

**Washington Vaccine Association - Board of Directors Meeting
June 30, 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, Esq., Chairman, Premera
Beth Harvey, MD., South Sound Pediatrics
Pat Kulpa, MD., Regence (T)
David Efroymson, Group Health
John Sobeck, MD., Cigna
Michele Roberts, DOH
Jason Farber, Esq., Davis, Wright & Tremaine (T)
Dennis Kirkpatrick, WPAS
Cathy Falanga, Aetna

Absent

Jeremy Martinez, Coordinated Care
Ed Marcuse, MD

DOH

Jan Hicks-Thomson

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 Executive Director
Ashley Kittrell, Executive Assistant
Claire Roberge, Controller (T)
Norman Roberge, Accountant (T)
Peter Smith, Financial Analyst (T)
Nicole Price, Esq., NHVA Deputy Executive Director

II. Summary of Actions Taken and/or Recommended

A. Actions Taken (votes adopted)

1. To approve the minutes of the April 14, 2016 Board meeting.
2. To approve the minutes of the April 14, 2016 Vaccine Committee meeting.
3. To affirm Cathy Falanga as the Board member representing Aetna, whose term renews in 2017, pursuant to RCW 70.290.030(3)(c).
4. To adopt the changes to the Record Retention Policy.
5. To approve the 2016/17 WVA Budget.
6. To approve Julia Walter as the Washington Vaccine Association (WVA) Executive Director.
7. To approve the 2016/17 KidsVax® (KV) supplemental goals with the changes suggested at the meeting.
8. To set the 2015/16 Board-designated performance award to KV.

B. Follow up Tasks/Action Items

1. Review all WVA governance documents.
2. Review corporate compliance with Anne Redman.
3. Send the May financial update to the Board for review and suggested changes.
4. Review Section 1557 of the ACA regarding corporate compliance.
5. Begin planning the 2016 fall Board retreat.
6. KV will discuss the value of sending letters from pediatricians to the Defense Health Agency (DHA) or congressional delegation with Crowell & Moring (C&M).

III. Minutes

1 Welcome and Introductions

2
3 At 10:00 a.m., a quorum having been established, Chairman John Pierce called the meeting to order.
4 Introductions were made and Julia Walter announced that the meeting was being recorded for the
5 benefit of the secretary but that the recording will be deleted when the minutes are approved.
6

7 Consent Calendar Items

8
9 Chairman Pierce asked for comments or changes on the following consent calendar items.

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

12
13 **VOTED:** To approve the minutes of the April 14, 2016 Board meeting.
14

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

16
17 **VOTED:** To approve the minutes of the April 14, 2016 Vaccine Committee meeting.
18

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

20
21 **VOTED:** To affirm Cathy Falanga as the Board member representing Aetna whose
22 term renews in 2017, pursuant to RCW 70.290.030(3)(c).
23

24 Financial Update

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26 Peter Smith reviewed the financial statements as of May 31st, highlighting three recent positive changes.
27 First, as of June 30th, the WVA is now within covenant compliance with \$5 million dollars in the bank.
28 An additional \$1 million dollars has been paid on the line of credit (LOC), putting the WVA one month
29 ahead of the current pay-down schedule. Last, collections continue to be received as forecasted and the
30 WVA is on schedule to have the targeted \$20 million dollars in reserve by March, 2018. After asking
31 for questions and discussion, Ms. Walter continued with the 2016 assessment grid updates.
32

33 **Assessment Grid**

34 Ms. Walter informed the Board that the 2016 assessment grid is scheduled to take effect on July 1st
35 pursuant to the Board's decision at the April meeting to adjust the assessment grid to reflect a weighted
36 average of 130% of the CDC contract prices and not to exceed the CDC market survey price on any
37 vaccine. WVA has updated the grid on the website and sent email notifications on the effective date
38 and where to download the grid. The Department of Health (DOH) also sent a blast fax to all provider
39 offices informing them of the change and directing questions to the WVA. Fred Potter noted that the
40 WVA will closely monitor all provider settlement reports and follow up as necessary.
41

42 **Monthly Financial Update**

43 Ms. Walter then reviewed the monthly financial update and asked for any comments or suggested
44 changes that the Board would like to make the report more helpful and informative. Dennis Kirkpatrick
45 suggested sending the May update to Board members for review after the meeting and send any
46 suggestions via email. Ms. Walter also noted that she recently spoke with KeyBank representatives to
47 give an update of the WVA's current financial situation. KeyBank expressed its confidence that all
48 requirements will be met.
49

50 KidsVax Updates

51
52 **Status Report**

53 Ms. Walter directed members to the ED Report in the packet and reviewed several items. She thanked
54 Aetna representative, Cathy Falanga, for her willingness to serve on the Board and recognized Norm

Seabrooks for his years of service on the Board. She briefly reviewed the financial progress and audit preparation. As requested by the Audit Committee, the WVA is working with CliftonLarsonAllen auditor, Allen Gilbert, to rename and adjust the amount listed in the "Accounts Receivable" section. The amount is an estimate of what the WVA expects to collect based on vaccine purchase and has been renamed as "Assessments Receivable." The amount will be reduced from approximately \$20 million dollars to \$5 million dollars based on an agreed upon write-down methodology.

WVA Communications Update

Following the Board's approval in April, Desautel-Hege (DH) began writing a billing reference guide for provider offices. The most recent draft was available for the Board's review and comments. Members discussed whether the emphasis should be placed on electronic or paper claim forms process. Ms. Walter explained that the most errors seen are on the HCFA 1500 forms and the brochure carefully explains how to complete both the administration and vaccine form as well as the importance of refiling denied claims on behalf of the WVA. Both paper and electronic forms and processes will be addressed and the DOH, KV, and DH are meeting on July 1st to discuss further edits and changes. Once the brochure is in near final format, KV will send the brochure to Board members asking for final suggestions. The WVA's goal is to distribute the brochure to every provider in Washington. Mr. Kirkpatrick asked if the WVA had considered engaging another communications firm for future work. Ms. Walter replied that DH has offered the most economic cost savings but that it may be wise to simply write and create materials in-house because of the multiple complexities of the dosage based system.

Record Retention Policy

Outside general counsel, Ms. Redman, explained that the Record Retention Policy was revised to ensure that the language does not include claims and that the process of how protected health information (PHI) is received and handled is clearly outlined.

