Cash Flow Projection Model
As of August 3, 2015

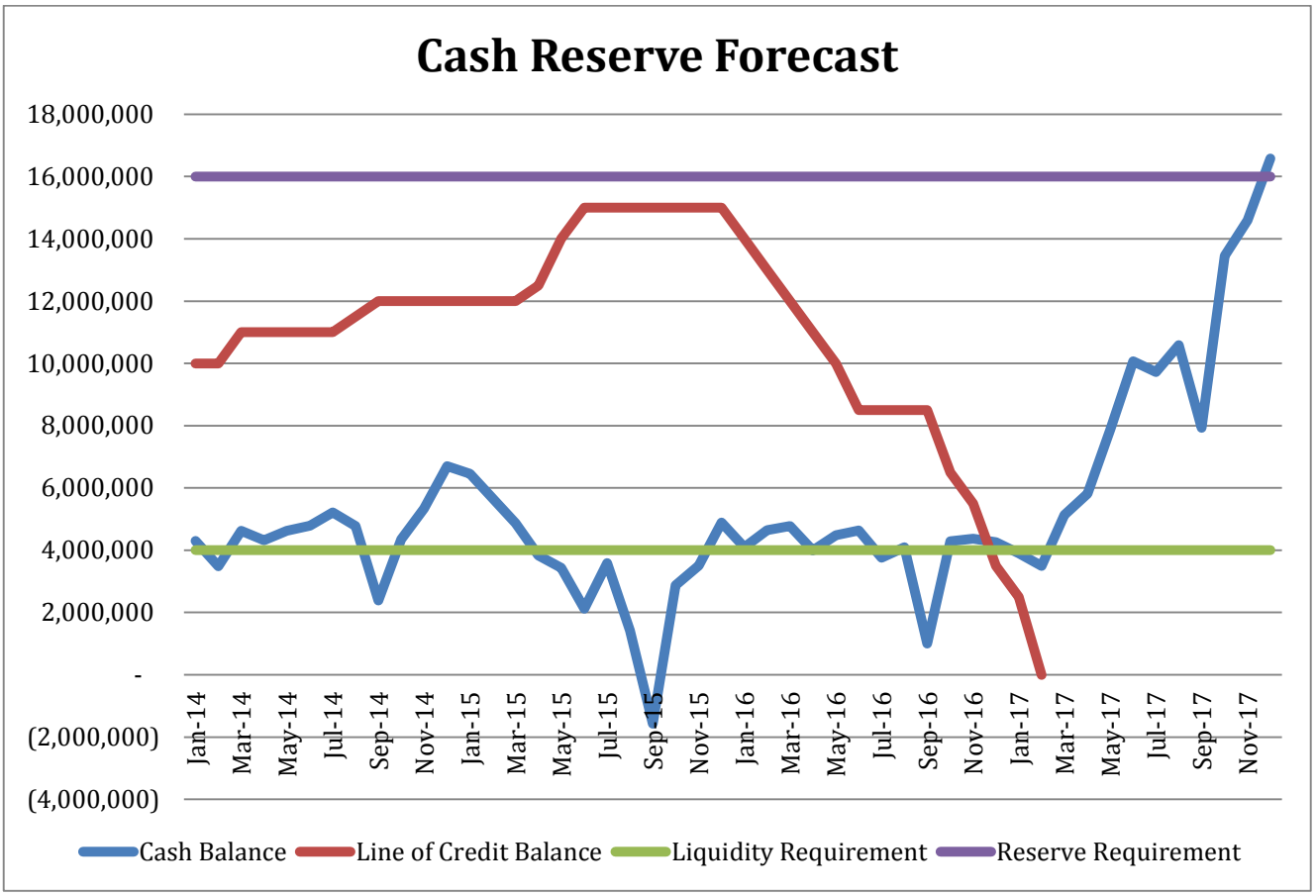
Month	Projected Net Cash Receipts	Projected DOH Reimb	Flu / CDC Advance	Admin Exp / Other	Borrowing cost	LOC Draws & Repayment	Net Cash Change	Cash Balance (a)	Line of Credit Balance (b)	Net Liquidity (a - b)	Note: Assessment Changes are shown in Green Vaccine cost increase estimates shown in Red.
Apr-13	**2,156,326**	**(3,115,878)**	**-**	**(37,310)**			**(996,861)**	**12,909,276**	**-**	**12,909,276**	**< Rates intended to stabilize cash implemented**
May-13	**2,829,101**	**(3,804,548)**	**-**	**(48,074)**			**(1,023,519)**	**11,885,757**	**-**	**11,885,757**	**< Actual average CDC cost increase (in April) was 2.39%**
Jun-13	**3,047,800**	**(3,902,000)**	**-**	**(41,080)**			**(895,280)**	**10,990,477**	**-**	**10,990,477**	
Jul-13	**3,027,852**	**(3,801,140)**	**(3,992,235)**	**(60,420)**			**(4,825,944)**	**6,164,533**	-	**6,164,533**	< WVA's Flu share increased due to end of §317 funds
Aug-13	**3,231,765**	**(4,216,037)**	**-**	**(55,473)**			**(1,039,745)**	**5,124,788**	-	**5,124,788**	
Sep-13	**3,826,780**	**(5,331,858)**	**(7,909,996)**	**(36,147)**	**(17,717)**	**10,000,000**	**531,061**	**5,655,849**	**10,000,000**	**(4,344,151)**	< Advance 2 months per CDC funding policy change
Oct-13	**3,629,425**	**(4,341,800)**	-	**(106,734)**	**(12,020)**		**(831,129)**	**4,824,720**	**10,000,000**	**(5,175,280)**	
Nov-13	**3,635,478**	**(3,759,778)**	-	**(35,858)**	**(28,559)**		**(188,718)**	**4,636,002**	**10,000,000**	**(5,363,998)**	
Dec-13	**3,112,548**	**(3,936,128)**	-	**(70,295)**	**(24,479)**		**(918,354)**	**3,717,648**	**10,000,000**	**(6,282,352)**	**< Increase grid rates by 49% to 110% CDC rates as of 4/1/2014**
Jan-14	**4,331,740**	**(3,686,910)**	-	**(40,987)**	**(25,295)**		**578,549**	**4,296,196**	**10,000,000**	**(5,703,804)**	
Feb-14	**3,499,703**	**(4,250,279)**	-	**(34,162)**	**(25,225)**		**(809,964)**	**3,486,232**	**10,000,000**	**(6,513,768)**	
Mar-14	**4,555,105**	**(4,360,550)**	-	**(33,252)**	**(22,847)**	**1,000,000**	**1,138,456**	**4,624,688**	**11,000,000**	**(6,375,312)**	
Apr-14	**4,293,975**	**(4,542,162)**	-	**(35,897)**	**(24,684)**		**(308,768)**	**4,315,920**	**11,000,000**	**(6,684,080)**	**< Includes estimated 4% CDC cost increase**
May-14	**4,879,921**	**(4,503,422)**	-	**(35,729)**	**(27,847)**		**312,922**	**4,628,842**	**11,000,000**	**(6,371,158)**	
Jun-14	**4,371,923**	**(4,117,206)**	-	**(67,678)**	**(27,825)**		**159,214**	**4,788,057**	**11,000,000**	**(6,211,943)**	
Jul-14	**5,228,653**	**(4,747,851)**	**-**	**(29,356)**	**(26,927)**		**424,519**	**5,212,576**	**11,000,000**	**(5,787,424)**	
Aug-14	**5,127,133**	**(5,956,855)**	-	**(84,802)**	**(23,513)**	**500,000**	**(438,037)**	**4,774,539**	**11,500,000**	**(6,725,461)**	
Sep-14	**5,833,482**	**(4,742,513)**	**(3,899,421)**	**(48,122)**	**(28,845)**	**500,000**	**(2,385,419)**	**2,389,120**	**12,000,000**	**(9,610,880)**	< Balance out of covenant compliance (4MM)
Oct-14	**6,191,518**	**(4,153,755)**	-	**(50,444)**	**(28,722)**		**1,958,597**	**4,347,717**	**12,000,000**	**(7,652,283)**	
Nov-14	**5,243,376**	**(4,188,476)**	-	**(37,687)**	**(30,354)**		**986,859**	**5,334,576**	**12,000,000**	**(6,665,424)**	
Dec-14	**5,488,950**	**(4,048,048)**	-	**(43,651)**	**(29,375)**		**1,367,877**	**6,702,453**	**12,000,000**	**(5,297,547)**	
Jan-15	**4,173,000**	**(4,292,784)**	-	**(96,667)**	**(30,354)**		**(246,805)**	**6,455,648**	**12,000,000**	**(5,544,352)**	
Feb-15	**4,578,140**	**(5,325,081)**	-	**(13,971)**	**(30,354)**		**(791,266)**	**5,664,382**	**12,000,000**	**(6,335,618)**	
