

Washington Vaccine Association – Board of Directors Meeting
January 14, 2016 – 10:00 a.m. – 12:00 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:

John Pierce
Beth Harvey
Pat Kulpa
David Efroymson
John Sobeck (T)
Michele Roberts
Jason Farber (T)
Dennis Kirkpatrick (T)

Absent:

Ed Marcuse
Norman Seabrooks

Others:

Anne Redman
Mary Malthien
Michael LeFleur
Chuck Rosenberger

KidsVax®:

Fred Potter
Julia Walter
Ashley Kittrell
Claire Roberge (T)
Peter Smith (T)
Norman Roberge (T)

DOH:

Jan Hicks-Thomson, (T)

II. Summary of Actions Taken and/or Recommended

A. Actions Taken (votes adopted)

1. To approve the minutes of the October 20, 2015 Washington Vaccine Association (WVA) Board meeting.
2. To affirm David Efroymson as the Board member representing Group Health, whose term renews in 2017, pursuant to RCW 70.290.030(3)(c).
3. To adopt the proposed Cyber Liability Proposal, Option 3 with Carrier Capitol Specialty Insurance Company.
4. To authorize KidsVax® (KV) to proceed to bind coverage through NuWest Insurance Services.
5. To ratify the action of authorizing a supplemental engagement of Crowell & Moring for legal research with an expense not to exceed \$25,000 dollars.
6. To reauthorize outside counsel to proceed with litigation on behalf of the 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.

B. Follow up Tasks/Action Items

1. KV will further refine the communications needs of stakeholders and what actions the WVA needs to take to fulfill its supplemental goals.
2. KV will continue to reach out to organizations and determine what role the WVA may have in vaccine acceptance and bring a recommendation to the Board of Directors meeting in April.

- 1 3. KV will work with Ms. Redman to discuss and create a policy for protected health
2 information regarding document retention and destruction.
3

4 **III. Minutes**

5
6 Welcome and Introductions
7

8 At 10:00 a.m., a quorum having been established, Chairman Pierce called the meeting to order.
9

10 Consent Calendar Items
11

12 Chairman Pierce asked for comments on consent calendar items.
13

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

15
16 **VOTED:** To approve the minutes of the October 20, 2015 WVA Board Meeting.
17

18 Ms. Walter then introduced David Efroymson, the new Board member appointed by Group Health.
19

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

21
22 **VOTED:** To affirm David Efroymson as the Board member representing Group Health, whose
23 term renews in 2017, pursuant to RCW 70.290.030(3)(c).
24

25 Update on Financial Position
26

27 Mr. Potter updated Board members of the status of the loan covenants and renegotiation with KeyBank.
28 The liquidity requirement of \$4 million dollars was not met in September, 2015. KV had expected a build
29 up of cash over the late summer and fall but did not amass capital reserves as quickly as forecasted. To
30 help resolve cash shortfalls, the DOH implemented just in time inventory management and allowed for
31 split-fund transfers. The cash flows are now emerging as Mr. Smith predicted, and the rate increase is
32 showing in collections. The WVA expects to remain in covenant compliance going forward; nonetheless,
33 KeyBank agreed to defer measuring covenant requirements until March 31, 2016 when the WVA's cash
34 reserves are anticipated to be well above the required. Additionally, the step down in the line of credit
35 from \$15 million dollars to \$10 million dollars has been deferred six months to July 31, 2016. There are
36 no other charges or payments expected other than the fees that outside counsel will bill for the
37 preparation of the amendment agreement.
38

39 Ms. Roberts suggested that the DOH and KV meet to ensure that KV has enough information from the
40 DOH and to provide accurate vaccine projections. Mr. Farber also expressed the need to rebuild cash
41 reserves perhaps beyond what is required of the loan covenants. Mr. Smith responded saying the WVA
42 now has an approximate target of \$16 million dollars which he feels is an adequate goal. Ms. Redman
43 then asked when the line of credit is expected to be paid off. Mr. Smith responded that it is projected to be
44 paid off by mid-September or November, 2016 and clarified that there was a previous goal of paying the
45 line of credit to \$10 million dollars by the spring of 2016.
46

47 Upon motion duly made and seconded, it was unanimously
48

49 **VOTED:** To authorize the execution of the loan modification subject to outside counsel's
50 approval.
51

52 DOH Updates
53

54 Ms. Hicks-Thomson informed the Board that the special collections work has been steadily progressing
55 and the DOH is in the final stages of re-assessing data from the last few practice profiles of the 1,100

1 targeted providers. The DOH is making adjustments to monthly funds transfer requests based on their
2 findings. As of now, the decrease in the private state portion of the budget will more than likely decrease
3 approximately \$5-6 million dollars.

4
5 Ms. Roberts proceeded with other updates. The Center for Disease Control (CDC) has requested a call
6 with the DOH. The call is scheduled for January 22 and Ms. Roberts will keep the Board informed of any
7 changes. Ms. Walter added that there have been requests from pharmaceutical companies regarding the
8 19% assessment rate increase that began in July, 2015. KV will continue to engage all stakeholders to
9 address pending concerns.

10 11 KidsVax Updates

12 13 **Cyber Liability Policy**

14
15 Chairman Pierce began the discussion by emphasizing the importance of cyber coverage and explained
16 that notification and administrative systems are a key part of cyber coverage. Mr. Kirkpatrick reminded
17 the Board that he had recommended a standalone cyber liability insurance policy as opposed to a cyber
18 liability rider on some other insurance coverage. Then, Chairman Pierce introduced Mr. Rosenberger,
19 Director of Labor and Trust Practice for NuWest Insurance Company. Mr. Rosenberger summarized his
20 recommendations for coverage. Echoing Chairman Pierce's comments, he explained that the main
21 advantage to purchasing this cyber data breach coverage is that representatives are readily available to
22 guide someone through the system to minimize damage if there is any concern regarding loss or breach
23 of data. NuWest obtained quotes from various companies with a \$1 million dollar cap. The policies were
24 categorized between direct costs and the liability if sued. Mr. Rosenberger paused his presentation as KV
25 updated the Board on the security audit conducted by Solution Worx (SW) before voting on a policy to
26 give the Board a clearer idea of what risks the WVA faces. One of the main areas of vulnerability is the
27 Explanation of Benefit forms that are scanned into the KeyBank lockbox. The sensitive data in these files
28 is of no value to KV once the monthly reconciliation has been completed thus, KV routinely destroys such
29 information. Furthermore, there is never any health data information on KV computers other than
30 analyst Norm Roberge's who is tasked with reviewing dosage-based transactions. Pursuant to their
31 contract with the WVA, KV's servers replicate all data to produce all records. If ever targeted however,
32 the loss would be quite minimal because there is neither valuable financial data nor protected health
33 information. SW's audit concluded that every risk is fairly low. Mr. Potter added that the largest liability
34 the WVA faces is notifying stakeholders of a data breach. Mr. Rosenberger recommended option three on
35 page eleven which is a higher aggregate limit with a deductible of \$25,000 dollars. Mr. Potter also
36 proposed that Ms. Walter and Ms. Redman discuss and create a policy for protected health information
37 regarding document retention and destruction. The results will be brought to the Board at the next
38 meeting.

39
40 Upon motion duly made and seconded, it was unanimously

41
42 **VOTED:** To adopt the proposed Cyber Liability Proposal, Option 3 with Carrier Capitol Specialty
43 Insurance Company.

44
45 **VOTED:** To authorize KidsVax to proceed to bind coverage through NuWest Insurance Services.

46 47 **ED Report**

48
49 Ms. Walter gave a brief overview of the ED report included in the packet citing progress in financial and
50 special collections work as well as TRICARE. Coinciding with the DOH's efforts, the WVA has reached out
51 to provider offices as part of the effort to maximize revenue generation by ensuring that claims are being
52 properly filed. Much of the special collections work conducted has also coincided with stakeholder
53 education. Ms. Walter noted that while many providers know about the WVA and the importance of
54 properly billing and filing claims, there are still many billing departments with newer personnel who
55 need to be contacted.

IT Security Audit

Mr. Potter opened the topic by explaining that the IT security audit conducted by SW identified any areas of potential exposure and risk and recommended implementing the following five procedures:

1. Develop a written policy for handling of restricted information.
2. Enable protections on external tools for the protection of restricted data.
3. Explore methods for directly moving restricted data from KeyBank to Egnyte without requiring transit through KV or contractor computers, or require all devices (both KV and external contractors) to have data encrypted at rest.
4. Enable password controls for Egnyte and Microsoft Office 365.
5. Review the five medium level vulnerabilities listed for the KV assessment systems.

Recommendations two through five have either been completed or will be completed by the end of January, and Mr. Potter noted that KV will begin working on a Protected Health Information (PHI) protocol.

Code of Ethics

Ms. Walter asked that the Board read and sign the Code of Ethics policy that is required annually by WVA statute.

Kaiser buy-out and Market Inclusion

Mr. Efroymsen addressed the Kaiser buyout of Group Health and what implications that may have for the WVA. Mr. Efroymsen noted that everything is still in the beginning stages and a vote of Group Health's membership is scheduled for mid-March. Assuming that the outcome is favorable, the state insurance commissioner must also approve the buyout which could take up to a year. Mr. Efroymsen agreed to keep the Board updated as things progress.

WVA Stakeholder Relations

Ms. Walter gave an overview of the various communication needs and potential steps the WVA can take to ensure that each area is being adequately addressed and referred to the communications proposal submitted by Desautel-Hege (DH). Attending conferences and meetings such as the Pink Book Conference gave WVA staff the opportunity to speak with billing managers and doctors to answer their specific questions and concerns. The DOH has also played a significant role in communications through their work with special collections. A recurring issue the WVA faces is ensuring that valid but initially denied claims for vaccine costs are refiled. Advanced Medical Claim & Collection (AMCC) is able to refile paper HCFA 1500 forms on behalf of the WVA but is dependent on provider's offices to resubmit any electronic claims. The WVA and DOH could potentially cobrand a communications piece that could have a substantial impact on outreach. Current methods of communication with stakeholders include notifications via the WVA website, blast faxes sent by DOH, and routine servicing calls. KV's 2016 supplemental goals outlined in the continuing stakeholder action plan are to update the website materials, FAQ's, updated billing guides, and a live webinar is scheduled for February. Several members of the Board expressed the need to reach out to those who are new and unfamiliar with the WVA, as well as keeping those who have years of experience with the WVA informed. Chairman Pierce recommended that KV further look into the specific costs of engaging DH, define the specific goals of a communications piece, and work with the DOH to possibly cobrand a piece and utilize DH to reconstruct as an easy-to-read pamphlet.

Vaccine Acceptance Efforts

1 Chairman Pierce briefly informed the Board that he and Ms. Walter have begun researching and reaching
2 out to other organizations to distill what role the WVA may have in vaccine acceptance efforts. The WVA
3 has had substantive discussions with several organizations such as WithinReach, VaxNorthwest,
4 Immunization Action Coalition of WA, GroupHealth Foundation, and the Washington Academy of Family
5 Physicians. The WVA is continuing their research and an update will be given at the April Board meeting.

6
7 Closing Section

8
9 There being no public comment, the meeting proceeded to executive session.

10
11 Executive Session

12
13 There being no further business, the meeting adjourned at 12:00 p.m.

What: Washington Vaccine Association Meeting of the Board of Directors
 Date and Time: January 14, 2016 / 10:00 a.m. – 12:00 p.m.
 Location: Ellis, Li, & McKinstry Marketplace Tower, PH-A 2025 First Ave, Seattle, WA 98121
 Call in Number: (605) 562-3180; Conference ID: 237931720#

Notice: The 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. Please review the attached antitrust policy in advance.

