

**Washington Vaccine Association - Board of Directors Meeting
April 14, 2016; 2:00 p.m. - 4:00 p.m.**

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

Directors

John Pierce, Esq., Chairman, Premera
Beth Harvey, MD., South Sound Pediatrics
Pat Kulpa, MD., Regence
David Efroymson, Group Health (T)
John Sobeck, MD., Cigna (T)
Michele Roberts, DOH
Jason Farber, Esq., Davis, Wright & Tremaine (T)
Dennis Kirkpatrick, WPAS (T)
Jeremy Martinez, Coordinated Care
Norm Seabrooks, Aetna (T)
Ed Marcuse, MD

Others

Anne Redman, Esq., Perkins Coie
Keith Kemper, Esq., Ellis, Li & McKinstry
James Flood, Esq., Crowell & Moring (T)

KidsVax®

Fred Potter, Esq., Executive Director
Julia Walter, M.A., Esq., Deputy Director
Ashley Kittrell, Executive Assistant
Claire Roberge, Controller (T)
Norman Roberge, Accountant (T)
Peter Smith, Financial Analyst (T)

DOH

Jan Hicks-Thomson, MPH

II. Summary of Actions Taken and/or Recommended

A. Actions Taken (votes adopted)

1. To approve the minutes of the January 14, 2016 Board meeting.
2. To approve the minutes of the March 23, 2016 Audit Committee meeting.
3. To affirm Jeremy Martinez as the Board member representing Coordinated Care, whose term renews in 2017, pursuant to RCW 70.290.030(3)(c).
4. To adjust the assessment grid to reflect a weighted average of and not to exceed 130% of the current CDC market price on any vaccine.
5. To adopt the Line of Credit (LOC) Pay-down Schedule at the medium approach and authorize the conservative option if it appears prudent due to cash position as it actually emerges.
6. To allow Desautel Hege to begin creating a billing guide.
7. To adopt the changes to the Records Retention Policy.

B. Follow up Tasks/Action Items

1. Update the Assessment Grid to reflect an average of and not to exceed 130% of the current CDC market prices.
2. Annually review Records Retention and Cyber Liability Policies.
3. Add two annual articles as deliverables to KV contract.
4. KV will research enterprise liability and report to the Board at the June meeting.

III. Minutes

Welcome and Introductions

At 2:00 p.m., a quorum having been established, Chairman John Pierce called the meeting to order. Introductions were made and Fred Potter announced that the meeting was being recorded for the benefit of the secretary but that the recording will be deleted when the minutes are approved.

1 Consent Calendar Items

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3 Chairman Pierce asked for comments on all consent calendar items.

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

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7 **VOTED:** To approve the minutes of the January 14, 2016 Board meeting.

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

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11 **VOTED:** To approve the minutes of the March 23, 2016 Audit Committee meeting.

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

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15 **VOTED:** To affirm Jeremy Martinez as the Board member representing Coordinated
16 Care, whose term renews in 2017, pursuant to RCW 70.290.030(3)(c).

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18 Financial Update

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20 Peter Smith reviewed the cash reserve analysis, LOC Pay-down Schedule, and the proposed July 1,
21 2016 assessment grid. Collections have been consistent and there was approximately \$7 million dollars
22 in the WVA account on March 31st. Responding to a funds transfer request, the WVA recently
23 transferred \$5 million dollars to the Department of Health (DOH) for vaccine purchases. The current
24 liquidity requirement by KeyBank is \$4 million dollars and target is to pay the LOC by December 31,
25 2016 with the goal to build cash reserves during the next two years amounting to \$20 million dollars.
26 In the analysis and updated assessment grid, the impact to carriers would be an average of 3.89%. Mr.
27 Smith suggested that the WVA not absorb the inflation costs as done in previous years and reset the
28 grid at 130% of the April 2016 CDC contract rates. Doing so will allow the WVA to reach the target
29 of \$20 million dollars in reserves four months earlier and also allow for any unforeseen price variances.
30 Dr. Ed Marcuse indicated several vaccines in the proposed grid where the proposed WVA price
31 exceeded the market price. Fred Potter explained that each price derived from the market survey is a
32 national average and reference point, which can vary based on volume and various factors. Mr. Smith
33 noted that, within the current survey, several vaccine prices have changed from the original published
34 date on April 1st. Discussion ensued.

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36 Upon motion duly made and seconded, it was unanimously

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38 **VOTED:** To adjust the assessment grid to reflect a weighted average of and not to exceed
39 130% of the current CDC market price on any one vaccine

40
41 Julia Walter reviewed the LOC Pay-down Schedule that lists three approaches: aggressive, medium,
42 and conservative. The different models reflect the various cash balances and estimated savings. The
43 conservative approach will result in interest payments of \$65,000 dollars and \$32,000 dollars using the
44 medium approach. Audit Committee Chairman John Sobeck recommended the medium or aggressive
45 approach. Mr. Smith noted that strictly following one of the approaches may prove to be somewhat
46 constricting if unknown variables occur that result in less cash-flow. Mr. Potter followed up by saying
47 the WVA will follow the Board's guidance to adjust its approach if needed.

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49 Upon motion duly made and seconded, it was unanimously

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51 **VOTED:** To adopt the medium approach in the LOC Pay-down Schedule and authorize
52 the conservative option if it appears prudent due to cash position as it actually
53 emerges.

1 Ms. Walter informed the Board that the Audit Committee has tasked KV with renaming and re-
2 captioning the “Accounts Receivable” section and developing a method to more accurately determine
3 receivables in the financial statements to allow for further clarity. Mr. Smith added that he and KV
4 accountant, Norm Roberge, have begun discussions on how to proceed and will bring the matter to the
5 auditor’s attention.

6
7 Jan Hicks-Thomson then provided an update on recent special collections work, summarizing the
8 DOH’s special collections analysis of practice profiles. The DOH recently completed reviewing 1,100
9 practices and, as previously reported, expects to have approximately \$5-6 million dollars decrease in
10 projected expenditures. Chairman Pierce thanked Ms. Hicks-Thomson for her work on this special
11 project, recognizing the extraordinary effort the DOH staff put forth to complete this work in an
12 expeditious, but thorough manner.

13 KidsVax Updates

14 **ED Report**

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16 Ms. Walter directed the Board to the ED report in opening by congratulating Michele Roberts for
17 receiving the Rising Star Award during the Association of Immunization Program Managers
18 Conference in February. She then welcomed Jeremy Martinez, the Senior Vice President of Operations,
19 as the new Board member representing Coordinated Care. Ms. Walter indicated that the WVA has made
20 significant strides towards gaining financial stability and no longer needs to make funds transfers to the
21 DOH in multiple payments throughout the month. Efforts to gain TRICARE’s compliance in universal
22 vaccine purchase states is going well. Government affairs firm Crowell & Moring (C&M) has
23 completed research requested by Representative Adam Smith (D-WA) that confirms no statutes or
24 TRICARE regulatory provisions need to be changed if the amendment is passed in the National Defense
25 Authorization Agreement. Lastly, Ms. Walter concluded by noting that the report contained a
26 description of the completed 2015-16 KV performance goals.

27 **Vaccine Acceptance**

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29 In recent months, the WVA has been exploring what role the organization may have in vaccine
30 acceptance efforts. VaxNorthwest, the Immunization Action Coalition of Washington, the Washington
31 Academy of Family Physicians, and several other organizations were contacted and asked a series of
32 questions to determine their needs and potential areas of WVA participation in existing vaccine
33 hesitancy. The majority of the organizations suggested donating money or volunteering. At this time,
34 those options are not viable but Ms. Walter suggested revisiting the idea when the WVA is more
35 financially stable. Dr. Marcuse added that there may be an opportunity to add strategic messaging about
36 vaccine acceptance to be included with the proposed billing guide. Informing billing offices of the
37 importance of not only the WVA but also the importance of vaccines could be a valuable tool and a
38 potential avenue of participation in vaccine acceptance.

39 **WVA Communications Update**

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41 Referring to the communications proposal submitted by Desautel Hege (DH), Ms. Walter described the
42 quick reference billing guide that would be distributed to billing offices. The purpose of the guide is to
43 raise the saliency of the WVA, provide a step-through guide for billing, and instructions for refiling
44 denied claims on the WVA’s behalf. The Board authorized \$25,000 dollars annually for DH projects
45 and there are ample funds after the annual report for this project. Dr. Marcuse suggested that, in addition
46 to the billing guide, two short articles be written by the WVA and sent to primary care clinics and other
47 publications. Ms. Hicks-Thomson reminded the Board that the DOH has consistently communicated
48 with practice managers and offices regarding the WVA through the Washington Academy of Family
49 Physicians, the Washington State Medical Association, and the American Academy of Pediatrics. Dr.
50 Marcuse noted the importance and value of direct communication and outreach from the WVA. Mr.

Potter then advised that two communications pieces be written annually for publication in various medical communications be added to the DH annual task list and become active, ongoing deliverables for both DH and KV.

Security Audit

SolutionWorx, the outside IT firm hired by the WVA, completed its audit on March 31st and confirmed that all action items suggested at the Board meeting in January have been completed. The Record Retention Policy has been revised to include protected health information (PHI) and the process through which it is handled. Although the WVA does not typically receive any PHI, it is necessary to have for claims processing and is handled through WVA accountant, Norm Roberge.

Chairman Pierce asked that the Document Retention and the Cyber Liability Policies be reviewed annually to ensure they are updated as needed. He also requested that the WVA look into enterprise liability and report to the Board.

Upon motion duly made and seconded it was unanimously,

VOTED: To adopt the changes to the Records Retention Policy.

KidsVax Performance Goals

Ms. Walter reported that the 2015/16 performance goals have all been met with the exception of collecting past due amounts from TRICARE. Operational goals included updating the online billing guides, creating a step-through workbook, and holding a live thirty-minute webinar explaining the dosage-based assessment billing process. The materials were updated based on frequently asked questions by providers and KV's helpline, FreshDesk. Ms. Walter noted that the KV 2016/17 performance goals have undergone initial Executive Committee review and would be presented in full at the June WVA Board meeting.

Other Updates

Department of Health

Michele Roberts highlighted some promising news and changes within the school immunization realm with public schools providing substantially more immunizations, specifically for kindergarten-aged children. The DOH recently received funding to alleviate administrative burdens that schools face. The State Board of Health discussed making Meningococcal ACWY a requirement for school immunizations but decided against it. A group will be assembled later in 2016 to discuss the criteria that is used to determine what vaccines are required.

Vaccine Committee Report

Dr. Marcuse reported that the Vaccine Committee meetings have gone well and there are no major issues that need to be brought to the Board's attention. He noted that the committee's responsibility is to be available to respond when issues arise. Dr. Beth Harvey announced that they were recently given a collaborative grant in partnership with the Washington Chapter AAP, and the DOH. One of the goals of participating practices is to transform their population care, which included immunizations.

Public Comment

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

Executive Session

1 [Prepared by outside general counsel, Attorney Anne Redman of Perkins Coie. KV staff was excused.]

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3 Executive Session:

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5 In executive session, the Board discussed the proposal made by KidsVax to elevate Julia Walter to
6 Executive Director of Washington Vaccine Association. In discussion generally supportive of this
7 proposal, members expressed interest in further information about Julia's role:

- 8
9 • Understanding Julia's commitment to the role
10 • Understanding the KidVax organizational structure and roles and responsibilities, particularly
11 as it relates to the work of WVA
12 • A transition plan for the changes in roles
13 • Understanding the time commitments to both WVA and the Alaska vaccine program
14 • Having a commitment from Fred that he will participate in person as reasonably necessary.

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16 Action on the proposal will be considered at the next Board meeting.

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18 There being no further business, the meeting adjourned at 4:10 p.m.

What: Board of Directors Meeting
Date & Time: April 14, 2016; 2:00-4:00 p.m. PDT
Location: Alki Conference Room. Ellis, Li & McKinstry; PH-A 2025 1st Ave, Seattle, WA 98121
Call-in: (605) 562-3180; Conference ID: 237931720#

Notice: Meeting may be recorded for the benefit of the secretary. The WVA intends to delete the recording after the minutes of the meeting are approved.