Mar-15	**5,032,669**	**(5,747,408)**	-	**(51,639)**	**(27,417)**		**(793,794)**	**4,870,588**	**12,000,000**	**(7,129,412)**	
Apr-15	**4,637,417**	**(6,103,114)**	-	**(48,202)**	**(30,354)**	**500,000**	**(1,044,254)**	**3,826,333**	**12,500,000**	**(8,673,667)**	**< Includes estimated 4% CDC cost increase**
May-15	**3,971,937**	**(5,779,186)**	-	**(49,996)**	**(30,395)**	**1,500,000**	**(387,640)**	**3,438,693**	**14,000,000**	**(10,561,307)**	
Jun-15	**4,098,342**	**(6,339,559)**	-	**(40,345)**	**(34,801)**	**1,000,000**	**(1,316,363)**	**2,122,331**	**15,000,000**	**(12,877,669)**	
Jul-15	6,656,537	**(5,107,833)**	-	(46,647)	(40,625)		1,461,432	3,583,762	15,000,000	(11,416,238)	**< Adjust Rates as of 7/1 (approx 19% increase to 130% of CDC)**
Aug-15	6,063,126	(8,142,807)	-	(46,647)	(40,625)		(2,166,953)	1,416,809	15,000,000	(13,583,191)	
Sep-15	9,665,715	(8,561,982)	(4,000,000)	(46,647)	(40,625)		(2,983,539)	(1,566,730)	15,000,000	(16,566,730)	< Danger of low cash for Flu Reimbursement
Oct-15	10,163,287	(5,637,197)	-	(46,647)	(40,625)		4,438,818	2,872,089	15,000,000	(12,127,911)	
Nov-15	6,691,493	(5,973,222)	-	(46,647)	(40,625)		630,999	3,503,088	15,000,000	(11,496,912)	
Dec-15	7,090,364	(5,617,878)	-	(46,647)	(40,625)		1,385,214	4,888,302	15,000,000	(10,111,698)	
Jan-16	6,668,561	(6,370,115)	-	(46,647)	(40,625)	(1,000,000)	(788,826)	4,099,476	14,000,000	(9,900,524)	
Feb-16	7,561,486	(5,932,711)	-	(46,647)	(37,917)	(1,000,000)	544,211	4,643,688	13,000,000	(8,356,312)	
Mar-16	7,042,276	(5,831,004)	-	(46,647)	(35,208)	(1,000,000)	129,417	4,773,104	12,000,000	(7,226,896)	
Apr-16	6,921,547	(6,616,904)	-	(46,647)	(32,500)	(1,000,000)	(774,503)	3,998,601	11,000,000	(7,001,399)	**< Includes estimated 4% CDC cost increase**
May-16	7,854,430	(6,291,479)	-	(46,647)	(29,792)	(1,000,000)	486,513	4,485,114	10,000,000	(5,514,886)	
Jun-16	7,468,143	(5,748,608)	-	(46,647)	(27,083)	(1,500,000)	145,804	4,630,918	8,500,000	(3,869,082)	
Jul-16	6,823,742	(7,623,633)	-	(46,647)	(23,021)		(869,559)	3,761,358	8,500,000	(4,738,642)	
Aug-16	9,049,443	(8,647,935)	-	(46,647)	(23,021)		331,841	4,093,199	8,500,000	(4,406,801)	
Sep-16	10,265,315	(9,087,720)	(4,200,000)	(46,647)	(23,021)		(3,092,074)	1,001,126	8,500,000	(7,498,874)	
Oct-16	11,355,107	(5,996,374)	-	(46,647)	(23,021)	(2,000,000)	3,289,064	4,290,190	6,500,000	(2,209,810)	
Nov-16	7,492,470	(6,351,236)	-	(46,647)	(17,604)	(1,000,000)	76,982	4,367,172	5,500,000	(1,132,828)	
Dec-16	7,935,870	(5,978,133)	-	(46,647)	(14,896)	(2,000,000)	(103,806)	4,263,366	3,500,000	763,366	
Jan-17	7,469,677	(6,775,759)	-	(46,647)	(9,479)	(1,000,000)	(362,208)	3,901,158	2,500,000	1,401,158	
Feb-17	8,466,311	(6,316,243)	-	(46,647)	(6,771)	(2,500,000)	(403,349)	3,497,809	-	3,497,809	< LOC Paid off by 2/28/2016
Mar-17	7,892,145	(6,212,731)	-	(46,647)	-		1,632,767	5,130,576		5,130,576	
Apr-17	7,762,808	(7,026,936)	-	(46,647)	-		689,225	5,819,800		5,819,800	**< Includes estimated 4% CDC cost increase**
May-17	8,780,157	(6,676,516)	-	(46,647)	-		2,056,994	7,876,794		7,876,794	
Jun-17	8,342,306	(6,106,118)	-	(46,647)	-		2,189,542	10,066,336		10,066,336	
Jul-17	7,629,594	(7,928,579)	-	(46,647)	-		(345,632)	9,720,704		9,720,704	~~**< Adjust Rates as of 7/1 (stabilizing 10% decrease)**~~
Aug-17	9,906,759	(8,993,852)	-	(46,647)	-		866,260	10,586,964		10,586,964	
Sep-17	11,237,818	(9,451,229)	(4,400,000)	(46,647)	-		(2,660,058)	7,926,906		7,926,906	
Oct-17	11,809,311	(6,236,229)		(46,647)	-		5,526,435	13,453,341		13,453,341	< Reach Target Reserve 16MM (prior projection)
Nov-17	7,792,168	(6,605,286)		(46,647)	-		1,140,236	14,593,576		14,593,576	
Dec-17	8,253,305	(6,217,258)		(46,647)	-		1,989,399	16,582,976		16,582,976	< Reach Target Reserve 16MM (new projection)