Approx. Time	Topic/[Anticipated Action]	Presented by:
10:00-10:05 a.m.	1. Welcome, Introductions & Identification of any items for Section 10	J. Pierce
10:05-10:10 a.m.	2. Consent Calendar Items	J. Pierce
	* a. Board Minutes (October 20, 2015)	
	b. Affirmation of new Board Member	
10:10-10:25 a.m.	3. DOH Updates	J. Hicks-Thomson
	a. Special Collections	
	b. Market Concerns	
10:25-10:35 a.m.	4. Update on Financial Position	
	* a. Financial Update	P. Smith
	* b. KeyBank LOC Covenants	F. Potter
10:35-10:55 a.m.	5. KidsVax Updates	
	* a. ED Report	J. Walter
	* b. IT Security Update	F. Potter
	* c. Cyber Liability Policy	C. Rosenburger
	i. Vote to Adopt Cyber Liability Policy	
	* d. Code of Ethics	
	e. Kaiser buy-out Market Inclusion	D. Efroymsen
10:55-11:15 a.m.	6. WVA Stakeholder Relations	J. Walter
	* a. Desautel-Hege Communications Plan	
	i. Vote to Authorize Communications Proposal	
	* b. Other Updates	
11:15-11:30 a.m.	7. Vaccine Acceptance Research	J. Pierce
	a. Overview	J. Walter
	b. Further Efforts	
11:30-12:00 p.m.	8. Closing Section	
	a. Public Comment	Any
	b. Executive Session (all staff, guests excluded; outside counsel included)	
	c. TRICARE	J. Walter
	* i. Crowell & Moring Update	J. Flood
	ii. Litigation Update	
	d. Executive Session (all staff, KV, guests excluded; outside counsel included)	K. Kemper Board Only
	9. [Intentionally Omitted]	
	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 & McKinstry	

*Indicates agenda item attached
 Red text indicates an action item

Washington Vaccine Association – Board of Directors Meeting
October 20, 2015, 2:00 p.m. – 4:00 p.m.
Location: Perkins Coie, LLP

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

Board Members:

Ed Marcuse, acting chair
Beth Harvey
Mary Kay O'Neill
Dennis Kirkpatrick
Michele Roberts
Jason Farber (T)
Patricia Kulpa (T)
Norman Seabrooks (T)

DOH:

Michele Roberts
Jan Hicks-Thomson

KidsVax:

Julia Walter
Ashley Kittrell
Fred Potter (T)
Peter Smith (T)
Norm Roberge (T)
Claire Roberge (T)

Absent:

John Pierce

Others:

Anne Redman
Jody Daniels (T)

II. Summary of Actions Taken and/or Recommended

A. Actions Taken (votes adopted)

1. To approve the minutes of the August 6, 2015 Board Meeting as submitted.
2. To authorize the WVA to pay all insurance policy premiums through ACH transfer.
3. To authorize KidsVax.org to proceed with the publication of the 2014/2015 WVA Annual Report in the form as presented to the Board.
4. To authorize KidsVax to renegotiate the covenant compliance with KeyBank and not to exceed \$7,500.
5. To affirm the continuation of Board member Diana Rakow, whose term renews in 2016 pursuant to RCW 70.290.030 (3)(b).
6. To affirm the continuation of Board member Dr. Mary Kay O'Neill, whose term renews in 2016 and pursuant to RCW 70.290.030 (3)(f).
7. To affirm the continuation of Board member Dr. Ed Marcuse, whose term renews in 2016 and pursuant to RCW 70.290.030(3)(f).
8. To affirm the continuation of Board member Norman Seabrooks, whose term renews in 2016 pursuant to RCW 70.290.030 (3)(a).
9. To approve the election of the proposed slate of WVA officers listed on the WVA Board of Directors and Committees list for one-year terms pursuant to Section 6.1 of the WVA Bylaws.
10. To approve the individuals listed on the WVA Board Committee list presented at the meeting to serve on the Audit, Operations, and Vaccine Committees, respectively, with the committee chairs listed.
11. To authorize KV to extend the engagement of the WVA with Crowell & Moring at the terms discussed at the meeting.
12. To request the TRICARE Litigation Taskforce to oversee the work of KidsVax in managing the Crowell & Moring engagement and to authorize the Taskforce to make further modifications to the engagement letter as it may deem appropriate.

B. Follow up Tasks/Action Items

1. Julia Walter will begin writing a brief monthly update to the Board informing them of salient matters such as the WVA's cash position, special collections efforts, and TRICARE.
2. To research the ramifications if TRICARE beneficiaries in Washington State were no longer able to receive state-supplied vaccine.

III. Minutes

Welcome and Introductions

At 2:00 p.m., a quorum having been established, Acting Chair Ed Marcuse called the meeting to order.

Consent Calendar Items

The consent calendar was briefly reviewed. The first order of business was the approval of the August 6, Special Board meeting minutes.

Upon motion duly made and seconded, it was unanimously

VOTED: To approve the Board Minutes as submitted.

The second item on the consent calendar was the authorization of ACH transfers for insurance policies. Ms. Walter briefly explained it would result in a continuation of the policy without the problem of payment delays and potential policy lapses.

Upon motion duly made and seconded, it was unanimously

VOTED: To authorize ACH transfers for insurance policy premiums.

Special Collections

Ms. Jan Hicks-Thomson gave an overview and update on the special collections project. The topics included funds development process, how vaccines are purchased, how each fund source is used, vaccine ordering, practice profiles, the fund split template tool that the CDC requires the Department of Health (DOH) to use to apply the funds to vaccine orders, and the steps that are being taken to mitigate the cash flow issue. There are approximately 1,100 provider offices that participate in the universal vaccine program that represents between 3,500 and 4,000 individual practitioners. It is estimated that \$145 million from multiple fund sources are used to fund vaccines annually. The state funding that is received comes from three sources: the Washington Vaccine Association (WVA), the Healthcare Authority, and the CHP program. In the past, 317 Direct Assistance funds from the federal government have been used to cover underinsured and undocumented children; however, the policy concerning how funds are utilized now prohibits states from using the money for underinsured children.

Ms. Hicks-Thomson explained that the vaccine budget is broken down into two areas. The first is the Population Estimate Survey that is used to determine the number of children who qualify for coverage by the Vaccines for Children (VFC) program. The second aspect of the budget is the Cost and Affordability tool in which the population numbers are calculated by age and gives an estimate of the overall financial responsibility for children who are not VFC-eligible in Washington. Ms. Hicks-Thomson gave a detailed explanation of how the yearly cost is estimated and what tools are used. By using a practice profile to count children and categorize them by age, insurance type, and VFC status, the DOH is able to determine a fund source split to attach to each vaccine brand at the package level for every vaccine order that goes through the system and is how the vaccine is expensed. Providers are asked to report and update how many children are in their practice by insurance type; the fund source split template is updated each year.

The DOH has used several strategies to help mitigate the cash flow issues the WVA is experiencing. First, the DOH is processing vaccine requests as late in the month as possible to allow collections to accumulate. Secondly, HPV has been added to the vaccine grid under an allocation process. Third, new Meningococcal B vaccine was submitted as a special order product. The DOH has also been conducting data analysis and reviewing practice provider profiles for all of the providers who receive over \$100,000 of vaccines annually. Ms. Thomson noted they have begun to review the providers receiving less than \$100,000 of vaccines annually but that it is a fairly complicated process. The fund source splits have been updated for over two hundred providers as well. The DOH is working to identify potential discrepancies in the billing data from a provider's office versus the data reported on doses administered in the Immunization Information System. The DOH does not have a routine process to match billing information with the generated revenue or doses administered. Ms. Hicks-Thomson is unsure if this will be a successful method but Dr. Beth Harvey has allowed the DOH to review her practices' billing data to determine if this is a viable data source.

The impact of the analysis conducted by the DOH exhibited a \$2.2 million expense savings to the WVA with the changes that have been made if a population based profile to practices was applied. With a provider specific profile, the savings would be approximately \$3.2 million in a seven month period. The potential impact overall is estimated to be between \$5-8 million if a provider specific profile was used in every practice. In light of this information, Dr. Marcuse suggested that the DOH's research and findings be published or at the least, presented to the Board.

Update on Financial Position

Fred Potter informed the Board that there is a \$5.3 million disbursement request, and as of October 19, there was \$4.1 million in the bank resulting in a split payment. The November payment will also need to be split.

Ms. Walter informed the Board of three ways that the WVA is working on the special collections. First, Regence and Premera are participating in a pilot program that will help gather data and improve the vaccine assessment mechanism. Second, the WVA was notified by a billing company of a few hundred claim denials that were resulting in nonpayment of the administration cost to the WVA. The WVA is continuing to call and work to correct errors such as this. Third, a carrier survey has been sent to the top payers will provide an in-depth look at vaccine and eligibility data to identify potential issues within the assessment system.

Peter Smith gave a brief overview of the cash analysis that includes a cost savings analysis and cash reserve analysis summary. In September, the WVA had \$2.5 million that was used in October to pay the holdover on the accounts payable. The WVA is projected to gain approximately \$1 million in cash every month at the current grid rates and pay off the line of credit by February or March, 2016. Mr. Kirkpatrick asked that Mr. Smith's projected deadline be noted in the minutes. Finally, Mr. Smith noted that the WVA is currently out of covenant compliance with the \$4 million cash reserve requirement at KeyBank but is in compliance in all other areas. Under the current agreement, the line of credit must begin to be paid down starting in January, 2016. Mr. Potter recommended that the Board seek to negotiate with KeyBank the provisions regarding the covenant to match the cash flow expectations and a line reduction from \$15 to \$10 million. The cost to do this would be approximately \$5,000. Mr. Jason Farber added an amendment to the proposed vote that the cost not exceed \$7,500 to negotiate the covenant compliance. Based on the recommendation of KidsVax (KV), and in light of present circumstances, the Board agreed to allow KV to negotiate under the terms discussed.

Upon motion duly made and seconded, it was unanimously

VOTED: To authorize KidsVax to renegotiate the WVA's covenant compliance with KeyBank and not to exceed \$7,500.

Dr. Marcuse added he would like to receive monthly updates on the current cash flow task force. Mr. Kirkpatrick agreed to work with KV on writing a monthly, one page report. This will be sent to the Board the middle to end of the month, the first starting in November and December.

The Board then moved to vote on the authorization of the 2014/2015 Annual Report.

Upon motion duly made and seconded, it was unanimously

VOTED: To ratify publication of all audited financials.

In light of time constraints, the DOH updates were postponed to a later date.

KidsVax Updates

Ms. Walter quickly outlined the ED Report and the IT security audit that is expected to be completed by the end of 2015. Any IT updates will be included in the monthly cash flow update to the Board. Mr. Kirkpatrick suggested that KV research a stand-alone cyber liability insurance policy.

Under continuing provider education, the WVA plans to do several things including updating website FAQs, writing self-help guides, as well as working on a dual branding message with the DOH. We are also in the process of auditing provider offices to ensure they are billing correctly as well as troubleshoot any other previously unknown issues. Ms. Walter proposed drafting an action plan for continuing provider education to bring to the January 14 Board meeting for review. Dr. Marcuse suggested that there be continuous and substantive communication with providers at least twice a year to ensure smooth operations. Ms. Michele Robert requested that this issue be presented to the operations committee.

The 2014/2015 annual report was briefly reviewed and voted on.

Upon motion duly made and seconded, it was unanimously

VOTED: To authorize publication of the 2014/2015 Annual Report.