Upon motion duly made and seconded it was unanimously,

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

Ms. Walter then suggested that all other WVA governance documents be reviewed to make any changes. Chairman Pierce also suggested that the WVA conduct an annual compliance audit to examine pertinent issues. He noted that section 1557 of the Affordable Care Act might potentially affect the WVA and should be reviewed. Ms. Redman and Ms. Walter also agreed to meet and review WVA corporate compliance.

Audit Committee Report

Audit Committee Chairman, Dr. John Sobeck, gave a brief update on the recent Audit Committee meeting and the proposed 2016/17 WVA budget. Mr. Potter then explained the operational budget and asked Board members for any questions, noting that there were no new items in the budget but that the TRICARE cost had risen over the past year due to the Board-authorized special project. After again asking for questions and comments, Dr. Sobeck recommended that the budget be approved.

Upon motion duly made and seconded it was unanimously,

VOTED: To approve the 2016/17 WVA Budget.

Department of Health Updates

Jan Hicks-Thomson gave several DOH updates. First, she informed the Board that the flu mist is no longer available of which the WVA had allocated approximately \$1.6 million dollars. The DOH is working with the CDC to possibly recoup the cost but have not received a final answer. The DOH does not anticipate a shortage of vaccines, but it will require purchases of multiple flu vaccine and will cost

1 approximately \$1.3 million dollars to replace. To help offset this potential loss, approximately \$64,000
2 dollars will be collected in federal excise tax. Also, at the close of the 2015 state fiscal year, a
3 reconciliation is given of the pre-purchased vaccines based on monthly projections. Approximately
4 \$1.5 million dollars was recovered in 2015 and \$1.5-1.9 million dollars is expected to be received for
5 2016. This would allow the DOH to purchase the replacement flu vaccines without additional cost to
6 the WVA. Chairman Pierce asked if a written memo could be distributed to the carriers and to Board
7 members. Ms. Hicks-Thomson replied that she could provide a written update but would like to wait
8 until the CDC issues its final decision.

9
10 Following the DOH updates, Chairman Pierce asked that members of the public exit the meeting
11 in preparation for Executive Session.
12

What: Board of Directors Meeting
Date & Time: June 30, 2016; 10:00-12:00 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: 103063718#

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:
10:00-10:05 a.m.	1. Welcome, Introductions & Identification of any items for Section 10	J. Pierce
10:05-10:10 a.m.	2. Consent Calendar Items	J. Pierce
	* a. Board Minutes (April 14, 2016)	
	* b. Vaccine Committee Minutes (April 14, 2016)	
	c. Affirmation of Cathy Falanga's Appointment to the Board	
10:10-10:25 a.m.	3. Financial Update	P. Smith
	a. Cash Reserve Analysis	
	* i. Quarterly Financials ending 05/31/2016	
	* b. July 1, 2016 Assessment Grid	
	c. WVA Monthly Financial Report	
10:25-10:45 a.m.	4. KidsVax Updates	J. Walter
	* a. Status Report	
	b. WVA Communications Update	
	* i. Provider Brochure	
	c. Strategic Planning	J. Walter/F. Potter
	* i. ED Transition	
	* d. Record Retention Policy	
	i. Vote to Approve Changes to Record Retention Policy	
10:45-10:55 a.m.	5. Audit Committee Report	J. Sobeck
	* a. WVA 2016/17 Budget	
	i. Vote to Approve 2016/17 WVA Budget	
10:55-11:05 a.m.	6. Department of Health Updates	J. Hicks-Thomson
	a. School Immunization Projections	
	b. Flu Vaccine	
11:05-11:55 a.m.	7. Executive Session (guests excluded; outside counsel included)	
	* a. TRICARE	J. Walter
	i. Crowell & Moring Update	J. Flood
	ii. Litigation Update	K. Kemper
	b. GroupHealth/Kaiser Merger	D. Efroymsen
	c. CDC Issue	M. Roberts
	d. ED Transition	J. Pierce
	i. Vote to Approve Julia Walter as Executive Director	
	e. KV Performance Goals	
	* i. 2015/16 General Performance Goals Review	
	* ii. Vote to Approve 2016/17 Supplemental Goals	
	* f. Board Only	
	i. Finalize KV Evaluation	
	ii. Vote to set 2015/16 Board-designated performance award to KidsVax®	
11:55-12:00 p.m.	8. Closing	J. Pierce
	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	

*Indicates agenda item attached
Red text indicates an action item

**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.

Consent Calendar Items

Chairman Pierce asked for comments on all consent calendar items.

Upon motion duly made and seconded, it was unanimously

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

Upon motion duly made and seconded, it was unanimously

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

Upon motion duly made and seconded, it was unanimously

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).

Financial Update

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

Upon motion duly made and seconded, it was unanimously

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

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

Upon motion duly made and seconded, it was unanimously

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

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

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

KidsVax Updates

ED Report

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

Vaccine Acceptance

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

WVA Communications Update

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

2
3 Executive Session:

4
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.
15

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

17
18 There being no further business, the meeting adjourned at 4:10 p.m.

Washington Vaccine Association - Vaccine Committee Meeting
April 14, 2016; 12:30-1:30 p.m.

I. Attendance. Participating in all or part of the meeting by phone (T) or in-person were the following attendees

Committee Members

Ed Marcuse, Chairman
John Dunn
Lisa Johnson (T)
Jeffrey Duchin (T)
Jeffrey Gombosky
Michele Roberts

KidsVax®

Julia Walter
Fred Potter
Ashley Kittrell

DOH

Jan Hicks-Thomson

Absent

Rachel Wood, MD
Chad Murphy, MD
Norm Seabrooks

Others

Mary Kay O'Neill, MD

II. Summary of Actions Taken and/or Recommended

A. Actions Taken (Votes Recommended)

1. To approve the minutes of the November 18, 2015 Vaccine Committee meeting.

III. Minutes

Welcome and Introductions

At 12:30 p.m., a quorum having been established, Chairman Ed Marcuse called the meeting to order. Introductions were made and Fred Potter announced that the meeting was being recorded for the benefit of the secretary and will be deleted after the minutes are approved.

Consent Calendar Items

Chairman Marcuse asked if there any comments or changes to the minutes.

Upon motion duly made and seconded, it was unanimously

VOTED: To approve the minutes of the November 18, 2015 Vaccine Committee Meeting.