Approx. Time	Topic/[Anticipated Action]	Presented by:
2:00-2:05 p.m.	1. Welcome, Introductions & Identification of any items for Section 10	J. Pierce
2:05-2:10 p.m.	2. Consent Calendar Items	J. Pierce
	* a. Board Minutes (January 14, 2016)	
	* b. Audit Committee (March 23, 2016)	
	* c. Affirmation of Jeremy Martinez's Appointment to the Board	
2:10-2:30 p.m.	3. Financial Update	P. Smith
	a. Cash Reserve Analysis	
	i. Special Collections Update	J. Hicks-Thomson
	* b. LOC Pay-down Schedule	P. Smith
	i. Audit Committee Recommendation	J. Sobek
	ii. Vote to Adopt LOC Pay-down Schedule	
	c. July 1, 2016 Assessment Grid	P. Smith
	i. Vote to Update the 2016 Assessment Rates	
	* d. WVA Monthly Financial Report	J. Walter
2:30-2:45 p.m.	4. KidsVax Updates	J. Walter/F. Potter
	* a. ED Report	
	b. Vaccine Acceptance Project	
	c. WVA Communications Update	
	* i. Desautel-Hege Communications Plan	
	ii. Vote to Adopt Communications Proposal	
	* d. Security Audit	
	i. Vote to Adopt Changes to the Document Retention Policy	
2:45-3:00 p.m.	5. KidsVax Performance Goals	J. Walter
	* a. Performance Dashboard	
	b. 2016/17 Performance Goals	
	c. Vote to Adopt 2016/17 Recommendations	
3:00-3:20 p.m.	6. Other Updates	
	a. Department of Health	M. Roberts
	b. Vaccine Committee Report	E. Marcuse
3:20-3:30 p.m.	7. Public Comment	Any
3:30-4:00 p.m.	8. Executive Session (all staff, guests excluded; outside counsel included)	
	a. TRICARE	J. Walter
	* i. Crowell & Moring Update	J. Flood
	ii. Litigation Update	F. Potter
	b. CDC Update	M. Roberts
	c. Executive Session (all staff, KV, guests excluded; outside counsel included)	
	9. [Intentionally Omitted]	
	10. Reference Documents	
	* a. Contact List: Board, Committees	
	* b. Governing Statute	
	* c. Schedule of Upcoming Meetings	
	* d. Proposed Form of Votes	
	* e. Directions to Ellis, Li & McKinstry	

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

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

DOH:

Jan Hicks-Thomson, (T)

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)

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

III. Minutes

Welcome and Introductions

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

Consent Calendar Items

Chairman Pierce asked for comments on consent calendar items.

Upon motion duly made and seconded, it was unanimously

VOTED: To approve the minutes of the October 20, 2015 WVA Board Meeting.

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

Upon motion duly made and seconded, it was unanimously

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

Update on Financial Position

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

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

Upon motion duly made and seconded, it was unanimously

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

DOH Updates

Ms. Hicks-Thomson informed the Board that the special collections work has been steadily progressing and the DOH is in the final stages of re-assessing data from the last few practice profiles of the 1,100 targeted providers. The DOH is making adjustments to monthly funds transfer requests based on their findings. As of now, the decrease in the private state portion of the budget will more than likely decrease approximately \$5-6 million dollars.

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

KidsVax Updates

Cyber Liability Policy

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

Upon motion duly made and seconded, it was unanimously

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

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

ED Report

Ms. Walter gave a brief overview of the ED report included in the packet citing progress in financial and special collections work as well as TRICARE. Coinciding with the DOH's efforts, the WVA has reached out to provider offices as part of the effort to maximize revenue generation by ensuring that claims are being properly filed. Much of the special collections work conducted has also coincided with stakeholder education. Ms. Walter noted that while many providers know about the WVA and the importance of properly billing and filing claims, there are still many billing departments with newer personnel who 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. Efroymson addressed the Kaiser buyout of Group Health and what implications that may have for the WVA. Mr. Efroymson 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. Efroymson 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

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

Closing Section

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

Executive Session

Crowell & Moring Update

Ms. Walter introduced James Flood from Crowell & Moring (C&M) and asked that he begin with the TRICARE update. After a series of meetings with congressional offices in the late fall and winter of 2015 C&M was able to gain the commitment and support of Senator Patty Murray (D-WA) to advance a statutory fix to TRICARE's nonparticipation in universal state vaccine purchase programs (SVP). C&M received a draft amendment from the Senate Legislative Counsel's office which is comprised of lawyers who turn ideas into legislative language. C&M is waiting for comments and edits on the proposal from the Board and others on the TRICARE Multi-state Taskforce and hope to have the final version by the end of January. Second, Representative Adam Smith (D-WA) and his staff asked that C&M conduct an analysis of TRICARE federal regulatory provisions to identify statutory and regulatory provisions that potentially enable or prevent TRICARE from paying for its prospective fair share of assessed child vaccine costs. Ms. Jacinta Alves, counsel for C&M, has extensive experience in health care and government affairs and will conduct the research at an estimated cost of \$22,400. This research is anticipated to further demonstrate to TRICARE that universal vaccine purchasing states do not fit into their specific provider requirements, and that a new categorization for SVPs is necessary. Current efforts by C&M also include focusing on gathering support from other members of the Senate Armed Services Committee (SASC) from universal vaccine states such as Alaska, New Hampshire, and Connecticut. The strategy then is to have a bipartisan group make the request to the chairman and ranking member of the SASC to include the provision in the 2016 NDAA. C&M is hopeful that the same versions of the amendment will be passed in both the House and the Senate and included in the 2016 NDAA. Simultaneously, C&M is going to ask supporters that they present the bill as standalone legislation in the case that the NDAA is delayed or they are able to pass it sooner. Mr. Flood commended those on the Board for their efforts on this issue and the groundwork they had built and C&M was able to build on and gain support not only with congressional members but also open the door to contact TRICARE.

Litigation Update

Mr. Kemper gave an update regarding the status of legal claims against TRICARE. He noted that it appears any WVA claim would have to be filed against the TPAs, TRIWEST and United Healthcare Military in Washington State because of multiple preemptive issues that might arise if filed against TRICARE in a federal court. The TriWest tolling agreement expires February 17, 2016 and there is still some time before the statute of limitations runs on claims against United. Mr. Kemper contacted TriWest general counsel, Bill Cahill, in December, 2015 and again on January 8, 2016 but has not received a response. Mr. Kemper is under the impression that TRIWEST will be willing to extend the tolling agreement and will keep the Board informed. Mr. Pierce clarified that the Board would need to reauthorize litigation against the TPAs if an agreement is not reached in February.

Upon motion duly made and seconded, it was unanimously,

VOTED: To ratify the TRICARE Taskforce's action of authorizing a supplemental engagement of Crowell & Moring for legal research with an expense not to exceed \$25,000.

VOTED: To reauthorize outside counsel to proceed with litigation on behalf of the Washington Vaccine Association 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

- 1 participation by DHS on a basis equitable among all WA payers and without additional
- 2 burdens to WA providers.
- 3
- 4 There being no further business, the meeting adjourned at 12:00 p.m.

DRAFT

Audit Committee Meeting
March 23, 2016; 3:00-4:30 p.m.

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

Directors:

John Sobeck, M.D, Chairman - Market Medical Executive, Cigna
Dennis Kirkpatrick - CFO, Welfare & Pension Administrative Service, Inc.

Absent:

Jason Farber, Esq. - Davis Wright Tremaine, LLP

KidsVax®:

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

II. Summary of Actions Taken and/or Recommended

A. Actions Taken (votes adopted)

1. To approve the September 1, 2015 Audit Committee minutes as amended by Chairman John Sobeck.
2. Select CliftonLarsonAllen to conduct FYE 2015/16 audit.

B. Follow up Tasks/Action Items

1. Re-caption "Accounts Receivable" on financial statements.
2. Estimate cash balances for line of credit (LOC) pay down alternatives.

III. Meeting Minutes

At 3:00 p.m., Chairman Sobeck called the meeting to order and asked all participants to introduce themselves. The September 1, 2015 Audit Committee meeting minutes were approved after Chairman Sobeck requested that his title be changed from "Acting Chairman" to "Chairman."

Update on Financial Position

Peter Smith informed the Committee that there is currently \$5.4 million dollars in the bank. Referring to the Line of Credit (LOC) Pay-down Alternatives Schedule, Mr. Smith explained

the alternative of saving more cash as opposed to paying down the LOC through different time frames that are ranked as aggressive, medium, and conservative. One of the terms set forth by KeyBank requires the Washington Vaccine Association (WVA) to have \$4 million dollars in savings at the end of each financial quarter. On a positive note, the payment requests from the Department of Health (DOH) have been met in full as forecasted and the DOH is now able to request payments at the beginning of the month as opposed to delaying its requests when the WVA first experienced cash-flow issues. There are two conditions regarding the LOC: first, it must be paid down to \$10 million dollars by August 1, 2016 and second, it must be completely paid off by January 1, 2017. Dennis Kirkpatrick inquired if the LOC can be renegotiated if there is a possibility that the WVA is unable to meet the deadline. Julia Walter reported that she had spoken with KeyBank Senior Vice President, Ray Ward, who assured her that KeyBank is willing to renegotiate and extend the pay-off dates as well as the step-down. He suggested that the WVA focus on building cash reserves as opposed to aggressively paying down the LOC. Chairman Sobeck asked if it would be possible to map out the different alternative payments (aggressive, medium, and conservative) and compare it to the estimated amount after monthly vaccine payments. Mr. Smith stated that there is a quarterly cash flow model with those indicators and will be included in the Board meeting packet. The current pay-down schedule in the cash flow model is between medium and aggressive.

KidsVax® Updates

Monthly Financial Update

Norman Roberge described the table of financial information that includes monthly cash balance, prepaid vaccines, LOC outstanding, assessments collected, payments to DOH, and LOC interest. Mr. Roberge suggested moving the schedule to a thirteen month rolling average snapshot in order to fully compare each month. The prepaid vaccines and payments to DOH are the same, which indicates that the WVA is fully covering the next month's payment. Ms. Walter asked Committee Members if there were any changes they would like to make to the report. Mr. Kirkpatrick suggested adding an average column on the right side and a brief commentary with significant and upcoming dates such as the assessment grid increase, end of the financial quarter-end, and the LOC step-down date. Mr. Roberge recommended that Committee Members email him with any other suggestions or requests.

Assessment Grid

The WVA's assessment is 130% of the CDC contract, which is a 19% increase of the previous assessment, but is 7% less than the CDC market rate. Mr. Smith suggested that the Committee update the grid at a continuing 130% after the CDC resets the prices on April 1 to provide for inflation. The main benefit to this method is that it avoids the risk of going off the cash flow model based on changes for certain higher-priced vaccines. Ms. Walter noted that during the Operations Committee meeting on February 11, the payer community had expressed the

1 preference for more stability in the assessment grid to allow for more accurate future
2 projections.

3 4 **Carrier Survey Update**

5
6 KidsVax® (KV) hired Compass Health Analytics, an independent consulting firm, to conduct
7 a gap analysis and a carrier survey. There has been little participation due to the onerous data
8 requests and other pressing projects; however, two major carriers have completed the survey.
9 KV is now asking payers to complete as much of the survey as possible by June 30, 2016.
10 Chairman Sobeck committed to sending the survey forward to the right contact in Cigna to
11 possibly participate.

12
13 Regarding TRICARE, Ms. Walter informed the Committee that KV is cautiously optimistic
14 that the legislation for the 2016 National Defense Authorization Act requiring TRICARE to
15 participate in universal vaccine purchase states will pass in Congress. KV is also working in
16 tandem with TRICARE General Counsel to see what they can do to provide stop-gap funding
17 to prevent Idaho's funding for TRICARE beneficiaries from running out. If the funding in
18 Idaho is no longer available, it will force Idaho beneficiaries to receive vaccines on-base in
19 Idaho or come to Washington. Because there is only one military base in Idaho, cross-border
20 issues might arise and affect the WVA's cash flow. Ms. Walter noted that the WVA will watch
21 this issue carefully and bring it to the Board's attention if needed.