Board Development

There were three Board members whose terms renew in 2016. After these were confirmed the Board voted to reappoint the committee chairs and WVA officers.

Upon motion duly made and seconded, it was unanimously

1 **VOTED:** To affirm the continuation of Board member Diana Rakow, whose term renews in 2016 pursuant to
2 RCW 70.290.030 (3)(b).
3

4 **Upon motion duly made and seconded, it was unanimously**
5

6 **VOTED:** To affirm the continuation of Board member Dr. Mary Kay O'Neill, whose term renews in 2016
7 pursuant to RCW 70.290.030(3)(c).
8

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

11 **VOTED:** To affirm the continuation of Board member Dr. Ed Marcuse, whose term renews in 2016 and pursuant
12 to RCW 70.290.030 (3)(f).
13

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

16 **VOTED:** To affirm the continuation of Board member Norman Seabrooks, whose term renews in 2016 and
17 pursuant to RCW 70.290.030 (3)(a).
18

19 **Upon motion duly made and seconded, it was unanimously**
20

21 **VOTED:** To approve the election of the proposed slate of WVA officers listed on the WVA Board of Directors
22 and Committees list for one-year terms pursuant to Section 6.1 of the WVA Bylaws.
23

24 **Upon motion duly made and seconded, it was unanimously**
25

26 **VOTED:** To approve the individuals listed on the WVA Board Committee list presented at the meeting to serve
27 on the Audit, Operations, and Vaccine Committees, respectively, with the committee chairs listed.
28

29 Ms. Walter informed the Board that the annual Conflict of Interest Forms were in their packets and asked members to sign and
30 return the forms.
31

32 Closing Section
33

34 There being no public comment, Dr. Marcuse concluded the public portion of the Board meeting and adjourned for a brief
35 break.
36

37 At the conclusion of the executive session, there being no further business, the meeting adjourned at 4:12 p.m.

Washington Vaccine Association
Statement of Financial Position
As of December 31, 2015

A**ASSETS**

Current assets		
1	Cash and cash equivalents	\$ 6,558,124.50
2	Investments	9,805.42
3	Assessment receivable	18,411,319.00
4	Prepaid Vaccine	4,198,198.00
5	Prepaid Administrative Services	-
6	Total current assets	29,177,446.92
7	Total assets	\$ 29,177,446.92

LIABILITIES AND NET ASSETS

Current liabilities		
8	Accounts payable	\$ 41,718.99
9	Key Bank - Line of Credit	14,000,000.00
10	Payable to Washington Department of Health	-
11	Other accruals	-
12	Total current liabilities	14,041,718.99
Net assets		
13	Excess Assessments - Vaccines	32,733,083.36
14	Excess Assesments - Administrative Activities	(17,597,355.43)
15	Total net assets	15,135,727.93
16	Total liabilities and net assets	\$ 29,177,446.92

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

		Month Ending December 31, 2015			For 6 Months Ending December 31, 2015		
		Administrative Activities	Vaccine Activities	Total	Administrative Activities	Vaccine Activities	Total
Revenues:							
1	Assessments	\$ 1,175,863.16	\$ 4,164,390.00	\$ 5,340,253.16	\$ 10,544,692.55	\$ 37,246,314.00	\$ 47,791,006.55
2	Less: Vaccine expense	-	(4,244,925.89)	(4,244,925.89)	-	(37,650,104.65)	(37,650,104.65)
3	Net Assessment margins	1,175,863.16	(80,535.89)	1,095,327.27	10,544,692.55	(403,790.65)	10,140,901.90
4	Investment income	-	-	-	-	-	-
5	Other income	-	-	-	-	-	-
6	Net revenues	1,175,863.16	(80,535.89)	1,095,327.27	10,544,692.55	(403,790.65)	10,140,901.90
Expenses:							
7	Administrative services - fixed contract	34,481.92	-	34,481.92	244,871.53	-	244,871.53
8	Adm services - variable compensation	-	-	-	-	-	-
9	Administrative services - Tricare	30,000.00	-	30,000.00	106,644.27	-	106,644.27
10	Legal fees	380.80	-	380.80	4,858.38	-	4,858.38
11	Audit	-	-	-	9,500.00	-	9,500.00
12	Annual report / special communications	765.00	-	765.00	10,058.75	-	10,058.75
Special projects:							
13	DOH vaccine order system	-	-	-	-	-	-
14	Denied claims recovery	2,500.00	-	2,500.00	15,076.96	-	15,076.96
15	All other special projects	3,434.01	-	3,434.01	48,809.90	-	48,809.90
16	Insurance	-	-	-	23,829.98	-	23,829.98
17	Bank fees	6,981.00	-	6,981.00	29,816.26	-	29,816.26
18	Investment advisor / manager	-	-	-	-	-	-
19	Other administration expenses	-	-	-	-	-	-
20	Total administrative expenses	78,542.73	-	78,542.73	493,466.03	-	493,466.03
21	Line of credit - financing costs	38,453.99	-	38,453.99	229,131.94	-	229,131.94
22	Total expenses	116,996.72	-	116,996.72	722,597.97	-	722,597.97
23	Increase (decrease) in net assets	\$ 1,058,866.44	\$ (80,535.89)	\$ 978,330.55	\$ 9,822,094.58	\$ (403,790.65)	\$ 9,418,303.93
24	Unrestricted net assets, beginning of year				(27,419,450.01)	33,136,874.01	5,717,424.00
25	Unrestricted net assets, end of year				\$ (17,597,355.43)	\$ 32,733,083.36	\$ 15,135,727.93

Unaudited - For Management Purposes Only
Prepared by KidsVax.org

**Washington Vaccine Association
Statement of Cash Flows
For the Periods Ending**

WVA 2016-01-14 4.a.3

	A	B	C	D
	Inception Through 10/31/2015	Month 11/30/2015	Month 12/31/2015	Inception Through 12/31/2015
1 Cash balance - beginning of period	\$ -	\$ 1,785,632.28	\$ 4,454,954.69	\$ -
Inflows:				
2 Principal prepayments	7,800,001.00	-	-	7,800,001.00
3 Vaccine collections	256,973,825.76	7,027,691.43	7,426,578.24	271,428,095.43
4 Interest income	53,408.37	-	-	53,408.37
5 Investment income/ (loss)	149,787.97	-	-	149,787.97
6 Key Bank - LOC advances	15,000,000.00	-	(1,000,000.00)	14,000,000.00
7 Total inflows	279,977,023.10	7,027,691.43	6,426,578.24	293,431,292.77
Outflows:				
8 Principal repayments	(7,799,908.85)	-	-	(7,799,908.85)
Program				
9 Vaccine remittance State of WA	(265,710,103.12)	(4,244,925.89)	(4,198,198.00)	(274,153,227.01)
10 Vaccine Selection Development	(79,950.00)	-	-	(79,950.00)
11 Public information	(131,237.06)	-	-	(131,237.06)
12 Total program disbursements	(265,921,290.18)	(4,244,925.89)	(4,198,198.00)	(274,364,414.07)
Administration				
13 Administrative services	(2,184,918.48)	(65,394.28)	(67,915.93)	(2,318,228.69)
14 Project management fees	(419,878.90)	-	-	(419,878.90)
15 Denied claims recovery	(59,633.44)	(2,500.00)	(2,500.00)	(64,633.44)
16 Design and advertising	(31,031.38)	-	-	(31,031.38)
17 Claims system development	(26,000.00)	-	-	(26,000.00)
18 Legal fees	(232,977.34)	(875.50)	(508.08)	(234,360.92)
19 Audit fees	(74,655.00)	-	-	(74,655.00)
20 Website and information technology	(113,993.32)	-	-	(113,993.32)
21 Travel	(1,829.68)	-	-	(1,829.68)
22 Total administration	(3,144,917.54)	(68,769.78)	(70,924.01)	(3,284,611.33)
Office				
23 Bank Fees	(415,812.79)	(5,923.35)	(6,981.00)	(428,717.14)
24 Office supplies	958.92	-	-	958.92
25 Postage and shipping	(1,438.36)	-	-	(1,438.36)
26 Printing	(4,819.61)	-	-	(4,819.61)
27 Office Rent	(51,313.90)	-	-	(51,313.90)
28 Telephone	(2,514.23)	-	-	(2,514.23)
29 Total office	(474,939.97)	(5,923.35)	(6,981.00)	(487,844.32)
Other				
30 Insurance	(136,814.11)	-	-	(136,814.11)
31 Interest Line of Credit	(713,159.17)	(38,750.00)	(37,500.00)	(789,409.17)
32 Board meetings	(361.00)	-	-	(361.00)
33 Total Other	(850,334.28)	(38,750.00)	(37,500.00)	(926,584.28)
34 Total outflows	(278,191,390.82)	(4,358,369.02)	(4,313,603.01)	(286,863,362.85)
35 Cash balance - end of period	\$ 1,785,632.28	\$ 4,454,954.69	\$ 6,567,929.92	\$ 6,567,929.92

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

LOAN MODIFICATION AGREEMENT

This Loan Modification Agreement (this "Agreement") dated and effective as of January ____, 2016, is made by and between **KEYBANK NATIONAL ASSOCIATION**, a national banking association ("Lender"), and **WASHINGTON VACCINE ASSOCIATION**, a Washington nonprofit corporation ("Borrower").

RECITALS

A. On or about February 11, 2015, Lender made a loan ("Loan") to Borrower in the original principal amount of \$15,000,000.00 pursuant to a Loan Agreement between Borrower and Lender dated September 26, 2013 (as amended and restated "Loan Agreement"). The Loan is evidenced by a Restated Promissory Note Revolving Line of Credit dated February 11, 2015 (as amended and restated "Note"). The agreements, instruments, security agreements and other documents evidencing and otherwise executed in connection with the Loan, including the Loan Agreement and Note, shall be collectively referred to herein as the "Loan Documents." Lender is the owner and holder of the Loan Documents.

B. Lender and Borrower have agreed to modify certain terms of the Loan and amend the Loan Agreement and Note as provided herein.

AGREEMENT

NOW THEREFORE, the parties agree as follows:

1. Definitions. Capitalized terms used but not defined in this Agreement are defined in the Loan Agreement.

2. Loan Agreement: Waiver/Amendment of Covenant. The Bank hereby waives compliance with the Liquidity Covenant set forth in Section 5.22 of the Loan Agreement for the two quarters ending on September 30, 2015 and December 31, 2015 and, accordingly, Section 5.22 of the Loan Agreement shall be amended and restated as follows:

Liquidity Covenant. Commencing with Borrower's fiscal quarter ending March 31, 2016, Borrower shall retain Total Liquid Assets of no less than \$4,000,000.00, as of the last day of each fiscal quarter of Borrower, to be measured quarterly at the time of the Lender's receipt of Borrower's financial statements described in Section 5.1(a) above.

3. Modification to Note. The paragraph entitled "Advances/Payments" set forth on the initial page of the Note shall be deleted in its entirety and replaced with the following:

Advances/Payments. Lender will, upon request from Borrower, make advances to or for the account of Borrower up to but not exceeding an aggregate unpaid principal amount outstanding at any one time equal to \$15,000,000.00 through and including July 31, 2016 ("Maximum Unpaid Principal Amount"). From August 1, 2016, through and including January 1, 2017, the Maximum Unpaid Principal Amount shall be reduced to \$10,000,000.00. Accordingly, Borrower shall make payments to Lender under this Note sufficient to reduce the outstanding principal balance of this Note to an amount no greater than \$10,000,000.00 as of August 1, 2016. All advances made by Lender to Borrower which are subject to the LIBOR Rate Option described below shall be in a minimum amount of at least \$100,000.00. Subject to the foregoing, Borrower may borrow, repay and reborrow up to the applicable Maximum Unpaid Principal Amount of this Note.