KidsVax Updates

Julia Walter opened the KidsVax® report on updates by soliciting comment regarding Washington Vaccine Association's (WVA) communications. She directed committee members to the communications proposal submitted by Desautel Hege (DH). She described the challenges of communicating with provider offices and how many billing offices are not aware of the importance of filing and refiling denied claims on the

1 WVA's behalf. Ms. Walter outlined the purposes of the billing guide that is intended for distribution to
2 billing offices to raise the saliency of the WVA, provide a step-through guide for billing, and instructions
3 for refiling denied claims. \$25,000 dollars is annually allocated for DH projects and there would be ample
4 funds after the annual report for this project. A draft of the guide will be for the Committee and Board's
5 review at the June meeting.

6 7 Vaccine Acceptance Research 8

9 In recent months, the WVA has been exploring what role the organization may have in vaccine acceptance
10 efforts. VaxNorthwest, the Immunization Action Coalition of Washington, the Washington Academy of
11 Family Physicians, and several other organizations were contacted and asked a series of questions to
12 determine their needs and potential areas in which the WVA can provide support or fill a need in existing
13 work. The majority of the organizations suggested donating money, providing research, or volunteering. At
14 this time, those options are not viable but Ms. Walter suggested revisiting the idea when the WVA is more
15 financially stable. Dr. Marcuse added that there may be an opportunity to add strategic messaging about
16 vaccine acceptance to be included with the proposed billing guide. Informing billing offices of the
17 importance of the WVA's role in vaccine distribution could be a valuable tool and a potential avenue of
18 participation in vaccine acceptance. Michele Roberts suggested using existing networks to use and
19 distribute the same message to create a coherent piece.

20 21 Department of Health Updates 22

23 Jan Hicks-Thomson informed the committee that the Pentacel shortage is expected to be resolved by June
24 or early July. The shortage is attributed to it being a combination vaccine. Pediarix, a similar vaccine, is
25 being used in place of Pentacel, thus offsetting the shortage. There is also an increase in single component
26 Hib vaccines and a decrease in Hepatitis b because the Pediarix vaccine has that component. Thus far,
27 vaccine ordering is stable. Ms. Hicks-Thomson described the process used to determine the amount needed
28 for childhood flu vaccine. A survey is sent to providers to determine brand preference and the wastage from
29 the prior year is being taken into account. The recommended flu strains for 2016-17 were included in the
30 meeting packet for members' reference. Ms. Hicks-Thomson noted that Washington State was one of the
31 first states to introduce the nine-valent HPV vaccine. Lastly, she reported that there has been a consistent
32 uptake of Meningococcal B since its introduction as a special-order product that providers must call the
33 DOH to order directly.

34 35 Closing 36

37 The meeting adjourned at 1:28 p.m.

Washington Vaccine Association

Statement of Financial Position

As of May 31, 2016

A

ASSETS

Current assets		
1	Cash and cash equivalents	\$ 6,139,333.25
2	Investments	9,705.42
3	Assessment receivable	20,934,831.00
4	Prepaid Vaccine	4,997,681.19
5	Prepaid Administrative Services	-
6	Total current assets	32,081,550.86
7	Total assets	\$ 32,081,550.86

LIABILITIES AND NET ASSETS

Current liabilities		
8	Accounts payable	\$ 34,835.94
9	Key Bank - Line of Credit	11,000,000.00
10	Payable to Washington Department of Health	-
11	Other accruals	-
12	Total current liabilities	11,034,835.94
Net assets		
13	Excess Assessments - Vaccines	32,418,466.44
14	Excess Assesments - Administrative Activities	(11,371,751.52)
15	Total net assets	21,046,714.92
16	Total liabilities and net assets	\$ 32,081,550.86

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

		Month Ending May 31, 2016			For 11 Months Ending May 31, 2016		
		Administrative Activities	Vaccine Activities	Total	Administrative Activities	Vaccine Activities	Total
Revenues:							
1	Assessments	\$ 1,251,869.26	\$ 5,250,797.00	\$ 6,502,666.26	\$ 17,351,220.89	\$ 61,276,034.00	\$ 78,627,254.89
2	Less: Vaccine expense	-	(5,401,631.47)	(5,401,631.47)	-	(61,994,441.57)	(61,994,441.57)
3	Net Assessment margins	1,251,869.26	(150,834.47)	1,101,034.79	17,351,220.89	(718,407.57)	16,632,813.32
4	Investment income	-	-	-	-	-	-
5	Other income	-	-	-	-	-	-
6	Net revenues	1,251,869.26	(150,834.47)	1,101,034.79	17,351,220.89	(718,407.57)	16,632,813.32
Expenses:							
7	Administrative services - fixed contract	34,481.92	-	34,481.92	417,281.13	-	417,281.13
8	Adm services - variable compensation	-	-	-	-	-	-
9	Administrative services - Tricare	28,110.11	-	28,110.11	221,391.51	-	221,391.51
10	Legal fees	977.50	-	977.50	27,628.01	-	27,628.01
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	27,576.96	-	27,576.96
15	All other special projects	382.00	-	382.00	91,360.29	-	91,360.29
16	Insurance	-	-	-	43,518.94	-	43,518.94
17	Bank fees	3,815.14	-	3,815.14	56,234.59	-	56,234.59
18	Investment advisor / manager	-	-	-	-	-	-
19	Other administration expenses	-	-	-	-	-	-
20	Total administrative expenses	70,266.67	-	70,266.67	904,550.18	-	904,550.18
21	Line of credit - financing costs	32,335.94	-	32,335.94	398,972.22	-	398,972.22
22	Total expenses	102,602.61	-	102,602.61	1,303,522.40	-	1,303,522.40
23	Increase (decrease) in net assets	\$ 1,149,266.65	\$ (150,834.47)	\$ 998,432.18	\$ 16,047,698.49	\$ (718,407.57)	\$ 15,329,290.92
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				\$ (11,371,751.52)	\$ 32,418,466.44	\$ 21,046,714.92

Unaudited - For Management Purposes Only
Prepared by KidsVax, LLC

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

WVA 2016-06-30 3.a.i(3)