22 23 Auditor Selection

24
25 Committee members reviewed CliftonLarsonAllen's (CLA) proposed letter of engagement for
26 FYE 2015/16 and discussed the audit timeline. The WVA will ask CLA if they are able to
27 complete the audit for the next Committee meeting on June 22. The report also needs to be
28 completed within that timeframe to allow the VaxFacts to be completed and presented to the
29 Board for approval.

30 31 Other Matters from Committee Members

32
33 Chairman Sobeck inquired about the "Accounts Receivable" portion of the financial statement.
34 Ms. Walter answered that the number is a projection of what the WVA expects to receive for
35 assessments. Mr. Roberge is currently working to calculate a more accurate amount in addition
36 to renaming the caption to eliminate the perception that the WVA actually possesses that
37 amount. Mr. Kirkpatrick asked if the amount should be considered an asset if there is little
38 chance that it will be recovered. Ms. Walter answered that it will be recovered at some level
39 but the amount is unknown. Mr. Potter recommended renaming the caption to something
40 similar to "expected future assessments" but also noted that it should be brought to the attention
41 of CLA when it conducts the audit.

1 Executive Session

2
3 The Committee, excluding KV, went into executive session.

4
5 Closing

6
7 There being no further business, the meeting adjourned at 4:02 p.m.

DRAFT

Washington Vaccine Association

Line of Credit Paydown Alternatives

(Balance of \$12 Million as of 4/8/2016)

Date	Aggressive	< Cash Balance	Medium	< Cash Balance	Conservative	< Cash Balance
April	\$ 1,000,000	\$ 6,038,794	\$ -	\$ 7,038,794	\$ -	\$ 7,038,794
May	1,000,000	6,779,292	500,000	8,276,584	-	8,776,584
June***	1,500,000	5,293,342	1,000,000	7,286,571	-	8,785,217
July*	1,000,000	5,171,421	1,000,000	7,159,233	-	9,653,817
August	1,000,000	1,022,060	1,000,000	3,004,455	2,000,000	4,492,268
September***	-	4,122,209	1,000,000	5,099,188	1,000,000	6,582,938
October	2,000,000	4,619,652	1,500,000	6,093,923	1,000,000	8,073,610
November	2,000,000	4,502,935	2,000,000	5,973,144	1,000,000	8,947,415
December**	2,500,000	3,298,502	4,000,000	3,264,648	7,000,000	3,230,794
Total	\$ 12,000,000		\$ 12,000,000		\$ 12,000,000	
 Total Interest	 \$ 148,200		 \$ 180,700		 \$ 213,200	
 Incremental Cost	 \$ -		 \$ 32,500		 \$ 65,000	

Notes: * The line of credit must be paid down to \$10 Million by August 1, 2016.

** The line of credit must be paid off by January 1, 2017.

*** WVA Cash Balance must be at least \$4 Million at the end of each calendar quarter.

**Washington Vaccine Association
Statement of Financial Position
As of March 31, 2016**

A**ASSETS**

Current assets		
1	Cash and cash equivalents	\$ 7,039,757.29
2	Investments	9,705.42
3	Assessment receivable	19,405,054.00
4	Prepaid Vaccine	4,498,451.22
5	Prepaid Administrative Services	-
6	Total current assets	30,952,967.93
7	Total assets	\$ 30,952,967.93

LIABILITIES AND NET ASSETS

Current liabilities		
8	Accounts payable	\$ 35,985.23
9	Key Bank - Line of Credit	12,000,000.00
10	Payable to Washington Department of Health	-
11	Other accruals	-
12	Total current liabilities	12,035,985.23
Net assets		
13	Excess Assessments - Vaccines	32,656,658.13
14	Excess Assesments - Administrative Activities	(13,739,675.43)
15	Total net assets	18,916,982.70
16	Total liabilities and net assets	\$ 30,952,967.93

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

		Month Ending March 31, 2016			For 9 Months Ending March, 2016		
		Administrative Activities	Vaccine Activities	Total	Administrative Activities	Vaccine Activities	Total
Revenues:							
1	Assessments	\$ 1,475,400.68	\$ 4,924,933.00	\$ 6,400,333.68	\$ 14,777,422.91	\$ 51,614,143.00	\$ 66,391,565.91
2	Less: Vaccine expense	-	(4,813,587.61)	(4,813,587.61)	-	(52,094,358.88)	(52,094,358.88)
3	Net Assessment margins	1,475,400.68	111,345.39	1,586,746.07	14,777,422.91	(480,215.88)	14,297,207.03
4	Investment income	-	-	-	-	-	-
5	Other income	-	-	-	-	-	-
6	Net revenues	1,475,400.68	111,345.39	1,586,746.07	14,777,422.91	(480,215.88)	14,297,207.03
Expenses:							
7	Administrative services - fixed contract	34,481.92	-	34,481.92	348,317.29	-	348,317.29
8	Adm services - variable compensation	-	-	-	-	-	-
9	Administrative services - Tricare	27,622.46	-	27,622.46	164,266.73	-	164,266.73
10	Legal fees	-	-	-	26,650.51	-	26,650.51
11	Audit	-	-	-	9,500.00	-	9,500.00
12	Annual report / special communications	-	-	-	10,058.75	-	10,058.75
Special projects:							
13	DOH vaccine order system	-	-	-	-	-	-
14	Denied claims recovery	2,500.00	-	2,500.00	22,576.96	-	22,576.96
15	All other special projects	3,260.50	-	3,260.50	90,978.29	-	90,978.29
16	Insurance	-	-	-	43,518.94	-	43,518.94
17	Bank fees	5,034.53	-	5,034.53	47,149.79	-	47,149.79
18	Investment advisor / manager	-	-	-	-	-	-
19	Other administration expenses	-	-	-	-	-	-
20	Total administrative expenses	72,899.41	-	72,899.41	763,017.26	-	763,017.26
21	Line of credit - financing costs	33,485.23	-	33,485.23	334,631.07	-	334,631.07
22	Total expenses	106,384.64	-	106,384.64	1,097,648.33	-	1,097,648.33
23	Increase (decrease) in net assets	\$ 1,369,016.04	\$ 111,345.39	\$ 1,480,361.43	\$ 13,679,774.58	\$ (480,215.88)	\$ 13,199,558.70
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				\$ (13,739,675.43)	\$ 32,656,658.13	\$ 18,916,982.70

Unaudited - For Management Purposes Only
Prepared by KidsVax, LLC

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

WVA 2016-04-14 3.d.3

	A	B	C	D
	Inception Through 1/31/2016	Month 2/29/2016	Month 3/31/2016	Inception Through 3/31/2016
1 Cash balance - beginning of period	\$ -	\$ 5,815,038.82	\$ 4,774,930.05	\$ -
Inflows:				
2 Principal prepayments	7,800,001.00	-	-	7,800,001.00
3 Vaccine collections	276,262,112.75	5,893,277.90	6,879,529.14	289,034,919.79
4 Interest income	53,408.37	-	-	53,408.37
5 Investment income/ (loss)	149,787.97	-	-	149,787.97
6 Key Bank - LOC advances	14,000,000.00	(2,000,000.00)	-	12,000,000.00
7 Total inflows	298,265,310.09	3,893,277.90	6,879,529.14	309,038,117.13
Outflows:				
8 Principal repayments	(7,799,908.85)	-	-	(7,799,908.85)
Program				
9 Vaccine remittance State of WA	(279,585,695.63)	(4,813,587.61)	(4,498,451.22)	(288,897,734.46)
10 Vaccine Selection Development	(79,950.00)	-	-	(79,950.00)
11 Public information	(132,002.06)	-	-	(132,002.06)
12 Total program disbursements	(279,797,647.69)	(4,813,587.61)	(4,498,451.22)	(289,109,686.52)
Administration				
13 Administrative services	(2,375,602.11)	(69,079.00)	(65,364.88)	(2,510,045.99)
14 Project management fees	(419,878.90)	-	-	(419,878.90)
15 Denied claims recovery	(67,133.44)	(2,500.00)	(2,500.00)	(72,133.44)
16 Design and advertising	(31,031.38)	-	-	(31,031.38)
17 Claims system development	(26,000.00)	-	-	(26,000.00)
18 Legal fees	(263,558.92)	(4,013.44)	-	(267,572.36)
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	(3,373,682.75)	(75,592.44)	(67,864.88)	(3,517,140.07)
Office				
23 Bank Fees	(435,177.57)	(5,838.57)	(5,034.53)	(446,050.67)
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	(494,304.75)	(5,838.57)	(5,034.53)	(505,177.85)
Other				
30 Insurance	(156,503.07)	-	-	(156,503.07)
31 Interest Line of Credit	(827,863.16)	(38,368.05)	(33,645.85)	(899,877.06)
32 Board meetings	(361.00)	-	-	(361.00)
33 Total Other	(984,727.23)	(38,368.05)	(33,645.85)	(1,056,741.13)
34 Total outflows	(292,450,271.27)	(4,933,386.67)	(4,604,996.48)	(301,988,654.42)
35 Cash balance - end of period	\$ 5,815,038.82	\$ 4,774,930.05	\$ 7,049,462.71	\$ 7,049,462.71

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

April 14, 2016 Executive Director Overview

Assessment Collections since inception:	\$289+ Million
Remittances to State of WA since inception:	\$288+ Million
Receivables:	\$18+ Million
Prepaid Vaccine Purchases:	\$4+ Million
Cash Balance as of March 31, 2015:	\$7+ Million
Utilized Line of Credit:	\$12 Million
Available Line of Credit	\$3 Million

Since our last Board meeting in January, the Washington Vaccine Association (WVA) has made significant strides in regaining financial stability, securing a permanent solution to TRICARE's non-compliance, and improving WVA operations. While work is expected to continue on the TRICARE front throughout the year, Special Collection work has almost drawn to a close, with the exception of the carrier survey data collection effort, and been successful in large part due to the diligence of the Department of Health. The closing of the Collections project has enabled KidsVax® (KV) to focus upon WVA systematic improvements, the need for which arose as KV completed the 2015/16 KV performance goals that included updating online materials for the dosage based assessment training and recording a training webinar to that effect. The proposed 2016/17 KV goals, described more fully in below, were crafted to address the need for raising the saliency of the WVA with provider billing staffs in order to ensure higher accuracy in claims generation and improve collections. Lastly, we would like to welcome Jeremy Martinez, the Senior Vice President of Operations at Coordinated Care, to the Board.

In opening, I would like to once again congratulate Michele Roberts who received the Rising Star Award during the Association of Immunization Managers Conference in February. The Rising Star Award is given to a new immunization program manager who has demonstrated effective leadership. More information about the reward can be found in the press release in the packet.

I am also pleased to report that the WVA is now in full covenant compliance with KeyBank and expects to have ample cash reserves to meet the scheduled reduction in the line of credit from \$15 million to below \$10 million on July 31. Furthermore, the WVA was able to pay down the line of credit by \$2 million dollars mid-February, while retaining \$1.55 million dollars in the bank. Given the importance of finding the right balance between paying down the line of credit and rebuilding cash reserves, we are presenting the Board with various pay-down models for your consideration which have been reviewed by the Audit Committee. Regardless of the Board's chosen approach, Peter Smith, our independent financial analyst, is confident the WVA will continue to regain reserves at the current assessment grid levels, which he recommends maintaining at 130% of the CDC contract prices through July 2017. Accordingly, we have included a proposed vote to adopt a new assessment grid to be effective July 1, 2016 based upon the new CDC contract list that was published in April 2016. This will reflect an assessment rate increase that approximates the CDC's increase in vaccine prices to account for inflation.