4. Conditions. This Agreement shall be effective only upon satisfaction of the conditions set forth below.

4.1. No Default. There is no Event of Default under the Loan Documents.

4.2. Other Documents. Borrower shall have executed and delivered to Lender any and all documents, instruments, agreements and other materials reasonably requested by Lender in connection herewith.

5. Representations. Borrower represents and warrants to Lender as follows:

5.1. No Claims. Borrower does not have any claim, defense counterclaim or right of offset against Lender or its agents.

5.2. Power and Authority. Borrower has full right, power and authority to enter into this Agreement and perform its respective obligations hereunder, and no information or material submitted to Lender in connection with this Agreement contains any material misstatement or misrepresentation nor omits to state any material fact or circumstance.

5.3. No Default. There is no Event of Default by Borrower under any of the Loan Documents, nor, to Borrower's knowledge, any event, circumstance or condition which with notice or the passage of time or both would be an Event of Default.

5.4. True and Correct. Except as disclosed to Lender in writing, all representations and warranties made by Borrower to Lender in the Loan Documents are true and correct.

6. Ratification. Each and every representation and warranty made by Borrower in the Loan Documents is hereby renewed and each and every provision of the Loan Documents, as amended by this Agreement, is hereby affirmed and ratified. This Agreement is not intended and shall not be construed to impair the validity, priority or enforceability of the other Loan Documents. As further consideration for Lender's execution of this Agreement, Borrower hereby releases and discharges Lender from any and all claims, defenses, actions, counterclaims or rights of offset in connection with the Loan and arising out of any act or circumstance prior to the date hereof.

7. Fees. Concurrent with the execution hereof, Borrower shall pay to Lender all costs and fees incurred by the Lender in connection with the documentation of the amendments described in this Agreement, including all attorneys' fees and costs.

8. General.

8.1. Effect of Modification. Except as modified hereby, the terms of the Loan Agreement shall remain unchanged and in full force and effect.

8.2. Entire Agreement. This Agreement and the documents and instruments to be executed hereunder constitute the entire agreement among the parties with respect to the subject matter hereof and shall not be amended, modified or terminated except by a writing signed by the party to be charged therewith.

8.3. Additional Documents. Borrower agrees to execute such other instruments and documents and provide Lender with such further assurances as Lender may reasonably request to more fully carry out the intent of this Agreement.

8.4. Counterparts. This Agreement may be executed in a number of identical counterparts. If so, each such counterpart shall collectively constitute one agreement.

8.5. No Third Party Benefit. No provision of this Agreement is intended or shall be construed to be for the benefit of any third party.

8.6. Governing Law. This Agreement shall be governed and construed in accordance with the laws of the State of Washington without regard to principles of conflict of laws.

8.7. Attorney Fees/Venue/Jurisdiction. For purposes of any litigation arising out of or in connection with this Amendment, the parties hereby consent to the non-exclusive venue and jurisdiction of state and federal courts sitting in King County, Washington. In the event of any such litigation, the substantially prevailing party shall be entitled to recover from the other party all of its reasonable out of pocket attorney fees and other

expenses incurred in connection with such litigation and any appeal therefrom.

ORAL AGREEMENTS OR ORAL COMMITMENTS TO LOAN MONEY, EXTEND CREDIT, OR FORBEAR FROM ENFORCING REPAYMENT OF A DEBT ARE NOT ENFORCEABLE UNDER WASHINGTON LAW.

IN WITNESS WHEREOF, the parties execute this Agreement as of the day and year first above written.

LENDER:

KEYBANK NATIONAL ASSOCIATION, a national
banking association

By: _____

Name: _____

Title: _____

BORROWER:

WASHINGTON VACCINE ASSOCIATION, a Washington
nonprofit corporation

By: _____

Name: _____

Title: _____

January 14, 2016 Executive Director Overview

Assessment Collections since inception:	\$271+ Million
Remittances to State of WA since inception:	\$274+ Million
Receivables:	\$18+ Million
Prepaid Vaccine Purchases:	\$4+ Million
Cash Balance as of December 31, 2015:	\$6.5+ Million
Morgan Stanley as of December 31, 2015:	\$9.8 Thousand
Utilized Line of Credit:	\$14 Million
Available Line of Credit	None

As 2016 begins, I am delighted to report that the Washington Vaccine Association (WVA) is in a much stronger position than it was following the 2015 annual meeting. First, the WVA has regained its fiscal health, thanks in large part to the Department of Health (DOH) for undertaking Special Collections work that ensured greater accuracy in practice profile alignment. Following the challenges brought on by serious collection shortfalls that manifested in the spring of 2015, the WVA now has stronger stakeholder ties and has instituted additional monitoring metrics affording greater visibility over the open-ended nature of the dosage-based assessment system. Second, the TRICARE initiative is advancing materially both in the congressional effort and with TRICARE's Office of General Counsel (OGC). Lastly and in accordance with the Board's direction, KidsVax (KV) has begun systematic updates on www.WAvaccine.org. KV plans to incorporate these changes in an enhanced stakeholder communication effort set to launch later this year.

As displayed by the financial snapshot above, the WVA has emerged from its diminished liquidity position and begun rebuilding reserves. As projected, the 19% assessment increase that became effective July 1, 2015, has enabled the WVA to gradually rebuild cash. We also want to thank and welcome KeyBank's Ray Ward, our KeyBank relationship manager for understanding the recent difficulties precipitated by TRICARE and other external challenges. After reviewing our circumstances, KeyBank graciously deferred measuring our liquidity requirement of \$4 million dollars to March, 2016 when the WVA's cash reserves are anticipated to be above that amount. Additionally, the step down in the line of credit from \$15 million dollars to \$10 million dollars has been deferred six months to July 31, 2016.

Over the course of the last few months, the Special Collections Task Force KV staff concluded most special collections work as outlined in the Board-approved action plan. I personally made contact with a select number of pediatric provider offices to continue the dialogue begun earlier in 2015, regarding the offices' willingness to provide data on a reoccurring basis that could be used as a monitoring metric for the WVA. Following feedback from several payers that completing a voluntary pilot survey request would prove too burdensome and present a drain on limited resources, the WVA worked with operations committee members to determine if a less-detailed request could be completed with minimal labor yet still provide the WVA with useful

information. After reworking the existing request, the WVA gained commitments from two larger payers to have the request completed by the end of January. KV continued to review settlement reports to ensure that auto-generated payments continue to diminish.

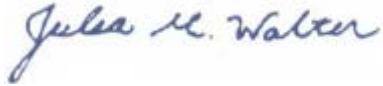
Despite initial disappointments over being shut out of the 2015 National Defense Authorization Act (NDAA), the WVA recently secured material advancements, primarily through the work of Crowell & Moring (C&M), the D.C. government affairs and law firm engaged by the WVA in August to gain congressional support for a mandate requiring TRICARE to pay for their beneficiaries' use of state-supplied vaccine and to cover the arrearages owed for prior years' vaccine utilization. Our five months' work is starting to yield tangible fruit. Statutory language for inclusion into the 2016 NDAA has been drafted and refined by the Senate's Legislative Counsel. Senator Murray (D-WA), Shaheen (D-NH) and Ayotte (R-NH) are championing the legislative text. To increase the base of support, both KV and C&M have continued to work with congressional offices in both the House and Senate representing states with universal programs. All those contacted have responded favorably. Washington State's Department of Health intends to send a letter to the State's congressional offices expressing support for the pending NDAA congressional mandate. Next steps contemplated include in-person KV meetings with the ranking members of the Senate Armed Services Committee as well as those responsible for drafting the NDAA, and presenting to Representative Smith's office the requested supplemental research C&M is completing regarding inconsistent TRICARE manuals and federal regulations that would be impacted by our proposed mandate.

Since the WVA's annual meeting, KV has reinitiated direct communications efforts with TRICARE OCG. As reported previously, these meetings led to clarifications of astounding misconceptions. Apparently, TRICARE management had believed that state vaccines in universal purchase states were only being utilized when an out-of-network provider treated their beneficiaries. They failed to understand that in universal states all civilian pediatric facilities, (except in rare circumstances), receive state purchased and procured vaccines. Following this revelation, TRICARE management then acknowledged that such programs not only save in vaccine costs due to states' ability to purchase in bulk at a discounted rate, but also save TRICARE administrative costs. This communication break-through enabled KV to gain TRICARE OCG's commitment to come up with a single-state solution for its equitable share of assessments in all states with universal purchase programs. KV continues to hold monthly teleconference meetings with TRICARE OCG, which are currently aimed at (i) securing TRICARE's support for the WVA's congressional initiative, (ii) gaining their aid in extending the WVA's tolling agreement with TriWest that presently is set to expire February 17th, 2016, and (iii) reinitiating the current monthly payments UnitedHealth was making in early 2015.

With regard to the March 2016 performance metrics requiring updates to www.wavaccine.org, complete with a new recorded webinar and billing guides, KV has already compiled new FAQs that are responsive to oft-repeated user inquiries and begun general website improvements. A provider webinar has been scheduled for February 18th, 2016, and the WVA is well on track to have new versions of user guides completed by the end of that month. In response to increased Board interest in renewing stakeholder communications, the WVA has secured a proposed comprehensive communication plan from outside media-relations firm, Desautel-Hege (DH), which is included in the Board packet. While much of the work described could be

undertaken internally as a special project, DH would aid us in crafting centralized messaging materials that would address shared concerns amongst our diverse stakeholder interests.

Once again, we are grateful to WVA board members for their diligence and attention to the many issues that have arisen this year. While much of last year's news was not positive, it appears that the WVA is off to a good start in 2016, and I remain confident that with your continued support, the WVA will ensure universal pediatric vaccine access and advance this important Washington state public health initiative.



Julia G. Walter



KidsVax Security Assessment



Introduction and background

SolutionWorx was engaged by KidsVax, LLC. to perform a basic security assessment of KidsVax IT systems. The goal is to perform a broad assessment to determine if there are areas that need to be improved or further examined.

Assessment scope and objectives

The scope of this assessment was to determine the level or risk of breach or compromise to KidsVax data and systems, more specifically data from Washington Vaccine Association. As a part of this assessment, data was classified into three data areas; public, private, and restricted. External vendors were identified as a part of this scope, but were not assessed separately.

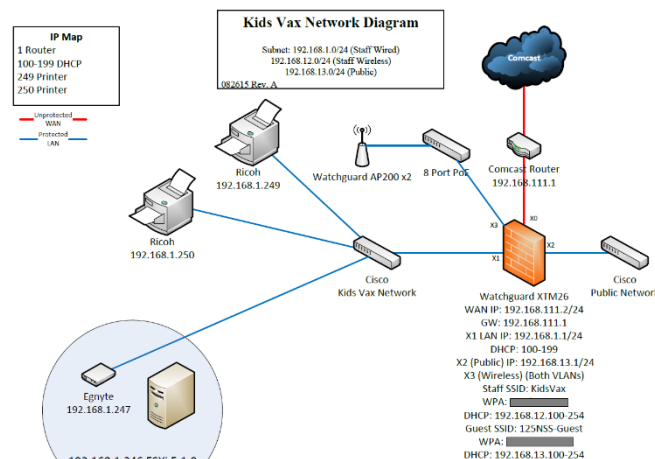
Methods and assessment tools used

In working through the assessment, SolutionWorx used a number of tools to identify areas of concern. Kaseya was used to review individual systems owned by KidsVax, as well as the networks that they were connected to. Network Detective suite of tools were used to provide some basic external penetration tests on the various KidsVax owned IT assets. Staff was interviewed about usage and data policies.