	A Inception Through 3/31/2016	B Month 4/30/2016	C Month 5/31/2016	D Inception Through 5/31/2016
1 Cash balance - beginning of period	\$ -	\$ 7,050,138.15	\$ 6,947,163.17	\$ -
Inflows:				
2 Principal prepayments	7,800,001.00	-	-	7,800,001.00
3 Vaccine collections	289,035,595.23	5,359,159.28	5,346,077.26	299,740,831.77
4 Interest income	53,408.37	-	-	53,408.37
5 Investment income/ (loss)	149,787.97	-	-	149,787.97
6 Key Bank - LOC advances	12,000,000.00	-	(1,000,000.00)	11,000,000.00
7 Total inflows	309,038,792.57	5,359,159.28	4,346,077.26	318,744,029.11
Outflows:				
8 Principal repayments	(7,799,908.85)	-	-	(7,799,908.85)
Program				
9 Vaccine remittance State of WA	(288,897,734.46)	(5,357,382.78)	(5,041,929.88)	(299,297,047.12)
10 Vaccine Selection Development	(79,950.00)	-	-	(79,950.00)
11 Public information	(132,002.06)	-	-	(132,002.06)
12 Total program disbursements	(289,109,686.52)	(5,357,382.78)	(5,041,929.88)	(299,508,999.18)
Administration				
13 Administrative services	(2,510,045.99)	(63,496.59)	(62,974.03)	(2,636,516.61)
14 Project management fees	(419,878.90)	-	-	(419,878.90)
15 Denied claims recovery	(72,133.44)	(2,500.00)	(2,500.00)	(77,133.44)
16 Design and advertising	(31,031.38)	-	-	(31,031.38)
17 Claims system development	(26,000.00)	-	-	(26,000.00)
18 Legal fees	(267,572.36)	-	(977.50)	(268,549.86)
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	(3,517,140.07)	(65,996.59)	(66,451.53)	(3,649,588.19)
Office				
23 Bank Fees	(446,050.67)	(5,269.66)	(3,815.14)	(455,135.47)
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	(505,177.85)	(5,269.66)	(3,815.14)	(514,262.65)
Other				
30 Insurance	(156,503.07)	-	-	(156,503.07)
31 Interest Line of Credit	(899,877.06)	(33,485.23)	(32,005.21)	(965,367.50)
32 Board meetings	(361.00)	-	-	(361.00)
33 Total Other	(1,056,741.13)	(33,485.23)	(32,005.21)	(1,122,231.57)
34 Total outflows	(301,988,654.42)	(5,462,134.26)	(5,144,201.76)	(312,594,990.44)
35 Cash balance - end of period	\$ 7,050,138.15	\$ 6,947,163.17	\$ 6,149,038.67	\$ 6,149,038.67

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

Washington Vaccine Association Assessment Grid

WVA 2016-06-30 3.b(1)

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	CDC Market Survey	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	\$160.75	\$160.74	0.6%	
90621	Meningococcal recombinant lipoprotein vaccine, Serogroup B, 2 or 3 dose schedule, for intramuscular use	Trumenba	\$124.48	\$115.75	\$115.74	-7.0%	
90633	Hepatitis A vaccine, pediatric/adolescent dosage (2-dose schedule), for intramuscular use (Code Price is per dose = 0.5 mL)	Havrix	\$22.11	\$30.14	\$24.98	13.0%	Weighted average used in determining rate
		Vaqta					
90636	Hepatitis A & Hepatitis B vaccine (HepA-HepB) adult dosage, for intramuscular use (Code Price is per 1 mL).	Twinrix	\$69.91	\$95.23	\$77.35	10.6%	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	\$24.71	\$14.72	12.1%	
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	\$23.65	\$17.44	8.7%	
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	\$28.82	\$13.35	8.6%	
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	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	n/a	Removed from CDC list, no doses expected

CPT Code	CPT Code Description	Trade Name(s)	WVA Assessment Amount per dose as of 7/1/2015	CDC Market Survey	Assessment Amount per dose as of 7/1/2016	Percent change	Notes
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	\$177.70	\$177.69	1.8%	125,645 doses forecast
90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use (Prenar 13 was FDA approved on 2/24/10)	Prenar 13	\$151.98	\$159.58	\$159.57	5.0%	135,997 doses forecast
90680	Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use (Code Price is per dose = 2 mL)	RotaTeq	\$83.15	\$78.18	\$78.17	-6.0%	
90681	Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use (Code Price is per 1 mL = 1 dose)	Rotarix	\$110.55	\$109.73	\$109.72	-0.8%	
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	\$48.60	\$48.59	-2.9%	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	\$87.48	\$79.53	12.5%	
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	\$28.41	\$23.38	12.1%	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	\$62.79	\$28.10	8.6%	
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use (Code Price is per one dose = 0.5 mL)	ProQuad	\$141.71	\$180.05	\$159.66	12.7%	
90713	Poliovirus vaccine, inactivated, (IPV), for subcutaneous or intramuscular use (Code Price is per 0.5 mL dose)	IPOL	\$16.35	\$30.17	\$17.78	8.7%	
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	\$29.73	\$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	\$43.42	\$43.41	6.8%	
		ADACEL					
90716	Varicella virus vaccine, live, for subcutaneous use (Code Price is per 0.5 mL)	Varivax	\$108.90	\$107.67	\$107.66	-1.1%	
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	\$72.73	\$72.72	3.9%	

CPT Code	CPT Code Description	Trade Name(s)	WVA Assessment Amount per dose as of 7/1/2015	CDC Market Survey	Assessment Amount per dose as of 7/1/2016	Percent change	Notes
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	\$78.90	\$64.84	13.4%	
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use (Code Price is per dose = 0.5 mL)	Menactra Menveo	\$109.93	\$119.75	\$119.09	8.3%	Weighted average used in determining rate
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	\$23.95	\$17.19	19.4%	Only 4,191 doses forecast
90744	Hepatitis B vaccine, pediatric/adolescent dosage (3-dose schedule), for intramuscular use (Code price is per dose)	ENGRIX B Recombivax HB	\$14.40	\$22.40	\$16.21	12.6%	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	\$23.70	\$23.69	-3.5%	
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	\$23.17	\$23.16	-0.7%	
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	\$16.82	\$16.81	-8.0%	
90687	Influenza virus vaccine, quadrivalent, split virus, when administered to children 6-35 months of age, for intramuscular use	Fluzone	\$17.10	\$18.48	\$18.47	8.0%	
90688	Influenza virus vaccine, quadrivalent, split virus, when administered to children 3 years of age and older, for intramuscular use	Fluzone FluLaval	\$17.10	\$16.62	\$16.61	-2.9%	

June 30, 2016 Executive Director Overview

Assessment Collections as of 5/31/2016:	\$300+ Million
Remittances to State of WA since inception:	\$299+ Million
Prepaid Vaccine Purchases:	\$5+ Million
Cash Balance as of March 31, 2015:	\$6.1 Million
Utilized Line of Credit:	\$11 Million
Available Line of Credit	\$4 Million

As we approach the end of the Washington Vaccine Association's (WVA) fiscal year, we are pleased to report that the organization has restored its financial security, has made consistent progress towards finding a solution to TRICARE's nonparticipation in universal vaccine purchase (UVP) states, is in the final stages of developing a legacy provider communication piece, and is moving towards strategic planning and development to ensure the WVA's future success.