As many of you know, KV continues its efforts to gain TRICARE compliance in universal vaccine purchase (UVP) states by pursuing a statutory fix and working directly with TRICARE Office of General Counsel (OGC). During March, Fred Potter and I traveled to Washington D.C. to conduct in-person meetings with congressional staffers and representatives from UVP states as well as non-UVP states that are receptive to our position and well-placed on the Senate and House Armed Services Committees. The draft language for inclusion in the 2016 National Defense Authorization Act (NDAA) has been submitted as a member request by several congressional representatives, including Washington Representative Adam Smith's office. Crowell & Moring (C&M) has stressed the importance that the same language be included in the NDAA in both the House and Senate to avoid as much as possible any changes that might potentially weaken the language. KV also plans to be in Washington D.C. for the markup of the NDAA in May where it will be reviewed item by item. The NDAA could pass as early as August before Congress recesses, be delayed until September, or even after the presidential election. We will keep the Board informed as legislation progresses. On March 15, KV held an in-person meeting at TRICARE headquarters in Falls Church, VA with OGC, Bryan Wheeler and Mark Mantooth. While the overall tenor of the meeting remained positive, we learned that the pilot program Mr. Wheeler's office was attempting to put into place as a stop-gap funding measure has come to a halt because of interdepartmental disagreement. OGC is supportive of a legislative fix and asked to review the amendment. We are continuing communication with OGC to ensure both parties are informed of progress and keep the process moving forward.

Additionally, Crowell & Moring completed its supplemental research of TRICARE regulations. The research was requested by Representative Adams Smith's office and was centered upon a review of existing TRICARE regulations that would potentially need to be changed with the passage of legislation. The results also demonstrate that UVP cannot fit into the TRICARE provider model and that another solution is necessary to ensure TRICARE's participation.

In March, KV completed the 2015/16 performance goals. KV updated billing guides, clarified FAQs that had been the subject of service calls, and recorded and posted a webinar that can be used for billing-staff training. The webinar walks users through the proper billing steps and addressed specific problems that providers have experienced in the past. KV's recommendations for 2016/17 supplemental goals have been included in the packet for the Board's review and approval. The goals include developing provider outreach, improving WVA governance, and continuing to recover from TRICARE. Reaching out to providers will increase the prominence of the WVA in provider billing offices and reaffirm the importance of the organization. To accomplish this goal, KV recommends using Desautel-Hege to create a quick-reference guide that billing managers can implement and use in the training of new staff. The Department of Health (DOH)'s fax system will also be instrumental in reaching out to all enrolled provider offices with information and updates. The second goal includes revision of the Board of Directors handbook to be distributed to all members. Relevant, updated information and governing documents will be modified and improved to ensure that it is a useful source of information. Last, KV will continue to work to gain TRICARE's payment into the WVA and collect not less than 50% of TRICARE's past-due assessments.

Finally, SolutionWorx (SW) has completed the recommended action steps as reported in security audit of the WVA and KV. The purpose of the audit was to identify potential areas and risks of exposure and implement measures that decrease outside threats to secure information. As noted in the security assessment memo, among the actions SW took were enabled password controls for Microsoft 365 and KV's file storage system, as well as added security measures for restricted data have been put in place on external tools. One of SW's recommendations includes incorporating a provision regarding the proper handling of protected health information in the existing WVA Records Retention Policy. As such, a red-lined version of the proposed language for addition is included in the packet for the Board's adoption.

I am excited to continue moving forward this year and work to accomplish goals as well as begin new ones. We thank Board members for their willingness to serve and continued support to ensure that this public health initiative remains effective.



Julia G. Walter



Press Release

For immediate Release, February 17, 2016

Association of Immunization Managers Announces the 2016 Rising Star Winner

Rockville, MD, February 17, 2016— The Association of Immunization Managers (AIM) representing the 64 federally funded state, territorial and large urban area immunization programs, announces the winner of its inaugural Rising Star Award.

The AIM Rising Star Award recognizes a new immunization program manager (in the program manager position 2 years or fewer) who demonstrates effective leadership and potential for growth within AIM. The Rising Star Award also recognizes a program manager that engages with peers and partners nationwide and has demonstrated a desire to impact the broader immunization community. Participation in AIM through leadership roles and governance activities, as well as representation of the organization on the national stage are key aspects of Rising Star Award winners.

The winner of the 2016 Rising Star Award is Michele Roberts of Washington State. “Michele has already made her mark on the organization. We’re thrilled to honor her leadership potential and we expect more great things from her” said AIM Chair, Gerri Yett.

Ms. Roberts’ nomination cites her involvement within the AIM organization as a member of the AIM Executive Committee, and Chair of the Influenza and Preparedness Committee, as well as her participation in national committees such as CDC NCIRD IIS Executive Board and NSF-International Joint Committee on Vaccine Storage Standards. Ms. Roberts’ nomination reads, “Michele steps up to contribute on speaker panels and conversations for the betterment of immunization awardee community. She also engages in peer-to-peer discussions among program managers to share ideas for work happening in Washington that translate across to other states or awardees. On the home front, Michele has demonstrated keen leadership by executing her visions to improve the management of work in the office”.

Further information about the Rising Star Award and the Association of Immunization Managers can be found at www.immunizationmanagers.org.



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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.

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!



Public Relations • Advertising
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TO: Ashley Kittrell, KidsVax
FROM: Lisa Cargill, Desautel Hege
DATE: March 30, 2016
RE: Provider Office Brochure Proposal

Provider Office Brochure Proposal

This piece will be used as a handout to provider office billing staff that will educate them about two important topics: billing procedure and WVA's role.

- WVA will provide information to inform copy.
- DH will edit and organize copy.
- DH will develop layout for 3-panel brochure (14" x 8.5", full color, 2-sided)
- DH will develop infographics.
- 2 rounds of edits.
- Printing and shipping for 200 brochures.

Budget

Item	Description	Budget
Provider Office Billing Brochure	WVA supplies draft of copy DH edit, develop design for 3-panel brochure DH develops infographics Quantity: 200 Size: 14" x 8.5", 2-sided Color: Full color Paper: 100# uncoated text 2 rounds of edits	\$4,634
Admin	<i>DH adds an 8% fee on all DH time which covers internal expenses including but not limited to subscriptions to design tools, online research and media database resources; mobile communications infrastructure for 24/7 client service; long distance fax and phone charges, postage, and overnight delivery fees.</i>	\$349
Total		\$4,983

Recommendation Supplement

SolutionWorx® was engaged by KidsVax®, LLC (KV) to address action items identified in the Security Assessment dated November 15, 2015. This supplement confirms the status of the recommendations as of March 30, 2016.

Recommendation Status

1. Develop written policy for handling of restricted information.
STATUS: This has been referred to Board Counsel for action.

2. Enable protections on external tools for the protection of restricted data (disable the ability to download or synchronize restricted data).
STATUS: All restrictions have been enabled for protected 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.
STATUS: It was determined that encryption was necessary for the impacted computer that passes protected data. This encryption has been put in place.

4. Enable password controls for Egnyte and Microsoft Office365.
STATUS: Password controls have been enabled

5. Review the 5 medium level vulnerabilities listed for the KV assessment systems.
STATUS: All vulnerabilities in assessment systems have been remediated.

Record Retention Policy

Policy: Washington Vaccine Association (the “Association”) has been established by act of the Washington Legislature 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 of the state of Washington. The Association will comply fully with all laws that relate to the conduct of its activities.

Purpose: This Record Retention Policy of the Association identifies the record retention responsibilities of board members, officers, consultants, staff, and volunteers for maintaining and documenting the storage and destruction of the Association’s documents and records.

Procedures:

1. **Rules.** The Association’s board members, officers, consultants, staff, and volunteers are required to honor these rules:
 - a. Paper or electronic documents indicated under the terms for retention below will be transferred and maintained by the Association;
 - b. All other paper documents may be destroyed after three years;
 - c. All other electronic documents may be deleted from all individual computers, data bases, networks, and back-up storage after one year; and
 - d. No paper or electronic documents will be destroyed or deleted if pertinent to any ongoing or anticipated government investigation or proceeding or private litigation.
 - e. The Associate does not receive Protected Health Information (PHI) except in conjunction with processing claim payments. Any files or documents containing PHI periodically will be deleted from WVA records after WVA’s use is completed.
2. **Terms for retention.**
 - a. Retain permanently:
 - i. Governance records – Charter and amendments, Bylaws, other Organizational documents, and governing board and board committee minutes.
 - ii. Tax Records – Filed state (if applicable) and federal tax returns/reports and supporting records, tax exemption determination letter and related correspondence, and files related to tax audits.
 - iii. Intellectual property records – Copyright and trademark registrations and samples of protected works.
 - iv. Financial records – Audited financial statements, attorney contingent liability letters.
 - v. Property records – correspondence, property deeds, assessments, licenses, rights of way, and property insurance policies.
 - b. Until superseded:
 - i. Vaccine assessment schedule.
 - c. Retain for ten years:

- i. Pension and benefit records – Pension (ERISA) plan participant/beneficiary records, actuarial reports, related correspondence with government agencies, and supporting records.
 - ii. Government relations records – State and federal lobbying and political contribution reports and supporting records.
- d. Retain for six years:
 - i. Lease, insurance, and contract/license records – Software license agreements, vendor, hotel and service agreements, independent contractor agreements, employment agreements, consultant agreements, and all other agreements (retain during term of the agreement and for six after the termination, expiration, and non-renewal of each agreement).
- e. Retain for four years:
 - i. The Association must keep employment tax records for at least four years after the date the tax becomes due or is paid.
 - ii. Name, address, occupation, and social security number of each employee; Total compensation and date paid including tips and non-cash payments; Compensation subject to withholding for federal income, social security and Medicare tax; Pay period for each compensation period; Explanation of difference in total compensation and taxable compensation; Employees' W-4 Form; Dates of employment (beginning and ending); Employee tip reports; Wage continuation made to an absent employee by employer or third party; Details of fringe benefits provided to employee; Copy of employee's request to use the cumulative method of wage withholding; Adjustments or settlement of taxes; Amounts and dates of tax deposits; Total compensation paid to employee during calendar year; Compensation subject to Federal Unemployment Tax Act; State unemployment contributions made; All information shown on 940; and Copies of returns filed.
- f. Retain for three years:
 - i. Employee/employment records (not already subject to four year retention)– Employee names, addresses, social security numbers, dates of birth, INS Form I-9, resume/application materials, job descriptions, dates of hire and termination/separation, evaluations, compensation information, promotions, transfers, disciplinary matters, pay rate, time/payroll records, leave/comp time/FMLA, employee contracts, engagement and discharge correspondence, documentation of basis for independent contractor status (retain for all current employees and independent contractors and for three years after departure of each individual).
- g. Retain for one year:
 - i. All other electronic records, documents and files – Correspondence files, past budgets, bank statements, publications, employee manuals/policies, procedures, survey information.
- h. Incident reports and accident claims filed against the Association by other parties, and by the Association against other parties.
 - i. For accidents/incidents involving adults NOT resulting in claims—three years.

- ii. For accidents/incidents involving adults resulting in claims—closure plus six years.
 - iii. For accidents/incidents involving minors NOT resulting in claims—age of majority plus three years.
 - iv. For accidents/incidents involving minors resulting in claims—closure plus six years.
 - i. Job-Related Illness and Injury Records information pertaining to job-related illness and injury be kept on file for five years. In cases of exposure to toxic substances or blood-borne pathogens, medical exam results must be retained for thirty years after the employee's termination.
3. **Exceptions.** Exceptions to these rules and terms for retention may be granted by the Association's Executive Director or Chairman of the Board.