JUNE 30, 2015 CASH RESERVE ANALYSIS SUMMARY

Cash on hand as of June 30:	$ 2,112,329
Value of invested funds at Mar 31:	$ 10,000
Total Cash Reserve:	$ 2,122,329
LOC Liquidity Requirement:	$ 4,000,000
LOC Balance at 3/31:	$ 15,000,000
Net liquidity at 6/30:	$(12,877,669)
Reserve target:	$ 16,000,000
Projected months to desired reserve:	30

In January, the WVA Board voted to increase the grid rates by approximately 19% to 130% of CDC contract prices as of April 1, 2015 (changes effective 7/1/2015). Accounts Receivable on the Balance Sheet had gone from $5.4MM in July 2014 to $11MM as of September 2014\, then stabilized and decreased by over $2MM to $8.2MM as of 12/31/2014 and at 3/31/2015 was at $9.5MM. As of June 30, receivables were up to $12.3MM.

KidsVax is currently developing a plan to address recent concerns regarding collections, receivable balance and state funding source allocations.



CASH FLOWS PROJECTION

Below is the cash reserve projection for the next 30 months based on the approved increase in assessment rates to 130% of the CDC rates as of July 1, 2015. With the CDC price change of 4/1/2015 and the new grid price at 130% of CDC, the increase averages 18.8% increase per dose with 13.3% saving over the market survey prices. Weighted for WVA quantity per vaccine (at FYE 2014 levels) the increase is 23.6% and 6.9% savings over the market survey prices.

Assumptions include the stability of collections at current relative levels and modest 4% average CDC price increases each April 1st. No estimate has been included regarding the outcome of future TRICARE payments or other contingencies.

Month	Projected Net Cash Receipts	Projected DOH Reimb	Flu / CDC Advance	Admin Exp / Other	Borrowing cost	LOC Draws & Repayment	Net Cash Change	Cash Balance (a)	Line of Credit Balance (b)	Net Liquidity (a - b)
Apr-13	2,156,326	(3,115,878)	-	(37,310)			(996,861)	12,909,276	-	12,909,276
May-13	2,829,101	(3,804,548)	-	(48,074)			(1,023,519)	11,885,757	-	11,885,757
Jun-13	3,047,800	(3,902,000)	-	(41,080)			(895,280)	10,990,477	-	10,990,477
Jul-13	3,027,852	(3,801,140)	(3,992,235)	(60,420)			(4,825,944)	6,164,533	-	6,164,533
Aug-13	3,231,765	(4,216,037)	-	(55,473)			(1,039,745)	5,124,788	-	5,124,788
Sep-13	3,826,780	(5,331,858)	(7,909,996)	(36,147)	(17,717)	10,000,000	531,061	5,655,849	10,000,000	(4,344,151)
Oct-13	3,629,425	(4,341,800)	-	(106,734)	(12,020)		(831,129)	4,824,720	10,000,000	(5,175,280)
Nov-13	3,635,478	(3,759,778)	-	(35,858)	(28,559)		(188,718)	4,636,002	10,000,000	(5,363,998)
Dec-13	3,112,548	(3,936,128)	-	(70,295)	(24,479)		(918,354)	3,717,648	10,000,000	(6,282,352)
Jan-14	4,331,740	(3,686,910)	-	(40,987)	(25,295)		578,549	4,296,196	10,000,000	(5,703,804)
Feb-14	3,499,703	(4,250,279)	-	(34,162)	(25,225)		(809,964)	3,486,232	10,000,000	(6,513,768)
Mar-14	4,555,105	(4,360,550)	-	(33,252)	(22,847)	1,000,000	1,138,456	4,624,688	11,000,000	(6,375,312)
Apr-14	4,293,975	(4,542,162)	-	(35,897)	(24,684)		(308,768)	4,315,920	11,000,000	(6,684,080)
May-14	4,879,921	(4,503,422)	-	(35,729)	(27,847)		312,922	4,628,842	11,000,000	(6,371,158)
Jun-14	4,371,923	(4,117,206)	-	(67,678)	(27,825)		159,214	4,788,057	11,000,000	(6,211,943)
Jul-14	5,228,653	(4,747,851)	-	(29,356)	(26,927)		424,519	5,212,576	11,000,000	(5,787,424)
Aug-14	5,127,133	(5,956,855)	-	(84,802)	(23,513)	500,000	(438,037)	4,774,539	11,500,000	(6,725,461)
Sep-14	5,833,482	(4,742,513)	(3,899,421)	(48,122)	(28,845)	500,000	(2,385,419)	2,389,120	12,000,000	(9,610,880)
Oct-14	6,191,518	(4,153,755)	-	(50,444)	(28,722)		1,958,597	4,347,717	12,000,000	(7,652,283)
Nov-14	5,243,376	(4,188,476)	-	(37,687)	(30,354)		986,859	5,334,576	12,000,000	(6,665,424)
Dec-14	5,488,950	(4,048,048)	-	(43,651)	(29,375)		1,367,877	6,702,453	12,000,000	(5,297,547)
Jan-15	4,173,000	(4,292,784)	-	(96,667)	(30,354)		(246,805)	6,455,648	12,000,000	(5,544,352)
Feb-15	4,578,140	(5,325,081)	-	(13,971)	(30,354)		(791,266)	5,664,382	12,000,000	(6,335,618)
Mar-15	5,032,669	(5,747,408)	-	(51,639)	(27,417)		(793,794)	4,870,588	12,000,000	(7,129,412)
Apr-15	4,637,417	(6,103,114)	-	(48,202)	(30,354)	500,000	(1,044,254)	3,826,333	12,500,000	(8,673,667)
May-15	3,971,937	(5,779,186)	-	(49,996)	(30,395)	1,500,000	(387,640)	3,438,693	14,000,000	(10,561,307)
Jun-15	4,098,342	(6,339,559)	-	(40,345)	(34,801)	1,000,000	(1,316,363)	2,122,331	15,000,000	(12,877,669)
Jul-15	6,656,537	(5,107,833)	-	(46,647)	(40,625)		1,461,432	3,583,762	15,000,000	(11,416,238)
Aug-15	6,063,126	(8,142,807)	-	(46,647)	(40,625)		(2,166,953)	1,416,809	15,000,000	(13,583,191)
Sep-15	9,665,715	(8,561,982)	(4,000,000)	(46,647)	(40,625)		(2,983,539)	(1,566,730)	15,000,000	(16,566,730)
Oct-15	10,163,287	(5,637,197)	-	(46,647)	(40,625)		4,438,818	2,872,089	15,000,000	(12,127,911)
Nov-15	6,691,493	(5,973,222)	-	(46,647)	(40,625)		630,999	3,503,088	15,000,000	(11,496,912)
Dec-15	7,090,364	(5,617,878)	-	(46,647)	(40,625)		1,385,214	4,888,302	15,000,000	(10,111,698)
Jan-16	6,668,561	(6,370,115)	-	(46,647)	(40,625)	(1,000,000)	(788,826)	4,099,476	14,000,000	(9,900,524)
Feb-16	7,561,486	(5,932,711)	-	(46,647)	(37,917)	(1,000,000)	544,211	4,643,688	13,000,000	(8,356,312)
Mar-16	7,042,276	(5,831,004)	-	(46,647)	(35,208)	(1,000,000)	129,417	4,773,104	12,000,000	(7,226,896)
Apr-16	6,921,547	(6,616,904)	-	(46,647)	(32,500)	(1,000,000)	(774,503)	3,998,601	11,000,000	(7,001,399)
May-16	7,854,430	(6,291,479)	-	(46,647)	(29,792)	(1,000,000)	486,513	4,485,114	10,000,000	(5,514,886)
Jun-16	7,468,143	(5,748,608)	-	(46,647)	(27,083)	(1,500,000)	145,804	4,630,918	8,500,000	(3,869,082)
Jul-16	6,823,742	(7,623,633)	-	(46,647)	(23,021)		(869,559)	3,761,358	8,500,000	(4,738,642)
Aug-16	9,049,443	(8,647,935)	-	(46,647)	(23,021)		331,841	4,093,199	8,500,000	(4,406,801)
Sep-16	10,265,315	(9,087,720)	(4,200,000)	(46,647)	(23,021)		(3,092,074)	1,001,126	8,500,000	(7,498,874)
Oct-16	11,355,107	(5,996,374)	-	(46,647)	(23,021)	(2,000,000)	3,289,064	4,290,190	6,500,000	(2,209,810)
Nov-16	7,492,470	(6,351,236)	-	(46,647)	(17,604)	(1,000,000)	76,982	4,367,172	5,500,000	(1,132,828)
Dec-16	7,935,870	(5,978,133)	-	(46,647)	(14,896)	(2,000,000)	(103,806)	4,263,366	3,500,000	763,366
Jan-17	7,469,677	(6,775,759)	-	(46,647)	(9,479)	(1,000,000)	(362,208)	3,901,158	2,500,000	1,401,158
Feb-17	8,466,311	(6,316,243)	-	(46,647)	(6,771)	(2,500,000)	(403,349)	3,497,809	-	3,497,809
Mar-17	7,892,145	(6,212,731)	-	(46,647)	-		1,632,767	5,130,576		5,130,576
Apr-17	7,762,808	(7,026,936)	-	(46,647)	-		689,225	5,819,800		5,819,800
May-17	8,780,157	(6,676,516)	-	(46,647)	-		2,056,994	7,876,794		7,876,794
Jun-17	8,342,306	(6,106,118)	-	(46,647)	-		2,189,542	10,066,336		10,066,336
Jul-17	7,629,594	(7,928,579)	-	(46,647)	-		(345,632)	9,720,704		9,720,704
Aug-17	9,906,759	(8,993,852)	-	(46,647)	-		866,260	10,586,964		10,586,964
Sep-17	11,237,818	(9,451,229)	(4,400,000)	(46,647)	-		(2,660,058)	7,926,906		7,926,906
Oct-17	11,809,311	(6,236,229)		(46,647)	-		5,526,435	13,453,341		13,453,341
Nov-17	7,792,168	(6,605,286)		(46,647)	-		1,140,236	14,593,576		14,593,576
Dec-17	8,253,305	(6,217,258)		(46,647)	-		1,989,399	16,582,976		16,582,976