In opening, I would like to thank Norm Seabrooks for his service on both the Board and the Vaccine Committee; though he will be missed, we look forward to working with Aetna's new representative, Cathy Falanga, who is the Director of Provider Relations. Cathy is familiar with the WVA as she has served on the Operations Committee for the past few years.

On the financial front, collections are coming in as projected, providing the WVA sufficient cash accumulation to meet loan covenant compliance requirements that include a target of \$4 million dollars in liquidity and a step-down in the line of credit from \$15 million to \$10 million dollars by July 31, 2016. We are pleased to report that an additional \$2 million dollars has been paid on the line of credit (LOC) since the last Board meeting, and that the audit committee just authorized an additional \$1 million dollar pay-down by the end of this month. We are increasingly confident that the Board's decision to utilize the medium approach of the pay-down schedule will enable the WVA to repay the LOC within the recommended time frame. The WVA's relationship with KeyBank remains strong. KeyBank has assured us that it has no concerns regarding the status of the loan and has reasserted their commitment to remain flexible in the event that the WVA needs to pursue any additional LOC modifications in the future.

Following the Board and Department of Health's (DOH) recommendation, KidsVax® (KV) along with our auditing firm, CliftonLarsonAllen, has renamed and restated the former "Accounts Receivable" line in the financial statements to more accurately reflect the true meaning of this category. Given that the dosage-based assessment methodology is an open system, meaning that collections do not always align with vaccine expenditures, we trust the new presentation will be clearer. Also following the Board's direction, KV has updated the 2016 assessment grid to reflect an average of and not to exceed 130% of the current CDC market prices but not greater than one cent below the CDC survey price for each vaccine. The proposed grid was sent to the Operations Committee for review and published on the WVA website. The DOH has also sent blast faxes to provider offices, notifying them that the new assessment grid will go into effect on July 1st.

Following the Board's approval in April, the WVA has moved forward with the quick-reference provider brochure. The draft version of the brochure is available for your review in the packet. The WVA has collaborated with the DOH and Desautel-Hege in its production. The brochure is intended to become a permanent resource to be helpful for the training of new staff in billing offices and a convenient reference for frequently asked questions. On a related note, we are exploring strategic enterprise development to coincide with the proposed 2016/17 goals.

We have positive news to report on our continued efforts to gain TRICARE's compliance in UVP states. While the language of the current provision that was passed in the Senate version of the National Defense Authorization Act (NDAA) is discretionary and does not include the arrears, we have made great strides in communicating with TRICARE's Office of General Counsel and the Department of Defense's legislative affairs office. Both offices have voiced their concern and commitment to work with KV to resolve remaining concerns. To this end, KV has continued to provide supporting materials to congressional offices, has traveled to D.C. for several in-person meetings as requested by TRICARE and Washington State's congressional offices, and continued to orchestrate the multi-state effort. Most recently, Crowell & Moring (C&M) and KV prepared a governors' letter addressed to the Senate and House leadership and the chairmen and ranking members of both the Senate and House Armed Services Committees explaining the issue, cost savings, and why UVP programs are beneficial to TRICARE. Thanks to hard work on behalf of C&M and state DOHs, four governors—Washington's, Alaska's, New Hampshire's, and Idaho's—signed the letter. It is expected to be reprinted in one or more popular Capitol Hill publications. Though Congress is approaching the summer recess, we will continue to work towards a resolution and keep the Board informed as our legislation progresses.

Lastly, I just want to thank the Board for their support through the Executive Director transition period. I view the WVA's work as an integral part of ensuring that all Washington children have equal access to vaccines. While the WVA has definitely experienced some trials over the past year, I look forward to working towards ensuring further organizational security and developing strategic goals to maximize the potential of this unique entity.

Thank you, once again, for the opportunity to serve with you in this important work.

Respectfully submitted,



Julia Walter
Deputy Executive Director





TO: Ashley Kittrell, KidsVax
 FROM: Lisa Cargill, Desautel Hege
 DATE: June 16, 2016
 RE: DRAFT Copy for Billing Quick Reference Guide – Revised

Billing Quick Reference Guide – Revised

We are proposing a 4-page booklet, 8.5" x 11". Following is the layout.

Page 4	Page 1	Page 2	Page 3
Back Cover	Front Cover	DBA Process	DBA Process
Why DBA process	About WVA & DBA		

Front Cover

Billing Quick Reference Guide

Washington Vaccine Association

Ensuring Universal Purchase of Childhood Vaccines in Washington

Since 2010, the Washington Vaccine Association (WVA) has supported the universal purchase of vaccines for all children in Washington State. With funding from Dosage Based Assessment (DBA), the WVA remits payments to the state for the purchase of childhood vaccines, supporting the infrastructure that ensures all kids have access to vaccines.

And we couldn't do it without you!

Each year, Washington providers and their staff administers more than 900,000 vaccines to children in Washington regardless of their insurance status. Together we're making a big difference!