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

	Original Due Date	Board Approved change	Now expected	4/8/2016 Status	YE Expected	Comments
1. Maintain Core Service Metrics						
a. Responsiveness						
i. Telephone (85% within 1 business day 100% within 2)	ongoing			G	M	
ii. Emails (85% acknowledged w/ delivery time in 3 days 100% in 5 days)	ongoing			G	M	
b. Financial Reporting (from period end)						
i. Monthly financials w/in 15 business days (except 1st month of year)	ongoing			G	M	
ii. Annual within 40 business days	ongoing			M	M	Completed for FYE 6/30/2016
iii. Quarterly 12-month liquidity forecasts w/in 25 business days	ongoing			G	M	
c. State funding						
i. 100% funding on or before due date	ongoing			G	M	
ii. Annual regulatory reports on or before due date	ongoing			M	M	
2. Provider & Payer Compliance						
a. 95% Provider Compliance	ongoing			G	M	
b. 100% Payer compliance (except for TriCare)	ongoing			G	M	
3. System / Operational Improvements						
a. Update online materials for provider DBA training						
i. Step-through workbook on completing DBA form.	3/1/2016			M	M	
ii. On-line training webinar	3/1/2016			M	M	
b. Reach & collect settlement of TRICARE past-due amounts	12/31/2016			R	R	WVA-initiated legislation is progressing well, but will not be adopted by FYE 6/30/2016
4. WVA Financial Goal						
a. Review & Report on reasons for collection shortfall	t/b/d			M	M	Due to Provider Profile changes -- now refined. LOC also redocumented to resolve defaults.

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

KidsVax requests (if any)

10. [None so far this year.]

11.

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

11. Added by KidsVax

- a. AMCC monitored claim denial recovery effort

12. Added by Board

- a. Communications RFP
b. Provider Cost burden Analysis

Sep-13
Nov-13

M	M
Y	G

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

13. Added by Events / Other

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

Sep-13
ongoing

M	M
G	M

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

KidsVax requests (if any)

20. Provider Cost burden Analysis

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

**2016 Washington Vaccine Association Directory
As of 04/01/2016**

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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

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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 (2016 Board Meeting and Committee Meeting Schedules)

*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)		
May					
June	X (June 30) (10:00 am-12:00 pm)				X (June 22)
July					
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			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 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</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</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 2016</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

**April 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 January 14, 2016 WVA Board meeting.

[To approve the minutes of the January 14, 2016 WVA Board meeting with the changes suggested at the meeting.]

VOTED: To approve the minutes of the March 23, 2016 Audit Committee.

[To approve the minutes of the March 23, 2016 Audit Committee with the changes suggested at the meeting.]

VOTED: To affirm Jeremy Martinez as the Board member representing Coordinated Care, whose term renews in 2017, pursuant to RCW 70.290.030(3)(c).

[To affirm Jeremy Martinez as the Board member representing Coordinated Care, whose term renews in 2017, pursuant to RCW 70.290.030(3)(c), with the changes suggested at the meeting.]

Items under Agenda Section 3:

VOTED: To adopt the LOC pay-down schedule.

[To adopt the LOC pay down schedule with the changes suggested at the meeting.]

VOTED: To update the assessment rates equal to approximately 130% of the CDC contract prices as of April 2016.

[To update the assessment rates equal to approximately 130% of the CDC contract prices as of April 2016 with the changes suggested at the meeting.]

Items under Agenda Section 4:

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

[To adopt the stakeholder communications proposal submitted by Desautel-Hege with the changes suggested at the meeting.]

VOTED: To adopt the changes to the Document Retention Policy.

[To adopt the changes to the Document Retention Policy with the changes suggested at the meeting.]

Item under Agenda Section 5:

VOTED: To adopt the 2016/17 KidsVax® Performance Goal Recommendations.

[To adopt the 2016/17 KidsVax® Performance Goal Recommendations 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:

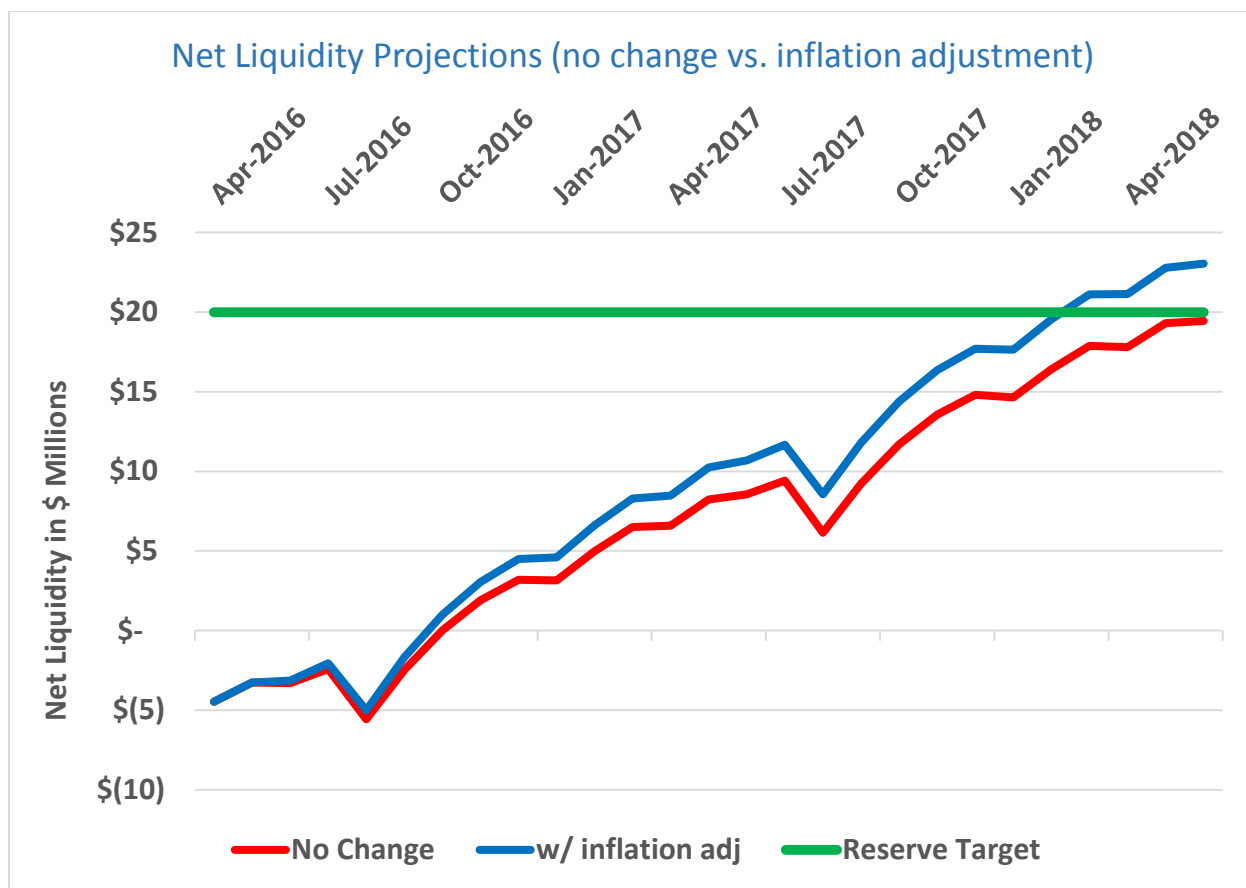
- Connect onto I-5 N
- Take the **Madison St/Convention Pl exit**
- Stay straight onto 7th Avenue
- Turn LEFT onto Madison Street (at light)
- Continue straight, down the hill, for approximately 6 blocks
- Turn RIGHT onto 1st Ave
- Continue north on 1st Ave for approximately 9 blocks
- Turn LEFT onto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



The CDC Contract prices increased for inflation an average of 3.15% on April 1, 2016 as compared to the rates of April 1, 2015. Weighted for WVA's projected doses, per vaccine brand (as provided by DOH) for the year ended June 30, 2017, the increase was 3.76% (weighted average increase).

The current WVA Grid is based on 130% of the CDC Contract as of April 1, 2015. Adjusting for this inflation increase by realigning the WVA Grid to 130% of the new CDC contract rates will be an effective average increase of 3.89% to WVA payers and will increase WVA cash collections by an estimated \$3.65 million over the next year (July 2016 to June 2017).

As of the April 1, 2016 CDC list, the contract prices are, on average, 35.2% lower than the market survey prices. Adjusted for WVA's dosage quantity by vaccine, the average WVA cost savings is 38.6%. With the suggested price realignment to 130% of current CDC contract rates, the savings will be an average of 6.61%.

Based on these findings, it is our suggestion to realign the WVA grid to 130% of CDC Contract as it:

- a.) maintains continuity within the grid for the various increases and decreases to the CDC rates on 4/1/2016
- b.) provides similar savings (now 6.61%) to the payers based on the calculations of last year showing weighted average market savings of 6.9%
- c.) Increases WVA's cash flow over the next year by \$3.65 million to enable more stable progress toward debt reduction and the building of an adequate reserve
- d.) allows the grid to be modified for doses that are no longer a part of the CDC contract list (i.e. Gardasil 4, Cervarix, & Quadracel).