Current environment

KidsVax performs most of their day-to-day functions on corporately owned laptops, with data stored in a commercial provider named Egnyte. Email is hosted by Microsoft using Office365. There is one primary network with corporate assets on it located at the KidsVax offices in Concord, NH.

A second network is commonly used for the staff in Seattle at the law offices of Ellis, Li & McKinstry with no permanent network data assets.



KidsVax assessment systems are hosted in a separate commercial data center.

Data classification

As a part of the assessment, we reviewed the types of data and where the data was stored. We focused on Washington Vaccine Association data. We found the following data types:

- **Public Information** – Data stored in the KidsVax assessment system for Washington Vaccine Association is TPA registration data. This data was commonly available as public information – Company name, address and federal EIN. Breach of this data would be of low value and therefore low risk.
- **Private Information** – This information is the common day-to-day data and files that represent KidsVax work for Washington Vaccine Association. Breach of this data would be of some value, though only incidental personal information would be included in this data.
- **Restricted Information** – Some restricted data was found on KidsVax systems. Specifically data that comes in via the KeyBank lockbox and delivered to KidsVax for analysis. Breach of this data represents a significant risk to the organization.

Testing and findings

Network – Commercial Datacenter: We performed an external vulnerability test for the KidsVax assessment system located in a commercial datacenter. This resulted in no high level threats, and 5 medium threats. Since the storage of data on this network is public Information, no further evaluation was done on this network. Risk level is low

Network – Seattle: Since there are no corporate data assets on this network, we did not perform a complete external vulnerability test for this network. We did perform an internal test to determine if we could locate any potential risks on this network. None were found. Risk level is low

Network – Concord: The Concord network does not pass any public traffic to the firewall, so no external vulnerability test was run. An internal test was run to locate vulnerabilities on the network. There were no vulnerabilities noted. Since this is the primary network for KidsVax, a

KidsVax Security Assessment



physical examination was performed on this network. The office is a multi-tenant office with reasonable physical security. The network components are located in a locked computer room with controlled access. The data store (an Egnyte enterprise local cloud) is located along with the firewall in a locked rack cabinet in this room. Networks are segmented between KidsVax and other tenant uses. A suitable firewall (WatchGuard) is installed and it is current in its firmware and updated. The firewall was configured with its own security services for gateway anti-virus and intrusion prevention. Additionally the network is secured via DNS security from OpenDNS Umbrella. The wireless available in the office is managed by the firewall as well and support access to both networks (KidsVax and other tenant) based on separate SSID and access keys. Risk level is low

Corporate Laptops: Corporate employee laptops listed below (used in Concord and in Seattle) are updated using a consistent patch policy and are logged and inventoried. All systems are using Microsoft Windows 7 operating system or better with multi-layered security. All have Anti-Virus from Sophos installed and all had current updates. Updates are performed on schedule. Additionally, all machines were enabled with OpenDNS Umbrella DNS level security. None of the laptop's data is currently encrypted at rest.

Computer Name	Logged In User	In Service	OS	System Version	Serial Number
akittrell	Ashley Kittrell	7/15/2015	8.1	Lenovo YOGA 3 Pro-1370	PF0ANMDA
FLP-Yoga2-Win8	FLPotter	1/24/2014	8.1	Lenovo Yoga 2 Pro	1009259800154
kidsvax-01	Claire Roberge	1/24/2014	8.1	Lenovo Yoga 2 Pro	1009259802239
kidsvax-02	Julia Walter	1/24/2014	8.1	Lenovo Yoga 2 Pro	1009259802545
mmatthewsyoga	mmatthews	10/7/2015	10	Lenovo YOGA 3 Pro-1370	PF0CXTDN
nb26	Terry Mills	9/1/2011	7	ThinkPad T420s	R9D80AF
tmillsyoga	tmills	10/7/2015	10	Lenovo YOGA 3 Pro-1370	PF0CTQL7
tphilbrick8	Thomas Philbrick	5/15/2015	8.1	Lenovo Yoga 2 Pro	1043831004743

Risk level low - moderate

External data sources: A review was performed to determine the risk level of the external tools used by KidsVax staff. There are primarily three tools used:

Microsoft Office 365 – used for email communications and general business use. Our assessment found Private data, but no restricted data in this application. This product is hosted by Microsoft using security protocols managed and maintained by Microsoft. All data to and from Microsoft servers is encrypted. Users are added and made inactive as necessary by SolutionWorx on behalf of KidsVax. Reviews are done monthly to confirm

that users are properly activated. There are no password policies for this product. Risk is moderate.

Egnyte – used for file storage and management. Our assessment found restricted data as well as private data in Egnyte. We believe that the restricted data on Egnyte is limited to a specific directory and is not synchronized to staff laptops. The restricted data is used by an external contractor for KidsVax benefit. Egnyte is a cloud based file management tool and allows for local synchronized files. All data stored at Egnyte is encrypted at rest, and all data transferring in or out of Egnyte is also encrypted. Users are added and made inactive as necessary by SolutionWorx on behalf of KidsVax. Reviews are done monthly to confirm that users are properly activated. There are no password policies in use for this product. Risk is high.

QuickBooks Online – used for financial management. Our assessment found Private information but no restricted information in QuickBooks. QuickBooks users are managed by SolutionWorx on behalf of KidsVax and are limited to those needing access to financial data and external auditors. Passwords are managed by Intuit using password policies. Risk is low.

Additional Discovery: With the finding of restricted data in the environment, additional discovery was performed to determine how this data is used and how it transits the network. It was determined that only one external consultant regularly accesses the data, even though others have access to it. At this time, the restricted data has not moved onto the corporate network. Risk level Moderate to High.

Conclusions and recommendations

Overall, the risk of breach is low with the exception of the limited restricted data found. It is believed that with some minor changes to restricted data usage, the risk level can be mitigated. The recommendations listed below represent the important actions necessary to improve (lower) the risk level.

1. Develop written policy for handling of restricted information.
2. Enable protections on external tools for the protection of restricted data (disable the ability to download or synchronize restricted data).

KidsVax Security Assessment



3. Explore methods for directly moving restricted data from KeyBank to Egnyte without requiring transit through KidsVax or contractor computers, or require all devices (both KidsVax and external contractors) to have data encrypted at rest.
4. Enable password controls for Egnyte and Microsoft Office365.
5. Review the 5 medium level vulnerabilities listed for the KidsVax assessment systems.

Cyber / Data Liability Overview

WVA 2016-01-14 5.c.1

WASHINGTON VACCINE ASSOCIATION/
KidsVax.org



BARNEY&BARNEY™

A Marsh & McLennan Agency LLC Company

NuWest/Barney & Barney Team Introductions

CHUCK ROSENBERGER – *Principal (Labor & Trust Practice Group)*

- Leads West Coast Labor and Trust practice group
- 35 years of Labor and Trust experience

MICHAEL LA FLEUR, CPCU, AIS– *Client Executive (Labor & Trust– No. CA)*

- Labor and Trust focused
- Responsible for evaluating and designing insurance programs to meet client needs as well as coordinating various Barney & Barney resources
- Dedicated to responsive and knowledgeable service

MARY MOLTHEN – *Client Executive Service*

- Labor and Trust focused
- Responsible for evaluating and designing insurance programs to meet client needs as well as coordinating various Barney & Barney resources
- Dedicated to responsive and knowledgeable service

STACI THISTLEWHITE – *Client Administrator*

- Labor and Trust focused
- Handles day-to-day needs of clients
- Maintains hands on aspects of all client needs



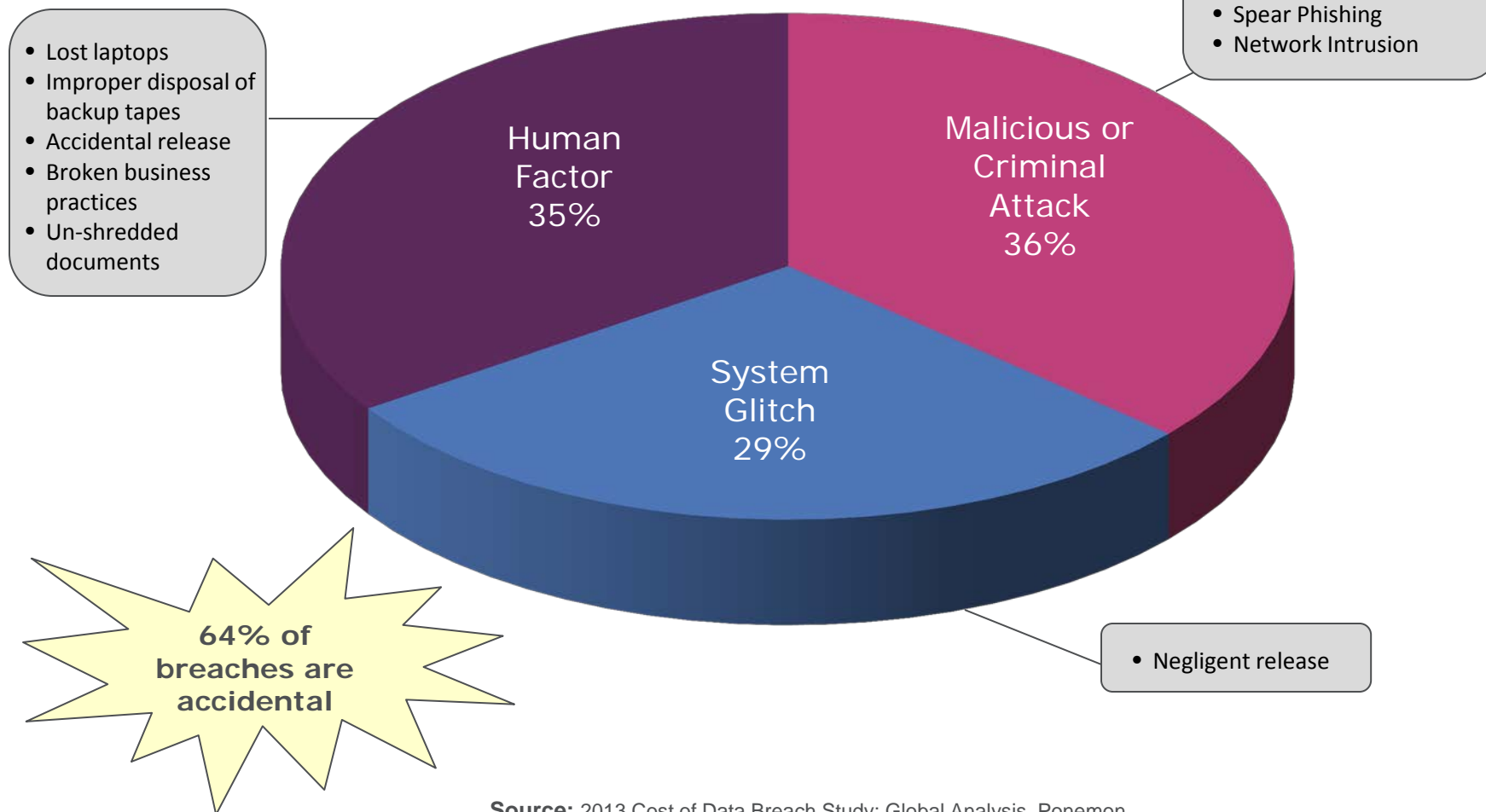
Cyber/Data Liability Coverage Overview

- **Privacy liabilities¹** — Covers unauthorized access or disclosure of both private-personal and business-confidential information
- **Media and content liabilities¹** — Covers infringement of copyright and trademark, as well as personal injuries like libel and slander
- **Network security liabilities¹** — Covers damages caused to others if your systems are hijacked, penetrated, or infected
- **Regulatory action¹** — Covers legal expenses incurred for defense against regulators; also pays privacy fines where permitted
- **Network interruption²** — Pays net profits during a period of interruption--after a 12-hour waiting period--for logical attack, such as DDOS, virus, and hacks. This is particularly necessary for companies who derive a significant portion of their revenue from the internet.
- **Cyber extortion²** — Pays should criminals hold your systems hostage or seek to monetize a breach via ransom
- **Breach response expenses²** — Reimburses you for costs you incur to limit losses, comply with privacy laws, or to prevent resulting lawsuits. This includes the costs for the forensic investigation, crisis communications team, legal, notification and credit/ID monitoring.