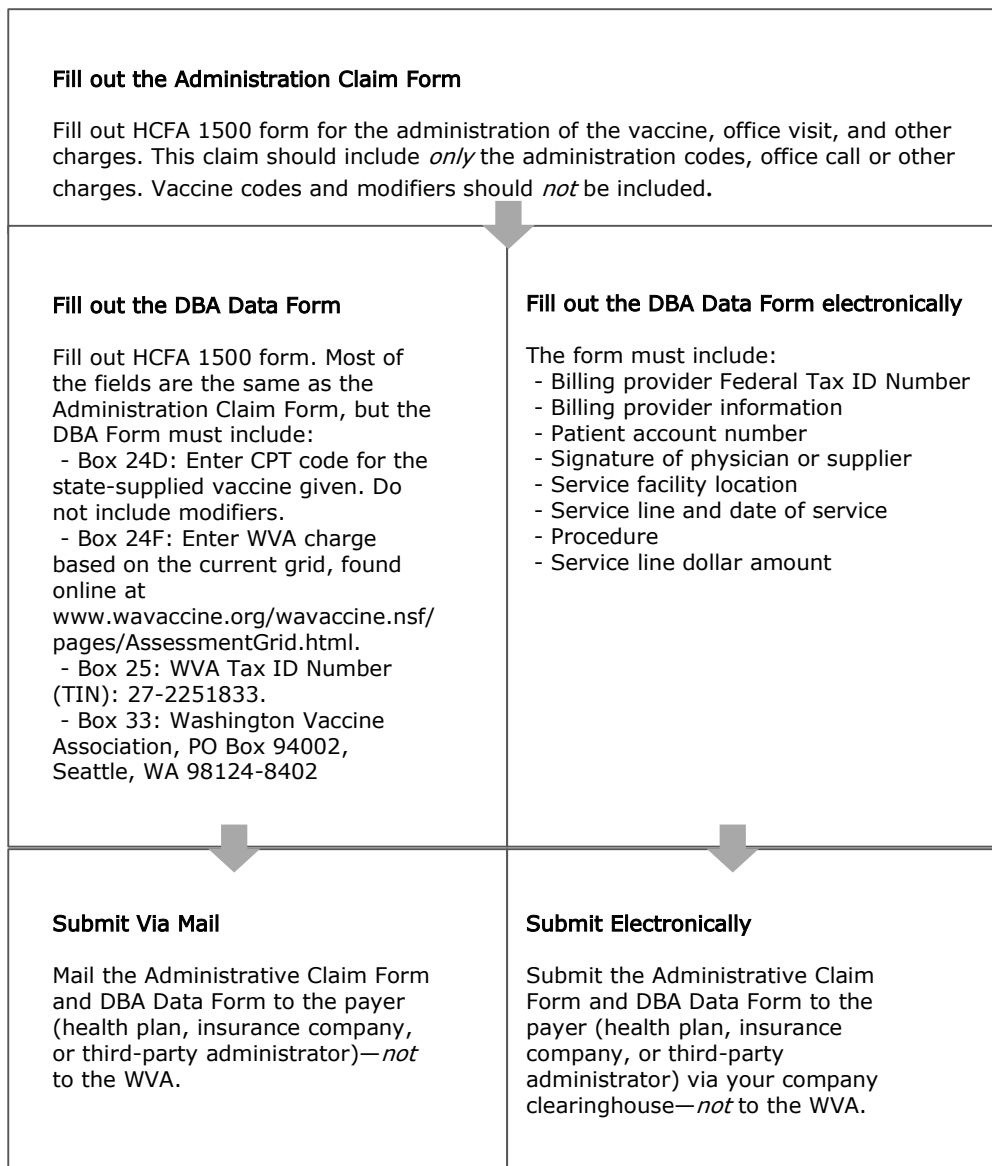
For your convenience, we created this Billing Quick Reference Guide to make the DBA process easier.



Inside Spread

Billing for vaccines using the DBA Process

Submit the Administration Claim Form *with* the DBA Data Form to the payer—not WVA



If you have questions, please contact WVA at 888-928-2224.

If you still bill private insurance carriers, contact the WVA for assistance at 888-928-2224.



Public Relations · Advertising
Branding · Research · Digital

[Image of HCFA 1500 Form form and electronic form with callout boxes that when correspond to the steps]

Callout Box:

Note for first time electronic filers: The first time you use the electronic DBA process, please notify your claim clearinghouse that you intend to submit the electronic form using the DBA process with WVA's name, Tax ID, and NPI. This information can be found on www.wavaccine.org or if you have questions, please contact WVA at info@wavaccine.org.

Sidebar:

Refile Denied Claims on behalf of WVA

When a claim is denied, the entire form must be resubmitted with the correct information for both the administration *and* the vaccine cost. The WVA relies on provider offices to ensure that any denied claims are refiled correctly.

Back Cover

DBA Process makes paying for children's vaccines possible

Health plans, insurers, and other payers pay for administered vaccines based on a per dosage assessment. The WVA collects these payments and transfers the funds to the state.

Through its Childhood Vaccine Program, the state Department of Health buys the vaccines at federal contract rates and distributes them to physicians, clinics, hospitals, and other providers at no charge.

Because payers cover state-supplied vaccines for privately insured children, providers must use the two-form DBA process if they normally bill the private insurance carrier.

Stay Connected

For more information, visit www.wavaccine.org and sign up for email alerts.

Email: info@wavaccine.org

Phone: 1-888-928-2224

Fax: 1-888-928-2242

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 assessments. 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.
 - j. The Association and/or its subcontractor receives protected health information from providers administering pediatric vaccines in the course of the Association's dosage based assessment process. The Association will preserve the confidentiality and security of all such protected health information and maintain subcontractor business associate agreements with its subcontractors requiring its subcontractors to maintain the privacy and security of all such information. The Association will destroy and its subcontractors will agree to destroy all such protected health information obtained in the course of the assessment process.
3. **Exceptions.** Exceptions to these rules and terms for retention may be granted by the Association's Executive Director or Chairman of the Board.

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

		A		B		A		B	
		For 11 Months Ending May 31, 2016						for 12 months ending	
		Administrative	Vaccine	Actuals for 11 months		Actuals for 11 months		30-Jun-16	
		Activities	Activities	ending May 2016		ending May 2016		(Projected)	
Revenues:									
1	Assessments	\$ 17,351,220.89	\$ 61,276,034.00	\$ 78,627,254.89		\$ 78,627,254.89		\$ 83,627,254.89	
2	Less: Vaccine Expense	-	(61,994,441.57)	(61,994,441.57)		(61,994,441.57)		(66,992,122.76)	
3	Net Assessment Margins	17,351,220.89	(718,407.57)	\$ 16,632,813.32		\$ 16,632,813.32		\$ 18,144,887.26	
4	Investment Income	-	-	-		-		-	
5	Other Income	-	-	-		-		-	
6	Net Revenue	17,351,220.89	(718,407.57)	16,632,813.32		16,632,813.32		18,144,887.26	
Expenses:									
7	Administrative services - Fixed Contract	379,301.08	-	379,301.08		379,301.08		413,783	
8	Adm services -variable compensation Admin	37,980.05	-	37,980.05		37,980.05		41,378 ^a	
9	services - TRICARE	161,391.51	-	161,391.51		161,391.51		120,000	
10	Admin services - TRICARE legislative initiative	60,000.00	-	60,000.00		60,000.00		0	
11	Legal fees	27,628.01	-	27,628.01		27,628.01		50,000 ^b	
12	Audit	9,500.00	-	9,500.00		9,500.00		17,500	
13	Annual Report / Special Communications	10,058.75	-	10,058.75		10,058.75		35,000 ^d	
Special Projects:									
14	Denied Claims Recovery	27,576.96	-	27,576.96		27,576.96		30,000	
15	All Other	91,360.29	-	91,360.29		91,360.29		10,000	
16	Insurance	43,518.94	-	43,518.94		43,518.94		25,000	
17	Bank Fees	56,234.59	-	56,234.59		56,234.59		100,000	
18	Other	-	-	-		-		-	
19	Total administrative Expenses	904,550.18	-	904,550.18		904,550.18		986,782.01	
20	Line of Credit - Financing Costs	398,972.22	-	398,972.22		398,972.22		431,308.16	
21	Total expenses	1,303,522.40	-	1,303,522.40		1,303,522.40		1,422,024.44	
22	Increase (decrease) in net assets	\$ 16,047,698.49	\$ (718,407.57)	\$ 15,329,290.92		\$ 15,329,290.92		\$ 16,722,862.82	
23	Unrestricted net assets, beginning of year	(27,419,450.01)	33,136,874.01	5,717,424.00		5,717,424.00		5,717,424.00	
24	Unrestricted net assets, end of year	\$ (11,371,751.52)	\$ 32,418,466.44	\$ 21,046,714.92		\$ 21,046,714.92		\$ 22,440,286.82	