WASHINGTON VACCINE ASSOCIATION
ANALYSIS OF CDC RATE ADJUSTMENT OF 4/3/2016

		DOSES				130% of CDC														
CPT Code	CPT Code Description	Trade Name(s)	4/15 CDC Rate	4/16 CDC Rates	Increase	Market Survey	Mkt % CDC	DOH Dose Est.	WVA 7/15 Grid	7/16 Grid	Grid Increase	2015 COST	2016 COST	2016 Market	2015 REV	2016 Rev	2016 Market			
90620	Meningococcal recombinant protein an	Bexsero	122.95	122.95	0.00%	160.75	23.51%	14331	\$	159.84	\$ 159.84	0.00%	1,761,996	1,761,996	2,303,708	2,290,667	2,290,595	2,303,708		
90621	Meningococcal recombinant lipoprotein	Trumenba	95.75	95.75	0.00%	115.75	17.28%	9531	\$	124.48	\$ 124.48	0.00%	912,593	912,593	1,103,213	1,186,419	1,186,371	1,103,213		
90633	Hepatitis A vaccine, pediatric/adolescer	Havrix	17.01	17.83	4.82%	30.14	40.84%	87063	\$	22.11	\$ 23.24	5.11%	1,480,942	1,552,333	2,624,079	1,924,963	2,023,344	2,624,079		
90633	Hepatitis A vaccine, pediatric/adolescer	Vaqta	17.40	18.23	4.77%	31.12	41.42%	10372	\$	22.11	\$ 23.24	5.11%	180,473	189,082	322,777	229,325	241,045	322,777		
90636	Hepatitis A & Hepatitis B vaccine (HepA	Twinrix	53.78	55.35	2.92%	95.23	41.88%	0	\$	69.91	\$ 71.96	2.93%	-	-	-	-	-	-		
90644	Meningococcal conjugate vaccine, sero	MenHibrix	10.10	10.53	4.26%	24.71	57.39%	0	\$	13.13	\$ 13.69	4.26%	-	-	-	-	-	-		
90647	Hemophilus influenza b vaccine (Hib), P-	PedvaxHIB	12.34	12.48	1.13%	23.65	47.23%	10553	\$	16.04	\$ 16.22	1.15%	130,224	131,701	249,578	169,270	171,212	249,578		
90648	Hemophilus influenza b vaccine (Hib), P-	Act HIB	9.45	9.55	1.06%	28.82	66.86%	115193	\$	12.29	\$ 12.42	1.02%	1,088,574	1,100,093	3,319,862	1,415,722	1,430,121	3,319,862		
90649	Human Papilloma Virus (HPV) vaccine, 1-	Gardasil	121.03	n/a	-	-	-	0	\$	154.09	-	-	-	-	-	-	-	-		
90650	Human Papilloma virus (HPV) vaccine, t-	Cervarix	107.97	n/a	-	-	-	0	\$	140.36	-	-	-	-	-	-	-	-		
90651	Human Papilloma Virus (HPV) 9 (nine) v-	Gardasil 9	134.26	141.60	5.47%	177.70	20.32%	125645	\$	174.54	\$ 184.08	5.47%	16,869,098	17,791,332	22,327,117	21,930,078	23,128,732	22,327,117		
90670	Pneumococcal conjugate vaccine, 13 va	Prevnar 13	116.91	120.39	2.98%	159.58	24.56%	135997	\$	151.98	\$ 156.51	2.98%	15,899,409	16,372,679	21,702,401	20,668,824	21,284,482	21,702,401		
90680	Rotavirus vaccine, pentavalent, 3 dose t-	RotaTaq	63.96	66.49	3.96%	78.18	14.95%	80400	\$	83.15	\$ 86.44	3.95%	5,142,384	5,345,796	6,285,672	6,685,260	6,949,535	6,285,672		
90681	Rotavirus vaccine, human, attenuated,	Rotarix	85.04	86.75	2.01%	109.73	20.94%	7467	\$	110.55	\$ 112.78	2.01%	634,994	647,762	819,354	825,477	842,091	819,354		
90696	Diphtheria, tetanus toxoids, acellular pr	Kinrix	38.50	39.57	2.78%	48.60	18.58%	25919	\$	50.05	\$ 51.44	2.78%	997,882	1,025,615	1,259,663	1,297,246	1,333,299	1,259,663		
90696	Diphtheria, tetanus toxoids, acellular pr	Quadracel	38.50	n/a	-	-	-	0	\$	50.05	-	-	-	-	-	-	-	-		
90698	Diphtheria, tetanus toxoids, acellular pr	Pentacel	54.38	56.91	4.65%	87.48	34.95%	61283	\$	70.69	\$ 73.98	4.66%	3,332,570	3,487,616	5,361,037	4,332,095	4,533,900	5,361,037		
90700	Diphtheria, tetanus toxoids, and acellul	Daptacel	16.04	16.73	4.30%	28.41	41.11%	70903	\$	20.85	\$ 21.75	4.31%	1,137,284	1,186,207	2,014,354	1,478,328	1,542,069	2,014,354		
90700	Diphtheria, tetanus toxoids, and acellul	Infanrix	16.15	16.85	4.33%	22.40	24.78%	1200	\$	20.85	\$ 21.91	5.06%	19,380	20,220	26,880	25,020	26,286	26,880		
90707	Measles, mumps and rubella virus vacc	MMRII	19.90	20.11	1.06%	62.79	67.97%	37406	\$	25.87	\$ 26.14	1.06%	744,379	752,235	2,348,723	967,693	977,905	2,348,723		
90710	Measles, mumps, rubella, and varicella	ProQuad	109.01	114.25	4.81%	180.05	36.55%	50702	\$	141.71	\$ 148.53	4.81%	5,527,025	5,792,704	9,128,895	7,184,980	7,530,515	9,128,895		
90713	Poliovirus vaccine, inactivated, (IPV), fo	IPOL	12.58	12.72	1.11%	30.17	57.84%	42921	\$	16.35	\$ 16.54	1.14%	539,946	545,955	1,294,927	701,758	709,742	1,294,927		
90714	Tetanus and diphtheria toxoids (Td) ad	Tenivac	18.82	19.69	4.62%	29.73	33.77%	1005	\$	24.47	\$ 25.60	4.61%	18,914	19,788	29,879	24,592	25,725	29,879		
90715	Tetanus, diphtheria toxoids and acellul	ADACEL	31.37	31.37	0.00%	43.42	27.75%	9245	\$	40.63	\$ 40.78	0.37%	290,016	290,016	401,418	375,624	377,020	401,418		
90715	Tetanus, diphtheria toxoids and acellul	BOOSTRIX	31.25	31.98	2.34%	38.61	17.17%	43112	\$	40.63	\$ 41.57	2.32%	1,347,250	1,378,722	1,664,554	1,751,641	1,792,338	1,664,554		
90716	Varicella virus vaccine, live, for subcuta	Varivax	83.77	88.34	5.46%	107.67	17.95%	44421	\$	108.90	\$ 114.84	5.46%	3,721,147	3,924,151	4,782,809	4,837,447	5,101,396	4,782,809		
90723	Diphtheria, tetanus toxoids, acellular pr	Pediarix	53.86	54.90	1.93%	72.73	24.52%	69345	\$	70.02	\$ 71.37	1.93%	3,734,922	3,807,041	5,043,462	4,855,537	4,949,153	5,043,462		
90732	Pneumococcal polysaccharide vaccine,	Pneumovax 23	43.98	46.40	5.50%	78.90	41.19%	1005	\$	57.17	\$ 60.32	5.51%	44,200	46,632	79,295	57,456	60,622	79,295		
90734	Meningococcal conjugate vaccine, sero	Menveo	84.56	85.22	0.78%	119.75	28.84%	20325	\$	109.93	\$ 110.79	0.78%	1,718,682	1,732,097	2,433,919	2,234,327	2,251,725	2,433,919		
90734	Meningococcal conjugate vaccine, sero	Menactra	86.19	89.16	3.45%	112.93	21.05%	49575	\$	109.93	\$ 115.91	5.44%	4,272,869	4,420,107	5,598,505	5,449,780	5,746,139	5,598,505		
90743	Hepatitis B vaccine, adolescent dosage	Recombivax HB	11.75	12.30	4.68%	23.95	48.64%	4191	\$	14.40	\$ 15.99	11.04%	49,244	51,549	100,374	60,350	67,014	100,374		
90744	Hepatitis B vaccine, pediatric/adolescer	ENGRIX B	11.08	11.60	4.69%	22.40	48.21%	52260	\$	14.40	\$ 15.08	4.72%	579,041	606,216	1,170,624	752,544	788,081	1,170,624		
90744	Hepatitis B vaccine, pediatric/adolescer	Recombivax HB	11.75	12.30	4.68%	23.95	48.64%	0	\$	14.40	\$ 15.99	11.04%	-	-	-	-	-	-		
					3.15%	Average	35.22%	1,181,370			Average	3.70%	72,175,437	74,892,237	103,797,078	93,712,424	97,360,459	103,797,078		
						Total CDC to Market Savings		Doses Forecast			Grid Increase		WEIGHTED AVERAGE WVA COST INCREASE	3.76%	38.60%	WEIGHTED AVERAGE INCREASE TO PAYER	3.89%	6.61%		
																WEIGHTED PROGRAM SAVINGS		WEIGHTED SAVINGS AFTER ADJUSTMENT		
INFLUENZA																				
90672	Influenza virus vaccine, quadrivalent, live, for	Flumist	18.88	18.88	0.00%			31000	\$	24.54	\$ 24.54	0.02%	585,280	585,280		760,740	760,864			
90685	Influenza virus vaccine, quadrivalent, split vir.	Fluzone Pediatric	17.94	19.14	6.69%			31000	\$	23.32	\$ 24.88	6.70%	556,140	593,340		722,920	771,342			
90686	Influenza virus vaccine, quadrivalent, split vir.	Afluria Preservati	14.05	7.99	-43.13%			31000	\$	18.27	\$ 19.40	6.19%	435,550	247,690		566,370	601,400			
90686	Influenza virus vaccine, quadrivalent, split vir.	Fluarix Preservati	14.05	14.43	2.70%			31000	\$	18.27	\$ 19.40	6.19%	435,550	447,330		566,370	601,400			
90686	Influenza virus vaccine, quadrivalent, split vir.	Fluvirin Preservati	14.05	7.24	-48.47%			31000	\$	18.27	\$ 19.40	6.19%	435,550	224,440		566,370	601,400			
90686	Influenza virus vaccine, quadrivalent, split vir.	Fluzone Preservat	14.05	14.92	6.19%			31000	\$	18.27	\$ 19.40	6.16%	435,550	462,520		566,370	601,276			
90688	Influenza virus vaccine, quadrivalent, split vir.	FluLaval	13.15	13.55	3.04%			31000	\$	17.10	\$ 17.62	3.01%	407,650	420,050		530,100	546,065			
90688	Influenza virus vaccine, quadrivalent, split vir.	Fluzone	13.15	14.92	13.46%			31000	\$	17.10	\$ 19.40	13.43%	407,650	462,520		530,100	601,276			
90687	Influenza virus vaccine, quadrivalent, split vir.	Fluzone	13.15	19.14	45.55%			31000	\$	17.10	\$ 24.88	45.51%	407,650	593,340		530,100	771,342			
TOTAL												4,106,570	4,036,510		5,339,440	5,856,365	9.68%			
													-1.71%							