¹ — pays defense costs as well as indemnity payments

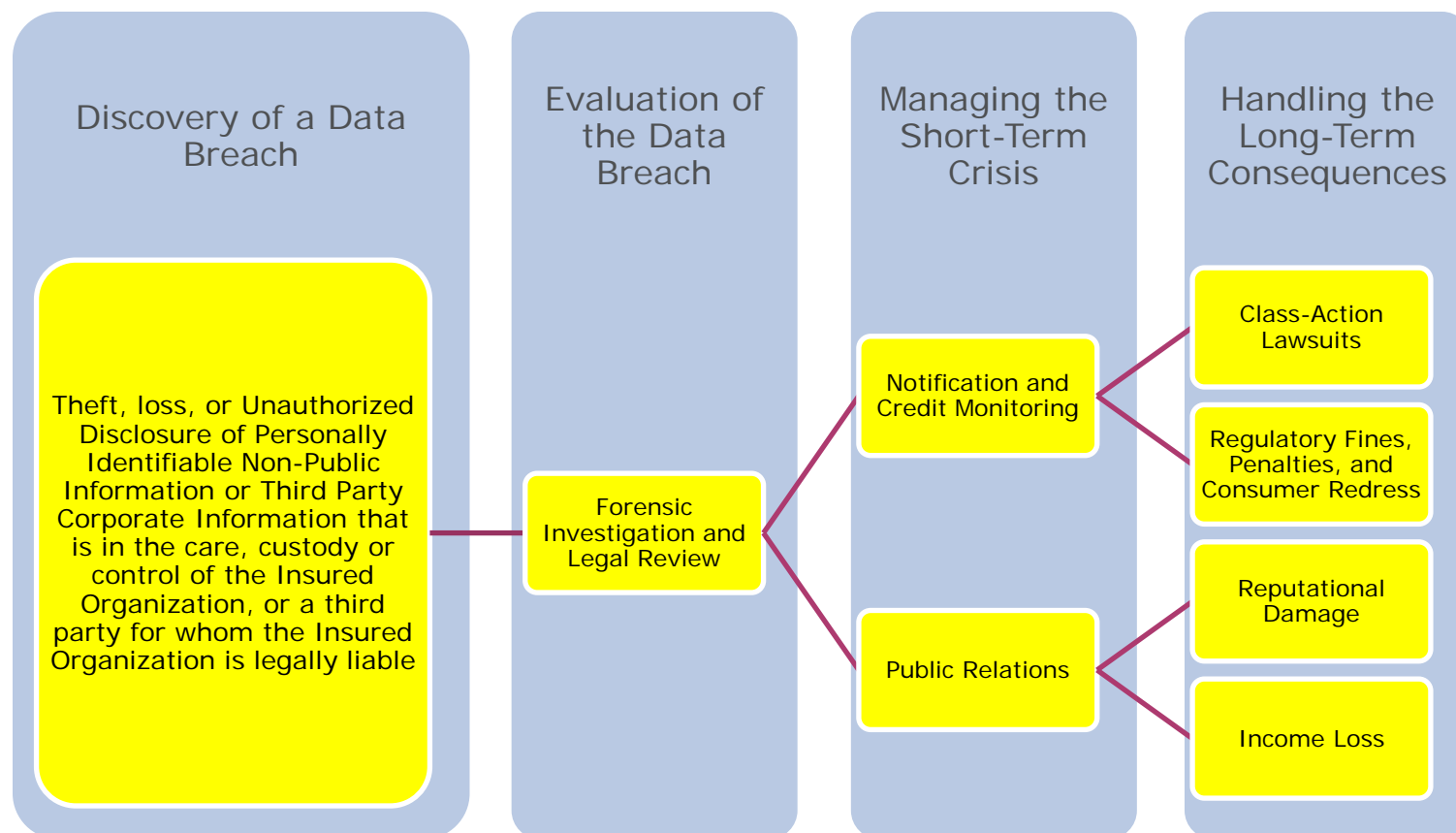
² — reimburses you for costs or business interruption related to a network security or privacy event

Cyber/Data Liability - Causes of Loss



Source: 2013 Cost of Data Breach Study: Global Analysis, Ponemon Institute, May 2013

A Simplified View of a Data Breach



Everything in Yellow is insurable!!

CYBER SECURITY QUOTE EXHIBIT & COVERAGE REVIEW



Cyber Data Breach Insurance Cost Review

	Capitol Specialty Insurance	Lloyds of London		
		Allied World	Beazley Ins.	NAS Insurance
A.M. Best's Rating	'A' VIII	'A' XV	'A' XV	'A' XV
Admitted in CA	No	No	No	No
LIMIT of Liability				
Aggregate Limit Policy (Sections I & II)	\$ 1,000,000	\$ 1,000,000 (plus some direct costs)	\$1,000,000	\$1,000,000 (plus some direct costs)
First Party Costs (Your Costs) Once a breach occurs, you will immediately have to determine the extent of the breach. Below are policy Limits for categories of expenses you should expect.				
Direct Cost Limits	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
1. Forensic Research (Discovery)	Included	Included	100,000	Included
2. Notification	Included	Limited – (Max 500,000 notices)	Limited – (Max. 250,000 notices)	Included
3. Crisis Management	Included	Limit – (500,000 notices/Min. - 100 individuals)	Included (Min. – 100 individuals)	Included
4. Credit Monitoring	Included	Included	Included	Included
5. Public Relations	Included	Included	\$100,000 sublimit	Included
6. Network Extortion	Included	Included	Included	Not Included
Deductible	\$ 25,000 each privacy event	\$ 50,000	One \$10,000 Ded. for legal service; computer export services; public relations; and crisis management. \$25,000 all else	\$25,000 ea. Claim in aggregate for 1-5 \$25,000 for 6
Third Party Liability (Lawsuits)				
Liability	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
Regulatory Defense	Included	250,000	250,000	1,000,000
Fines & Penalties	Included	Included	Included	Included
Deductible	25,000	50,000	25,000	25,000
Hammer Clause	Modified 50/50	Modified 50/50	Modified 70/30	Modified 70/30
Punitive & Exemplary Damages (as allowable by law)	Included	Included	Included	Included
ANNUAL PREMIUM	\$ 11,342	(Estimate) \$ 19,000	\$ 20,149	\$ 11,592
Broker Fee	500	500	500	500
Taxes & Fees	243	1,110	442	244
TOTAL	\$ 12,085	\$ 20,610	\$ 21,091	\$ 12,336

Cyber Data Breach Insurance Cost Review – cont.

	Capitol Specialty Insurance	Lloyds of London		
		Allied World	Beazley Ins.	NAS Insurance
Policy Title	CPR One Policy	Privacy//403 SRVS Policy	Beazley Breach response (Syndicate 2623/623 at Lloyd's	Netguard Plus Policy
Form No.	P-CRR-CW2009(10/15)	SRVS2 00002 00(04/14)	F00403042014 ed.	P1856NGPPI-0914
Type Policy	Claims Made & Reported	Claims Made & Reported	Claims Made & Reported	Claims Made & Reported
Direct Costs	Pay on Behalf of	Pay on behalf of	Incident discovered & reporting basis	Pay on behalf of Insurer will indemnify
Liability	Duty to Defend	Duty to defend	Duty to defend	Duty to defend
Aggregate Limit (Parts I & II)	Yes	Separate Limit for Breach Response Services in 'addition' to aggregate	Yes	Forensic costs outside \$1,000,000 Limit
Retention/ Deductible	One applicable to all Part I coverages	Unknown	Minimum records breached (100) Single Ded. applies to Direct Costs	Single Deductible for Direct Costs
WHO is Insured?	The named company and any current or former officers, directors, members, managers or employees while acting on behalf of the Insured. Independent contractors only while performing duties for Insured..	The named organization, all past, present or future directors, officers or employees.	Named organization and its directors, officers and employees.	Named organization and any past, present or future officer, director, trustee or employee while acting within the scope of their duties.

Cyber Data Breach Insurance Cost Review – cont.

	Capitol Specialty Insurance	Lloyds of London		
		Allied World	Beazley Ins.	NAS Insurance
CLAIM Means				
Direct Costs	An actual or suspected Privacy or Security incident. We will pay reasonable costs incurred to discover, investigate, analyze, mitigate and respond to a Primary Incident.	An actual or alleged breach of network security. We will pay reasonable and necessary costs to comply with any Breach Notification Law	Unauthorized access or use of computer system. We will pay reasonable and necessary costs to comply with any Breach Notification Law	An actual or alleged security or privacy breach. We will pay reasonable and necessary expenses caused by a security breach.
Liability	A suit, written demand or written assertion requesting monetary damages or services; injunctive relief or an arbitration or other non-monetary relief.	Written demand for monetary, non-monetary or injunctive relief, civil proceedings, administrative or regulatory investigation, arbitration.	Written demand for monetary or non-monetary relief, including injunctive relief, civil proceedings, arbitration or mediation.	Written demand for damages or non-monetary relief or service of a civil lawsuit, privacy regulatory proceeding
Insured v Insured Claims	Excluded (limited for employee)	Excluded (limited for employee)	Excluded (limited for employee)	Excluded (limited for employee)
Breach of Contract	Limited	Limited	Limited	Limited
Acts of Third Party Contractor	Covered	Covered	Covered	Covered
Punitive, Exemplary & Multiple Damages	Where allowable by law	Where allowable by law. Limited for multiple damages	Where allowable by law	Where allowable by law
Hammer Clause	Modified 50/50%	Modified 50/50%	Modified 70/30%	Modified 70/30%
Extend to Paper Records	Yes	Yes (?)	Yes	Yes
Unencrypted Portable devices & backups	Excluded	Excluded	Excluded	Excluded
Medical billing or coding regulation violation	Not Addressed	Excluded	Not Addressed	Not Addressed
Retro Date	Inception	Inception	Inception	Inception
Known Prior Acts	Excluded	Excluded	Excluded	Excluded
24/7 Hotline	Yes	Yes	Yes	Yes
Approved Vendor	Requires use of their referred team	Allied World Incident Evaluation Hotline	Beazley Breach Response	Choose among NAS Insurance Cyber Breach Response Network

HIGHER LIMIT OPTIONS





Cyber Data Breach Insurance Higher Limit Options

Capitol Specialty Ins. Co.