Budget worksheet

C	D
2015/16 Expense Budget Approved June 2015	2016/17 Expense Budget Recommended June 2016
413,783	428,265
41,378 ^a	42,827 ^a
120,000	180,000
0	60,000
50,000 ^b	35,000 ^b
17,500	11,000 ^c
35,000 ^d	35,000 ^d
30,000	33,600 ^e
10,000	10,000
25,000	45,000
100,000	75,000
842,661	955,692

TRICARE special project added in 2014

Notes:

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

Some nominal legal expenses should be anticipated as a baseline. Additionally, the Treasurer has requested Anne Redman to attend every meeting. Finally, although the TRICARE claim is expected to be handled by outside counsel under a contingent-fee arrangement, WVA itself may have some related legal/audit expenses. These should be minimal in 2016/17.

^c

^d

^e Desautel Hege communications contract -- estimated costs.

AMCC claims recovery services for 12 months.



June 7, 2016

The Honorable Mitch McConnell
Senate Majority Leader
U.S. Senate
Washington, D.C. 20510

The Honorable Harry Reid
Senate Democratic Leader
U.S. Senate
Washington, D.C. 20510

The Honorable Paul Ryan
Speaker of the House of Representatives
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Nancy Pelosi
Democratic Leader
U.S. House of Representatives
Washington, D.C. 20515

The Honorable John McCain
Chairman, Committee on Armed Services
U.S. Senate
Washington, D.C. 20510

The Honorable Jack Reed
Ranking Member, Committee on Armed Services
U.S. Senate
Washington, D.C. 20510

The Honorable Mac Thornberry
Chairman, Committee on Armed Services
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Adam Smith
Ranking Member, Committee on Armed Services
U.S. House of Representatives
Washington, D.C. 20515

Re: Final NDAA Bill: TRICARE Reimbursement to State Universal Vaccine Programs for the Purchase of Vaccines Administered to Children of U.S. Military Families

Dear Congressional and Armed Services Committee Leaders:

We are writing to request that you address in the National Defense Authorization Act (“NDAA”) Conference Committee, and include in the final bill passed by Congress, a requirement that TRICARE reimburse all State Universal Vaccine Programs (“SVPs”) for the cost of purchasing vaccines and providing them to U.S. military children in our states. This is the most efficient, cost-effective and reliable way to ensure that military children in our states have sufficient vaccine supply, are properly vaccinated, and protect the health of military children and others.

We are grateful that express language has been included in Section 757 of the Senate NDAA bill, which recognizes the value of universal vaccine funding programs in our states. However, the current language is discretionary for TRICARE. We cannot rely on TRICARE’s discretion because, for more than six years, TRICARE has repeatedly refused to repay SVPs its fair share of vaccine costs for military children in SVP states. Despite numerous avenues and opportunities for TRICARE to participate on a discretionary basis, it has refused to do so. States and private payers cannot continue to pay the cost of vaccinating military children in SVP states.

The Honorable John McCain, Mac Thornberry, Jack Reed and Adam Smith

June 3, 2016

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Requiring TRICARE to reimburse SVP states which provide vaccine to TRICARE covered military children will allow it to save money, benefit from the Centers for Disease Control's (CDC) vaccine purchase discount and sourcing efficiencies, and ensure broad access to child vaccines in our states on the same basis as other, publicly or privately-insured children. We are part of a growing number of U.S. states that have created universal vaccine programs to ensure a sufficient supply of vaccines at reduced costs. These programs, through equitable funding by all private payers and the operations of state health departments, have both lowered costs and improved access to vaccines. This success, started in New Hampshire, has been copied in other states. The current and growing list of SVP states that provide vaccines to military children includes Alaska, Connecticut, Idaho, Massachusetts, Maine, New Hampshire, New Mexico, Rhode Island, Vermont, and Washington. As a result, military children in these states, the vast majority of which go off-base for pediatric vaccinations, are properly covered.

SVPs are able to purchase vaccines from the CDC at the lowest prices offered to any public entity in the nation and far below the prices that physicians pay in non-universal states to acquire vaccines. This is why all of our states' health insurance plans, both public and private, readily participate in these programs. They recognize that the cost of providing vaccines is at least 30 percent lower in SVP states, compared to the costs in the other states and that, in many rural parts of the country, private physicians can no longer afford to finance and stock the full complement of pediatric vaccines. TRICARE is the only health care entity that is not paying its fair share. Its unpaid bills have resulted in higher costs to either our taxpayers or other health plans.

TRICARE itself has confirmed that states with SVP programs and equitable funding assessments deliver vaccines below what it pays in non-SVP states. Therefore, the more SVP states that provide vaccines to TRICARE covered military children, the better. TRICARE's refusal to reimburse these states provides a disincentive for more states to adopt these programs and resulting in higher costs for both TRICARE and others.

We desire, as Governors, to honor and protect the U.S. military families in our states by planning and purchasing in advance sufficient supply of vaccines to ensure that their children are properly vaccinated. TRICARE has a duty to ensure access to necessary vaccines for its beneficiaries. These shared objectives can best be served by requiring TRICARE to reimburse SVP states for providing vaccines to military children at reduced cost. It is time for Congress to do so. We appreciate your attention to this matter.