LINE OF CREDIT & COVENANT COMPLIANCE

As of June 30, 2015 the WVA cash balance was below the $4,000,000 covenant requirement (see page 1 above). All other requirements were met. Line of credit balance is currently $15,000,000.

The below are the current requirements as detailed in the renewal letter dated December 15, 2014.

Credit Limits

- $15,000,000 until January 31, 2016
- $10,000,000 until August 1, 2016
- $5,000,000 until January 1, 2017 (maturity)

Reporting Requirements

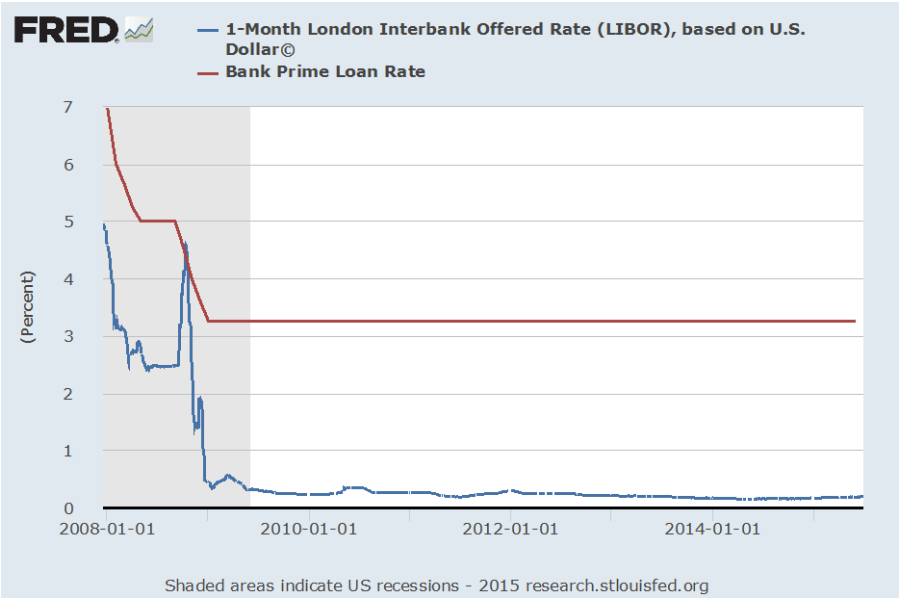
- Borrower to submit CPA Audited financial statement within 120 days of year end (due October 31, 2015).
- Borrower to submit company prepared interim financial statements within 30 days of each quarter end (due July 31, 2015).
- Borrower to submit annual budget for the upcoming fiscal year within 60 days of borrowers fiscal year end (due August 31, 2015).
- Borrower to submit Compliance Certificate, certified by the Executive Director or Finance Officer of the borrower within 30 days of each quarter end (due July 31, 2015).

Financial Requirements

- **Minimum Liquidity:** Borrowers Cash and Investments to be maintained at no less than $4,000,000 measured quarterly with company prepared interim statements
- **Average Balances:** Borrower must maintain an average of $4,000,000 on deposit with KeyBank NA, measured quarterly with company prepared interim statements.
- **Minimum Clearance Period:** Borrower shall reduce the amount of the short term indebtedness owing to Lender to zero ($0) for at least 60 consecutive days prior to maturity (1/1/2017).
- **Subordination:**

Interest Rate Analysis

As of June 30, 2015 interest rates remain stable (since 2009, see chart below). LIBOR currently provides the most advantageous rate based on the terms of the credit line. [Prime+0 = 3.25% vs. LIBOR+2.75 = 2.928%].