WVA Cash Flow Projection Model
As of April 5, 2016

Option with no change in WVA Assessment Grid

Month	Projected Net Cash Receipts	Projected DOH Reimb	Flu / CDC Advance	Admin Exp / Other	Borrowing cost	LOC Draws & Repayment	Net Cash Change	Cash Balance (a)	Line of Credit Balance (b)	Net Liquidity (a - b)	
Dec-13	3,112,548	(3,936,128)	-	(70,295)	(24,479)		(918,354)	3,717,648	10,000,000	(6,282,352)	
Jan-14	4,331,740	(3,686,910)	-	(40,987)	(25,295)		578,549	4,296,196	10,000,000	(5,703,804)	
Feb-14	3,499,703	(4,250,279)	-	(34,162)	(25,225)		(809,964)	3,486,232	10,000,000	(6,513,768)	
Mar-14	4,555,105	(4,360,550)	-	(33,252)	(22,847)	1,000,000	1,138,456	4,624,688	11,000,000	(6,375,312)	
Apr-14	4,293,975	(4,542,162)	-	(35,897)	(24,684)		(308,768)	4,315,920	11,000,000	(6,684,080)	
May-14	4,879,921	(4,503,422)	-	(35,729)	(27,847)		312,922	4,628,842	11,000,000	(6,371,158)	
Jun-14	4,371,923	(4,117,206)	-	(67,678)	(27,825)		159,214	4,788,057	11,000,000	(6,211,943)	
Jul-14	5,228,653	(4,747,851)	-	(29,356)	(26,927)		424,519	5,212,576	11,000,000	(5,787,424)	
Aug-14	5,127,133	(5,956,855)	-	(84,802)	(23,513)	500,000	(438,037)	4,774,539	11,500,000	(6,725,461)	
Sep-14	5,833,482	(4,742,513)	(3,899,421)	(48,122)	(28,845)	500,000	(2,385,419)	2,389,120	12,000,000	(9,610,880)	< Balance out of covenant compliance (4MM)
Oct-14	6,191,518	(4,153,755)	-	(50,444)	(28,722)		1,958,597	4,347,717	12,000,000	(7,652,283)	
Nov-14	5,243,376	(4,188,476)	-	(37,687)	(30,354)		986,859	5,334,576	12,000,000	(6,665,424)	
Dec-14	5,488,950	(4,048,048)	-	(43,651)	(29,375)		1,367,877	6,702,453	12,000,000	(5,297,547)	
Jan-15	4,173,000	(4,292,784)	-	(96,667)	(30,354)		(246,805)	6,455,648	12,000,000	(5,544,352)	
Feb-15	4,578,140	(5,325,081)	-	(13,971)	(30,354)		(791,266)	5,664,382	12,000,000	(6,335,618)	
Mar-15	5,032,669	(5,747,408)	-	(51,639)	(27,417)		(793,794)	4,870,588	12,000,000	(7,129,412)	
Apr-15	4,637,417	(6,103,114)	-	(48,202)	(30,354)	500,000	(1,044,254)	3,826,333	12,500,000	(8,673,667)	
May-15	3,971,937	(5,779,186)	-	(49,996)	(30,395)	1,500,000	(387,640)	3,438,693	14,000,000	(10,561,307)	
Jun-15	4,098,342	(6,339,559)	-	(40,345)	(34,801)	1,000,000	(1,316,363)	2,122,331	15,000,000	(12,877,669)	
Jul-15	5,635,225	(5,111,387)	-	(51,258)	(36,066)		436,514	2,558,845	15,000,000	(12,441,155)	< Adjust Rates as of 7/1 (approx 19% increase to 130% of CDC)
Aug-15	6,058,919	(7,143,365)	-	(130,746)	(38,095)		(1,253,286)	1,305,559	15,000,000	(13,694,441)	
Sep-15	8,212,713	(3,000,000)	(3,806,347)	(75,766)	(38,833)		1,291,767	2,597,326	15,000,000	(12,402,674)	< Deferred \$2,708,769.82 to Oct due to low cash
Oct-15	7,312,265	(8,009,249)	-	(77,209)	(37,500)		(811,693)	1,785,633	15,000,000	(13,214,367)	\$8.3M includes \$2.7M carryover from Sept
Nov-15	7,027,691	(4,244,926)	-	(74,693)	(38,750)		2,669,322	4,454,955	15,000,000	(10,545,045)	
Dec-15	7,426,578	(4,198,198)	-	(77,905)	(37,500)	(1,000,000)	2,112,975	6,567,930	14,000,000	(7,432,070)	
Jan-16	4,834,017	(5,432,469)	-	(115,986)	(38,454)		(752,891)	5,815,039	14,000,000	(8,184,961)	
Feb-16	5,893,278	(4,813,588)	-	(81,431)	(38,368)	(2,000,000)	(1,040,109)	4,774,930	12,000,000	(7,225,070)	
Mar-16	6,856,296	(4,498,451)	-	(60,518)	(32,500)		2,264,827	7,039,757	12,000,000	(4,960,243)	
Apr-16	5,997,956	(5,905,902)	-	(60,518)	(32,500)	(1,000,000)	(1,000,964)	6,038,794	11,000,000	(4,961,206)	< Weighted average CDC cost increase (in April) was 3.89%
May-16	7,256,254	(5,425,446)	-	(60,518)	(29,792)	(1,000,000)	740,499	6,779,292	10,000,000	(3,220,708)	
Jun-16	6,972,396	(6,870,745)	-	(60,518)	(27,083)	(1,000,000)	(985,951)	5,793,342	9,000,000	(3,206,658)	
Jul-16	8,333,067	(7,371,449)	-	(60,518)	(24,375)	(1,000,000)	(123,275)	5,670,067	8,000,000	(2,329,933)	
Aug-16	9,043,424	(7,967,394)	(4,144,561)	(60,518)	(21,667)	(1,000,000)	(4,150,715)	1,519,351	7,000,000	(5,480,649)	
Sep-16	9,502,377	(6,324,106)	-	(60,518)	(18,958)		3,098,795	4,618,146	7,000,000	(2,381,854)	
Oct-16	7,911,997	(5,336,432)	-	(60,518)	(18,958)	(2,000,000)	496,089	5,114,235	5,000,000	114,235	
Nov-16	6,723,955	(4,767,966)	-	(60,518)	(13,542)	(4,000,000)	(2,118,070)	2,996,165	1,000,000	1,996,165	
Dec-16	6,066,078	(4,703,222)	-	(60,518)	(2,708)	(1,000,000)	299,629	3,295,794	-	3,295,794	< LOC Paid off by 12/31/2016
Jan-17	6,101,627	(6,092,244)	-	(60,518)	-		(51,135)	3,244,659	-	3,244,659	
Feb-17	7,320,942	(5,424,179)	-	(60,518)	-		1,836,246	5,080,904	-	5,080,904	
Mar-17	6,835,067	(5,243,687)	-	(60,518)	-		1,530,862	6,611,766	-	6,611,766	
Apr-17	6,627,828	(6,494,277)	-	(60,518)	-		73,033	6,684,799	-	6,684,799	< Includes estimated 4% CDC cost increase
May-17	7,705,418	(5,989,752)	-	(60,518)	-		1,655,149	8,339,947	-	8,339,947	
Jun-17	7,516,974	(7,145,575)	-	(60,518)	-		310,881	8,650,828	-	8,650,828	
Jul-17	8,587,985	(7,666,307)	-	(60,518)	-		861,159	9,511,987	-	9,511,987	
Aug-17	9,274,966	(8,286,089)	(4,200,000)	(60,518)	-		(3,271,641)	6,240,346	-	6,240,346	
Sep-17	9,716,211	(6,577,070)	-	(60,518)	-		3,078,623	9,318,969	-	9,318,969	
Oct-17	8,088,262	(5,549,889)	-	(60,518)	-		2,477,855	11,796,824	-	11,796,824	
Nov-17	6,872,156	(4,958,684)	-	(60,518)	-		1,852,954	13,649,778	-	13,649,778	
Dec-17	6,198,739	(4,891,351)	-	(60,518)	-		1,246,870	14,896,648	-	14,896,648	
Jan-18	6,235,128	(6,335,934)	-	(60,517)	-		(161,323)	14,735,325	-	14,735,325	
Feb-18	7,483,246	(5,641,146)	-	(60,518)	-		1,781,584	16,516,909	-	16,516,909	
Mar-18	6,985,893	(5,453,434)	-	(60,515)	-		1,471,944	17,988,853	-	17,988,853	
Apr-18	6,717,133	(6,754,048)	-	(60,514)	-		(97,429)	17,891,424	-	17,891,424	< Includes estimated 4% CDC cost increase
May-18	7,810,931	(6,229,342)	-	(60,513)	-		1,521,076	19,412,500	-	19,412,500	
Jun-18	7,619,652	(7,431,398)	-	(60,512)	-		127,742	19,540,242	-	19,540,242	
Jul-18	8,706,771	(7,972,960)	-	(60,512)	-		673,299	20,213,542	-	20,213,542	< Reach Target Reserve \$20MM

Total Interest (1,113,560)

Amounts in **BOLD** are actuals.



WVA Cash Flow Projection Model
As of April 5, 2016

Option with change in WVA Assessment Grid to 130% of current CDC rates

Month	Projected Net Cash Receipts	Projected DOH Reimb	Flu / CDC Advance	Admin Exp / Other	Borrowing cost	LOC Draws & Repayment	Net Cash Change	Cash Balance (a)	Line of Credit Balance (b)	Net Liquidity (a - b)
Dec-13	3,112,548	(3,936,128)	-	(70,295)	(24,479)		(918,354)	3,717,630	10,000,000	(6,282,370)
Jan-14	4,331,740	(3,686,910)	-	(40,987)	(25,295)		578,549	4,296,178	10,000,000	(5,703,822)
Feb-14	3,499,703	(4,250,279)	-	(34,162)	(25,225)		(809,964)	3,486,214	10,000,000	(6,513,786)
Mar-14	4,555,105	(4,360,550)	-	(33,252)	(22,847)	1,000,000	1,138,456	4,624,670	11,000,000	(6,375,330)
Apr-14	4,293,975	(4,542,162)	-	(35,897)	(24,684)		(308,768)	4,315,902	11,000,000	(6,684,098)
May-14	4,879,921	(4,503,422)	-	(35,729)	(27,847)		312,922	4,628,824	11,000,000	(6,371,176)
Jun-14	4,371,923	(4,117,206)	-	(67,678)	(27,825)		159,214	4,788,039	11,000,000	(6,211,961)
Jul-14	5,228,653	(4,747,851)	-	(29,356)	(26,927)		424,519	5,212,558	11,000,000	(5,787,442)
Aug-14	5,127,133	(5,956,855)	-	(84,802)	(23,513)	500,000	(438,037)	4,774,521	11,500,000	(6,725,479)
Sep-14	5,833,482	(4,742,513)	(3,899,421)	(48,122)	(28,845)	500,000	(2,385,419)	2,389,102	12,000,000	(9,610,898)
Oct-14	6,191,518	(4,153,755)	-	(50,444)	(28,722)		1,958,597	4,347,699	12,000,000	(7,652,301)
Nov-14	5,243,376	(4,188,476)	-	(37,687)	(30,354)		986,859	5,334,558	12,000,000	(6,665,442)
Dec-14	5,488,950	(4,048,048)	-	(43,651)	(29,375)		1,367,877	6,702,435	12,000,000	(5,297,565)
Jan-15	4,173,000	(4,292,784)	-	(96,667)	(30,354)		(246,805)	6,455,630	12,000,000	(5,544,370)
Feb-15	4,578,140	(5,325,081)	-	(13,971)	(30,354)		(791,266)	5,664,364	12,000,000	(6,335,636)
Mar-15	5,032,669	(5,747,408)	-	(51,639)	(27,417)		(793,794)	4,870,570	12,000,000	(7,129,430)
Apr-15	4,637,417	(6,103,114)	-	(48,202)	(30,354)	500,000	(1,044,254)	3,826,315	12,500,000	(8,673,685)
May-15	3,971,937	(5,779,186)	-	(49,996)	(30,395)	1,500,000	(387,640)	3,438,675	14,000,000	(10,561,325)
Jun-15	4,098,342	(6,339,559)	-	(40,345)	(34,801)	1,000,000	(1,316,363)	2,122,313	15,000,000	(12,877,687)
Jul-15	5,635,225	(5,111,387)	-	(51,258)	(36,066)		436,514	2,558,827	15,000,000	(12,441,173)
Aug-15	6,058,919	(7,143,365)	-	(130,746)	(38,095)		(1,253,286)	1,305,541	15,000,000	(13,694,459)
Sep-15	8,212,713	(3,000,000)	(3,806,347)	(75,766)	(38,833)		1,291,767	2,597,308	15,000,000	(12,402,692)
Oct-15	7,312,265	(8,009,249)	-	(77,209)	(37,500)		(811,693)	1,785,615	15,000,000	(13,214,385)
Nov-15	7,027,691	(4,244,926)	-	(74,693)	(38,750)		2,669,322	4,454,937	15,000,000	(10,545,063)
Dec-15	7,426,578	(4,198,198)	-	(77,905)	(37,500)	(1,000,000)	2,112,975	6,567,912	14,000,000	(7,432,088)
Jan-16	4,834,017	(5,432,469)	-	(115,986)	(38,454)		(752,891)	5,815,021	14,000,000	(8,184,979)
Feb-16	5,893,278	(4,813,588)	-	(81,431)	(38,368)	(2,000,000)	(1,040,109)	4,774,912	12,000,000	(7,225,088)
Mar-16	6,856,296	(4,498,451)	-	(60,518)	(32,500)		2,264,827	7,039,739	12,000,000	(4,960,261)
Apr-16	5,997,956	(5,905,902)	-	(60,518)	(32,500)	(1,000,000)	(1,000,964)	6,038,776	11,000,000	(4,961,224)
May-16	7,256,254	(5,425,446)	-	(60,518)	(29,792)	(1,000,000)	740,499	6,779,274	10,000,000	(3,220,726)
Jun-16	7,137,098	(6,870,745)	-	(60,518)	(27,083)	(1,000,000)	(821,249)	5,958,026	9,000,000	(3,041,974)
Jul-16	8,529,911	(7,371,449)	-	(60,518)	(24,375)	(1,000,000)	73,569	6,031,595	8,000,000	(1,968,405)
Aug-16	9,257,048	(7,967,394)	(4,144,561)	(60,518)	(21,667)	(1,000,000)	(3,937,091)	2,094,504	7,000,000	(4,905,496)
Sep-16	9,726,843	(6,324,106)	-	(60,518)	(18,958)	(1,000,000)	2,323,261	4,417,764	6,000,000	(1,582,236)
Oct-16	8,098,894	(5,336,432)	-	(60,518)	(16,250)	(2,000,000)	685,695	5,103,459	4,000,000	1,103,459
Nov-16	6,882,788	(4,767,966)	-	(60,518)	(10,833)	(4,000,000)	(1,956,529)	3,146,931	-	3,146,931
Dec-16	6,209,371	(4,703,222)	-	(60,518)	-		1,445,631	4,592,561	-	4,592,561
Jan-17	6,245,760	(6,092,244)	-	(60,518)	-		92,998	4,685,559	-	4,685,559
Feb-17	7,493,878	(5,424,179)	-	(60,518)	-		2,009,181	6,694,740	-	6,694,740
Mar-17	6,996,525	(5,243,687)	-	(60,518)	-		1,692,320	8,387,061	-	8,387,061
Apr-17	6,733,873	(6,494,277)	-	(60,518)	-		179,078	8,566,138	-	8,566,138
May-17	7,828,705	(5,989,752)	-	(60,518)	-		1,778,435	10,344,574	-	10,344,574
Jun-17	7,637,246	(7,145,575)	-	(60,518)	-		431,152	10,775,726	-	10,775,726
Jul-17	8,725,392	(7,666,307)	-	(60,518)	-		998,567	11,774,293	-	11,774,293
Aug-17	9,423,366	(8,286,089)	(4,200,000)	(60,518)	-		(3,123,242)	8,651,051	-	8,651,051
Sep-17	9,871,670	(6,577,070)	-	(60,518)	-		3,234,082	11,885,133	-	11,885,133
Oct-17	8,217,675	(5,549,889)	-	(60,518)	-		2,607,268	14,492,401	-	14,492,401
Nov-17	6,982,111	(4,958,684)	-	(60,518)	-		1,962,909	16,455,309	-	16,455,309
Dec-17	6,297,919	(4,891,351)	-	(60,518)	-		1,346,050	17,801,359	-	17,801,359
Jan-18	6,334,890	(6,335,934)	-	(60,517)	-		(61,561)	17,739,798	-	17,739,798
Feb-18	7,602,978	(5,641,146)	-	(60,516)	-		1,901,316	19,641,114	-	19,641,114
Mar-18	7,097,667	(5,453,434)	-	(60,515)	-		1,583,718	21,224,832	-	21,224,832
Apr-18	6,827,250	(6,754,048)	-	(60,514)	-		12,688	21,237,520	-	21,237,520
May-18	7,938,979	(6,229,342)	-	(60,513)	-		1,649,124	22,886,644	-	22,886,644
Jun-18	7,744,565	(7,431,398)	-	(60,512)	-		252,654	23,139,299	-	23,139,299