	Option #1	Option #2	Option #3
Policy Aggregate	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000
Regulatory Defense	Included	Included	Included
PCI Fines & Expenses	Not Included	Not Included	Not Included
Deductible	25,000	25,000	25,000
Direct Cost (First Party)			
Minimum Number (Notices)	N/A	N/A	N/A
Maximum Number (Notices)	N/A	N/A	N/A
Expense Limit	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000
Deductible	25,000	25,000	25,000
ANNUAL PREMIUM	\$ 11,342	\$ 15,931	\$ 19,284
Broker Fee	500	500	500
Taxes & Fees	243	341	413
TOTAL	\$ 12,085	\$ 16,722	\$ 20,197



Cyber Data Breach Insurance Higher Limit Options

Beazley (Lloyd's)

	Option #1	Option #2	Option #3
Policy Aggregate	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000
Regulatory Defense	1,000,000	1,000,000	1,000,000
PCI Fines & Expenses	250,000	250,000	250,000
Deductible	25,000	25,000	50,000
Direct Cost (First Party)			
Minimum Number (Notices)	100	100	100
Maximum Number (Notices)	250,000	250,000	250,000
Expense Limit	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
Deductible	10,000	10,000	10,000
ANNUAL PREMIUM	\$ 20,149	\$ 28,636	\$ 38,840
Broker Fee	500	500	500
Taxes & Fees	<u>442</u>	<u>624</u>	<u>842</u>
TOTAL	\$ 21,091	\$ 29,760	\$ 39,682



Cyber Data Breach Insurance Higher Limit Options

NAS (Lloyd's)

	Option #1	Option #2	Option #3
Policy Aggregate	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000
Regulatory Defense	1,000,000	2,000,000	3,000,000
PCI Fines & Expenses	Included	Included	Included
Deductible	25,000	25,000	50,000
Direct Cost (First Party)			
Minimum Number (Notices)	N/A	N/A	N/A
Maximum Number (Notices)	N/A	N/A	N/A
Expense Limit	\$ 1,000,000	\$ 2,000,000	\$ 2,000,000
Deductible	25,000	25,000	50,000
ANNUAL PREMIUM	\$ 11,592	\$ 22,918	\$ 32,006
Broker Fee	500	500	500
Taxes & Fees	244	490	685
TOTAL	\$ 12,336	\$ 23,908	\$ 33,191

SCHEDULE OF INSURANCE





Schedule of Insurance

	LIMITS	INSURANCE CO. & POLICY NO.	POLICY TERM	ANNUAL PREMIUM
PACKAGE POLICY				
Property		Foremost Ins. Co. # PPS04921872	9/15/15-16	\$ 786
Location 2025 1st Avenue, PH-A, Market Place Tower, Seattle, WA				
Business Personal Property	\$6,300			
Computer Equipment & Media	10,000			
Leasehold Improvements	10,000			
Valuable Papers	25,000			
Business Income & Extra Expense	12 Mos. Actual Loss Sustained			
Deductible	500			
General Liability				
Each Occurrence	\$ 1,000,000			
Personal & Advertising Injury (libel, slander, defamation, etc.)	1,000,000			
Each Occurrence	1,000,000			
Tenants Legal Liability	1,000,000			
General Aggregate	2,000,000			
Premises Medical Expense	10,000			
Non-Owned/Hired Auto Liability	1,000,000			
Hired Auto Physical Damage (Comp & Collision)	Not Covered			
Employment Practices Liability				
Employment Practices Limit	\$50,000			
Employment Practices Retention	2,500			
Employment Practices Retroactive Date	9/15/2011			



Schedule of Insurance – cont.

BRIEF DESCRIPTION	LIMITS	INSURANCE CO. & POLICY NO.	POLICY TERM	ANNUAL PREMIUM
DIRECTORS AND OFFICERS LIABILITY (including Crime Coverage)		Philadelphia Insurance Co. # PHSD1068205	8/19/15-16	\$ 23,024
Liability – Each Claim & Annual Aggregate	\$10,000,000			
Retention – Each Claim	25,000			
Coverage Form -Claims Made Pending or Prior Litigation Date	8/19/2010			
CRIME				
Employee Theft	\$ 2,000,000			
Deductible	25,000			
Employee Amended to Include Independent Contractors	Scheduled Individuals			
Forgery or Alteration	2,000,000			
Inside Premises-Money & Securities	2,000,000			
Outside Premises-Money & Securities	2,000,000			
Money Orders & Counterfeit Currency	2,000,000			
Combined Computer Fraud & Funds Transfer Fraud	2,000,000			
Deductible (applies to each coverage separately)	25,000			



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Code of Ethics

I. Integrity

All directors, officers, employees, if any, of the Washington Vaccine Association (WVA) and its key contractors, including KidsVax.org® or any successor organization or individuals providing Executive Director and administrative services to WVA, shall act with honesty, integrity, and openness in all of their dealings as representatives of WVA. WVA shall maintain a working environment that values integrity, fairness, and respect.

II. Mission and Vision

Our mission is established by State of Washington law and primarily is to assure that adequate funds are available to the State of Washington to purchase childhood vaccines for beneficiaries of WVA's members and to assist in the selection of vaccines to be made available under the State of Washington's universal childhood vaccination program.

We pursue our mission by:

- administering a dosage based assessment (DBA) system whereby the costs of childhood vaccines are shared equitably among all entities responsible for paying for vaccines for State of Washington resident children who are not eligible for vaccines under the federal Vaccines for Children program,
- refining this system based on what payers and providers tell us to assure that the DBA system operates effectively and efficiently,
- staying abreast of and helping to shape current best practices and paradigms in the childhood vaccine funding arena.

III. Compliance with Laws and Ethical Standards

WVA shall comply with all applicable federal, state, and local laws and regulations and shall seek the advice of counsel when necessary or appropriate. WVA shall also adhere to the highest ethical standards. Decisions and actions taken by the Board of Directors shall: (1) comply with applicable law, and (2) reflect the highest ethical standards as determined by the Board of Directors/

IV. Diversity

WVA shall, within the limits of its statutory authority, promote diversity and inclusiveness in its Board of Directors, management team or staff employed from time to time, if any, and contractors.

V. Evaluation

WVA shall develop and implement an evaluation procedure whereby the performance of the Board of Directors as a whole, and the Executive Director and administrative staff are evaluated periodically.

VI. Transparency

WVA shall provide comprehensive and timely information to the public, the media, and all stakeholders and shall be responsive in a timely manner to reasonable requests for information. All information about WVA shall fully and honestly reflect the policies and practices of WVA. All financial and program reports shall be complete and accurate in all material aspects.

The following governance documents shall be posted on WVA's website: Articles of Incorporation of Washington Vaccine Association, Bylaws of Washington Vaccine Association, Conflict of Interest Policy, Code of Ethics, Information Release Policy, Whistleblower Policy, Joint Venture Policy, Anti-Trust Compliance Policy, and Record Retention Policy, along with audited financial statements for the most recent three years.

VII. Confidentiality

All directors, officers, employees, and contractors have a duty to safeguard information that is proprietary to WVA. Information about WVA that is confidential or proprietary and obtained by a director, officer, employee or volunteer as a consequence of such person's association with WVA may not be disclosed to third parties unless expressly authorized by WVA.

VIII. Annual Affirmation Statement

WVA shall provide a copy of this Code of Ethics to every director, officer, employee, and contractor and request that each sign an affirmation statement upon taking office or providing services. Each year the Annual Affirmation Statement, attached, shall be signed by each director, officer, and employee, affirming that such person has received a copy of this Code of Ethics, has read and understands it, and agrees to comply with it.

All Annual Affirmation Statements shall be submitted to the Board President or the Board Secretary and then filed with the minutes of the first meeting of the Board of Directors held each year after January 31.

WVA ANNUAL AFFIRMATION STATEMENT

The Code of Ethics of WVA requires an annual affirmation that you have received, read, understand, and agree to comply with the Code of Ethics.

Please sign this Annual Affirmation Statement indicating your affirmation as described above.

Please return this Statement to the Executive Director of WVA each year by January 31.

Your name:_____ Date:_____



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TO: Julia Walter, WVA
FROM: Lisa Cargill, DH
DATE: December 18, 2015
RE: 2016 Provider Communications Strategy

Provider Communications

Recent conversations led by Dr. Marcuse have highlighted the importance of reevaluating and ramping up WVA's outreach to providers. Health care providers and their staff are typically hard audiences to reach. They're busy, they're overloaded with information from many sources, and there's high turnover. It's the perfect storm for an organization like WVA that is not front and center with them every day to become invisible, especially when the system is working and there is no reason for buzz about changes or issues. I recommend reviewing the strategy set forth in 2014 and then looking ahead to options for 2016.

Provider Communications | 2014 Plan Recap

The communications plan created in 2014 outlined the following communication goal and desired behaviors/outcomes specific to providers:

Goal 1 – Increase provider communication to maintain awareness of the WVA and its role

- Objective: Reach providers through five* touch points per year plus any assessment changes
 - Provide annual report in October to providers to show progress and financial summary
 - Provide a mid-year progress report in March to providers to keep the WVA top-of-mind
 - At enrollment with DOH, reach providers with WVA materials to educate new providers at DOH site visit, update existing providers and request all providers sign up for WVA email alerts
 - Contribute two articles authored by the WVA to state and local provider and medical associations
 - Timely communications regarding assessment updates or changes

*Note: As communication and organization stabilizes, consider reducing this to three or four touch points per year.



Audience chart excerpt from plan

AUDIENCE		DESIRED BEHAVIOR/OUTCOME
Healthcare Providers	<ul style="list-style-type: none"> Pediatricians General practice physicians Physician assistants Nurses Immunization nurse Practice managers Billing staff Local health jurisdictions 	<ul style="list-style-type: none"> Be willing and able to clearly articulate the WVA's mission and role in the vaccination process in WA Understand that the WVA is on their side and wants to make vaccinating children easier and cheaper for all involved View the WVA as an invaluable resource Understand specific system, vaccine grid assessment, and other updates Implement changes quickly and efficiently Assure rebilling for WVA whenever their administrative claim is rebilled with corrective data responsive to prior claim denial. Understand when to reach out to the WVA with questions/needs

Observations of recent communications:

- Annual report is typically placed online only. This is great if people are visiting the website. What do the analytics show?
- To my knowledge, providers are primarily communicated with when there is a grid change only
- Past efforts to reach providers in their association publications were not successful. We either need to commit to building relationships with these groups or find another way to reach providers directly.

Strategies for Moving Forward | 2016 Options

If the goal is increased communication with providers as defined above, I recommend you consider a series of strategies that could aid you in both growing awareness of WVA and increasing provider office compliance. With limited budget, it will be important to prioritize activities, so think of these strategies as a menu approach – a starting place for conversation. Our efforts will be most successful if we lead with the “what’s in it for provider offices” in mind, folding in information about WVA and its role as secondary content. Consistency in message and frequency of communication will be important given the challenges with this audience.