Collections Task Force Action Plan

Purpose: To describe the action steps being taken to address the current cash flow issue for the Washington Vaccine Association (WVA).

Problem: Over the last several months the difference between the revenue collection for the non-federal vaccine purchases of childhood vaccines and the expenses for the purchase of the vaccines has widened. Expenses are greater than the revenue, creating an issue for the WVA.

Background: The WVA uses a dosage based assessment methodology to generate revenue to fund the non-federal portion of the Childhood Vaccine Program. The Centers for Disease Control and Prevention uses a population based methodology for allocating fund sources for vaccine purchases. At the provider level, the population methodology is applied by requiring providers to submit a count of children seen in their clinic by age and insurance status (the practice profile) each year. In 2013, the CDC began requiring states to use a practice profile method to allocate the proportion of each package of vaccine ordered by fund source. These data define the monthly expenditures for vaccines.

Plan: This document describes an action plan already underway to identify the components contributing to the cash flow issue, and strategies for closing the current gap between revenue and expenditures. A special task force comprising the Washington Department of Health (or "DOH"), KidsVax (or "KV"), and the recommended independent consultant Larry Hart has been formed to address and ultimately resolve the revenue collection matter.

I. Recent Troubleshooting Efforts

A. KV Analysis of Payer Assessment Payments

1. Norm Roberge reviewed claims paid and reported no abnormalities
2. KV verified major payer assessment compliance
3. KV viewed settlement reports, which continue to decrease

B. KV Analysis of Provider Claims Submissions

1. KV verified major WA provider WVA claims submissions

C. Department of Health initiated review of Provider Practice Profile

1. Beginning with data for the top 120 practices.

II. Short Term Cash Flow Management & Strategic Response

A. Department of Health's Vaccine & Fund Request Management

1. Delay cash transfer requests until later in the month for the near future
2. HPV-9 to remain under allocation in short term (just-in-time inventory)
3. Provide Meningococcal-B on a special order basis (New ACIP recommendation allows permissive vaccination for 16 – 18 year olds)

Collections Task Force Action Plan

4. Spread out flu vaccine payment requests
5. Utilize approximately $754,000 credit for carryover Varicella / MMRV to next funds request credit

B. Practice Profile Validation Work Plan

1. Dig into IIS (Immunization Information System) for data matches to validate provider profiles
2. Verify practices' alignment between practice profile & EMR data, for all 1,050 practices enrolled in the Program.
3. Utilize DOH temporary employee to increase work capacity (beginning August 3, 2015)

III. Long Term Action Plan

A. More In-Depth Practice Profile Allocation Work & Application

1. Department of Health will update any practice profile allocation data shown to be out of alignment with the fund split template.
2. Department of Health will contact provider office billing staff to conduct further validation of practice profile data.
3. KV/DOH --Work to understand reason behind any persistent mismatch between population based / claims-based data sources as part of the Special Project
4. KV - Engage independent consultant, Larry Hart, to aid in practice profile verification
5. Larry Hart to execute a carrier survey to collect historical membership and claims data.
6. Obtain membership and claims data for the federally covered population
7. Analyze both population and vaccine claims distributions and compare to provider profile distributions.
8. DOH/KV -- Identify and apply the most accurate data source to for the practice profiles.
9. DOH -- Make interim adjustments to the practice profiles if variations are identified and substantiated

B. KV Verification of Provider Billing against Claims Payments

1. KV uses a provider "test-case" to authenticate provider claims versus actual WVA payments for internal audit
2. Monitor cash collections against payers' assessment history
3. Review overall cash flows against projection
4. Create and maintain separate delineation of "Receivables" category
5. Increase frequency of review "settlement" reports
6. Reinstitute KV audit of select group of clinic / provider sites

Collections Task Force Action Plan

C. Increase Granularity and Clarification in KV Reporting
   1. Re-definition of "receivables" category
   2. Delineate true receivables from estimated collections

D. KV Identify Known/Unknown Resistant Payers
   1. TRICARE
   2. FEP
      a. KV to verify participation
   3. KV/WVA to send letter to all potential WA payers
   4. Hospitals with incompatible billing systems

E. Assessment Rate Adjustment Potential & Payer Participation
   1. Understand % of assessment rate was built in for repayment of loans (i.e., costs vs. true run rate.)
   2. Prepare a 5 year assessment history.
   3. KV to calculate cash projections and reserve if assessment grid is increased
   4. Determine WVA solvency and fiscal timeline to service debt
   5. KV to contact KeyBank regarding loan compliance and possible assessment grid increase
   6. KV to consider current WVA budget and possible payer leakage

F. Communication Plan
   1. Formulate talking points to summarize problem
   2. Commit to KV/DOH bimonthly meetings regarding WVA fiscal matters
   3. Routine Board Review of Task Force Reports

G. Resources: Sources of Data
   1. All payers claim data base (ACDB) (Health Care Authority)
   2. Carrier survey (probably limited to top 10 carriers in WA) to verify:
      a. Carriers "allowed" costs in system
      b. Covered population by age

IV. Anticipated Collections Special Project Cost

It is anticipated that the total cost for this project including Compass Analytics independent consulting work, Kidsvax supplemental support work, and expenses from the one-time in-person meeting in Atlanta will not exceed $65,000, billed regularly on a per hour basis.

Please see the attachment for a more specific breakdown of Compass Analytics' hourly rates. KidsVax supplement support work will remain at the discounted hourly special project rates.

Kids Vax WA Vaccine Association Cash Flow Analysis Project
Compass Health Analytics Project Plan

Task	Assisting Resource	Target Date	Notes
Request data in WA all payer claims database (APCD)	Michelle	8/10/2015	Washington Health Care Alliance
Develop & execute carrier survey	Julia / Jan	8/10/2015	Need to determine top 10 carriers along with market share -
Review carrier settlement reports	Julia	8/17/2015	Determine usable data points and identify any issues or concerns
Estimate run rate financial results	Fred/ Peter	8/20/2015	Exclude line of credit repayment from assessment rate to determine run rate results
Evaluate collections data for any issues	Norm	8/24/2015	Determine usable data points and identify any issues or concerns
Develop high level assessment history	Peter /Clair	8/28/2015	5 Year history - 2010 thru 2015
Return of carrier surveys and APCD data		8/31/2015	
Analyze WA member distribution (WAVA vs. VFC)		9/15/2015	How does the claims distribution vary from the member distribution?
Analyze claims distribution (WAVA vs. VFC)		9/15/2015	How does the member distribution vary from the provider profile?
Review allowed cost of fee for service-compare to CDC rates		9/15/2015	If available would show WAVA savings - must be kept confidential (anti-trust)
Analyze clinical site		9/29/2015	Collection data vs. population data for that clinic - start with one, if useful expand
Investigate claims data being an under estimate of utilization	Michelle & Jan	9/25/2015	Is this true for commercial as well as CHIP and if so does it create a leakage issue?
Develop exhibits illustrating public vs. private allocations		9/29/2015	
Provide a written a summary of the findings.		10/12/2015	

Attached is my draft project plan for the Washington Vaccine Association project. The project plan is based upon the items we discussed and is of course flexible depending upon the cash flow task force team's priorities.