Note: Assessment Changes are shown in Green
Vaccine cost increase estimates shown in Red.

< Increase grid rates by 49% to 110% CDC rates as of 4/1/2014

< Includes estimated 4% CDC cost increase

< Balance out of covenant compliance (4MM)

< Adjust Rates as of 7/1 (approx 19% increase to 130% of CDC)

< Deferred \$2,708,769.82 to Oct due to low cash

\$8.3M includes \$2.7M carryover from Sept

< Weighted average CDC cost increase (in April) was 3.89%

< Adjust Rates as of 7/1 to 130% of current CDC)

< LOC Paid off by 11/30/2016

< Includes estimated 4% CDC cost increase

< Reach Target Reserve \$20MM

< Includes estimated 4% CDC cost increase

Total Interest (1,105,435)

Amounts in BOLD are actuals.

Washington Vaccine Association Assessment Grid

Updated on 4/30/2015

DRAFT - FOR ALL CLAIMS WITH A DATE OF SERVICE ON OR AFTER JULY 1st, 2016.

Please note that this WVA Assessment Grid, **effective July 1, 2016**, replaces the grid last updated on July 1, 2015. The grid lists vaccines and their corresponding CPT codes that are part of the dosage-based assessment (DBA) process for providers, health insurance carriers, and third party administrators. There are other childhood vaccines (and corresponding CPT codes) that are not included in the DBA process and, therefore, no assessment is needed. The availability of specific vaccine brands will be determined by the manufacturer and all brands of flu vaccine may not be part of the childhood vaccine program. For a complete listing of all vaccines available through the state Childhood Vaccine Program, please visit the DOH web site: www.doh.wa.gov/cfh/Immunize/vaccine/vaccine-supply.htm.

CPT Code	CPT Code Description	Trade Name(s)	WVA Assessment Amount per dose as of 7/1/2015	Suggested WVA Assessment Amount per dose as of 7/1/2016	Percent change	Notes
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, Serogroup B, 2 dose schedule, for intramuscular use	Bexsero	\$159.84	\$159.84	0.0%	No change in CDC price
90621	Meningococcal recombinant lipoprotein vaccine, Serogroup B, 2 or 3 dose schedule, for intramuscular use	Trumenba	\$124.48	\$124.48	0.0%	No change in CDC price
90633	Hepatitis A vaccine, pediatric/adolescent dosage (2-dose schedule), for intramuscular use (Code Price is per dose = 0.5 mL)	Havrix Vaqta	\$22.11	\$23.24	5.1%	Weighted average used in determining rate
90636	Hepatitis A & Hepatitis B vaccine (HepA-HepB) adult dosage, for intramuscular use (Code Price is per 1 mL).	Twinrix	\$69.91	\$71.96	2.9%	Age 18 only, no doses expected
90644	Meningococcal conjugate vaccine, serogroups C & Y and Hemophilus influenza B vaccine (Hb-MenCY), 4 dose schedule, when administered to high risk children 2 - 15 months of age, for intramuscular use	MenHibrix	\$13.13	\$13.69	4.3%	
90647	Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3-dose schedule), for intramuscular use (Code price is per dose = 0.5 mL)	PedvaxHIB	\$16.04	\$16.22	1.1%	
90648	Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4-dose schedule), for intramuscular use (Code price is per dose = 0.5 mL)	Act HIB	\$12.29	\$12.42	1.1%	
90649	Human Papilloma Virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use (Code Price is per dose = 0.5 mL)	Gardasil	\$154.09	n/a	n/a	Removed from CDC list, no doses expected
90650	Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use (Code Price is per dose = 0.5 mL)	Cervarix	\$140.36	n/a	n/a	Removed from CDC list, no doses expected
90651	Human Papilloma Virus (HPV) 9 (nine) valent vaccine, types 6, 11, 16, 18, 31, 33, 45, 52, 58, 3 dose schedule, for intramuscular use (Code Price is per dose = 0.5 mL)	Gardasil 9	\$174.54	\$184.08	5.5%	125,645 doses forecast
90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use (Pevnar 13 was FDA approved on 2/24/10)	Pevnar 13	\$151.98	\$156.51	3.0%	135,997 doses forecast

CPT Code	CPT Code Description	Trade Name(s)	VVA Assessment Amount per dose as of 7/1/2015	Suggested VVA Assessment Amount per dose as of 7/1/2016	Percent change	Notes
90680	Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use (Code Price is per dose = 2 mL)	RotaTeq	\$83.15	\$86.44	4.0%	
90681	Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use (Code Price is per 1 mL = 1 dose)	Rotarix	\$110.55	\$112.78	2.0%	
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV), when administered to children 4 years through 6 years of age, for intramuscular use (Code Price is per one dose = 0.5 mL)	Kinrix	\$50.05	\$51.44	2.8%	Quadracel was removed from CDC list, no doses forecast
		Quadracel				
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP - Hib - IPV), for intramuscular use (Code Price is per one dose = 0.5 mL)	Pentacel	\$70.69	\$73.98	4.7%	
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than seven years, for intramuscular use (Code price is per 0.5 mL dose)	Daptacel	\$20.85	\$21.75	4.3%	Weighted average used in determining rate
		Infanrix				
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use (Code Price is per 0.5 mL)	MMRII	\$25.87	\$26.14	1.0%	
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use (Code Price is per one dose = 0.5 mL)	ProQuad	\$141.71	\$148.53	4.8%	
90713	Poliovirus vaccine, inactivated, (IPV), for subcutaneous or intramuscular use (Code Price is per 0.5 mL dose)	IPOL	\$16.35	\$16.54	1.2%	
90714	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use (Code Price is per 0.5 mL)	Tenivac	\$24.47	\$25.60	4.6%	
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use (Code Price is per dose = 0.5 mL)	BOOSTRIX	\$40.63	\$41.43	2.0%	Weighted average used in determining rate
		ADACEL				
90716	Varicella virus vaccine, live, for subcutaneous use (Code Price is per 0.5 mL)	Varivax	\$108.90	\$114.84	5.5%	
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B and poliovirus vaccine, inactivated (DtaP-HepB-IPV), for intramuscular use (Code price is per 0.5 mL)	Pediarix	\$70.02	\$71.37	1.9%	
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use (Code price is per 0.5 mL dose)	Pneumovax 23	\$57.17	\$60.32	5.5%	
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use (Code Price is per dose = 0.5 mL)	Menactra	\$109.93	\$114.41	4.1%	Weighted average used in determining rate
		Menveo				
90743	Hepatitis B vaccine, adolescent dosage (2-dose schedule), for intramuscular use (Code price is per dose) (Recombivax HB 10mcg = one dose)	Recombivax HB	\$14.40	\$15.99	11.0%	Only 4,191 doses forecast

CPT Code	CPT Code Description	Trade Name(s)	WVA Assessment Amount per dose as of 7/1/2015	Suggested WVA Assessment Amount per dose as of 7/1/2016	Percent change	Notes
90744	Hepatitis B vaccine, pediatric/adolescent dosage (3-dose schedule), for intramuscular use (Code price is per dose)	ENGRIX B Recombivax HB	\$14.40	\$15.08	4.7%	No RecombivaxHB forecast for this CPT code
Pediatric Influenza Vaccine Assessments						
90672	Influenza virus vaccine, quadrivalent, live, for intranasal use (Code price is per dose = 0.2 mL)	Flumist	\$24.54	\$24.52	-0.1%	
90685	Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to children 6 - 35 months of age, for intramuscular use (Code Price is per 0.25 mL dose)	Fluzone Pediatric Preservative Free (PF)	\$23.32	\$24.88	6.7%	
90686	Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use (Code Price is per 0.5 mL dose)	Preservative Free (PF) Preservative Free (PF) Preservative Free (PF) Preservative Free (PF)	\$18.27	\$19.40	6.2%	Weighted average used in determining rate
90687	Influenza virus vaccine, quadrivalent, split virus, when administered to children 6 - 35 months of age, for intramuscular use	Fluzone	\$17.10	\$24.88	45.5%	
90688	Influenza virus vaccine, quadrivalent, split virus, when administered to children 3 years of age and older, for intramuscular use	Fluzone FluLaval	\$17.10	\$18.50	8.2%	Weighted average used in determining rate



The Association of Washington Healthcare Plans

April 12, 2016

Mr. Jeremy Martinez
Coordinated Care
1145 Broadway, Suite 300
Tacoma, WA 98402

Dear Jeremy,

On behalf of the members of the Association of Washington Healthcare Plans, I am pleased to appoint you to the Washington Vaccine Association Board of Directors. Your position represents health carriers under RCW70.290.030 (3)(c).

The Washington State Legislature created the board in 2010 as a nonprofit to collect and remit adequate funds from health carriers and third-party administrators for the cost of vaccines provided to certain children in Washington. The board's role is to conduct activities related to funding vaccines including:

- Preparing and adopting a plan of operation
- Developing a funding mechanism through which the number and cost of doses of vaccine purchased and administered to covered children are attributed to the respective health carriers and third-party administrators covering such children.
- Establishing a committee to develop recommendations to the board regarding the selection of vaccines the Department of Health will purchase.

If you have questions regarding about this board or your re-appointment, please contact Julia Walter, Deputy Executive Director, Washington Vaccine Association, at 855-556-4104.

Thank you for your willingness to serve on the Washington Vaccine Association Board. I look forward to our continued work together.

Sincerely,

Cc: Julia Walter, Washington Vaccine Association
Ashley Kittrell, Washington Vaccine Association
Jay Fathi, M.D., Coordinated Care
Molli Robertson, Association of WA Healthcare Plans

Sydney Smith Zvara, Executive Director
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AWHP is an alliance of licensed Health Maintenance Organizations (HMO), Health Care Service Contractors (HCSC), & Disability Insurers. Its diverse membership is comprised of local, regional, & national healthcare plans of varying size, serving the needs of consumers, employers, & public purchasers. Together, they provide health care coverage to over 5 million residents of Washington State. AWHP members include Aetna, Amerigroup, Cambia Health Solutions, CIGNA, Community Health Plan of WA, Coordinated Care, Group Health Cooperative, Kaiser Permanente, Molina Healthcare, Health Net, Premera Blue Cross, Providence Health Plan, & UnitedHealthcare.