Additional strategies for consideration:

- **Talk with key audiences to understand their needs and barriers** – hearing first-hand what our audiences need/want from us and what barriers stand in their way from being compliant with the system will help shape our efforts and outreach. Consider an online survey promoted through DOH and WVA channels, and/or a series of one-to-one interviews.
- **Utilize existing content in more ways** – include the annual report content (or pieces of it) and Pink Book display (or pieces of it) in other tactics for broader distribution.
- **Revamp website with modern functionality and organization** – the website contains largely the same content from its launch. It's time to update content and functionality to be relevant and user-friendly. All provider-related content should be under “for providers” instead of spread throughout “FAQs”, “Forms & Charts”, etc. Headers should be active links instead of having to click triangles, and more. Training resources should be front and center.
- **Create new, multi-media training opportunities** – offering provider office staff multi-media training in the form of tutorial-type videos and .pdfs with screen captures that can be posted online and sent via email will help them be compliant, answer their own questions, and train new staff. Walking people through the process step-by-step and pointing out dos/don'ts could be the main focus while also sharing nuggets of information about WVA's role and importance.
- **Hold continuing education opportunities** – once the training assets are developed, offer free, quarterly webinars where people can see the process in action, hear about updates, and ask questions. A physician board member could be present along with Julia to represent WVA and position you well and as a resource.
- **Create bite-sized messages/graphics** – highlight WVA's role and process in attention-grabbing graphics or for use in existing tactics (DOH's blast fax, WVA emails, etc.) and new tactics.
- **Send a unique, one-time direct mail piece to increase awareness** – something memorable and useful to go in the mail to each office, like a card with tips and the url to training resources that could be posted at workstations, or even a thank you-type gift could be used to engage with audiences, make WVA top-of-mind, and gain email addresses for our communications.
- **Turn sporadic emails into regular, ongoing eNews** – consistently sending opt-in email communications could prove successful in delivering more ongoing information and tips. The eNews could contain regular features like a “billing tip”, “FAQ”, message from a provider on the board, even a DOH voice, etc.
- **Implement a quarterly newsletter for pediatric offices** – as the group that administers the most vaccines to children, keeping information in front of pediatric office staff is important. Consider a short mailed or faxed quarterly newsletter with similar information to the eNews. This could be something you eventually transition to eNews if the tactic works for the audience.



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Standing By | DH Ready to Support

I recommend the board discuss the ideas above and in doing so answer some key questions included below. My team and I will stand by to hear the outcomes of your discussion and we can quickly put concrete plans and budget figures in place.

Some key questions:

- What analytics do we have now on our communications channels? (who visits the website, what do they look at? Who calls and why? How big is our email list? Who opens our emails? etc.)
- Is there a priority audience within “healthcare providers” (see chart) you want to focus on?
- Are there additional touch points DOH has with this audience we can piggyback on?
- What kind of resources are you willing to put toward this communication effort?

We’re standing by, ready to help!

Continuing Stakeholder Education Action Plan

Purpose: To describe the actions steps being taken to address continuing stakeholder education for the Washington Vaccine Association (WVA).

Problem: Due to growing factors that potentially affect the success of the WVA as well as a variety of changes that have naturally surfaced from the evolution of the WVA, there has been a growing need to reach out to stakeholders and address their needs.

Background: There are two forms providers must complete when administering and billing for a state-supplied vaccine. Failure to correctly complete these results in nonpayment and claim denials. The main resources for stakeholders are FreshDesk-the WVA's calling system-and wavaccine.org.

This document describes an action plan that, when implemented, will take a more proactive approach to addressing stakeholder's needs and questions.

I. Website Updates

- a. Conduct webinar with instructions on how to fill out DBA forms and post on website for future reference.
- b. Update FAQs
 - i. Most common questions are requests are from patients, payers inquiring about patient information, registration requirements for TPAs, and specific vaccine inquiries. The FAQs should be updated to provide more detail to specific questions.

II. Reference Guide

- a. Create a pamphlet that will serve as a quick reference to common billing questions and provide helpful information as well as refer them to wavaccine.org
- b. Topics/information include: correct addresses to put on form, where to access patient information, how the billing process works. Example paper and electronic forms.

III. Audit Incoming Calls to FreshDesk

- a. Redirect callers to the website FAQs to reduce calls on redundant questions.
- b. Continue to follow up with all other calls within three business days.

IV. Site Training Visits

- a. We have had great success when making site visits to clinics and answered specific questions from the billing department.
- b. Organize online sign up
 - i. Make quarterly visits?

V. Collaborative Effort with Department of Health (DOH)

VI. Timeline

- a. January
 - i. Schedule and post sign up for site training visits on wavaccine.org
- b. February
 - i. Conduct training webinar and post online (scheduled for February 18)
 - ii. Create reference guide and begin distributing as well as post online,

- iii. Update FAQs
- c. March/April
 - i. Finalized communications piece

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As of 01/01/16**

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Conference ID: 103063718

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Board Governance Roles & Committees

Executive Committee

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

Audit Committee

Chair: John Sobeck, MD
Dennis Kirkpatrick
Jason Farber

Vaccine Committee

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

Vaccine Committee Consultants

Jeffrey Duchin
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Lisa Johnson, MD
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John Dunn, MD
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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
Proposed Agenda
(Board Meeting and Committee Meeting Schedules for 2016)**

*All times are Pacific Standard Time

Date	Board (Generally Thursdays 2 – 4 PM except as noted below)	Board Executive Committee (Scheduled if needed)	Vaccine (Dates, times TBD.)	Operations (2 nd Thursdays 2 – 3:00 PM phone call)	Audit (Dates, times TBD)
January	X (January 14) (10:00 am-12:00 pm)			X (February 11)	
February					
March					X (March 23)
April	X (April 14)		X (April 14)	X (April 7)	
May					
June	X (June 30) (10:00 am-12:00 pm)				X (June 22)
July				X (July 14)	
August					
September					X (September 13)
October					
November	X November 3		X (November 3)	X (November 10)	

- 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.

WVA 2016 Calendar 10-13-2015

Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
BOARD MTG OPERA-TIONS		AUDIT COMM	BOARD MTG OPERA-TIONS VACCINE COMM		BOARD MTG Approve WVA budget and annual WVA goals AUDIT COMM FYI - Close of 2014-15 Fiscal Year	OPERA-TIONS		AUDIT COMM	BOARD MTG Annual meeting of Directors, election of Officers, and Secretary's appointments Approve Audited Financials Annual Review of Investment Performance FYI - Annual Report	Financial report due to Secretary Establish the estimated amount of annual assessments and notify payers in writing VACCINE COMM OPERATIONS	

WVA 2015 Quarterly Board Meeting Calendar

First Quarter

JANUARY	FEBRUARY	MARCH
<p>QUARTERLY BOARD MEETING Review of Investment Performance</p> <p>Operations Review potential assessment level change</p> <p>DOH Flu pre-book survey</p>	<p>DOH Review results of January flu pre-book survey</p>	<p>PREP WORK FOR APRIL BOARD MEETING</p> <p>Audit Committee Plan audit: select auditors for annual term, review engagement letter, and address other audit matters</p>
<p>OTHER ACTIVITIES</p> <p>WVA WVA contributed article in provider organization newsletters</p> <p>FYI</p>	<p>OTHER ACTIVITIES</p> <p>WVA Update provider database with prior year data on vaccine doses and dollars (update occurs every other year)</p> <p>DOH Provide updated immunization data to WVA for 2015 update</p> <p>FYI</p>	<p>OTHER ACTIVITIES</p> <p>WVA</p> <p>FYI</p>

Second Quarter

APRIL	MAY	JUNE
<p>QUARTERLY BOARD MEETING</p> <ul style="list-style-type: none"> • Review of Investment Performance • Policy clean-up and update c/interest statements • Review committee charters, and any revised charters • Designated “retreat/social” time <p>Vaccine Committee Review implementation of April Vaccine Selection</p> <p>Review any changes to ACIP-recommended vaccines</p> <p>Operations Review Q1 issues, prepare for Assessment Grid update</p>	<p>DOH Prepare Budget and Management Packet, with projections for state portion of childhood vaccine program</p>	<p>JUNE BOARD MEETING</p> <ul style="list-style-type: none"> • Approve annual budget and KidsVax goals <p>Audit Committee</p> <ul style="list-style-type: none"> • Review and recommend budget to the WVA board. Seek authorization from the board to approve financials after meeting with auditors at the end of August.
<p>OTHER ACTIVITIES</p> <p>WVA Submit nonprofit corporation annual report to the WA Secretary of State (online filing) Meet with DOH to review projections for state portion of childhood vaccine program</p> <p>FYI CDC contract changes (review any changes to ACIP-recommended vaccines)</p>	<p>OTHER ACTIVITIES</p> <p>WVA</p> <p>FYI National Immunization Conference (Hilton Head, SC in 2015)</p>	<p>OTHER ACTIVITIES</p> <p>WVA 30th Close of 2014-2015 Fiscal Year</p> <p>FYI</p>

Third Quarter

JULY	AUGUST	SEPTEMBER
<p>Opportunity to increase assessment levels on Assessment Grid.</p>	<p>PREP WORK FOR OCT. BOARD MEETING</p>	<p>PREP WORK FOR OCT. BOARD MEETING</p> <p>Audit Committee Meet with auditors, prepare board presentation of audited 2015/16 financials and auditors' report (for October board presentation)</p> <p>Operations Review second quarter operational issues</p>
<p>OTHER ACTIVITIES Independent auditors review year-end financials</p> <p>FYI</p>	<p>OTHER ACTIVITIES</p> <p>FYI</p>	<p>OTHER ACTIVITIES</p> <p>WVA Notify all TPAs that have paid WVA but not registered of one-time registration requirement. (Send letter by end of October.)</p> <p>FYI Pink Book Conference (Seattle 9/16-17)</p>

Fourth Quarter

OCTOBER	NOVEMBER	DECEMBER
<p>QUARTERLY BOARD MEETING AND ANNUAL MEETING OF DIRECTORS</p> <ul style="list-style-type: none"> • Elect Board officers • Approve extension of directors' terms or appointment of new members • Ratify Secretary's appointments • Approve audited financials and Annual Report • Annual review of Investment Performance <p>DOH Prepare Budget and Management Packet, with projections for state portion of childhood vaccine program</p> <p>Audit Committee (Tentative)</p>	<p>Vaccine Committee Evaluate vaccine selection process</p> <p>Operations Review third quarter operational issues; Settlement Report Monitoring Tracking Report</p>	<p>PREP WORK FOR Q1 2016 BOARD MEETING</p>
<p>OTHER ACTIVITIES</p> <p>DOH Vaccine selection cycle for 2nd time in 2015</p> <p>WVA Prepare financial report for DOH Secretary, Due by Nov 1 Meet with DOH to review projections for state portion of childhood vaccine program</p>	<p>OTHER ACTIVITIES</p> <p>WVA By 11/1, submit financial report to DOH Secretary in required form Set assessment amounts for subsequent year and notify health carriers and TPAs in writing (by 11/15) If necessary, submit a report to DOH Secretary listing carriers/TPAs that failed to remit assessments</p>	<p>OTHER ACTIVITIES</p> <p>WVA Review TPA registration renewals with WVA</p>

Ongoing WVA Activities and Events

Monthly

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

Quarterly

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

Annually

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

As appropriate

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

**January 14, 2016 WVA 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 approve the minutes of the October 20, 2015 WVA Board meeting.

[To approve the minutes of the October 20, 2015 WVA Board meeting with the changes suggested at the meeting.]

VOTED: To affirm David Efroymsen as the Board member representing Group Health, whose term renews in 2017, pursuant to RCW 70.290.030(3)(c).

[To affirm David Efroymsen as the Board member representing Group Health, whose term renews in 2017, pursuant to RCW 70.290.030(3)(c), with the changes suggested at the meeting.]

Items under Agenda Section 5:

VOTED: To adopt the proposed Cyber Liability Policy proposal, Option _____ with Carrier _____ and authorize KidsVax to proceed to bind coverage through NuWest.

[To adopt the proposed Cyber Liability Policy proposal Option _____ with Carrier _____ and authorize KidsVax to bind coverage through NuWest with the changes suggested at the meeting.]

Item under Agenda Section 6:

VOTED: To authorize the stakeholder communications proposal submitted by Desautel-Hege.

[To authorize the stakeholder communications proposal submitted by Desautel-Hege 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