I have estimated a budget based on this proposed plan. The draft budget is based on the following hourly rates:

Director Risk Consulting Services	$200/hour
FSA Actuary	$275/hour
Analyst	$125/hour

As a reminder our rates are all-inclusive, and we do not bill any additional charges with the exception of out-of-pocket travel costs. Based on estimated hours between 182 and 218 the total fees would be approximately $34,400 to $41,300. Actual hours will depend in part on Kids Vax and WAVA direction in the involvement of Compass in various pieces of the project plan. After we clarify further we can provide a formal proposal in follow-up to this initial estimate.

Assumptions

1) The WA Department of Health will help secure a resource to pull the APCD data as requested by Compass
2) The top 10 carriers in the state will be included in the carrier survey
3) The clinical site analysis will be a combined effort between Compass and the Washington Department of Health.

I have included a completion date at a little more than a week before the October 20th board meeting. I will try for sooner, but getting the data we want has a dependency of getting carrier submissions and getting data from the Washington Health Alliance.

I look forward to our continued discussions and assisting you in this important project.

Larry Hart
Director of Risk Consulting Services
Compass Health Analytics
254 Commercial St.
Portland Maine 04101
Office - (207) 523-8692

Compass Health Analytics, Inc.
Summary of Capabilities

Compass Health Analytics is a health care consulting firm with expertise in actuarial, economic, financial, policy, and statistical analysis, as well as business planning and data management. Compass's diversely-skilled staff bring to their work:

- A strong analytical orientation, with well-rounded collaboration and communication skills
- Enthusiasm and a commitment to accurate, high-quality work
- A focus on client success and maintaining longstanding client relationships

Overview of Experience

Compass has a wide-ranging practice covering the areas below. The subsequent sections describe examples of the firm's experience in more detail. (In the electronic version of this document, hyperlinks below link the reader to relevant examples.)

- Support of clients working with Medicaid MCO programs
- Analysis, design, and actuarial support of Accountable Care Organization (ACO) and other provider risk-bearing arrangements
- Financial and economic assessments of health insurance markets, carrier financial data, and insurance cost trends
- Cost estimates of insurance coverage, including insurance coverage expansions, mandated health benefits, and Essential Health Benefit (EHB) analyses
- Interpreting and managing claim data, insurer financial data, and other health care data, as well as design, development, and operation of health care data warehouses

Medicaid (↑)

- ***Medicaid Managed Care Actuarial Analysis***. Compass has developed rate proposals, negotiated rates, projected medical spending budgets, estimated IBNR, and provided actuarial certification for claim liabilities for over 15 years.
- ***Utilization monitoring system***. Compass has developed a set of algorithms, an analysis engine, and associated reports to support fraud detection and potential quality issues at a behavioral health Medicaid MCO. The algorithms employ routines to detect aberrant patterns in claim data, as well as rules derived with input from compliance and clinical staff. Compass is also engaged in creating an interactive access tool to support detailed review of claim data.

- ***Programs to improve delivery of state-funded behavioral health services***. Compass has worked extensively with its Medicaid behavioral health clients to analyze the financial and utilization components of existing and proposed programs to improve the quality and/or efficiency of behavioral health services.
- ***Integration of physical and behavioral health data for population health analysis***. Compass has acted as a trusted third party to aggregate physical and behavioral health data from multiple insurers without violating health data privacy requirements. In addition to making this data available to client researchers, Compass has performed analyses to support quality and cost improvement initiatives.
- ***Whitepaper on savings associated with statewide behavioral managed care initiative***. Compass accumulated and analyzed 15 years of state Medicaid spending on behavioral health services, before and after implementation of a behavioral managed care initiative. Projected fee-for-service spending was compared to managed care spending, carefully adjusted for programmatic comparability, identifying over $4 billion of savings resulting from the program.
- ***Analysis of physical health care patterns of the seriously mentally ill***. Compass performed an analysis comparing use of physical health care service utilization by the seriously mentally ill to those without behavioral health illness, finding that service use in all categories was higher among the seriously mentally ill. While this reduced concerns about access to services, it raised questions about the effectiveness and efficiency of service utilization in this population.

ACOs and Provider Risk Bearing (↑)

- ***Developing a risk-sharing model for a collaborative ACO development initiative***. The New Hampshire Citizen's Health Initiative (NHCHI), under a grant from the Robert Wood Johnson Foundation, initiated a five-year statewide Accountable Care Organization (ACO) pilot with five delivery systems and four commercial carriers. Compass developed a common ACO financial framework and modeled financial scenarios under that framework for use by pilot sites and carriers in ACO contract negotiations. Compass recommended designs for selected elements, including attributing member populations to an ACO, recommending financial benchmarks for evaluating the cost of care, and risk-sharing formulas for allocating savings or loss.
- ***Providing ACO actuarial support for a national leader in ACO development***. Compass provides actuarial support to a nationally prominent tertiary-hospital-based health system and originator of the accountable care concept. Compass is retained to advise on the formulation/choice of financial models and on actuarial determination of claim liabilities/receivables under the Medicare Pioneer ACO program and in arrangements with commercial payers.
- ***Actuarial support for provider-owned managed care companies***. Compass has over a decade of experience providing actuarial support – including regular estimation and

certification of claim liabilities – for risk-bearing nonprofit insurers (outside New England) with over one million covered Medicaid recipients. Over time Compass has become a trusted partner – respected by both clients and the state's Medicaid agency – in negotiations about risk assumption between Compass clients and state agencies. With its clients, Compass has developed efficiency- and quality-enhancing payment arrangements and other strategies to moderate health care cost growth.

- ***Provider payment system research***. Dr. Highland's work prior to founding Compass included researching fee-for-service and bundled provider payment systems for CMS at the University of Pennsylvania's Leonard Davis Institute of Health Economics, directing the American Hospital Association's Department of Economic Studies, and serving as Director of Research, Planning, and Evaluation for provider contracting at Blue Cross Blue Shield of Massachusetts. This background, combined with the extensive insurance and actuarial experience of Compass staff, constitutes unique qualifications for population-based provider payment analysis.