Sincerely,



Governor Bill Walker
State of Alaska



Governor C.L. "Butch" Otter
State of Idaho

The Honorable John McCain, Mac Thornberry, Jack Reed and Adam Smith
June 3, 2016
Page 3



Governor Maggie Hassan
State of New Hampshire



Governor Jay Inslee
State of Washington

CC: Members of the Alaska Congressional Delegation
Members of the Idaho Congressional Delegation
Members of the New Hampshire Congressional Delegation
Members of the Washington Congressional Delegation

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

	Original Due Date	Board Approved change	Now expected	6/20/2016 Status	YE Expected	Comments
1. Maintain Core Service Metrics						
a. Responsiveness						
i. Telephone (85% within 1 business day 100% within 2)	ongoing			M	M	
ii. Emails (85% acknowledged w/ delivery time in 3 days 100% in 5 days)	ongoing			M	M	
b. Financial Reporting (from period end)						
i. Monthly financials w/in 15 business days (except 1st month of year)	ongoing			M	M	Completed for FYE 6/30/2016
ii. Annual within 40 business days	ongoing			M	M	
iii. Quarterly 12-month liquidity forecasts w/in 25 business days	ongoing			M	M	
c. State funding						
i. 100% funding on or before due date	ongoing			M	M	
ii. Annual regulatory reports on or before due date	ongoing			M	M	
2. Provider & Payer Compliance						
a. 95% Provider Compliance	ongoing			M	M	
b. 100% Payer compliance (except for TriCare)	ongoing			M	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	WVA-initiated legislation is progressing well, but will not be adopted by FYE 6/30/2016
ii. On-line training webinar	3/1/2016			M	M	
b. Reach & collect settlement of TRICARE past-due amounts	12/31/2016			R	R	
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.



2016/17 Performance Goals

1. Goal: Improve WVA Contact with Providers
 - a. Contact 100% of Washington Pediatric provider offices regarding set “talking points” by 1/1/17;
 - b. Create and disseminate Provider Reference Guide by 12/1/16; and
 - c. Create one additional “outward facing communication for including in pediatric newsletters or other communications by 4/1/17
2. Goal: Update Board Member Development Materials
 - a. Update WVA director handbook by 3/1/17;
 - b. Create supplemental reference guides for New Board Members
3. Goal: Diminish need for service calls
 - a. Develop short, on-demand videos for WVA website to supplement FAQs and other training and informational materials by 5/1/17
4. Goal: Initiate a special project to strategize how to move the WVA forward as an organization
 - a. Coordinate an extended Board meeting (incremental expenses paid by WVA) by 5/1/2017:
 - i. Plan agenda with board planning subcommittee.
 - ii. Facilitate meeting.
 - iii. Prepare written summary.
5. Stretch Goal: Gain TRICARE’s on-going compliance by 6/1/17.

Instructions

1. Input values on the "Scoring Formulas" tab.
2. Input scoring on the "Slide Tab"
3. If you need to alter the slide outside of protected areas, you can choose to "unprotect" the worksheet.
To avoid accidental erasure of formulas, remember to protect the sheet again after you are done editing.

NOTE: The actual excel spreadsheet is used for the award scoring.

Slide Table

WVA 2016-06-30 7.f(2)

KidsVax

Vendor Rating Scorecard

I. Overall Performance

Equivalent	Scoring Criteria		
Above and Beyond	4		Frequently Exceeds Expectations
100%	3		Consistently Meets Expectations
75%	2		Frequently Meets (Occasionally Does Not) Meet Expectations
25%	1		Frequently Does Not Meet Expectations
0%	0		Rarely (If Ever) Meets Expectations

Weight

Overall Performance Perspective		35%	Score (0-4) per above	Actual	Comments
1	Engagement, commitment & follow-thru	10%		0.00%	
2	Timeliness and Follow-Through	10%		0.00%	
3	Knowledge/ Expertise	5%		0.00%	
4	Ease of Doing Business	5%		0.00%	
5	Ability to implement requested changes	5%		0.00%	

Total = 0.00%

II. Specific Goal Performance

Business/Service Perspective	65%	Score (% of Goals Met)	Comments
Services meet Performance Goals	65%	0% Goals Met	13 goals, met = 0% 0% X 65% weight = 0%
Total Weighted Score		0.00%	0.00% X \$41,378.00 = \$0,000.00

Scoring Formulas

Score	Multiple
4	125%
3	100%
2	75%
1	25%
0	0%

Total Goals	13
Goals Met	
% Goals Met	0%

-- Note: KidsVax® reported 12 goals met; board enters it's own assessment

Reimbursement at Risk	\$ 41,378.00
Adjusted Value	\$ -

**2016 Washington Vaccine Association Directory
As of 06/15/2016**

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Conference ID: 103063718

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Board Governance Roles & Committees

Executive Committee

Chair & President: John Pierce

Vice-Chair/Treasurer: Dennis Kirkpatrick

Secretary:

Beth Harvey, MD

Michele Roberts

Audit Committee

Chair: John Sobeck, MD

Dennis Kirkpatrick

Jason Farber

Vaccine Committee

Chair: Ed Marcuse, MD

(Open Position)

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)

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WASHINGTON VACCINE ASSOCIATION
Governing Statutes under the Revised Code of Washington

TABLE OF CONTENTS

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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.

**June 30, 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 April 14, 2016 Board meeting.

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

VOTED: To approve the minutes of the April 14, 2016 Vaccine Committee meeting.

[To approve the minutes of the April 14, 2016 Vaccine Committee meeting with the changes suggested at the meeting.]

VOTED: To affirm Cathy Falanga as the Board member representing Aetna, whose term renews in 2017, pursuant to RCW 70.290.030(3)(c).

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

Item under Agenda Section 4:

VOTED: To approve the changes to the Record Retention Policy.

[To approve the changes to the Record Retention Policy with the changes suggested at the meeting.]

Item under Agenda Section 5:

VOTED: To approve the 2016/17 WVA Budget.

[To adopt the 2016/17 WVA Budget with the changes suggested at the meeting.]

Items under Agenda Section 7:

VOTED: To approve Julia Walter as the Executive Director of the WVA.

[To approve Julia Walter as the Executive Director of the WVA with the changes suggested at the meeting.]

VOTED: To approve the 2016/17 Supplemental Goals.

[To approve the 2016/17 Supplemental Goals with the changes suggested at the meeting.]

VOTED: To set the performance award to KidsVax® for the 2015/16 operating year at \$_____ and to authorize payment at this time.

To set the performance award to KidsVax® for the 2015/16 operating year at \$_____ and to authorize payment at this time 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