Insurance Markets (↑)

- ***New Hampshire payment reform.*** Compass recently completed a project in collaboration with the University of Massachusetts Medical School Center for Health Law and Economics for the New Hampshire Insurance Department evaluating provider payment reform strategies and making recommendations to support population-based payment.
- ***New Hampshire health insurance cost drivers***. Compass has recent, specific experience in analyzing the drivers of health insurance cost increases in New Hampshire for the New Hampshire Insurance Department. Compass evaluated administrative loads, carrier profits, benefit levels, utilization and provider price increases, and other factors that contribute to premium increases. Compass formulated and analyzed a carrier survey, in addition to analyzing insurance rate filings, carrier annual statements, all-payer claim data, and NAIC data, and worked with regulators to support required hearings and reports.
- ***Maine Bureau of Insurance Market Dashboard***. Compass developed the Carrier Trend Survey and the associated Dashboard program to measure and report trends in premium levels, costs by service category, provider price levels, utilization rates, member cost sharing, and insurer administrative costs for commercial health insurance in Maine.
- ***Insurance data evaluation for market monitoring***. Compass conducted a thorough review and evaluation of the data the New Hampshire Insurance Department collects from health insurers, and evaluated data gaps, redundancies, and data consistency and quality issues. Data sources included the all-payer claim database, insurance company statutory financial statements, and supplemental reporting on insurer membership, premium, and claim cost by product. The final report recommended both additions and reductions to data collection, and modifications to collection instructions and quality control procedures to create a cohesive, consistent data resource to measure and monitor the state's health insurance market.

- ***Impact of federal reform***. Compass has accumulated knowledge of the ACA and other federal requirements for health insurance, ranging from provisions that interact with state benefit mandates to the ACA's impact on state-level rate review standards. Compass assisted the Maine Bureau of Insurance in reviewing insurer filings to conform to new ACA requirements, and the New Hampshire Insurance Department with pricing EHB benchmark plans.

Costs of Insurance Coverage and Benefit Pricing (↑)

- ***Mandated benefit studies in Massachusetts and New Hampshire***. Compass has extensive experience estimating the cost to premium payers of mandated health insurance benefits. Compass has completed two cycles, four years apart, of a comprehensive assessment of existing mandates in Massachusetts for the Center. Compass has also provided estimates of the impact of many proposed mandate bills before the Massachusetts and New Hampshire legislatures since 2003, including current bills. All of these projects required coordination with regulators, carriers, and other constituencies, statutory analysis, clinical analysis drawing on expert opinion, and actuarial analysis, often using all-payer claim data.
- ***Essential Health Benefits pricing***. Compass assisted the New Hampshire Insurance Department in providing relative prices for candidate Essential Health Benefits benchmark plans considered by the legislative committee responsible for choosing the benchmark plan, pursuant to the federal Affordable Care Act. This analysis included pricing several mandates covered by some of the candidate benchmark plans.
- ***Dirigo savings offset payment***. The Dirigo Health Plan provided subsidized health insurance to Maine income-eligible individuals and small groups. Primary funding for the subsidies came from a savings offset payment (SOP) levied against insurance claims, determined based on an estimate of savings to the health care system attributed to the operations of the Plan. Compass supported, for all years it existed, the statutorily-required annual review of the Dirigo Health Agency's proposed SOP conducted by the Superintendent of the Bureau of Insurance, reviewing relevant law and DHA analysis, providing additional analysis and commentary, and drafting most of the analysis in the Decision and Order document.
- ***HealthFirst New Hampshire benefit design/pricing***. Serving on a benefits consulting team, Compass provided actuarial pricing analysis for the design of New Hampshire's HealthFirst small employer affordable health insurance plan. Using data from the State's all-payer claim database and from carriers, Compass analyzed base claim data, trend, benefit design, wellness components, and administrative costs and developed a flexible pricing model. Compass helped conduct public meetings including legislators, employers, and carriers.
- ***Capitation rate development***. Compass assists its risk-bearing clients with quantitative analysis of utilization and other trends, actuarial analysis, and strategic advice in support of negotiating capitation rates, typically with Medicaid agencies. Compass has, over time, become a trusted partner in these negotiations.

- ***Incurred but not reported (IBNR) liability estimation***. Compass provides actuarial support for insurers (typically nonprofit provider-owned managed care companies) and self-insured groups, including providing monthly or quarterly estimation of reported and IBNR claim liabilities and quarterly or annual certification of claim liabilities.

Health Care Data Expertise (↑)

- ***Claim data***. Compass has extensive experience with claim data and related standard code sets (procedure, diagnosis, etc.), and with resolving the associated data quality issues.
- ***All-payer claim databases***. Compass has recent, extensive experience with all payer claim databases from two states, including managing on-site copies of the full databases and reconciling data quality issues with state staff.
- ***Insurance company financial data***. Compass has worked on several recent projects, in support of enhanced regulatory oversight, requiring analysis of insurance firm financial data and reconciling those data to other sources of information, including claims.

Health Care Data Management Infrastructure (↑)

- ***Insurance data warehouse***. Compass creates health care data warehouses including data on eligibility, providers, members, authorization, claims, premiums, etc. Compass provides requirements assessment, design conforming to current standards, custom programming, and a secure operational environment for clients who do not wish to operate a warehouse themselves, including regular processing, secure storage and backup, and help desk services. Compass has provided such access and support for over a decade to an MCO with more than one million covered lives.
- ***Managed care reporting system***. Compass provides report design, programming, and production, and secure browser-based access to a programming environment for clients who want access to a data warehouse operating at Compass.
- ***Design and deployment of data warehouse for a self-insured employer***. To a client formed by a merger of two companies with separate benefit programs working with multiple insurers, Compass provided a transparent and user-friendly model with which it could accurately allocate the cost of its insurance program to various cost centers, and developed a data reporting and analysis infrastructure to support similar efforts in the future.

Staff Biographies – Highlights (↑)

Compass employs experts in health care economics and finance, actuarial science, analytical programming, and decision support technology with long experience in health insurance and provider issues in commercial insurance, Medicaid, and Medicare.

- *Jim Highland*, PhD Wharton, MHSA Michigan, BA Northwestern. Professional focus on health care cost measurement, payment reform, financial analysis, and financial aspects of strategy. Prior to founding Compass in 1997, positions included Director of Research, Planning & Evaluation at Blue Cross of Massachusetts and consultant for Accenture.
- *Lars Loren*, JD Stanford, AB Dartmouth. Widely-experienced consultant with background in project management, legislative analysis, quantitative and process analysis, and design of information and decision support systems.
- *Andrea Clark*, MS Wisconsin, BFS Georgetown. Senior economist with experience in statistical health care analysis, including cost and quality studies and analytical support for rate negotiation and risk analysis. Advanced SAS programming skills.
- *Judy Loren,* AB Dartmouth, Phi Beta Kappa. Deeply experienced analyst/programmer with extensive experience supporting primary care medical home, ACO, and other provider analysis; experience with a large disease management firm and business health coalition, performing clinical, utilization, and population-based risk-adjustment analyses.
- *Amy Raslevich*, MBA/MPP Duke, BS Wharton. Consultant with over twenty years of experience in health care administration and consulting in public and private programs, including analytical and management work for integrated delivery systems and MCOs.
- *Lisa Kennedy,* ASA, MAAA, BS University of Maine. Health actuary with 20 years of experience including position as regional director for valuation at Anthem. Extensive benefit pricing experience.
- *Jennifer Becher*, FSA, MAAA, MS, BS, University of Connecticut. Health actuary with over twenty years of experience and a broad background including pricing, leading valuation efforts, evaluating claim liabilities, and ACA compliance.
- *Tina Shields*, FSA, MAAA, MS University of Southern Maine, BA University of Maine-Presque Isle. Health actuary with broad experience, including risk adjustment and scoring, valuation of claim liabilities, and benefit design and pricing for groups and individuals.
- *Larry Hart*, BS, University of Maine. Insurance professional with 30 years of experience in underwriting and insurance pricing, extensive experience implementing the ACA.
- *Devin Anderson*, BS Rensselaer Polytechnic Institute. Highly-skilled analyst/programmer with a background in applied statistics and experience with a large disease management firm, performing financial, utilization, and population-based risk-adjustment analyses.
- *Miles Isacke*, BA Bates. Programmer/analyst with skills in database systems, SAS programming and information technology.

Compass Staff Biography

Compass employs experts in health care economics and finance, actuarial science, analytical programming, and decision support technology with long experience in health insurance and provider issues in commercial insurance, Medicaid, and Medicare.

LAWRENCE HART

Director, Risk Consulting Services

Lawrence Hart

Mr. Hart has a broad range of experience in health care insurance markets in both underwriting and actuarial capacities, including 28 years of experience at a national carrier in Maine and New Hampshire. In his most recent role he was the pricing director responsible for leading a team that developed community base rates and rating factors for Maine individual and group markets. This included work on the initial Affordable Care Act rate filings. He previously served in several underwriting roles of increasing responsibility ending as a senior director of underwriting for New Hampshire. He was responsible for individual, small group and large group underwriting, and his experience includes developing a new medical underwriting capability in the small group market based on legislative changes. In addition Larry has experience in re-engineering and standardizing both actuarial and underwriting processes. Larry's work at Compass includes efforts on non-profit, community-based risk-bearing organizations, particularly on ACA and ACO related issues. Larry received his B.A. degree in mathematics from the University of Maine in Orono.

LAWRENCE E. HART

Professional Experience

2014 – Present **Compass Health Analytics, Inc., Portland, ME**
Director, Risk Consulting Services, 2014-

Price new benefit designs, project claims, develop rates, and develop forecasts for managed care clients. Assist state regulators with review of health insurance rate filings. Analyze health insurance cost drivers for state government policy makers. Support clients in financial evaluation of alternative provider reimbursement arrangements, including ACOs, with experience analysis, projections, and modeling.

2006 – 2014 **Anthem Blue Cross & Blue Shield of Maine, South Portland, ME**
Actuarial Business Director, 2010-2014
Other position held: Actuarial Business Consultant

Supervised staff and conducted competitive analysis, new product and mandate pricing. Recommended adjustments to product design, and the product portfolio. Developed financial forecast key assumptions such as rate increases, buy down, and claims trends. Worked with Finance partners to develop the forecast, interpret financial results and variances. Prepared and oversaw Maine group and individual rate filings including the 2014 QHP filings. Responsible for the development of all retention, trend, completion and other rating factors for the Maine business unit. As the Actuarial pricing Lead and point of contact provided ongoing consulting service including strategic growth and margin planning for Maine leadership.

2002 – 2006 **Anthem Blue Cross & Blue Shield of New Hampshire, Manchester, NH**
Senior Director of Underwriting, 2002-2006

Managed and lead a staff of up to twenty two associates in the successful rate development for prospective and renewing group business. Developed alternate funding mechanisms including contingent premium, minimum premium, and ASO. Recruited and developed small group staff to perform newly allowed medical underwriting. Managed a rating system conversion for small and large group business. Developed an underwriting process for new dental product launch in New Hampshire market. Developed incentive plan with common goals for underwriters and sales associates. Accompanied sales staff to explain most technical rating components to marquee accounts.

1986 – 2002 **Anthem Blue Cross & Blue Shield of Maine, South Portland, ME**
Underwriting Manager, 1996-2002
Other positions held: Senior Underwriter and Underwriter

Managed and lead a staff of seven associates in the successful rate development for prospective and renewing group business. Developed alternate funding mechanisms including contingent premium, minimum premium, and ASO. Successful implementation of an automated Excel based merit rating model. Developed streamlined product portfolio and standard plan packages to minimize adverse selection. Accompanied sales staff to explain underwriting rationale to marquee accounts. Developed an income transfer mechanism to deal with adverse selection issues resulting from offering a separately owned HMO beside Anthem products. Oversaw analysis and implementation of a procedure which ensured high risk individuals were assessed and were accurately reflected in the rating of large groups; annual savings $500,000.

1985- 1986 **Northwestern Mutual Life, Bangor, ME**
Insurance Agent

Became licensed with the State of Maine to sell life and health insurance. Completed Essentials of Life Underwriting training program for Northwestern Mutual. Developed clientele by selling term and whole life insurance.

Education

B.A., University of Maine at Orono, Mathematics, 1985

Boards and Committees

Professional
• Blue Cross and Blue Shield Actuarial and Underwriting Committee (District I) (2002 – 2014)
• Maine Vaccine Association Board (2010-2014)
• New Hampshire Vaccine Association Board (2005-2008)

Other
• Greater Portland United Way Investment Committee for Health Services. (2009 – present)
• Easter Seals Maine Board of Directors (2014 – present)
• Blue Cross Blue Shield of Maine Employees Federal Credit Unit Board of Directors (1988 – 2004)

WASHINGTON VACCINE ASSOCIATION

Governing Statutes under the Revised Code of Washington

TABLE OF CONTENTS

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.

WASHINGTON VACCINE ASSOCIATION

August 8, 2015 WVA Special Meeting of the Board of Directors
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 the Board of Directors.

Items under Agenda Section 2:

VOTED: To authorize outside counsel to proceed with litigation on behalf of the Washington Vaccine Association (WVA) against the Defense Health Agency (DHA) and/or its third party administrators TriWest & UnitedHealthcare Military seeking (i) full payment for all past dosage based assessments applicable with respect to vaccines administered to TRICARE beneficiaries (ii) all applicable interest and penalties and (iii) assurance of continued participation by DHA on a basis equitable among all WA payers and without additional burdens to WA providers.

[To authorize outside counsel to proceed with litigation on behalf of the Washington Vaccine Association (WVA) against the Defense Health Agency (DHA) and/or its third party administrators TriWest & United Healthcare Military seeking (i) full payment for all past dosage based assessments applicable with respect to vaccines administered to TRICARE beneficiaries (ii) all applicable interest and penalties and (iii) assurance of continued participation by DHA on a basis equitable among all WA payers and without additional burdens to WA providers with the changes suggested at the meeting.]

VOTED: To authorize outside legislative counsel to engage in work that supports a statutory mandate to have federal entities pay their equitable share into the WVA.

[To authorize outside legislative counsel to engage in work that supports a statutory mandate to have federal entities pay their equitable share into the WVA with the changes suggested at the meeting.]

Items under Agenda Section 3:

VOTED: To authorize the Special Collections Project.

[To authorize the Special Collections Project with the changes suggested at the meeting.]

Items under Agenda Section 4:

VOTED: To approve the 2014/15 KV performance award at the amount determined at the meeting.

[omitted]

VOTED: To approve the 2015/16 KV Supplemental Goals.

[To approve the 2015/16 KV Supplemental Goals with the changes suggested at the meeting.]